MalariaCare
A USAID PARTNERSHIP

Improving malaria case management in Guinea

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 Guinea, MalariaCare works closely with the Guinea National Malaria Control Program (NMCP) to strengthen malaria diagnostic services at the national and regional level while preparing for the transfer of these activities to a PMI partner project, *StopPalu*, to manage at district and peripheral levels.

MalariaCare was active in the country in 2013, but had to curtail all activities in 2014 due to the Ebola epidemic. During that time, no blood-based tests could be used for fear of spreading Ebola, and staff were instructed to diagnose based on clinical signs.

Because there have been no new confirmed Ebola cases in Guinea since October 2015, MalariaCare anticipates reinvigorating our efforts in 2016, with an emphasis on ensuring that case management skills developed before the outbreak are not lost. The project also will continue to support creation of a cadre of laboratory and clinical supervisors to provide outreach training and supportive supervision (OTSS) at lower levels. The new OTSS supervisors will help maintain service quality by identifying and correcting problems they encounter during field supervisory and mentoring visits.

Context for MalariaCare in Guinea

Guinea has year-round malaria transmission, which peaks in most areas from July through October. According to the National Malaria Control Strategy, malaria remains the number one public health problem in

the country, with 98 percent of malaria infections caused by *Plasmodium falciparum*. According to national health statistics, the annual incidence rate for malaria is 92/1,000 population. National statistics in Guinea show that among children less than five years of age, malaria accounts for 31 percent of consultations, 25 percent of hospitalizations, and 14 percent of hospital deaths. This estimate does not include malaria cases seen in the community or in private facilities.

Among the general population, malaria is also the primary cause of consultations (34 percent), hospitalizations (31 percent), and death (14 percent) according, to the Ministry of Health. That said, most malaria cases reported in national statistics are clinically diagnosed, and therefore may not accurately reflect the true malaria burden.

Guinea became a PMI focus country in 2011. To date, PMI has supported an emergency procurement of artemisinin-based combination therapy (ACT) to respond to a nationwide stock-out, hosted a round table to begin addressing problems affecting the poorly functioning pharmaceutical sector, and started nationwide training

PRESIDENT'S MALARIA INITIATIVE

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and supervision exercises to improve quality of malaria services. PMI will continue to build on these efforts.

Objectives

MalariaCare's activities in Guinea focus on the following objectives:

- Improved accuracy of diagnostic testing for malaria 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 to 100 percent—consistent with the result of the diagnostic test.
- Strengthened laboratory systems at the country level for detecting malaria and other infectious diseases.

Key activities

Strengthening case management. To improve quality assurance of malaria and other febrile illness diagnostic services, MalariaCare is building capacity at the national and regional levels and coordinating closely with another PMI project—*StopPalu*—to transmit this knowledge to district and sub-district levels.

Initial activities in 2013 included a malaria diagnostic refresher training, during which OTSS laboratory supervisors were selected out of the pool of top-performing participants. The group also reviewed laboratory and clinical supervision tools. Additionally, a cadre of clinicians was provided refresher training on febrile illness case management from which the top-performers were selected as OTSS clinical supervisors. Subsequently the newly selected laboratory and clinical supervisors were trained on OTSS activities and methodologies.

Laboratory staff at Kindia Regional Hospital, Guinea
Photo: Dr. Ramata Doukoure.

Moving forward, MalariaCare plans to prepare a team to train microscopy staff on basic skills for managing uncomplicated and severe malaria. The project also will procure slide panels for malaria microscopy proficiency testing, to be used during on-site supervision, and will conduct a one-day training on the implementation, electronic and physical management of the slide sets.

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