



**STUDIES TO PROFFER SOLUTIONS TO ACHIEVE MAXIMUM THERAPEUTIC  
CONTROL MALARIA MEASURES**

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**ABSTRACT**

Control of malaria is now accepted by W.H.O instead of eradication programme. The latest strategy is the roll back malaria RBM initiative adopted in 1998. This latest initiative has been addressed with detailed preventive measures and concerned against mosquito breeding and transmission of malaria parasites from man to man. It is felt that a lot could be achieved if some yawning gaps, are closed in treatment of malaria in therapeutic control of malaria. The above necessitated this study where the authors and some selected influential stakeholders in this subject in local Government Area of the State gathered and elaborated on the issues in malaria control that could be handled by adequate therapeutic control measures. The exercise considered early reporting of suspected symptoms of malaria for treatment within a day. Provision and training of staff are secured for nearby prompt and adequate treatment centers. The panels reach consensus about what to do to tackle successfully each area in therapeutic control measures. It is believed that their recommendations if put in place anywhere in Nigeria or indeed elsewhere will help to effect adequate therapeutic measures to achieve the much needed malaria control programme.

**KEYWORDS:** Strengthening, Therapeutic Malaria Control Measures.

**INTRODUCTION**

Malaria is highly endemic in many developing countries of the world with high morbidity and mortality especially in pregnant women and children under the age of five.<sup>[8,5,11]</sup>

The resurgence of malaria after the World Health Organization had prosecuted the malaria eradication programme in Syrilanka<sup>[3,1,2]</sup> former (Ceylon, an Island at South East tip of India) closed the eradication programme pursuit and open the way for WHO to opt for malaria control measures. The control measures had expression in the Alma-ata declaration of 1978 that made primary health care focused essential on control measures in such endemic disease area including control of malaria. The primary health care focused on training of personnel, building and equipping structures that will help in control of malaria.

In order to boost malaria control twenty years after the Alma-ata declaration, W H O came up with Roll Back Malaria Initiative.<sup>[8]</sup> The initiative specified control measures are:

- ❖ To increase to 60% the use of insecticide treated bed nets (ITNs) by pregnant women and children under the age of five

- ❖ To ensure that 60% of children under the age of 5 receive appropriate treatment within 24 hours of onset of illness.
- ❖ To ensure that at least 60% of all pregnant women at risk of malaria will have full access to IPT.
- ❖ To develop an effective environmental management strategy for RBM (Integrated Vector Management).

All these while, spirited efforts including scientific studies<sup>[7]</sup> have been made in preventive malaria control measures living a yawning gap in improving on therapeutic malaria control – The Roll Back Malaria initiative is further deficient in taking care of all the populace.

Admittedly, there is high morbidity and mortality on children and pregnant mothers.<sup>[5]</sup>

There is need to strengthen every area of the therapeutic malaria control measures which necessitated this study.

**OBJECTIVE**

The objective of this study is to plug all loop holes that are created by the present deficiencies in therapeutic strategies as identified and solution proffered by the authors and panel formed at Local Government level.

**DURATION OF THE STUDY**

1-June 2016 – 28 – February, 2017.

**MATERIALS AND METHODS****Study Design**

The study is designed to use stake-holders in various areas of human Endeavour in both Urban and rural communities of local governments. The selected Local Government Area of Aboh-Mbaise Imo State of Nigeria was chosen because of its willingness and corporation by similar panel in the past.

The researchers of this paper selected suitable people as the panel comprising the following from the Local Government and from the Local Government Area.

- ❖ The head of a Local Government (chairman or his representative)
- ❖ The officer in charge of primary health care facilities.
- ❖ Education Secretary
- ❖ Director of information
- ❖ Chairman of Local Government Traditional Rulers Council
- ❖ Two influential village heads from different Communities.
- ❖ Two influential women leaders from different communities.

The researchers considered areas of interest in improving some therapeutic aspect in malaria control measures and these were considered or deliberated upon and consensus opinion was agreed upon as recorded under.

**ISSUES TO CONSIDER TO IMPROVE THERAPEUTIC MALARIA CONTROL MEASURES AND CONSENSUS ANSWER GIVING BY THE PANNEL.**

**Delay in Reporting of Malaria** - The WHO RBM initiative stipulates that the ill patients are expected to report within 24 hours of fever, there is therefore the need to have good health education to the entire populace on the signs and symptoms of malaria and need to be treated within a day of onset of illness. This should be taken up in schools and community gatherings of men and women and special religious functions. The educational secretary of local government with the Information Officer and community leaders should plan and execute the task at least once a year.

**The Need to Include Everybody in Early Treatment of Malaria** There is need to bring everybody into the program of early treatment and not only the children under five years and pregnant mothers. Since there are many more people in the Community than those children under five years and pregnant mothers, exclusion of majority of people there will not be acceptable in the community and will not produce maximum therapeutic malaria control results.

**State Licensing of Many nearby Treatment Centers**

Malaria treatment drugs are bought and dispensed by all and sundry. There is therefore the need to enlist and use the services of maternity homes, dispensaries and health clinics, patent medicine dealers in addition to primary health centers. The people concerned should be subjected to training. The above will make the treatment centers within easy reach of every body.

**The Need to Provide Good Laboratory Facilities for Treatment Centers**

The need is to treat cases that do not respond to treatment as earlier stated. This treatment centers should be within easy reach by distance and cost for the average person in the community.

**Dosage and Approved Drugs as of Now**

In the past decades, resistance of drugs for treatment of malaria has changed from quinine to chloroquine to sulphur combined treatment and now to artesunate combined drug therapy because of resistance of malaria to previous drugs. It is therefore, necessary to use the current drug of choice for malaria treatment.

The drug of choice artesunate combined therapy must be used in adequate dosage including the strength of the drug, the frequency and number of days and when the drug should be taken in relation to meals. Appropriate antipyretic drug may be added during treatment. Finally, patients should be encouraged to go for further attention in treatment health facilities, health centers and hospitals with adequate laboratory facilities when symptoms of fever persists after three days of treatment in the approved center.

**To Avoid the Use of Fake Substandard and Expired Drugs**

The panel recommended that every Local Government should establish to address the above issue. The panel recommended that there should be a government or an approved Pharmastitical house at the Local Government head quarters.

The Pharmacy will store and sell out approved anti-malaria drugs. It should also condemn all expired drugs. The pharmacy should collect anti-malarias that will expire in the next three months from all treatment centers in the Local Government and replace them at no extra cost with drugs with longer expiry date.

**DISCUSSION**

Information about malaria should be known and spread across to all and sundry. The information should not be limited to Professionals. It should be spread across to schools at appropriate time, in churches, community gatherings and it should be the concern of everybody in order to reach out to all. This global disease with its devastating effect on human beings needs massive information to everybody by both preventive and therapeutic information.

It is not profitable to draw a line between preventive and therapeutic education since health education about a disease will lead to prompt reporting on therapeutic attentions. It will also lead to people complying with their drug.

All these will give rise to compliance and adequate treatment.

Those who have fever and other features of malaria like headache and muscle pain should go to primary health centers and clinics where there are no Doctors under the primary health service scheme. Also, untreated neglected severe prolonged malaria infection may present with different features relating to the part of the body manifested, thus:

- (a) Algid malaria (chilly and cold) in cerebral malaria.
- (b) Choleric (Diarrhea and vomiting), malaria ingastrointestinal manifestation.
- (c) In Black water fever malaria as in kidney manifestation. All these features which occur during quinine and chloroquine days are hardly seen these days.

The Community health workers end up giving presumptive diagnosis of malaria where in some studies in accuracy of clinical diagnosis was very high over 90%.<sup>[5]</sup> But other studies showed 50% accuracy.<sup>[9,10]</sup>

The difference in the percentage could be attributed to the endemicity of malaria where the study was done, also in the competence of the laboratory was involved in the studies and competence of the community health workers concerned in terms of training and retraining and continuity of being in the job. It is therefore, necessary to ensure that community health workers who act as doctors where there are none should continue to be in the job and have training and retraining exercise in the cause of their duties.

However, laboratory facilities should be provided to serve people who need them and first port of call or go there as referred cases of failed treatment.

The best option of prompt treatment and easy reach of treatment are centers very close for villagers. Both the treatment personnel and patient reporting ill, such symptoms as fever, headache, myalgia both patient and the person treating him should be sure the drug is a current accepted drug that is meant for malaria, the treatment regime of dosage including length of treatment should be giving. The drug should be administered before expiry date.

Finally, it is hoped that the Local Government Chairman, the head of Health Department, the head of Information Department, the Education Secretary and local government head of finance, should co-oped prominent people like traditional rulers influential village heads, influential women leaders religious and other cultural leaders to plan and execute the above proposals. The

suggestion should also be applied in other health related programs in the Local Government. The local government should support the program as opinion of the panel above and surely, the morbidity and mortality of malaria will be drastically reduced in the local government.

## CONCLUSION

Treatment of malaria is of prime importance in therapeutic control of malaria both in morbidity and mortality.

Every area of therapeutic malaria control has been taken care of in the recommendations proffered as above. The only area of concern that has not been addressed is transmission from individual with asymptomatic plasmodium infection<sup>[4]</sup> which may pose the only unaddressed transmission channel though this is of minor importance. The authors agree completely that the above recommendations of the panel if complied with in every local government area of the state or nation will offer a new lease of life to people all over the world. The authors agree completely with<sup>[6]</sup> Enwereji that all malaria control measures (preventive and therapeutic) should be used at the same time to have maximum malaria control effect.

## APPRECIATION

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