RBM Case Management Working Group

11th – **13**th June **2012** Meeting

Expanding Access to Effective Treatment Workstream
Progress Report

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.

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)

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

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

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
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-Sahara 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					•					Pheame	iii ot
				Malaria					CCLA	6614		
Country	CCM	CCM	Any	MoH	MoH CCM	CCM	CCM	Any	MoH	MoH CCM	CCM	CCM
	Policy	CHW	CCM	CCM	Implemen	Policy	CHW	CCM	CCM	Implemen	Policy	CHW
		Policy	Imple	Imple	tation at		Policy	Imple	Imple	tation at		Policy
			menta	menta	scale			menta	menta	scale		
			tion	tion				tion	tion			
%	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
Comeros	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			Malaria							
Country	CCM	CCM	Any	MoH	MoH CCM	CCM	CCM	Any	MoH	MoH CCM
	Policy	CHW	CCM	CCM	Implemen	Policy	CHW	CCM	CCM	Implemen
		Policy	Imple	Imple	tation at		Policy	Imple	Imple	tation at
			menta	menta	scale			menta	menta	scale
			tion	tion				tion	tion	
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		
	ı. 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%		
Source: Bill Brieger,	21. Burundi	17.2% (2010)	12.0%		
Jhpiego	22. South Sudan	N/A	N/A		

Chad

Niger

Cote d'Ivoire

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

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