



Improving access to malaria diagnosis and treatment services at high risk provinces of Afghanistan through Community Based Management of Malaria (CBMM)

A road map towards elimination of malaria in AFGHANISTAN

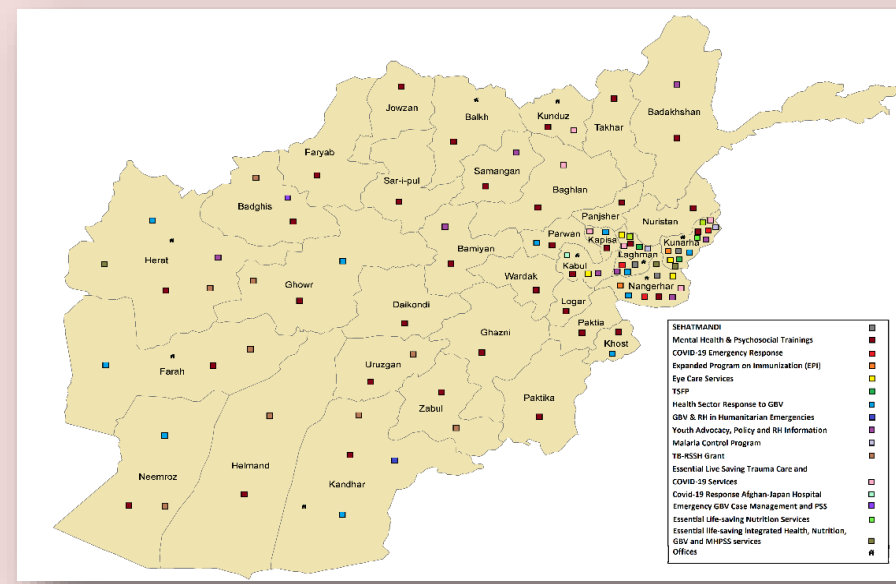


HealthNet TPO experience and contribution

HealthNet TPO background and Experience;

HealthNet TPO is the lead organization that implements various initiatives concerning malaria control in Afghanistan and Pakistan since the early '90s. HealthNet TPO immensely contributes to system development for diagnosis, case management, and control of malaria, national policies and strategies development, and makes a significant impact on the reduction of malaria burden in Afghanistan. Currently;

- Activities in 34 provinces are implemented through 2,741 regular employees including 786 female
- Volunteers 1,530 where half of them are female
- Main office and training center are located in Kabul, 8 regional/provincial offices
- Annual budget for the year 2021 is Euro 19 million



Donors: World Bank, USAID, EU, MoPH, UNFPA, GAVI Alliance, WHO, UNICEF, FHF, UNDP/Global Fund, UNOCHA

Geography and Rational

- Afghanistan is the world's third-highest malaria burden country, (11% cases in the WHO Eastern Mediterranean region).
- Malaria risk varies across Afghanistan owing to the widely disparate natural and human geography of the country.
- More than 22.4 million people living in areas at risk of malaria transmission in Afghanistan
- More than half the population. The transmission is seasonal and focal, affecting areas below 2000m in altitude and irrigated areas close to rivers
- In 2011, more than 400,000 cases; 95% of malaria cases are attributed to Plasmodium vivax (P.v.) and 5% to Plasmodium falciparum (P.f.).

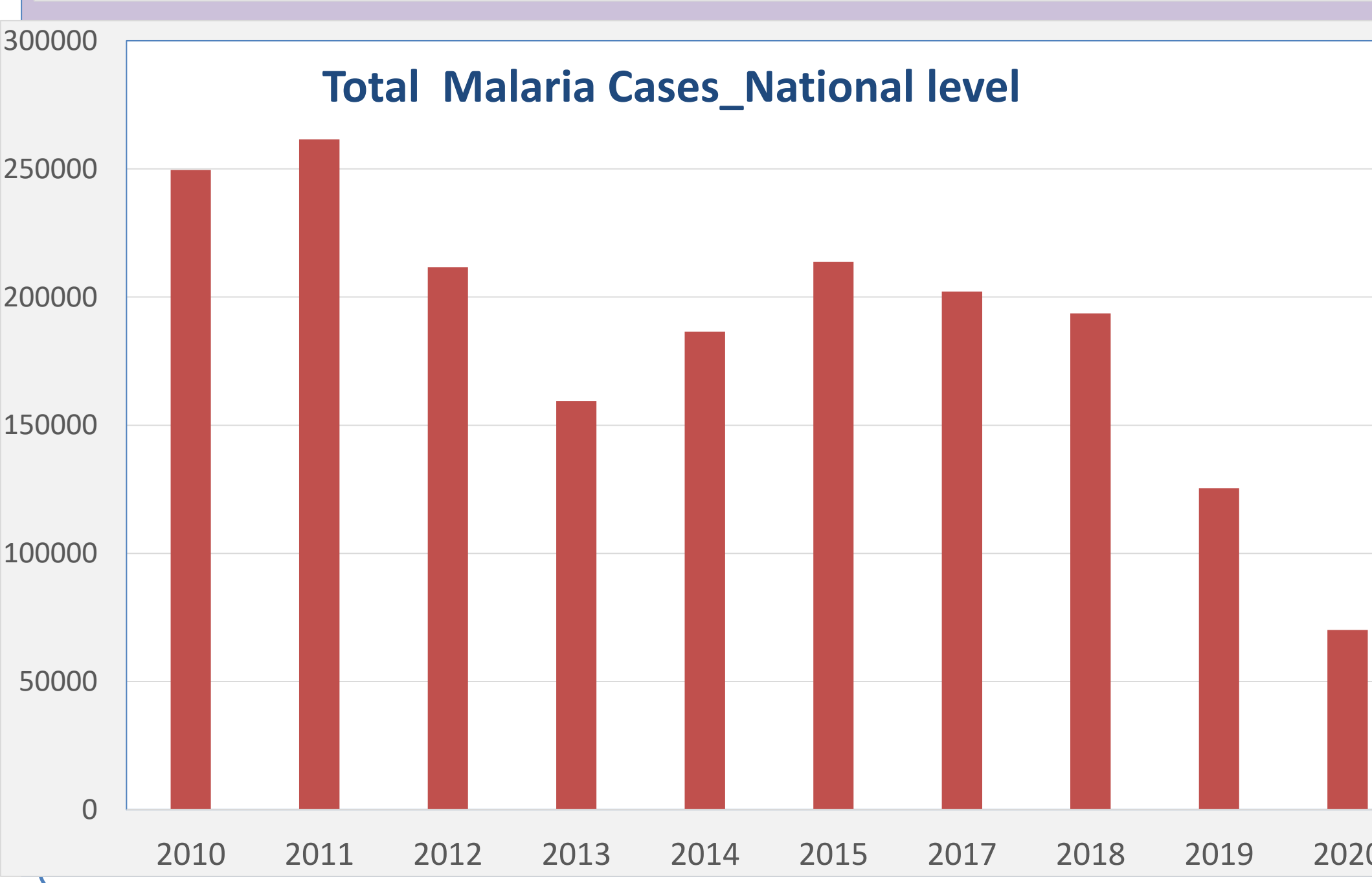
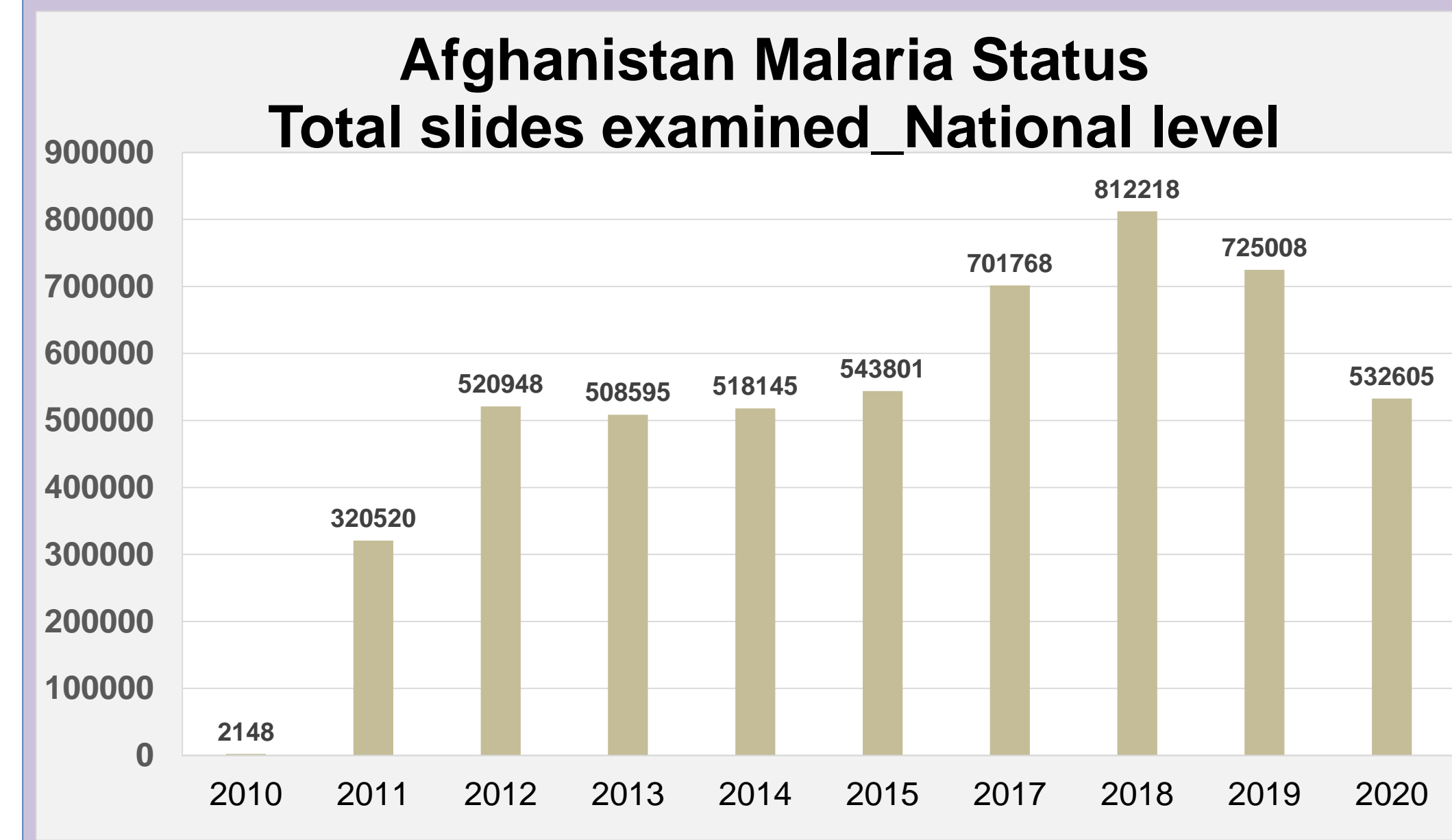
HealthNet TPO in collaboration with National Malaria and Leishmaniasis Control Program (NMLCP) started implementation of the Community Based Management of Malaria (CBMM) in 2013 in 27 provinces

No	Description	Number
1	Provinces	27
2	Districts	152
3	Health Facilities	355
4	Health Posts	4090



Strategy for improved access through community based management of malaria

- National Malaria Strategic Plan (2013-2017; 2018-2022) addresses Community Based Management of Malaria aims to increase access to malaria diagnosis and treatment services at community level.
- Involving community health workers (CHWs) and health facilities with no microscopy services.
- The CBMM strategy ultimately contributes to the improvement of the health status in Afghanistan through the reduction of morbidity and mortality associated with malaria.
- Guideline for implementation of CBMM is developed by NMLCP, WHO, HealthNet TPO and other partners.
- HealthNet TPO contracts BPHS implementing organizations in 27 provinces
- CHWs and health workers are trained through initial and refresher trainings on administration of RDT, ACT (for treatment of P.f.), Chloroquine (for treatment of P.v.).
- IEC and BCC for raising sessions are provided to community people regarding CBMM activities
- Robust monitoring, supervision and reporting.



Improved access through Health facilities linking ANC services and LLINs distribution

HealthNet TPO distributed 9,414,174 Long Lasting Insecticidal Treated Nets (LLINs) through house to house free distribution mechanism in 32 out of 34 provinces which directly and effectively benefited more than 24 million people living in high and moderate risk areas of Afghanistan.



HealthNet TPO distributed 211,720 LLINs to pregnant women in Laghman and Kunar provinces in 2016-2017.



- ❖ **1,056,421 individuals** received malaria parasitological test using RDT at health facility and community levels.
- ❖ **238041 malaria confirmed cases** received first line treatment (ACT for P.f. and Chloroquine for P.v.) at health facility and community levels.
- ❖ **5629 CHWs** were trained on malaria diagnosis and treatment



Mobile OUTREACH integration with other vertical projects

- ✓ Malaria diagnosis and treatment services were also integrated with vertical health projects such as Mobile Health Team services for nomadic population,
- ✓ Providing emergency life-saving services to vulnerable population consisting of conflict induced IDPs and conflict induced non-displaced people. The mobile team were provided with training, RDT, ACT, consumables, and reporting tools.



Limitations & Challenges.

1. Access challenges due to security and geography
2. Limited financial support to cover all components of the National Strategy, specifically a lack of support for the implementation of the Pf elimination program in recommended provinces.
3. Limited skilled staff at service delivery points
4. Weakness in the monitoring system, especially with quality assurance of laboratory services.
5. Poor health-seeking behavior in communities.



Malaria research publications and studies

- Assessment of anti-malarial drugs quality in Afghanistan
- mosquito fauna and ecology in eastern Afghanistan
- Prevalence and molecular basis of glucose-6-phosphate dehydrogenase (G6PD) deficiency in Afghanistan populations
- Malaria sentinel sites surveillance in Afghanistan
- Entomology surveillance in Nangarhar and Kundoz provinces,
- Evaluating insecticide resistance status in wild-caught anopheles mosquitoes in Afghanistan
- Durability and efficacy of LLINs distributed three years ago
- Efficacy and safety of Artemether-Lumefantrine (Coartem) for the treatment of uncomplicated P.f. and P.v.