Consultation on Malaria Case Management Indicators

MPAC meeting
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Need for improved monitoring of malaria diagnostic testing and antimalarial treatment

- Highlighted in recent developments in malaria program policies and practices
  - Diagnostic testing of all suspected malaria cases
  - Rational use of ACTs to utilize supply and combat drug resistance
  - Improved case detection to track trends, direct resources, and evaluate program progress

- Current case management measures from program data and household surveys have limitations

- Health facility-based surveys (HFS) may overcome some of these limitations but infrequently and inconsistently employed
WHO currently promotes health facility-based survey to assess health service delivery

- WHO HQ coordinates Service Availability and Readiness Assessments (SARA)
  - Collects information on services at facilities (microscopy/RDTs, antimalarials, trained staff)
  - Conducted or planned in high priority countries (goal is annual as part of health sector review)
  - GMP working with SARA group to ensure data currently collected meets malaria program needs

- GMP raised possibility of utilizing SARA to collect information on malaria testing and treatment
  - Held consultation in June, 2013, for input
Consultation on monitoring malaria case indicators  
June 9-10, 2013 Geneva

- WHO staff and partners with experience monitoring malaria case management and health facility surveys

- Objectives:
  - Review strengths and limitations of currently available case management data
  - Update staff on current practices in monitoring diagnostic testing and antimalarial
  - Determine how assessing malaria diagnosis and treatment may fit into ongoing WHO service readiness assessments
Malaria diagnostic testing indicators in WMR 2012

Proportion of suspected cases tested
- Derived from reported cases and tests performed
- Missing data
- Reporting bias a concern

Proportion children under 5 with fever who had a blood test
- Limited number of countries each year
- Validity and extent of recall bias an issue
Malaria treatment indicators in WMR 2012

Proportion of estimated presumed and confirmed Pf cases that receive ACTs
- Aggregate and not linked to test result
- Missing data
- Reporting bias a concern

Proportion receiving first line treatment among those with fever who received any antimalarial
- All treated patients, not confirmed cases
- Limited number of countries each year
- Validity and bias a concern
Ways to improve information on case management

- Improve current approaches
  - Household surveys (evaluating bias)
  - Program data (scale-up testing, link clinic/lab/pharmacy)
- Utilize health facility surveys/assessments
  - SARA
  - Service Provision Assessments (SPA)
    - Includes quality-of-care component
  - Other HFS
Recently conducted health facility surveys

- US President's Malaria Initiative supported 6 HFS in recent years
  - Observation and re-examination add survey complexity

- In Zambia, combined results from HFS and household surveys to track across case management process
  - Identify key points for programme action

- Kenya NMCP with Kenya Medical Research Institute has conducted twice yearly HFS since 2010
  - Relies on exit interview for information on quality of care
Meeting outcomes and next steps

- Limitations of current case management indicators and need for improved program data acknowledged
- Feedback provided on malaria service delivery components of SARA
- Determined adding quality of malaria care component to SARA feasible, following Kenya model

Next steps: drafting protocol, pilot in upcoming SARA, make available and promote if successful
Thank you