

Malaria Control Forum 2011

Diagnostics for Case Management

Dar es Salaam

April 20th, 2011

Dr Sigsbert Mkude, NMCP, MoHSW

With Dr Irene Masanja, IHI

When it comes to malaria- everyone is a doctor!

KABWELA

NA FADHILI MOHAMED

MI NAONA UNYWE
SODA TU, HIYO LAZIMA
NI MALERIA!

MALERIA YA KUTUPIWA
HII, INANI KAMATIA
KWENYE OFA!

7 - MARCH - 2007



Malaria diagnosis in Tanzania:

- In 19th century diagnosis of malaria was mainly through “clinical signs and symptoms”
- Improvements in Tanzania were done by IMCI strategy scaling up from 2000
- Treatment remained “Presumptive/Syndromic”
- In public sector assessment of ‘Blood Smear’ – Microscopy; was limited to higher level of care e.g. Hospitals

Towards Malaria Elimination...

- As malaria prevalence goes down the confirmation of cases through health facilities become a necessity
- In Tanzania about 83% of public health facilities did not provide laboratory services by 2007 (NMCP2007).
- The low coverage of malaria test in routine service provide challenges to:
 - quality of care to fever/ malaria suspected cases
 - rational prescription of antimalarials
 - Tracking of 'true' malaria cases through routine HMIS

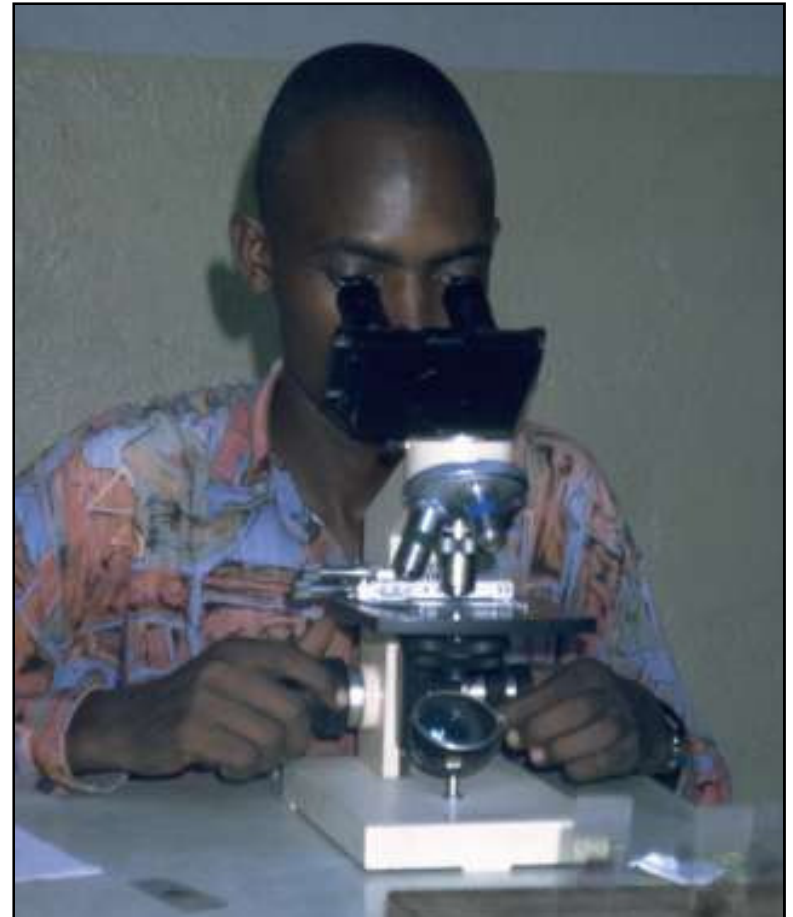
Progress and Updates:

- To improve quality of care and rational prescription - NMCP introduced malaria RDTs (mRDTs) at:
 - all levels of public health care
 - To all age groups

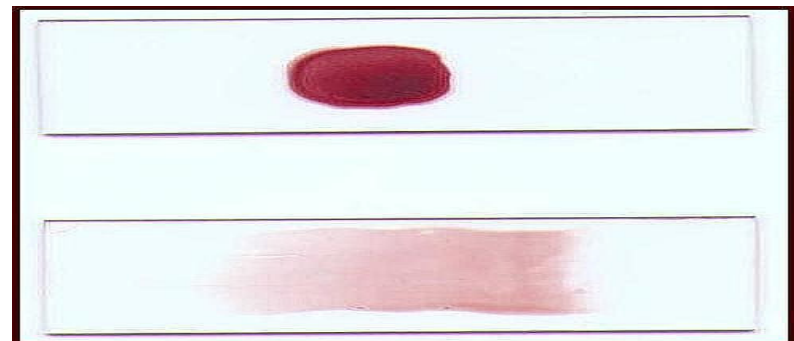


Technologies ...

- Malaria RDTs is complementing malaria microscopy services
- The outcome is to:
 ↑laboratory confirmed malaria cases-
20% (2007) → 80% (2013)

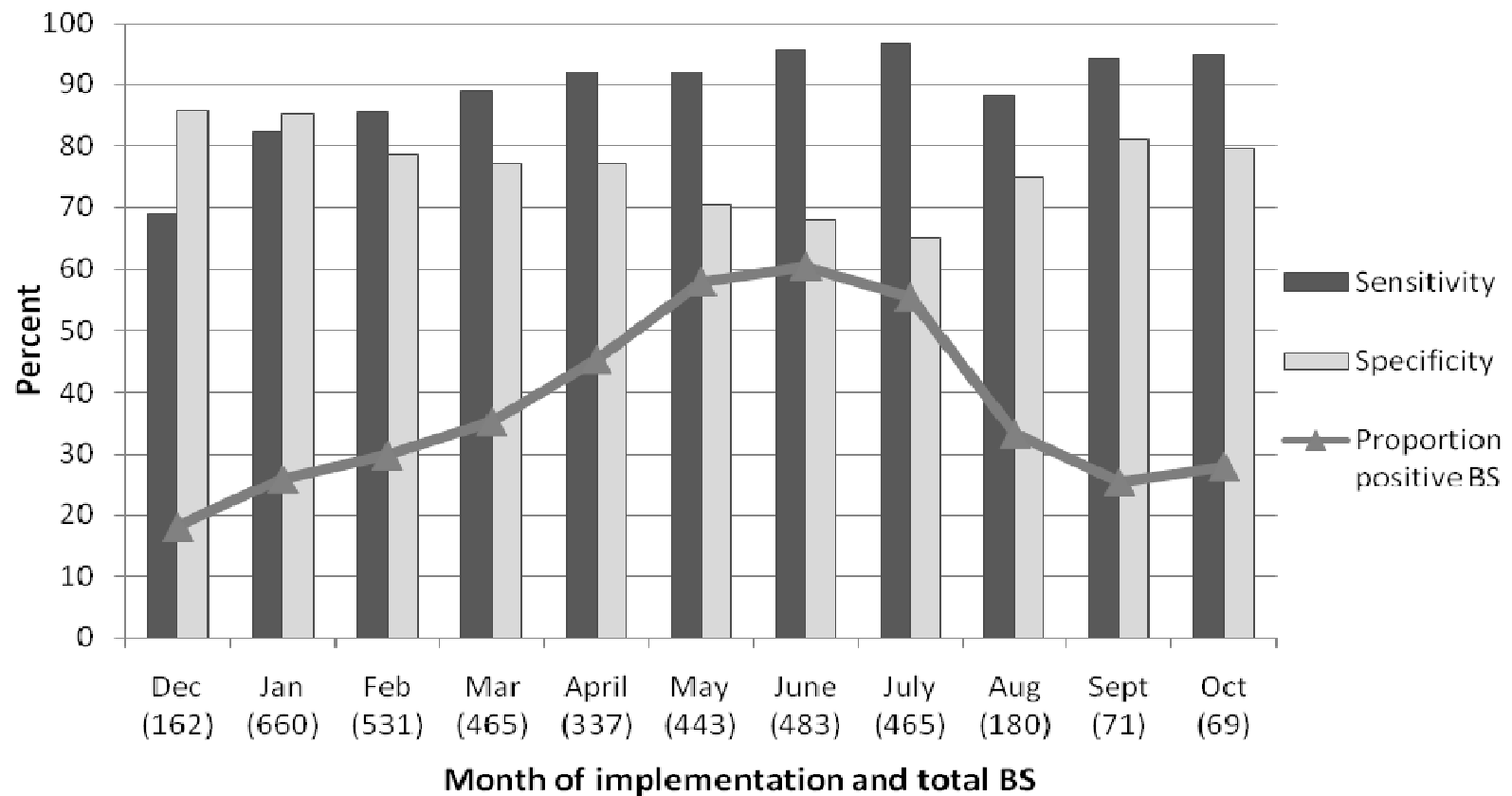


POSITIVE RESULTS

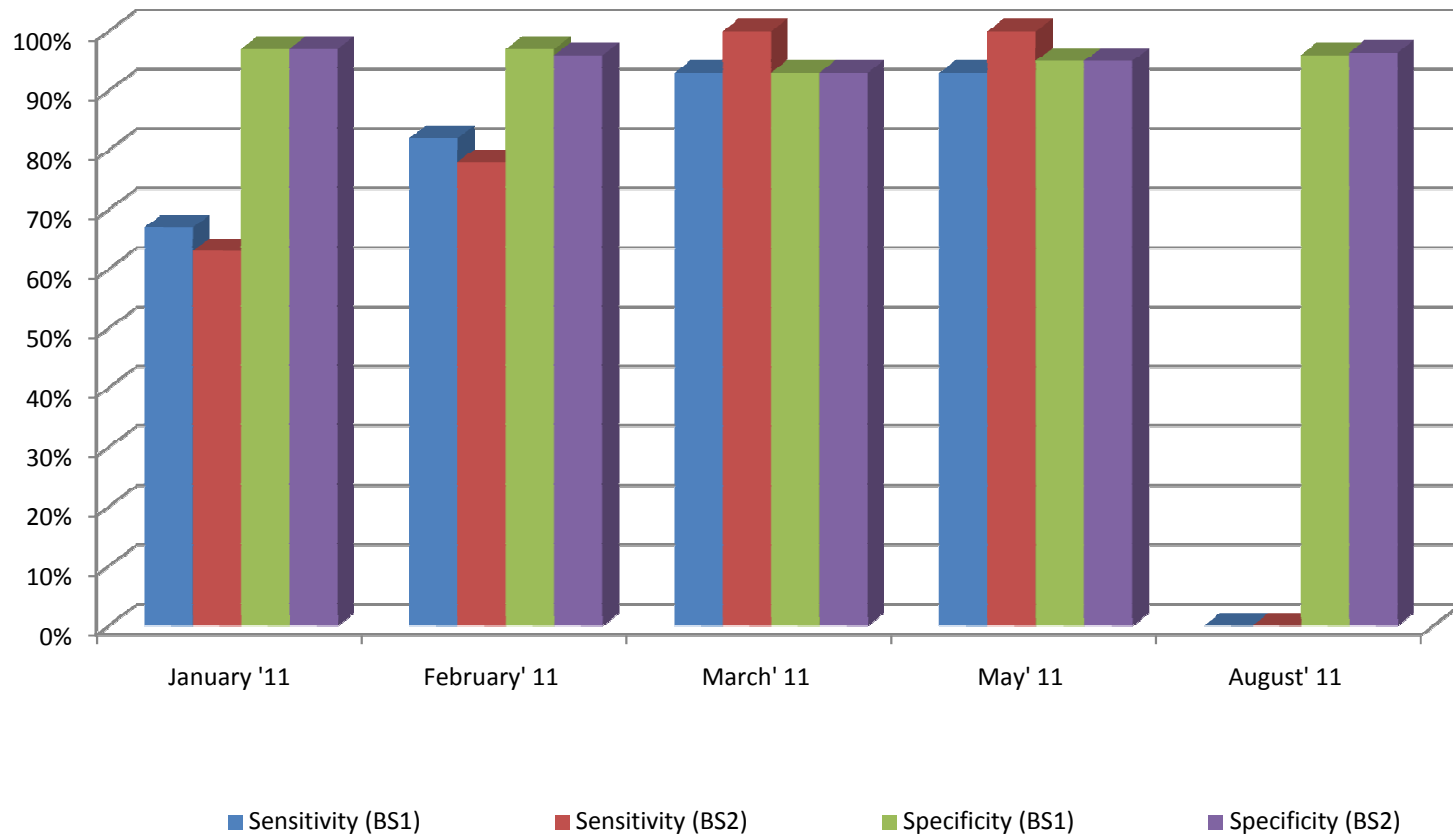


mRDT performed well in research settings 2006-8

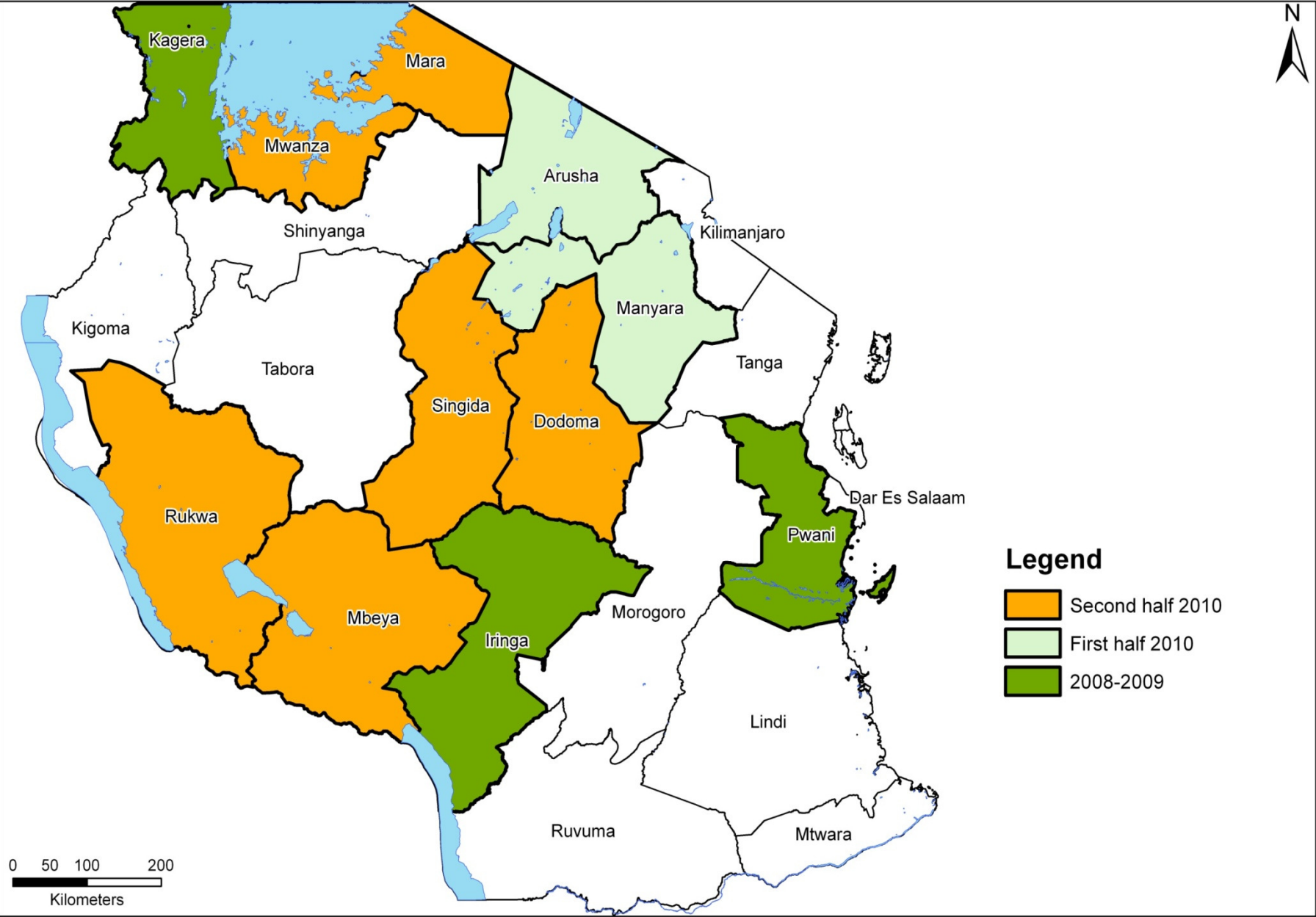
Figure 1: RDTs sensitivity, specificity and proportion of positive blood smears, by month of implementation December 2007 - October 2008, Rufiji, Tanzania



Assessment of mRDTs in public health facilities showed very good performance: Iringa rural and Mufindi- 2010



Tanzania: Malaria RDTs Roll-up Plan by 2010



Take Home Messages

- RDTs: appropriate technology for all levels of the health system
- National coverage by end 2011
- Better outcomes
 - Higher coverage of lab-confirmation
 - Accurate diagnosis of malaria
 - Reduces ACT waste
 - Appropriate management of non-malaria fevers



Thank
you