Guidelines for Malaria Service Provision in the Face of COVID-19

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**Introduction**

Malaria is a widespread endemic disease that causes illness in approximately 230 million people and kills approximately 430,000 people each year. Between 2000 and 2014, the number of malaria-related deaths fell by 40% worldwide, from an estimated 743,000 to 446,000, which is as a result of improved collective action, private support and global solidarity which made huge investments to significantly reduce the morbidity and mortality of malaria.

But in recent years, progress has ground to a standstill. According to WHO’s *World malaria report 2019*, there were no global gains in reducing new infections over the period 2014 to 2018. And nearly as many people died from malaria in 2018 as the year before.

The rapid emergence and spread of COVID-19 across the world have created massive global disruptions that are impacting people’s lives and well-being. There is an urgent need to aggressively tackle COVID-19. While work is going on to curb the spread of COVID-19, it is essential that other killer diseases, such as malaria, are not ignored. WHO underlines the critical importance of sustaining efforts to prevent, detect and treat malaria, using best practices to protect health workers and communities from COVID-19 infection. Severe disruptions to insecticide-treated net campaigns and in access to antimalarial medicines could lead to a doubling in the number of malaria deaths in sub-Saharan Africa this year compared to 2018, according to a new modelling analysis released by WHO and partners ahead of World Malaria Day (25 April). The COVID-19 pandemic could be devastating on its own – but this devastation will be substantially amplified if the response undermines the provision of life-saving services for other diseases like malaria.

This document provides guidance to the business community on how to ensure the maintenance of malaria services at the workplace and community while working to control COVID-19. This guideline aligns with WHO and the National guideline.
Malaria Service Provision - Workplace

Objective: Ensure employees, contractors are protected from malaria, promote active care-seeking for febrile illness and suspected malaria among employees, and ensure the appropriate testing and treatment of employees – all while maintaining the safety of health workers and clients/patients in the context of COVID-19 transmission.

Guide:

- Make sure your home and workplaces are clean and hygienic

- Promote regular and thorough hand-washing/use of sanitizers by employees, contractors and customers when applicable

- Provide long lasting insecticidal bed net (LLIN) to employees, contractors and encourage them to sleep inside it, to prevent mosquito bite

- Develop and share communication measures that addresses malaria and COVID-19 prevention via e-posters, fliers, virtual training, etc.

- Employees and contractors should report any illness immediately. Prompt care seeking facilitates prompt diagnosis and treatment and reduces likelihood of severe illness, which can lead to death

- Make sure that employees and contractors have access to good health facility when needed

- While offices are beginning to open, keep communicating and promoting the message that people need to stay at home even if they have just mild symptoms of COVID-19 or if exposed to someone with suspected or confirmed COVID-19

Company Health Facilities

For company health facilities, the following should be done:

- Hand washing stations should be provided with soap and running water/sanitizers at the health facility. Patients and caregivers visiting the facility should wash their hands for 20 secs before entering the facility.

- Develop/adapt messaging that describes patient/client role in protecting the health of everyone at the health facility, including: Limited movement of patients within the health facility to reduce potential COVID-19 infection, patient/client handwashing, respiratory hygiene (covering mouth when sneezing or coughing) and physical distancing before, during, and after being seen
• Assure supplies for diagnosis and treatment (RDTs, ACTs, drugs for severe malaria) in all facilities in order to avoid stockouts that disrupt services

• Practice appropriate differential diagnosis to address non-malaria causes of fever, including for suspect cases of COVID-19 and refer suspected Covid-19 cases to appropriate facilities

• Change patient flow to work with patients/clients in open or well-ventilated spaces as much as possible

• Change patient flow to triage those suspected of COVID-19 illness

• After consultation, patients should maintain a space of 2m at the pharmacy unit during medicine collection

• Providers (all health workers that attend to patients) should practice frequent handwashing before and after each consultation and use facemasks and disposable hand gloves which should be properly discarded after use

• Testing should be conducted in a special area away from other patients and done by staff using appropriate protective measures

• To ensure that malaria efforts stay on track, health-care workers’ toolkits should be expanded to include improved tools and training to safely identify patients with malaria. Adapted health-care packages that include pragmatic advice on PPE options, training on the use of triage tests such as respiratory rate measurements, and digital tools to support data collection and contact tracing could all support health-care workers in their task in the short term, as well as building the foundation for more integrated fever management in the future

• The use of RDTs should be selected over microscopy to ensure efficiency and timeliness of diagnostic and laboratory procedures

• Simple barrier protection, such as having patients stick their arm through a piece of cardboard should be considered to minimize risk of infection

• Get patients to turn their heads away during testing and consultation, to help reduce the potential of aerosol transmission

• Provide appropriate treatment of confirmed malaria cases using nationally recommended treatment regimens and supportive care

• Providers must bear in mind that malaria can present along with COVID-19, and this should be considered as per national and local guidelines.
Malaria Service Provision - Community

Objectives: Ensure that communities especially the vulnerable populations (women and children) are protected from malaria. Ensure safety of household beneficiaries, and health workers, while continuing to implement malaria vector control prevention activities, to the greatest extent possible. Even more so during the COVID-19 pandemic, malaria prevention remains important. This is to avoid having more malaria cases and deaths. Any community interventions must consider the importance of both lowering malaria-related mortality and ensuring the safety of communities and health workers.

Guide:

- To the extent possible, ensure continued access and promote the use of recommended vector control such as ITNs, and IRS campaigns to protect communities and households.

- To the extent possible, continue planned chemoprevention campaigns (SMC) across targeted communities, where it is currently part of the national strategic plan.

- Ensure early access and use of case management services in health facilities and communities: diagnostic confirmation with rapid diagnostic tests (RDTs) or microscopy for those suspected of having malaria, and treatment of confirmed malaria cases with recommended antimalarial drugs.

- Maintain provision of routine preventive services to specific target populations, such as IPTp and IPTi.

- Develop IEC materials, engage with community leaders in order to ensure community uptake and proper use of malaria commodities to prevent malaria transmission and progression to severe disease. Community behaviors, especially around care-seeking, are likely to shift as a result of COVID-19, and service providers should anticipate the need to mitigate a growing sense of distrust of health services.

Guidance for LLIN and SMC Campaign:

- Micro-planning should be done virtually to minimize gathering of people.

- If restrictions to gathering and movement permits, not more than 10 people should be gathered at any time during micro-planning, physical distance of 2m must be practiced and the use of facemasks enforced.

- Daily reminders should be sent to all registration and distribution teams to wash their hands with soap and water and use alcohol-based hand sanitizers when soap and water is not available, seek care if feeling sick, and avoid physical contact (handshakes, fist bumps).

- Morning health checks should be reinforced for all distributors, adding temperature checks where feasible.
• All LLIN campaign activities – e.g., training, registration, social and behavior change communication (SBCC) activities, fixed-site distribution, etc. – should be organized in a manner that minimizes the gathering of people (i.e., keeping 2 metres apart and limiting groups to 10 people), and participants should use available precautions for personal protection

• COVID-19 is a source of fear and confusion for many people, often struggling to cope with the ‘infodemic’ at the same time as the epidemic. Clear messaging needs to be reinforced. Experience shows that more effective responses involve local communities and other constituencies in decisions that affect them

• All LLIN/SMC campaign activities such as trainings, household enumeration, demand creation activities, fixed-site distribution, logistics etc.—should be organized in a manner to minimize gathering of people

• A physical gap of 2m should always be maintained during any campaign activity. Use physical barriers (i.e. rope) to clearly delineate the distance campaign agents should keep from each other and beneficiaries

• Ensure distribution sites are large enough so that it is easy for people to maintain prevention measures e.g. physical distancing between campaign agents and beneficiaries, where people should stand and line up so as to maintain a 2m distance will be preferred

• A face mask should be worn by all personnel during interaction with other personnel of household members. Encourage households and community members to wear a facemask when interacting with others

• Every Campaign personnel should use a disposable hand glove during distribution and should burn both facemasks and hand gloves with the other wastes

• Practice good hygiene practices including respiratory etiquette (Cough or sneeze into your bent elbow, cough or sneeze into tissue paper and dispose into covered dustbin.)

• Wipe down, with soap and water or bleach cleaning solution, frequently touched surfaces daily (door handles, vehicle railings, etc)

• Beneficiaries of the nets should be advised to continue COVID preventive measures by regularly washing their hands with running water and soap, and to wash the new nets with mild soap and cool water, then air under a shade for 24 hours before hanging them