

Malaria Case Management in Zimbabwe Successes and Challenges

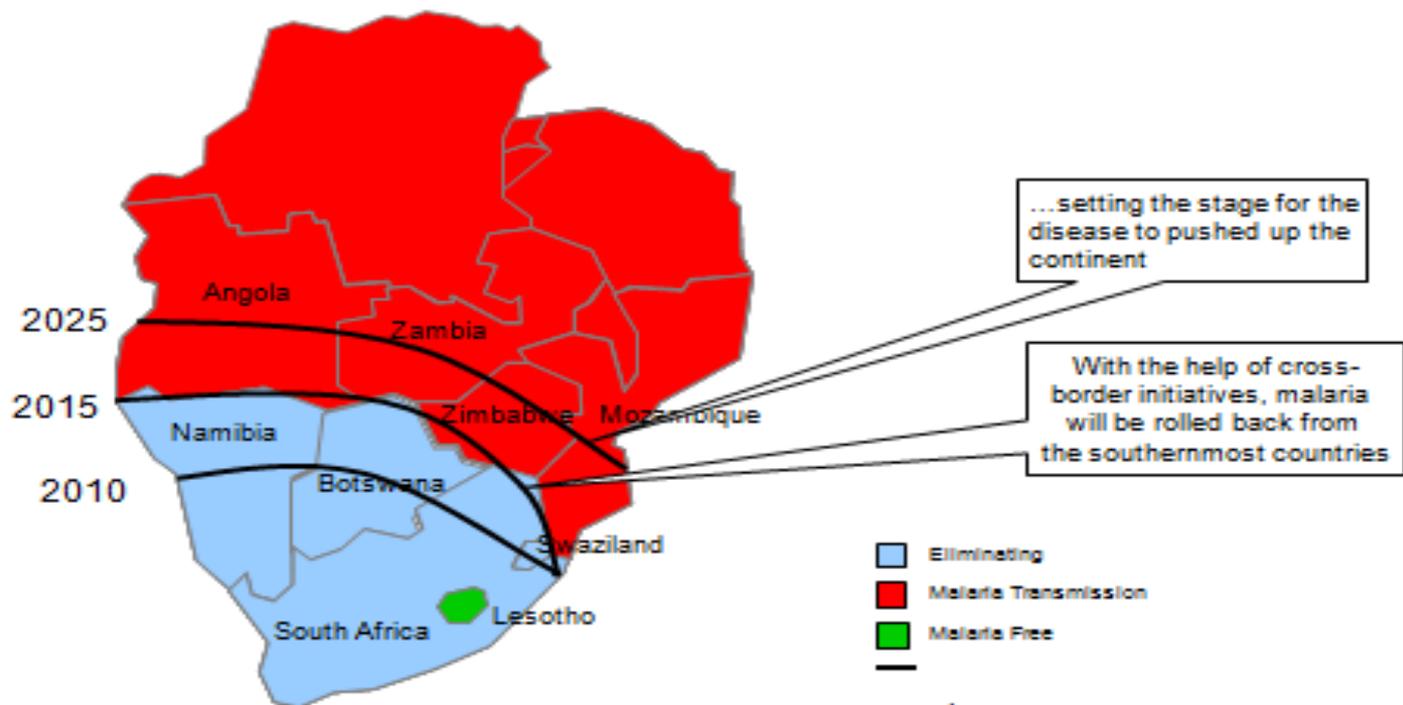


CMWG Annual meeting

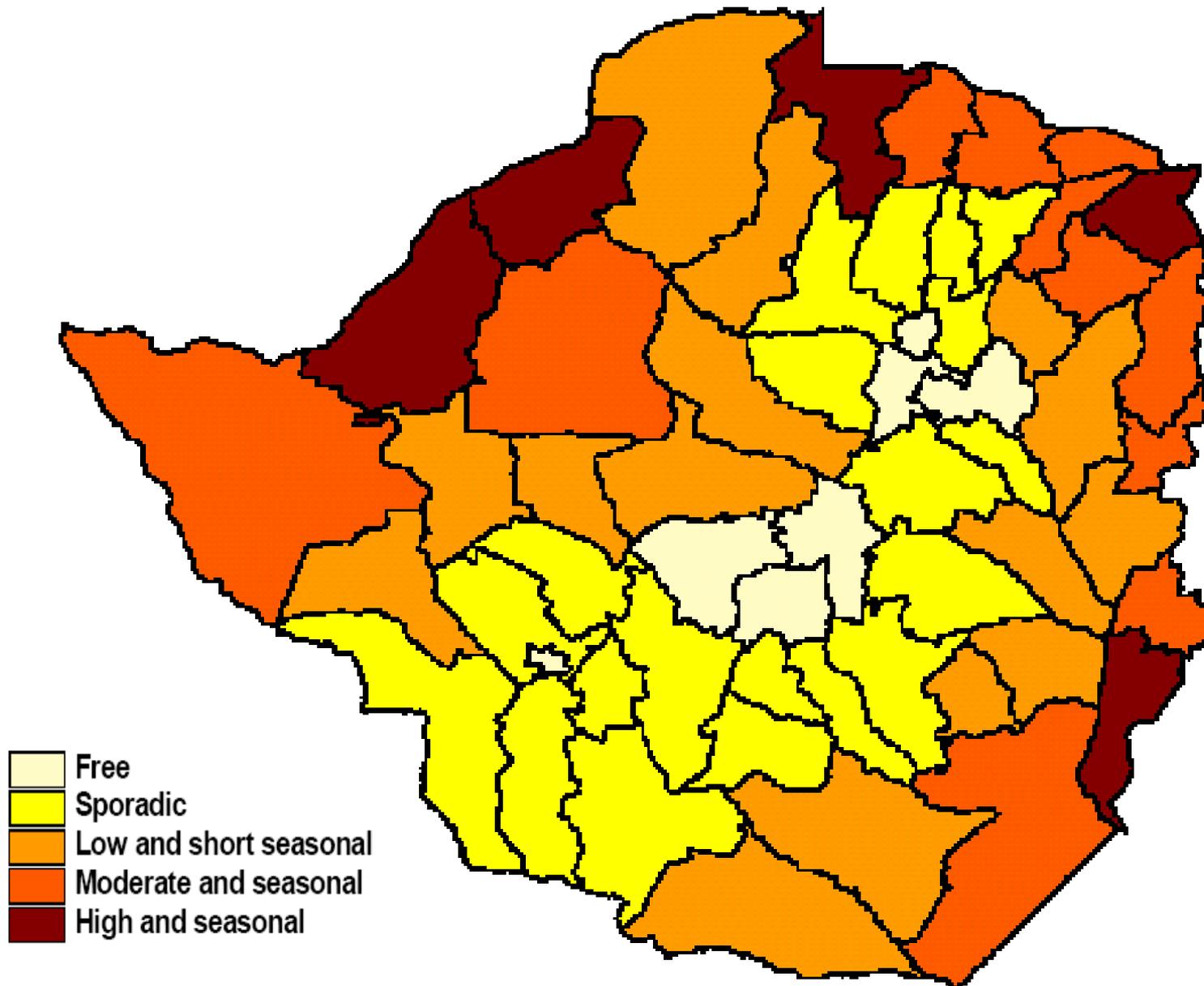
Annecy 05/03/13

Staneford Mashaire

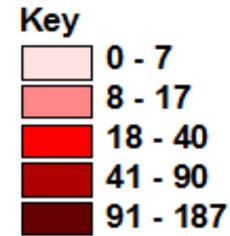
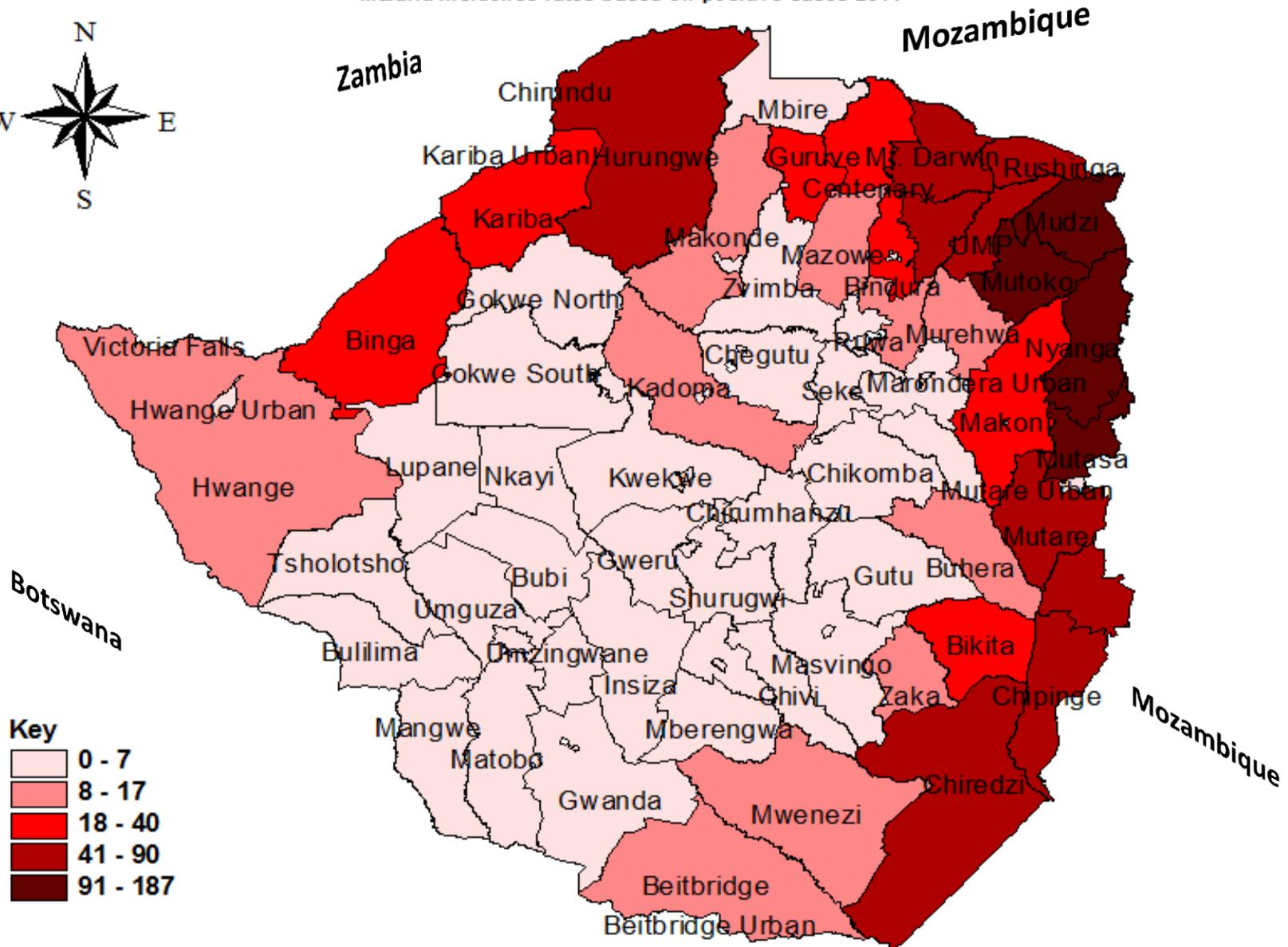
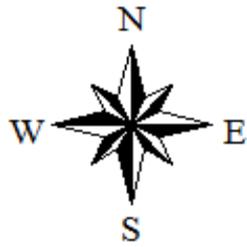
Rationale for E8; Southern Africa is adopting a spatially progressive model of elimination, moving from south to north



Malaria profile - 2002

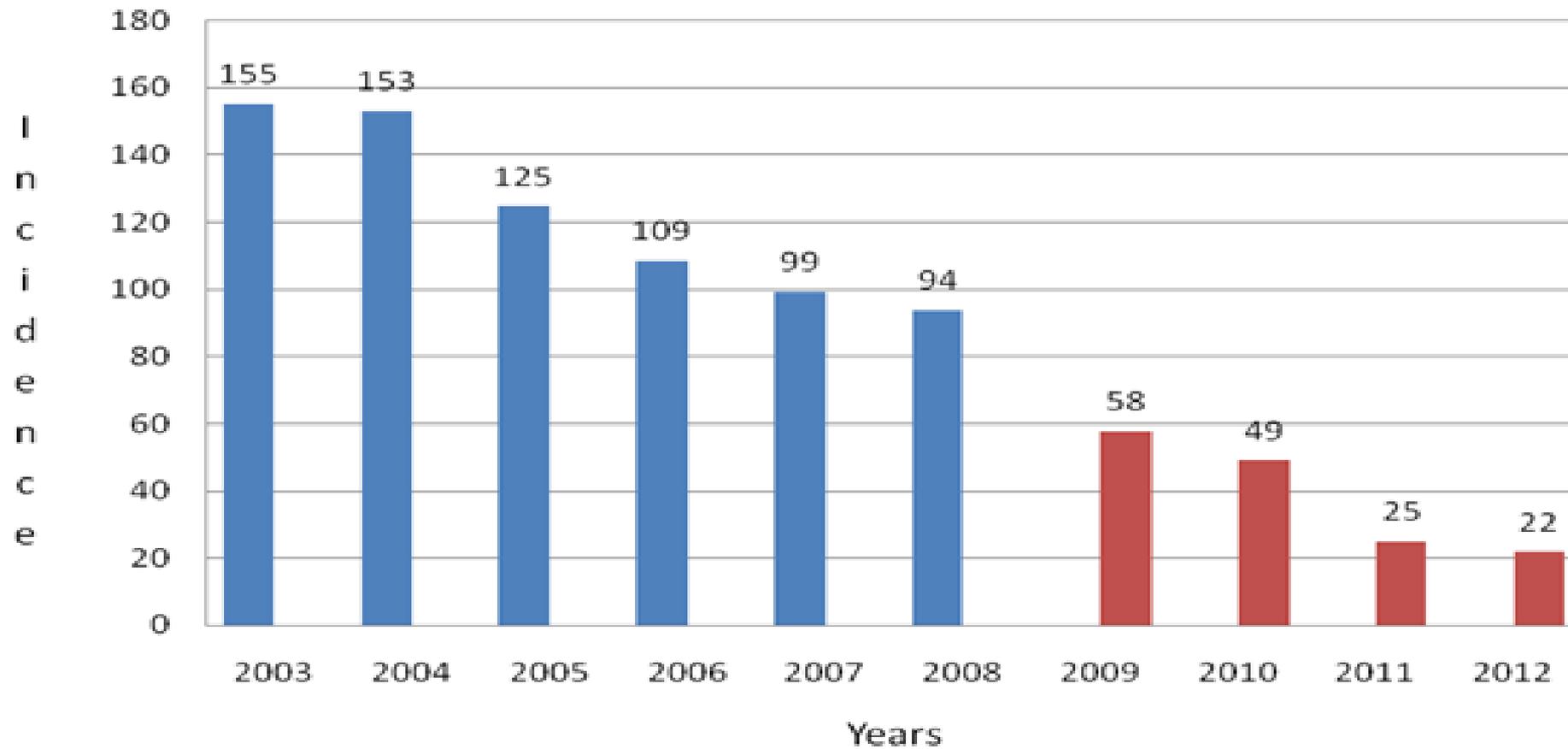


Malaria incidence rates based on positive cases 2011



Malaria profile

National Malaria incidence rate per 1000 population



Disease burden in relation to neighbouring countries

- Disease burden still more pronounced along the borders
- Eastern province borders with Mozambique has biggest burden, it is >740km long. Moza still in control phase
- Western province borders with Botswana, it is a low rainfall area & Botswana is in pre-elimination phase
- Southern province borders with South Africa (in pre-elimination phase)
- Northern province borders Zambia (in control phase)

Background

- Prior to the change of the malaria treatment policy in Zimbabwe HMM was the major strategy used for prompt delivery of effective malaria treatment in the rural areas.
- But no accurate documentation was carried out on the burden of malaria case management that was shouldered by these CBHWs.

Background cont----

- Introduction of ACTs meant that every case of malaria that received treatment had to be a confirmed case.
- NMCP embarked on a nation-wide training of HW in malaria case management using the ACTs.
- However training of CBHWs in carrying out RDTs met with some stiff resistance from some quarters of the policy makers.

Background cont----

- From 2008 to 2010, burden of malaria case management shifted from mainly community based management to health centre based management programme.
- “Atypical” malaria outbreaks country wide, with a prolonged nature despite adequate intervention measures being put into place were witnessed.

Introduction

- We carried out a study in the 4th high burdened (2011 data) malaria district in the country
- Access to health facilities is very poor
- Hence community based management of malaria was piloted in the district

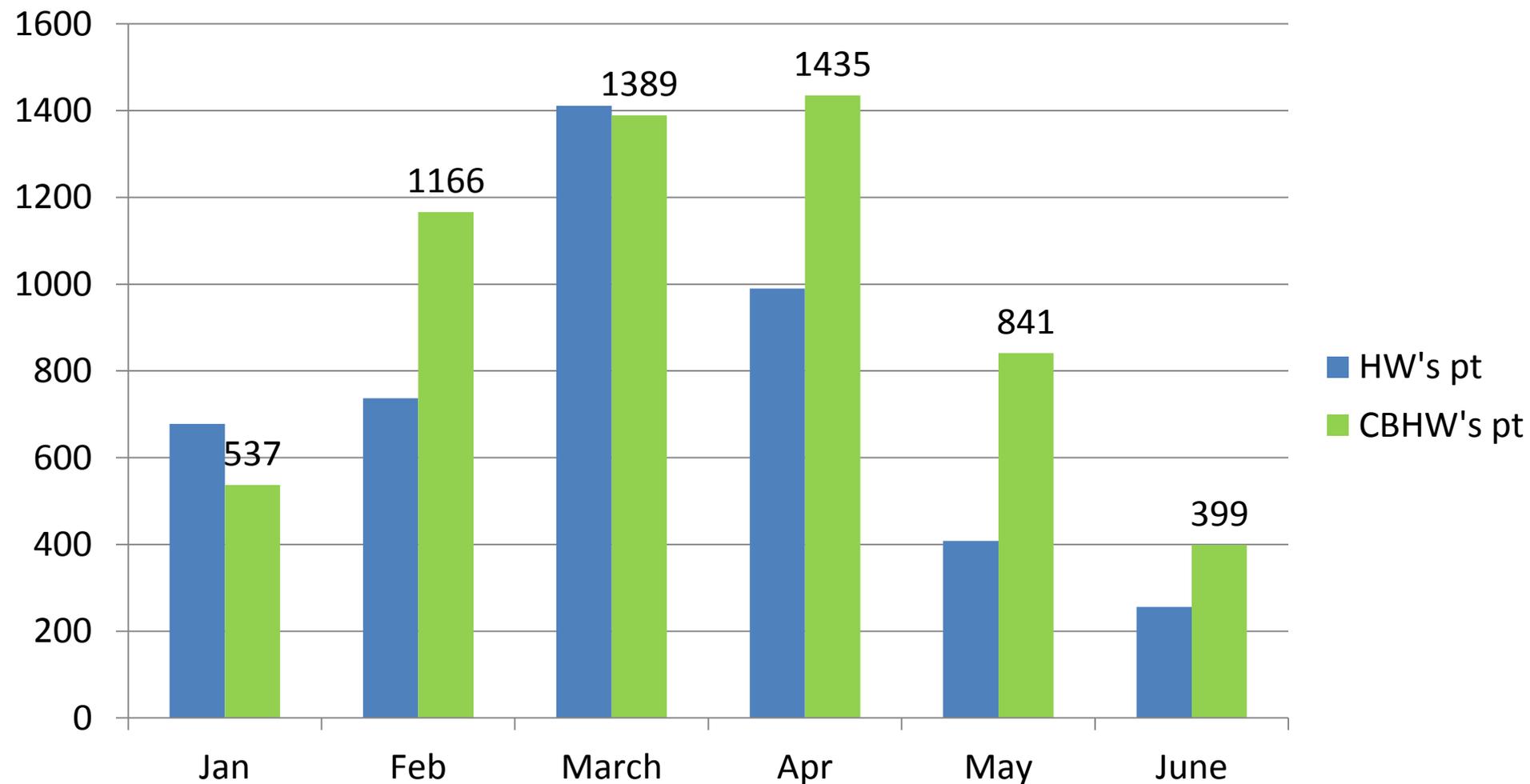
What the study intended to answer

- Can the CHBWs be trained to be competent enough to carry out RDTs and dispense ACTs?
- What are the training needs for such training of these CBHWs?
- How significant is the role of CBHWs in malaria case management in the rural settings?
- What is the burden of malaria case management that is borne by the CBHWs in rural settings of the high burdened malaria districts in Zimbabwe vis-a vie the rural health centres?

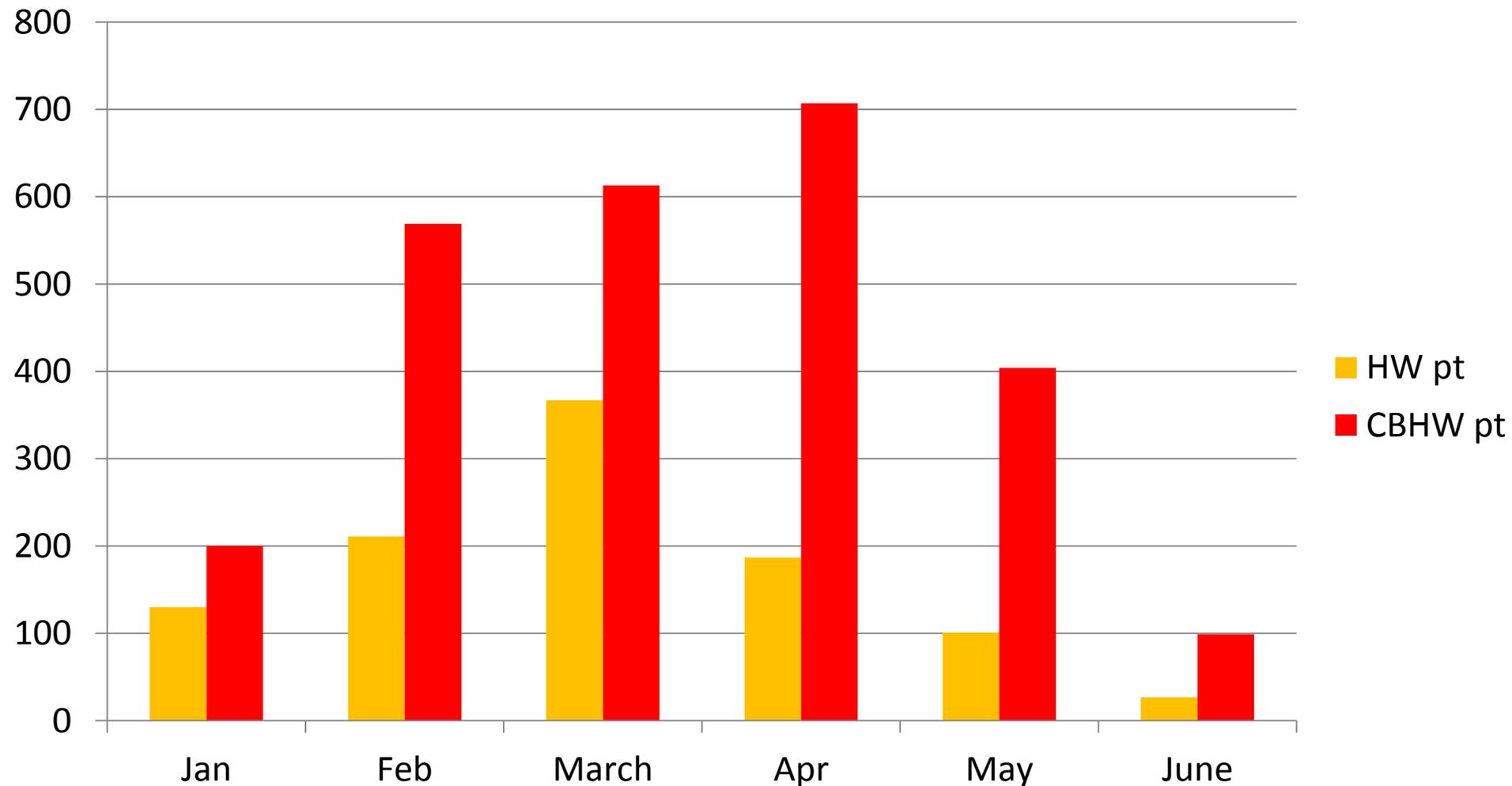
Methodology

- Health centres where major challenges had been encountered during the 2009/2010 malaria season were purposively selected, due to limited funding.
- Three phased intervention study was carried out in three rural health centres in the district.
 1. Training of CBHWs in Dec 2010 around 3 clinics
 2. Assessment of performance of the trained CBHWs in CCM carried out in March 2011
 3. Collection of data from the clinics on malaria cases managed by CBHWs and by HWs from Jan. to June 2011

Distribution of suspected cases between HWs & CBHWs for the 3 clinics (Jan –June 2011)



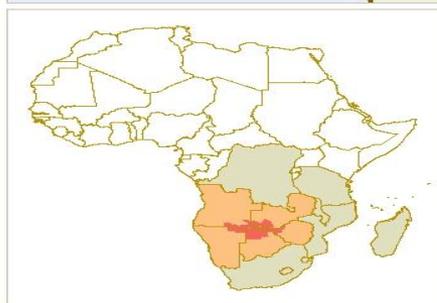
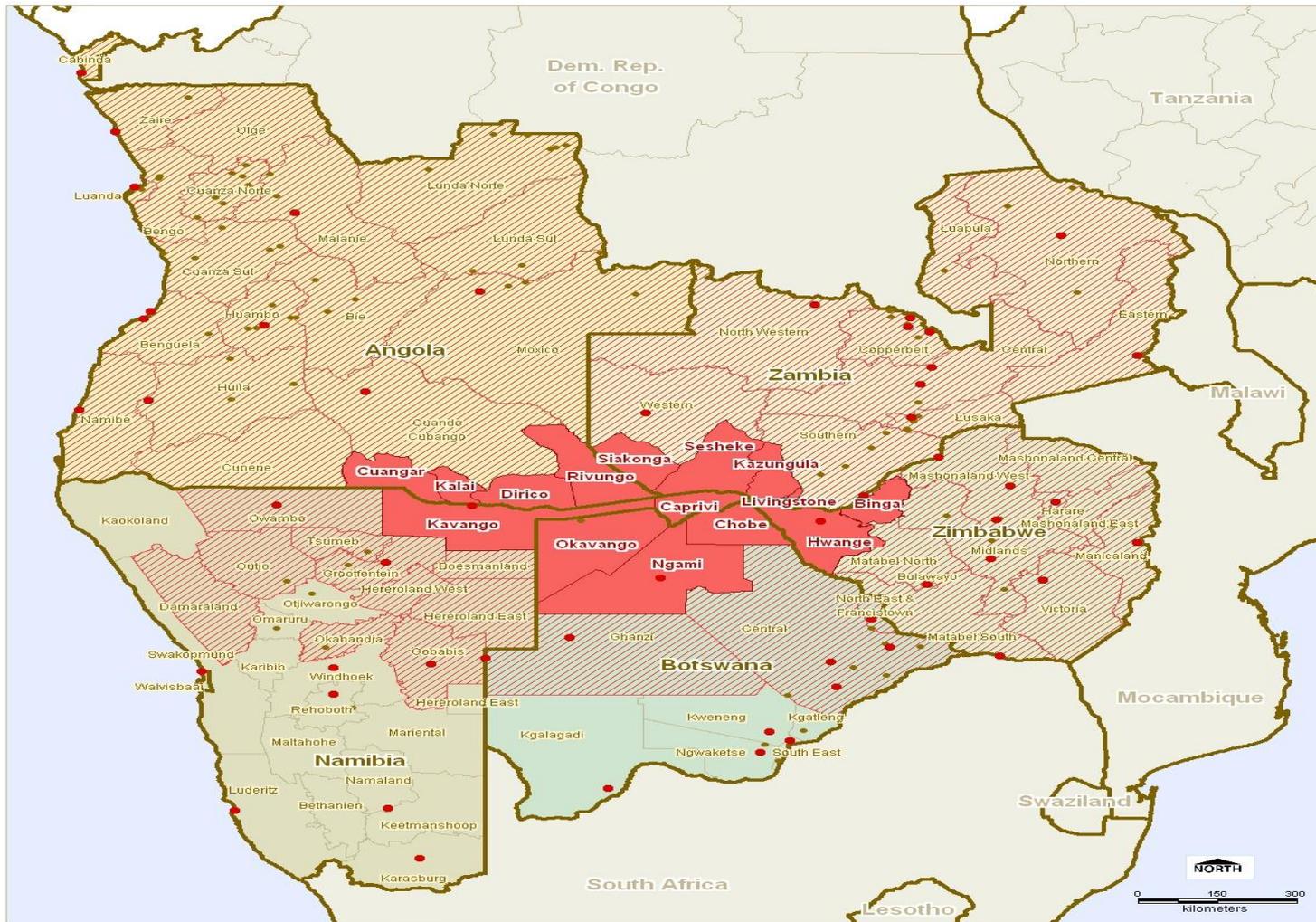
Distribution of confirmed cases between HWs & CBHWs for the 3 clinics (Jan –June 2011)



Successes

- Health Workers trained 7478 against a target of 12 000+
- Community Based Health Workers = 2983, against 6 600 for 55/63 districts
- Cross-border malaria initiatives
 - Malaria is a disease without borders,
 - Control efforts restricted by borders.
 - Innovative solutions are required to improve access to isolated communities
 - Need for **coordinated**, **harmonized** and **synchronised** malaria control and elimination interventions
 - TZMI/ ZamZim
 - TLMI/MoZiZA

TZMI Districts



Legend

- Major City
- City
- ▭ International Boundaries
- ▨ Malarious Provinces
- ▭ Districts of Interest

SADC Countries of Interest:

- ▭ Namibia
- ▭ Angola
- ▭ Zambia
- ▭ Zimbabwe
- ▭ Botswana

Map produced by the Health GIS Centre, Malaria Research Lead Programme, Medical Research Council of SA. Map produced June 2007

Data Sources: African Data Sampler, MRC Health GIS Centre, CIA World Factbook



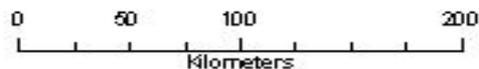
TRANS-ZAMBEZI MALARIA INITIATIVE: DISTRICTS OF INTEREST WITHIN THE SOUTH AFRICAN DEVELOPMENT COMMUNITY (SADC) REGION

MOZIZA Targeted Districts



Legend

- International Boundary
- Provincial Boundary
- Targeted Districts
- Game Reserve
- Mozambique
- South Africa
- Zimbabwe



Map produced by the Health GIS Centre, Malaria Research Unit, Medical Research Council of South Africa



Date: 22 June 2010

Data Sources: South African Municipal Demarcation Board, Limpopo Malaria Control Programme, Zimbabwe National Malaria Control Programme, Mozambique National Malaria Control Programme, SAHIMS



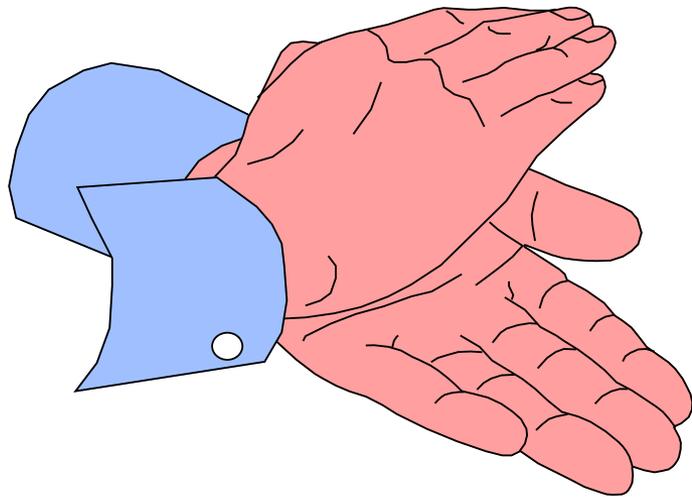
Challenges

- Mobilizing enough resources for the community based management of malaria
- Community factors including late presentation and poor compliance
- ? Low community awareness and motivation.
- Inadequate supportive supervision
- Keep the community health workers motivated
- Delays in disbursement of funds - malaria seasonal
- Limited corporate/private sector support-for sustainability of programme
- Staff attrition
- Protecting the ACTs from emergence of resistance

Table 2. Outcome of Antimalarial Drug Efficacy Studies conducted from 2000 to 2010

<i>Year</i>	<i>Antimalarial used (sites)</i>	<i>Treatment failure (%)</i>	<i>Comments</i>
2000	CQ (8)	43.2	Recorded at Lukunguni
2001	CQ (5) / CQ+SP (3)	36.3 / 4.5	Recorded at Chibuwe / Chirundu
2002	CQ (3)/CQ+SP	11.5 / 3.3	Recorded at Hauna / Chirundu
2003	CQ+SP (12)	5.0	Total all sites
2004	CQ+SP (11)	7.0	Total all sites
2005	CQ+SP (8) – inadequate numbers recruited to give valid results		
2006	CQ+SP (6)	26.0	Recorded at Kariba
2007	CQ+SP (3) / AL (5)	43.0 / 1	Recorded at Hauna / Total all sites
2008	<i>No studies done due to lack of funding</i>		
2009	AL (6)	5.0	Total all sites (Hauna – 8% TF)
2010	AL (8)	3.4	Total all sites (Chitulipasi -9% TF)

Thank you!!



- **Muchas gracias**
- **Merci beacoup!!**
- **Obrigado**
- **Siyabonga!!**
- **Tatenda!!**