

# JLN Community of Practice on Scaling e-Consultations

*Patient Pathways and Pandemics:  
Covid-19 and Beyond Learning Exchange*

**Evaluation Report**

**February 15, 2021**



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## EXECUTIVE SUMMARY

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Following the 2020 Joint Learning Network's Learning Exchange on *Patient Pathways and Pandemics: COVID-19 and Beyond*, led by Aceso Global, a Community of Practice (CoP) was launched to focus on implementing and scaling up E-consultations at the primary health care (PHC) level. The CoP was designed to foster practical learning by accompanying implementation in an “implementer” country, Malaysia, which had previously launched an E-consultation initiative during the pandemic and wanted to improve and expand it further. Six country participants from the Learning Exchange joined the CoP. The CoP consisted of virtual engagements across two phases, held from April 2021 - January 2022. Three thematic workstreams were created to align with the Malaysia team's objectives, as well as the areas in which technical facilitators and country participants could provide support and share learnings.

An evaluation of the CoP was conducted from September 2021 – February 2022 to assess the processes, outputs, and outcomes of Malaysia's engagement with the CoP, and how these supported Malaysia's preparation for and implementation of the E-consultation extension initiatives. The evaluation utilized a mixed methods approach, including key informant interviews, a survey, and desk review, to address several evaluation questions. Findings were analyzed and outlined by evaluation question, and the results achieved and key learnings shared by participants were synthesized and presented as cross-cutting themes.

Evaluation question 1 (Q1) sought to determine what worked well in the CoP, and what could be improved. Overall, participants and facilitators alike had very positive feedback about their experience in the CoP. **Regular engagements** kept implementation moving forward, with technical facilitators ensuring that meetings were focused and the objectives of each session were met. **Country participants' experiences were very valuable**, and were adopted and tailored for Malaysia. There was a continual focus on Malaysia's needs and keeping **Malaysia in the driver's seat**; interactions revolved around asking questions and solving problems voiced by Malaysians. There were some challenges: as to be expected, the **timing of sessions** did not always work well for everyone involved. There was also a **drop off in engagement** of country participants over time. Participants felt that virtual sessions do not replace the benefits of in-person meetings, so a **hybrid approach** could be most effective for similar implementation-oriented CoPs in the future.

Q2 explored how the CoP contributed to Malaysia's preparation for and implementation of the E-consultation extension. Technical facilitators continually helped the Malaysia team refine the focus of their work, and reoriented the CoP's efforts towards **practical solutions, achievable outcomes, and quick wins** with big impact. Q3 looked at how the CoP evolved to reflect Malaysia's priorities in the context of Covid-19, and found that Malaysia team members **greatly appreciated the patience from their partners in the CoP** when they had to temporarily pause activities due to a Covid surge in country, **as well as the gentle reminders to keep the momentum** of the work moving forward once the situation in Malaysia improved.

“We come out of each session feeling like we've achieved something.”

“I may not be able to copy/paste exactly what [the Malaysians] were doing... However, I gained more **knowledge and enlightenment.**”

Q4 identified how country participants contributed to the CoP, and found that country participants gave **good feedback** and **broader perspectives** to the Malaysia team, which helped stimulate thinking and **explore new ideas**. The Malaysia team **adapted and emulated country participants’ approaches** for the Malaysia context. Technical facilitators noted the **trade-off** between wanting to help country participants apply learning, or keeping momentum for the implementer country, because bandwidth did not allow facilitators to do both. Q5 sought to better understand country participants’ takeaways from the CoP that were applicable to their country context.

“I’ve filled two books with notes about my experience... I found many lessons.”

Q6 addressed how the JLN ethos of joint learning translated to a virtual format. The evaluation found that **open and candid interactions** were a constant and highly beneficial component of the CoP. The CoP successfully struck a balance between these open interactions and the focus on Malaysia’s priorities in a way that aligned deeply with the JLN ethos. Virtual engagement also allowed technical facilitators to provide **flexible and ongoing support**. Q7 explored how the JLN model facilitated participants tapping into one another’s experience and translating this to their country context. Echoing the findings

“In this CoP, **knowledge and experience is shared for Malaysia to choose the way forward. Then [we all together] do the work, from A to Z.**”

above, the CoP fostered **great interaction and sharing of ideas** that gave the Malaysia team a **broader perspective** on their work, by **learning from what others had done before** and how they addressed similar challenges.

The results achieved by each of the three workstreams (WS) were equally remarkable. In WS1, the CoP supported the Malaysia team in developing guidelines and workflows for E-consultation, implementing a hybrid model of phone and in-person consultations, and administering surveys to assess implementation at four pilot clinics. Learning from the experiences shared by country participants encouraged the Malaysia team to expand E-consultations by **scaling up phone consults**, which eased the strain on overburdened clinics and reduced the time patients spent there. One Malaysia team member felt that the most significant change to come from the engagement with the CoP was the creation of **proper documentation for telehealth**, including a standardized method and guidelines for providers to implement a consistent approach when doing telehealth. In WS2, The CoP supported the Malaysia team in developing and implementing an M&E plan to learn from existing E-consultation efforts underway in 40 pilot clinics, which will provide important insights as the Malaysia MOH plans to scale up E-consultations in an additional 260 primary healthcare clinics. One Malaysia team member felt that one of the most significant changes from engaging with the CoP was the **greater awareness among team members that M&E is important**. Lastly, under WS3, the CoP supported the Malaysia team as it **enhanced their national health app**, MySejahtera, by adding interactive features that were very beneficial for post-Covid patients and also quick to implement.

A number of lessons learned and recommendations emerged for similar efforts in the future, such as:

- It took time to help the implementer country establish its goals and objectives, and teams should expect that this is an ongoing, iterative process. There is a balance to strike in setting ambitious, yet achievable targets while not spreading efforts too thin.

- While virtual engagement allows for much flexibility, frequent engagements, and rapid implementation, it does not replace the benefits of in-person meetings, so a hybrid approach may be most effective in the future.
- Some drop-off in engagement is to be expected, but some in-person meetings could drive more robust participation. Participants need to have the time, resources, motivation, and commitment to maintain engagement and collaborate in advancing the learning and implementation objectives.
- Future CoPs could aim to engage more country participants and consider a more significant and concrete role for them. Selecting and inviting country participants to bring in particular expertise could encourage greater participation.
- Lastly, a JLN CoP could support implementation in multiple countries at the same time, but doing this in more than one country at a time would entail a larger technical facilitation team, a combination of in-person and virtual engagements, a longer timeline, and therefore more resources.

## BACKGROUND

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At the conclusion of the Joint Learning Network's Learning Exchange on *Patient Pathways and Pandemics: COVID-19 and Beyond* (July - December 2020), led by Aceso Global, participants identified digital health solutions as an area for follow-up work in the context of a Community of Practice, with a focus on implementing and scaling up e-consultations to care for COVID-19 and non-COVID-19 patients at the primary health care (PHC) level. The topic was refined to launch the COP on Scaling E-Consultations, the scope of which sought to address what is needed to scale-up and expand e-consultations for different functions (triage, referrals, home care), different populations (urban, rural,) different conditions (COVID and non-COVID, including NCDs), and different providers (CHWs, nurses, physicians).

### **E-Consultations:**

E-consultations or "virtual clinics" in the Malaysian context refer to the more widespread terms "ambulatory telemedicine" or "PHC telemedicine." Globally, the term telemedicine can refer to consultations conducted via video (Zoom), telephone, WhatsApp, and text messages.

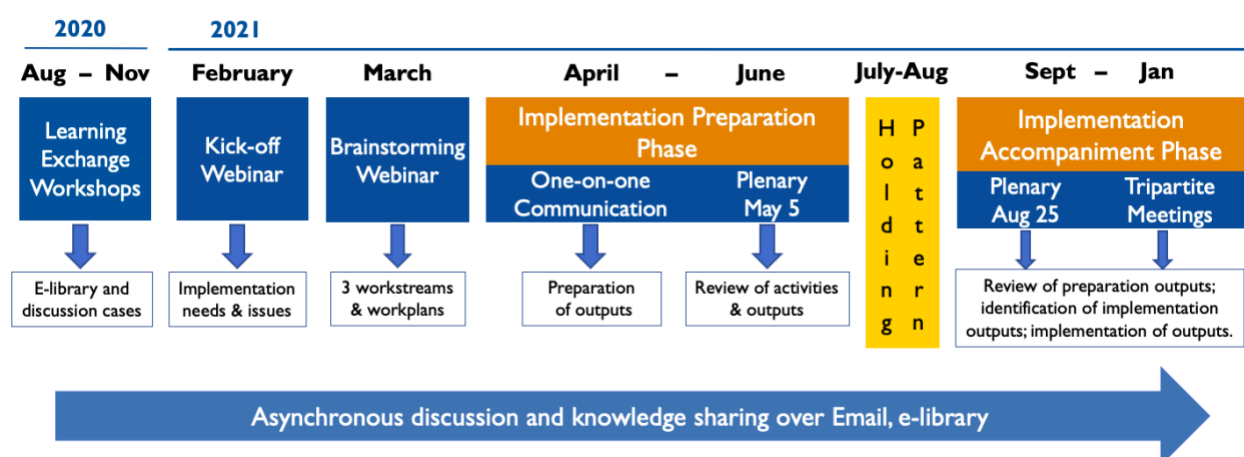
The CoP model was designed to foster practical learning by accompanying an implementation process in an "implementer" country. The CoP held a series of virtual engagements focused on the practical case of a single implementer country, but with learning also intended to be for the benefit of all CoP participants [other country participants (CPs)]. The objectives of the CoP were to:

- Accompany and support a country team as it planned, implemented, and monitored the expansion of e-consultations for Covid and non-Covid conditions, and
- Share experiences and learning that can apply to the contexts of participating countries.

After their participation in the Learning Exchange, Malaysia volunteered to be an implementer for the CoP; they had previously launched an E-consultation initiative during the pandemic and wanted to improve and expand it further. The CoP aimed to support Malaysia's implementation plans, assist in expansion of interventions, and introduce monitoring and evaluation to foster evidence-based learning. The CoP also worked with the Malaysian team to address emerging implementation challenges and bottlenecks, devising in-flight adjustments to overcome these obstacles. Several country participants who had participated in the Learning Exchange remained engaged throughout the CoP. Seven countries in total participated in the CoP, including Malaysia as the implementer country, and the remaining six countries comprising the "country participants."

The CoP consisted of two phases: the implementation preparation phase and the implementation accompaniment phase (see Figure 1). Both phases included one-on-one meetings, communication with participants through email and WhatsApp groups, plenary sessions, and workstream-specific meetings. Of note, CoP activities were delayed during the months of July – August 2021 due to a Covid surge in Malaysia that required the full attention of the Malaysia team members.

**Figure I. Learning Exchange and Community of Practice (CoP) Timeline**



Brainstorming and planning sessions were held from February - April 2021 prior to the start of the implementation preparation phase, during which the objectives and technical content of the CoP were agreed upon by all participants (Malaysian team members, country participants, and technical facilitators). The Malaysia team presented the gaps and limitations of E-consultation services which they had implemented in a more or less ad hoc fashion during the early days of the pandemic. The Malaysia team’s main objectives in improving and expanding E-consultation services were to reduce congestion in health clinics; better understand the needs of target groups (e.g., patients with NCDs); optimize telephone use in E-consultations; change current mindsets (of providers and patients) on virtual clinics; and inform policy makers and regulators of the benefits of E-consultation services. The CoP focused on three thematic areas to address these objectives. Three workstreams were created based on these thematic areas and were also aligned to the areas in which the TFTs and country participants could provide support and share learnings.

### **Workstream 1: Optimizing E-Consultations and E-Referrals:**

The objective of WS1 was to support a team of PHC/MOH officials and clinic directors in preparing and launching a pilot to improve and expand E-consultation services. The Cambridge Health Alliance<sup>1</sup> (CHA) served as the TFT supporting the Malaysia MOH team (including MOH officials and clinic directors) throughout this process. A secondary objective was to introduce an M&E component into pilot design. The workstream worked to prepare to implement the following outputs: (i) E-consultations guidelines and workflows for providers; (ii) a “hybrid” model combining phone and in-person consultations; and (iii) indicators and corresponding survey instrument to monitor implementation of (i) and (ii). Implementation took place in four pilot PHC clinics<sup>2</sup> starting in November 2021.

### **Workstream 2: Monitoring and Evaluation (M&E):**

The objective of WS2 was to support the Malaysia MOH team (consisting of PHC/MOH officials and doctors) to develop and implement an M&E plan to monitor the ongoing E-consultation efforts that had

<sup>1</sup> Cambridge Health Alliance (CHA) is a healthcare provider in Massachusetts. CHA offers services including primary care, specialty care, and mental health/substance use services.

<sup>2</sup> The four clinics included Kota Samarahan Health Clinic and Tanah Puteh Health Clinic in Sarawak, Borneo Island, Malaysia, and Seremban 2 and Kelana Jaya Health Clinics in Peninsular Malaysia.

already been launched in 40 pilot PHC “virtual” clinics, as well as future clinics (tentatively planned to scale up to over 260 PHC clinics). The Malaysian team noted that E-consultations were implemented in an ad-hoc manner in the 40 clinics, and they wanted to secure reliable and consistent data from providers and clients about their perspectives, lessons learned, and results achieved, to continue to make improvements and inform plans for expansion. A secondary objective was to contribute to building M&E capacity in the MOH, in part to foster more evidence-based decision making. Aceso Global served as the TFT supporting the Malaysia team in this workstream. The workstream worked to prepare and implement the following outputs: an M&E framework; indicators; and three data collection instruments, each directed to a distinct target group: (i) clinic directors, (ii) medical providers of E-consultations, and (iii) medical patients who received E-consultations. The instruments were administered in 40 virtual clinics in December 2021.

### **Workstream 3: Roll-out of a Technology-enabled Covid-19 Platform:**

The objective of WS3 was to support the Malaysia MOH team (consisting of PHC and IT officials) in their roll-out of a home monitoring and remote management system for Covid-19 patients, as part of the E-consultation expansion initiative. However, this was later determined to not be feasible (due to time, bandwidth, and resource constraints), so the workstream shifted its focus to enhancing Malaysia’s national health app, MySejahtera, to share health education information more widely. Praava Health<sup>3</sup> served as the TFT supporting the Malaysia MOH team. WS3 prepared and implemented the following outputs: a video describing how to use a blood-oximeter, and infographics that describe breathing exercises for at-home COVID patients. WS3 finalized these outputs during the implementation preparation phase (by August 2021); thus, this workstream did not participate in the implementation accompaniment phase.

#### **MySejahtera:**

MySejahtera is a mobile application developed to facilitate contact tracing; the main goal is quick identification of persons who may have come into contact with people who have tested positive for COVID-19

## **PURPOSE**

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The Joint Learning Network Steering Group is interested in strong documentation of the JLN’s innovative approaches to implementation support. In this spirit, the Network Manager undertook an external evaluation<sup>4</sup> of the CoP, which was conducted in collaboration with Aceso Global from September 2021 – February 2022. The evaluation aimed to assess the processes, outputs, and outcomes of Malaysia’s engagement with the CoP, and how these enabled (or not) Malaysia’s preparation and implementation of the e-consultation extension initiatives. The assessment explored this dynamic by querying the three key stakeholder groups (technical facilitators, Malaysia team members, and country participants) about their experience across the three workstreams of the CoP and the results they achieved. The overarching evaluation questions for each of these three groups were as follows:

- Technical facilitators: What about the CoP and facilitation approach has worked well, and what could be improved?

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<sup>3</sup> Praava Health is a network of urban wellness centers in Bangladesh offering primary care and full in-house diagnostic services.

<sup>4</sup> This evaluation report and the underlying analysis was led by Meghan Jutras, evaluation consultant, in collaboration with Aceso Global.



- Malaysia team members (including original team members and clinic directors<sup>5</sup>): a) How has the CoP contributed (or not) to the preparation and implementation of E-consultation extension? b) How has the CoP evolved to reflect Malaysians' shifting priorities in the context of Covid-19?
- Country participants: a) How have country participants contributed to the CoP in an advisory capacity? b) Were there any takeaways from the CoP that were applicable to their own country context? c) What recommendations do they have for making participating countries' engagement more meaningful in similar efforts in the future?
- Cross-cutting: a) How effectively (or not) has the JLN ethos of joint learning translated to a virtual format? b) How has the JLN model transitioned (or not) to facilitate participants' ability to tap into one another's experience and envision how they can shift policy to implementation in their own country context?

To answer these questions, the evaluation utilized a mixed methods approach across two phases of data collection, as outlined below.

## METHODS

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The evaluation was designed with a mixed methods approach to best answer the overarching questions for the three stakeholder groups outlined above (see the Study Design section, below). As the CoP was split into two phases, the implementation preparation phase and the implementation accompaniment phase, data collection was designed to mirror these phases with two distinct data collection points (see the Data Collection Approach section, below). The evaluation was also designed as a participatory approach, which included distinct yet complementary efforts for the evaluation consultant and Aceso Global team.

### Study Design

To address the overarching evaluation questions, the following mixed methods were utilized.

- **Desk Review:** The desk review served to gather information in order to better understand the processes and learnings of the CoP. The review identified supporting information that would substantiate key takeaways, significant changes, strengths, and areas for improvement. Data sources included facilitator's guides, work plans, meeting notes (including Miro Boards), administered surveys, communications (email and WhatsApp), recordings, PowerPoint Presentations, and the JLN CoP eLibrary.
- **Surveys:** Surveys were conducted with a) Technical Facilitation team members, and b) country participants. The survey of TFT members solicited input about their experience with the CoP, as well as helped refine targeted questions for follow-on Key Informant Interviews with TFT leads to dive deeper into key topics (see the section on Key Informant Interviews, below). A separate survey for the country participants solicited input on their experience during the implementation prep phase.

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<sup>5</sup> The five "original" Malaysia team members participated in both the implementation preparation and accompaniment phases of the CoP. The two new Malaysia team members are clinic directors, who led the E-consultation extension at pilot clinics and participated in the CoP's implementation accompaniment phase only.

- **Key Informant Interviews:** KIIs were conducted with a) Technical Facilitation team leads, b) original members of the Malaysia team, and Malaysia team clinic directors. KIIs conducted with the TFT leads were informed by and built on the TFT survey responses, to dive deeper into a few key topics. KIIs were conducted with the original cohort of Malaysia team members at the end of the implementation prep phase, and with the clinic directors at the end of the implementation accompaniment phase.
- **Most Significant Change (MSC):** Most Significant Change discussions were conducted with the original Malaysia team members. These interview-style discussions were oriented toward capturing what each team member felt was the most significant change they experienced throughout their engagement with the CoP. These personal stories of outcomes, impactful changes, and empowerment of individuals and teams highlighted what they valued most about the CoP.
- **Appreciative Inquiry:** Appreciative Inquiry discussions were conducted with the country participants. These interview-style discussions captured what worked well in the CoP, both for these participants as key contributors, and as a virtual joint learning model overall. In these discussions, country participants were asked about what processes were particularly effective, important points for learning and adjustment, how results could be sustained, and what an ideal model for continuous improvement in the future might look like.
- **Secondary Data:** The Malaysia team shared data on key outcomes associated with the E-consultation pilot in four clinics in Malaysia. Included in this report are summary findings<sup>6</sup> of achievements that may have been bolstered by the Malaysia team’s engagement with the CoP.

## Data Collection Approach

The data collection approach was designed to address the overarching evaluation questions and was conducted as follows. The *n* included with the evaluation questions identifies the total number of respondents in each cohort, while the *n* noted at each data collection point (end of preparation phase and end of accompaniment phase) indicates the actual number of respondents.

<b>Evaluation Questions</b>	<b>Data Collection Methods</b>	<b>End of Preparation Phase (Oct. 2021)</b>	<b>End of Accompaniment Phase (Jan. 2022)</b>
<i>Technical Facilitators (n=7)</i> What about the CoP and facilitation approach has worked well, and what could be improved?	Desk Review	✓	✓
	Survey	✓ (n= 6)	✓ (n= 4)
	KIIs (TFT leads only, n=3)	✓ (n= 2)	✓ (n= 2)

<sup>6</sup> The raw secondary data was not available for review by the evaluation consultant.

<p><i>Malaysia Team, Original Cohort (n=5)</i></p> <p>a) How has the CoP contributed to (or not) their preparation and implementation of E-consultation extension?</p> <p>b) How has the CoP evolved to reflect Malaysians' shifting priorities in the changing context of Covid-19?</p>	KIIs	✓ (n= 4)	
	Most Significant Change discussions <sup>7</sup>		✓ (n= 4)
<p><i>Malaysia Team, Clinic Directors (n=2)</i></p> <p>How has the CoP contributed to (or not) the preparation and implementation of E-consultation extension and implementation at the clinic level?</p>	KIIs		✓ (n= 2)
<p><i>Accompanying Country Participants (n=5)</i></p> <p>a) How have country participants contributed to the CoP in an advisory capacity?</p> <p>b) Were there any takeaways from the CoP that were applicable to their own country context? c) What recommendations do they have for making participating countries' engagement more meaningful in similar efforts in the future?</p>	Survey	✓ (n= 3)	
	Appreciative Inquiry <sup>8</sup>		✓ (n= 2)

### Analysis Approach

Given the small number of participants in the CoP, the evaluation utilized purposive and convenience sampling to survey and interview as many individuals as possible in both phases. At the conclusion of data collection from the implementation preparation phase, survey data was aggregated and interview notes were thematically analyzed to synthesize preliminary findings. These preliminary findings were shared in a meeting with the Network Manager and Aceso Global team for their review and feedback. Similarly, at the conclusion of the implementation accompaniment phase (the end of this evaluation), survey data was aggregated across both data collection points (noting any points of contrast) and visualized in graphics. Interview notes were again thematically analyzed to synthesize findings and capture key takeaways addressing the overarching evaluation questions. This evaluation report encompasses these findings in totality, covering both data collection points and reflecting on the entire duration of the CoP. Findings were again shared in a meeting with the Network Manager and Aceso Global team for their review and feedback.

<sup>7</sup> See [https://www.betterevaluation.org/en/plan/approach/most\\_significant\\_change](https://www.betterevaluation.org/en/plan/approach/most_significant_change) for more information on the Most Significant Change methodology.

<sup>8</sup> See [https://www.betterevaluation.org/en/plan/approach/appreciative\\_inquiry](https://www.betterevaluation.org/en/plan/approach/appreciative_inquiry) for more information on the Appreciative Inquiry methodology.

## Limitations

While this evaluation was designed to address the overarching evaluation questions by collecting and analyzing as much evidence as possible, there are some notable limitations. The evaluation sought to explore how the CoP contributed to the Malaysia team's expansion of E-consultations, but it cannot definitively determine whether any achievements are directly attributable to the team's engagement with the CoP. In addition, the mixed methods approach aimed to identify and explore the CoP's strengths, weaknesses, and results from a number of different angles, but it is largely qualitative and primarily relies on the feedback of those involved in the CoP. The secondary data reported by the Malaysia team offers promising results from the implementation of the CoP's efforts in pilot clinics in the country, but this implementation is still in the early stages. Important insights into the achievements stemming from the CoP remain to be seen as the Malaysia team carries this work forward in the future.

## FINDINGS

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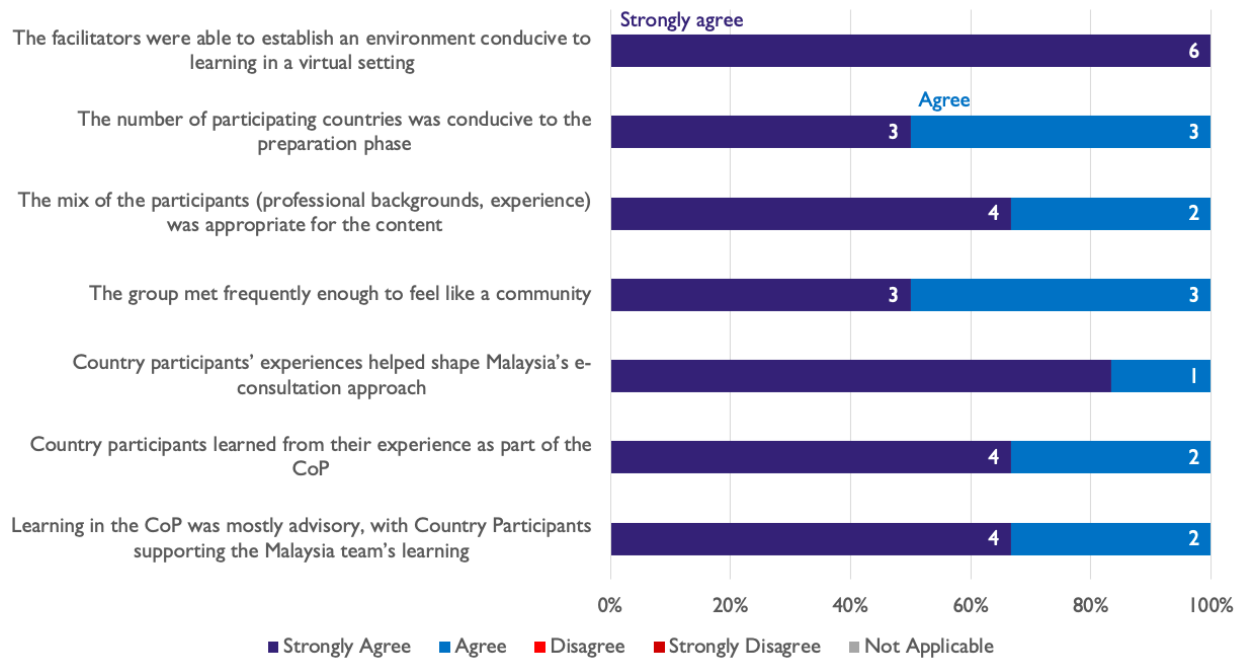
Overall, Malaysia team members, country participants, and technical facilitators all had very positive feedback about their experience in the CoP. The key informant interviews, surveys, and desk review provided rich data from which to address the overarching evaluation questions, and is organized as such in the Findings section that follows. The results achieved, secondary data reported by the Malaysia team, and key learnings shared by participants are synthesized and presented as cross-cutting themes in the Results section below.

### Q1. What worked well and what could be improved

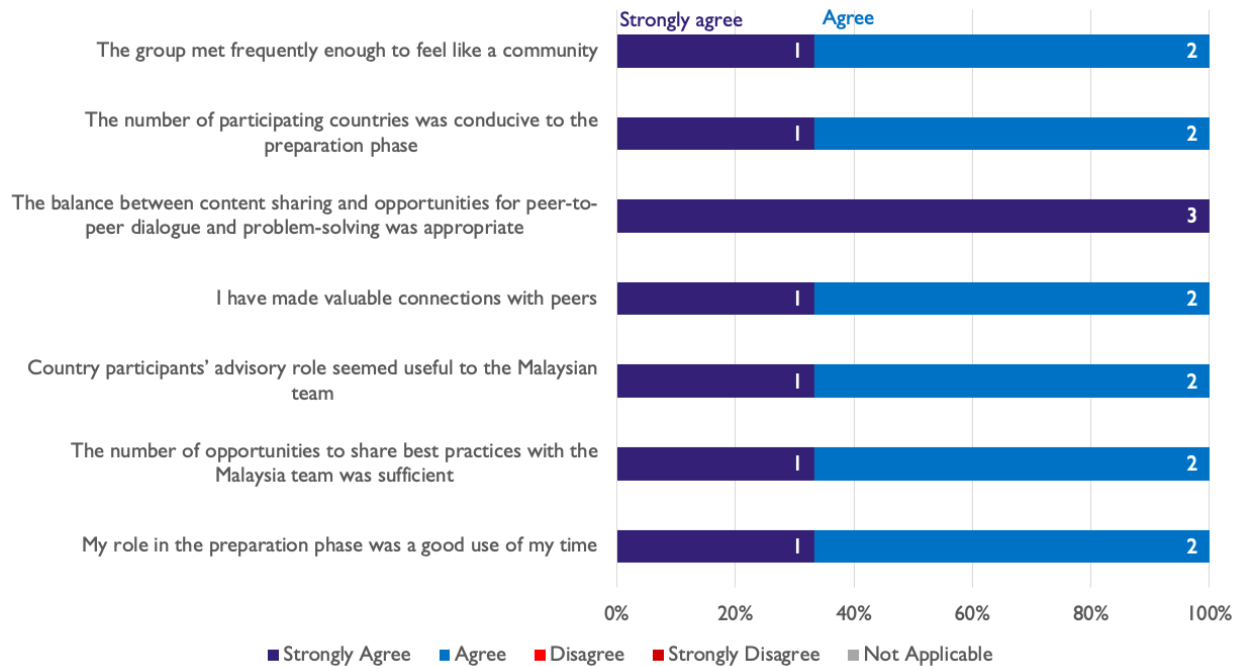
Malaysia team members, country participants, and technical facilitators shared a plethora of examples of what worked well in the CoP. These are evidenced across the evaluation questions that follow, with some key highlights noted here.

Survey responses from country participants and technical facilitators affirmed the CoP's processes and approaches across the implementation preparation and accompaniment phases, as indicated in the following graphics.

**Figure 2: Technical Facilitator Survey Responses, Implementation Preparation Phase (n=6)**

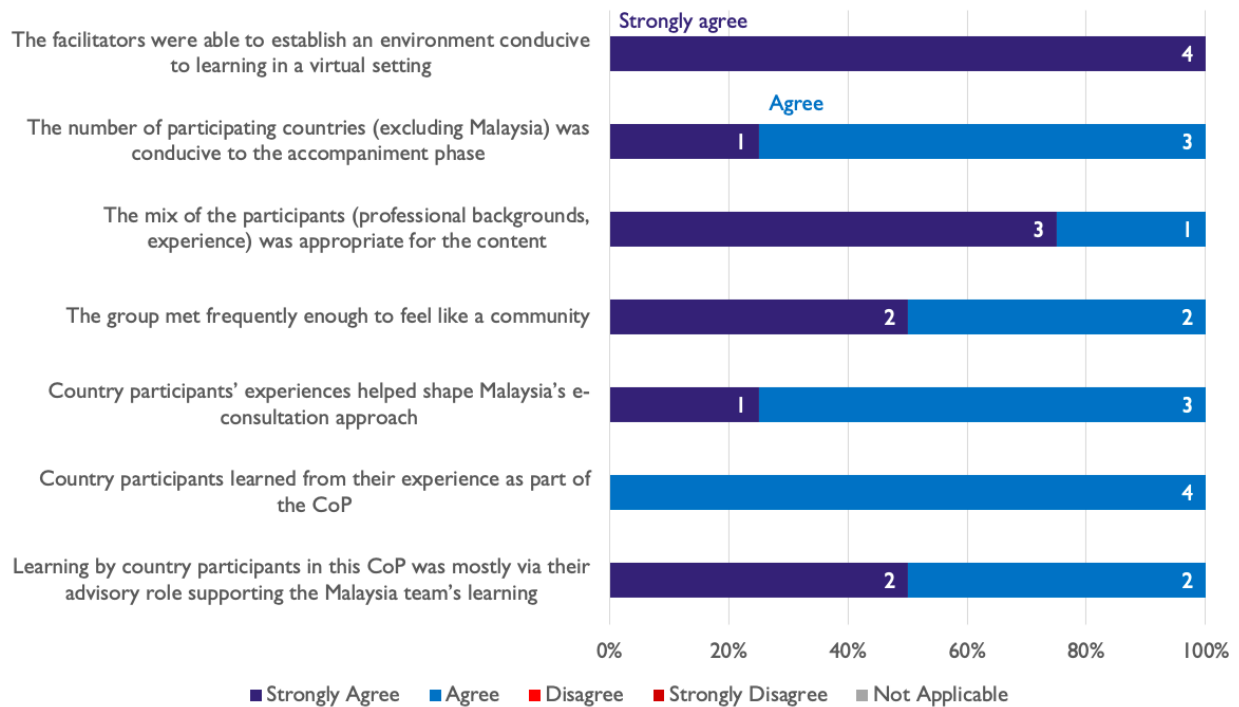


**Figure 3: Country Participant Survey Responses, Implementation Preparation Phase<sup>9</sup> (n=3)**



<sup>9</sup> Country participants were surveyed following the implementation preparation phase. They were interviewed following the implementation accompaniment phase.

**Figure 4: Technical Facilitator Survey Responses, Implementation Accompaniment Phase (n=4)**



Malaysia team members and technical facilitators both felt that **regular engagements** were vital in keeping implementation moving forward. The technical facilitators played a crucial role in making sure the objectives of the day's discussions were met, and that meetings were concise and focused.

“Every 1-2 weeks, TFs will be there asking about progress, so we had to push ourselves - that's quite good.”

“The discussions were beneficial; we could listen to other participating countries about their projects, and think about how to adapt and adopt their approaches to the Malaysia context.”

Malaysia team members noted the **value of country participants' experiences**, which could be adopted and tailored for Malaysia. This sharing of experience and learning was the heart of the CoP and is central to the JLN ethos, as elaborated under evaluation question 7 below.

Another underlying motif that proved especially effective for the CoP was the continual focus on Malaysia's needs and, as one technical facilitator described it, “keeping **Malaysia in the driver's seat**.” In the CoP, interactions revolved around asking questions and solving problems or issues voiced by Malaysians. A Malaysia team member praised these efforts: “They never said Malaysia was wrong, but rather, try this or try that method. There was always encouragement that the work being done was for Malaysia.”

However, the CoP engagement was not without some challenges, and respondents noted a few areas that could potentially be improved.

Though it is understandable and inevitable in an international group like this CoP, the **timing of sessions** across time zones did not always work well for everyone involved. Although the sessions were scheduled at the most convenient time for Malaysia team members, these regular engagements were sometimes difficult to do in the evenings after long work days. One Malaysia team member noted that some people arrived late to sessions, and it is important that everyone respect each other's time and make sure the allotted time is used well.

The CoP also iterated its approach to sharing resources with Malaysia team members. Initially, technical facilitators **produced materials that were not read** by participants in advance of meetings. The facilitators realized it was best to give Malaysia team members walk-throughs of pertinent documents, highlighting key items and their relevance to the Malaysia context. The CoP shifted its approach to better meet the Malaysia team's needs and reduce unnecessary background work by the technical facilitators.

The CoP also experienced a **drop off in engagement** of country participants over time. Technical facilitators noted that a relatively small number of country participants (5-6) emerged from the initial Learning Exchange, and from the preparation phase to the accompaniment phase, there was a drop-off to 2-3 country participants in WS1 and only one country participant in WS2. This irregular participation of all but a few country participants hampered the diverse quality and continuity of the discussions.

Lastly, everyone agreed that virtual sessions do not replace the benefits of in-person meetings, so perhaps a **hybrid approach** would be most effective for a similar implementation-oriented CoP in the future. Respondents felt that some in-person engagement is needed, and technical facilitators noted this could help to better engage country participants.

## **Q2. How the CoP contributed to Malaysia's preparation for and implementation of e-consultation extension**

This CoP was designed and conducted with a unique focus on supporting Malaysia's preparation for, and implementation of, E-consultation extension. A technical facilitator explained this new approach: "This is a much more focused enterprise [than traditional JLN approaches]; how to **help Malaysia accomplish a particular goal**, get from here to there. The task is much more focused and directed, so it lends itself to getting to a solution." Respondents agreed that this sustained focus on Malaysia's needs and implementation to achieve results was a touchstone of the CoP's efforts, and a key factor in its effectiveness.

Adaptation and iteration, while keeping sights fixed on their overarching goals, were necessary components of the CoP's operations, particularly during the Covid-19 pandemic (see also evaluation question 3 below). In this context, technical facilitators continually reoriented the CoP's efforts towards **practical solutions, achievable outcomes, and quick wins** with big impact for the Malaysia team. One country participant described this dynamic: "The entire CoP process is dependent on the team

from the organizers... The Malaysia team did not know what they wanted; there was an unfurling by the facilitators and then [the Malaysia team] identified the way forward. The success of the CoP is the way [technical facilitators] give importance to the beneficiary group.” Malaysia team members unanimously recognized and praised the CoP’s approach; they reported that the **technical facilitators aided them in narrowing their focus** to objectives that were achievable and could be implemented quickly. One Malaysia team member succinctly stated: **“We come out of each session feeling like we’ve achieved something.”** The numerous results of the CoP’s work with the Malaysia team are highlighted in the Results section below.

### Q3. How the CoP has evolved to reflect Malaysia’s priorities in the context of Covid-19

Respondents acknowledged that the timeline and focus of the CoP evolved over time. A surge in Covid-19 cases in Malaysia from June - August 2021 necessitated a pause on CoP activities while the Malaysia team members focused their time and attention on their country’s most pressing needs. Malaysia team members said they **greatly appreciated the patience from their partners in the CoP, as well as the gentle reminders to keep the momentum** of the work moving forward once the situation in Malaysia improved. Respondents recognized an important benefit of this pause: it pushed the Malaysia team to **prioritize what was most relevant and feasible to work on with the CoP**, and this narrowed focus enabled them to successfully implement more achievable aims, such as scaling up phone consultations and enhancing the MySejahtera app with new features. This was essential in the constantly changing context of Covid-19.

### Q4. How country participants have contributed to the COP

Respondents agreed that the country participants brought a significant added value to the CoP. Malaysia team members greatly appreciated the engagement of country participants; they gave **good feedback** and **broader perspectives** that helped stimulate thinking and **explore new ideas**. One Malaysia team member shared: “I found that the discussion in plenary with other country participants was good because we can see their point of view and gain some knowledge, like if they’ve tried something unsuccessfully and we should not repeat the same problem here. They suggest plan A or plan B, and what you need in place to move forward. That’s a valuable thing.”

Learning from others’ experiences encouraged the Malaysia team to **emulate and adapt country participants’ approaches** for the Malaysia context. For example, they expanded e-consultations by scaling up phone consults, which eased the strain on overburdened clinics and reduced the time patients spent there. The Malaysia team also enhanced their national health app, MySejahtera, by adding interactive features that showed patients how to do breathing exercises, which was very beneficial for post-Covid patients, and also quick to implement. These results are detailed further in the Results section below.

Technical facilitators noted the **trade-off** between wanting to help country participants apply learning, or keeping momentum for the implementer country, because bandwidth did not allow the facilitators to do both.



## Q5. Takeaways from the CoP that were applicable to country participants' country context

Technical facilitators felt that country participants **voted with their feet**; if they were not benefitting from their engagement with the CoP, they would not have continued to participate. However, as noted above, technical facilitators acknowledged that at times keeping country participants engaged was difficult.

Nonetheless, country participants were clear about the numerous benefits they derived from their participation in the CoP. One country participant explained: “I may not be able to copy/paste exactly what [the Malaysians] were doing... However, I gained more **knowledge and enlightenment** in terms of community interventions. In the community where I work, the biggest barrier is access to health information, services, and products. We can use tech to ensure clients can access services. Learning [from the CoP] provided **evidence** that tech can bridge this barrier, linking clients to services. A key thing I learned is **understanding the user journey of the client** from community to facility: where the client faces barriers, and how we can intervene to address these barriers to the client’s journey. This is one of the most enlightening workshops I’ve attended.”

Another country participant extolled: “100% [participating in the CoP] has been beneficial, even as not the implementer country. I’ve filled two books with notes about my experience. I found the entire team, with major organizations, did not say ‘no’ to any of my thoughts. This is a high point for me. I come with different experience - several decades in public health, but different from the facilitators and what is being done in the study areas. For me, the significant take home message is that the **receptivity** of this platform is high. I’ve been working on health access and execution excellence, and I found **many lessons** for me in these two areas.”

## Q6. How the JLN ethos of joint learning has translated to a virtual format

Respondents agreed that technical facilitators excelled in translating the JLN’s joint learning approach to a virtual format. **Open and candid interactions** among Malaysian team members, country participants, and technical facilitators were a constant and highly beneficial component of the CoP. One of the clinic directors explained: “We are like **partners**; we can throw out ideas and others give input.” Additional highlights of key learnings participants derived from the CoP are shared in the Results section below.

“Every meeting is encouraging; people tell you you’ve done a great job. The JLN really **motivates you, gives inspiration** that you’re on the right track. There’s **a lot of sharing**, and we’ve never been let down by them.”

The CoP successfully struck a balance between these open interactions and the focus on Malaysia’s priorities in a way that aligned deeply with the JLN ethos. A Malaysia team member captured this dynamic, stating: “In this CoP, **knowledge and experience is shared for Malaysia to choose the way forward. Then [we all together] do the work, from A to Z.**”

Virtual engagement also allowed for **flexible and ongoing support** from the technical facilitators, who expressed satisfaction with participation in the CoP and the outputs achieved.

## Q7. How the JLN model has facilitated participants tapping into one other's experience and translating this to their own country context

Respondents continually highlighted the **great interaction** and **sharing of ideas** that gave the Malaysia team a **broader perspective** on their work, by **learning from what others had done before** and how they addressed similar challenges. Malaysia team members adopted and adapted numerous concepts and approaches shared by country participants and technical facilitators to implement in the Malaysia context. As noted above, country participants echoed the value of these exchanges in sharing learnings and experiences that they could then translate to their own country context. One technical facilitator succinctly explained: “When you put people together, they learn from each other and it becomes provocative. There’s something valuable to that.”

## RESULTS

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This Results section highlights the Malaysia team’s achievements from their engagement with the CoP across the three workstreams. Key informant interviews offered rich detail on the notable achievements that emerged through the Malaysia team’s engagement with the CoP. Secondary data provided by the Malaysia team showcased the impact of these achievements in implementation (additional quantitative data from W1, W2, and W3 can be found in Aceso Global’s internal report to the JLN Steering Group). In addition, Malaysia team members and country participants also shared some of their cross-cutting key takeaways and learnings from their engagement with the CoP, which are invaluable.

In WSI, the CoP supported the Malaysia team in developing guidelines and workflows for E-consultation, implementing a hybrid model of phone and in-person consultations, and administering surveys to assess implementation at four pilot clinics. One Malaysia team member explained: “With the CoP, the meaningful thing is that we’ve created **proper documentation for telehealth**. We have done telehealth before being involved in the JLN, but we were doing it in pieces. Now that there’s a standardized method and the guidelines are documented, it’s easier for providers to use the guide when doing telehealth... If we did not have this project, we’d say ‘I’m a bit busy,’ and things would get put off. With the CoP, there’s a structure, it’s a weekly thing; we come up with the guideline faster and with proper discussion. I feel it may not have happened without involvement in this CoP.” Learning from the experiences shared by country participants also encouraged the Malaysia team to expand E-consultations by **scaling up phone consults**, which eased the strain on overburdened clinics and reduced the time patients spent there. A clinic director explained: “Initially we thought about telemedicine as video or virtual, but that’s not accessible for many Malaysians, especially in rural areas. We gathered from CHA that telemedicine can be successfully done by phone, and we ran the pilot successfully. If we had not embarked on this, we would have remained skeptical and would not have considered telemedicine as something we could do.”

Secondary data reported by the Malaysia team underscored the importance of these achievements. Four clinics in Malaysia conducted virtual telehealth pilots. A total of 786 clients completed telehealth consultations, and 66% (n = 598) of these responded to a client satisfaction survey. Of those who responded to the survey, **72% (n = 432) of clients were very satisfied with their teleconsultation and 28% (n = 166) were satisfied or somewhat satisfied; no clients**

**reported being unsatisfied with their teleconsultation session.** Nearly all client respondents (99.8%, n = 578) reported that instructions given over the phone were clear or very clear, and overall, the vast majority (94%, n = 562) indicated they would recommend teleconsultation services to others. In addition, 14 doctors from the four pilot clinics responded to a telehealth provider satisfaction survey. **Twelve of the 14 doctors (86%) were satisfied with teleconsultation,** and all indicated that they would recommend or strongly recommend teleconsultation to other healthcare providers.

Unlike WSI, in which the pilot with the four clinics sought to improve the E-consultation model by developing and implementing guidelines and workflows for providers (that were used for training the same), WS2 sought to learn from the experience of 40 clinics where E-consultations were launched during the early days of the pandemic. In WS2, the CoP supported the Malaysia team in developing and implementing an M&E plan and survey instrument to learn from existing E-consultation efforts underway in these 40 clinics. Secondary data from the Malaysia team reported that these 40 health centers delivered virtual health services, mostly for chronic disease management, benefitting 29,311 clients. Healthcare providers (n = 163), administrators (n = 56), and clients (n = 153) completed questionnaires with related indicators to assess implementation of the virtual clinics and the client experience. **The vast majority of client respondents were satisfied with their e-consultation (90%, n = 138), indicated that the virtual consultation was convenient compared to an in-person consultation (85%, n = 130), and reported that they would recommend e-consultations to others (83%, n = 127).** While the majority of healthcare providers felt comfortable making diagnoses via e-consultation (65%, n = 106) and would recommend e-consultation services to their clients (74%, n = 120), **only around half of the healthcare providers (54%, n = 88) indicated that the virtual clinic guidelines were adequate, and very few (4%, n = 7) were satisfied with the technology used to conduct virtual clinic services.**

This data will provide important insights as the Malaysia MOH plans to scale up E-consultations in an additional 260 primary healthcare clinics. A Malaysia team member shared: “One thing that has come from this engagement [with the CoP] is that implementers who think about strategy now understand that if you think about strategy, you need to think about M&E. Before they just thought about strategy and outcomes, but to scale up and sustain, M&E is crucial. There’s **more awareness among team members that M&E is important.**”

In WS3, with the CoP’s support, the Malaysia team **enhanced their national health app, MySejahtera,** by adding interactive features (such as videos), which were very beneficial for post-Covid patients and also quick to implement. Two short videos on breathing exercises for Covid-19 patients and the use of a pulse oximeter were produced by the Sungai Buloh Hospital and Malaysia MOH respectively, and were delivered through the app and brought health information to patients’ fingertips. There were 13,038,115 unique views for both videos on the MySejahtera app from Sept - Dec 2021.

In addition to these noteworthy achievements across the CoP’s three workstreams, Malaysia team members and country participants shared some of their key takeaways and learnings that have impacted them professionally and personally.

One country participant shared: “A key thing I learned is that we need to align interventions with the healthcare system. Not making parallel interventions, but aligning with what’s already happening in the healthcare system which will lead to sustainability. I also won’t forget that every time you do an intervention, you need to think about how to measure the intervention and impact, from the beginning. We need to understand how we’ll be able to know whether we’re tracking well, and have a framework of measuring success.”

Another country participant extolled: “I wanted to put the hybrid model into practice because our health centers are overcrowded. What I’ve learned from the CoP about the hybrid approach is that, out of 100 patients who come, if I can do E-consultation with 30, I can improve the quality of care and patient experience for everyone. I’m clear about this; it can be strongly applicable in [my country] as well, which we were not doing before. It has stimulated new ideas to see how this was done in Malaysia.”

A Malaysia team member shared: “Talking with the JLN and sharing experiences with other countries, I’ve built my confidence level. I’ve gotten a lot of fresh ideas. A lot of times here people have ideas but don’t share them. With the JLN, I shared my ideas and learned I wasn’t wrong... It’s nice when others support your ideas, listen, and adopt. It’s building my confidence level working with the CoP. That’s my key takeaway... I would use two emojis to describe this: first a very shy person, and then an emoji with a very happy face.”

For in-depth narratives of the most significant changes Malaysia team members shared from their engagement with the CoP, please see Annex 1.

## DISCUSSION

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These findings and results highlight the many strengths and achievements of the CoP, as well as some potential areas for improvement. Respondents shared recommendations that similar implementation-oriented CoPs may want to consider. This assessment also highlights related future evaluation priorities and implications for the JLN to consider.

Malaysia team members shared insights on the future direction of E-consultation extension. A clinic director explained: “From this pilot, we have an idea of how well accepted telemedicine is from patients and practitioners. We’ll refine the [telehealth guidelines] before rolling it out nationwide. We got good feedback and look forward to rolling it out.” Another Malaysia team member shared the goal for continuous improvement amidst these expansion efforts: “We have plans to expand the guidelines from a focus on primary healthcare to maternal and child health and walk-ins. We’ve discussed the current scope of problems with existing clinics to learn from.”

In addition, Malaysia team members identified future applications of the enhanced M&E related to these efforts. One Malaysia team member reported: “We might use secondary data to look at fidelity (whether people follow the standard operating procedure), evaluate training, identify flaws that need

strengthening, or recommend additional policies needed for virtual clinics. We can update things and make them better.”

## Lessons Learned and Recommendations

1. Plan for sufficient time upfront and offline helping the implementer country establish its goals and objectives, as well as measurable outcomes. This will help focus the learning activities and avoid group work that proves to be irrelevant or not useful. Expect that the narrowing of objectives may continue to be an ongoing, iterative process.
2. There is a balance to strike in setting ambitious targets versus spreading efforts too thin. It was an iterative, ongoing process to refine objectives across the three workstreams given the time and bandwidth available, particularly for the Malaysian counterparts since they participating in these meetings after long workdays.
3. Time zones will be a challenge with virtual engagements for an international group. Select the most convenient times by administering an initial survey to find common ground.
4. Virtual engagement allows for tremendous flexibility for CoP and its participants, enabling frequent engagements, rapid implementation and iteration, and readily available support from facilitators. On the other hand, virtual sessions do not replace the benefits of in-person meetings, so a hybrid approach may be most effective for similar efforts in the future.
5. Given that an implementation-oriented CoP requires engagement on a regular basis, a drop-off in participation due to fatigue appears inevitable. However, in-person meetings could replace several virtual meetings and drive more robust participation. Additionally, the introduction of JLN certificates for technical teams at the start of a Learning Exchange could help set expectations for participation and drive more robust attendance.
6. Finding the right mix of participants is essential. Participants need to have the time, resources, motivation, and commitment to maintain engagement and collaborate in advancing the learning and implementation objectives.
7. Aim to engage more country participants in these discussions. There would be added value in engaging country participants from more developed neighboring countries so the implementer country can learn from effective efforts in their region.
8. Consider a more significant and concrete role for country participants. They have much experience to share and can be invited to do more than offer commentary. For example, the resources and expertise available to participants are critical components of any CoP; if country participants are selected to bring in particular expertise, it may encourage greater participation in the future.
9. A JLN CoP could support implementation in multiple countries at the same time, but doing this in more than one country at a time would entail a larger technical facilitation team, a combination of in-person and virtual engagements, a longer timeline, and therefore significantly more resources.
10. The CoP's implementation-oriented approach aligned with and even deepened the application of JLN's principles, including maintaining a country-driven focus, creating a safe space for participants to engage, and facilitating shared learning.

## Future Evaluation Priorities and Implications for the JLN

The findings from this evaluation will be shared in the JLN's Technical Facilitators CoP, for learning and continued improvement in the design of future offerings. In addition, there is room to reconsider the role of country participants in similar CoPs going forward, as the country participants had great takeaways from their engagement in the CoP, but there was a significant drop off in participation. This could be an area for the JLN to explore in future evaluation efforts as well.

## CONCLUSIONS

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All respondents had positive feedback about their experiences engaging in the CoP. The virtual engagement approach allowed for flexible and ongoing support from technical facilitation teams, utilizing frequent meetings and follow-ups to implement and iterate solutions. Malaysian team members, technical facilitators, and country participants alike highlighted key benefits from their CoP engagement, such as open and candid interactions, the sharing of ideas, and being able to learn from others' experiences to address similar challenges.

Following four pilot clinics' implementation of the telehealth guidelines and hybrid consultation approach developed in WS1, Malaysia team members found that teleconsultation services were well received by clients, and healthcare providers expressed interest in continuing teleconsultation services. Both clients and providers would recommend teleconsultation to others. The M&E efforts from WS2 found that, overall, healthcare providers and administrators were satisfied in providing virtual clinics, and patients were satisfied in using virtual clinic services. However, healthcare providers had mixed responses to the telehealth guidelines, and particularly felt that the use of technology for these virtual clinics left room for improvement. The videos delivered through the MySejahtera app under WS3 were widely used tools for improving patients' self-care.

The success of this CoP opens a range of possibilities for similar implementation-oriented communities of practice to be effective going forward. With reflection on the achievements, key takeaways, and areas for improvement identified, the JLN can continue to lead CoPs where participants share experiences, build relationships, and learn and work together towards achieving great impacts in their healthcare systems.

## ANNEX I

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### Malaysia Team Members' Stories of Most Significant Changes from Participation in the CoP<sup>10</sup>

#### Malaysia team member I

Talking with the JLN and sharing experience with other countries, I've built my confidence level. I've gotten a lot of fresh ideas. A lot of times here people have ideas but don't share them. With the JLN, I shared my ideas and learned I wasn't wrong. My confidence has increased, and I feel really good about it. When you present, that's when your confidence increases; we gave multiple presentations: presenting where we are, what have we done, in-flight adjustments. We used to have quite a few plenary sessions, and I presented a number of times. I do give presentations in work meetings, but not in the JLN way. JLN has a different approach: you need to share where adjustments were made, why things deviated. It's done very well. It's nice when others support your ideas, listen, and adopt. It's building my confidence level working with the CoP and the three workstreams. That's my key takeaway.

Related to WS3, working on MyS mobile app, we were paired with Bangladesh [Praava Health] and realized there were things we could pick up from there for Malaysia, like sharing information on how to use a pulse oximeter. We realized there were things we had available but weren't confident enough to do before. In WS1, we looked at Rob and Malaysia's guidelines and realized they had done similar work. Every engagement increased my confidence level. I never left a meeting feeling like I hadn't done enough. Every meeting is positive, and I've attended every one. Every meeting is encouraging; people tell you you've done a great job. The JLN really motivates you, gives inspiration that you're on the right track. There's a lot of sharing, and we've never been let down by them. They never said Malaysia was wrong, but rather, try this or try that method. Other colleagues agreed and always left with a smile on their face.

There was always encouragement that the work being done was for Malaysia. We are very happy about the work being done. With the three workstreams, there's always access to more ideas because people bring in new things; it inspires creative thinking. I'm encouraging colleagues to take up work with the JLN, but you need to be dedicated, very committed. Just a few hours ago, I was telling them to please get involved with JLN, from my personal experience. It's not like other CoPs where you present and don't hear from them; this is something you have to continue. I am trying to tell my colleagues that it's a different approach. I hope to share in meetings or conferences these experiences with the JLN and colleagues in other countries. I would love to tell them where things started with the group, where it took me, and the results it produced. I would use two emojis to describe this: first a very shy person, and then an emoji with a very happy face. In my other work, I think about the JLN, the boxes of where we started, where we are, and where we hope to be. It's one slide Jerry gave us that's a good summary, that I'll continue to use in the future.

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<sup>10</sup> These stories have been edited for clarity and brevity.

## Malaysia team member 2

Going through this process with the CoP, the most meaningful thing is that we've created proper documentation for telehealth. We actually have done telehealth before being involved in the JLN; however, we've been doing it in pieces. By having this telehealth guideline, going through the process, I feel that, personally, some clinics will do it differently, but now that there's a standardized method and the guideline is all documented, it's easier for people to use the guide when doing telehealth. The standardization and documentation is the most meaningful. Before this, it was in pieces. Now it's all coming together, and it's all documented well.

Because all of us are very busy with our own duties, and we do not have the time to actually discuss the things we need, but we actually made time to do so during the CoP; we'd discuss this every Wednesday before our session. We have to make time for it. If we did not have this project, we'd say, "I'm a bit busy," and things would get put off. With the CoP, there's a structure; it's a weekly thing. We can come up with the guideline faster, and with proper discussion. I feel it may not have happened without involvement in this CoP. However, if we had dedicated time, like what we used to have during in-person workshops, that would be better, because we wouldn't have to rearrange schedules when meetings and such come up, or having to work from morning to evening and then start the CoP sessions in the late evening. It's a bit tiring.

We selected four study sites for the four telehealth guidelines, and had four site coordinators for each site. We had sessions with each coordinator telling them what was expected and what we would do. Once they knew what to do, they could implement it well. We actually started with only NCDs, and now are planning to do this for MNCH cases and walk-in cases. We had a group of family medicine specialists, Cambridge Health Alliance, Jerry, and country participants from India, and discussed together what was best; from all those discussions, we came up with our own process and guidelines. If we have a standardized method, we will not go wrong. There will not be complaints from patients; staff know what to do. It benefits both patients and staff.

The discussions were beneficial; we could listen to other participating countries about their projects, and think about how to adapt and adopt their approaches to the Malaysia context. It would be good for some other countries to also be involved in these discussions, such as neighboring countries like Japan so we could know more about what other more developed countries in the vicinity have done. We would like to hear from Korea, Japan, and Singapore.

We have plans to expand the guidelines to MCH and walk-ins, and perhaps at other sites. We've discussed the current scope of problems with NCDs and existing clinics to learn from. There have been some setbacks, especially with the gadgets. If clinics are just using the telephone for virtual sessions, it may be okay, but if they're doing more than that, like video consultations, some remote areas may not have the facilities to do so.



### Malaysia team member 3

We've done our M&E questionnaire and indicators, and are now in the midst of doing the survey. This is significant because we've worked together to develop these; usually when we work we only do the questionnaire, but in this CoP with the JLN, we also came up with indicators. This is something new I learned - to match the questionnaire with indicators, and align them with objectives. In this way, we can better analyze the data when doing surveys. For me, this was a new learning.

The CoP really helped give a sample of questionnaires, what to ask clients, providers, and clinic directors around IT, patient satisfaction, etc. They also listened because Malaysia wanted a social demographic aspect and they added that. The aim of this work is to improve the quality of services, patient experience, and patient satisfaction to improve service delivery. We want to find gaps, recommend to higher authorities if the system needs improvement, request higher budgets as needed, and expand to another 230 clinics and other specialties beyond PHC. The indicators will help see what outcomes to focus on. This will help us to understand, recommend, and improve virtual consultation by gaining significant knowledge that we can use to make recommendations for higher authorities.

We came up with the questionnaire, and then indicators to match. We also worked to get suitable questions for each client's questions and indicators, narrowing and checking. We discussed how to go about the survey, and because of time constraints, decided to develop a Google form. We asked the clients, providers, and directors to complete the questionnaire and indicators together to get to results. We sent the survey to healthcare providers on the ground, over a 4 week period (extended from 2 weeks to get more responses). Now we're waiting for the outcomes of these surveys with clinics.

With the findings, we'll also expand our work by collaborating more with NIH research colleagues. We'll share data so they can do more analysis from the policy side, reaching more stakeholders for buy-in and enhancing the system to have seamless care.

With the CoP, it was a very good experience, and useful learning how to build confidence, negotiate, and engage with more senior colleagues. With this JLN CoP, I've been learning more about program implementation. My previous experience was more analysis focused, whereas this is more about collecting data and evidence to support implementation. Engagement was excellent, and I appreciate the experience from other team members. I would like to work on this further, and would love more evidence and support from others.

## Malaysia team member 4

One thing that has come from this engagement is that implementers who think about strategy now understand that if you think about strategy, you need to think about M&E. Before they just thought about strategy and outcomes, but to scale up and sustain, M&E is crucial. There's more awareness among team members that M&E is important. Also, strategies are not plucked out of the air, but are evidence based, whether from the results of others' experiences, the literature, etc. Sometimes we think about strategies but not the evidence to support them. When we do implementation we're so focused on strategy and what can be done, but all strategies need to be evaluated; is it successful in implementation or not? Along the way, we've realized that some strategies are shown not to work well. These are good learning points. That's a plus.

I joined the group at a later stage, to give feedback for WS2 regarding what M&E we need to be included in the discussion. We had a good rapport with Jerry and Esteban to discuss; we have different points of views. We wanted to understand each other at the same level, make sure we understand things the same way, and have the space to clarify. We had to discuss what we actually wanted to do, in Malaysia, because this is a Malaysia case study. Later on, I found that the discussion in plenary with other country participants was good because we can see their point of view and gain some knowledge, like if they've tried something unsuccessfully and we should not repeat the same problem here. They suggest plan A or plan B, and what you need in place to move forward. That's a valuable thing. When we have other strategies, we will think about how to overcome challenges and scale up implementation. That's one part I really treasure.

In WS2, sitting down with my colleague and another 2-3 clinics, we discussed the importance of M&E, the terminology, and getting some understanding about what we want to do, what the project is about, etc. This is crucial, because we want to be in the same place. We did that. Even though I came in late, we sat down again for my benefit, so I would be caught up and not get lost in what was going on. Sometimes we had different understandings of the terminology and definitions. The process of coming to an agreement cannot happen in a busy time. But we needed to reach a new understanding and had that space. Sometimes we would need more time to get input from others. Then we would come back after those discussions and move forward - it makes the product much better because it's a collective.

Some people won't think about it, but from my point of view, M&E is always important. If I alone say it, they're not convinced, but when other implementers from other programs or countries say it, maybe they'll think when they're doing strategies to consider the evidence and build in M&E. It's still new, but you need to create awareness to get to full blown understanding. You need to tailor M&E to your strategy; think about what you need to put in to determine if it works. In this platform, others have the same thoughts. Through this engagement, there's more space to think about M&E. We might use secondary data to look at fidelity (whether people follow the SOP), evaluate training, identify flaws that need strengthening, or recommend additional policies needed for virtual clinics. We can update things and make them better.