Improving malaria case management in the Democratic Republic of the Congo

The MalariaCare partnership is a five-year effort led by PATH and funded by the US Agency for International Development (USAID) under the President’s Malaria Initiative (PMI). The partnership works in PMI focus countries and other countries in Africa and the Mekong Region to scale up high-quality diagnosis and treatment services for malaria and other life-threatening illnesses.

In the Democratic Republic of the Congo (DRC), MalariaCare works in East Kasai, Katanga, Orientale, South Kivu, and West Kasai provinces and Kinshasa to improve diagnosis and treatment of malaria and other illnesses. The project supports DRC’s National Malaria Control Program (NMCP) in expanding and improving the quality of diagnostic testing through training, establishing strong quality assurance measures, and providing regular supportive supervision. The project also strengthens treatment of malaria and febrile illness through training and supervision of health providers.

CONTEXT FOR MALARIACARE IN THE DRC

Malaria is a major health problem in the DRC, accounting for an estimated 40 percent of outpatient visits to health facilities among children under five years of age and 40 percent of overall child mortality.

In 2010, the NMCP adopted World Health Organization guidance calling for universal diagnostic testing for malaria and recommending that antimalarial treatment be administered only when a test is positive. Previously, most health providers in the DRC diagnosed malaria clinically based on the presence of fever.

In recent years, there has been a steady increase in the number of malaria cases confirmed with a diagnostic test. However, many cases are still treated with antimalarials in the absence of a confirmed diagnosis. In addition, there is a need to increase the number of patients receiving rapid treatment with a recommended antimalarial drug. According to the DRC’s 2010 Multiple Indicator Cluster Survey, 39 percent of children under five with fever received any antimalarial treatment and only around 24 percent of these children got the treatment within 24 hours of the onset of fever.

Although the NMCP and partners have recently made progress toward improving malaria case management, health systems issues are a major barrier to scaling up interventions. Challenges include a lack of qualified health workers and a weak health infrastructure. Additionally, it is estimated that only 25 percent of the population has access to health facilities.
OBJECTIVES

MalariaCare’s activities in the DRC aim to achieve the following objectives:

- The accuracy of diagnostic testing for malaria is improved to greater than 90 percent.
- Increased percentage of patients suspected to have malaria or febrile illnesses who receive a diagnostic test for malaria.
- Increased percentage of patients who receive appropriate treatment for malaria or other febrile illnesses—consistent with the result of the diagnostic test.
- Strengthened laboratory systems at the country level for detecting malaria and other infectious diseases.

KEY ACTIVITIES

Building diagnostic capacity. The project is improving the capacity of providers at the national, provincial, and sub-provincial levels to accurately diagnose malaria through the use of microscopy or rapid diagnostic tests (RDTs). At the national level, MalariaCare conducts refresher training for expert laboratory technicians. In addition, the project provides training and supportive supervision to strengthen the diagnostic capabilities of clinicians and laboratory staff at health facilities. MalariaCare offers bench aids to workers performing malaria microscopy or rapid diagnostic testing in health facilities.

Testing the feasibility of rapid diagnostic testing in the private retail sector. To address the high percentage of patients seeking care for fevers at local drug shops, MalariaCare is testing the feasibility of conducting a pilot of RDT use among retail outlet workers. The results of the feasibility test will be used to identify the best approach for introducing and supporting use of RDTs in drug stores. If feasible, MalariaCare will design a pilot activity coupling malaria testing with treatment at retail drug outlets.

Supporting laboratory systems. MalariaCare works with the NMCP to strengthen laboratory systems through the development of a microscopist proficiency program and a national archive of malaria slides.

Improving malaria treatment. The project is building the capacity of clinicians to provide appropriate treatment through refresher training in case management of malaria and other febrile illnesses. MalariaCare also trains clinical supervisors to conduct onsite quality assurance and mentoring for malaria diagnosis and treatment.

Strengthening health systems. MalariaCare is working to strengthen health systems by improving access to timely and useable data for national and local decision-makers across the DRC. The project supported the NMCP to install a user-friendly database program to monitor onsite training and supervision visits. With MalariaCare’s support, the NMCP plans to use the database to better monitor malaria case management training and activities throughout the country.

CONTACT MALARIACARE

Phone: 202.822.0033
Email: MalariaCare@path.org

Highlights from 2013

- Conducted a basic malaria diagnostics refresher training (MDRT) for 20 microscopists in Orientale Province and an advanced MDRT for 16 highly experienced laboratory technicians.
- Supported the NMCP to install a database for monitoring supervision visits and trained five data managers on checklist data entry, analysis, and reporting.
- Supported the national reference laboratory and 15 health facilities to provide on-the-job training and supportive supervision for health workers.
- Printed and distributed 350 copies of laboratory standard operating procedures and 50 copies of malaria diagnostics bench aids.