Notes from the field
Supporting providers on the front lines of malaria control in Zambia

Malaria continues to be a major cause of illness and death, particularly among children. Control of the disease is one of the government’s highest priorities in an effort to reduce preventable mortality. In 2010, Zambia adopted World Health Organization’s guidance to confirm malaria cases through diagnostic testing and provide antimalarial treatment only when test results are positive. This national policy shift also encourages clinicians to look more closely at the causes of non-malaria related fevers in children. In response to this policy shift, the National Malaria Control Centre has been working to strengthen the quality of malaria diagnostics and ensure proper treatment.

“Many clinicians in my country have become used to providing antimalarial drugs on the basis of fever, without first confirming with a test that a patient has malaria. This means that limited drug supplies are given to patients without malaria, and those who are sick with something else may be put on malaria treatment and sent home. We want malaria drugs to be available for those patients who really need them and for those without malaria to be treated for their illness as quickly as possible,” a Zambian public health expert explains.

“This is where the MalariaCare project comes in,” explains Timothy Nzangwa, MalariaCare’s Senior Diagnostics Advisor in Zambia.

“We support national efforts by providing onsite training and mentoring for clinicians and laboratory staff in over 183 health facilities. The goal is to strengthen fever diagnosis and treatment services. Two years later, provider compliance with test results (from both rapid diagnostic tests and laboratory based microscopy) has increased from 30% at baseline to over 80% in some health facilities that received six or more supportive visits. This is very promising!” This compliance means that malaria is treated rapidly and effectively while also ensuring that other fever causing conditions, such as pneumonia and diarrhea are investigated and treated promptly an effectively.

Clinical Officer Mufungulwa, who is based at Chelstone Urban Health Center in Lusaka, received mentoring support from MalariaCare first hand. He explains, “[Through supportive supervision] MalariaCare has been providing onsite technical assistance on management of malaria and other febrile diseases. This has helped me broaden my understanding that not all febrile diseases are malaria cases. Febrile patients that don’t have malaria benefit tremendously from first ruling out malaria with a diagnostic test. Also, in line with mentorship at this health center, anti-malaria drugs are usually not issued to patients before being screened for the disease, which is in line with the new policies of Ministry of Health.” Timothy Nzangwa adds, “This is especially important because we want to ensure that patients are being treated for the disease that they have as quickly as possible, and strengthening this link between diagnosis and clinical care is critical.”

Laboratory technician training, Zambia. Photo credit: Timothy Nzangwa
Zambia continues to gain ground in its efforts to provide the people, including many of Zambia’s youngest patients, with high quality malaria prevention, diagnosis, and treatment. With support from the US President’s Malaria Initiative, MalariaCare works closely with Zambia’s National Malaria Control Program, health facilities, and communities around the country to improve health services and support providers in their daily work. As Clinician Mufungulwa puts it, “I am most proud of saving the lives of patients that seek medical help from my facility and seeing them getting back to their normal selves after being treated.”

For more information or to request program or technical assistance:

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