PMI's REACH Project: Showing promising results 1-year in through a consortium-based approach

Introduction

This article covers a webinar introducing the US government-funded President's Malaria Initiative (PMI) Reaching Every At-Risk Community and Household with Malaria Services (REACH) project. The webinar was open to the public and held in English with simultaneous French translation on Wednesday 18 September 2024.

REACH is funded by PMI but implemented by PATH, who is working on the project with a consortium of partners on the project: Amref Health Africa (Amref) based in Kenya, Catholic Relief Services (CRS), ECHO Institute at the University of New Mexico Health Sciences Center (ECHO), Impact Santé Afrique (ISA) in Cameroon, Liverpool School of Tropical Medicine (LSTM), Université Cheikh Anta Diop (UCAD) in Senegal, and Banyan Global.

Webinar attendees were from all over the world and included members of the REACH implementing consortium above, staff of PMI's broader partner group such as the Global Fund, and global health professionals from African hospitals, ministries of health, and NGOs.

The webinar agenda covered an overview of the project, the targeted capabilities and technical areas, its technical approach, and highlights from the first year of its implementation.

Background

PMI, launched in 2005, is the U.S. government's largest program leading the fight against malaria, supporting 27 countries. Key PMI activities include:

- Partnering with countries to provide people with mosquito nets, ensure homes are sprayed with insecticides, and distribute preventive medicines for children and pregnant women.
- Investing in research and new tools to combat malaria, and monitoring and evaluating progress of PMI-supported programs.
- Training the health workers that provide the service which contributes to building resilient health systems
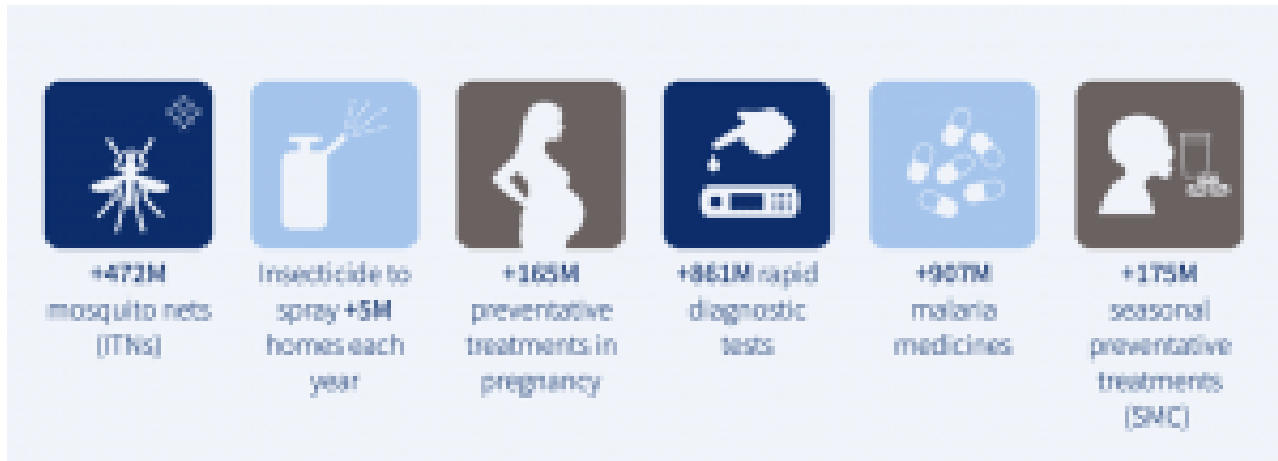

Source: The US President's Malaria Initiative: What we do

All 27 countries supported by PMI also receive financing from The Global Fund for their malaria programs and, through the US government representation on the Global Fund's board, PMI exercises influence over the Global Fund. Duplication between the two organizations is certainly a risk, but they work closely across the 27 countries. Examples of collaboration include joint participation in country-led planning, joint procurement, and health financing advocacy. Global Fund applicants are also asked to disclose the amount and target of PMI funding when they submit funding requests to help maximize efficiency between the two funders.

According to a 2017 post by the Friends of the Global Fight, a Washington D.C.-based organization that lobbies for US government funding for the Global Fund, "Together, the U.S. government [through PMI] and the Global Fund provide three-quarters of all funding for global malaria programs and policies."

Complementarity between the Global Fund and PEPFAR, PMI & USAID Program
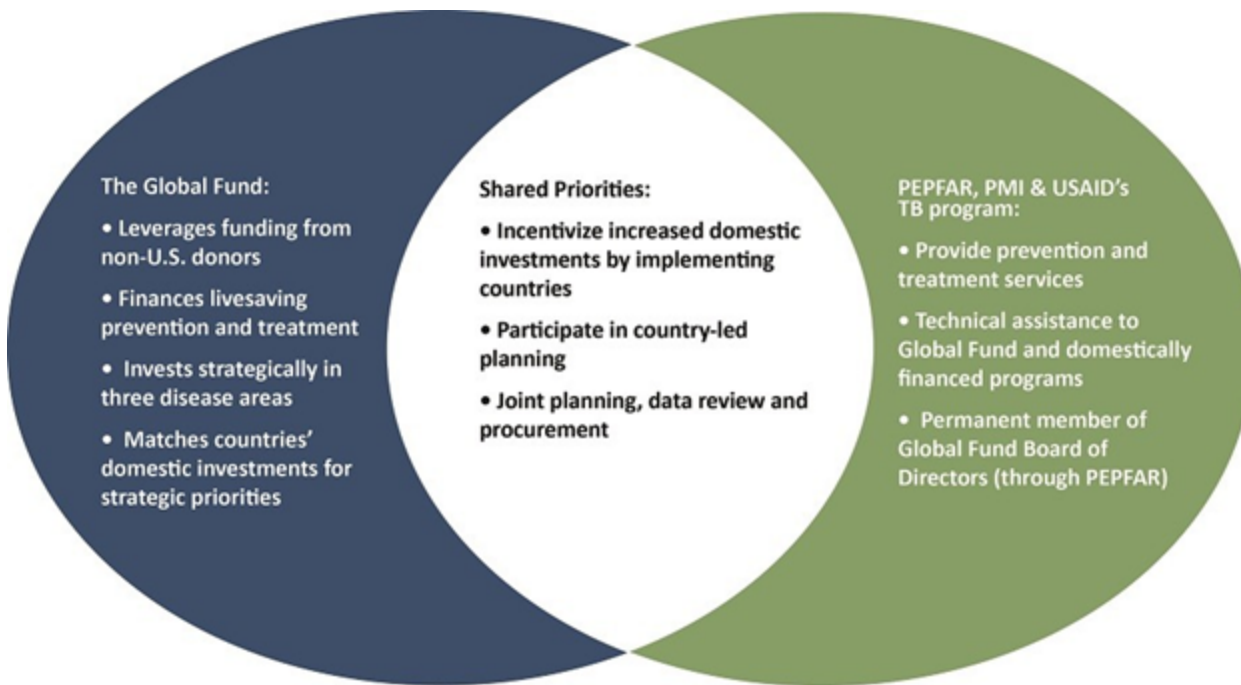
Source: [The Global Fund and U.S. bilateral programs: Partnerships with lifesaving impact – Friends of The Global Fight](#)

PMI has faced issues in the past with insecticide-treated nets and anti-malarial medicines being diverted from their programs, including diversion of medicines for public facilities in multiple East African countries to West Africa. In response, PMI has since invested significant efforts into improving supply chains in the countries where they invest. Though PMI has worked to counter instances of theft, as recently as 2019, nets distributed a campaign in Guinea supported by PMI and Global Fund were found to have been diverted to Mali.

Project overview

The project overview included an introduction of the project leadership team and country leads, who were on the call to greet attendees.

REACH is a 5-year project that "provide[s] implementation support and technical assistance to accelerate the planning, delivery and monitoring of community- and facility-based malaria services, with a focus on reaching the unreached". REACH's objectives are:

- Strengthened implementation of quality malaria service delivery with an equity-based focus on unreached populations
- Strengthened and more resilient health systems from national to community level
- Effective global leadership in malaria service delivery approaches provided

Each of these objectives is tied to a set of specific activities, including health care worker trainings, mentorship, seasonal malaria chemoprevention campaigns, updating guidance, national malaria program

strengthening, establishment and coordination of national and international working groups, among others.

The presenters clarified what is also excluded from the REACH program, including vector control, behavior change interventions for non-healthcare providers, certain supply chain interventions, and surveillance, monitoring, and evaluation outside of malaria service delivery.

Capabilities and technical areas

The capabilities of REACH are in line with the planned activities listed above and include updating guidance, trainings and supervision, virtual approaches to quality improvement, job aides, data systems and tools, targeted technical assistance, and community-health facility linkage improvement.

The geographic areas of technical focus are 9 countries (Benin, Ghana, Kenya, Liberia, Madagascar, Malawi, Mali, Sierra Leone, and Togo) and 1 region (Latin America and Caribbean). Presenters made it clear that, while there are shared goals across all programs, the activities are tailored across each area of geographic focus and even on the sub-national level.

Technical areas of focus include malaria service delivery, seasonal malaria chemoprevention (SMC), elimination, vaccines, and therapeutic efficacy studies to predict antimalarial drug resistance.

Technical approach
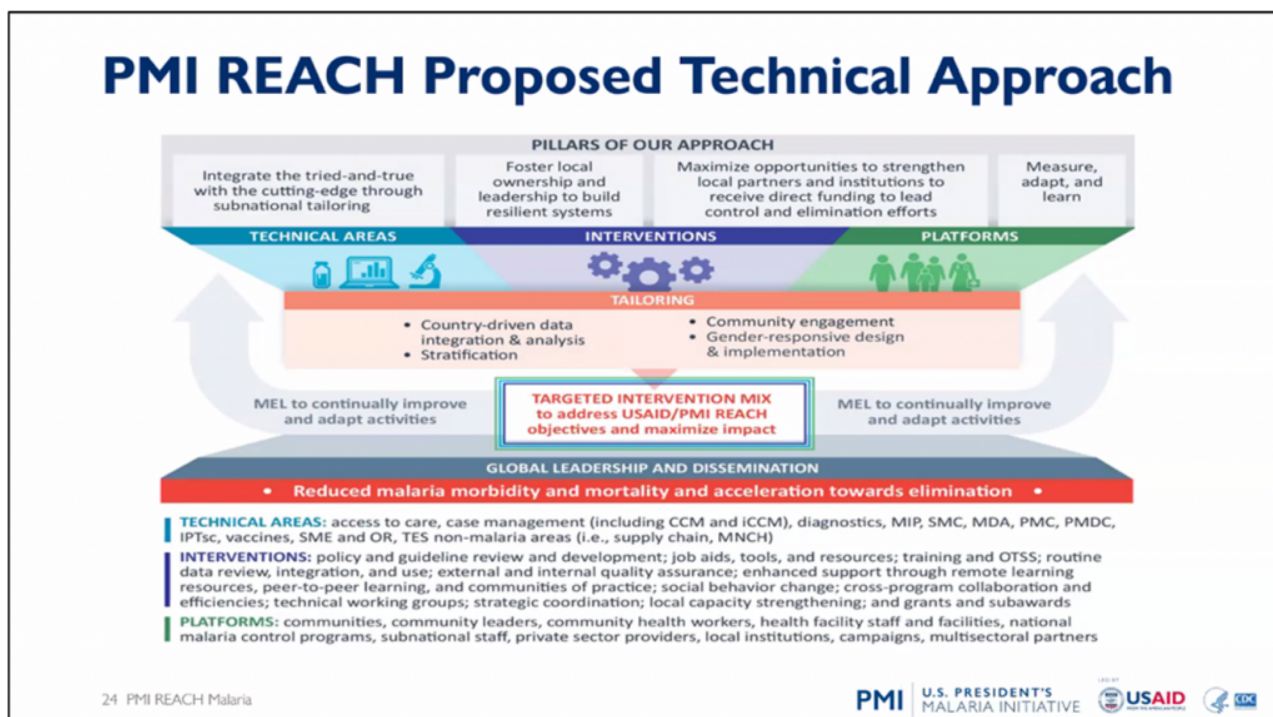
REACH's technical approach draws upon WHO standards and focuses on ensuring programs ahere to them. Implementation enables quality assurance, which REACH aims to transition to local entities.

Overarching themes of the technical approach are maintaining balance across activity types, tailoring to the context, introducing new approaches, holding a long-term vision, focusing on transition, coordination, and partnership.

New approaches supported by REACH are use of Project ECHO (explained below) for malaria, peer-to-peer mentoring, community health worker (CHW) touchpoints, and a CHW toolkit for malaria in pregnancy.

Project ECHO stands for "Extension for Community Health Outcomes" and is a hub-and-spoke model of knowledge sharing for and across CHWs already in use by HIV and TB programs. Through REACH, Project Echo's use for malaria will be a first. REACH is hoping to use Project ECHO to cover a range of important learning topics for CHWs including case management, CHW engagement, lab strengthening, integrated service delivery, data, malaria in pregnancy, and supply chain management.

Year 1 of implementation

REACH team members were eager to share its activities and learnings from the first year of the project's implementation. Scoping visits took place in several countries, pictured below, through which REACH was able to establish key relationships. With the support of PMI, REACH completed several global toolkits and checklists initially developed through the PMI Impact Malaria project. Additionally, national malaria strategies or guidelines were updated in Kenya, Ghana, Togo, and Malawi.

Scoping Visits: Togo, Ghana, Kenya, Mali, Malawi, Sierra Leone, Madagascar, Liberia, Guyana, Colombia

35 PMI REACH Malaria

Seasonal malaria chemoprevention campaigns in Mali and Togo were highlighted and the REACH team was eager to share initial results from Togo specifically: Through three seasonal malaria chemoprevention campaigns, 1,544 health care workers were trained and over 95 percent of eligible children received at least the first dose of SPAQ (an antimalarial) in the Plateaux Region. These successes are showcased in a PMI "success story" here.

Future plans

REACH still has four years to go and many plans to fulfill before then:

- Wrapping up the 2024 seasonal malaria chemoprevention campaigns in Togo and Mali
- Supporting Malaria Slide Banks in Ghana and Liberia, which are a collection of quality-controlled malaria-positive and -negative slides that are a vital asset for quality diagnosis
- Launching virtual communities of practice for malaria clinicians through ECHO in Togo, Mali, Madagascar and Ghana
- Continuing support for Roll Back Malaria working groups
- Supporting the Partnership for Antimalarial Resistance Monitoring in Africa (PARMA) Hub at International Center for Research and Training in Applied Genomics and Health Surveillance (CIGASS) in Senegal
- Preparing for therapeutic efficacy studies in Kenya, Liberia, Togo, Sierra Leone, and Malawi
- Evaluating post-malaria vaccine introduction in Liberia
- Supporting country work planning in Kenya
- Technical assistance in Ghana for developing malaria death audit guidelines

Commentary and themes

The workshop itself was well executed, with presenters spelling out the many acronyms used on the slides and welcoming questions from attendees.

Attendee queries hit on themes such as selection of malaria service delivery strategy, engagement of private and non-health sector stakeholders, how pre-selection of community health workers was undertaken, anticipated vaccine support, localization, and integration with other diseases.

One question in particular stood out on the topic of incentivizing community health workers. REACH staff lamented that many CHWs still perform work on a volunteer basis. The speaker also emphasized that REACH advocates for CHWs be professionalized, meaning compensated. REACH is far from alone in its use of volunteer CHWs, speaking to the lamentable state of many health systems in Africa running on the unpaid, life-saving labor of these workers, the majority of whom are women. This is an oft-recurring concern that has been raised at other fora as well, notably by [Serge Yotta calling for a decolonization of aid at AFRAVIH in April 2024.](#)

Another notable element that came across in both the presentation and Q&A was the extent to which digital tools are taken advantage of through REACH. The project is deploying a range of such tools, including e-learnings, digital campaigns for seasonal malaria chemoprevention, and virtual communities of practice through Project ECHO.

A sticky point for some actors in the global health space is spending resources on costly North American and European consultants. REACH seems to be conscious of that pitfall and even in its technical assistance strategy aims to hire and build local talent as part of the path to transition.

An interesting omission from most of the conversation was explicit mention of climate change, a major influencing factor on malaria. Many of REACH's target countries will benefit from the project's tight focus, but what will happen in the face of extreme weather events? Digital campaigns tools are perhaps one way that interventions can follow displaced populations – including healthcare providers – escaping climate disasters, but it seems that more explicit climate resilience could be built into this project.

Conclusion

PMI has a track record of being a trusted global health funder and partner. The REACH project is showing positive results early on and the consortium-based approach and localization strategies, in particular, seem poised to have a positive legacy beyond the project's five-year timeline. The range of global health professionals – in both geographic terms and organizational affiliations – attending the webinar speaks to the appetite for this programming.

It is a challenging time for malaria in the face of decreased health financing, growing debt crises in many malaria-endemic countries, climate change, and increasing armed conflicts. The REACH project is on the right path and we hope to see its benefits reach the marginalized groups it intends to.

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