

MALARIA

The 2017 Year in Review

Systems for Health’s malaria programming focuses on prevention (malaria in pregnancy) and treatment (case management) in support of the National Malaria Control Program’s (NMCP) goal of reducing malaria morbidity and mortality by 75% by the year 2020 (using 2012 as the baseline).

Through trainings, supportive supervision visits, and other on-the-job coaching visits, Systems for Health builds health workers’ capacity to provide quality services. An important component of malaria prevention and treatment is access to supplies such as rapid diagnostic tests (RDTs) and artemisinin-based combination therapies (ACTs). Therefore, Systems for Health incorporates guidance on supply chain management into project activities.

Shared learning sessions also offer a platform for facilities to discuss challenges and successes and to learn quality improvement (QI) methods for implementing changes and measuring results.

KEY INTERVENTIONS

- Malaria case management, malaria in pregnancy and RDT training
- Supportive supervision and post-training follow up
- Internships for fever case management
- Talking points health workers can use to discuss long-lasting insecticidal nets (LLINs), intermittent preventive treatment in pregnancy (IPTp), and “test, treat and track” (T3)
- Shared learning among high-burden facilities
- QI coaching

KEY RESULTS

Inpatient case fatality

Inpatient fatality rates decreased significantly between October 2014 and September 2017 across the 5 regions of Ghana in which Systems for Health operates. Malaria inpatient case fatality rates reduced among all ages, including among children under the age of 5 (Figure 1). The under-5 rate dropped to 0.23% in April–September 2017, which was a 63% decrease and well below the national target of 0.48%. The overall rate declined by 68% to 0.19%.

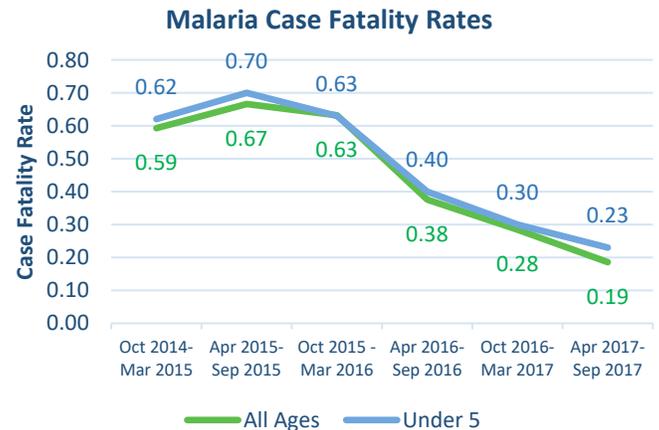


Figure 1. The rate of malaria inpatient case fatalities over time, in the 5 regions of Ghana in which Systems for Health operates. (Source: DHIMS2)

Malaria testing and treatment practices

Across the project’s 5 focus regions, the proportion of suspected malaria cases at outpatient departments tested to confirm the malaria diagnosis, increased from 60% in 2014 to 88% by the end of 2017 (Figure 2). The NMCP’s target for testing malaria cases in 2017 was 80%.

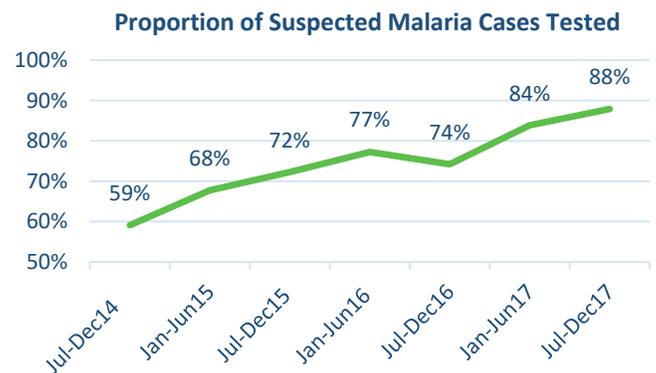


Figure 2. The proportion of suspected OPD malaria cases that were tested, an average among the 5 regions in which Systems for Health operates. Average suspected cases per 6 months = 2,335,546 (source: DHIMS2)

During supportive supervision visits, supervisors sampled records and found that 15% of suspected cases were treated for malaria even though they had a negative or missing test result. (Figure 3). Systems for Health is working with the GHS to improve the quality of the data as well as providers' compliance with testing and treatment guidelines, which call for treating only patients that test positive for malaria.

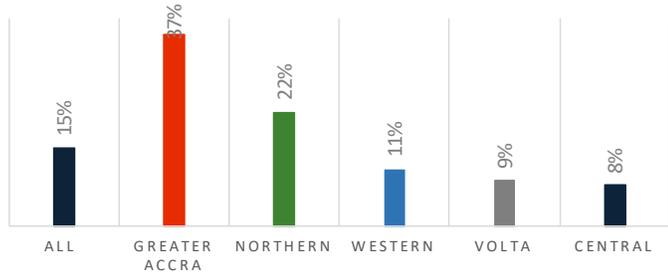


Figure 2. The percentage of patients with negative or missing test results who were treated for malaria, by region and out of 16,560 tests reviewed during supportive supervision visits.

Malaria Talking Points

Systems for Health and NMCP developed and distributed talking points on (1) IPTp; (2) Test, Treat and Track (T3), a case management approach that involves confirming malaria through testing before treating; and (3) the distribution of LLINs, which are bed nets to protect pregnant women and young children from malaria while they sleep. These talking points serve as tools for educating clients, and are also reference materials to



Figure 3. Malaria in Pregnancy talking points.

improve providers' counseling skills. To support frontline health workers in implementing these key malaria prevention and treatment strategies, the project supported on-site trainings for 4,643 providers working at the health center and Community-based Health Planning and Services (CHPS) levels.

Shared Learning in Western Region: QI in practice

In Western region, providers from the 4 hospitals with the highest under-five malaria case fatality rates worked together to develop ideas to reduce malaria deaths. The hospital teams spent 3 months testing their changes, which included:

- Setting up a triage system for critically ill under-5 clients.
- Using RDTs at the outpatient department, casualty ward, emergency ward, and consulting rooms as a first-line diagnostic tool to reduce treatment initiation time.
- Periodically reviewing under-5 deaths to identify causes/processes of care associated with the deaths.
- Monitoring how well facilities adhered to malaria protocols, and working with staff to improve malaria case management.

After 3 months, the teams met again to share progress. In 2016, the under-5 malaria case fatality rate at the 4 hospitals was 0.85. In 2017, that dropped by 30%, to 0.59. The number of malaria-related deaths in children under 5 also dropped by 37%, from 29 (2016) to 18 (2017). The team's work is ongoing in 2018, as they move closer to the attainable goal of zero under-five malaria deaths.

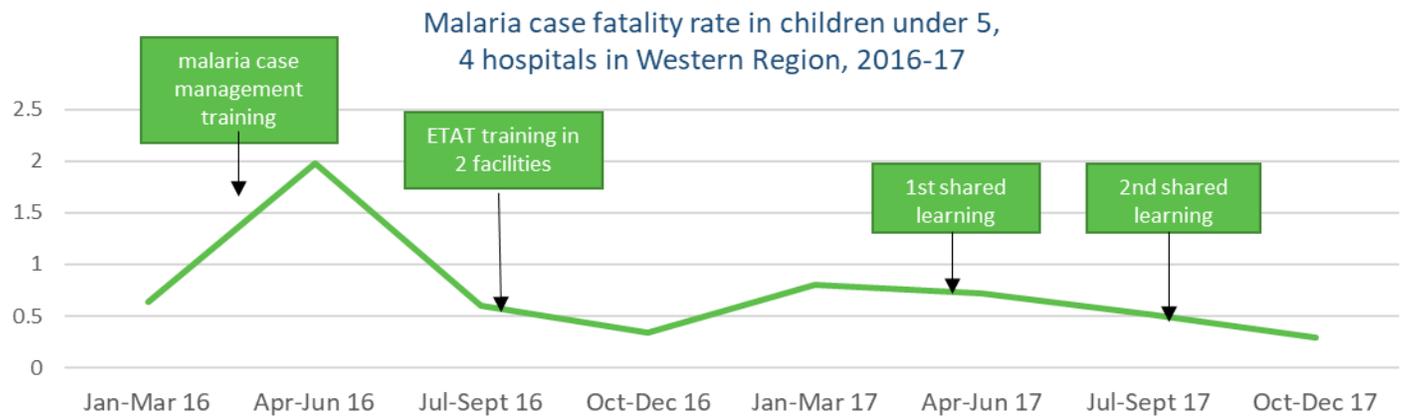


Figure 5. Under –5 malaria case fatality rate for 4 high burden hospitals in Western region. (Source: DHIMS2) Total under-5 malaria admissions: Jan-Dec 2016:3433; Jan-Dec 2017: 3031