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Caregivers, community leaders and health workers' perspectives on the effectiveness of perennial malaria chemoprevention in Osun state, Nigeria: A qualitative study in process evaluation

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Caregivers, community leaders and health workers perceived perennial malaria chemoprevention as effective in reducing malaria among children, enhancing community participation and alleviating the disease burden through sustained preventive health engagement.

Introduction

Nigeria has the highest burden of malaria globally, accounting for 25.9 percent of cases, 31.9 percent of malaria-related deaths and 39.3 percent of deaths among children under five.^[1] To prevent malaria, the World Health Organization (WHO) recommends perennial malaria chemoprevention (PMC) for infants and young children in areas with year-round, moderate-to-high malaria transmission.

PMC can be an effective means of preventing malaria in children, but to date has not been widely adopted into policy by many countries. PMC is mainly provided to children using the Essential Programme on Immunization (EPI) platform as recommended by WHO. The objectives of the study were to explore the perceptions of parents and caregivers of children under 24 months, community leaders and health workers on PMC implementation acceptability and uptake.

Methods

- Malaria Consortium conducted a process evaluation as part of a larger study on PMC effectiveness, which includes a cluster-randomised controlled open-label trial to assess the efficacy of PMC among children 2–24 months in 40 intervention and 40 control clusters across eight local government areas in Osun state, Nigeria (Figure 1).
- The process evaluation was conducted in September 2024, one year after the intervention began. The evaluation included 12 focus group discussions (FDGs) with community leaders, parents and caregivers of children under 24 months, as well as six key informant interviews with health workers and state level government stakeholders.
- Questions were asked about malaria prevention and management practices, perceived effectiveness of PMC, enablers/barriers to PMC acceptability.
- A thematic analysis was conducted using Atlas Ti.

Results

- All participants reported that PMC significantly reduced malaria cases and improved healthcare utilisation such as routine immunisation uptake.
- Caregivers and health workers reported that the reduction in malaria cases is viewed as a health improvement as well as a relief from the burden of frequent health facility visits.
- Health workers cited data from registers showing a noticeable decrease in malaria cases among children 0–24 months. A relatively small number of children in the target age group tested positive for malaria following the programme's implementation.
- Community leaders noted that malaria has become less common among children since the introduction of PMC.

Conclusion

Perceptions of PMC effectiveness among caregivers, community leaders and health workers highlight strong confidence in its protective benefits, community acceptability and potential to sustainably reduce malaria burden in children.

Figure 1. Perennial malaria chemoprevention control vs intervention sites in Osun state, Nigeria

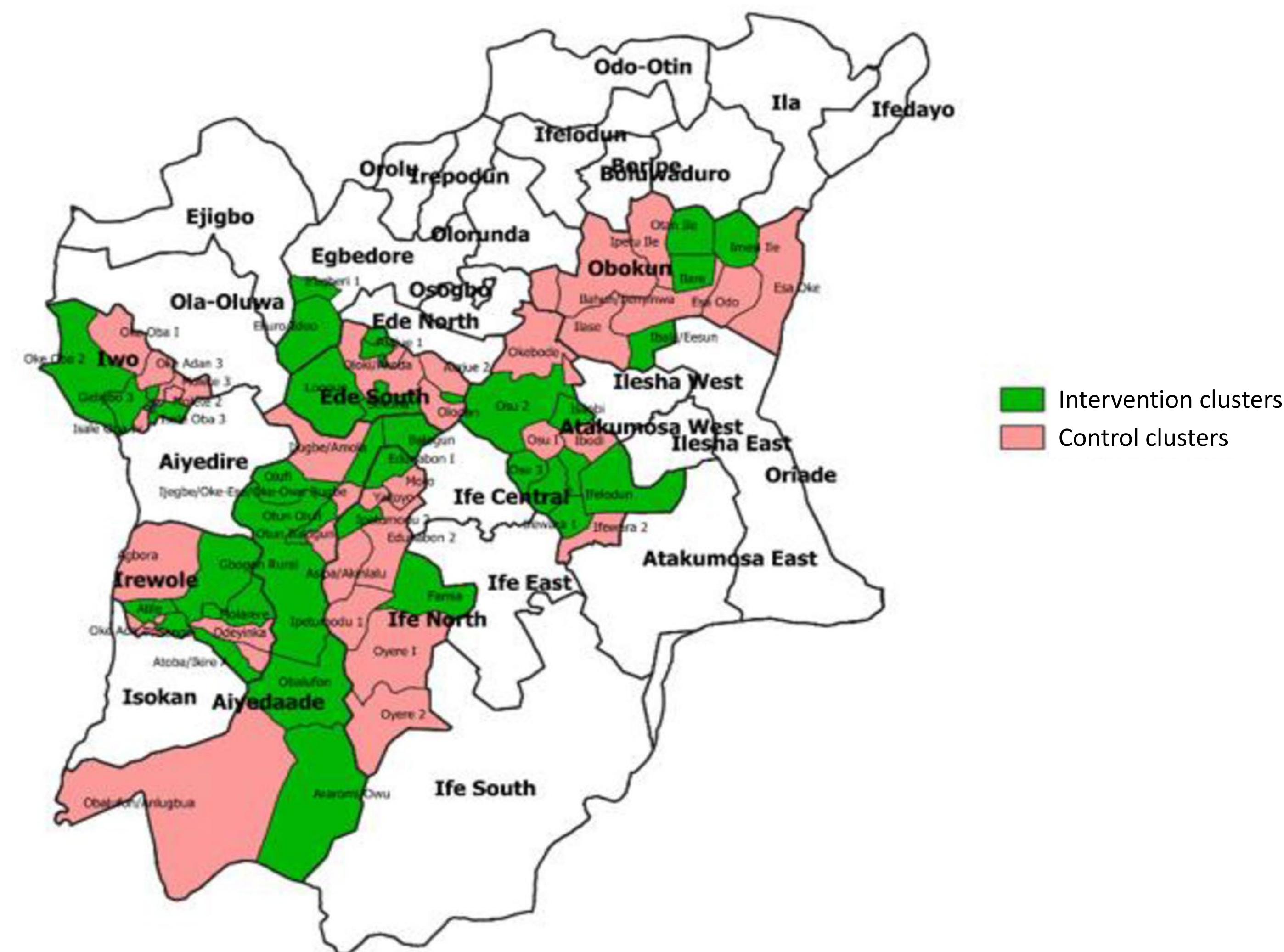


Figure 2. Health worker administers perennial malaria chemoprevention medication in Osun state, Nigeria



Quotes from focus group discussions

"I've heard about [PMC], and we've seen cases of children that used it, and it works effectively in their body because in the old days, there was no such drug but since the drug is available malaria doesn't affect our children again, so we commend the government for that."

— Community leader comment during focus group discussion

"What I can say on it is that before now, most of the time, we mothers rush our children to the maternity when their body temperature is high or other health-related complaints so taking the drugs has drastically reduced the way we are frequent in maternity".

— Caregiver comment during focus group discussion

Acknowledgements

We would like to express our sincere appreciation to the parents and caregivers of children under 24 months, local leaders and health workers who participated in this study. We thank Professor Joshua Aransiola and the research assistants who provided support in the conduct of the study. This poster is based on research funded by Gates Foundation. The findings and conclusions contained within are those of the authors and do not necessarily reflect positions or policies of the Gates Foundation.

Reference

World Health Organization. World malaria report 2024: Addressing inequity in the global malaria response. WHO; 2024.

