Programme Level Implementation of Malaria Rapid Diagnostic Tests (RDTs) Use: Outcomes and Cost of Training Health Workers at Lower Level Health Care Facilities in Uganda

BMC Public Health 2012, 12:291 doi:10.1186/1471-2458-12-291

Authors: **Daniel J Kyabayinze** (drdjkyabayinze@yahoo.com); **Carol Asiimwe** (carol.assimwe@finddiagnositic.org); **Damalie Nakanjako** (drdamalie@yahoo.com); **Jane Nabakooza** (jinksuganda@yahoo.com); **Moses Bajabayite** (cmbaja@yahoo.com); **Clare Strachan** (c.strachan@malariaconsortium.org); **James K Tibenderana** (j.tibenderana@malariaconsortium.org); **Jean-Pierre Van** Geetruydan (Jean-Pierre.VanGeertruyden@au.ac.be)

ISSN 1471-2458

Publication date 20 April 2012

Article URL http://www.biomedcentral.com/1471-2458/12/291

Subject

Malaria Rapid Diagnostic Tests (RTDs) in Uganda.

Summary

Training of Health Workers in RDTs is important to improve parasite-based Malaria Diagnosis at Lower Level Health Care Facilities (LLHFs) in order to enable rapid scale up over large areas, thereby improving malaria case management and encourage the rational prescription of anti-malarial drugs.

Executive Summary

The WHO recommends parasite-based testing of all suspected malaria cases prior to treatment in order to avoid drug wastage, as well as the spread of drug resistance and the promotion of appropriate treatment for alternative causes of fever. Hence, minimal training of Health Workers in RDTs is important to improve parasite-based malaria diagnosis LLHFs that lacks infrastructure and/or trained laboratory personnel in order to enable rapid scale up over large areas, thereby improving malaria case management and encourage the rational prescription of anti-malarial drugs.

The method used was 1 day training on the use of RTDs in malaria case management for health workers at LLHFs within health facilities of 5 districts in Uganda, which represented the different malaria epidemiological settings (Kapchorwa: a hypo-endemic, Mudende: meso-endemic, Iganga: a hyper endemic setting, Jinja and Mbale: urban setting). One after the training, RDTs were distributed to all health care facilities together with accessories, including gloves, sharps disposal bins, lancets and timers. One health facility of each district did not receive training in order to serve as comparison, as well as data from before the training was also extracted for the baseline data.

Results: the 1 day training cost $101 per health worker and was successful in delivering adequate skills and competences for the health workers to perform and use RDTs in fever-case management

at the LLHFs. Thus, cascade training model should be explored as a potential strategy for affordable implementation and scale up of parasite-based diagnosis of fever at LLHCFs in Uganda.