

**First Border Meeting
Afghanistan, Iran and Pakistan
Chabahar, IR Iran
20-22 July 2003**

{ TOC \o "1-3" \h \z }

Recommendations

Recommendations and action plan to be followed (see Annex).
Specifically for WHO:

For WHO EMRO:

- ~~///~~ To provide the most recent electronic version of the antimalarial drug treatment protocol and data collection software to Afghanistan, Iran and Pakistan
- ~~///~~ To explore possibility of supporting a sub-regional submission to GFATM round four for cross-border malaria control, jointly submitted by Afghanistan, Iran and Pakistan.

For WHO Afghanistan:

- ~~///~~ To facilitate Dr Nangaily to identify appropriate pilot site for larviciding with BTi in Jalalabad, in collaboration with partners including HNI, as well as identify technicians to be trained in sample collection and supervisor to be responsible for pilot project. The pilot project should commence before the 2004 transmission season, and preparatory work should begin immediately.
- ~~///~~ To facilitate the establishment and coordination of electronic network for routine quarterly data exchange and outbreak alerts between Afghanistan Iran and Pakistan. WHO Afghanistan to coordinate the network. July-September quarter for all three countries to be shared by October
- ~~///~~ To support the establishment of sentinel sites for the monitoring of insecticide resistance in Jalalabad +/- Taloqan. WHO Afghanistan should liaise with Dr Raiesi Iran MOH to explore the possibility of one or two representatives from Afghanistan participating in the next short course on insecticide monitoring in Iran (scheduled for the coming months). This is a high level course and this recommendation should only be pursued if qualified participants can be identified who will be engaged in conducting and supervising insecticide resistance monitoring – consideration should be given to a suitably qualified HNI representative, and the IVM manager Kabul, if appropriate. Identification of suitable people should commence immediately.
- ~~///~~ To support attendance of relevant participants in the September cross border implementation planning meeting, including Dr Nangaily Malaria Director Nangahar, and Malaria Director of Kunar.
- ~~///~~ To support attendance of relevant participants in the January cross-border information exchange, policy and planning meeting including Dr Asha, director IMPD, and representatives of HNI
- ~~///~~ To ensure that representatives from Pakistan and Iran NMCPs are invited to strategic planning workshop for ITN and draft of strategic plan shared with NMCPs of Pakistan and Iran.
- ~~///~~ To ensure sharing of new treatment protocol with Iran and Pak once finalized.

For WHO EMRO, Afghanistan, Iran and Pakistan, to jointly explore the

- ✍ Possibility of developing guidelines jointly with the host MOHs and UNHCR for malaria education, prevention/screening at transit camps and border posts for registered refugees and returnees.
- ✍ Possibilities for support to procurement of adequate quantities of quality control efficacious antimalarial drugs (for example support to seeking funding, proposal development for example GFATM, advocacy with donors, and for a global antimalarial drug facility)

**FIRST BORDER MEETING
CHABAHAR IRAN 20-22 JULY 2003**

DRAFT ACTION PLAN FOR BORDER AREA MALARIA CONTROL

Locations

Malaria endemic border area	Country	Province	District / Agency	Population	API/1000 2002
BORDER AREA A: Iran Baluchestan and Pakistan Baluchistan	Iran	Baluchestan	Chabahar Sarbaz Sarawan	521,000	9.6
	Pakistan	Baluchistan	Gawadar Kech Panjgur Kharan Chaji	1,219,242	13.4
BORDER AREA B: Northwest Pakistan and Eastern Afghanistan	Afghanistan	Nangahar	Nazian Gushta Shinwar Hesarack Coat Achin	1,505,138	47
		Kunar	Asmar	73,568	
		Paktia	Khost	173,120	?
	Pakistan	FATA	Mahmand Bajur Khyber Kurram North Waziristan South Waziristan	3,500,000	4.2

DRAFT PLAN of ACTION**A. Vector control**

Activity	Border area	Country	Current situation	Coordination plan	Timeline	Key responsible
IRS	A	IRAN	Deltamethrin March and August	Possibility for IRAN to support PAK in spraying on Pakistan side of the border for two cycles per year.	September 2003 ministerial decision for spraying	MOH IRAN, PAK
		PAK	Targeted deltamethrin May/June			
	B	AFG	No			
Sentinel sites	B	PAK	Targeted deltamethrin May/June	Information exchange, standard protocol use, through network of sentinel sites for the monitoring of insecticide resistance	Review progress Jan 2004	NMCPs, research institutes
		AFG	To be established			
		IRAN	Under establishment			
ITN		PAK	To be established			
	A	IRAN	Possible		Review progress Jan 2004	NMCPs
Larviciding BTI	A	PAK	3 areas planned	PAK to attend strategic planning workshop for ITNs in AFG. Take steps to harmonize pricing strategies. Exploration of harmonization of ITN programming between IRAN and PAK to be initiated.	Jan 2004 preliminary design	NMCP IRAN
	B	AFG	Yes			
	B	PAK	Kurrum planned			
	A/B	AFG	No			
			IRAN	No	BTI trial sites in three countries	
		PAK	No	Iran to write trial protocol and provide refresher training for insect collectors and technicians		

B. Early diagnosis and prompt treatment

Activity	Country	Current situation	Coordination plan	Timeline	Key responsible
Data collection	AFG	Monthly routine suspected malaria cases, Total Slides Examined (TSE), by species, age group, sex.			
	IRAN	Monthly routine confirmed malaria cases by species, age, sex, nationality (not residency)			
	PAK	Monthly routine suspected malaria cases, TSE, by species, age group, sex	Registration of patients by nationality to be added (Pak)	Review progress Jan 2004	PAK NMCP
Treatment protocol for uncomplicated falciparum malaria	AFG	1st: CQ 2nd: SP (under review)	Take steps towards harmonization of treatment protocols in border areas in light of efficacy data	Review progress Jan 2004	NMCPs
	PAK	1st: CQ+PQ1 2nd: SP			
	IRAN	1st: CQ+PQ1 2nd: SP+Q3			
Expansion of diagnostic services	AFG	0.4 microscopes/10000 population (border area)	Expansion of diagnostic services in border areas to meet treatment needs	Review progress Jan 2004	NMCPs
	IRAN	1.9			
	PAK	0.1			

Technical support	IRAN	Afghan and Pakistani participants to attend malaria planning and management course in Bander Abbas in 2003	Training and study tours	Review plan September 2003	NMCPs
	PAK	Afghan and Iranian trainees from to attend Aga Khan epidemiology course in 2003			
Sentinel sites	AFG	Under establishment Jalalabad, Taloqan, Bagdhis	Forum for exchange of information on antimalarial drug efficacy	Present data Jan 2004	NMCPs/WHO
	IRAN	Established Sarbaz, Chabahar (border area) and Kahnouj, Bandar Abbas, Minab			
	PAK	Established Zhob, Kurrum (border areas). Kech to be established			
Standard efficacy study protocol		Most recent data, CQ failure day 28	Use of most recent WHO protocol for low-moderate transmission areas, inclusion criteria to include 'residence near to study site' to ensure ability to attend for follow-up	By Sept 2003	WHO EMRO to share latest protocol for verification that this is the one used by NMCPs
	AFG	>80%			
	IRAN	approx 77%			
	PAK	approx 70%			

C. Malaria data / information exchange and reporting of inter-border outbreaks

Activity	Country	Current situation	Coordination plan	Timeline	Key responsible
Early detection of outbreaks	PAK	Weekly data and epidemic thresholds – not yet established in border areas	Make efforts to implement weekly collection in border areas: for Pakistan NMCP, NIH, in collaboration with WHO should make efforts to prioritise implementation of DEWS methodology in the border areas; for Afghanistan, implementation of Weekly Watch system. Data exchange between PAK, IRA, AFG: Sharing of unusual increases in cases Sharing routine 3 monthly data	Review progress January 2004	PAK NMCP/NIH/WHO, AFG HMIS
	IRAN	Telephone daily reporting system of every case in border areas		To commence immediately, at least one exchange by Sept 2003	WHO AFG/IRAN/PAK
	AFG	Plan for weekly data collection and alerts if any unusual increase		October 2003	WHO AFG/IRAN/PAK
Early warning of malaria outbreaks	AFG	For future	Alerts to be transmitted through data exchange network	Review progress Jan 2004	NMCPs
	IRAN	Draft phase			
	PAK	Draft phase			
Baseline data sharing	AFG	Last 10 years available	Sharing of data between three NMCPs	By September 2003	NMCPs
	IRAN	Last 10 years available			
	PAK	Last 10 years available			

D. Coordination mechanisms

Local border area level

Close collaboration between

~~///~~ Area A IRAN Pishin Dr Sheikhzadeh Zahedan University – PAK Kech Dr Salim Ahmad EDO Health Kech

~~///~~ Area B AFG Jalalabad Dr Nangialy Malaria Director Jalalabad– PAK Kurrum Dr Asghar Jan Agency Surgeon
Kurrum

For

~~///~~ For review of current vector control activities

~~///~~ Action planning including monitoring and evaluation

MEET September 15 2003 Quetta

National level

Institutional linkages between

~~///~~ Pakistan: the former NIMRT Lahore, Rana M Saleem, Ghazala Nadeem

~~///~~ Iran: DCD of MOH Tehran, Dr Gouya

~~///~~ Afghanistan: Institute of Malaria and Parasitic Diseases Kabul, Dr Nangial Saddat

For

~~///~~ Information exchange

~~///~~ Sharing of materials

~~///~~ Promotion of public-private partnership

~~///~~ Promotion of integrated vector management

~~///~~ Network of sentinel sites for monitoring of insecticide resistance and antimalarial drug efficacy

~~///~~ Strategic planning

~~///~~ Harmonizing of policy elements

MEET January 22 2004 Peshawar

Data exchange network

Linkages between

?? Dr Nadine WHO AFG (coordinator);

?? Dr Faizullah Kakar WHO Pak;

?? Dr Mafi WHO IRAN

For

?? Routine 3 monthly data collection

?? Transmission of epidemic alerts

FIRST EXCHANGE BY October 31 2003

RECOMMENDATIONS

1. That the governments and the National Malaria Control Programmes (NMCPs) of Afghanistan, Iran and Pakistan should actively coordinate malaria control in border areas.
2. That the NMCPs should establish mechanisms for exchange of technical support, data, information for planning, implementing, monitoring and evaluating effective evidence-based vector management, early case detection, and prompt treatment, including
 - a. A national policy and planning coordination mechanism, with next meeting scheduled for Peshawar late January 2004
 - b. Establishment of an electronic exchange network, for the exchange of routine surveillance data and epidemic alerts in bordering districts
 - c. Establishment of a network of sentinel sites for the monitoring of antimalarial drug efficacy
 - d. Establishment of a network of sentinel sites for the monitoring of insecticide resistance
 - e. Invitation of country representatives to strategic planning meetings and sharing of draft documents with neighbouring countries for example forthcoming ITN strategic planning process for Afghanistan.
 - f. A local border area coordination mechanism, with next meeting scheduled for Quetta mid-September 2003 for vector control planning and data exchange
 - g. A submission of a regional joint proposal to the fourth round of the Global Fund for AIDS TB and Malaria (GFATM) for strengthening malaria control activities in the border-area
3. That WHO should provide strengthened technical assistance for information exchange, strategic and implementation planning in line with the global Roll Back Malaria strategy for evidence-based malaria control, including
 - a. Facilitation of cross-border field visits for outbreak investigation, programme monitoring and evaluation
 - b. Identification of standard indicators for cross-border monitoring and evaluation of malaria activities
 - c. Coordination of a network of sentinel sites for the monitoring of antimalarial drug efficacy
 - d. Coordination of a network of sentinel sites for the monitoring of insecticide resistance
 - e. Coordination of an electronic exchange network for the exchange of routine surveillance data and epidemic alerts
 - f. Support to regional planning and implementation meetings
 - g. Active support to the NMCPs and partners for submission of a regional joint proposal to the fourth round of the GFATM

4. That WHO should facilitate the procurement and provision of sufficient quantity of quality controlled efficacious antimalarial drugs to NMCPs for all three countries
5. That WHO should explore the possibility of supporting the NMCPs and UNHCR to develop guidelines to exploit opportunities for intervention at transit camps among registered refugees and returnees including:
 - a. Low to high transmission areas: health education and/or ITN promotion and distribution
 - b. High to low transmission areas: health education, screening, and radical vivax treatment
6. That NMCPs in collaboration with WHO and research institutes should undertake operational research in border areas and share results, for example
 - a. ITN distribution to achieve high coverage in targeted areas
 - b. BTi interventions
 - c. Molecular markers of parasite resistance

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