MALARIA WEEK

INCLUSION. INTEGRATION. INNOVATION

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APMEN ANNUAL MEETING

7 September 2020

1pm Hanoi

AGENDA

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1:00 – 1:30pm	Opening session
1:30 – 3:00pm	Private provider engagement for malaria elimination
3:00 – 5:00pm	Sustaining malaria interventions during a pandemic – the critical role of community-based approaches in health systems strengthening

MECHANICS

- Please use the chat box to share your views and comments.
- We recommend turning your audio and video off during the presentations.
- This meeting will be recorded.
- Help us amplify through social media.

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OPENING SESSION

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OPENING SESSION

1:00 – 1:10 pm	**Welcome and Opening Remarks** **Prof Tran Tranh Duong, Director – NIMPE, Viet Nam**
1:10 – 1:20pm	**Progress made towards elimination and challenges due to COVID-19** **Prof Tikki Pang, Chair - Board Of Directors, APLMA**
1:20 – 1:30pm	**Country engagement to strengthen health systems for improved malaria outcomes** **Dr Sarthak Das, Chief Executive Officer, APLMA**

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WELCOME REMARKS

PROF TRAN TRANH DUONG

Director, National Institute of Malariology, Parasitology and Entomology – NIMPE, Viet Nam

- Chairman of the National Malaria Control and Elimination Programme in Viet Nam
- Associate Professor and Doctor of Medicine with teaching positions in two medical universities
- Several years of experience with infectious diseases control, scientific research on malaria and parasitic diseases and collaborative activities with WHO, APLMA, ACT, Global Fund, APMEN and US CDC

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PROGRESS TOWARDS ELIMINATION

PROF TIKKI PANGETSU

Chair, Board of Directors

Asia Pacific Leaders Malaria Alliance – APLMA

- An academic and expert on arboviruses and other tropical diseases
- Holds a PhD in immunology from the Australian National University
- Former Policy Director, Research Policy and Cooperation at the WHO in Geneva
- Visiting Professor at the Yong Loo Lin School of Medicine, National University of Singapore

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COUNTRY ENGAGEMENT FOR IMPROVED HEALTH & MALARIA OUTCOMES

DR SARTHAK DAS

Chief Executive Officer

Asia Pacific Leaders Malaria Alliance – APLMA

- An experienced public health scientist and development practitioner
- Worked in a range of geographies globally
- Joined APLMA in May 2020 from the Harvard T.H. Chan School of Public Health

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PRIVATE PROVIDER ENGAGEMENT FOR MALARIA ELIMINATION

APMEN ANNUAL MEETING

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PRIVATE PROVIDER ENGAGEMENT SESSION

MS SANDII LWIN

Founder and Managing Director

Myanmar Health and Development Consortium

- An international public health specialist
- Serves as Senior Health Advisor to APLMA
- Formerly worked for the Global Fund, World Bank UNDP and other international organizations.

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PRIVATE PROVIDER ENGAGEMENT SESSION

1:30 – 2:10 pm **National Malaria Program (NMP) experiences with private provider engagement**

- Afghanistan
- Indonesia
- Myanmar

2:10 – 3:00pm **Panel discussion**

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APMEN REPORT ON PRIVATE SECTOR ENGAGEMENT

Lessons from experiences in Asia Pacific

- Tailor private sector engagement strategies to local needs and evidence
- Invest in the development of ‘light touch’ private sector landscaping tools
- Revisit accreditation process
- Engage early and regularly
- Harmonize training, reporting and other engagement components

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AFGHANISTAN

DR M SAMI NAHZAT

Program Manager

National Malaria & Leishmaniasis Control Program

Ministry of Public Health, Afghanistan

- International public health specialist
- MD from Kabul Medical University in 1995; Master of Public Health from Royal Tropical Institute, Amsterdam
- Responsible for management of the national program, coordination with national and international partners and developing policies & strategies

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Private Health Sector involvement in Malaria case management, Afghanistan

National Malaria and Leishmaniasis Control Program

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Background of Private Health Sector involvement in malaria case management

- During the last two decades, the government of Afghanistan has made significant progress in regulating the private healthcare sector.
- Currently, 704 private health facilities are registered In HMIS but small number of them regularly report
- NMSP 2018-2022 and National program have focus on private sector (PS) involvement both in control and elimination phase
- In control phase, Private sector involvement was piloted in one high risk malaria province (Nangarhar) under GF grants in 2016
- It is plan to be expanded after successfully implement to 3 malaria high risk province under GF grant 2021-2023
- In elimination phase, private sector involvement is considered under GF next grant (2021-2023)

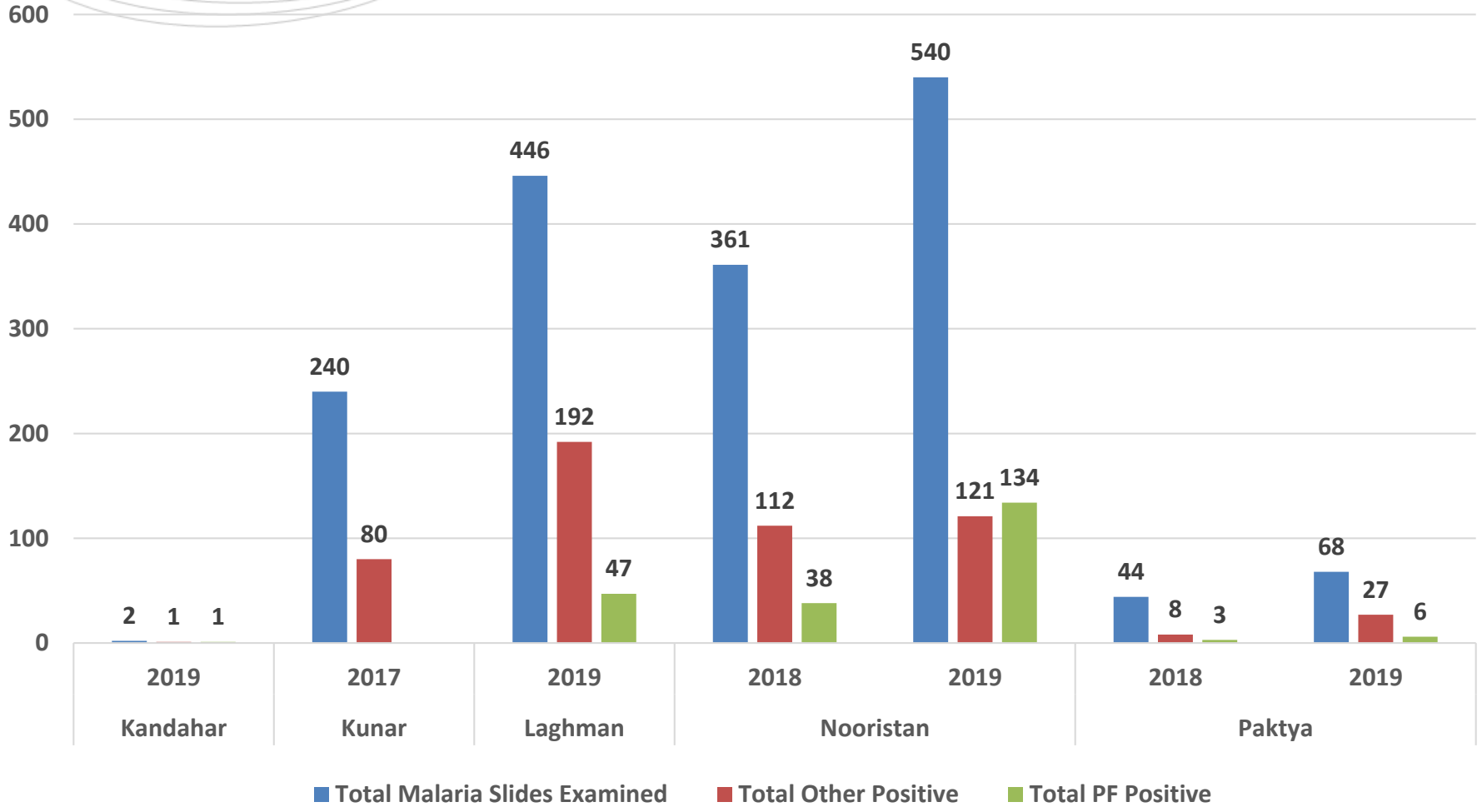
Private Health Sector type

- Private Hospital (Registered for reporting)
- Private Health Center
- Private General Practitioner Clinic (PGPC) involved in malaria cases management/Reporting, only in Nangarhar province
- Private laboratory
- Private Pharmacy

Current progress and achievement of private health sector

- Number of private sector site reporting malaria cases increase to around 100 facilities
- Malaria confirmation increase in the private sector
- Application of NMLCP policy in private health sector increased, (more than 93% of malaria cases in the PS was treated according to national NTG)
- Malaria Elimination officially announce from Herat and 5 western regions provinces, it will expand to North and Northeast region 9 provinces
- Private health sector facilities in Nangarhar province applying standard register and regularly report in MLIS form.

Malaria reported through HMIS by Private Sector



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Current progress and Achievement

Coverage Indicator	Target			Result			Achievement Ratio
	N#	D#	%	N#	D#	%	
CM-1a(M): Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	346817	365070	95	232375	232442	99.97	105%
CM-1b(M): Proportion of suspected malaria cases that receive a parasitological test in the community	88269	92915	95	94911	95033	99.87	105%
CM-1c(M): Proportion of suspected malaria cases that receive a parasitological test at private sector sites	11041	11622	95	9437	9447	99.89	105%
CM-2a(M): Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities	62875	63510	99	15884	16135	98.44	99%
CM-2b(M): Proportion of confirmed malaria cases that received first-line antimalarial treatment in the community	15356	16164	95	11255	11636	96.73	102%
VC-1(M): Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns	572469			146431			26%
VC-3(M): Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution	151075			132161			87%

Future plan

- Conducting consensus meeting with MoPH regarding involvement of private sector in case management of malaria
- Collecting information on the number of private sector health facilities from all provinces
- Face to face discussion with private sector representative to explain the objective of the program
- Conducting training on malaria case management and reporting for private health providers

Future plan

- Distribution of SOPs, RDT, ACT, primaquine and Reporting tools, Monthly data collection from all PS health facilities through assign focal points
- Quarterly coordination meeting with health private sector staffs
- Regular monitoring of the system by provincial and central staff
- Development of malaria QA system for private health sector

Challenges

- Private sector investment on health sector especially malaria
- Irregular private health sectors
- Quality of private health services and medicine
- Application of MoPH policy and strategy by private Health providers
- Coordination and cooperation between public and private sector (PPP)
- Registration and reporting (under reporting)
- Analysis and usage of data

Thank You

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INDONESIA

DR DIDIK BUDIJANTO

Director

Vector Borne and Zoonotic Disease Prevention and Control Program Ministry of Health, Indonesia

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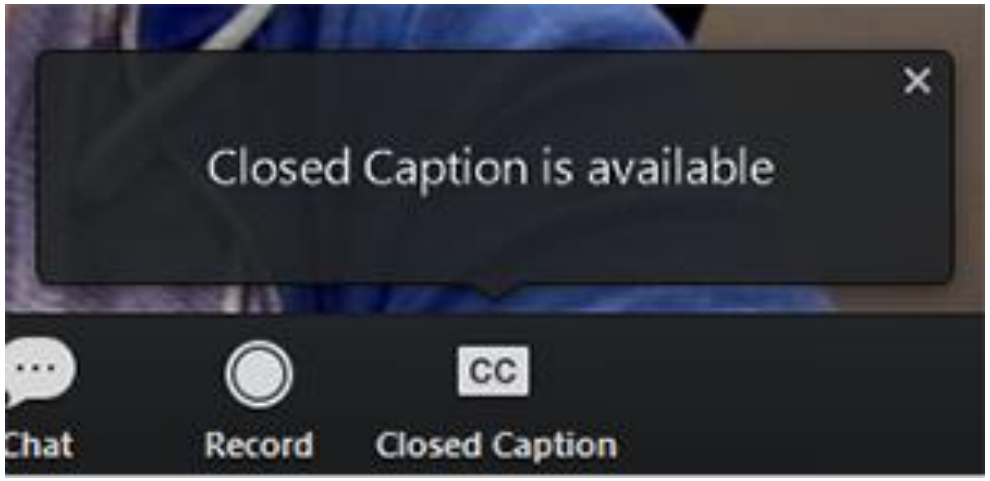

- After selecting **Closed Caption**, you will see the translated remarks in English at the bottom of your screen.

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KEMENTERIAN KESEHATAN REPUBLIK INDONESIA

GERMAS
Gerakan Masyarakat Hidup Sehat

PUBLIC PRIVATE MIX (PPM) IN INDONESIA & ROLE OF INDUSTRY ASSOCIATIONS

Dr. drh.Didik Budijanto, M.Kes

Director of Vector Borne and Zoonotic Disease Control
Ministry of Health of Indonesia

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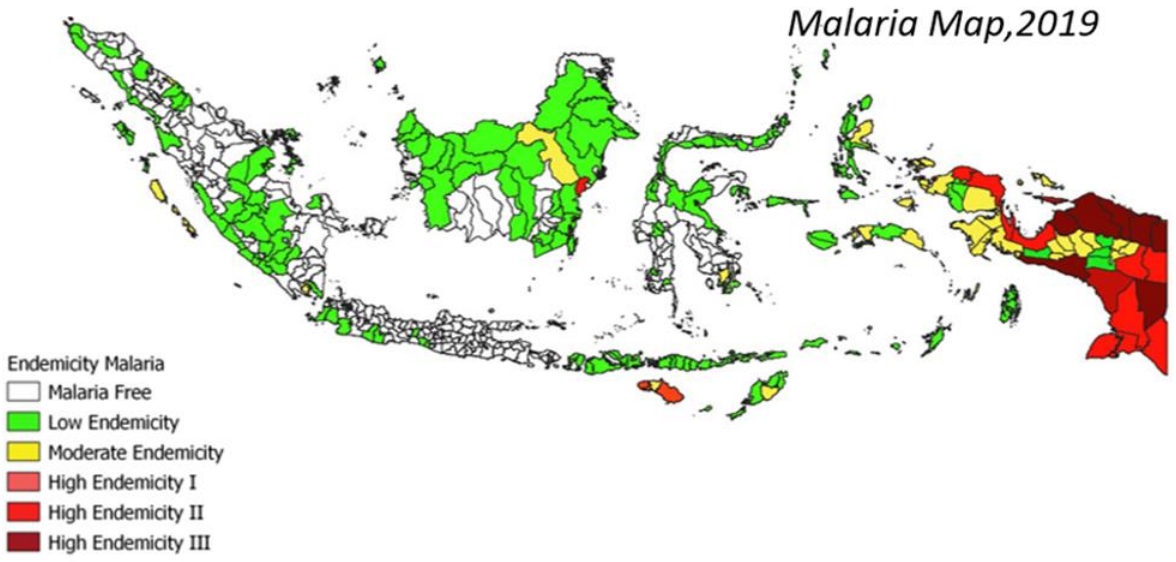
Malaria Situation: Out of 514 districts, 306 (60%) are malaria free - only 23 (4%) are high endemic



No	Endemicity	Population 2019		No.of district	
		#	%	#	%
1	Elimination (Malaria free)	213,257,367	79.5%	306	60%
2	Low Endemic(API < 1)	47,378,172	17.7%	154	30%
3	Moderate (API 1-5)	4,478,911	1.7%	31	6%
4	High Endemic (API > 5)	3,212,889	1.1%	23	4%
	Total	**268,327,339**	**100%**	**514**	**100%**

79.9% of our population live in malaria free districts

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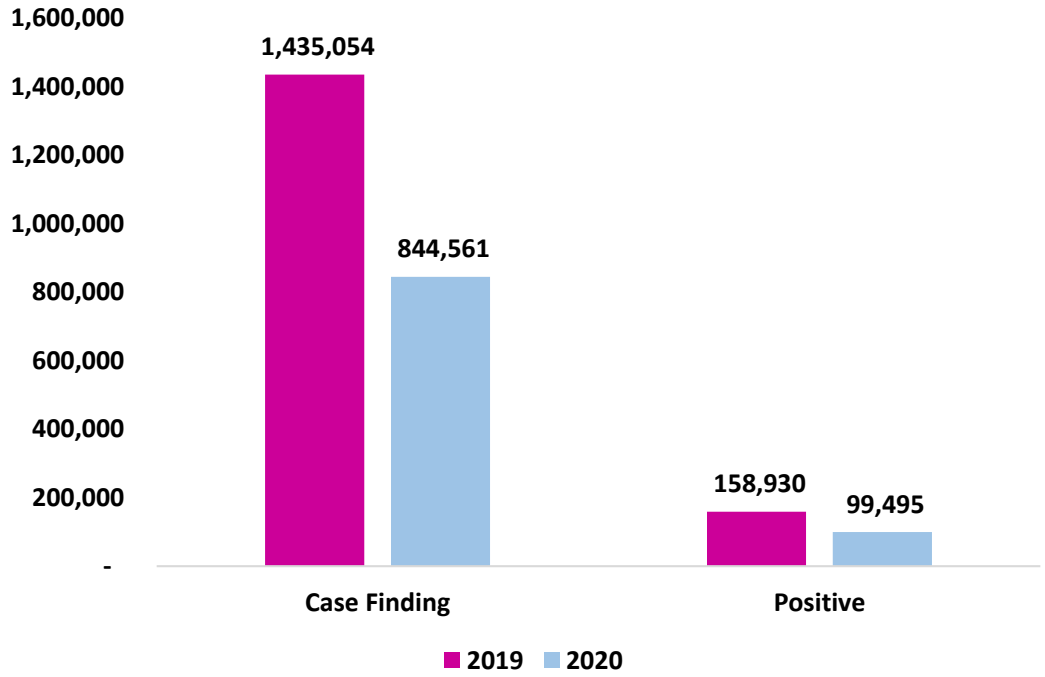
Current Challenges: stagnation of overall case reduction and reduced case findings due to Covid-19 Pandemic



Reduced number of cases outside Papua but two fold increased case findings (ABER) in Papua therefore increased number of cases in Papua Province. 86% of cases in 2019 contributed by Papua Province only.

Case finding reduced by half (comparing data Jan-Jul 2020 to 2019) due to large scale restriction during Covid-19 Pandemic

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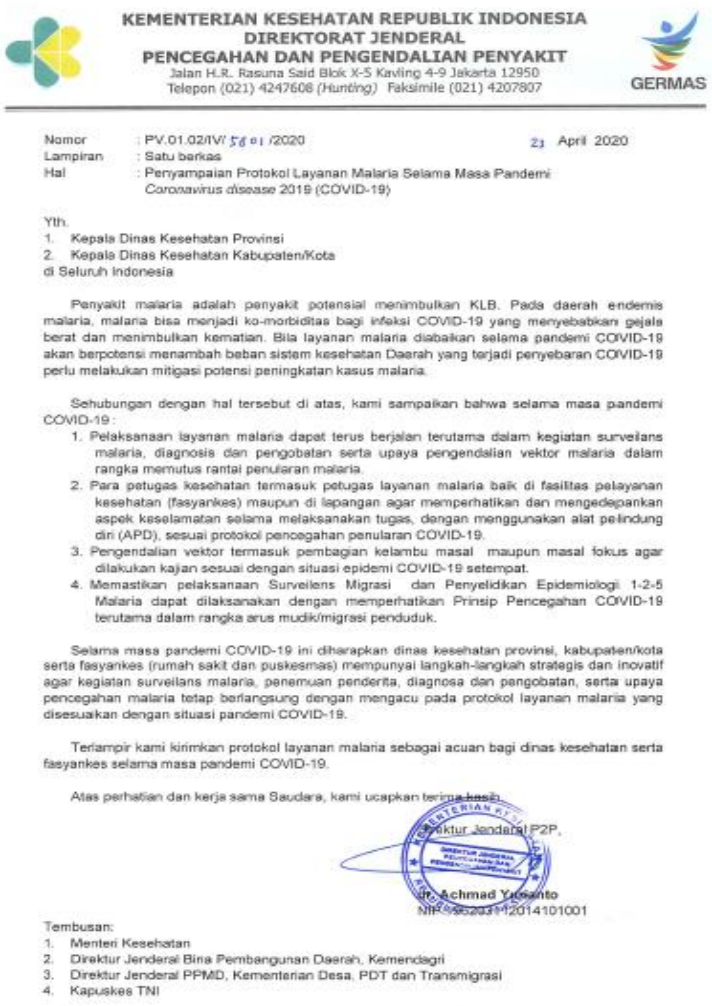
Mitigation : Quick Adjustment of Malaria Program Delivery during Covid-19 Pandemic



KEMENTERIAN KESEHATAN REPUBLIK INDONESIA
DIREKTORAT JENDERAL
PENCEGAHAN DAN PENGENDALIAN PENYAKIT
Jalan H.R. Rasuna Said Blok X-5 Kavling 4-9 Jakarta 12950
Telepon (021) 4247608 (Hunting) Faksimile (021) 4207807

GERMAS

Nomor : PV.01.02/IV/ 5601 /2020 23 April 2020
Lampiran : Satu berkas
Hal : Penyampaian Protokol Layanan Malaria Selama Masa Pandemi *Coronavirus disease* 2019 (COVID-19)

Yth.
1. Kepala Dinas Kesehatan Provinsi
2. Kepala Dinas Kesehatan Kabupaten/Kota
di Seluruh Indonesia

Penyakit malaria adalah penyakit potensial menimbulkan KLB. Pada daerah endemis malaria, malaria bisa menjadi ko-morbiditas bagi infeksi COVID-19 yang menyebabkan gejala berat dan menimbulkan kematian. Bila layanan malaria diabaikan selama pandemi COVID-19 akan berpotensi menambah beban sistem kesehatan Daerah yang terjadi penyebaran COVID-19 perlu melakukan mitigasi potensi peningkatan kasus malaria.

Sehubungan dengan hal tersebut di atas, kami sampaikan bahwa selama masa pandemi COVID-19 :
1. Pelaksanaan layanan malaria dapat terus berjalan terutama dalam kegiatan surveilans malaria, diagnosis dan pengobatan serta upaya pengendalian vektor malaria dalam rangka memutus rantai penularan malaria.
2. Para petugas kesehatan termasuk petugas layanan malaria baik di fasilitas pelayanan kesehatan (fasyankes) maupun di lapangan agar memperhatikan dan mengedepankan aspek keselamatan selama melaksanakan tugas, dengan menggunakan alat pelindung diri (APD), sesuai protokol pencegahan penularan COVID-19.
3. Pengendalian vektor termasuk pembagian kelambu masal maupun masal fokus agar dilakukan kajian sesuai dengan situasi epidemi COVID-19 setempat.
4. Memastikan pelaksanaan Surveilens Migrasi dan Penyelidikan Epidemiologi 1-2-5 Malaria dapat dilaksanakan dengan memperhatikan Prinsip Pencegahan COVID-19 terutama dalam rangka arus mudik/migrasi penduduk.

Selama masa pandemi COVID-19 ini diharapkan dinas kesehatan provinsi, kabupaten/kota serta fasyankes (rumah sakit dan puskesmas) mempunyai langkah-langkah strategis dan inovatif agar kegiatan surveilans malaria, penemuan penderita, diagnosa dan pengobatan, serta upaya pencegahan malaria tetap berlangsung dengan mengacu pada protokol layanan malaria yang disesuaikan dengan situasi pandemi COVID-19.

Terlampir kami kirimkan protokol layanan malaria sebagai acuan bagi dinas kesehatan serta fasyankes selama masa pandemi COVID-19.

Atas perhatian dan kerja sama Saudara, kami ucapkan terima kasih.

Direktur Jenderal P2P,

dr. Achmad Yurianto
NIP. 196203311 2014101001

Tembusan:
1. Menteri Kesehatan
2. Direktur Jenderal Bina Pembangunan Daerah, Kemendagri
3. Direktur Jenderal PPMD, Kementerian Desa, PDT dan Transmigrasi
4. Kapuskes TNI

Protocol on malaria prevention and control during Covid-19 Pandemic issued by Director General of Disease Control the MoH on 23 April 2020 includes :

- Adjustment of Covid-19 screening flow in Malaria Endemic Areas (to include malaria screening)
- Adjustment of Malaria services in the health facilities (to use RDT to reduce crowd)
- Adjustment of Epidemiological Investigation by Health Staffs and Active Case Findings by Community Health Workers (to use PPE during field and home visit)
- Adjustment of LLIN campaign (to limit crowd in distribution point by 10 persons maximum or conduct the LLIN campaign through door to door distribution)

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National Action Plan for Acceleration of Malaria Elimination (2020-2024) highlight the importance of Private Sector engagement in all four strategies

Goal : 75% of Indonesian territory is free of malaria transmission and no high-endemic district by end 2024.

Objectives :

1.Decrease in number of districts with API > 1 ‰ from 61 in 2018 to 13 by end 2024.

2.Increase in number of malaria-free districts from 285 in 2018 to 405 by end 2024.

3.Malaria-free status is maintained in Districts which have been awarded malaria-free certification.

Universal access for the malaria case management and prevention

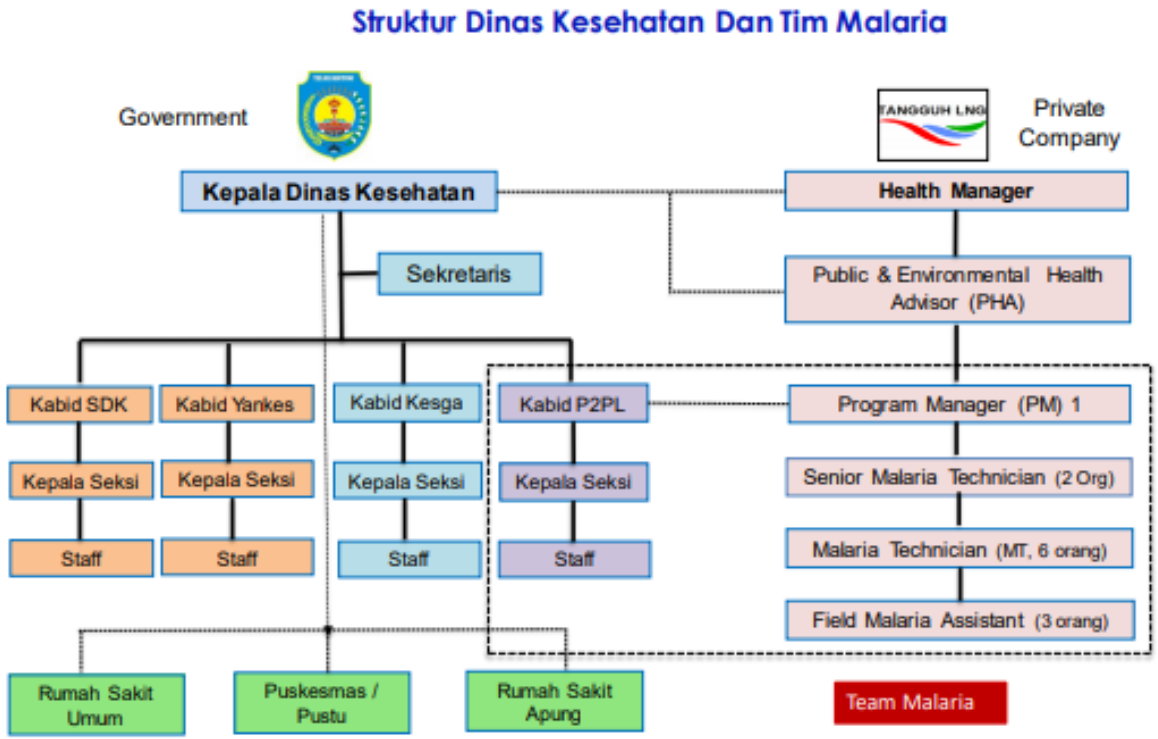
Surveillance as core intervention of malaria elimination

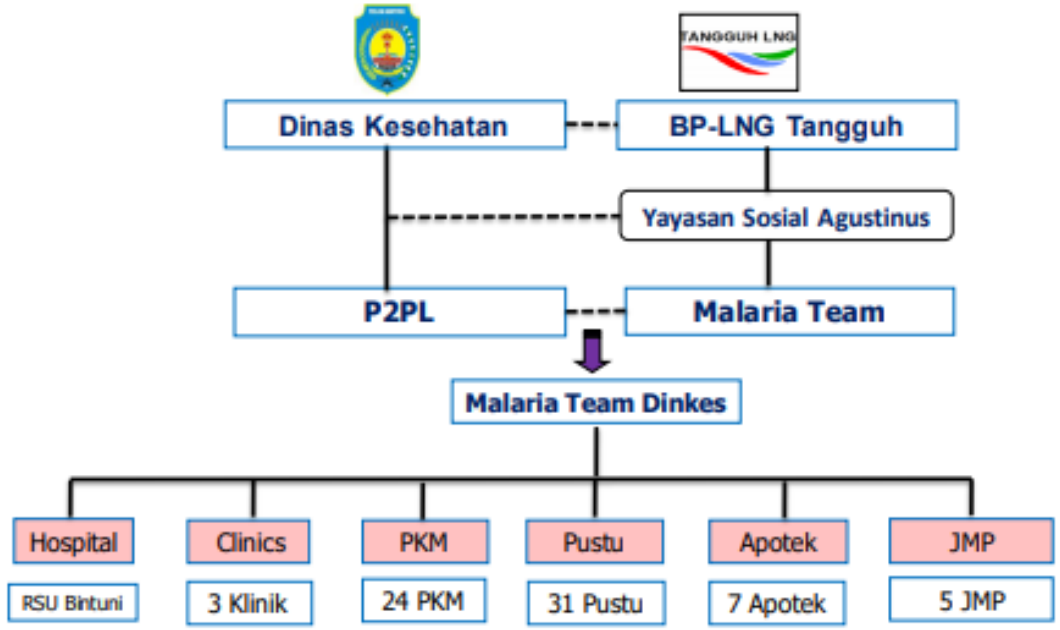
Improve enabling environment to ensure malaria elimination achievement including through BCC and community engagement.

Strengthening the health system to deliver malaria elimination program

PUBLIC PRIVATE MIX IS A COMPONENT IN ALL STRATEGIES

Good Practice (1) : Partnership with British Petroleum in Bintuni District, West Papua

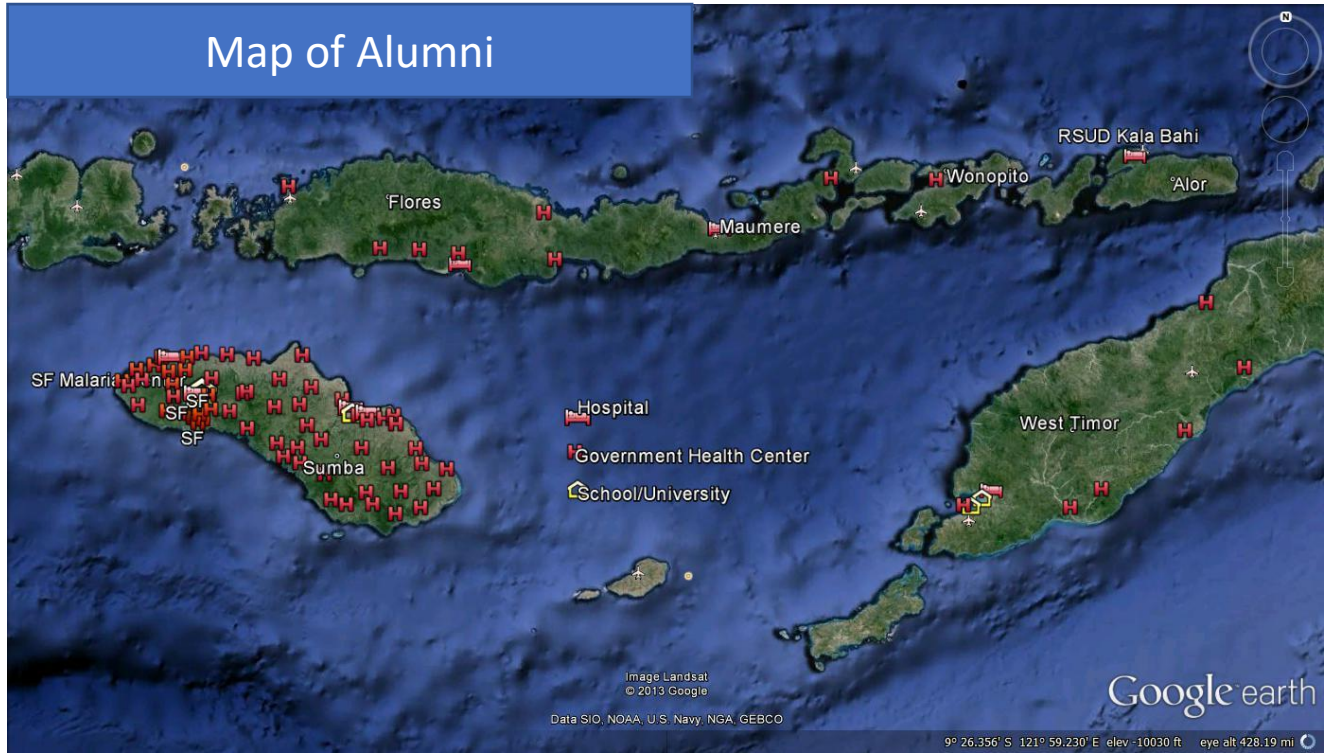




The Malaria Team of British Petroleum integrate with the Malaria Team of District Health Office and together strengthen the case management, quality diagnosis, ACT provision to pharmacies and active case findings by Community Health Workers. API dropped from 114.9 in 2006 to 5.5 in 2012 and further to 2.6 in 2016. This program received UN Public Service Awards in 2018. (Slide courtesy of Dr. Russel Supit)

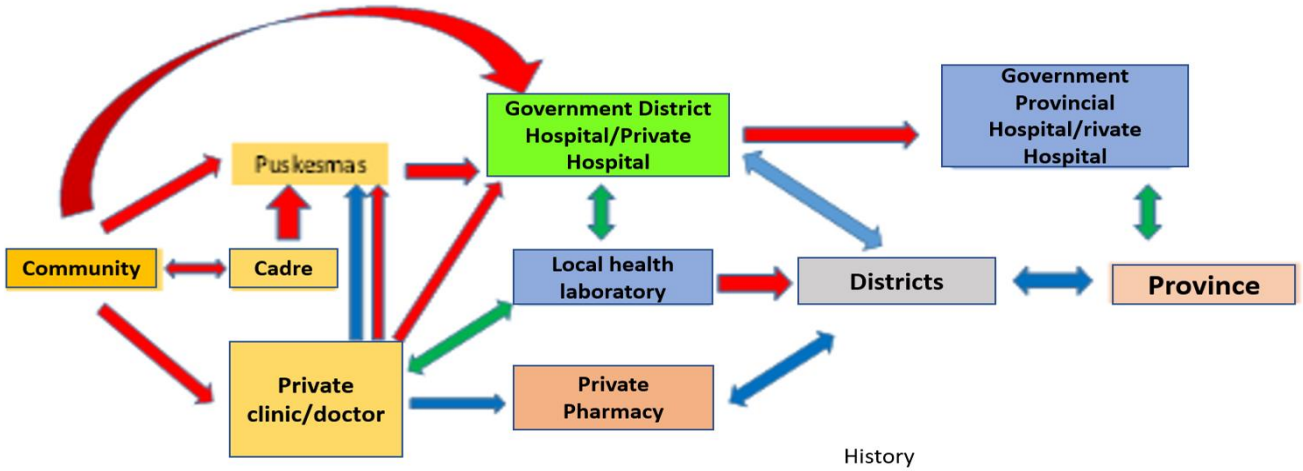
Good Practice (2) : Partnership with Sumba Foundation in Sumba, East Nusa Tenggara

Map of Alumni



Malaria Microscopy Training Centre of Sumba Foundation provided free 2 weeks basic training and accommodations. The District and Province Health Offices only budgeted travel cost for microscopists to participate in training. Training conducted with participation of National Certified Trainer from Province Health Laboratory. (Slide courtesy of Mr. Claus Bogh)

Good Practice (3) : Partnership with Private Providers in Manokwari, West Papua for Quality Assurance and Standard Treatment



Potential stakeholder/partners identification in diagnostic and case management → network (consultation, referral system, logistic, monitoring,etc)

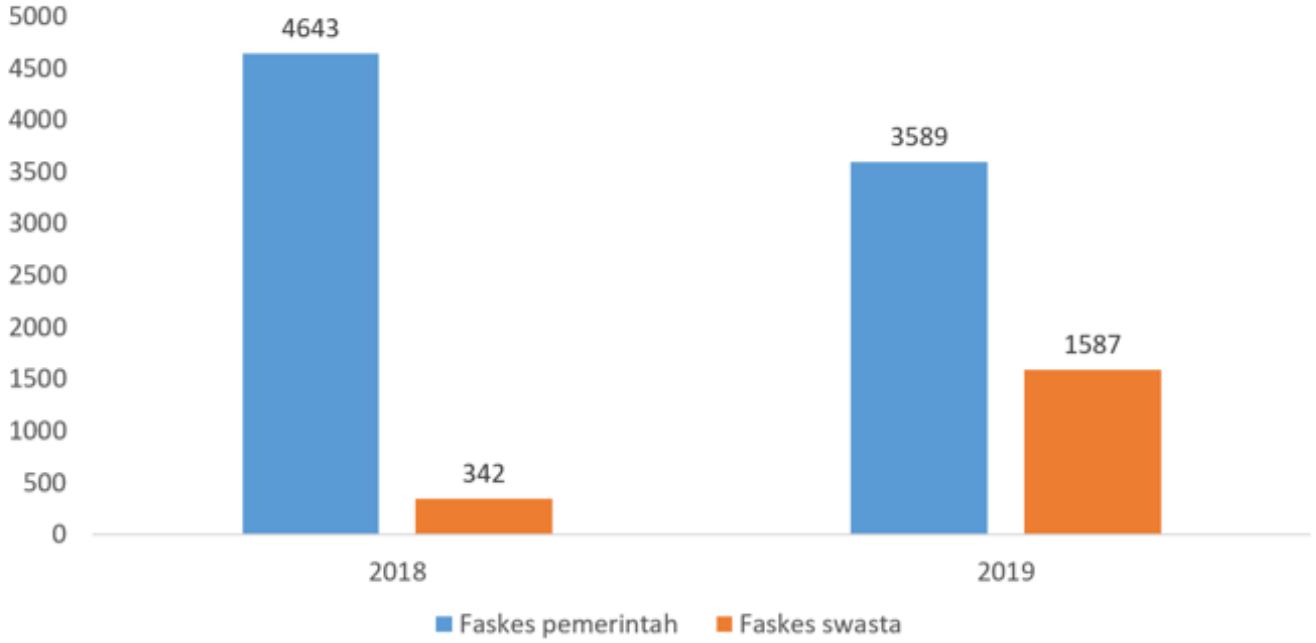
Slide courtesy of Province Health Office West Papua

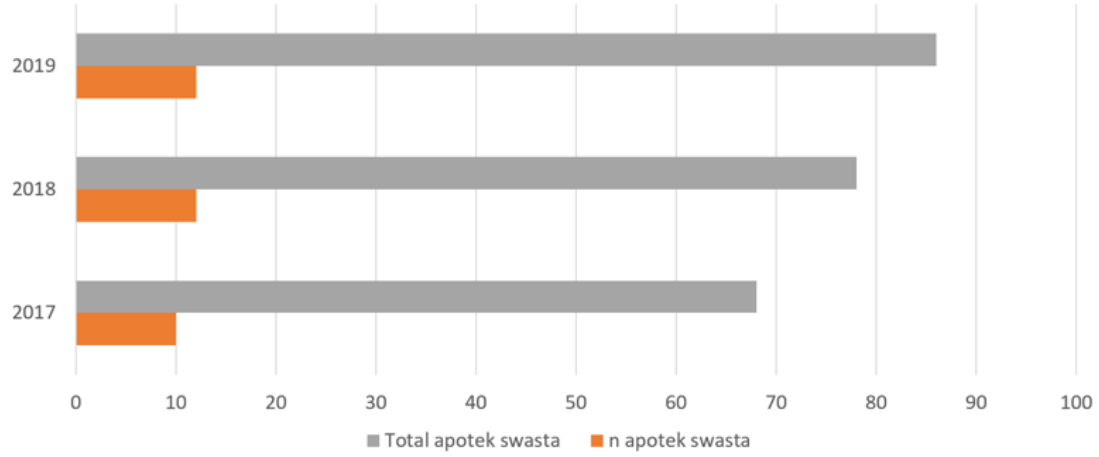
Network of PPM for malaria services

MOU signing

ACT distribution to private pharmacies

Good Practice (4) : Evaluation of Partnership with Private Pharmacy in Manokwari District, West Papua





Number of patients receiving ACT in private services increased in 2019 (consist almost 30% of all cases in the district)

Number of private pharmacies participate in PPM partnership

Slide courtesy of Center for Tropical Medicine University of Gadjah Mada

Lessons learned

1. Private sectors are potential partners for malaria elimination and should be engaged in all key intervention. All stages of malaria elimination phases (from acceleration of reduction to maintenance of malaria elimination) could benefit from PPM.
2. The partnership works best if the private sectors engage closely with the District and Province Health Office and report all cases in the malaria information system (which accommodate private services reporting).
3. In the network of PPM for malaria case management (QA & standard treatment) the private sectors appreciate the benefit to receive free ACT and capacity building.

Gap and Opportunities

1. Indonesia is large, engagement of Private Sectors still heavily driven by local initiatives. A more systematic engagement will be orchestrated by the Ministry of Health at Central Level to support the initiatives in local level.
2. Indonesia is decentralized, the success of partnership depends on the detail leadership and arrangement at the district level. Good practice have been demonstrated, effort to leverage the best practice will be planned.
3. Studies and evaluation in private sectors contribution to malaria elimination in Indonesia is still limited.

Bebas Malaria

Bebas Malaria
Prestasi Bangsa

End Malaria for Good

Thank you!

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MYANMAR

DR WINT PHYO THAN

Deputy Director

Vector Borne Disease Control (VBDC) Programme

Department of Public Health,

Ministry of Health and Sports, Myanmar

- Medical doctor (MBBS) and public health professional (MPH) with 11 years of experience in the field of malaria
- Alumna of the International Field Epidemiology Training Programme in Thailand (2016-2018)
- Former Team leader at VBDC Programme, Pyay (2009-2015) and Assistant Director (VBDC) in Bago Regional Public Health Department (2015-2020)

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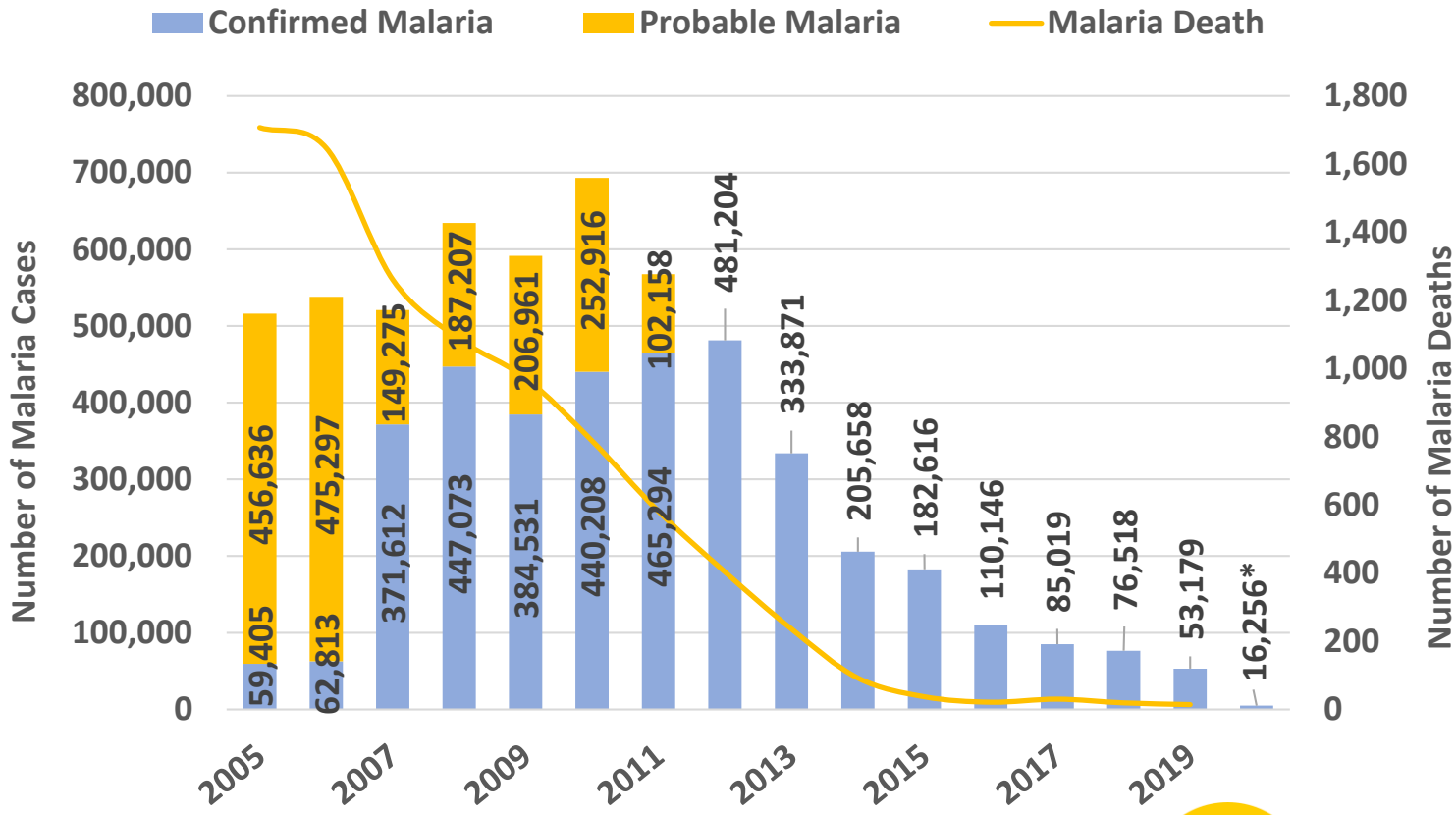
Strengthening malaria surveillance systems with private provider data: Myanmar's perspective

Presented By:

Dr. Wint Phyo Than
Deputy Director (VBDC)
Department of Public Health,
Ministry of Health and Sports,
Myanmar

Malaria situation in Myanmar

- 22.3 million population are at risk of malaria
- 53,179 malaria cases and 14 malaria death in 2019
- 60% of all malaria cases was *Plasmodium Vivax* in 2019
- Primary vectors (*An. dirus and An. minimus*)



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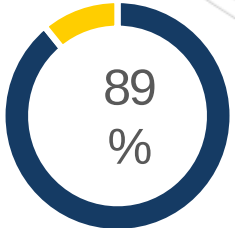
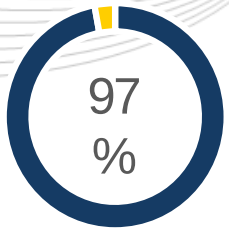
Success to this decline….

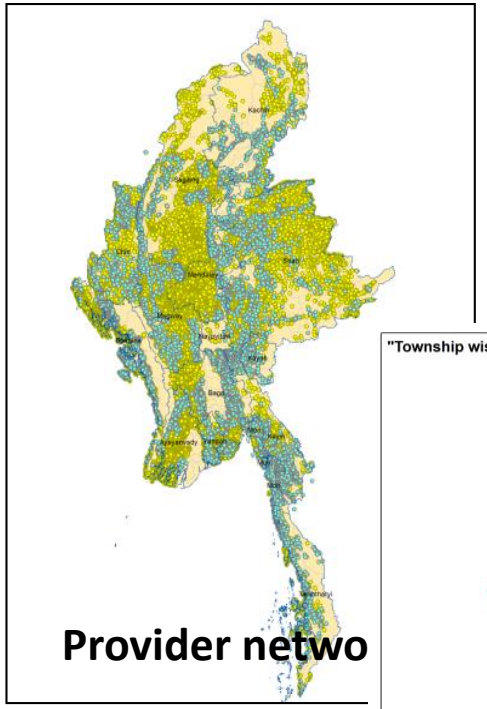


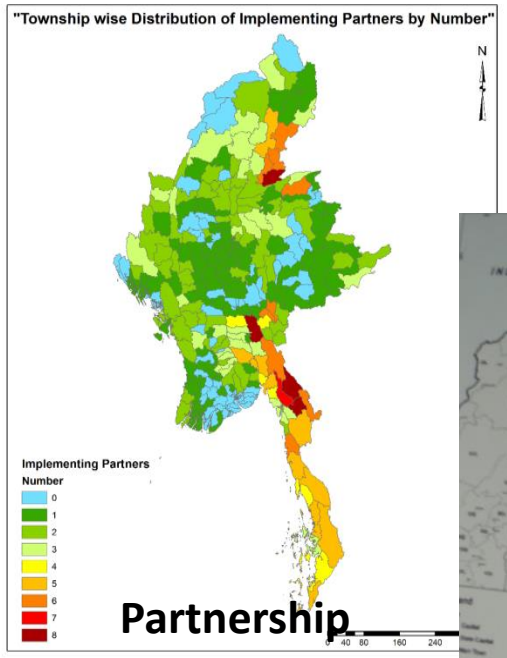
Morbidity reduction 2012 to 2019



Mortality reduction 2012 to 2019

- Front line community workers and private outlets (21,000 ICMVs)
- LLIN, RDT, QAACT
- Equitable malaria services -Conflict areas, focus at risk groups (MMPs)
- Partnership (31 partners- I/NGO/EHOs includes private sectors)
- Availability of funds





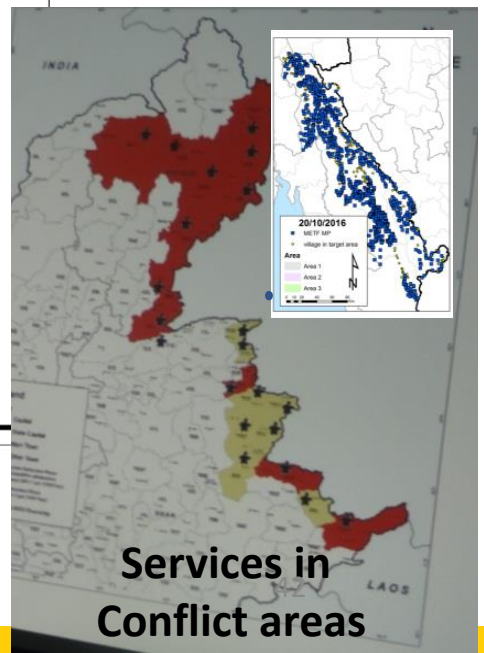
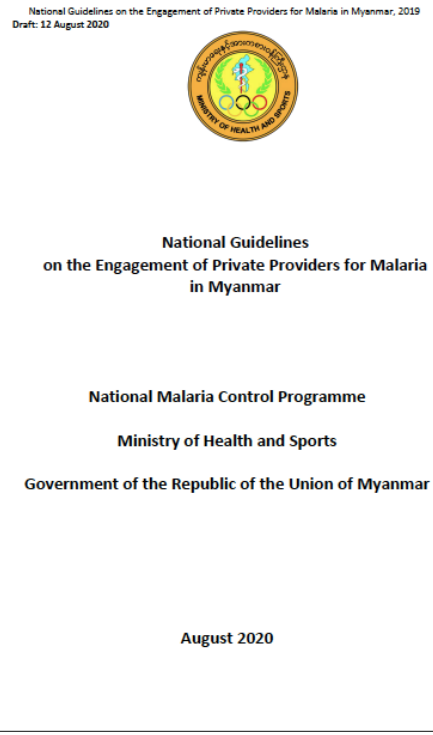


Photo Courtesy: WHO/PSI/SMRU

Programme timelines and focus

- Myanmar is signatory to Global Technical Strategy 2016-2030, ‘GMS Ministerial Call for Action to end Malaria by 2030’, APLMA commitment etc.
- Target for *P. falciparum* elimination is by 2025 and all human malaria is by 2030.
- National Malaria Strategic Plan (2021-2025) & M&E Plan (2021-2025) have been developed
- Private sector engagement remains key focus in elimination
- Private sector guideline has been developed to guide this sector for national malaria response– under implementation


National Guidelines on the Engagement of Private Providers for Malaria in Myanmar, 2019
Draft: 12 August 2020

National Guidelines
on the Engagement of Private Providers for Malaria
in Myanmar

National Malaria Control Programme

Ministry of Health and Sports

Government of the Republic of the Union of Myanmar

August 2020

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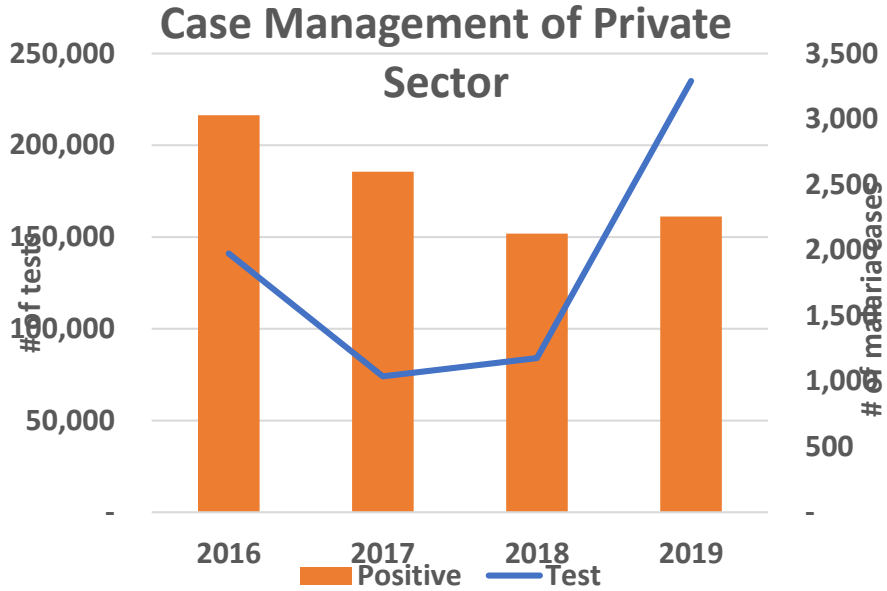
Private sectors (Malaria) in Myanmar

- 65% of malaria care in Myanmar received in private sector
- More than half (54%) of those who fell ill in the preceding 30 days seek care from private providers
- 18,000 doctors worked as private practitioners in 2013-2014
- A variety of private sectors contribute to national malaria control and elimination:
  - Networking with GP from private clinics
  - Private hospitals network
  - Private work sites cooperation
  - Artemisinin MonoTherapy Replacement
  - M2030 Defeating Malaria Together brings businesses, consumers and organizations
  - Engaging the non-Health Corporate Sector

Private Sector contribution to national malaria control and elimination

- **Case Management:** 1,432 trained private providers conducted 236,718 malaria tests, and detected 2,293 cases in 2019



- **Surveillance:** As of 2019, General Practitioners notified 522 cases to NMCP with an SMS/ODK app

- **Removal of oAMTs from the market:**
  - the availability of oAMT has reduced from 67% in 2012 to 5% in 2019
  - the availability of QAACT has increased from 4% in 2012 to 31% in 2019

- **Evidence Generation:** Research on Insecticide Treated Clothing, Repellents

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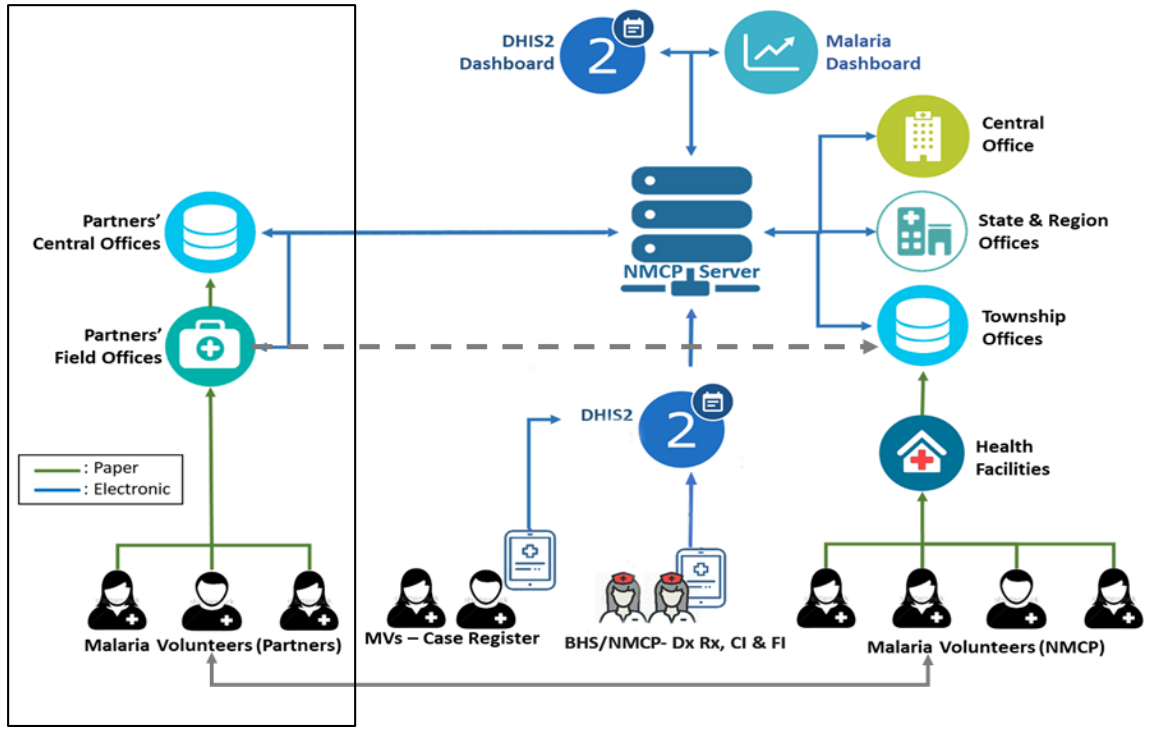
Integration of private sectors' malaria surveillance with national surveillance system

- Private provider reporting
- Private provider notification
- Public-private data integration set-up
- Data flow models
  - ➢ Electronic reporting
  - ➢ Paper-based reporting
- Feedback to providers



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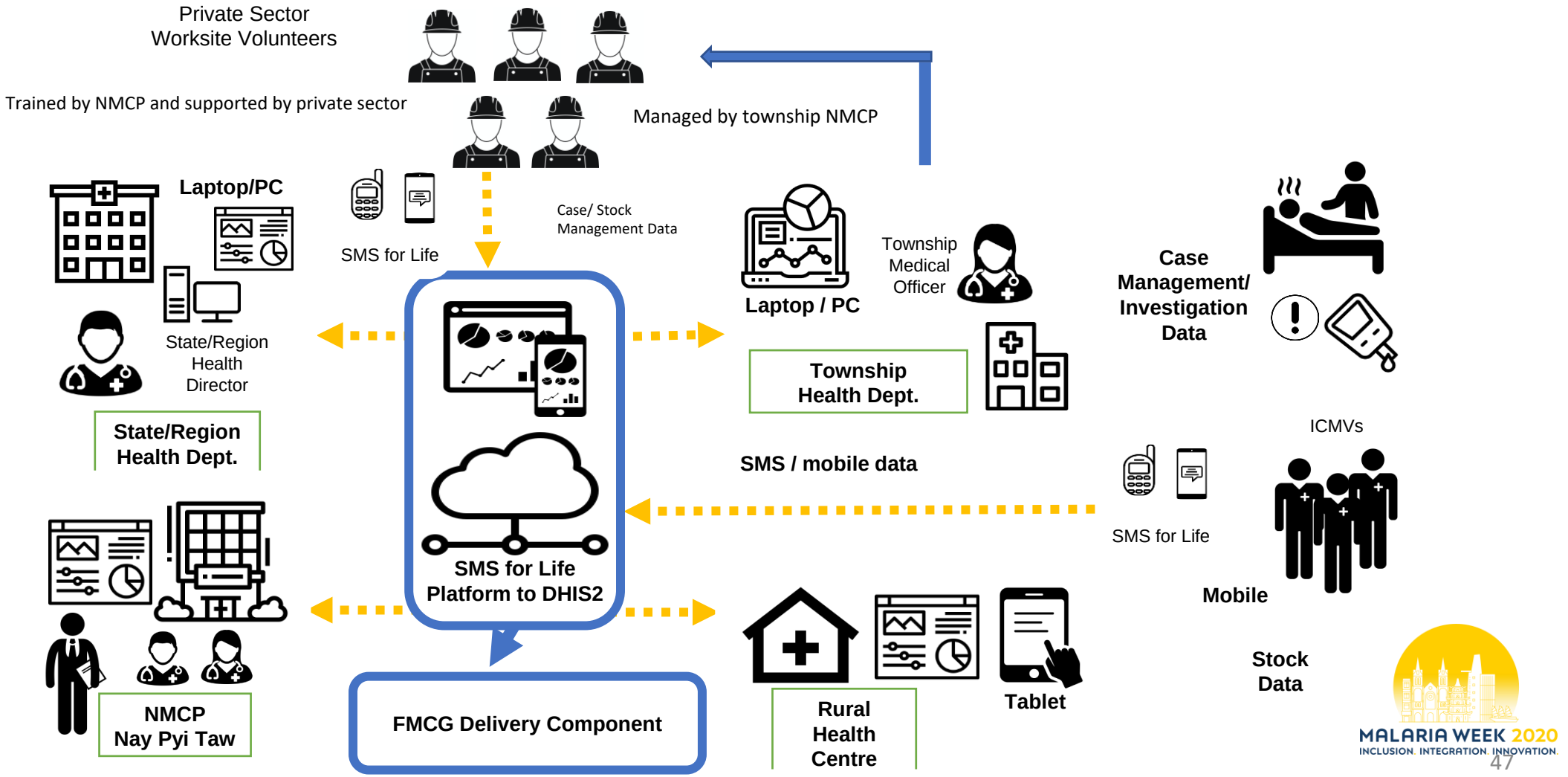
Eg. Integration of non-health private sector data in malaria surveillance system



Challenges and way forwards

- Expansion for 100% inclusion of all private sectors (health and non health)
- Limitation of the programme resources (financial and human resources) for their engagement
- Operational difficulty of engaging private sectors in non-government control areas
- Myanmar is fully geared to implement private sector guideline for malaria

Effective engagement of Private Sector is critical to achieve Malaria Elimination

THANK YOU

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5 MIN BREAK TO STRETCH

PANEL DISCUSSION

Private provider engagement for malaria elimination

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PRIVATE PROVIDER ENGAGEMENT FOR MALARIA – PANEL DISCUSSION

Dr Mutinta Mudenda
Ag. Director, National Malaria Elimination Centre, Zambia

Dr Kemi Tesfazghi
Program Director (GEMS+), Population Services International – PSI

Dr Badri Thapa
Scientist (Malaria & Environment Health), WHO Myanmar

Mr Arnab Pal
Senior Manager TB Programs, Clinton Health Access Initiative – CHAI

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WRAP UP

Summary of recommendations to APLMA Senior Officials' Meeting

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COFFEE BREAK

SUSTAINING MALARIA INTERVENTIONS DURING A PANDEMIC – THE CRITICAL ROLE OF COMMUNITY-BASED APPROACHES IN HEALTH SYSTEM STRENGTHENING

APMEN ANNUAL MEETING

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COMMUNITY-BASED APPROACHES TO MALARIA ELIMINATION & HEALTH SYSTEMS STRENGTHENING

MS JOSSELYN NEUKOM

APMEN/APLMA Consultant

- 25+ years of experience in public health in developing country contexts
- Extensive experience in Asia Pacific
- Skilled in social and behavior change communication (SBCC), social marketing, social franchising and public-private partnerships

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COMMUNITY-BASED APPROACHES TO MALARIA ELIMINATION & HEALTH SYSTEMS STRENGTHENING

3:00 – 3:15 pm	**Welcome remarks and overview of session**
3:15 – 3:50pm	**Community-based approaches – the evidence**
3:50 – 4:30pm	**Sustaining community-based interventions through the COVID-19 pandemic and beyond**

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COMMUNITY-BASED APPROACHES – THE EVIDENCE

Dr Htin Kyaw Thu
Technical Specialist, Malaria Consortium Asia

Dr Han Win Htat
Deputy Country Director, Population Services International – PSI, Myanmar

Dr Leonard Boaz
Deputy Director, NVBDCP, Ministry of Health and Medical Services, Solomon Islands

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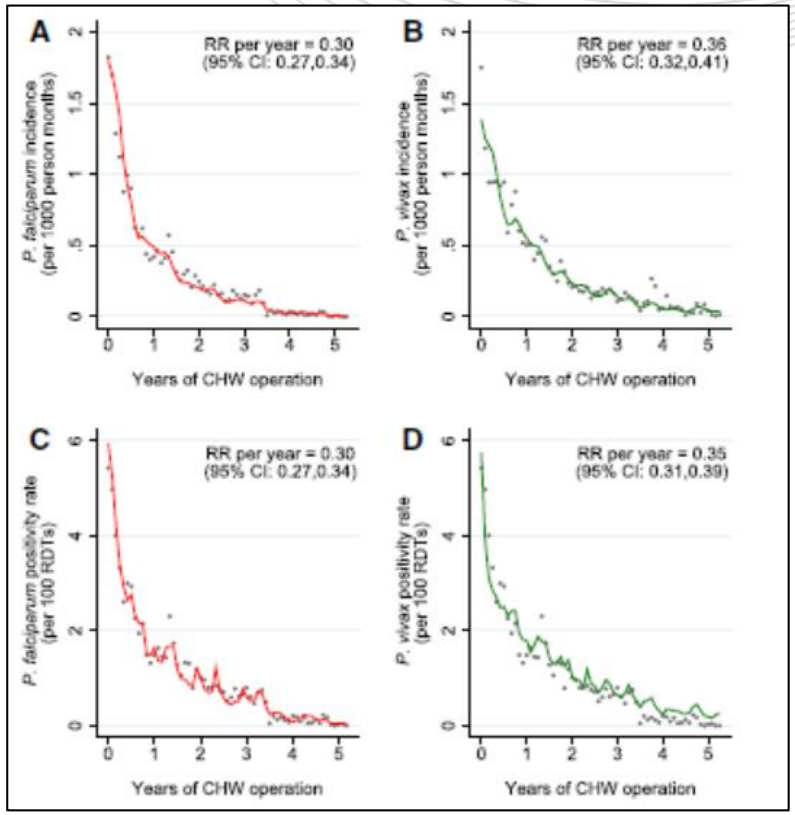
malaria consortium
disease control, better health

Community-based and integrated health services for malaria elimination in Myanmar

Malaria Week
7 September 2020

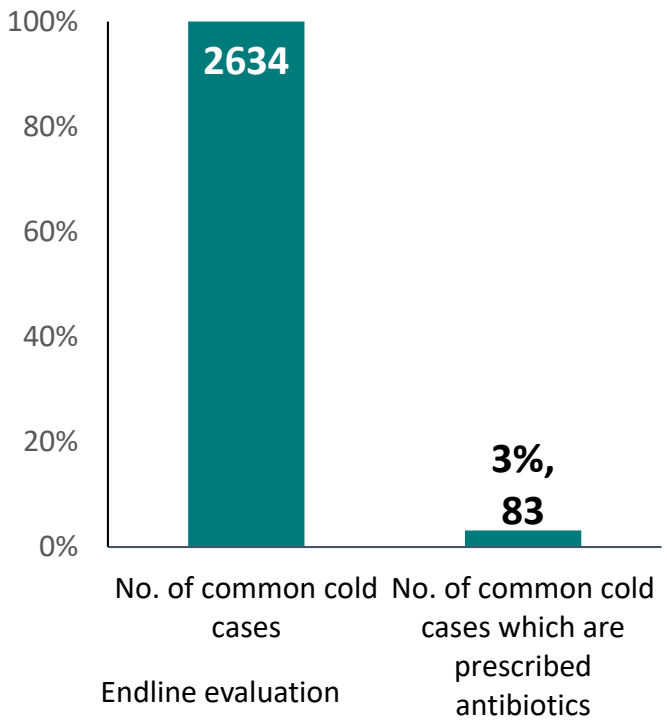
Integrated approaches work – evidence from Myanmar



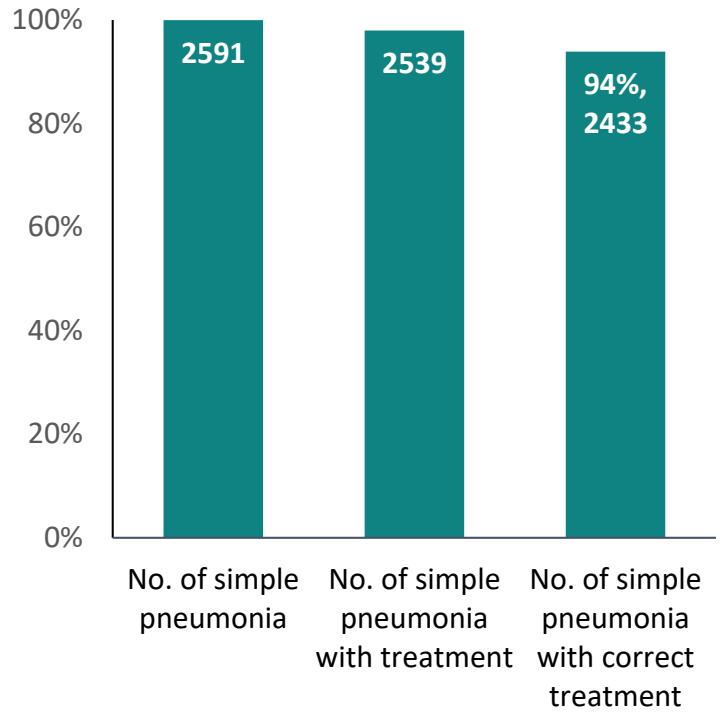
McLean *et al.*

- MV's malaria services when coupled with general health services improved malaria service uptake and led to steady decline of malaria

Are MVs prescribing antibiotics to patients with common cold?



How many simple pneumonia cases received correct treatment?



- Finding suggesting MVs are capable of performing diagnosis and triage of under 5 pneumonia cases and managing them according to National Protocol – *if they are properly trained, supervised, and supported.*

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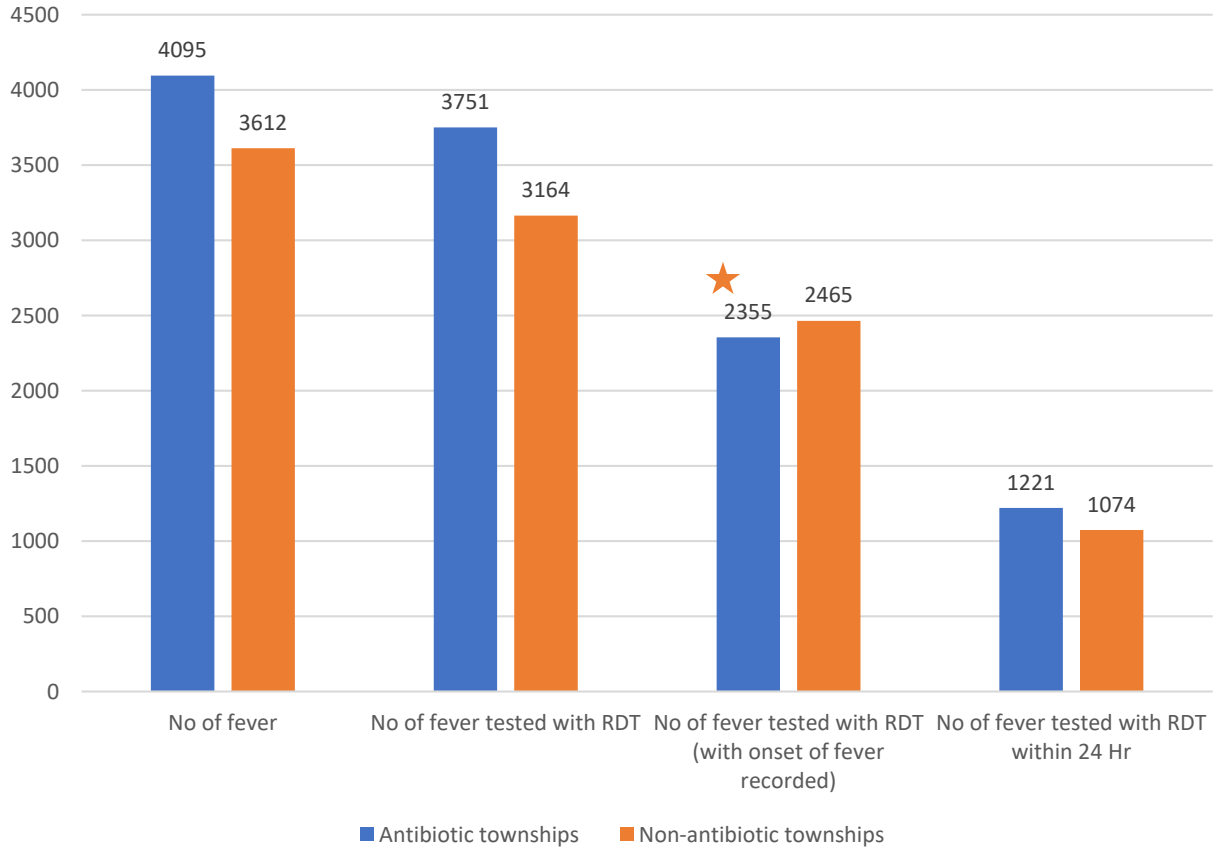
In low malaria transmission settings, iCCM is a promising intervention to prevent testing fatigue



★ Number of RDT testing within 24hrs of the onset of fever may be underestimated due to data quality issues (e.g. volunteers not recording the how long post-fever onset the test was conducted

- **To reach malaria elimination goal, testing uptake needs to remain high in receptive areas (ABER >10%, Myanmar NSP)**
- Provide and community acceptance of testing drop as caseloads declines, ***however…***
- Unlike malaria-only service, the advantage of integrated services: it generates demand

"Here, people have knowledge and so sometimes they come to me and ask for malaria testing. I heard it was hard in some villages, but here there were no such difficulties."

Endline evaluation, MV, Katha

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Integrated services increases MVs' motivation, making the MV role more sustainable in an elimination setting

- Due to their enhanced role, most of the volunteers were highly motivated.
- Continuous interaction between MVs and BHS increased communities' trust and acceptance of volunteers, which is key for the sustainability of the role in the malaria elimination phase.

"Patients motivate me. They come to me for treatment for their diseases, take medicine following my advice and then their symptoms are relieved. This keeps me working in this voluntary role. I want to continue this work…

Endline evaluation, MV, Wuntho

Responses from 56 MVs interviewed, Midterm assessment

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Community dialogues are a more effective tool for changing rural communities' health seeking behaviors than traditional health education.

- Need a shift in thinking how we are delivering malaria messages & interventions that are usually top-down
- Community participation shouldn't mean community participating in receiving these messages and interventions
- Communities participate in ***–understand the progress/setbacks and finding the solution***
- Engaging ***women and children*** within the communities – communicate, champion, and innovate

"We discussed about how to use insecticide treated bed net such as to use every day, to dry under the shade, to stitch there is a tear. I also explain villagers to check RDT within 24 hour of febrile illness"

Malaria Volunteer, Bnamauk, Mid term evaluation

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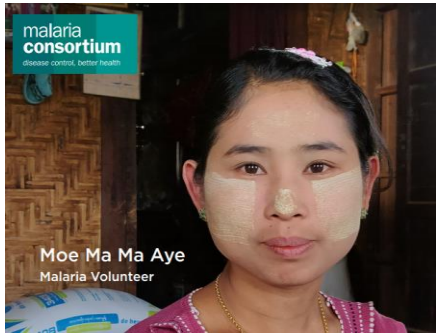
Towards a more resilient health system for rural communities

*Integrated services provided by malaria volunteers are **helping to reduce the township's under-five deaths**. **Timely referral** to hospital **by malaria volunteers** (MV) is a key factor which can enable early, live-saving treatment*

Read full: https://www.malariaconsortium.org/resources/publications/1241/dr-khin-maung-thans-story

*As supervisor to malaria volunteers, new communication skills learnt through Malaria Consortium's approach to supervision made her **confident to encourage and motivate MVs by correcting errors in a supportive and constructive manner.***

Read full: https://www.malariaconsortium.org/resources/publications/1242/daw-wint-wint-soe-and-daw-mar-mar-aungs-story



*She learnt a range of new skills on top of malaria case management. With these new skills and tools, she had **saved two lives**, an infant with high fever and danger signs and a six-months old baby with diarrhoea and a common cold. **She remains active in malaria surveillance** in her community and at the same time, helping with other common diseases with live-threatening situations **by testing, treating, and supporting referral**.*

Read full: https://www.malariaconsortium.org/resources/publications/1243/moe-ma-ma-ayes-story

Thank you

Funding support from
The Comic Relief GSK Partnership

ENGAGE COMMUNITY ELIMINATE MALARIA.

Han Win Htat
PSI Myanmar

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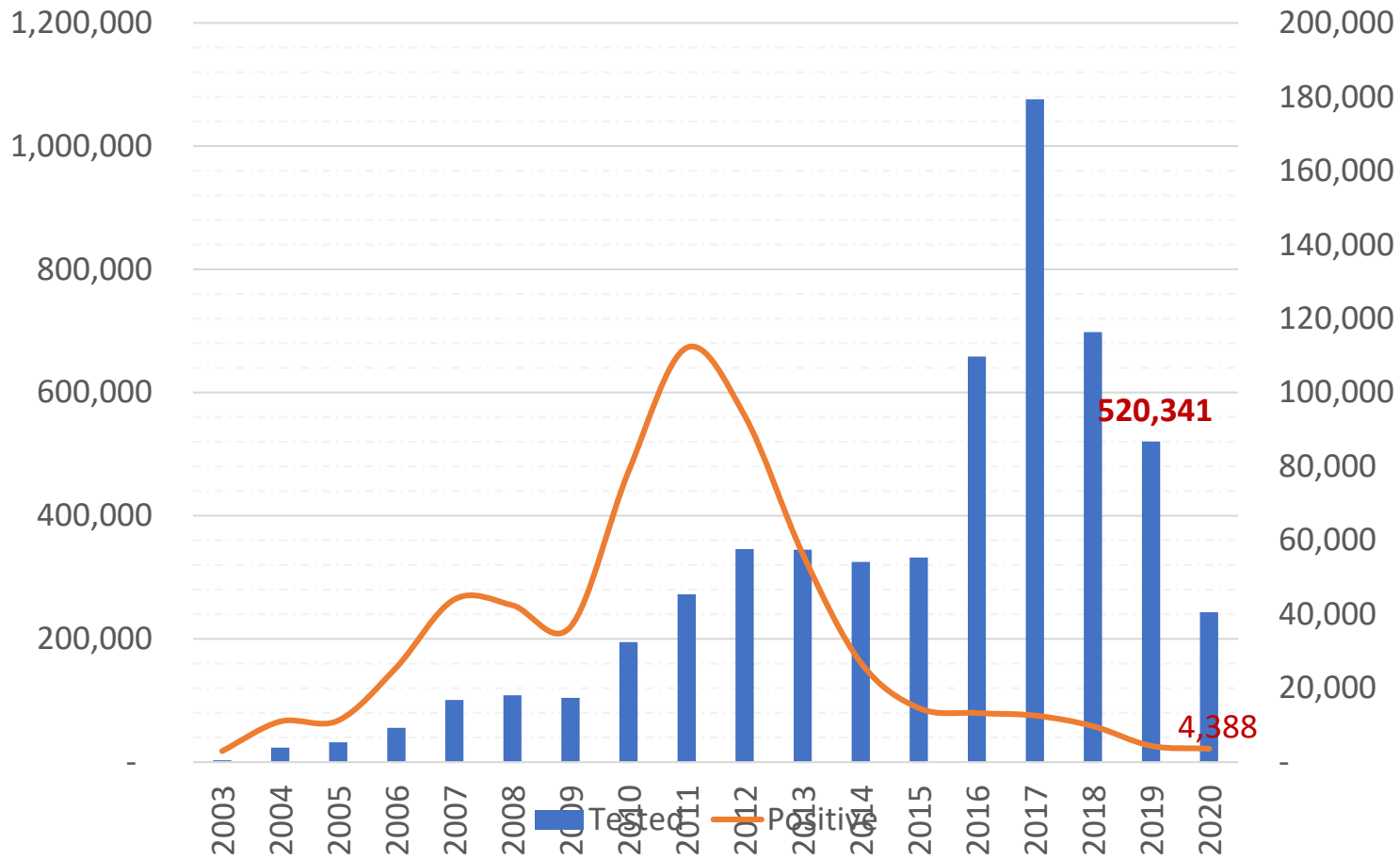
Who are the community-based malaria providers?

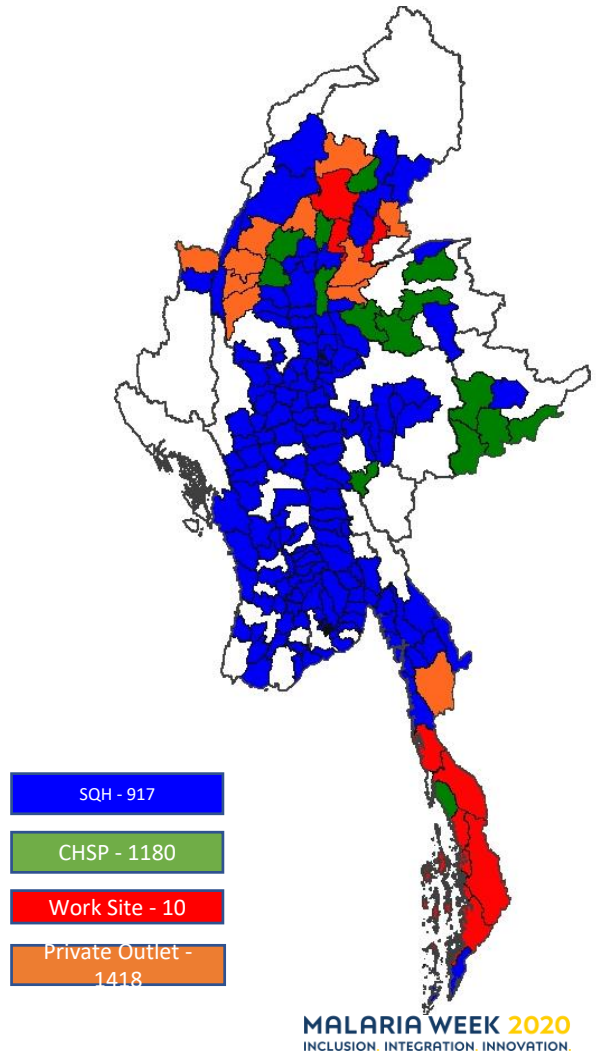
- General Practitioners
- Retailers/Groceries
- CSO/NGO health facilities
- Village Volunteers
- Pharmacies/ Drug stores
- EHO health facilities
- Traditional healers/ Vendors
- Work Site Providers
- Faith-based health facilities

PSI's Community-based Case Management (2003 – June 2020)

Malaria Tested and Positive



Program Coverage (June 2020)



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Recruited community-based providers are trained by PSI to improve quality and access to malaria services and through the following:

Testing with RDT

Providers are trained to test in accordance with national guidelines. RDT's are provided for free

First-line antimalarial treatment

Providers are trained to treat in accordance with national guidelines. All antimalarial drugs are provided for free.

Collecting and Reporting caseload data

Providers conduct monthly supervisions visits to collect routine data and conduct routine quality assessment of provider care.

Health behavior Change Communication through Health Education Sessions

Train providers on beneficiary engagement dialogue and support them with IEC materials and other commodity incentives.

Integrated Health Services

PSI trained GPs and volunteers on the integrated service delivery approach

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Community Engagement through EIP

- Human Centered Design on EIP (Empathy, Insights, Prototyping)
- Significant in targeting high burden populations whose vulnerabilities to malaria require specific interventions
- By fostering community engagement and co-creating solutions with beneficiary communities, solution-focused interventions can be implemented using EIP tools

Insight Learning: Strategic Program Intervention

In 2017, PSI teamed up with Comic Relief to:

(i) improve quality malaria and primary health-care services for at-risk communities,

(ii) increase access and demand for quality-assured malaria services,

(iii) improve collection, reporting and analysis of malaria caseload data.

PSI conducted two insight learnings at the end of 2018 and 2019, respectively, to identify provider barriers to providing malaria services and understanding beneficiary health-seeking behaviors.

Key Findings:

- Low knowledge of mRDT made it hard to test every fever case.
- HE talks lacked interest and awareness
- Patients typically first self-medicate and then visit pharmacies If symptoms persist due to difficulty in finding transportation.
- Communities do not know proper malaria prevention methods and often confuse Dengue and Malaria.

Strategic Program Intervention

- Update IEC and HE messaging to align with gaps in communities' knowledge.
- Community engagement for malaria testing and treatment and awareness to malaria elimination by 2030.
- Conducting refresher trainings and updating providers on malaria knowledge.

COMIC RELIEF

THANK YOU

Meaningful engagement with Community is critical to achieve Malaria Elimination

Community-based approaches to health systems strengthening in Solomon Islands

Solomon Islands Vector Borne Disease Control Programme

Dr. Leonard Boaz

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Different community-based approaches being deployed in Solomon Islands, to complement the high coverage of health facilities:

1. Development of the **Malaria Elimination Road Map** in 2018 that was endorsed by the government of Solomon Islands. It outlines the commitment of the government and also **encourages community participation** in the efforts to eliminate malaria by 2030 in Solomon Islands

2. There are **more than 100 malaria officers** that are deployed around the country that carry out supervision and malaria operations in the country. These officers **work very closely with the communities** in providing the necessary tools such as LLINs, mass blood survey, awareness etc in the communities.

3. Health awareness is one of the approach that the malaria programme with the support of Health Promotion Division. Health awareness are carried out in hot spot areas identified from the monthly malaria data. **Malaria information is also fed back to communities.**

4. **Village Healthy Settings**. This activity is supported by the malaria programme with the health promotion division. Villages/communities are identified as hot spots. Activities includes awareness, general village clean up include environmental management of breeding sites.

5. **Integrated supervisory visits** by malaria officers and personnel's from other health divisions to the communities. **Satellite visits by nurses in the communities**. These efforts help extend access to quality test and treat services for malaria.

6. **Village Health Committees** – Almost all health facilities within a catchment area has a village health committee. The committee ensure that the communities ownership, in terms of managing health facilities and employing health workers, is strengthened. The committee members will receive health officers visiting the communities

Experience from the VBDCP regrading community based approaches

- More discussion needed on the malaria road map developed in 2018 by the Ministry of Health and the Government
- Officers at the provincial levels need adequate logistics and infrastructure
- Health awareness is an on going activity that the programme is embarking on year round, and it is difficult to achieve impact in some communities
- The village health setting model has been proven very effective but is difficult to sustain in the long run
- Drug shortage and treatment compliance especially to the fourteen days treatment of vivax malaria is also a big issue to be addressed at community level
- Some village health committees are not fully functioning

How has the Solomon Islands leveraged community-based programs for COVID response during the current pandemic?

Malaria is still a major health problem and it was very evident at the beginning of the COVID pandemic that if only minimal malaria activities were done, this would result in an increase of malaria in some provinces. Some malaria funds were even reprioritized for COVID response and some malaria officers were committed to focusing on the pandemic response.

After realizing an increase of malaria cases, malaria operations continue as usual. It should also be noted that malaria teams are responsible for decontamination of quarantine sites and transport utilities used by those coming from abroad.

What is the added value of community-based approaches in addressing malaria reduction and elimination

1. Community participation strengthens the delivery of health services.

2. The high coverage of health facilities increases health services usage with improved availability and accessibility.

3. Community ownership, in terms of managing health facilities and employing health workers, is strengthened.

4. Access to drugs is improved.

5. Prompt diagnosis of suspected malaria illness and effective treatment within or near the home.

6. Improved prevention of malaria transmission by using long lasting insecticide-treated bednets (LLINs) and other vector control strategies.

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QUESTION & ANSWER

SUSTAINING COMMUNITY-BASED INTERVENTIONS THROUGH THE COVID-19 PANDEMIC AND BEYOND

Dr Afsana Alamgir Khan
Deputy Program Manager
National Malaria Elimination and Aedes Transmitted Disease Control Program, CDC, DGHS
Bangladesh

Dr Siv Sovannaroth
Chief of Technical Bureau
Malaria Program Manager/ PIP Manager
National Center for Parasitology, Entomology and Malaria Control
Ministry of Health, Cambodia

Dr Thet Lynn
Deputy Country Director,
Health Poverty Action, Lao PDR

Dr Hnin Su Su Khin
Operations Director,
Medical Action Myanmar

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Community Engagement – Bangladesh Experience & Program implementation during COVID19 pandemic

Dr. Afsana Alamgir Khan

Deputy Program Manager

National Malaria Elimination & ATD Diseases

Bangladesh

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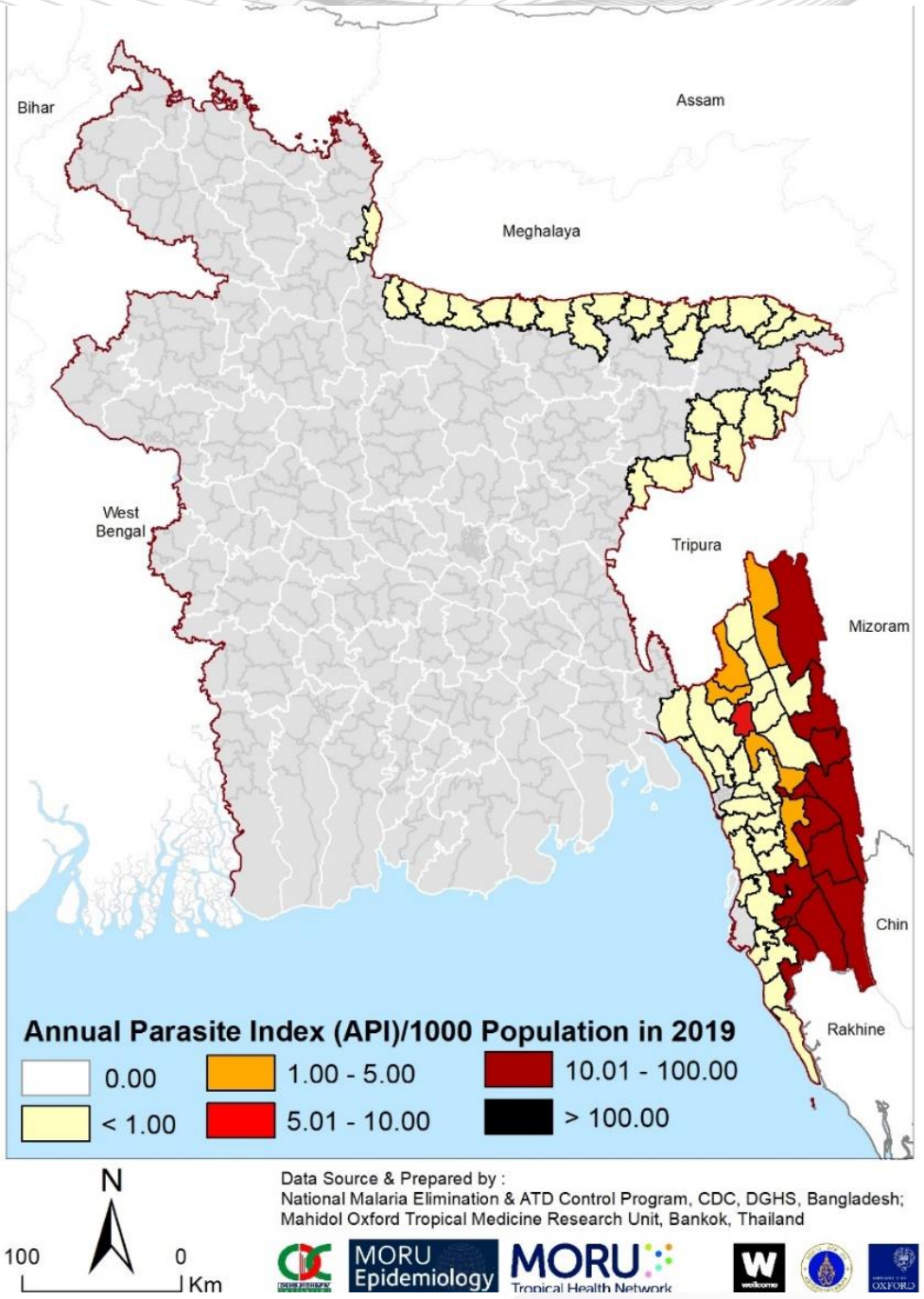
DGHS, MOH&FW BANGLADESH

Malaria situation at a glance

- 13 endemic districts (72 upazila)
- Risk Population – **19.05** million
- In last **10 years** (2010-19)
  - Cases reduced **69%** (55,873 to 17,225)
  - Deaths deceased **76%** (37 to 9)
- **3 CHT** districts report > **90%** cases
- **8 districts** in the brink of **elimination**
- **~12.7 million free** LLIN distributed



Community-based approach – Bangladesh Experience

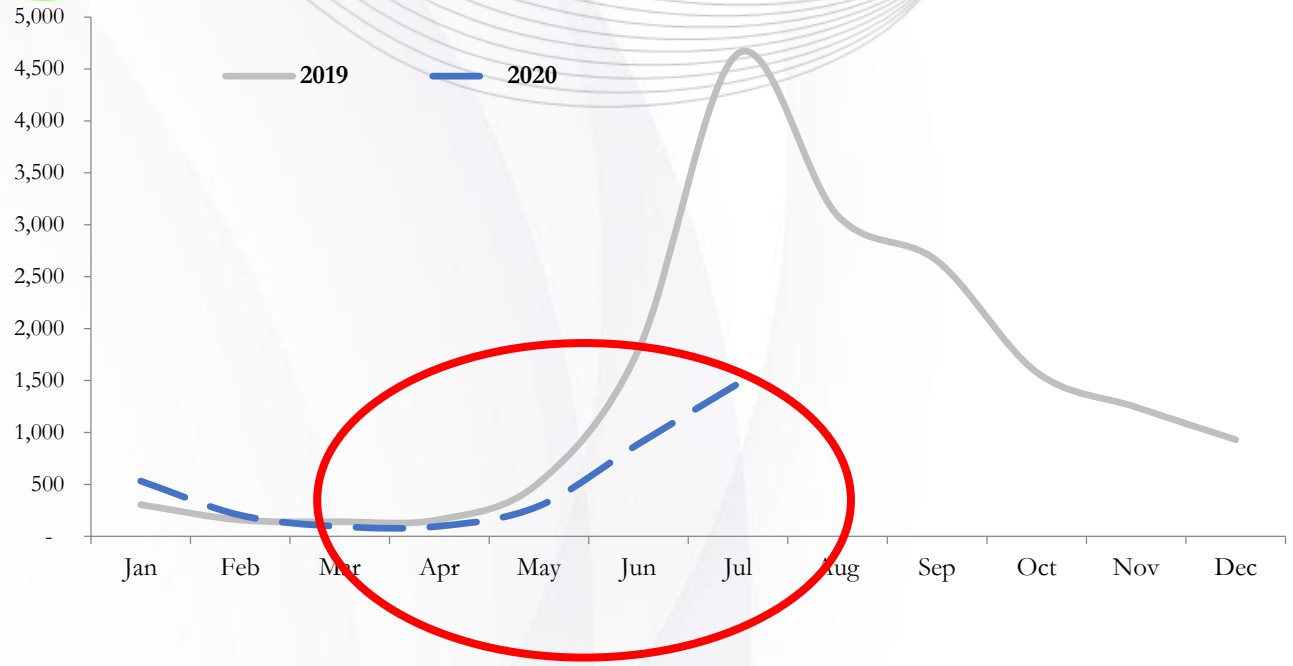
- Partnership between NMEP & BRAC led NGO consortium – worldwide role model
- Free malaria service at the doorstep of the beneficiaries
- 139 Peripheral laboratory in the community
- LLIN distribution through partners – 12.65 free LLINs provided
- Community awareness through orientation sessions –"**Uthan Boithak**"
- Social mobilization through **popular theatre**, **folksongs**, etc.
- ~ 1700 **Community clinics** in endemic areas – Answer to sustainability
- More than **80%** cases treated in **community** (SM < 3%)



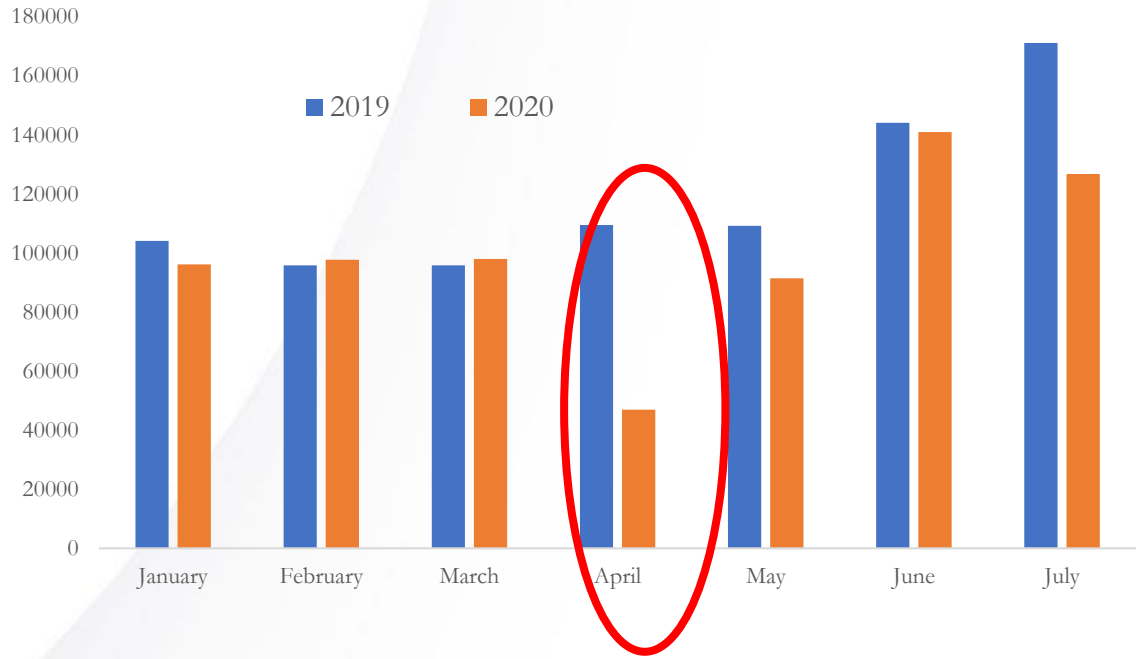


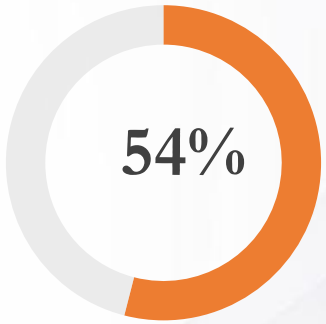
Situation update during Covid-19 pandemic

Monthly Trend of Malaria Cases 2018 - 2020

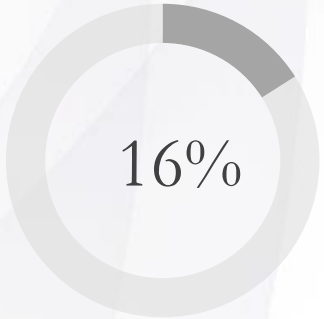


Test Comparison: Jan - Jul, 2019-2020





Case reduction compared to 2019



Test reduced compared to 2019

Targeted LLIN distributed, 1.24 million in 2020

3,567 Number of cases till July 2020. 7,728 – in 2019 till July

5 Number of deaths till July 2020. 3 – in 2019 till July

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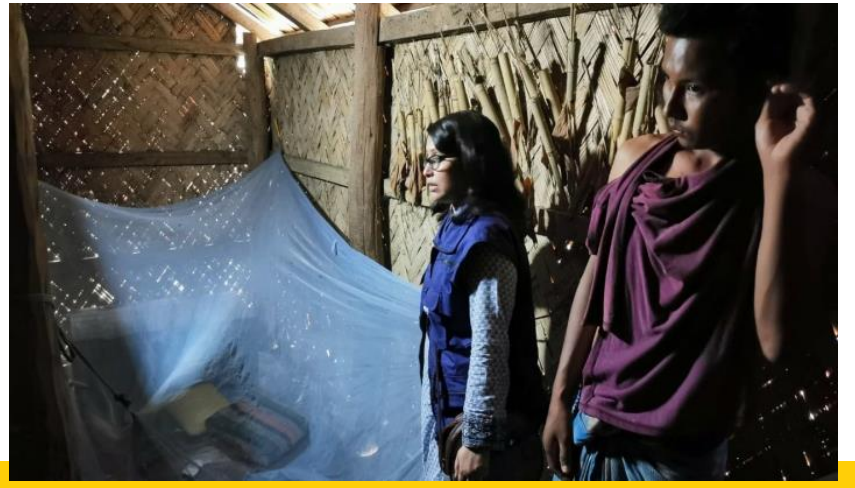
Involving community workforce during Covid19 pandemic

- Combined training on **Covid-19, Dengue & Malaria** for health personnel
- **Covid19 awareness** counselling and **protective materials** for **community workforce**
- **LLIN distribution** in small clusters avoiding mass gathering
- All peripheral **laboratories** kept functional
- Community counselling during the **household visits** of health workers
- Awareness raising **miking** conducted
- **Leaflets, stickers** etc. distributed in the community
- Case / Focus investigation continued in elimination settings
- Field visit from **central level** for the moral booster of field staff
- Regular **online meeting** to monitor program activities


Two days workshop of Health Personal on Infection,
Prevention, Control and Clinical Management of
Covid-19 & Dengue
Organized by : Rowangchari Upazila Health Complex, Bandarban
Supported by : National Malaria Elemination Program.


WALTO



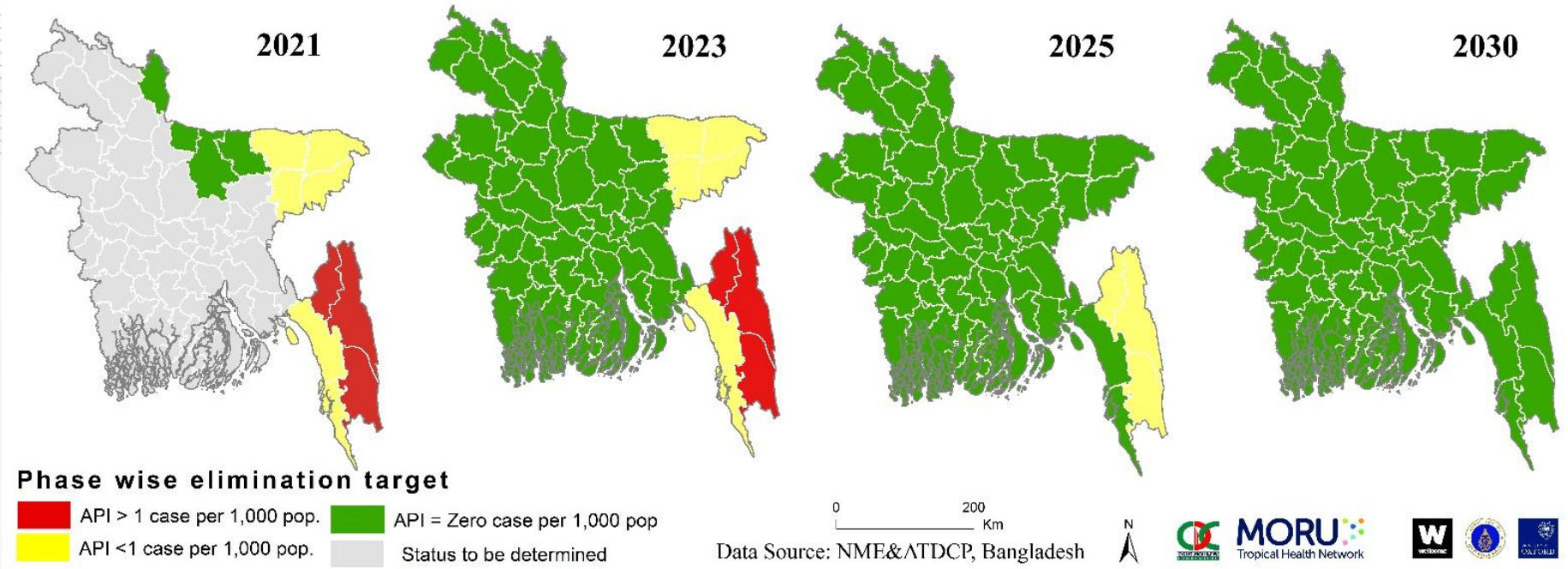
Challenges during program implementation

- **Screening of suspected malaria cases** (fever patients) slowed down
- **Sub centers** (outreach center) had to close due to lockdown
- **LLIN distribution** was withheld for a month
- Frequency of **household visits** came down durin the lockdown
- Cases at **facility level** reduced
- Absence of **physical** monitoring and supervision

National Strategic Plan 2021-2025

Vision

Malaria-free Bangladesh by 2030



Milestones and targets:

- By 2021:
  - Local transmission interrupted in 04 districts of Mymensigh zone
- By 2023:
  - Malaria free status of 51 districts determined
- By 2025:
  - Local transmission interrupted in 04 districts of Sylhet zone; Chattogram and Cox's Bazar
  - API reduced to <1 per 1,000 population in 03 CHT districts

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Thanks to our front liners,

we are progressing towards the goal of Malaria-free Bangladesh by 2030!

Thanks to All!

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QUESTION & ANSWER

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WRAP UP

Summary of recommendations to APLMA Senior Officials' Meeting

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EXIT POLL

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THANK YOU FOR JOINING US!

We look forward to your participation over the next few days.

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