Improved Adherence To Test, Treat, and Track (T3) Malaria Strategy Among Over-the-Counter Medicine Sellers (OTCMS) Through Interventions Implemented In Selected Rural Communities Of Fanteakwa North District, Ghana.
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Prompt diagnosis and treatment of malaria prevents a mild case from developing into severe disease and death. Unfortunately, parasitological testing of febrile children is greater in the public and formal private sector than in the informal private sector where some people with malaria-like symptoms first seek treatment. This study aimed at improving adherence to the test, treat, track (T3) policy among OTCMS through interventions that could be scaled-up easily at the national level was conducted in some rural communities of Ghana.

Interventions were evaluated using a two-arm, cluster randomized trial across 8 rural communities (4 clusters per arm), in two adjacent districts (Fanteakwa North and Fanteakwa South districts) of Ghana. A total of 12 OTCMS (7 in the intervention arm and 5 in the control arm) in the selected communities participated in the study. Five (5) interventions were implemented for 12 months in the intervention arm only. Interventions implemented included: (i) facilitated acquisition of subsidized mRDT kits; (ii) trained OTCMS on malaria diagnosis, treatment, and tracking of cases; (iii) quarterly supportive visits to OTCMS after training; (iv) sensitized the community on malaria focusing on the T3 strategy; and (v) introduced a malaria surveillance tool for use by OTCMS. The primary outcome was the proportion of children under 10 years with fever or suspected to have malaria visiting OTCMS and subjected to a parasitological test before treatment. Outcomes were measured using mystery client surveys supplemented by a household survey. Data was analyzed using chi-square test or fisher exact test. Following implementation of interventions, mystery client survey showed that OTCMS’ adherence to malaria protocol in the intervention arm (66.7%) was significantly higher (p<0.05) compared to the control arm (40%). Household surveys in the intervention arm showed that caregivers self-treating their children or visiting drug vendors significantly decreased from 8.6% and 13.8% to 3.9% and 3.2% in favor of visits to OTCMS shops for treatment. From our findings, interventions targeting OTCMS have the potential of improving management of uncomplicated malaria in rural communities with limited access to quality healthcare, thus reducing morbidity and mortality rates.