Malaria Prevention Efforts: A Descriptive Study of the Afigya-Sekyere District In the Ashanti Region of Ghana

Shari Davis

Dr. Gene Harkless, Faculty Advisor
Department of Nursing, University of New Hampshire, Durham, NH

INTRODUCTION

- Malaria is the 1 most common life threatening infection in the world, causing 1 million deaths a year, 90% of these occurring in sub-Saharan Africa
- Leading cause of morbidity and mortality in Ghana and carries a case fatality rate of 13.2% for all ages
- Responsible for the majority of childhood admissions in Ghana and 22% of childhood mortality (Asante & Asento-Okyere, 2003)
- Multiple agencies have focused on control efforts such as education, promotion and accessibility of insecticide-treated nets (ITNs) and intermittent preventive treatment (IPT)

OBJECTIVES

- Identify the key programs at the micro and macro level of malaria control efforts activities in the Afigya-Sekyere district of the Ashanti region
- Analyze these programs for success and barriers in implementing and sustaining malaria control efforts
- Determine the collaborative efforts of these agencies within each sector and across them

METHODS

- 9 week period of data collection
- 10 in-depth interviews conducted with staff and directors of rural clinics, district health offices and NGOs
- Snowball sampling used to identify key informants of the malaria prevention community
- IRB approval granted and participants consented for interviews

PROCESS

- Initial contacts: foreign mentor, host family
- Visited 8 health centers/clinics
- Interviewed key personnel including medical assistants, nurses, disease control officers, directors of outreach programs, statisticians
- Data transcription
- Analysis

RESULTS

Education on Malaria Prevention

Prevention occurs at clinics, churches, markets, schools, radio messages including both direct talk and community health programs including well-child clinics and prenatal visits.

Challenges remain to reach youth and working population. Literacy barriers and outdated education materials continue to be problematic.

Intermittent Preventative Treatment (IPT)

Occurs at maternity units during prenatal visits, given as directly observed therapy (DOT) of the antimalarial drug Sulphadoxine-Pyrimethamine.

Health Workers identified the challenge of patients not receiving all three doses of the drug due to poor access to health institutions, communication gaps, and an insufficient supply of drugs.

Insecticide Treated Bed Nets (ITNs)

Distributed across the country through clinics and immunization programs, available at a subsidized price to vulnerable population groups and occasionally without cost through private donations.

Existing challenges include limited access to nets, incorrect hanging, and improper retreatment. A few clinics had retreatment tablets available, though there is also no system in place to track distributed nets. Donated nets and tablets are often torn or expired.

CONCLUSION

- IPT and promotion and distribution of ITNs for children and pregnant women has succeeded in reducing the mortality associated with malaria.
- Environmental control of malaria, prevention of the mosquito vector, and reducing the burden of malaria remain challenging.
- Partnerships between the public and private sector have helped to implement objectives of Ghana’s Malaria Control Program, though financial barriers continue to exist.
- Future research is needed to focus prevention efforts through analyzing the effectiveness of current malaria control practices.

Sites visited

- Asamang Hospital
- Agona Hospital
- Wiamose Salvation Army Clinic
- Ahenkor Health Center
- Kwamang Health Center
- Afremso Village
- Boamang Health Clinic
- Kompanoche Teaching Hospital
- Kumasi Ministry of Health Office

References


Contact: shari.davis@gmail.com