

# **RBM Case Management Working Group**

**11<sup>th</sup> – 13<sup>th</sup> June 2012 Meeting**

**Expanding Access to Effective Treatment Workstream  
Progress Report**

# Expanding Access to Treatment

## **GMAP Objective 1: Reduce global malaria deaths to near zero by end 2015**

*Target 1.1 Achieve universal access to case management in the public sector.*

By end 2013, 100% of suspected cases receive a malaria diagnostic test and 100% of confirmed cases receive treatment with appropriate and effective antimalarial drugs.

*Target 1.2 Achieve universal access to case management, or appropriate referral, in the private sector. By end 2015, 100% of suspected cases receive a malaria diagnostic test and 100% of confirmed cases receive treatment with appropriate and effective antimalarial drugs.*

*Target 1.3 Achieve universal access to community case management (CCM) of malaria*

*By end 2015, in countries where CCM of malaria is an appropriate strategy, 100% of fever (suspected) cases receive a malaria diagnostic test and 100% of confirmed uncomplicated cases receive treatment with appropriate and effective antimalarial drugs, and 100% of suspected and confirmed severe cases receive appropriate referral and treatment.*

# Expanding Access to Treatment

**RBM CMWG Work Plan and Budget 2012 – Final (pg. 23-24)**

## **4 Strategy for Partnership to prioritize countries developed and implemented**

4.01 Assess policy environment for CCM of malaria/iCCM in the 10 priority countries, diffuse lessons learned and actively advocate for positive policy changes in at least 3 target countries

SAF – Scoping study to assess how CCM of malarial/CCM is being implemented in the 10 priority countries

SAF – Develop concept note on core elements in iCCM and diffuse lessons learned amongst implementers in priority countries

## **11 Community management of malaria is integrated with other relevant health interventions**

11.01 In line with WHO policy recommendation/update on the management of severe malaria – develop related/addendum community-focused IEC/BCC guidelines/resources

SAF – Design, printing, dissemination

SAF - Dissemination

*(SAF = Supplementary Activity Framework)*

# Expanding Access to Treatment

## ***Priority Activities for CMWG Work Plan 2012***

*Write position paper directed towards the RBM Board and Partnership advocating for the rapid implementation of the updated WHO policy for management of severe malaria*

*In line with WHO policy recommendation/update on the management of severe malaria – develop related/addendum community-focused IEC/BCC guidelines/resources*

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## *Guidelines for the treatment of malaria, second edition*

<http://www.who.int/malaria/publications/atoz/9789241547925/en/index.html>

## *Guidelines for the treatment of malaria, second edition—Rev. 1*

The following sections, form 8.4 to 8.6 have been revised to reflect the change of treatment of severe falciparum malaria in children

[http://www.who.int/malaria/publications/atoz/mal\\_treatchild\\_revised.pdf](http://www.who.int/malaria/publications/atoz/mal_treatchild_revised.pdf)

Update as of April 2011

WHO now recommends parenteral artesunate as first line treatment in the management of severe falciparum malaria in African children

**UNICEF:** CCM of Diarrhoea, Malaria and Pneumonia of Sick Children for Sub-Saharan Africa in 2010: Data Report of a Desk Based Survey of UNICEF Country Offices  
(Includes policy and implementation at scale review)

**CDC Malaria Branch: DRAFT** Proposed framework to evaluate key success factors and barriers for rapid scale-up of prompt and effective diagnosis and treatment

Table 1: UNICEF country offices reporting existence of CCM policies, CCM policies that allow CHWs to provide treatment, Any C Ministry of Health (MoH) CCM implementation and MoH CCM implementation at scale for diarrhoea, malaria or pneumonia in Sul

Condition	Diarrhoea					Malaria						
	Country	CCM Policy	CCM CHW Policy	Any CCM Implementation	MoH CCM Implementation	MoH CCM Implementation at scale	CCM Policy	CCM CHW Policy	Any CCM Implementation	MoH CCM Implementation	MoH CCM Implementation at scale	CCM Policy
%	85%	83%	83%	70%	40%	77%	74%	77%	62%	46%	70%	60%
N	34/40	33/40	33/40	28/40	16/40	30/39	29/39	30/39	24/39	18/39	28/40	24/40
Angola	No		No	No		No		No	No		No	No
Benin	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Botswana	No		No	No		No		No	No		No	No
Burkina Faso	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No	No
Burundi	No		No	No		No		No	No		No	No
Cameroon	Yes	Yes	Yes	No		Yes	Yes	No	No		Yes	Yes
CAR	Yes	Yes	No	No		Yes	Yes	Yes	Yes	No	Yes	Yes
Chad	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Comoros	No		No	No		No		No	No		No	No
Congo	Yes	Yes	No	No		Yes	Yes	No	No		Yes	Yes
Cote d'Ivoire	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
DRC	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Equatorial												
Guinea	No		Yes	No		No		Yes	No		No	No
Eritrea	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ethiopia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gambia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ghana	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Guinea	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Kenya	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No		No	No



Condition	Diarrhoea					Malaria				
Country	CCM Policy	CCM CHW Policy	Any CCM Implementation	MoH CCM Implementation	MoH CCM Implementation at scale	CCM Policy	CCM CHW Policy	Any CCM Implementation	MoH CCM Implementation	MoH CCM Implementation at scale
Nigeria	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Rwanda	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Senegal	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Sierra Leone	Yes	No	Yes	No		Yes	Yes	Yes	No	No
Somalia	Yes	Yes	Yes	No		Yes	Yes	Yes	No	
South Africa	No		No	No		No		No	No	
Swaziland	Yes	Yes	Yes	Yes	Yes	No		No	No	No
Tanzania	Yes	Yes	Yes	No	Yes	No		Yes	No	
Togo	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Uganda	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Zambia	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
Zimbabwe	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes

Implementation at scale defined as greater than 49% of the country

**If child mortality is to be adequately addressed, the challenge of access must be taken on. The delivery of health services is often weakest where the needs are greatest, and coverage with the most needed interventions remains low...**

PMI Country	Recent Coverage Figures DHS or MIS	
	<5 Rx[1]	<5 ACT
1. Angola	28.3% (2010)	11.8%
2. Benin	N/A	N/A
3. DRC	19.7% (2009)	0.4%
4. Ethiopia	3.6% (2011)	N/A[2]
5. Ghana	43.0% (2008)	21.5%
6. Guinea	N/A	N/A
7. Kenya	35.1% (2010)	18.0%
8. Liberia	67.2% (2009)	29.9%
9. Madagascar	19.7% (2010)	1.0%
10. Malawi	43.4% (2010)	36.2%
11. Mali	58.9% (2010)	7.8%
12. Mozambique	29.9% (2011)	15.3%
13. Nigeria	49.1% (2010)	5.9%
14. Rwanda	10.8% (2010)	10.5%
15. Senegal	9.1% (2009)	4.1%
16. Tanzania	59.1% (2010)	25.9%
17. Uganda	59.6% (2009)	23.3%
18. Zambia	34.0% (2010)	13.4%
19. Zimbabwe	2.3% (2011)	1.1%
20. Burkina Faso	35.1% (2010)	8.7%
21. Burundi	17.2% (2010)	12.0%
22. South Sudan	N/A	N/A

**Chad**

**Cote d'Ivoire**

**Niger**

Source: Bill Brieger,  
Jhpiego



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*In line with WHO policy recommendation/update on the management of severe malaria – develop related/addendum community-focused IEC/BCC guidelines/resources*

*Assess policy environment for CCM of malaria/iCCM in the 10 priority countries, diffuse lessons learned and actively advocate for positive policy changes in at least 3 target countries*

- *Advocate for coordination and support...*
- *Committing to Child Survival: A Promise Renewed*