SUCCESSES AND CHALLENGES OF MULTI SECTORAL COLLABORATION FOR MALARIA CONTROL AND ELIMINATION EXAMPLES IN CAMBODIA

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Bi-Regional Meeting on Healthy Borders in the Greater Mekong Sub Region
5-7 August 2013, Bangkok, Thailand
Outline

I. Background information
II. Collaboration with inter-ministerial
III. Collaboration with Development Partners (DPs)
IV. Selected Examples of Successful stories
V. Lessons Learnt
VI. On-going Constraints and Challenges
I-Background: Endemic Areas

- Population: 14.3 million
- Permanent resident of malaria endemic areas: 3.3 million
I. Background: Who were victim of malaria?

Currently, malaria specific incidence rate among male adult is around 5 times higher than the rate among adult male, most of them are mobile migrant workers.
Distribution of positive slide by plasmodium species
1993-2013
I. Background: Political commitment for multi-sectoral collaboration in malaria elimination

The National Strategic Plan For Elimination of Cambodia 2011-2025 (NSPEM) was developed with an initiative owned by the Prime Minister of Cambodia (PM). In the plan, the PM states that:

“I would like to suggest that the Ministry of Health and all ministries, institutions, all levels of government authorities as well as all involved organizations among the development partners including national and international organizations and the whole community actively support and participate in the implementation of this National Malaria Strategic Plan with the expectation that it would be resounding success!”
I. Background: Framework and institutional arrangement for multi-sectoral

- Government established Technical Working Group (TWG) for each sector as Monthly Forum for coordination with relevant development partners. The TWG in health (TWGH) is co-chaired by MOH and WHO.
- The TWGH established its Sub-TWG for PPP with CNM as a representative: most recently, the outstanding subjects in its meeting agenda are mainly malaria initiatives.
- The NSPEM indicates that all activities will be attained through collaborative inter-sectoral efforts to benefit from each entity’s strengths.
- The Provincial Task Force for Malaria Elimination (PTME) for each province was established in accordance with NSPEM and within the context of decentralization & de-concentration of power from central ministries to local governor and commune council). PTME is leaded by a representative from the Provincial Governor and supported by a secretariat based at the provincial health department. Other members come from relevant entities including government agencies and civil societies.
II-Examples in Collaboration Inter-Ministerial

- Ministry of Defence: Malaria Prevention and Treatment to military at malaria risk area as specially at the border

- Ministry of Interior:
  - Malaria Prevention and Treatment to police at malaria risk area as specially at the border (Department of health)
  - Collaboration between anti economic crime Police & Drug Inspector to Control Counterfeit & Artemisinin Monotherapies Drugs

- Ministry of Women Affair: Malaria education to women in target risk malaria

- Ministry of Education, Youth and sport (MoYS): School Health Education, ...

- Ministry of Economic and Finance (MoEF): Payment for taxes/duties, Member Cambodia Malaria Containment task force,

- Ministry of Commerce: Member Cambodia Malaria Containment task force

- MOP/NIS: Dissemination data determinant of health
Our explicit open door policies

- Funding arrangements in the health sector “open” for both partners who wish to join pool funding and those not wishing to join pool funding. (MOH Official Letter to DPs, 23 Mar 2007)
- MOH/CNM ownership in terms of policies, strategies, technical protocols, coordination

Building and maintaining trust in Partnership

- Having confidence in one another, that each partner will do what they say they will do, and mean what they say.
- Each partner (Donors, Government…) has their own agendas, cultural values and ethics, but they should find agreed code of conduct and specific partnership rules.
- To sustain and maintain trust and goodwill, it is essential to put in place agreed mechanisms to support accountability, transparency of decision making, information and reporting, audit evaluation and so on.
III-Government and Development Partners (Donors, NGOs...)

- GFATM & B&MGF: Main source of funding since 2003
- WHO: Back-bone in Technical Expertise and Coordination Mediator
- Press/Media: Sensitization of support, mass media campaign
- Malaria Consortium (MC): General BCC, M&E, consultancies
- URC/USAID: CAP Malaria 2011-2016
- FHI360: Community Participation
- CHAI, PATH, USP-US/USAID: Public Private Partnerships
- PSI has worked on social marketing of nets, diagnostics and ACTs since 2002. Currently in process of targeting specifically mobile migrant workers
- AMDA, HPA, PFD: Community Participation
- WMC, BBC Trust: Mass Media for increase awareness about malaria
- AFRIMS, IPC, MORU, NAMRU, NIH, LSHTM: Malaria research
IV. SELECTED SUCCESSFUL STORIES

1. Containment Artemisinine Resistance (B&MGF/WHO)

2. Carrot and Sticks synergy in PPP: Ban of Oral Artemisinin Mono-Therapie & Subsidizing of supplies for malaria activities

3. Community participation: Villages Malaria Workers

4. Working with media agencies, TV/Radio, Journalist

5. Participation in regional collaboration

6. The outcome: Progress towards the MDG2015
1. Containment Artemisinine Resistance

Locations of Artemisinin Resistance Containment Zones

Malaria mortality in Containment Z1 (2008 to 2012)

Source: HIS

- 2008: 28 cases
- 2009: 17 cases
- 2010: 6 cases
- 2011: 4 cases
- 2012: 1 case
Cambodia Malaria Surveys 2004-2010: Prevalence of Malaria-positive Slides

Prevalence of positive blood slides

- Domain 1 (10 containment provinces)
- Domain 2 (10 other at-risk provinces)
2. Carrot and Sticks synergy in PPP

The stick: Ban of oral Artemisinin Mono-Therapie (AMT)

- MOH Official letter on Ban of Artemisinin Mono-Therapies.
- MOH justice police force with uniform dress & basic training. Visits by these have been made during which AMTs were confiscated and destroyed (200 justice police in zone 1).
- GFATM support through AMFm has provided support to the Anti-Economic-Crime Police.
- 418 Police have been trained to identify and investigate counterfeit anti-malarials and enforce ban on oral AMT.
The Stick: Artemisinin Mono-Therapy (AMT) ban in private sector

- Ministry of Interior and CNM staff conducted field visits to key provinces and border check points to discuss proposed action plans and encourage collaboration with local authorities.
- INTERPOL, which played a major role in tracking down producers of fake antimalarials, still collaborates with the police.
- CNM still finds Artemisinine Monotherapie occasionally by mystery clients, a method worth continuing.
- The regulatory agency for drugs and foods, DDF, has the power to revoke licenses; it undertakes extensive inspections, not only for antimalarials.
- Registration cannot be proceeded without CNM advice; and recently, MOH accepted request for registration of Anti-malaria drug by CNM only.
The carrot: PSI Subsidizes ACT/RDT for Private Sector to deliver Public Health Fever diagnosis and malaria case management
With ACT/RDT at subsidized price, Private Providers:

1. Can Test for malaria
2. Can Treat simple malaria
3. Should Refer ChildU5, PW & severe malaria cases
Constant ACT & RDT Supplies Vital!

- 6 mo. stockout + panic buying
- 9 mo. stock out
- Dry year
- 7 mo. stock out
Case management is a package of services not simply a commodity

- Accessible quality drugs & tests
- Responsible providers
- Informed patients
Annual Early Diagnosis & Treatment Training for Private Providers

2012: 1,854 providers + 1,550 graduate nursing students
Market Share of Drugs in the Public and Private Sectors Cambodia, 2009 and 2011

Source: PSI ACTwatch Outlet Survey 2011
Public & Private Approaches working together (PSI)

39% people said they bought their net from the market
38% said they received their net from the Government/NGO [1]

PSI bundled 70% of 1 Million Nets imported into Cambodia annually for 3 years with free net retreatment kits.

VMWs are volunteers that are trained to detect and treat simple malaria cases arising in their village of residence.
VILLAGE MALARIA WORKERS ACTIVITIES

• Directly Observed Treatment (DOT)
• DOTs expansion nationwide needs increase number of VMW from 3000 in 2012 to 8000 in 2015.
Year 2012, VMWs conducted 106,032 RDT tests and 29,039 were positive. Malaria deaths in target VMW villages Zero

Year 2011, VMW conducted 138070 RDT test and 48,750 were positive. Malaria deaths in target VMW villages: 2.

Positive cases decreased by 40% and deaths decreased by 100%

Source: HIS and VMW

- During the past three years i.e. after the Prime Minister launched the National Elimination Strategy 2011-2025, malaria became one of the outstanding news/stories told by TV/Radio and journal.
- Freedom of disclosed of information on malaria intervention also attracted participation of media agencies.
- It was observed that CNM Website is not necessary a best source of news for media agencies as they always want hotline direct interface with program managers.
- Regular updating of malaria to selected journal/TV reporters prior to hotline direct interviews.
- Key messages oftently broadcasted free of charge by TV/Radio and journal are about how many victim? When? When? What MOH did to addressed to problem? And how to prevent infection/death?
- A 24mn TV spot on malaria is being produced by CNC. Production and broadcast are free of charge.
5. Cambodia participation to regional Collaborations

- Cambodia adopted the Declaration of the 7th East Asia Summit on Regional Responses to malaria Control and Addressing Resistance to Antimalarial Medicines (PNH, 20 Nov 2012)

- As part of regional approaches, PMI/USAID/CAP-M project strengthens cross-border collaborations through “Twin-City” along the border areas with the outstanding achievements: regular cross border meeting, joint world malaria day, shared update malaria information, exchange field visits, deploy bi-lingual IEC/BCC materials, and use bi-lingual patient card to reinforce treatment compliance.

- Map health facilities and VMWs/MMWs both sides of the border to ensure/facilitate accessibility of migrant workers.

- Cambodia is regional hub in the WHO’s Framework for the “Emergency Response to Artemisinin Resistance in the GMS”

- It is expect that Cambodia get benefit from the GFATM’s RAI
6. Outcome: Cambodia MDG related with malaria, fast-track reduction of mortality and morbidity during past 3 years in comparing with period 2000-2010

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2000</th>
<th>2010</th>
<th>2011</th>
<th>2012 (Jan-Jun)</th>
<th>2013 (Jan-Jun)</th>
<th>MDG Target 2015</th>
<th>Achieved MDG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria case treated at public health facilities per 1000 inhabitant</td>
<td>11.2</td>
<td>4.3</td>
<td>4.5</td>
<td>2.9</td>
<td>1.7</td>
<td>0.8</td>
<td>4.0</td>
</tr>
<tr>
<td>Malaria Morbidity rate change per year</td>
<td>-6% average per year</td>
<td>5%</td>
<td>-36%</td>
<td>-53%</td>
<td></td>
<td></td>
<td>3 year in advance</td>
</tr>
<tr>
<td>Malaria Mortality rate per 100,000 inhabitant</td>
<td>5.29</td>
<td>1.11</td>
<td>0.67</td>
<td>0.32</td>
<td>0.20</td>
<td>0.03</td>
<td>0.78</td>
</tr>
<tr>
<td>Malaria Mortality Rate change per year</td>
<td>-8% average per year</td>
<td>-39%</td>
<td>-52%</td>
<td>NA</td>
<td>-86%</td>
<td></td>
<td>4 year in advance</td>
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</tbody>
</table>
V-Lessons learned

- Mechanism for regular updating of malaria event/situation attracted participation of media sector (TV/Radio, Journal) in broadcast of correct information on prevention, treatment, and multi-sectoral efforts.
- Rationalized district health system: The health coverage plan with integration of basic services at frontline of public health services.
- Empowering Community can help expand service coverage at an acceptable quality (VMWs)
- Motivation of health workers in public and community
- Concrete synergy of the combined “carrot and sticks” approaches in Public Private Partnerships
- Building and maintaining “trust” may minimize procedures that may “kill project objectives”
- Constant ACT & RDT Supplies is Vital but simply commodity alone is not enough to support a package of services in case management
We expect that this meeting help us to explore approaches to overcome the following Constraint/Challenge:

- Technical issues on identification and tracking movement of migrants and mobile workers seeking employment in endemic areas in or outside Cambodia are difficult.

- Cambodia Pf ability in adaptation to any new anti-malaria drug since 1950s: Chloroquine, Sulfadoxine-Pyrimethamine, Arteminsinine.

- Proportion of Pv in being increased while prevalence of G6PD in Cambodia has been maintaining at around 22% since 1960s including severe deficiency prevalence recently estimated at around 8.2%.

- Difficulty in maintaining the quality of health services to be delivered by VMWs when there is less and less malaria patient in each villages.

- Limited ability in interface with media (TV/Radio, Journal...
Thanks for your attention