MALARIA

The 2018 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

- On-site follow-up coaching for health workers trained in malaria case management, malaria in pregnancy and RDT
- 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

Shared Learning

Malaria shared learning sessions are designed to improve prevention (IPTp3) and treatment of malaria in targeted low-performing facilities or districts. See Table 1 for specific aims and activities.

Shared learning aimed at increasing IPTp3 coverage launched in June 2018 in 14 districts. The results so far are encouraging, with a 55% increase in the number of IPTp3+ doses given between July and September 2018 compared to the same period in 2017. With many activities already underway, gains should continue.

Table 1 Malaria shared learning aims and activities

Improvement Aims	Examples of Activities/Changes
Increase IPTp3+ coverage	▪ Weekly outreach to pregnant women ▪ Home visits to reach defaulters ▪ On-the-job training on commodity management ▪ Client-centered counseling
Improve severe malaria case management for under-5s	▪ Audits of all under-5 deaths ▪ Refresher trainings on case management protocols
Decrease average time for initiation of malaria treatment for under-5s	▪ RDT use at emergency wards ▪ Staff training on triage ▪ Triage corners at outpatient departments (OPDs) ▪ Nurses empowered to initiate treatment while waiting for a doctor or senior clinician

In 11 high-malaria-burden hospitals in the Northern Region, significant improvements have been made in managing severe under-5 malaria cases. A review of folders showed that from pre-shared learning (Jan.–Apr. 2017) to post-shared learning (May 2017–Aug. 2018), the average time to initiate malaria treatment decreased by 62%, from 96 minutes to 36 minutes. Over the same period, adherence to clinical guidelines for malaria treatment increased from 57.5% to 82.1%.

Those 11 hospitals in the Northern Region, along with 4 hospitals in the Western Region where malaria shared learning also began in 2017, have seen drastic drops in under-5 malaria case fatality rates: from 0.76% (2016) to 0.32% (2018) in the Northern Region, and from 0.86% to 0.22% in the Western Region. The number of under-5 malaria deaths has also decreased, from 273 to 61.

Testing Suspected Malaria Cases

The T3 (Test, Treat, Track) malaria initiative encourages 100% testing of suspected malaria cases to confirm diagnoses. In the five project regions, the proportion of suspected malaria cases being tested has increased from 67% in Year 1 (Oct 2014-Sep 2015) to 89% in Year 4 (Oct 2017-Sep 2018), exceeding NMCP's target of 82% for 2018. The absolute number of malaria cases tested has also increased dramatically during this time, from 2.9 million tests a year in 2015 to 4.5 million in 2018.

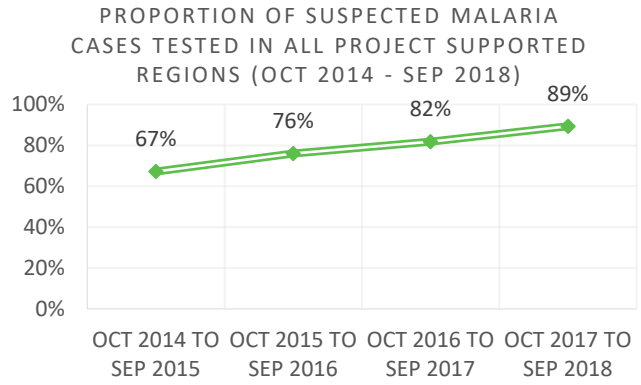


Figure 1 Proportion of suspected malaria cases tested in project regions 2014-2018

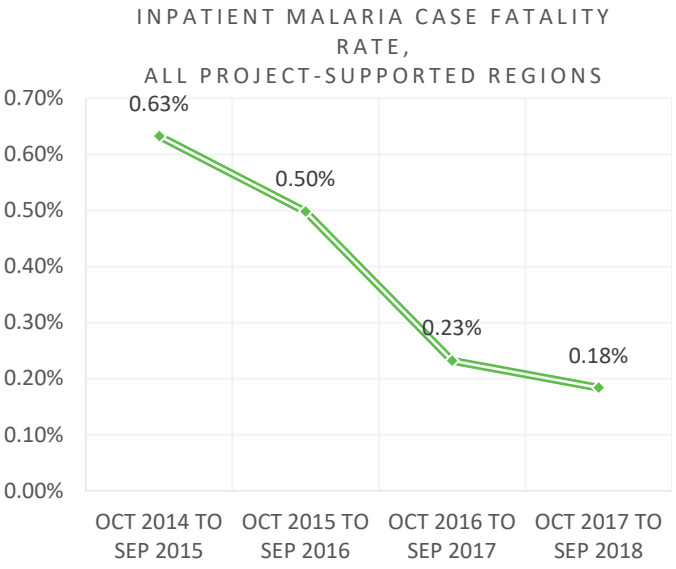
Malaria Mortality

In collaboration with other partners (including Systems for Health), NMCP has spearheaded the implementation of comprehensive approaches to reduce malaria mortality. In

Figure 2. A child gets tested for malaria

project Year 1 (Oct. 2014–Sep. 2015), 1,297 Ghanaians died from malaria in GHS facilities in the five project regions. This year, only 278 people died, despite those facilities seeing more than 5 million suspected malaria cases and admitting 151,210 severe cases.

Both the under-5 and overall malaria case fatality rates for inpatients decreased significantly between Year 1 and Year 4 (Oct. 2017–Sep. 2018) across the five project regions, as shown in Figure 3. Malaria case fatality rate for all ages dropped by 71%, declining to 0.18% in Year 4. Case fatality in children under age 5 fell by 63%, to 0.25% in Year 4, well below the 2018 national target of 0.46%.



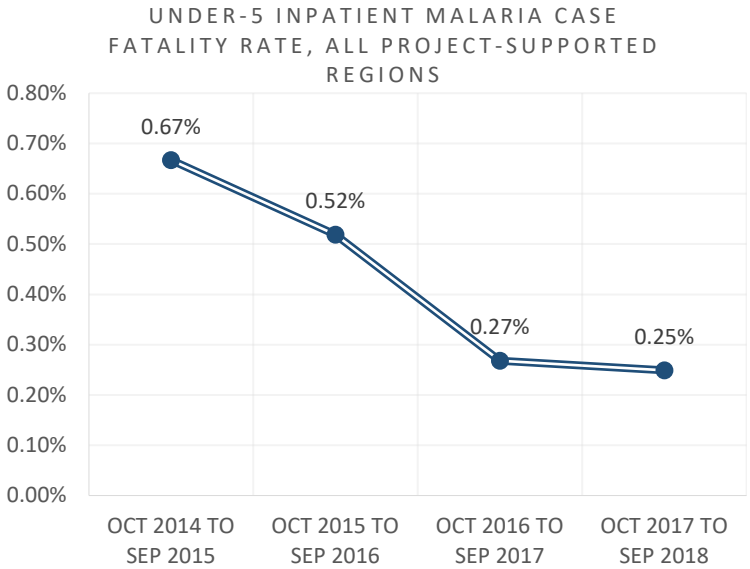


Figure 3. Inpatient malaria case fatality rates since October 2014 for all ages (left) and for children under 5 (right) in the 5 Systems for Health-supported regions in Ghana (Central, Greater Accra, Northern, Volta, and Western)

DECEMBER 2018

USAID Systems for Health is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under Cooperative Agreement number AID-641-A-14-00002. The project team includes prime recipient University Research Co., LLC (URC) and sub-recipients: Plan International, PATH, and Results for Development Institute (R4D). The content of this publication does not necessarily reflect the views of USAID or the United States government.