

The role of community health workers in malaria elimination and artemisinin resistance response

Relevance to APLMA AQMTF

THEME 1: Ensuring the use of best-practice evidence-based therapies, consistent with international standards, and halting the use of oral mono-therapies and medicines that do not meet international standards

THEME 3: Enhancing access to and affordability of quality medicines, diagnostics and other malaria control products, including options for increasing production, improving quality of manufacturing, possible incentives for private sector producers and/or improving distribution where appropriate

What's happening?

Programmes increasingly depend on community health workers (CHWs) to play a pivotal role in the Asia region's response to growing artemisinin resistance, but also in support of malaria elimination efforts in general.

CHWs are variously trained to reach out to vulnerable and hard to reach at-risk groups, particularly mobile and migrant populations, encouraging appropriate health seeking behaviour and the avoidance of monotherapies, and providing peer education on mosquito protection indoors and out.

In addition, they are frequently involved in managing diagnosis and treatment of malaria cases at the community level, including remote areas and providing inputs into surveillance and case investigation systems.

CHW performance and motivation are key for the success of malaria control efforts and sustainable systems to support them are essential.

Key issues in engaging CHWs in resistance response and elimination

CHWs offer a number of unique elements to the elimination process, including providing flexibility in deployment, extending national capacity, taking on new roles as strategies emerge, and helping to keep the costs affordable.

Given our dependence on CHWs, we need to consider:

- How to enhance their performance and motivation (look at incentives and recognition)
- How to make sure the supporting health system is not neglected



An FHI360 trained MMW participates in a joint cross border screening project and receives training (above). Photo: Malaria Consortium



Village malaria workers meeting in Pailin, Cambodia. Photo: Malaria Consortium

Village malaria workers (VMWs) in Cambodia

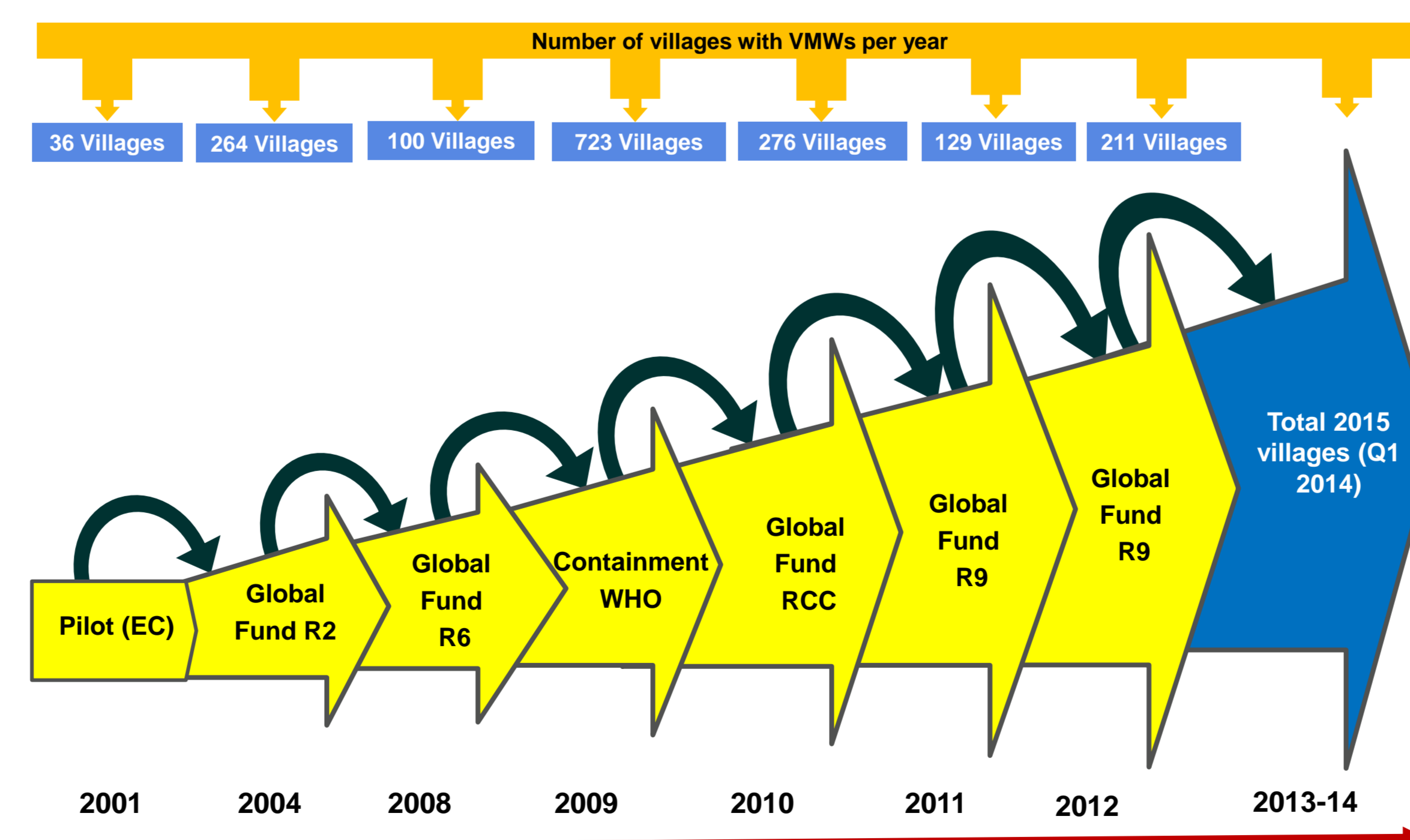
VMWs in Cambodia were created in response to the need to tackle malaria in hard to reach villages, mainly forests in the north-east of the country. The first VMW project was piloted in 2001 through a European Commission funded pilot with the National Malaria Centre, where they provide early diagnosis and treatment of malaria patients.

In 2009, under the artemisinin resistance containment/elimination strategy, the VMW programme was expanded through the support of other donor-funded projects to include lower transmission villages in the

north-west of Cambodia. Since then, the use of VMWs has been steadily scaled up to cover about 1,600 villages across 17 provinces, reaching one million at risk people.

Now, with the growth of artemisinin resistance, their role has been augmented with the introduction of Mobile Malaria Workers to provide support to mobile populations, where resistance has been most prevalent.

If we are to maintain their motivation and good performance levels, it is essential that we ensure that they are not overstretched and that the systems to ensure they remain well supported are not wholly dependent on donor funding.



Source: National Malaria Center, Ministry of Health, Cambodia

Managing drug resistance among mobile populations Village malaria workers on the Thai-Cambodian border

Drug resistance has the potential to greatly complicate efforts to fight malaria in endemic regions if it is allowed to spread. Experts fear that mobile and migrant workers are more at risk of spreading the resistant parasite to other regions because of their itinerant lifestyle.

The location of a border checkpoint for malaria testing between Cambodia and Thailand has been strategically chosen to help contain the spread of this parasite resistance to artemisinin. Five days a week, workers who pass through the checkpoint are tested and immediately treated if found to have the parasite in their blood.

Projects like this one are not only important for identifying and mapping cases, but also providing treatment and – importantly – information about malaria for at-risk mobile populations.

“People who are mobile and migrant don’t have information about where they can access health services and this is a big challenge for them,” said Cheu Long, a village malaria worker, who works at the checkpoint. “At first it was not easy, because people crossing the border here did not really understand why we wanted to test them. We had to explain more about our work and why we are here and what we are trying to achieve and why it is important to test people crossing the border.”

“These people are really hard for us to reach,” said Malaria Consortium’s Sophal Uth, manager of the project. “Sometimes they just get one or two doses of malaria treatment and then they go away – they move to another place. This is our big concern, and right now we want to contain all the resistant parasites.”



Cheu Long encourages workers using the Thai-Cambodia border crossing to undergo malaria testing. Photo: Malaria Consortium

Options for AQMTF Action

- An evaluation of CHWs in Cambodia conducted in 2012 showed that their overall good performance was reinforced by a sense of satisfaction in their contribution to malaria control and their support for their community. AQMTF could get involved by encouraging governments to develop sustainable approaches to maintain motivation.
- Many community health worker programmes are highly donor-dependent. Advocacy would be useful within governments for policies to commit to supporting them (commodities, training, supervision) as part of health strategies.

Further information and sources

Developing a suitable algorithm for identifying asymptomatic malaria at border points (Presentation)
www.malariaconsortium.org/resources/publications/316/