

# OPERATIONAL RESEARCH PRIORITIES FOR MANAGING FEBRILE ILLNESSES



**Nigeria**

# The Burden

- Approximately 1 million young children in Africa die from malaria every year.
- Mortality rates for children <5 years remain stagnant over the past decade due to malaria
- Most children die from febrile illnesses at home without receiving adequate therapy
- Data from 14 African countries suggest that 16% - 71% of CU5 with fever are treated in a health-care facility

**Where do the rest get treated, how and by whom?**

# The Burden:

- Multiple disease processes often coexist in a sick child.
- A child with fever may actually have one or combinations of these
  - malaria
  - pneumonia
  - diarrhoea, measles,
  - in addition to malnutrition.
- At health-care facilities or home management diagnosis is based on symptoms

**How can we improve on disease recognition at these levels?**

# Managing febrile illnesses – critical elements

S/N	Critical Issues	Areas that need attention:
1	Symptom Recognition	Capacity building of caregivers
		Communication
		Rapid testing
		Care practices



# Managing febrile illnesses – critical elements

2	Appropriate treatment	Drug dosing characteristics – prepackaged treatments
		Supportive care
3	Referral	Prompt recognition of danger signs
		Appropriate care seeking for severe illnesses
4	Managing co-existing diseases	Developing approaches to recognition
		Investigating drug therapeutic options for co-management of illnesses
		Making available the efficacious medicines



# Managing febrile illnesses – critical elements

S/N	Critical Issues	Areas that need attention:
5	Prevention of future occurrence	<p>Communication</p> <p>Consistent and appropriate use of preventive interventions</p> <p>Continual availability of preventive interventions</p> <p>The role of the private sector, community, traditional and religious system in improving compliance</p>



# Managing febrile illnesses – critical elements

S/N	Critical Issues	Areas that need attention:
6	Availability of efficacious medicines near home	National policy formulation,
		Monitoring of drug resistance
		Monitoring of adverse drug reaction
		Drug procurement and distribution
7	Affordability	Drug pricing
		Financing mechanisms – subsidies
8	Data keeping	Availability of effective and harmonized tools
		Linkages between community and health facility reporting
		Possibility of integrated reporting with other diseases

# **Opportunities for Research in Diagnosis and Treatment...**

- What are the community perceptions and practices of treatment of malaria?**
- What strategies could be used to deliver ACT by community health workers?**
- What factors (including NHIS protocol) influence the use of RDTs and adherence to treatment in the public and private sectors?**



# Opportunities for Research in Diagnosis and Treatment

- **What are the causes of parasite (RDT/ microscopy) negative febrile illness? What are the consequences of false negative RDT diagnosis of malaria?**
- **Is RDT based treatment for febrile illness cost-effective in the public sector?**
- **Can there be a rapid test that can distinguish malaria, bacterial and viral infections (at least in these broad categories)**

# **Opportunities for Research in management of febrile illnesses**

- **Is use of RDT based diagnosis of malaria by community based workers (PPMVs) feasible, cost-effective and sustainable?**
- **What are the perceptions of health care providers about the use of RDTs in diagnosis of malaria?**
- **Does RDT based treatment improve treatment outcomes of febrile illness?**

# Opportunities for Research in Other Issues

- Will better training of health care providers (government/formal and informal private sector) improve adherence to test results, and prescription and dispensing practices; and improve adherence to treatment by users?
- To what extent does malaria co-exist with other febrile illnesses
- What would be the added value of routine administration of injection ceftriaxone to the treatment of a child with severe febrile disease

# Challenges ahead

- Antimalarials still remain POM in some settings – Nigeria rescheduled ACTs to OTC in 2006
- Caregivers are not allowed to handle antibiotics at the community level
- Rapid diagnostic tests for malaria – not yet at the community levels
- Right communication mix for effective behaviour change

# Challenges ahead

- Referral system – weakened by absence of a clear linkage between community based resource persons (e.g. RMCG, PPMV, TBAs etc) and the health facilities
- Communication still do not receive enough attention at large scale
- Inadequate supportive supervision and mentoring
- Data keeping, collection, collation and use is insufficient and remain very limited



*Thank You for Your Attention*