



PIIVeC

Partnership for Increasing the Impact of Vector Control

Partenariat pour accroître l'impact de la lutte antivectorielle

**Establishment of Technical Vector Control
Advisory Group in Malawi:
A consultative report from stakeholders'
interviews**

Executive summary

The Partnership for Increasing the Impact of Vector Control (PIIVeC) programme is focused on establishing Technical Vector Control Advisory Groups (TVCAGs) in target countries (Burkina Faso, Cameroon and Malawi) to enhance integration of vector control planning and implementation. The TVCAGs are tasked to provide advice to Ministries of Health (MoH) on effective tools, strategies, and interventions in vector control and reduce the burden of vector borne diseases (VBDs). The establishment of the TVCAGs considers contextual factors in each setting. Therefore, consultations with potential members of the TVCAG in Malawi were conducted to solicit views on TVCAG set up, challenges and opportunities, and sustainability.

Establishing the TVCAG in Malawi provides an opportunity for bringing together vertical disease programmes to plan and share experiences in vector control and maximise on usage of resources. It is critical that the efforts of operating the TVCAG are government-initiated, thus it is strategic for the MoH to own and take lead in the TVCAG establishment in Malawi. This proposal is supported by the MoH in moving towards the consolidation of small groups with similar agendas to prevent wastage of resources and improve on time management as stipulated by the World Health Organization ‘One Health’ Approach. The existence of technical working groups in the MoH provides an opportunity for key lessons in establishing an independent TVCAG within the existing system. However, there is need to conduct thorough consultations to include relevant stakeholders in the TVCAG and develop Terms of Reference (TORs) for members to have clear expectations of their roles and responsibilities. Some of the areas suggested for programmes integration include; a common social and behavioural communication strategy; monitoring and evaluation; collaborative research; entomological monitoring; disease mapping; and vector control strategy.

The envisaged main challenge for the TVCAG operation is funding, which has implications on sustainability. The initial support by the PIIVeC programme on inception is an opportunity to kickstart the initiative while putting together efforts to explore funding sources beyond the programme. However, the success of the TVCAG in meeting initial programme goals is key in mobilising subsequent support from various stakeholders including the donor community.

Introduction

Vector control is fundamental in reducing the burden of vector borne diseases (VBDs) but implementation in many settings is difficult. This can partly be attributed to vertical administration of specific VBD control programmes, which creates duplicating or conflicting activities that results in wastage of limited and valuable resources. Additionally, overall outcomes would benefit from collaboration with government sectors such as education, agriculture, environment, and construction, which normally operate independently. Against this background the Partnership for Increasing the Impact of Vector Control (PIIVeC) programme at the Liverpool School of tropical Medicine (LSTM) is focused on establishing Technical Vector Control Advisory Groups (TVCAGs) in target countries (Burkina Faso, Cameroon, and Malawi) to enhance integration of vector control planning and implementation. The TVCAGs will be tasked to provide advice to the ministries of health (MoH) on effective tools, strategies, and interventions in vector control. Ideally, they should comprise high-level leaders and experts in vector control such as researchers, policymakers, programme implementers, and civil society. The establishment of these TVCAGs take into consideration contextual factors unique to each setting and thus, it is critical to explore these factors.

Objective (s)

Main objective

The main objective of this exercise was to consult potential members and solicit their views on how the TVCAG should be established in Malawi.

Specific objectives include:

- To explore the general views on introducing the TVCAG in Malawi.
- To understand the steps and set up of the TVCAG in the existing systems.
- To identify the opportunities and challenges of TVCAG establishment and operation.
- To explore the sustainability of TVCAG in Malawi.

Approach

The exercise adopted qualitative research methods in which telephone in-depth interviews were conducted, in January 2019, with 12 potential TVCAG member. Members were purposively sampled from VBD programmes, key individuals in research, implementing and supporting institutions. For purposes of anonymity the table below presents the institutions of participants interviewed.

Table 1: Participants' institutions

Institution	
1	Malaria Alert Centre (MAC), College of Medicine (COM), Blantyre, Malawi
2	National Malaria Control Programme, Ministry of Health, Lilongwe, Malawi
3	Onchocerciasis Elimination Programme, Ministry of Health, Lilongwe, Malawi
4	Human African Trypanosomiasis Elimination Programme, Ministry of Health, Lilongwe, Malawi
5	Lymphatic filariasis Elimination Programme, Ministry of Health, Lilongwe, Malawi
6	WHO Country Office, Lilongwe, Malawi
7	USAID/PMI – Lilongwe, Malawi
8	Malawi-Liverpool Wellcome Trust Clinical Research Programme (MLW), Blantyre, Malawi

The interviews were conducted in English, recorded, and transcribed. The transcripts were coded using Nvivo 11, a software for organising and coding qualitative data.

Findings

The findings are presented according to the themes developed below:

- a. Participants' views on TVCAG establishment in Malawi
- b. Steps in TVCAG establishment
- c. TVCAG set up
- d. Opportunities for TVCAG establishment
- e. Challenges to TVCAG establishment and operation
- f. TVCAG sustainability

(a) Views on the establishment of the TVCAG in Malawi

It was reassuring to learn that all participants welcomed the idea of establishing a TVCAG in Malawi. They viewed it as an opportunity to address most of the existing vector control challenges faced by the VBDs control programmes in the country. The expectation by the participants include:

- Having one vector advisory group will help manage resources unlike every vector borne disease programme having their own.
- An opportunity to harmonise activities across different VBD programmes and pull together human, financial, and time resources.
- Some challenges require a collective solution, for example, currently in some districts, bed bugs are posing a challenge to net usage and the malaria control programme is unable to handle this issue since there is no specific disease programme that tackles bed bugs.
- This will encourage other disease programmes to consider vector control seriously. Currently, it is only the NMCP that has a well-established vector control programme and the lymphatic filariasis programme benefits from it because the mosquito is a shared vector.
- The establishment can closely work with the academia to conduct viable research and make evidence available. This was raised in concern that some researchers conduct research and externally disseminated without benefiting the country.
- This will bring together expertise in various programmes and identify research capacities within them and train people where there is need.

(b) Steps to TVCAG establishment in Malawi

- **Government consultation**

The participants acknowledge that government buy-in is vital for the TVCAG to be successful in the country. Thus, the first step would require consulting the Ministry of Health (MoH) management through the office of the Directorate of Preventive Health Services. This office can review the current standing orders regarding technical working groups and advise on the official approach of setting up the proposed TVCAG.

- **Development of Terms of Reference (ToRs)**

Outlining the agenda was identified as the next plausible step which would involve developing clear ToRs before the TVCAG is operational. The ToRs should stipulate what the TVCAG will strive to achieve which will:

- Provide a clear understanding to stakeholders about their involvement (roles and responsibilities).
- Avoid raising any high expectations.
- Offer direction.
- Form basis for monitoring and evaluation.

Participants noted the existence of the active malaria vector control technical working group in the NMCP, which should be reviewed when developing TVCAG ToRs to avoid duplication or if necessary harmonise the two groups.

- **Wider consultation and inclusion of relevant stakeholders**

Once clear ToRs are developed participants advised about the need for wider stakeholder consultations that should be part of the TVCAG. This should include relevant stakeholders from the beginning of the TVCAG operation and create acceptability and sustainability.

Some participants suggested the following stakeholders to be consulted and included in the TVCAG:

- All programme managers and their deputies of vector borne disease control programmes including: malaria, lymphatic filariasis, human African trypanosomiasis, schistosomiasis, and onchocerciasis
- The Christian Health Association of Malawi (CHAM)
- Department of wildlife and national parks
- Academic and research institutions such as the College of Medicine, Polytechnic, Mzuzu University, Chancellor College, Malaria Alert Centre
- Ministry of Agriculture – veterinary department
- Department of Environmental Affairs
- Department of Water.

(c) TVCAG set up

Participants acknowledged that malaria is a major VBD in the country with an active malaria vector control TWG, which can easily incorporate other VBDs into its TWG. However, all the participants felt that the TVCAG should be a new and an independent establishment where members are equally represented.

Some of reasons for establishing an independent group include:

- Despite being an active malaria vector control TWG, some participants felt that they should not add more responsibilities of managing other VBDs.
- Some felt that the NMCP would not accept to have its vector control TWG responsible for other diseases' vector control.
- Incorporating other VBDs in the malaria vector control TWG would mean that adding more members to the group, which will become large to manage. While an independent TVCAG will just draw members from each disease programme and include other relevant stakeholders.
- Other VBDs programmes can equally contribute in an independent set up without feeling inferior or intimidated.

The idea of establishing one broad vector advisory board was viewed as a welcome development that would gain support from:

- The government because ministries are currently being encouraged to consolidate small groups of similar ventures.
- The WHO and donor community that are currently advocating for the 'One Health' approach that is designed to bring together implementing programmes, policies, legislation and research from various sectors to achieve better public health outcomes.

Despite participants supporting the idea of an independent TVCAG, some expressed their concerns on its organisation and the relevance to continue with the existing vector control TWG in the NMCP. The concerns are listed below and will require further discussion and agreement among the stakeholders:

- If the TVCAG is established, does it mean that the malaria vector control TWG ceases to exist?
- If it will still exist, will it not duplicate activities?
- How will the donors that focus on specific diseases view the idea of pulling funds into the broader TVCAG?
- How will prioritization be conducted since other diseases such as malaria have a strong donor support? Will they not gain priority while those with little support be side-lined?

However, it was acknowledged that if there are clear ToRs and understanding, the malaria vector TWG should remain functional and provide membership to the larger TVCAG.

TVCAG secretariat

Participant shared a common view that for the TVCAG to be effective and sustainable, it should be championed by the government through the MoH. Therefore, all the participant indicated that the first step to TVCAG establishment should lobby for government buy-in. In addition, the participants suggested the following department within the MoH to potentially manage the TVCAG secretariat:

- In the department of directorate of public health
- Some suggested but could not confirm the existence of a vector and vermin department or section within the environmental health department to be the ideal secretariat.
- Some just indicated that the secretariat should be in Lilongwe, where most VBDs programmes are located.
- In the Community Health Sciences Unit (CHSU).
- In the Public Health Institute of Malawi.

Potential areas of integration

Participants acknowledged that each VBD has its own strategies of prevention and vector control. Therefore, it will not be straightforward to harmonise their activities unless for the diseases that share common vectors such as malaria and lymphatic filariasis. Disease programmes will need to brainstorm and find out the areas they can engage. This was seen to be one of the outcomes of the TVCAG. However, participants mentioned some area and activities that are common to all VBDs and can be the starting points of integration and these include:

- Developing a common social and behavioural change communication strategy with common reporting tools.
- Community engagement health strategy
- Integrated monitoring and evaluation. A consolidated tool can simplify data capturing in health facilities and ease analysis which can be applied across the VBDs.
- Collaborative research such as on vector biology
- Entomological monitoring
- Develop a common vector control strategy
- Disease mapping

(d) Opportunities in establishing the TVCAG in Malawi

Participants acknowledged the existence of various opportunities in establishing the TVCAG in Malawi, which include:

- The proposal by PIIVeC to establish the TVCAG and supporting its inception financially, was viewed as a great opportunity. A similar idea has existed before, but financial challenges made it impossible to be put in place.
- The existence of a functioning malaria vector control TWG and other TWGs in the MoH provide the basis for understanding how TWGs are established and operate.
- The existence of a motivated Director of Preventive Health was viewed as an opportunity because such a positive initiative will be supported during its development and implementation.
- The MoH is encouraging the consolidation of small groups with similar agendas to prevent resource wastage and improve on time management since it is the same individuals that attend the various small meetings.
- This is also supported by the WHO ‘One Health’ approach that regards inter-sectoral collaboration to achieve better public health outcomes. Therefore, this initiative will be viewed to promote the One Health approach in the country.
- The existence of vector control section within the MoH is an opportunity that the TVCAG can build on. It is important to engage them and harmonise the activities.
- Availability of vector control technical experts and researchers in Malawi.

(e) Challenges to TVCAG establishment or operation

Participants identified potential challenges to TVCAG establishment and operations and these are listed below:

- Since each VBD has its own partners, the main concern would be to lobby the donors to pull funds together and support all the vector control plans. Will these partners agree to support other VBDs? For example, the PMI highly supports malaria and thus it is uncertain whether it can support the discussions of including other VBDs.
- Funding the activities of TVCAG was listed as a challenge beyond PIIVeC existence. PIIVeC has taken the initial step to support the TVCAG establishment, however, funding support is uncertain beyond the programme’s exit.
- Identifying a specific office with the MoH to champion this group.
- Convincing disease programmes to work together.
- For the malaria vector control TWG, the challenge will include separating their TWG from the TVCAG and organising their representation to the broader group so that their concerns are heard.
- How will the TVCAG enforce their recommendations since they will mostly be advisory in nature?
- How will prioritization of activities be conducted? Will all the VBDs be prioritized equally? Usually the program area with significant funding will be able to advance its agenda, how will those with little support be treated?

- It is well known that other VBDs such as malaria are a major public health problem and endemic to the whole country, while others such as onchocerciasis are prevalent in specific parts of the country. Therefore, will malaria be prioritized more than Onchocerciasis?

These concerns need to be discussed and sorted before the TVCAG is fully functional.

(f) TVCAG sustainability

Participants expressed their concerns about the TVCAG sustainability and identified the factors below that hinge on this:

- TVCAG sustainability will depend on its leadership. Participants felt that the TVCAG should be championed by the government for it to be sustainable since it is in a better position to engage with the donor community.
- TVCAG sustainability will depend on funding support. It was acknowledged that TWGs are donor supported. Therefore, the TVCAG is a unique TWG which will need different donors for support. It is thus critical to convince and attract the different donors to jointly support the TVCAG and its activities.
- The private sector should be engaged to support the TVCAG since they have a social responsibility. They need to be sensitized on how the burden of VBDs affect their productivity due both morbidity and mortality of their workforce. This approach will enhance the public and private sectors partnership.
- The success of the TVCAG's in meeting initial programme goals will be directly correlated with subsequent support from various stakeholders including the donor community.

Conclusion

The establishment of the TVCAG in Malawi has been viewed as a welcome initiative that needs to have clear ToRs and managed by the government through the MoH to increase its impact and create sustainability. The TVCAG is proposed to be an independent group that includes relevant stakeholder to encourage their equal participation. This initiative has various opportunities with the PIIVeC programme supporting its inception. The main concern remains securing stable funding support beyond the existence of the PIIVeC programme, which calls upon the government to intensively lobby for donor support. However, the TVCAG should prove its worth in advancing vector control in Malawi which will justify gaining further support.

Recommendations

These recommendations are for the Malawi PIIVeC Country Coordinator to consider while facilitating the establishment of the TVCAG in the country:

- Liaise with the MoH through the office of the Director for Preventive Health, to take lead in the establishment of the TVCAG.
- In collaboration with MoH:
 - Conduct a thorough stakeholder analysis for potential members of TVCAG
 - Develop and agree on the TVCAG TORs
 - Plan for a TVCAG first meeting and discuss some of the points below:
 - Areas of further integration

- Plan for vector control needs assessment and develop a National strategy for vector control (This can be guided by the WHO Framework for a National Vector Control Needs Assessment: <https://www.who.int/vector-control/publications/framework-VCNA/en/>)
- Devise plans for sourcing funds for sustainability