



## Modelling New Approach on Effective Medication Adherence, Treatment and Case management Initiatives through Community-Base Evidence Interventions for the Elimination of Malaria in Sub-Sahara Africa

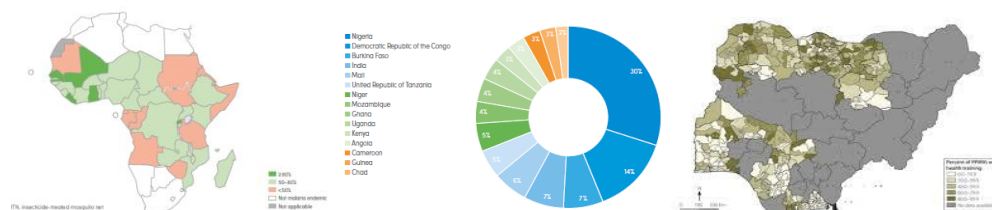
*(A Field Experience and strategic Approach for Strengthening Low-cost effective Evidence-base Interventions in an Epidemic Control program of Fhi360/USAID/SIDHAS/PEPFAR project in Southern Nigeria)*

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### Background

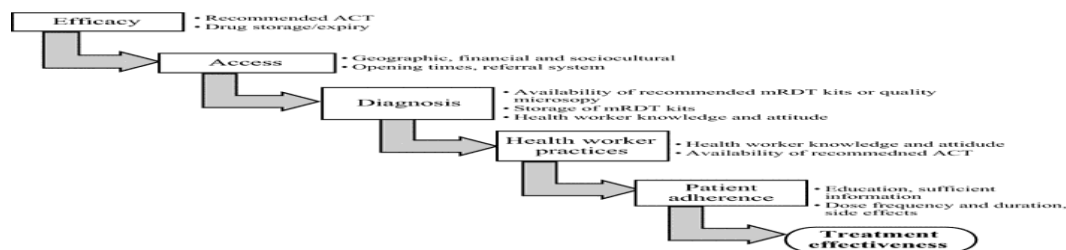
Malaria, HIV/AIDS and TB remains an important cause of mortality and morbidity in Sub-Sahara Africa. Children under age 5 and pregnant women are the group most vulnerable to illness and death from malaria infection across sub-Saharan Africa including Nigeria. However, with supplement funding from the US president’s Emergency Plan for AIDS Relief(PEPFAR), The Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) and the World Bank. Many African countries changed focus to scale up HIV/AIDS, Malaria and TB services with a goal to increase access to quality Healthcare services.



**Objectives:** To further promote effective medication adherence prompt diagnostic and treatment of malaria as well as bringing services need as close as possible to the persons needing treatment.

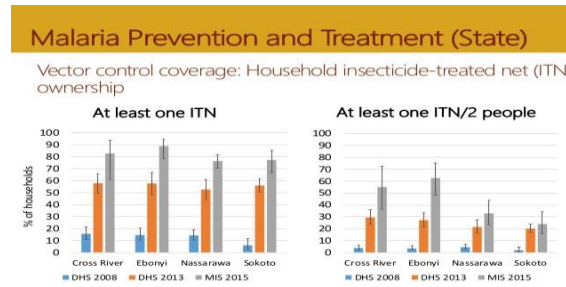
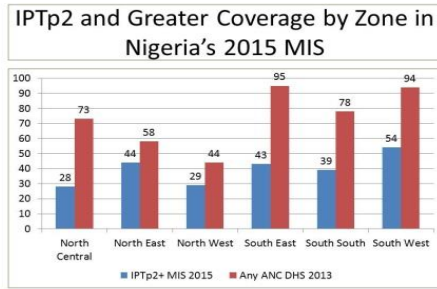
**Methods:** A random cluster sample survey was conducted between 2015-2017 involving over 550 community health workers and volunteers in context of task-shifting and sharing to allow specialized health workers vote in more time to focus on advanced clinical conditions while non-physician providers attend to more stable patient. Along the service line community health worker engage in community outreach, voluntary counseling and testing services for Children, Adolescent and Adult in the general population.

Table below show community Health worker Malaria Intervention services trend



**Result:** Although use of ACT for malaria treatment increased from 2 percent in 2008 to 18 percent in 2013, this figure remains below the National target (which is at least 80percent) by 2020, as specified in the National malaria strategic plan). Therefore, there is need to engage a wider network of healthcare workers and volunteers in order to scale up low cost effective evidence based intervention for elimination of malaria

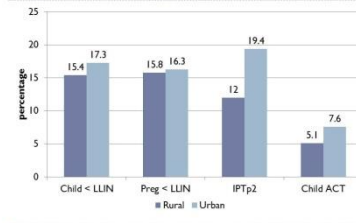
**Table 1-6: Shows Malaria progress among pregnant women, Children and general population in Nigeria**



**IPTp Coverage in the Six study area Clinics before intervention**

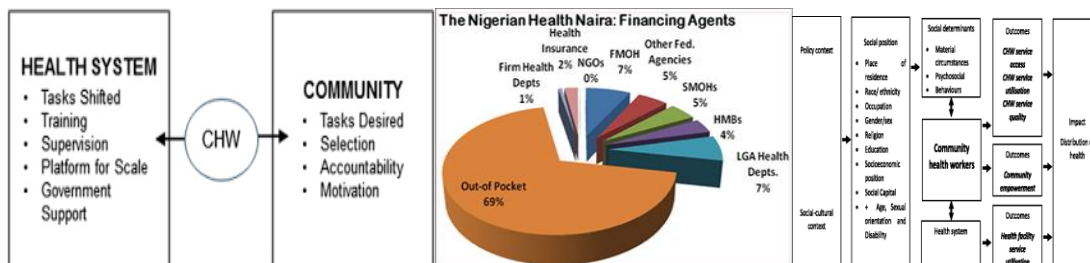
Source	HMIS	DHS
IPTp1	69%	68%
IPTp2	68%	48%
IPTp3	56%	22%
IPTp4	1%	N/A

**Nigeria 2013: Rural-Urban**



Health care level	Cadre of staff	Expected management capabilities
<b>Level III</b> Teaching Hospitals, Specialist Hospitals, PHCs and some Private Hospitals	Specialist Physicians or Highly skilled Senior Physician	Intensive care for severe disease
<b>Level II</b> General Hospitals, Comprehensive Health Centres, Cottage Hospital and Private Hospitals	Medical officers, General Practitioners, Nurses and Community Health Officers	In-patient care Basic laboratory support for confirming diagnosis and monitoring Assessing complications
<b>Level I</b> Health Centre with or without laboratory facility Dispensaries, Health posts and community based providers	Community Health Extension Workers, Village Health Workers, Private Medicine Vendors	Synthetic approach focusing on disease identification, initiation of appropriate treatment and urgent referral of severe cases

**Figure 2: below shows the Health outcome in proportion to Financing Community Health workers scheme in Nigeria**



**Conclusion:** The current mission of national malaria Elimination program (NMEP) is based on its mission policy to provide equitable, comprehensive, cost effective, efficient and quality malaria control services ensuring transparency, accountability, client satisfaction, community ownership and partnership. This is to be achieved through the community delivery mechanisms, either as stand-alone community based diagnosis and treatment programs or within the context of integrated community case management.

**Key Words:** Methodology, Community, Health, Worker, Malaria, Case, Management.



**ADVANCED COURSES AND SCIENTIFIC CONFERENCES**

**Bursary Note:**

**APPLICATION FOR FUNDING SUPPORT TO ATTEND Malaria Vaccines for the World - MVW 2019, 8-10 May 2019 University of Oxford, Oxford, UK**

I am a young professional population health researcher and a public sector-economy analyst working on developing vital statistics for budget and national planning in Nigeria and lake Chad region

I am conducting a research to determine population dynamics in relation to effective approach to malaria medication, adherence, treatment and case management in Nigeria and lake-chad region

I am also interested in presenting my research findings and to develop my research capacity through participation in **Malaria Vaccines for the World - MVW 2019, 8-10 May 2019 University of Oxford, Oxford, UK**

But I have difficulty to obtain travel fund.

I hereby apply for financial support to attend the international conference. I shall be grateful to receive this offer of opportunity to learn and develop my capacity to contribute to global development.

**2) My prefer presentation is Oral regular or Poster**

**3) POSITION: Senior Technical Officer, Planning, Research and Statistics**

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**Post Graduate Researcher, Cross River University of Technology, Nigeria**

**4) Evidence of Certification from Previous International Conferences, Trainings and Work Experiences**

