

Malaria in Nigeria: How close are we to achieving global elimination targets?

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On April 25 each year, the world marks the World Malaria Day; this year marks the 7th since its inception in 2007. Despite concerted efforts, malaria remains a major cause of morbidity and mortality in sub-Saharan Africa. According to WHO estimates, in 2012, there were about 207 million cases of malaria worldwide and 627 000 deaths attributable to the disease. Unfortunately, over 90% of malaria deaths occur in sub-Saharan Africa, often in children under the age of 5 years, with Nigeria and Democratic Republic of Congo accounting for about 40% of malaria deaths. This year's World Malaria Day was tagged "Invest in the future. Defeat malaria". How well have we fared in defeating malaria, on the global level and as a country?

In the current issue of the Highland Medical Research Journal, the paper by Hassan and colleagues² examines the knowledge of malaria and practice of home based management of malaria by mothers of under-fives. Their study suggests that knowledge and practice of home based malaria treatment in this population was poor, with only about 34.8% reporting knowledge of home based malaria treatment and 42.4% acknowledging they had practiced management of malaria at home within 24 hours of onset of fever, as recommended. The study also reported that in 75% of cases, recommended drugs were not used for malaria treatment. Although the study was only carried out among 66 mothers, it may portray a larger societal challenge in implementing home based malaria treatment. The use of inappropriate drugs may inadvertently lead to more deaths.

Another paper by Yusuf et al³, investigates presumed cases of failure of malaria treatment. The investigators carried out microscopic examination on blood samples of 104 patients who reported failure of malaria treatment following self-medication. The most significant finding was that about 82% still had detectable malaria parasites following initial treatment. This raises some pertinent questions: Did these patients take the recommended

drugs for malaria treatment? Is this a problem of adulterated drugs or the more sinister question; are we dealing with resistance to artemisinin, the backbone of ACTs? Unfortunately, the authors do not provide answers to these questions. The paper by Ojobi and colleagues⁴ however shows us that we are not yet out of the woods. They reported that 11.7% of adult medical admissions in a tertiary health facility were due to malaria, thus being a major contributor to the high burden of infectious diseases noted in the study.

Another focal strategy for malaria control is the use of long lasting insecticidal nets (LLIN). The use of LLIN has the potential to reduce all-cause child mortality by 17% on average compared with no nets (Relative Risk 0.83, 95% confidence interval, 0.76-0.90) in sub-Saharan Africa⁵. In addition to children, another important target population for LLINs is pregnant women. Afolaranmi and colleagues⁶ report on the knowledge and use of LLINs by pregnant women in Jos, North-central Nigeria. They report a high level of knowledge as well as use of LLINs among the women studied.

Clearly, the battle against malaria and other infectious diseases is far from over in sub-Saharan Africa. Although some gains have been recorded in the control of HIV, tuberculosis and malaria, they still remain major public health concerns.

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