



Status of Severe Malaria Management - Country experiences and best practice

SIERRA LEONE
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Presentation outline

- Malaria Burden in Sierra Leone
- Malaria National Strategic Plan – Intervention Mix
- Summary of programme's performance
- Lessons Learnt/best practice
- Challenges and recommendations



Malaria Burden in Sierra Leone

- Malaria is endemic with stable and perennial transmission in all districts
- The entire population of is at risk of malaria and Children under five, pregnant women and elderly are especially vulnerable
- Contributes to a considerable proportion of hospital consultations
- It is leading cause of death and illness with an estimated 20% of child mortality
- In 2023:
 - **2,148,650** malaria cases were reported (presumed and confirmed) and Severe Malaria cases 2.06% (HMIS 2023)
 - **Testing rate 66.12% (2023) the highest for the past 5 years**
 - Significant efforts have been made to reduce malaria morbidity and mortality
 - Reduction in malaria prevalence from 40% in 2016 to 22% in 2021 and reduction in malaria mortality from ***35/100,000 in 2019 to 19/100,000 in 2022***



Malaria National Strategic Plan – Intervention Mix

• **Vision** - is to accelerate the implementation of Malaria Control Interventions toward a Malaria-free Sierra Leone

• **Goal** - by the end of 2025, to contribute significantly to the improvement of the well-being of the population by reducing the malaria burden

Integrated Vector Management



- ITN Distribution (mass and routine)
- IRS
- Insecticide Resistance Monitoring

Case Management



- Prompt diagnosis with mRDTs, Microscopy
- Treatment with AL, AA, Inj AS.
- Pre-Referral RAMS
- Therapeutic Efficacy Studies
- Integrated Community case management (ICCM) by CHWs

Prevention/Chemoprophylaxis



- IPTp
- IPTi (*now PMC*)
- Malaria Vaccine

Cross cutting issues

Operational Research

Surveillance Monitoring and Evaluation

- Routine HMIS reporting
- Household surveys
- Supportive supervision

IEC/SBCC

- Advocacy, Information, Education and communication

Program Management

- Roll Back Malaria partnership
- Human Resource Development
- Procurement and Supply management

Rectal Artesunate Malaria suppository- introduced in 2018

Implemented at the PHU level by health facility staff
Onsite mentorship, coaching and supportive supervision
Job aids and treatment algorithms are provided to health facilities

Post Discharge Chemoprevention –

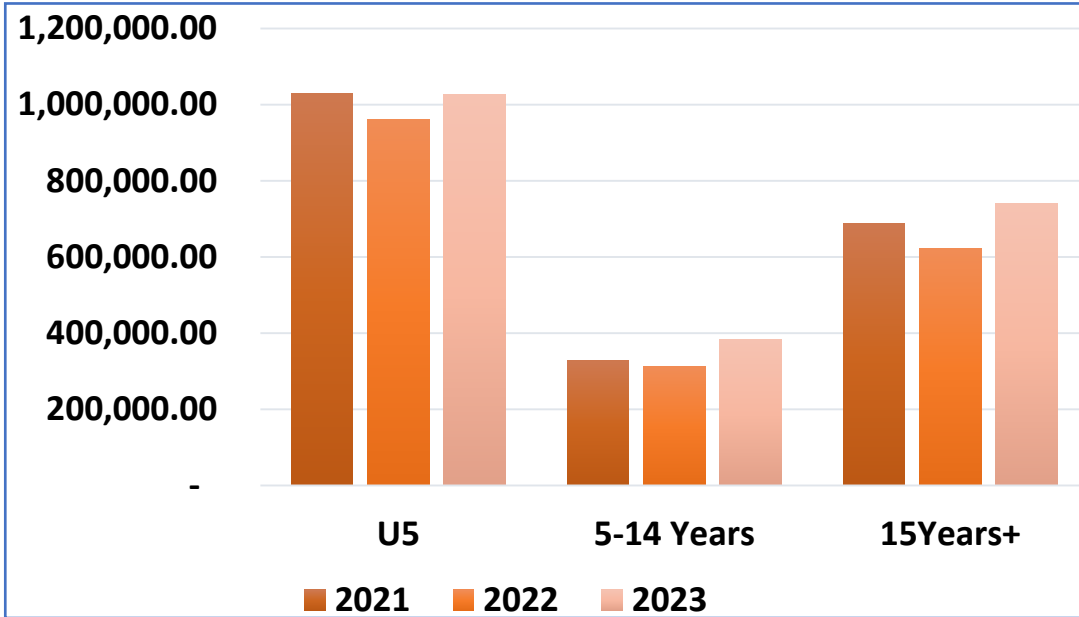
It is not currently implemented
an area of interest due to its potential to significantly reduce morbidity and mortality, especially in areas with high malaria transmission.



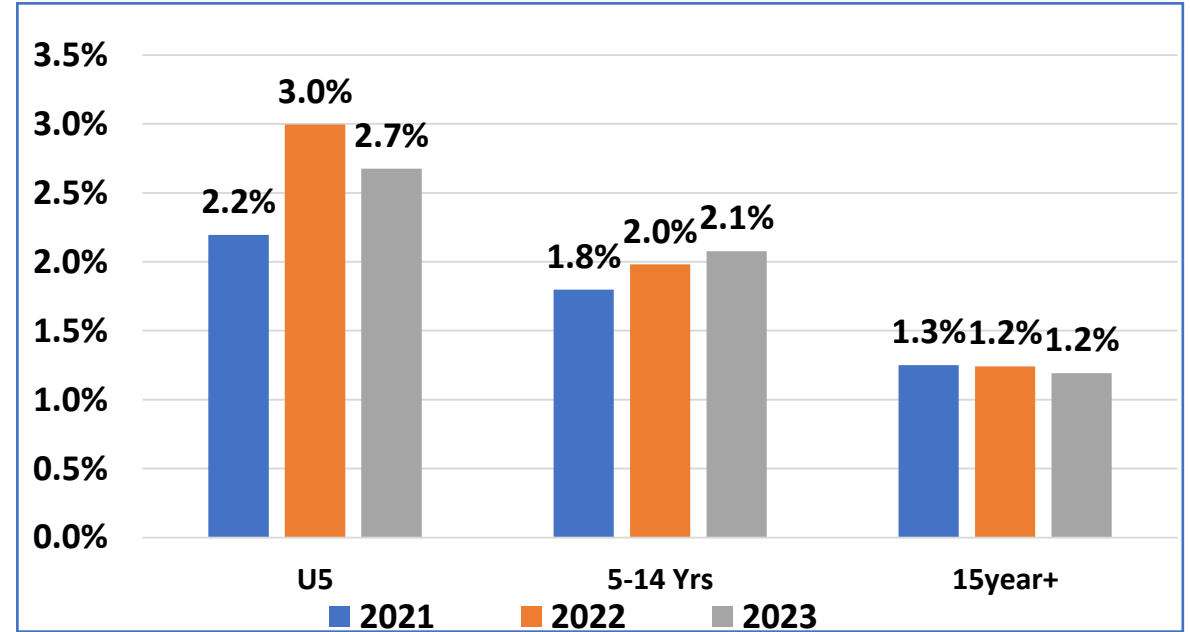
Summary of programme's performance



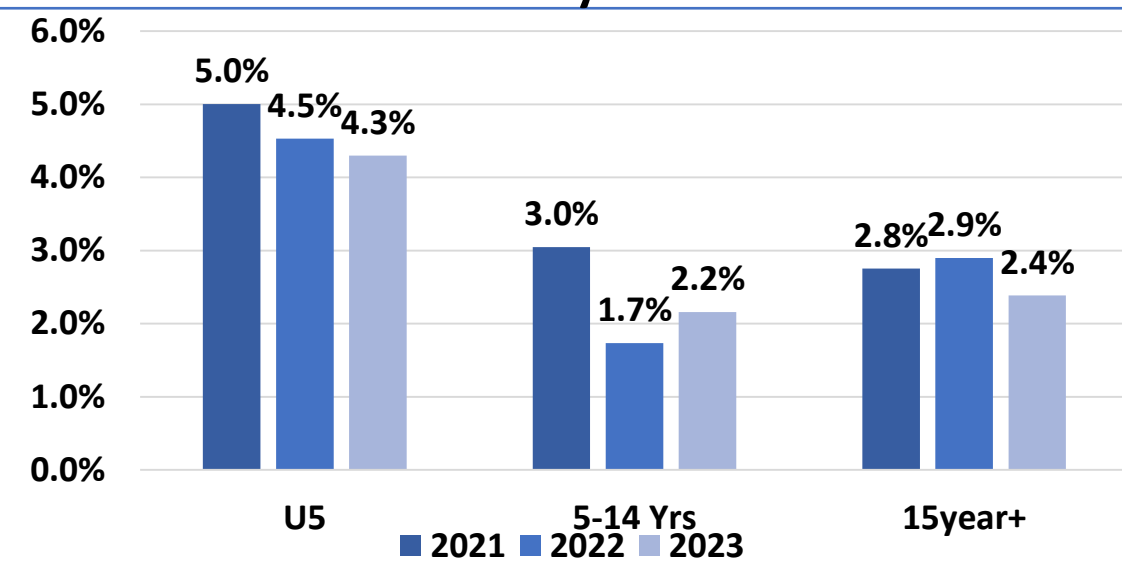
Uncomplicated malaria cases by year, 2021, 2022 & 2023



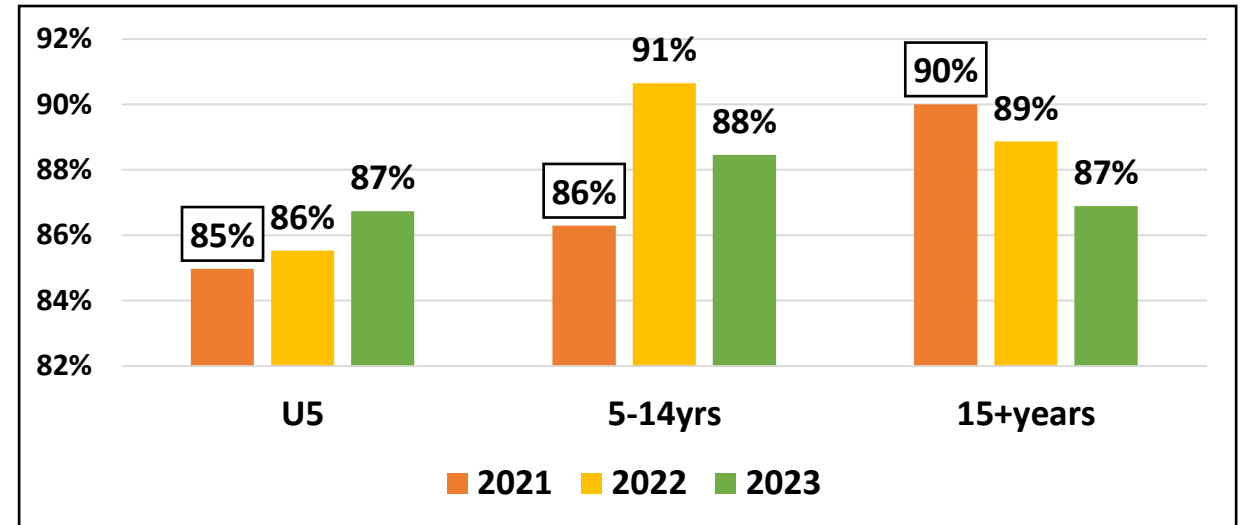
Proportion of Uncomplicated malaria cases that progress to severity



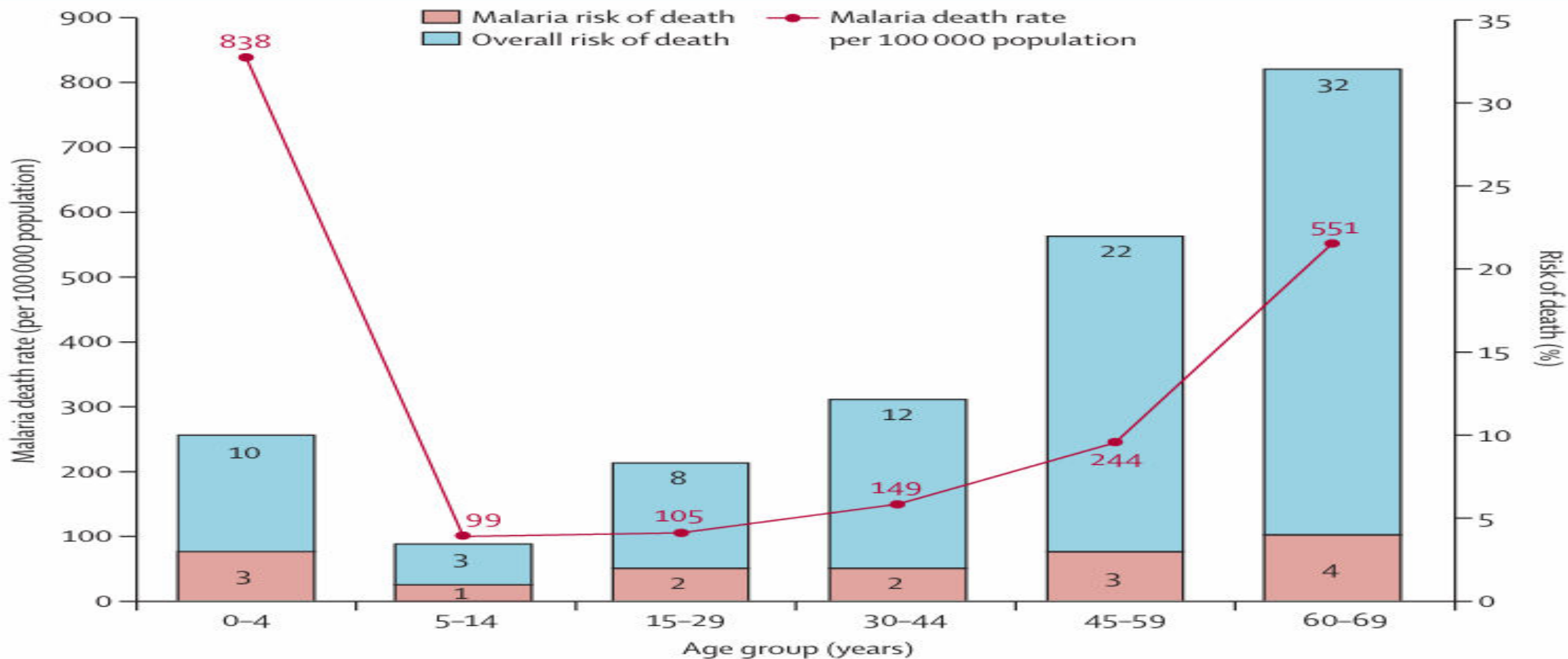
Case fatality rate



Recovery Rate



Child, maternal, and adult mortality in Sierra Leone: nationally representative mortality survey 2018–2020



Malaria is responsible for 22% deaths under -age 70 years, 38% for U5 years. 56% deaths occurred in rural areas, and 47% of all deaths occurred at home

Best practices, lessons learned and challenges



NMCP/MOH -SL



Lessons Learnt/Best Practice

- Availability of antimalarial commodities – AL, RAMS, mRDT, Injectable Artesunate
- Mentorship and coaching is key to ensure adherence to guidelines to prevent monotherapy and irrational utilization of antimalarials.
- Community awareness and sensitization to support referrals
- Capacity building of CHWs to identify and refer of severe malaria cases at community level to secondary level facilities
- Trained a core team of Clinicians “**Severe malaria champions**”
- Facility Management Committee who coordinates facility activities and community awareness and participation in the health care delivery system



Challenges

- Poor referral system limits timely access to care especially for children administered with RAMS and PVV.
- Inadequate capacity to conduct malaria microscopy in hospitals.
- Difficult terrain, including rivers and mountains, poses significant challenges to accessing healthcare in certain areas.
- Sub-optimal availability of adjuvant treatment for severe malaria management in hospitals
- Traditional and cultural beliefs hinder treatment seeking
- Limited human capacity to provide effective treatment.

Recommendations

- To Strengthening a sustainable and robust referral system
 - Community driver initiative – the use of tricycle, Keke or Tuk-Tuk to support referrals
- Provide adequate number of functional microscopes to conduct malaria microscopy
- Build capacity of laboratory technicians
- Equip hospitals with necessary supplies, including adjuvant therapy to support treatment for severe malaria cases
- Capacitate CHWs in HTR areas to provide timely care, increase their numbers and provide necessary commodities.
- Engage community stakeholders on the importance of seeking early care



