Country Level Challenges
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Focal Person / Expanding Access to Effective Treatment

Outline of the presentation

• Background
• Challenges / Issues for consideration related to the implementation of Case management of malaria including Community Case Management (HMM)
• Conclusion
Background (1)

- Providing prompt and effective treatment is a major strategy to reduce the intolerable burden of malaria. This strategy reduces the evolution towards severe malaria and death.
- Most symptomatic malaria is treated in communities, in peripheral primary health facilities and in informal health sector.
- An effective case management strategy requires that appropriate measures be taken to ensure access to appropriate, effective treatment at each level of health care and as close to the patients as possible.
- Community Case Management (HMM) strengthens community health services as an entry point for improving child survival.

Page 29, sect. 7.7 Operational issues in treatment management

To optimize the benefit of deploying ACTs... it will be necessary to deploy them as widely as possible - this means at most peripheral health clinics and health centres, and in the community. Deployment through the formal public health delivery system alone will not reach many of those who need treatment. Ultimately, effective treatment needs to be available at community or household level...
Avantages of Community Case Management (HMM).

• Increases therapeutic and geographic coverage of the treatment;

• Contributes to the improvement of health information at national level;

• Builds capacity within communities in the control of malaria and other diseases;

• Reduces the burden of work at health facility level;

• Promotes ownership by the communities and a way of sustainability.

Implementation status

• Most countries have HMM as part of the national malaria strategic plan.

• A number of countries are at various phases of implementation with ACTs:
  • Country wide
  • Up to community level (not country wide)
  • Pilot phase

Planning pilots: Challenges - Change to ACTs, availability and cost of establishing community structures.
Challenges in Case Management

- Community ownership and participation;
- **Accessibility and Quality of services at the different levels of health care;**
- Funding sustainability
- Linkages with SME routine HIS?

Case Management Implementation Issues

- Universal access to case management based on parasitological based diagnosis and related capacity building implications;
- High cost of ACTs;
- Need for predictable sustained financing – we need an early warning system through forecasting;
- Poor Quantification, Procurement and Supply chain management;
- In the majority of countries ACT supply is still insufficient, and stock-outs are frequent in peripheral health facilities where they are most needed;
- Poor penetration of ACTs and continued use of monotherapies in the private sector;
- Lack of quality control and quality assurance systems for diagnostics;
- Constraints linked to the use of RDTs in field conditions (degradation, limited shelf life, sensibility, management of negative results)
Some areas for critical consideration with regard to case management of malaria

- Financial resource mobilisation for effective malaria control to meet the targets to be reached by 2015;
- Scaling-up towards universal Parasitological Diagnosis for all fever cases;
- Operational guidelines and Human resource development/capacity building at all levels (pre-service, in-service, CHWs) to scale up diagnosis;
- Advocacy communication, social mobilization/BCC for service providers and communities;
- Scaling up access to treatment at health facility and community level using ACTs;
- Involving private sector to deliver ACTs;
- Linking case management with surveillance through diagnosis- improved surveillance particularly in high transmission areas;
- Setting up and strengthening pharmacovigilance and quality control systems in countries;
- Prevention and containment of drug resistance;
- Operational research addressing programme implementation;
- Research and development addressing drug and vaccine;
- Strategic approaches for Case management in the context of elimination;

WHO Normative guidance and support.

- Support to develop policies and guidelines;
- Support to adapt guidelines for the implementation of HMM;
- Guidance on Community case management;
- Development of guidelines for capacity building on different aspects: diagnosis, treatment and on scaling up Community-based interventions in malaria control;
- Support for implementation research on HHM with TDR;
- Support for operational research on integrated package of HMM including CTA, RDTs and rectal artesunate for pre-referral with TDR;
- Support operational research for community-directed interventions including HMM with TDR & APOC;
- Support for the documentation of best practices on using ACTs at community level.
CONCLUSION

Proper malaria case management at every level is critical for the survival of every malaria case.

*Countries in Africa are implementing ACT policy for treatment of malaria, but need support to scale up this intervention at health facility and at community level*

Conclusions

- Community Case Management (HMM) is recognized as a key strategy for improving access to quality treatment for malaria control.
- We can build upon decades of experience of community involvement in malaria disease management
- There is substantial evidence of benefits of treatment near the home in reducing childhood morbidity and mortality
- Implementation poses huge challenges to health systems, and all stakeholders
- Gaps in the strategy require further operational guidelines, operational research and proper documentation
THANK YOU FOR YOUR KIND ATTENTION !!!!!!