



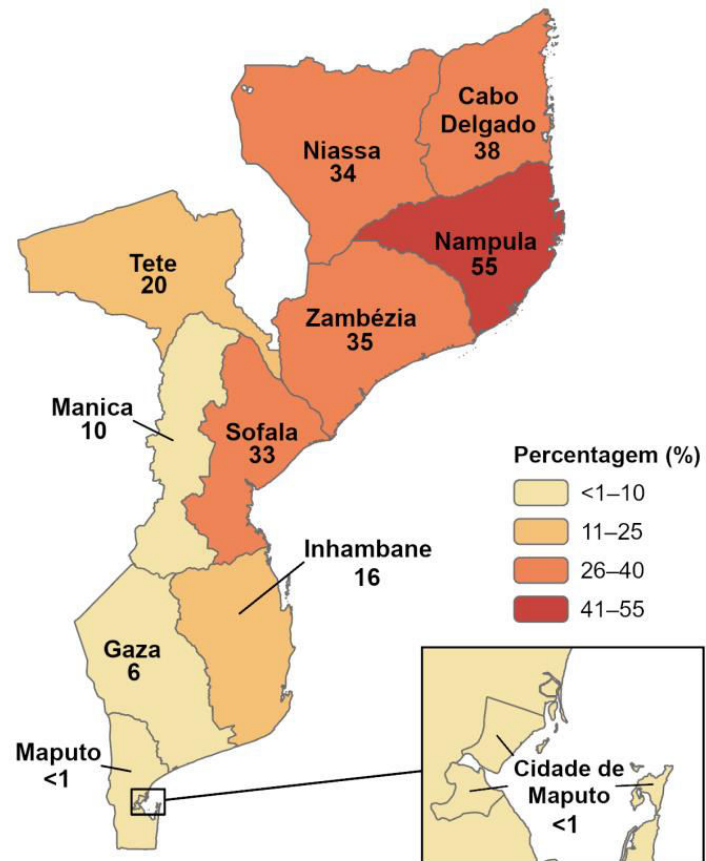
Malaria Quality Improvement Approaches in Mozambique

Kigali : 26 September 2024



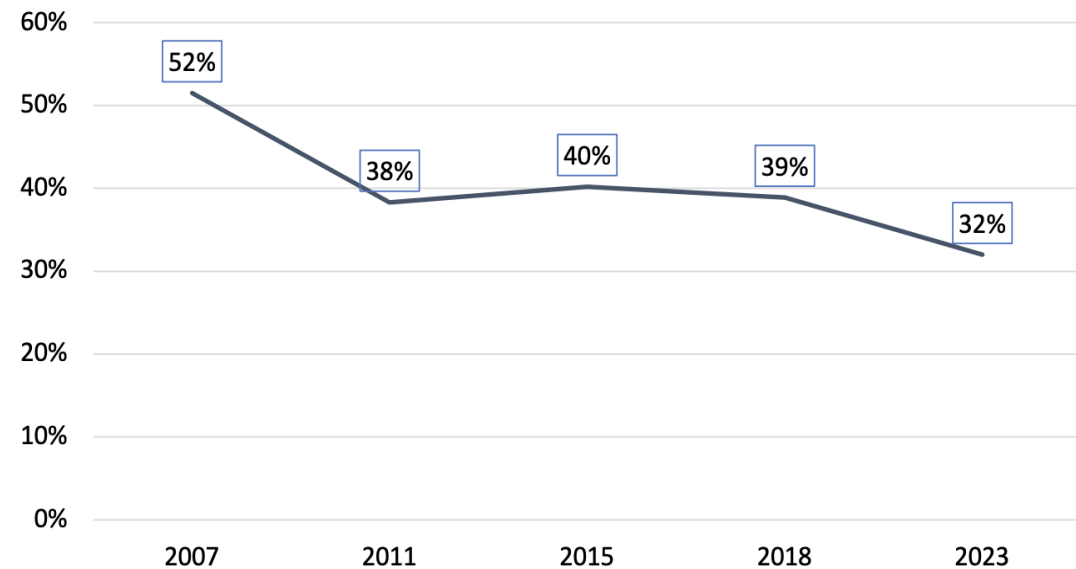
Malaria Prevalence

After a decade of stagnation in the prevalence of malaria, the ISD 2022-2023 showed a 7% decrease in the prevalence of malaria



Data collection from the last ISD: 27 of July 2022 to February 27, 2023

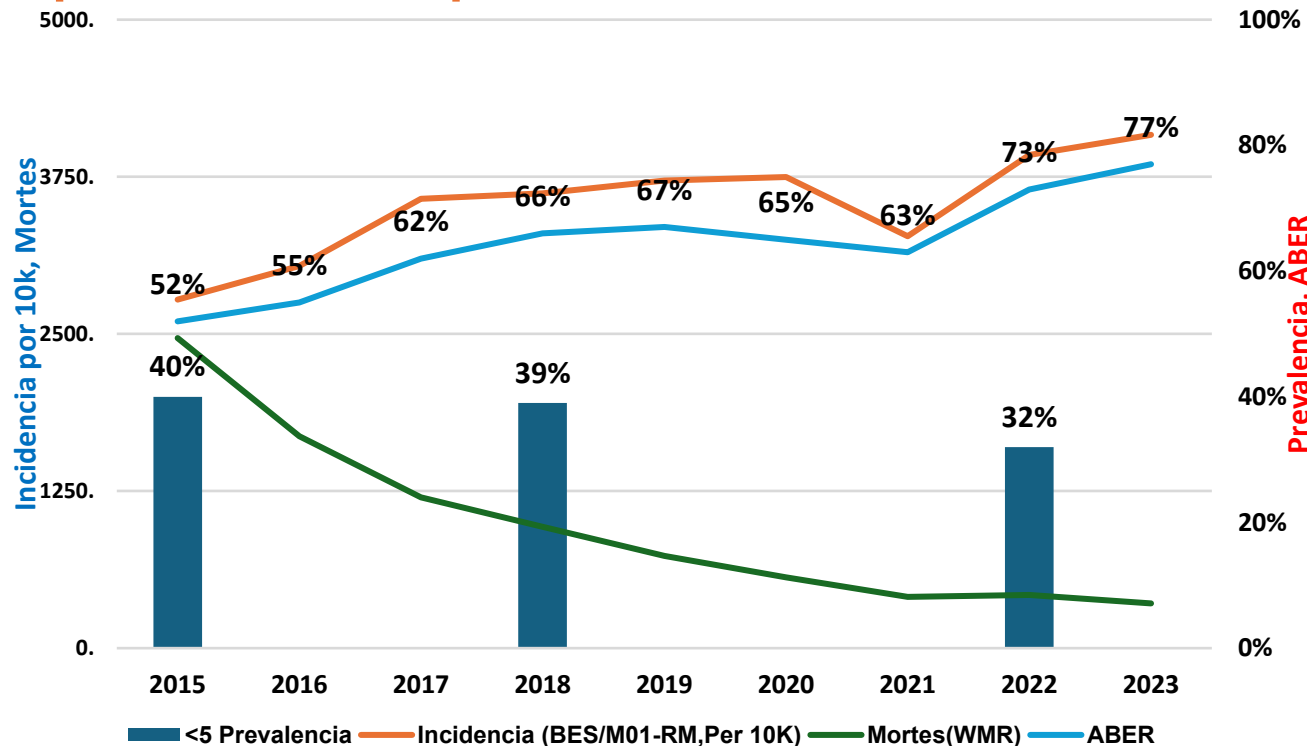
Malaria prevalence under 5 years of age, country-wide



Data sources: IIM 2007, ISD 2011, IMASIDA 2015, IIM 2018, IDS 2022-23

Morbidity, Mortality and testing trends (2015-2023)

Mozambique reported in 2023 13M cases and 351 deaths from malaria. Subnational analysis of 2022 helps to explain the discrepancies between the trends in incidence and prevalence reported in some provinces.



- In 2022, in response to feedback from the GF TRP, a subnational analysis was carried out to investigate the reasons for the increase in the incidence of 2012-2020.
- The main reasons included an improvement in the monthly notification system (MR) and better access to tests through HCW, detecting a higher proportion of cases, while CV activities were unable to effectively reduce the weight of malaria.

• IDS 2022-23 serves as evidence of the effectiveness of CV decisions made since 2020 with the support of rigorous analysis to inform the intervention stratification.

Malaria is a leading cause of morbidity and mortality



During 2023 was responsible for:

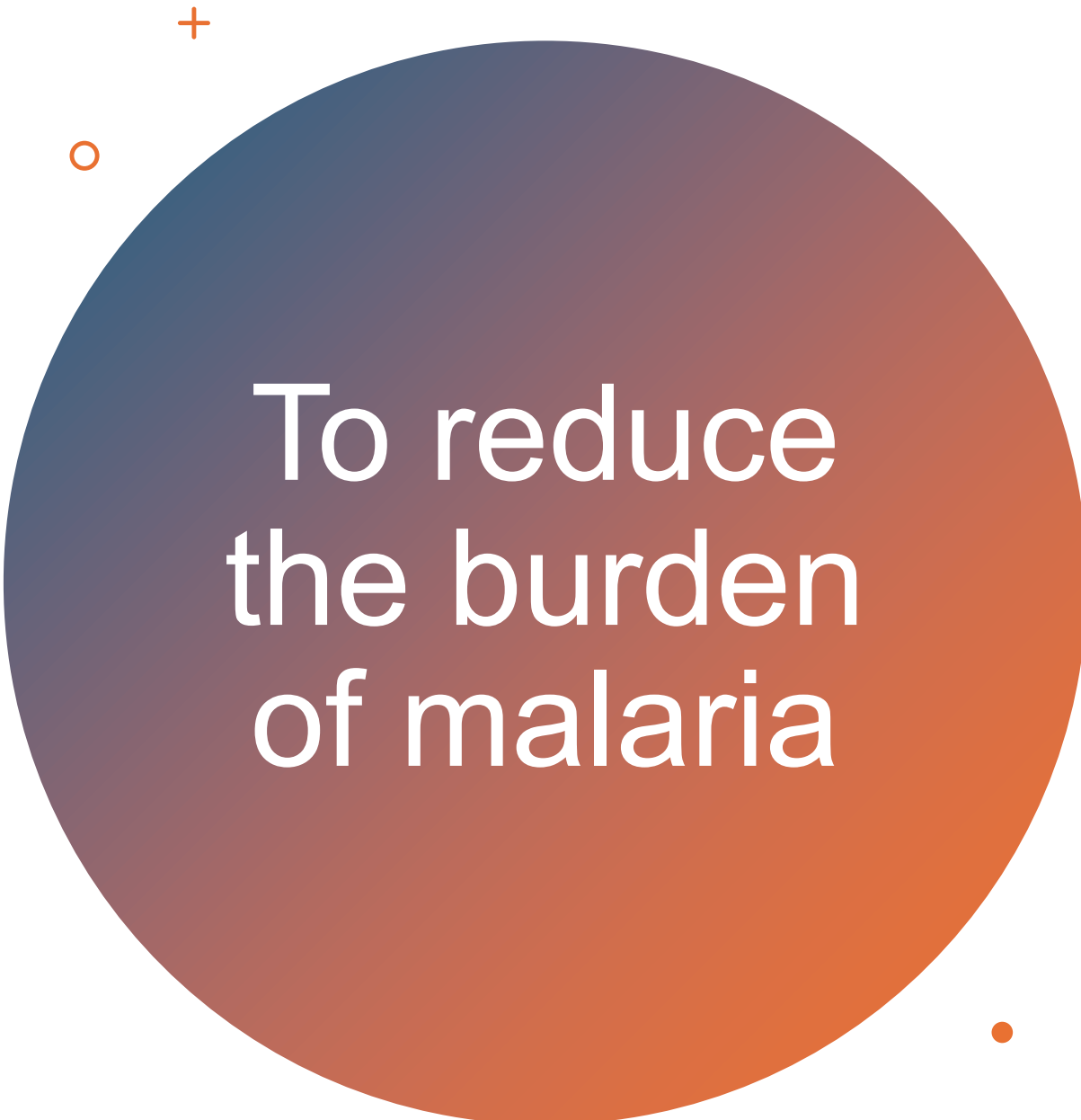
32% of Mozambique's parasite prevalence

25% of outpatient consultations

8% of hospital admissions

1% of inpatient deaths

Background

A large circle with a gradient from dark blue at the top to orange at the bottom. To the left of the circle is a small orange circle, and above it is a small orange plus sign. To the right of the circle is a small orange dot. A thin vertical orange line is on the far right of the slide.

To reduce the burden of malaria

Incorporated a number of WHO recommendations into its National Malaria Policy Guidelines, such as:

All suspected cases of malaria must be confirmed using parasite-based diagnostic testing (through either microscopy or a rapid diagnostic test)

Using artemisinin-based combination therapy (ACT) to treat **ONLY** positive malaria cases

Key activities for Quality Improvement



Procurement and distribution of antimalarial medicines and RDTs



Development and distribution the laboratory manual and new job-aids for laboratory technicians

Review and print case management guidelines for the Health workers



In-service training for front-line health workers, and strengthening of supervisory and malaria microscopic capacities (through ECAMM and NCAMM)



Drug management - including strengthening of routine logistics and management information systems

Performing routine TES for antimalarials and genomic resistance surveillance of mTDRs

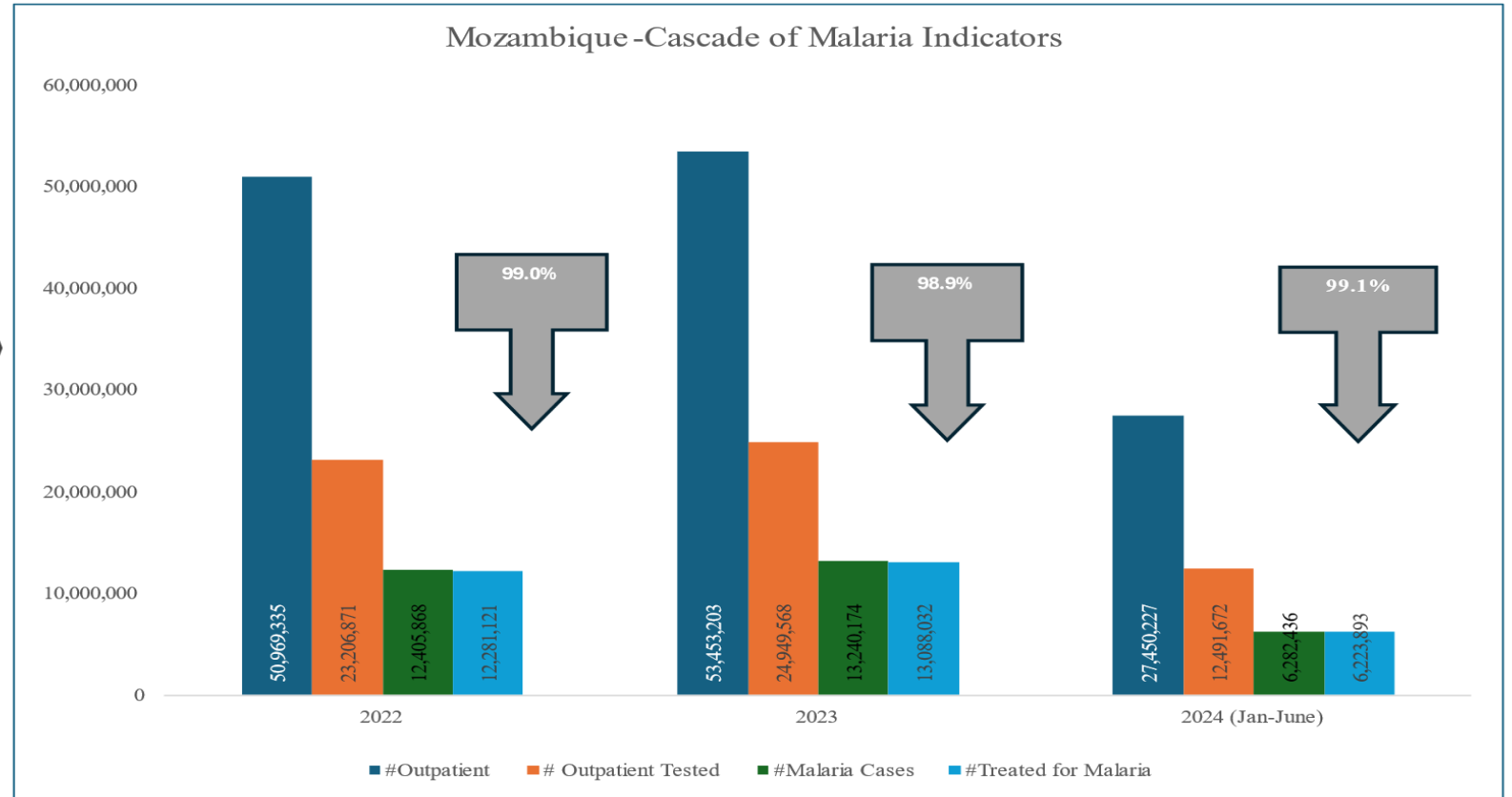
The case management training was converted from formal to virtual platform – Tele-health

Carrying out death audit in hospitals



Routine supportive supervision visits

Malaria Case Management Cascade



Challenges for Malaria Service Delivery

Poor adherence to malaria test and treat policy

Poor adherence to mRDT protocols (number of drops and reading time)

Circulation of different mRDTs brands and of different batches during the year, making quality control efforts difficult

Lack of data on the use of rectal artesunate as pre-referral treatment at community level

Persistent issues with data quality (incomplete and inconsistent malaria file records)

Obrigada
Merci
Thank you