



Global Malaria Programme

# MALARIA CASE MANAGEMENT

*OPERATIONS MANUAL*

MALARIA CASE MANAGEMENT – OPERATIONS MANUAL



World Health  
Organization





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## Acknowledgements

The *Malaria Case Management Operational Manual* is a product of a collaborative work between the World Health Organization (WHO) Headquarters and all WHO Regions. The WHO Global Malaria Programme wishes to acknowledge the valuable contributions of: Hoda Atta (EMRO), Andrea Bosman (HQ), Keith Carter (AMRO), Eva Christophel (WPRO), Mikhail Ejov (EURO), Thimasarn Krongthong (SEARO), Paola Marchesini (AMRO), Leonard Ortega (SEARO), Peter Olumese (HQ), Issa Sanou (AFRO) and Wilson Were (HQ).

The document has also been reviewed by Maru Aregawi (HQ), David Bell (WPRO), Soce Fall (AFRO), Zamani Ghasem (EMRO), Walter Kazadi (AFRO), Kamini Mendis (HQ), Josephine Namboze (AFRO), Jackson Sillah (AFRO), and Marian Warsame (HQ).

WHO Library Cataloguing-in-Publication Data :

Malaria case management: operations manual.

1.Malaria - epidemiology. 2.Malaria - prevention and control. 3.Malaria - drug therapy. 4.Malaria - diagnosis. 5.Case management - administration and organization. 6.Antimalarials. 7.Health services. 8.Health profile. 9.Manual. I.World Health Organization. II.Global Malaria Programme.

ISBN 978 92 4 159808 8

(NLM classification: WC 755)

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## Abbreviations used

AIDS	acquired immunodeficiency syndrome
ACT	artemisinin-based combination therapy
AM	artemether
AT	artemotil
AL	artemether-lumefantrine
AS	artesunate
AQ	amodiaquine
CQ	chloroquine
DIT	district investigation team
HIV	human immunodeficiency virus
HRP-II	histidine-rich protein II
ITN	insecticide-treated net
IPT	intermittent preventive treatment
IPT1	first dose of intermittent preventive treatment
IPT2	second dose of intermittent preventive treatment
M	mefloquine
QNN	quinine
RDT	rapid diagnostic test
SP	sulfadoxine-pyrimethamine
WHO	World Health Organization

# 1. Introduction

## 1.1 Background

Globally, 300–500 million episodes of malarial illness occur each year, resulting in over one million deaths, most of which are among children under five years of age. The greatest burden of malarial disease and death lies with the poor, who also have the least access to interventions against malaria. Malaria control requires an integrated approach, comprising prevention (including vector control) and treatment with effective antimalarial agents. Lack of information, education and access to early diagnosis and prompt, effective treatment has impeded the success of the global malaria programme in reducing severe morbidity and mortality from the disease.

Strategies for malaria case management should be considered an integral part of malaria control programmes. They must be based on sound epidemiology in the area in question, taking into consideration the population at greatest risk, including young children, pregnant women, residents of certain geographical areas and occupational risk groups, as well as the seasonality of malaria. Knowledge about the local pattern of resistance of parasites to antimalarial drugs is also essential in planning case management.

Most symptomatic malaria is treated in communities, in peripheral primary health facilities and in informal health structures. Therefore, an effective case management strategy requires that appropriate measures be taken to ensure access to appropriate, effective treatment at each level of health care, including the private sector and communities, as close to the patients as possible. It is important to ensure use of standard treatment guidelines, the availability and delivery of effective antimalarial medicines, health education and training and monitoring of clinical staff at all levels of health care delivery.

The affordable, previously widely available antimalarial drugs chloroquine and sulfadoxine-pyrimethamine, which were the mainstay of treatment, are now ineffective in most areas endemic for *Plasmodium falciparum* malaria. Increased resistance to these monotherapies has contributed to an increase in mortality from malaria in recent years. Artemisinin-based combination treatments are generally considered to be the best current treatment for uncomplicated falciparum malaria, and their accessibility to populations at risk and rational use must be ensured. The current malaria treatment guidelines formulated by the World Health Organization (WHO) recommend parasite-based diagnosis for older children and adults in all malarial settings and clinical diagnosis for children under five years of age in areas of high transmission.

Artemisinin-based combinations are recommended for treatment of uncomplicated falciparum malaria in all age groups, except during the first trimester of pregnancy, and parenteral quinine, artesunate or artemether are the recommended treatments for severe malaria.

## 1.2 Purpose and aims of the manual

The purpose of this manual is to advise those responsible for national malaria control programmes on the best ways of ensuring access to early diagnosis and appropriate, effective case management based on sound practice and WHO's experience in the use of artemisinin-based combination treatment. The manual describes malaria programme management, planning and implementation and outlines the technical knowledge needed for case management. It is intended for adaptation and use in all malaria-endemic countries, irrespective of their epidemiological and socioeconomic specificities.

The aim of this manual is to help to ensure that malaria control programmes at national, provincial, district (used here to indicate the first subnational administrative level) and community levels are efficiently and effectively organized to allow early diagnosis and prompt, effective treatment. The manual provides basic information for the successful operation of malaria control programmes and defines the skills required in the following areas:

- programme structure, planning and management;
- assessment of the available institutional capacity and human resources and identification of ways to support effective case management;
- planning effective malaria case management and identifying technical and managerial elements that require revision or reorientation;

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