

# Strategy 8: Disease Prevention and Control

Focus on Priority Communicable Diseases  
(AIDS, Tuberculosis and Malaria [ATM])

Presented at the 11th AJHSR 2010

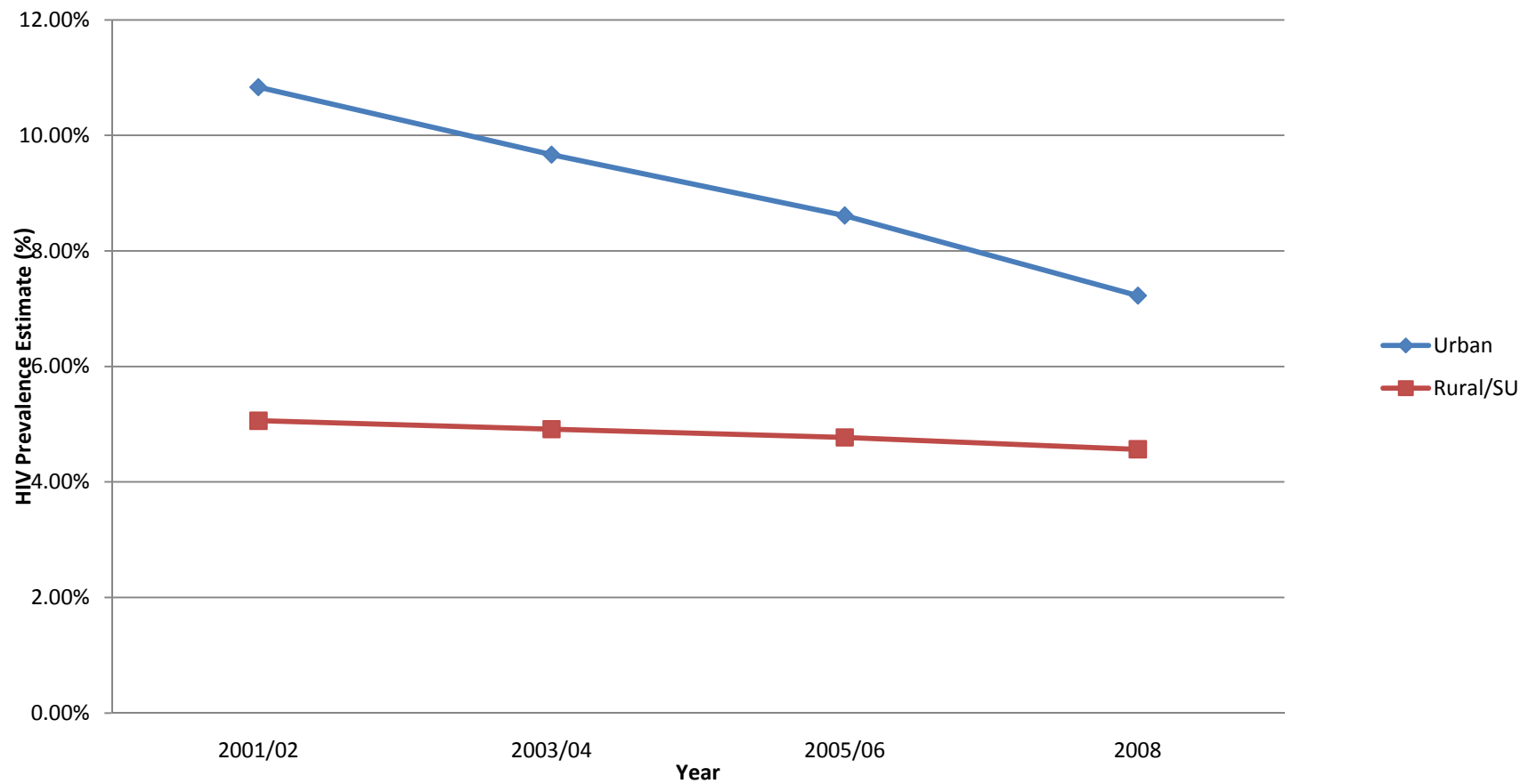
# Presentation outline (ATM)

- Progress to Date
  - Malaria
  - HIV/AIDS
  - TB
- Implementation Challenges
  - Common to all diseases
  - Malaria
  - HIV/AIDS
  - TB
- Future Plans

# Progress to Date

- Significant increase in service coverage in all priority diseases
  - Coverage, Access, Equity
- Stabilization and/or decline of disease prevalence. e.g.
  - Malaria prevalence declined from over 40% in 2005 to about 18% in 2008
  - HIV prevalence declined from 7% in 2004 to 5.7% in 2008

# HIV prevalence trends among ANC clients in urban and rural or semi-urban areas



# Malaria

- Coverage of insecticide treated nets (ITNs) has tremendously increased at household level and for vulnerable groups (children and pregnant women)
- Indoor Residual Spraying (IRS) is targeted to high malaria burden regions
- Access to affordable artemisinin combination therapy (ACT) previously limited to public health sector (including FBOs) is being rolled out to private sector through the Affordable Medicine Facility-malaria (AMFm)

# HIV/AIDS

- 68% of all estimated HIV pregnant women received prophylaxis for PMTCT (58,833/86,000)
- Condom use on increase.
  - use of condom at last higher risk sexual inter course in 15-49 yrs age group increased from 42% for women and 47% for men in 2003/4 to 46% for women and 49% for men in 2007/8
- Provider initiated counselling and testing now routine in all hospitals.
- Number of people who have ever taken the HIV test increased from 2 million in 2005 to 11.7 million in May 2010

# HIV/AIDS

- STI coverage has increased with remarkable decline in prevalence of syphilis in ANC attendees:
  - 2000-8.2%
  - 2004-7.3%
  - 2005-6.9%
  - 2008- 4.2%
- By May 2010, a total of 664,115 PLHIV were enrolled on care and treatment with 341,667 on ART (Target 440,000 on ART by Dec 2010)

# TB

- DOTS coverage maintained 100% since 1986.
- TB Case detection has increased from 51% in 2006 to 71% in 2008
- Treatment success increased from 84.6% in 2006 to over 88% in 2008
- Uninterrupted availability of TB medicines and supplies
- Increased number of TB diagnostics centres from 508 in 2004 to 720 in 2009



# Implementation Challenges

## Common to all Diseases

- **Inadequate skilled Human resource to manage disease interventions which are all skill intensive**
- **Inadequate Infrastructure (health facilities)**
- **Inadequate logistic system for health commodities, supplies and medicines**
- **Inadequate financial resources-most disease control interventions are resource intensive**

# Implementation Challenges

## Common to all Diseases

- **Poor HMIS to track the utilization of Disease Control services –**
  - most grants for AIDS, TB and Malaria are performance based, difficult to show results
- Insufficient implementation of Advocacy Communication and Social Mobilization (ACSM).
- Health system issues affect quality of health services

# Implementation Challenges-HIV/AIDS

- **Stigma among HCW and Community**
- **Inadequate linkage with Community Home Based Care**

# Implementation Challenges-TB

- Not all health facilities are providing TB services
- Weak routine surveillance system for drug resistant TB
- Weak implementation of the TB laboratory external quality assurance (EQA) and inadequate laboratory network
- Lack of new diagnostic technologies (rapid and point-of-care) especially for TB patients infected with HIV/AIDS and children

# Future Plans

- Roll out and expansion of services towards universal coverage
- Improve quality of health services – Quality Improvement Programs
- Resource mobilization with a focus on sustainable financing options
- Introduce rapid and point-of-care diagnostic facilities for all priority diseases

# Future Plans

- Ensure value for money in all disease control interventions in order to do more for less
- Use of task shifting to alleviate HRH shortages
- **Introduction or scale up of new evidence based interventions**  
e.g.
  - Male Circumcision,
  - Prevention with positives
  - 3Is (Intensified TB case finding, Infection control and Isoniazid Preventive Therapy)
  - MDR-TB treatment
  - IRS
- TB prevalence survey – 2010/12



Thanks for your attention