

NATIONAL MALARIA ELIMINATION CENTRE

Severe Malaria Management in Zambia

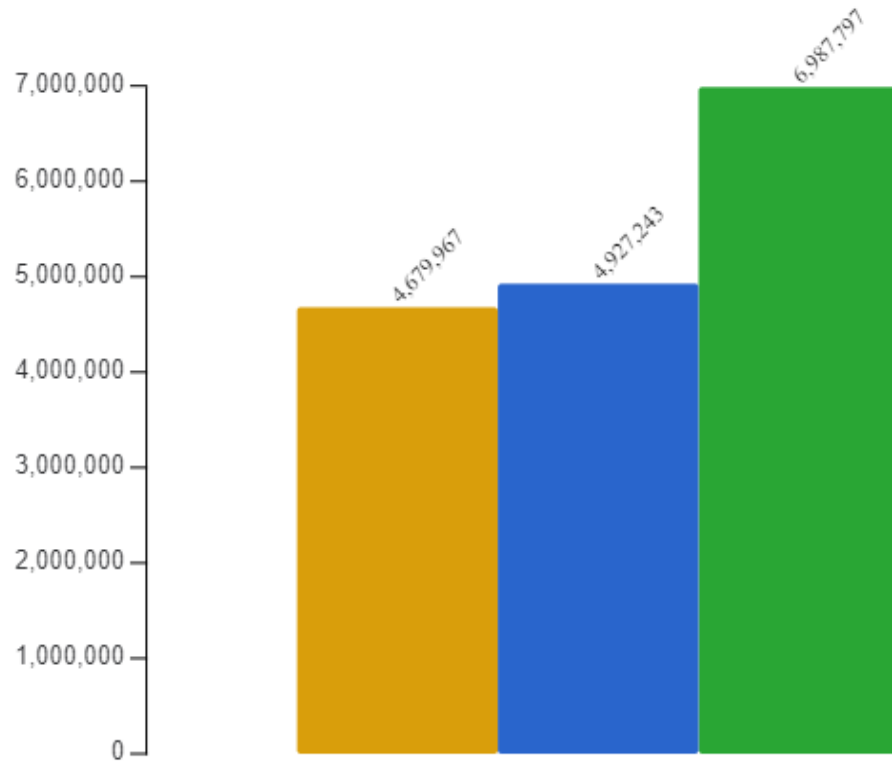


Introduction

- Malaria is still a disease of major public health concern- > 7M cases and >1,200 deaths annually.
- Transmission is heterogeneous, all year round with peaks associated with the rainy season
- The goal of the NMESP 2022-2026 is to achieve burden reduction in high transmission areas and subnational elimination in low transmission areas
- Key interventions – Vector Control (LLINs,IRS) , Case management (HF/Community), SBC and SMEOR

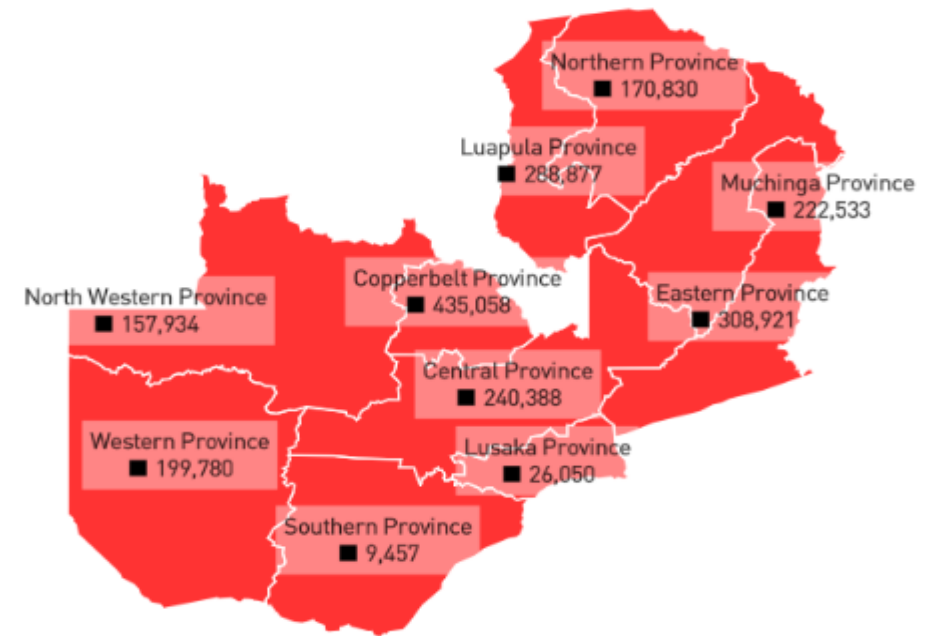


Total Malaria Cases (HMIS + MRRS)
National Level | January - June | HMIS & MRRS



- 2021 Total Malaria Cases (HMIS + MRRS)
- 2022 Total Malaria Cases (HMIS + MRRS)
- 2023 Total Malaria Cases (HMIS + MRRS)

Total Malaria Cases (HMIS + MRRS)
Provincial Level | January - June | HMIS & MRRS

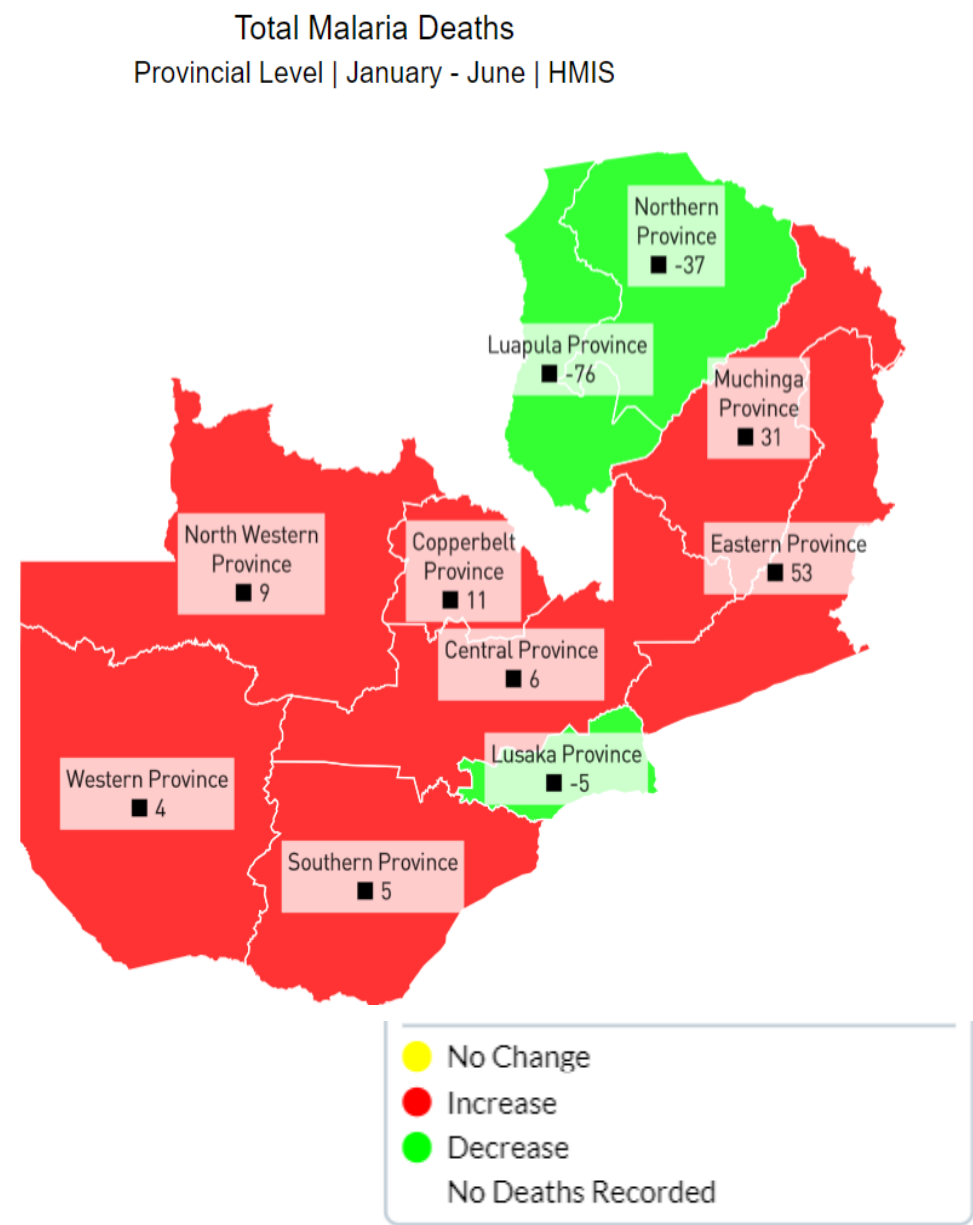
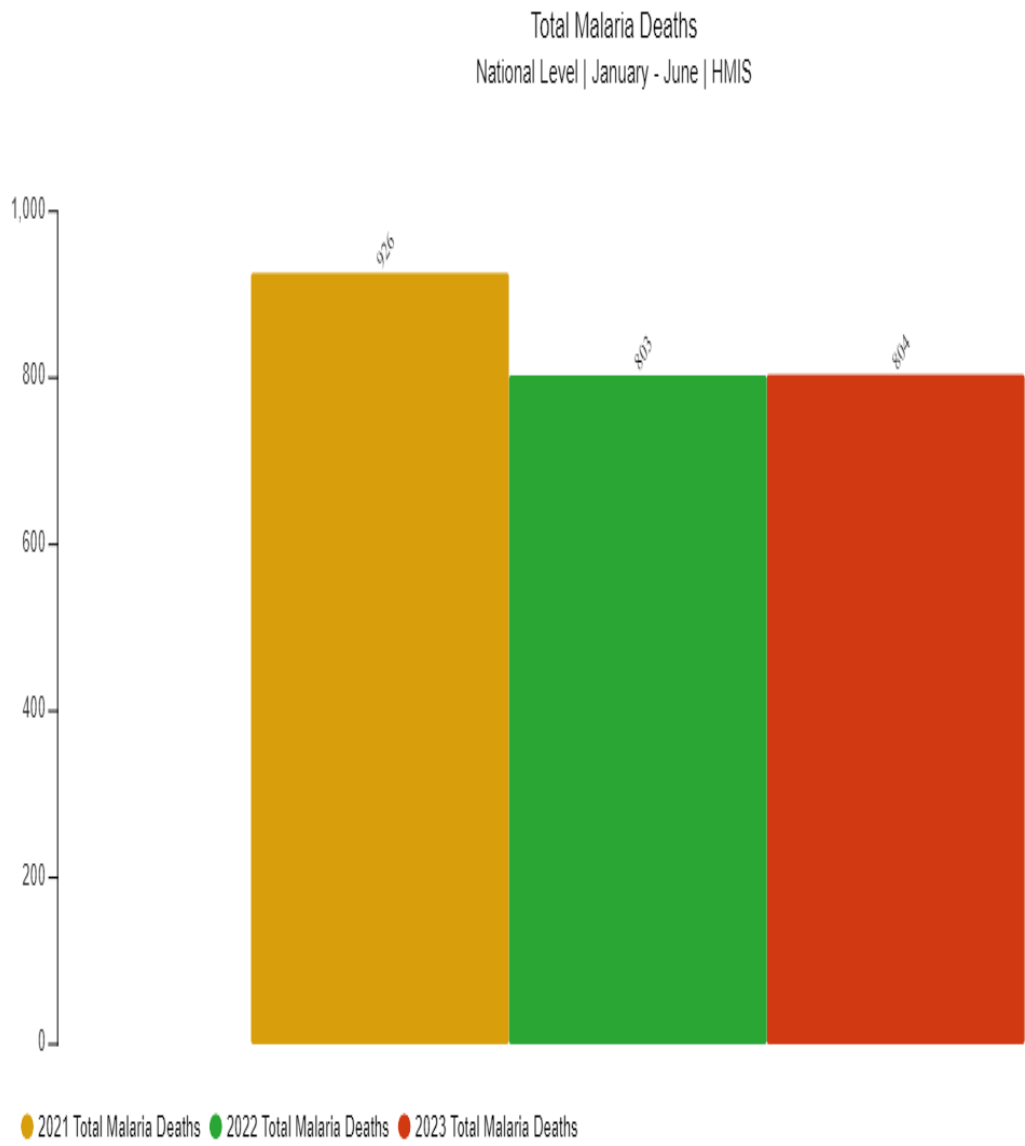


Labels

- Difference in Malaria Cases
- Difference in Malaria Cases
- Decrease
- Increase



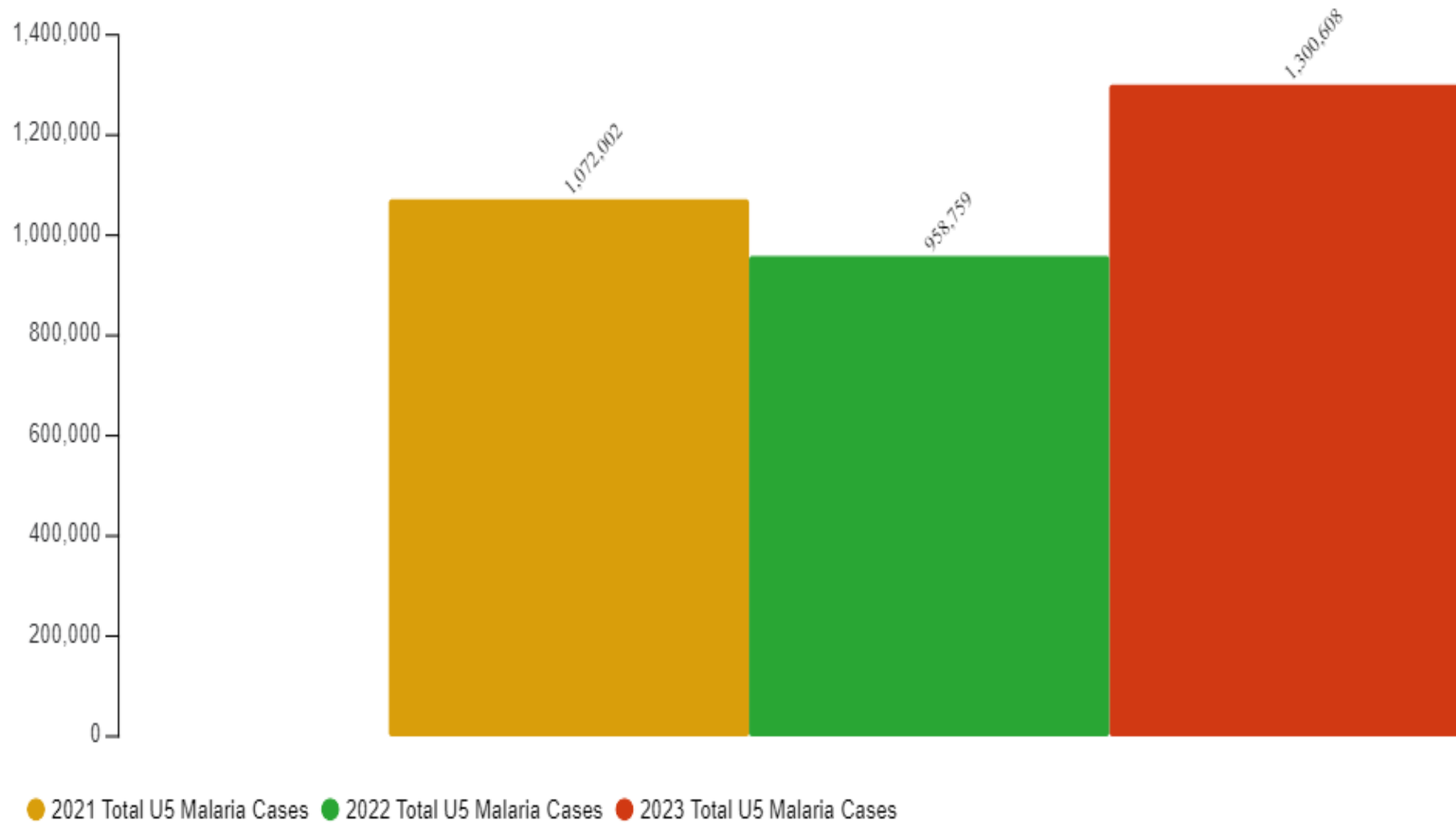
Current Malaria situation – Deaths





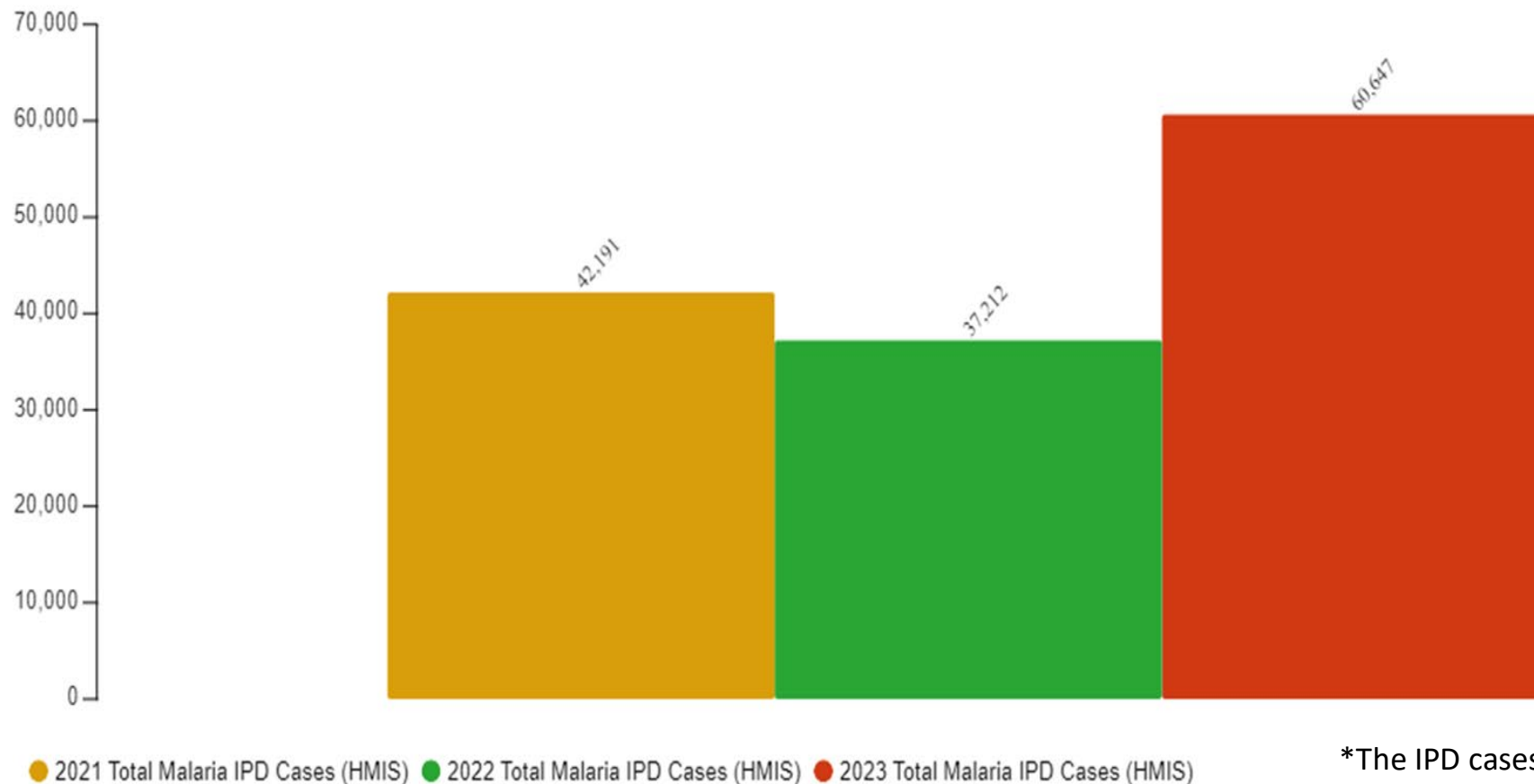
Total U5 Malaria Cases

National | January - June | HMIS



Current malaria situation – IPD cases

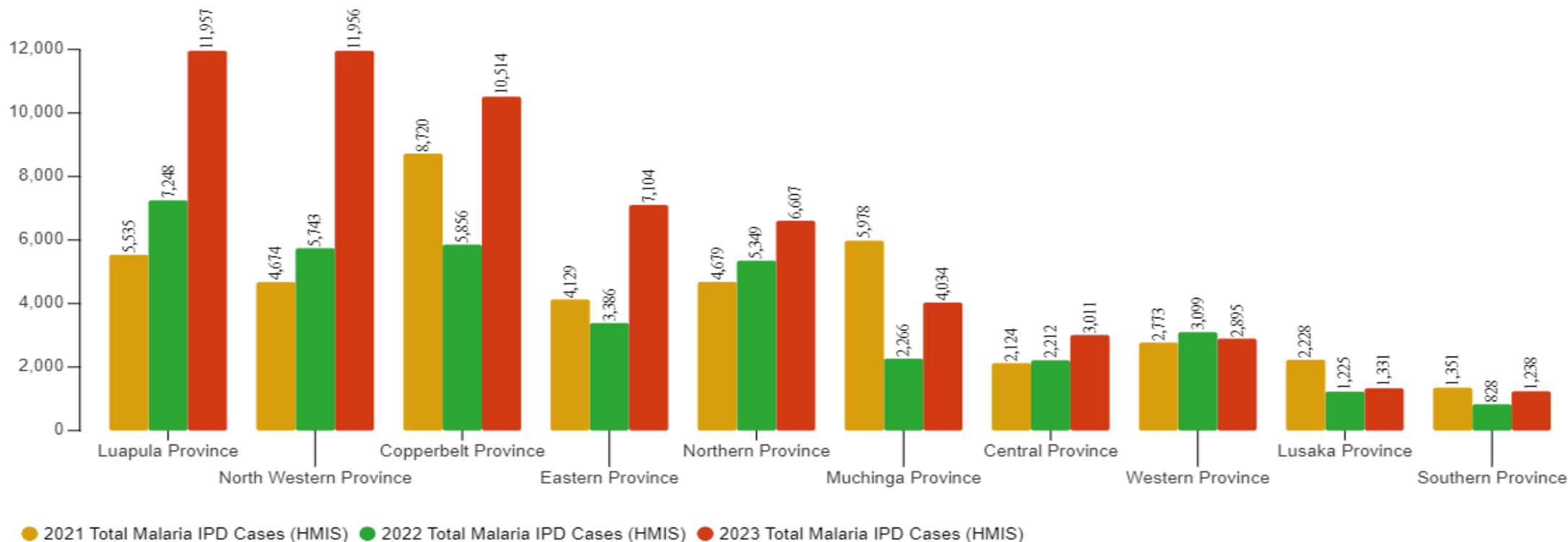
Total Malaria IPD Cases
National | January - June | HMIS



*The IPD cases are used as a proxy of severe malaria cases.

Current malaria situation – IPD cases

Total Malaria IPD Cases
Provincial Level | January - June | HMIS





Management of severe malaria

- Severe malaria is a medical emergency
- All levels of care including the community and health facilities health facilities have a big role to play in the treatment of malaria
- All cases of severe malaria (including infants, pregnant women in all trimesters and lactating women) are treated with **intravenous or intramuscular artesunate** for at least 24 hrs and until they can tolerate oral medication after which they complete a 3 day course of an ACT (AL)



Management of severe malaria

- Facilities with no inpatient facilities will give artesunate (intramuscularly or intravenously) prior to referral to the next level of care.
 - $< 20 \text{ kg} \Rightarrow 3 \text{ mg/kg bw}$
 - $> 20 \text{ kg} \Rightarrow 2.4 \text{ mg/kg bw}$
- Rectal artesunate is used as pre-referral treatment for suspected /confirmed severe malaria for children **2 months old to less than 6 years at community level (10mg/kg bw)** . This is followed by full course of injectable artesunate and Artemether-lumefantrine at the Health facility.
- Parenteral Quinine is the alternative treatment if injectable artesunate is contraindicated or not available

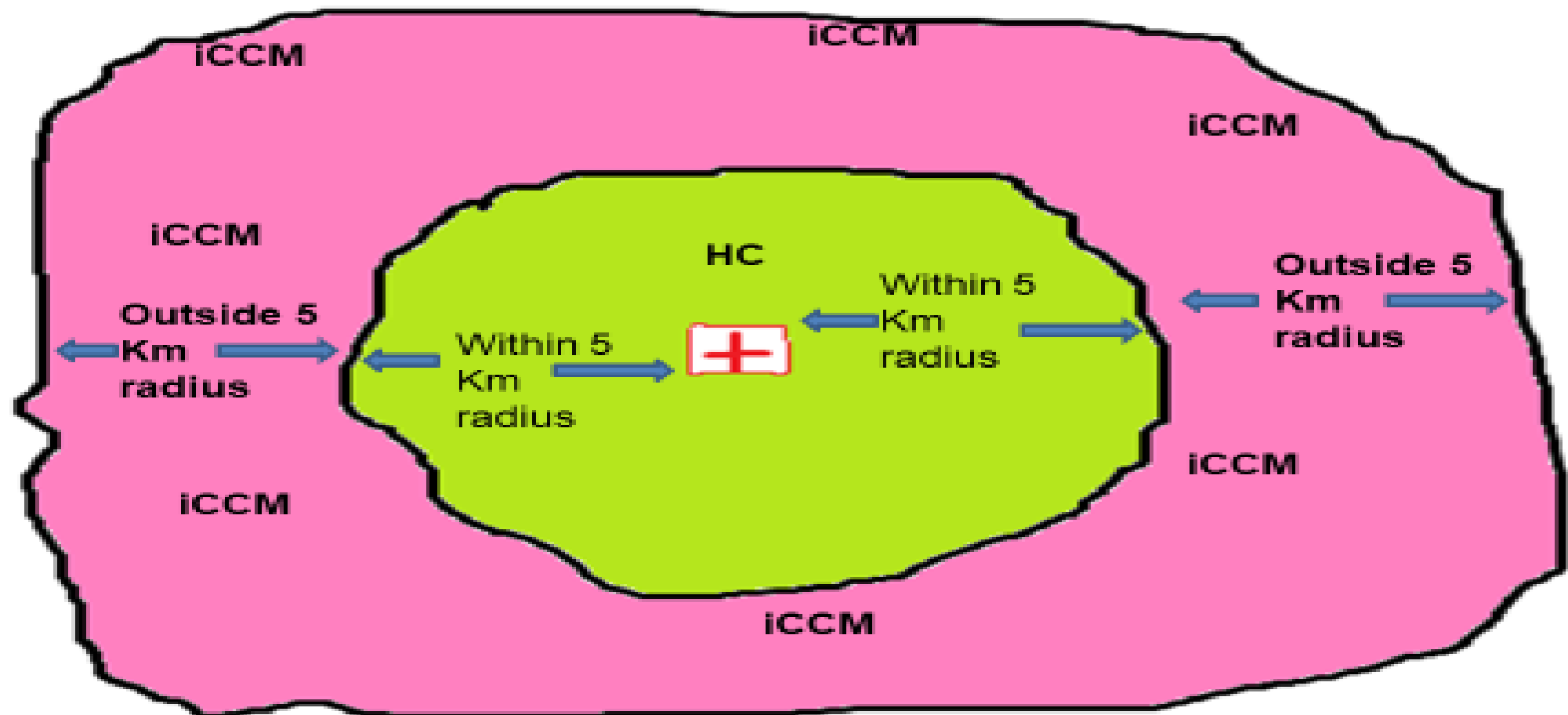


Concept of iCCM to improve access



Introduction

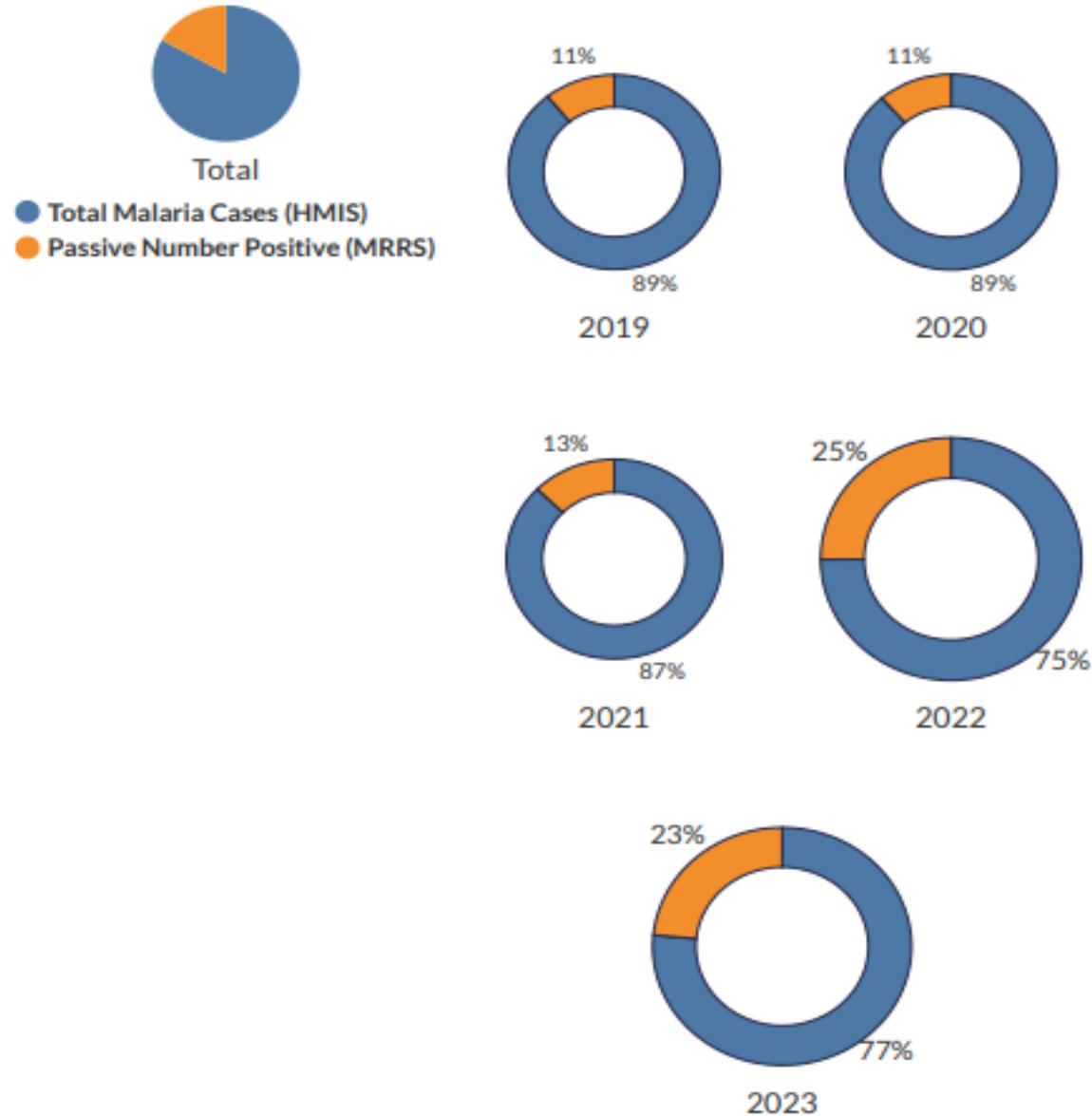
iCCM concept at HFcatchment area





Total Malaria Cases (HMIS + MRRS)

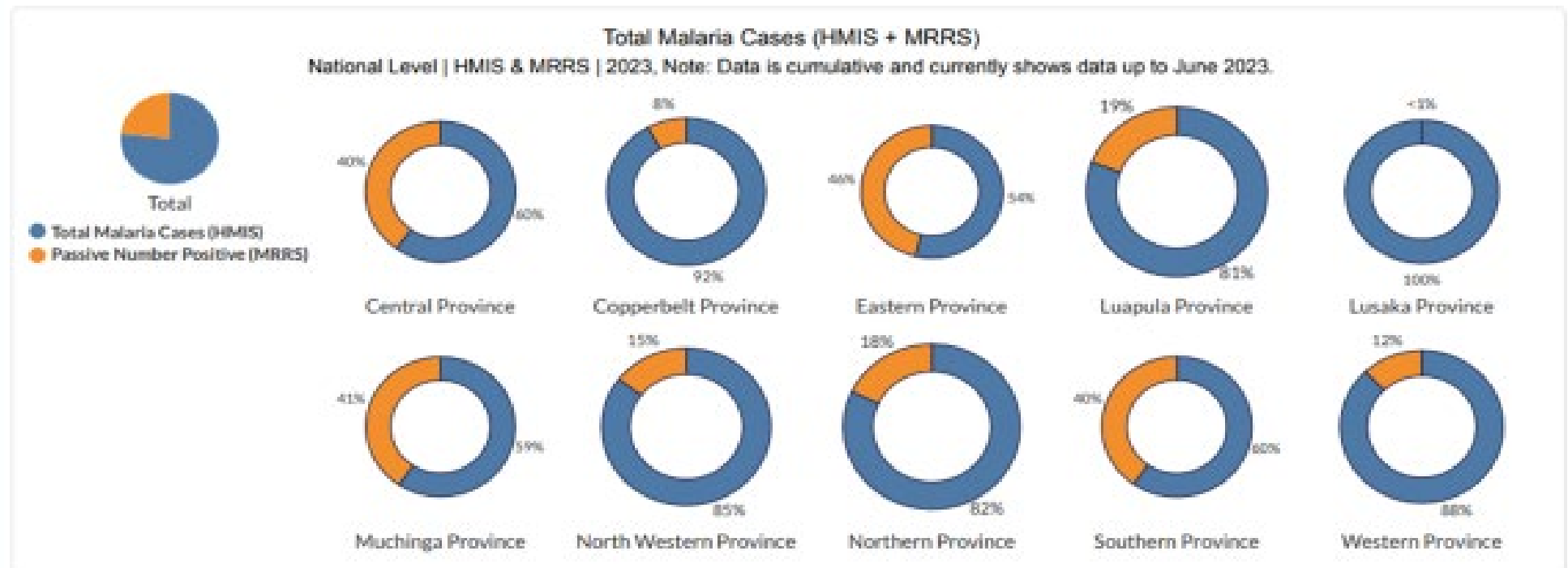
National Level | HMIS & MRRS | NB: 2023 is cumulative and currently shows data up to June 2023.



Effect of Community Health Workers in the Malaria Case Management

- Health Management Information System (HMIS) and Malaria Rapid Response (MRR) - Significant increase in malaria cases treated by CHWs from 2019 (11%) to 2023 (23%)

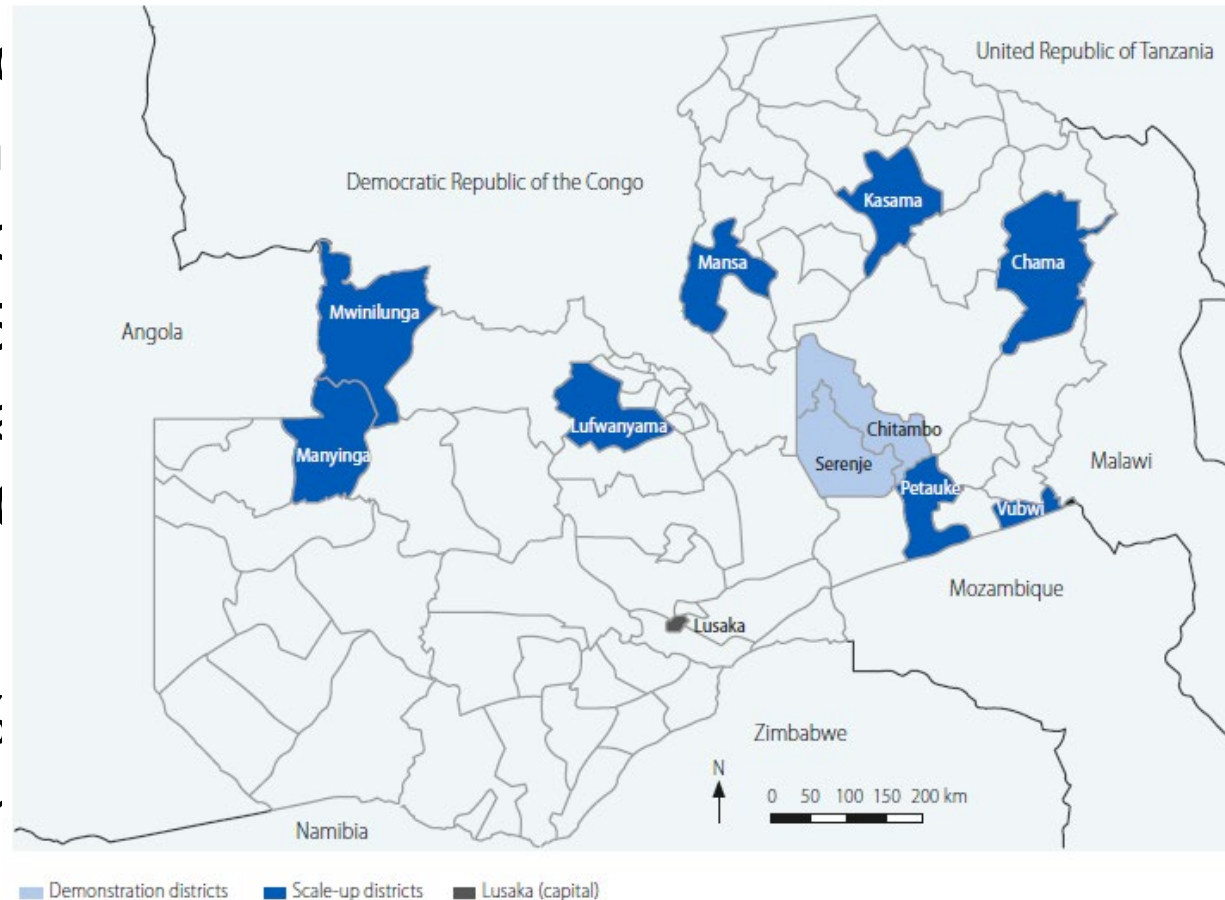
Provincial Performance in Community Case Management by CHWs



Example of Enhancing the Community Referral System – Case Study (*Green et al 2023, Bull World Health Organ 2023;101:371–380A*)

- HMIS, reported severe malaria significantly from 2.2% (22/699) to 0.5% (2/321) in two demonstration districts – Serenje and Chitambo
- And from 6.2% (6/321) to 0.6% (2/321) in eight scale-up districts

Fig. 1. Districts Included in implementation on use of rectal artesunate for severe malaria, Zambia 2018–2021



Research

Implementation research,

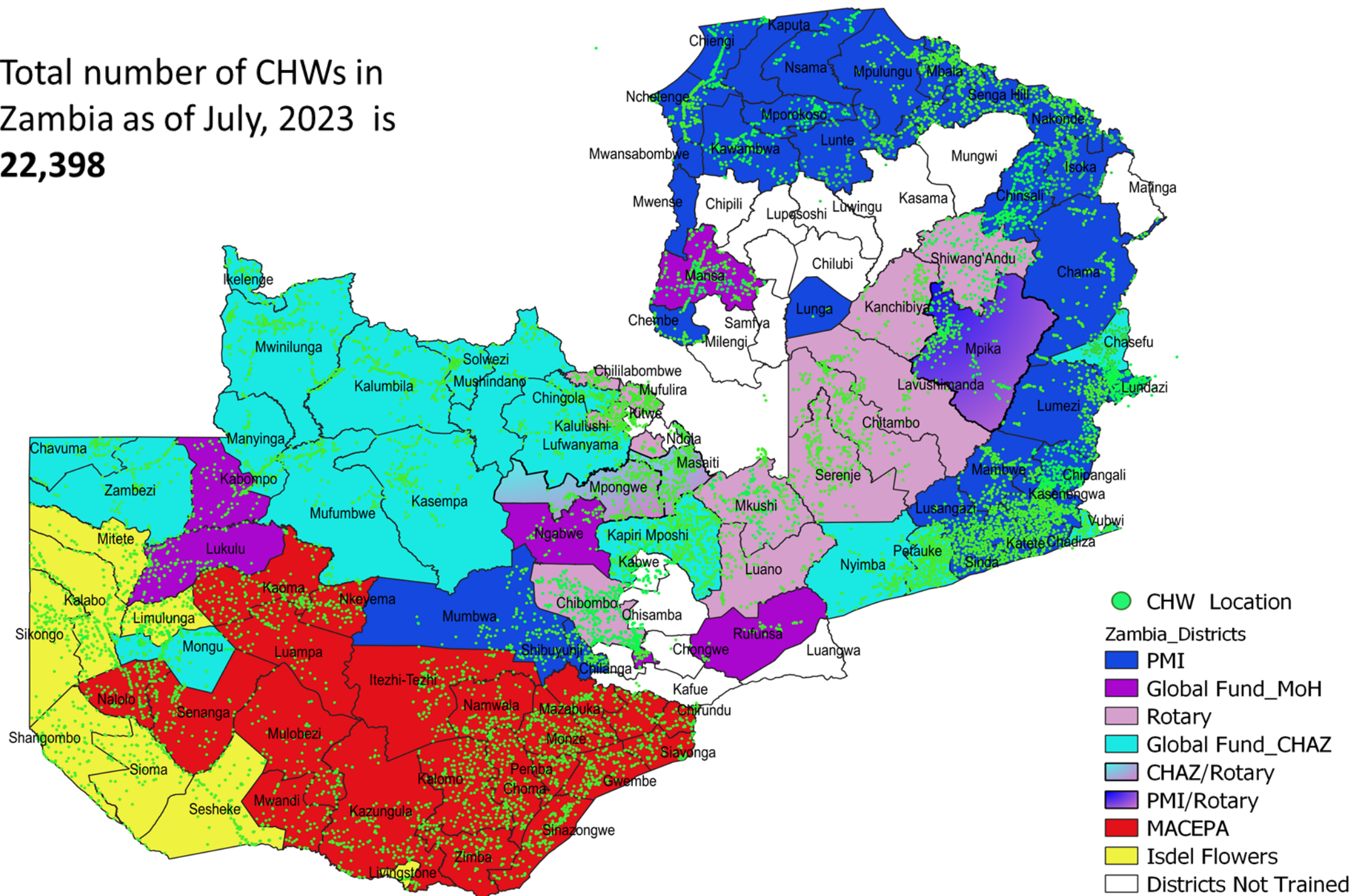
Wanda,^d Busisiwe Moyo,^c
India,^d Ruth Nyirenda,^d
iri^d & Garikai Zinumwe^c

used on rectal artesunate administration at the
ined community health volunteers to administer
facility; (ii) supported communities to establish
ured adequate drug supplies; (iv) trained health
a cases and associated deaths via surveys, health
ed community health volunteers, and follow-on
inagement information system, reported deaths
2.0–4.2) to 0.5% (2/365; 95% CI: 0.0–1.1) in two
0.0–1.3) in eight scale-up districts]
pre-referral rectal artesunate administered by
young children. Our results strengthen the case
ed with supporting interventions.

end of each article.

ven confirmed in various studies.^{4–6} The drug

Total number of CHWs in
Zambia as of July, 2023 is
22,398





Best Practices

-
- Scaling of iCCM intervention to all 116 Districts in the country (1 CHW:500 Pop) – *40,000 CHWs target*
 - Saturation of CHWs to enhance case management and malaria surveillance.
 - Consistent commodity supply to CHWs
 - Proper Data management through the use of phones and soft wares
 - Regular data quality audit and Data Review



Best Practices

- Regular Support supervision and mentorship at all levels (Central, District, Health Facility & Community).
- Periodical refresher trainings as a platform to orient and update on new things.
- Provision of enablers (Bicycles, Bags, CHW Kits, T-shirt, Aprons)
- Equipping of Motor bikes at facility level to facilitate out reach activities by Facility staff.
- Provision of monthly stipends and other incentives to CHWs – *Being considered , discussions ongoing*



Challenges

- Erratic supply of commodities to health facility and community level.
- Inadequate support supervision and mentorship at all levels
- Some CHWs not provided with enablers by collaborating partners
- No steady mechanism in place to sustain worn out enablers and phones
- Attrition of CHWs due to lack of motivation and poor selection criteria
- Inadequate finances to undertake the said above interventions and complete trainings to meet targets.



Conclusion

- Severe malaria is a medical emergency and requires prompt treatment
- Community Health Workers in Zambia play a critical role in the management of severe malaria and quality health care through the identification of the danger signs and prompt referral treatment using RAS and referral to the next level

Thank You For Your Attention

