Vector control priorities, Feedback by the Regional Network: Pakistan–Islamic Republic of Iran–Afghanistan Malaria Network (PIAM-Net)

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History of Cross border Collaboration

- The First C.B Meeting in Chabahar, IR Iran held in July 2003.
- Since 2008, every year the Annual Meeting of Malaria Programme Managers from PIAM Net countries is held jointly with the HANMAT countries (Djibouti, Ethiopia, Somalia, Sudan)
Current situation in Pakistan

- Reported confirmed cases **225585**, Clinical malaria cases **4.5 million** in 2014
- Capacity building- IVM- The 2014 Sub-Regional Training Course for Pakistan and Afghanistan organized in Islamabad by WHO
- The participation of country programmes in Malaria Programmatic Reviews
- The 2013 MPRs of Afghanistan and Pakistan is the example of cross border collaboration when the 3 countries joined the review teams.
- Establishment of functioning Sentinel Sites for antimalarial drugs efficacy monitoring
Current situation in Pakistan

• Enhanced coverage of interventions in bordering districts and agencies.

• Resource Mobilization- Global Fund and WHO-Since Round II of Global Fund Grant Applications, the major share of resources goes to bordering districts and agencies. In the new concept note developed under non funding mechanism bordering districts and agencies are the focus for enhanced intervention coverage.

• Research- Three country projects for determination of molecular epidemiology of vivax malaria
Pakistan Challenges

• Political instability in the region - deteriorating security situation in bordering areas due to war on insurgency and ethnic differences
• Restrictions on free movement of sub-national staff for cross border support to the neighboring country.
• Health Systems- Capacities and governance mechanisms.
• Resource constraints; dependency on donor support.
• Ever-changing programme management at national level and bordering regions
Current situation in Afghanistan

• In 2014, total 295,050 malaria cases were reported in Afghanistan (83,920 Confirmed, 211,130 Clinical)

• Afghanistan is a landlocked country bordering with six countries

  ▪ In the north with Turkmenistan (744km), Uzbekistan (137km) and Tajikistan (1206km)
  ▪ In the northeast with China (96km)

  ▪ In the south and east with Pakistan (2412km)
  ▪ In the west with Iran (925km)
Progress in bordering collaborations between I.R. Iran, Pakistan and Afghanistan since 2009

• More than 40 malaria officer/manager attended on International Diploma Course on Malaria Program Planning and Management in Bandar Abbas, IR Iran

• 2nd International Training Course on Leishmaniasis Management and Control in Tehran, IR Iran

• Participation of IR of Iran and Pakistan in G5 consultative workshop conducted in Kabul in 2011

• Participation of malaria experts from IR of Iran and Pakistan in MPR in Afghanistan in 2013
300 Participants from 26 countries: International course on Malaria Program Planning and Management in Bandar Abbas, IR Iran
Progress in bordering collaborations between I.R. Iran, Pakistan and Afghanistan since 2009

• Leishmaniasis diagnosis and management training conducted in Kabul with collaboration of experts from IR of Iran 2011
• Regional training workshop on Integrated Vector Management in Islamabad, Pakistan 2014
• Entomology training in Kabul by Prof. Enayati from IR Iran in 2015
• The entomology training and PCR testing of collected mosquitos in IR Iran
Afghanistan Challenges

- Security is a challenge and sometime affects timely and proper implementation of the interventions
- High burden of malaria in bordering provinces in south and east
- Uncontrolled cross border movement and dislocation of people in bordering areas
- Difficulties in health service delivery at bordering areas
- Lack of communication and exchange of information
- Poor knowledge of malaria among the communities
- Unavailability of financial support to focus on elimination in the targeted bordering areas
Current situation in IR Iran

• Total reported cases in 2015 was 738, of which 147 autochthonous;

• All reported cases are lab confirmed with at least one positive slides/RDT;

• Implementation of VC measures based on foci classification;

• IRS is more focused and limited to the areas which as new/residual active and potential foci;
Current situation in IR Iran

• Prompt IRS in rural areas and LSM in urban areas within 72 hours after a cleared-up foci changed to potential or new active foci;
• LNs distribution is limited to remote areas with no electricity;
• LSM is an important strategy in suburban areas and in villages with limited larval breeding places;
• National IRM was prepared with WHO Consultant support.
Challenges on VC in IR Iran

• Dynamic movements of the populations across borders;
• Access the immigrant population is time-consuming and costly;
• Scattered and underdeveloped areas with insecurity across borders;
• Inefficient inter-country collaboration concerning hot zones across borders;
• Inconsistent health system approaches across borders;
• Multi-sectoral collaboration and community participation and involvement are insufficient;
• Spread of insecticide and drug resistance across borders is a critical threat;
Thanks for your attention