

THE PROCESS OF MALARIA DRUG POLICY CHANGE IN MALI

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Introduction

- 14 to 25% of the young children mortality
- The first cause for hospital visits in children 6 months to 9 years of age (67.4%)
- Fevers due to malaria are responsible for 82.4% of outpatient visits in periods of high transmission (Dolo 2003).
- National Malaria Control Program since 1993

Old protocol

- Chloroquine as a first line treatment
- Sulfadoxine pyrimethamine as second line
- Quinine for severe malaria
- Chloroquine was used for the prevention in pregnant woman

Malaria treatment protocol and prevention strategies

- The National Malaria Control Program recently changed treatment guidelines:
 - Artesunate-Amodiaquine and Artemether-Lumefantrine: 1st line (used of rapid diagnostic test).
 - Quinine for severe malaria
 - SP recommended for IPT in pregnant women

Problems

- Frequency of health center visit between 25 to 30%
- Health center accessibility is 47% within a 5km radius and 71% within a 15km radius
- High cost of artemisinin derivative (8 to 10 dollar)
- Availability of the Coartem
- Chloroquine in the black market

Solutions

- To resolve these problems our National Malaria Control Program launched a five years strategy to fight against Malaria (2007 to 2011)
 - Train health workers (MD, Health agents) in the use of ACTs
 - Treat without charge all children under five yr with As + Aq.
 - Distribute free insecticide treated nets to pregnant women and children under 5.

Problem

- As-Aq side effect: there is many complains about As-Aq treatment.