

Improving malaria case management in Mali

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.

MalariaCare works closely with Mali’s National Malaria Control Program (NMCP) to improve the quality of diagnostic and clinical case management services and to make malaria data more routinely accessible for decision-making. The project is active in the regions of Kayes, Koulikoro, Sikasso, Mopti, and Segou and in the district of Bamako (see map).

Context for MalariaCare in Mali

Malaria is the primary cause of morbidity and mortality in Mali, disproportionately affecting children less than five years old. The disease is endemic to the central and southern regions, where over 90 percent of the population lives, and is considered an epidemic in the north.¹ In 2012, the national health management information system reported 2.1 million clinical cases of malaria in health facilities, accounting for 42 percent of outpatient visits for all age groups. According to the 2012 Demographic and Health Survey (DHS), the prevalence of malaria among children under five years of age was 52 percent based on microscopy diagnosis and 47 percent based on rapid diagnostic tests (RDTs). This difference is likely due to the greater sensitivity of microscopy compared to RDTs, and other species of malaria parasite that may not be detected by RDTs.

According to the 2012 DHS, only 52 percent of suspected malaria cases at health facilities were confirmed by either a laboratory test or an

RDT that same year. However, the NMCP’s 2013–2017 strategic plan aims to increase testing and achieve at least 90 percent confirmation of suspected malaria cases before treatment at all levels of the health system, including at the community health worker level. At least 90 percent of confirmed malaria cases will receive appropriate malaria treatment.

To help NMCP achieve its goal, MalariaCare will continue to strengthen case management by better linking quality diagnosis and treatment services, building the capacity of healthcare professionals to correctly diagnose and treat all suspected malaria cases and to make routine malaria program data more accessible for decision-making.



Objectives

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

- Improve the accuracy of diagnostic testing for malaria to greater than 90 percent.

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- Increase the percentage of patients suspected to have malaria or febrile illnesses who receive a diagnostic test for malaria.
- Increase the percentage of patients who receive appropriate treatment for malaria or other febrile illnesses, consistent with the result of the diagnostic test.
- Strengthen laboratory systems for detecting malaria and other infectious diseases.

Key activities

Building diagnostic capacity. MalariaCare works in close partnership with Mali’s National Institute of Public Health Research to build the capacity of a cohort of highly qualified staff to train and routinely supervise and mentor laboratory technicians in accurate diagnosis of malaria using both microscopy and RDTs. This team supports the NMCP to further decentralize this expertise by developing “diagnostics experts” in each of the five intervention regions. MalariaCare also coordinates with partners to provide RDT training and supportive supervision to providers working in community health centers.

Improving clinical management. To further strengthen clinical practice and better link treatment and diagnostic services, MalariaCare is working closely with the NMCP to support implementation of newly approved clinical case management guidelines. The project also provides clinicians with training and mentorship on case management of malaria and other febrile diseases.

Providing supportive supervision and outreach training. A key contribution of the project is to build the capacity of laboratory and clinical supervisors to train, supervise and

mentor others at lower levels of the health system. During project-supported supervisory visits, health workers at approximately 722 health facilities receive onsite supervision and mentoring to build their skills.

Making malaria data more accessible for decision making. To improve the collection and management of malaria case management data, MalariaCare will continue to coordinate reporting activities with country partners. Measure Evaluation’s “Malaria Information Strengthening System” (*Système de Renforcement de l’Information Sanitaire sur le Paludisme*) uses electronic data reporting (enhanced by the use of mobile phones at facility level) in 18 health districts. A new national information platform, DHIS2, will be introduced in Mali in 2016. MalariaCare will collaborate to ensure effective monitoring of quality of clinical management services and will integrate our electronic data collection platform used to collect and analyze supervision data with these partner efforts for continued data quality.



A laboratory technician conducts malaria testing during a supervision visit.

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¹ Mali DHS 2012-2013