

**Dr Ahmad Raeisi****Associate Professor of Epidemiology,  
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Net countries**

History of Cross border Collaboration the First C.B Meeting in Chabahar, IR Iran held in

July 2003. Since 2008, every year the Annual Meeting of Malaria Programme Managers from PIAM Net countries is held jointly with the HANMAT countries

(Djibouti, Ethiopia, Somalia, Sudan) Reported confirmed cases 225585, Clinical malaria cases 4.5 million in 2014. Capacity building: IVM- the 2014 Sub-Regional training Course for Pakistan and Afghanistan

organized in Islamabad by WHO. The participation of country programmes in Malaria Programmatic Reviews 2013 MPRs of Afghanistan and Pakistan is the example of cross border collaboration when the 3 countries joined the review teams.

Research: Three country projects for determination of molecular epidemiology of vivax malaria Political instability in the region -deteriorating security situation in bordering areas due to war on insurgency and ethnic differences. In 2014, total 295,050

Malaria cases were reported in (83,920 Confirmed, 211,130 Clinical) Capacity building:

Progress in bordering collaborations between I.R. Iran, Pakistan and Afghanistan since 2009. More than 40 malaria officer/manager attended on International Diploma Course on Malaria Program Planning and Management in Bandar Abbas, IR Iran. Entomology training in Kabul by Prof. Enayati from IR Iran in 2015. Participation of malaria experts from IR of Iran and Pakistan in MPR in Afghanistan in 2013. The

entomology training and PCR testing of collected mosquitos in IR Iran. Dramatic reduction of malaria morbidity in recent five years. Total reported cases in 2015 was 738, of which 147 autochthonous. All reported cases are lab confirmed with at least one positive slides/RDT; Implementation of VC measures based on foci classification; IRS is more focused and limited to the areas which as new/residual active and potential foci; 300 Participants from 26 countries attended on International course on Malaria Program Planning and Management in Bandar Abbas. Security is a challenge and sometime affects timely and proper implementation of the interventions High burden of malaria in bordering provinces in south – east closed to the neighboring borders. Uncontrolled cross border movement Dislocation of people in bordering areas Difficulties in health service delivery at bordering areas Lack of communication and exchange of information Poor knowledge of malaria among the communities Unavailability of financial support to focus on elimination in the targeted bordering areas. Resource constraints; dependency on donor support.