

TOWARDS ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS

GOAL 6 COMBAT TB, HIV/AIDS, MALARIA AND OTHER DISEASES

MALARIA CONTROL PROGRAMME



TARGET: Halt and begin to reverse, by 2015, the incidence of malaria and other major diseases.

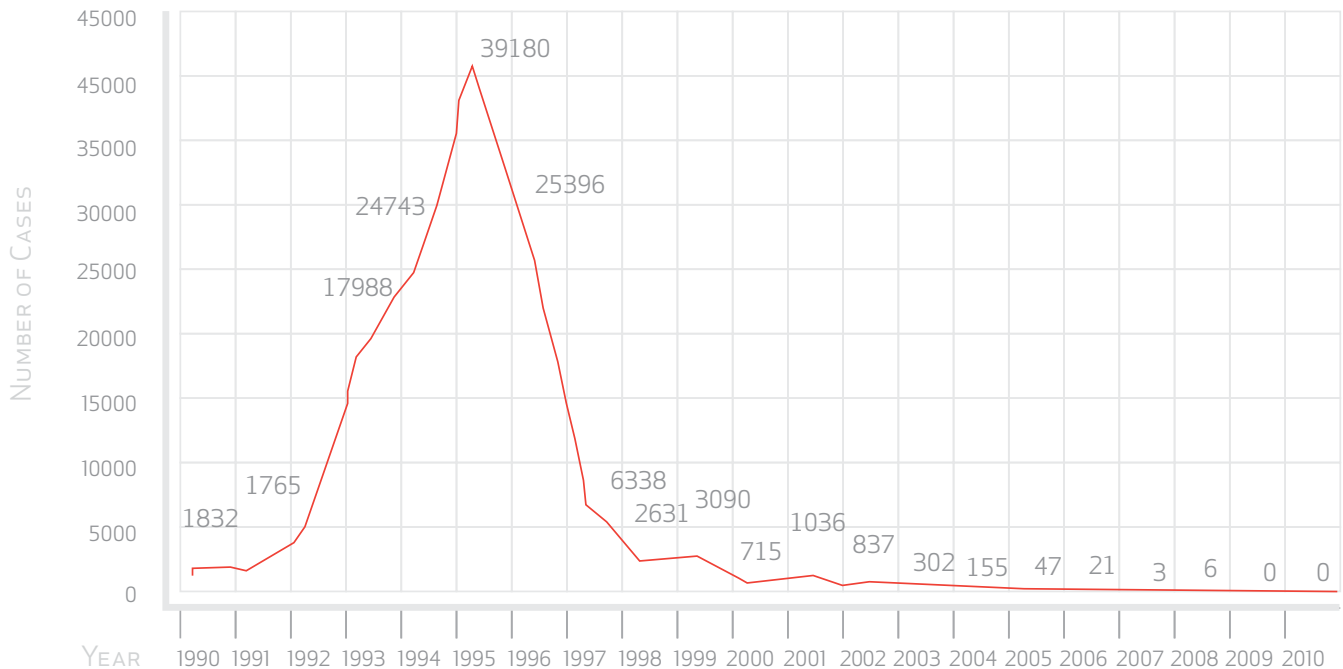
OBJECTIVE: Maintain elimination of Malaria.

SITUATION IN IRAQ

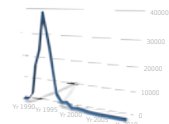
IRAQ IS FREE OF MALARIA

Eliminating malaria means stamping out endemic cases, or those due to local mosquito-borne transmission, and maintaining this situation for at least three consecutive years.

Reported Malaria Cases in Iraq 1990 - 2010



Year	Cases
1990	1832
1995	39180
2000	715
2005	47
2010	0



OBJECTIVES OF MALARIA CONTROL

To maintain the current malaria-free status of Iraq and prevent reintroduction by travelers who are infected with malaria.

- Early diagnosis and treatment (ensure availability of Anti-malaria drugs).
- Strengthening malaria surveillance.

CHALLENGES AND GAPS

- Instability of political and security situation which might affect the timely implementation of malaria prevention activities.
- Securing sustainable funding to ensure full implementation of all Malaria strategy components.
- Ensuring community acceptance of the spraying and fogging campaigns.
- Addressing the environment impact resulting from the use of insecticides.
- Availability of anti-malaria drugs in private sector.
- Increasing the involvement of private sector in reporting malaria suspected cases.

STRATEGIC DIRECTION

- Prompt and reliable diagnosis and effective treatment of all malaria cases.
- Application of effective prevention measures in the framework of integrated vector management.
- Strengthening malaria elimination programme including human resource development, malaria surveillance systems, monitoring and evaluation.



MALARIA AND DRUG RESISTANCE

Malaria remains an important public health concern in countries where transmission occurs regularly, as well as in areas where transmission has been largely controlled or eliminated.

Malaria is a complex disease that varies widely in epidemiology and clinical manifestation. This variability is the result of factors such as the species of malaria parasites that occur in a given area, their susceptibility to commonly used or available antimalarial drugs, the distribution and efficiency of mosquito vectors, climate and other environmental conditions and the behaviour and level of acquired immunity of the exposed human populations.

Antimalarial drug resistance has emerged as one of the greatest challenges facing malaria control today. Drug resistance has been implicated in the spread of malaria to new areas and re-emergence of malaria in areas where the disease had been eradicated. Drug resistance has also played a significant role in the occurrence and severity of epidemics in some parts of the world. Population movement has introduced resistant parasites to areas previously free of drug resistance. The economics of developing new pharmaceuticals for tropical diseases, including malaria, are such that there is a great disparity between the public health importance of the disease and the amount of resources invested in developing new cures.

WORLD HEALTH DAY 2011



WHO has selected combating antimicrobial resistance as the theme for World Health Day 2011. On this day, WHO issues an international call for concerted action to halt the spread of antimicrobial resistance and recommends a six-point policy package for governments.

WHO calls on all key stakeholders, including policy-makers and planners, the public and patients, practitioners and prescribers, pharmacists and dispensers, and the pharmaceutical industry, to act and take responsibility for combating antimicrobial resistance.

MUCH PROGRESS HAS BEEN MADE. *The Government of Iraq and development partners can take pride in these achievements. However, more efforts and investment are necessary to make further progress by 2015 to achieve all the health-related MDGs.*