

Background

Malaria remains a significant a public health threat globally, particularly in Sub-Saharan Africa (SSA).

In 2022, an estimated 247 million malaria cases occurred globally, while the WHO African region shares 95% of global malaria burden. Ethiopia, contributed 1.7% of global malaria burden.

Problem Statement

Malaria is a major public health problem in the world especially in developing nations.

Healthcare provider's adherence to malaria case management guideline is essential for reducing malaria morbidity and mortality, and preventing the emergence of drug resistance.

Objectives

To assess level of adherence to malaria case management guideline and associated factors among healthcare providers at public and private health facilities in Afar region, Ethiopia, 2023

Methodology

A Study was conducted in Afar region from May 6th to 26th /2023

A facility based comparative study was conducted

All healthcare providers who diagnose and treat and patient charts were source populations

Data collection Procedure

A pre-tested structured questionnaire to obtain information on health facility assessment

Health care provider characteristics

Patient charts reviews

Result

Adherence to national malaria case management guidelines

The **overall** malaria guideline adherence in Afar region was 47.3%; 95%CI: 0.41-0.52

Among **public** health facilities was 50.89%; 95% CI: 0.41-0.58

Adherence to malaria guideline among private health facilities was 43.7%; 95% CI: 0.36-0.51

Factors Associated with adherence: Being public health facility, BSc Nurse, Less experienced healthcare providers, training, continues supervision, Fever status of the patient, guideline availability, job aides displayed , continuous supervision

Conclusions

The guideline adherence was sub-optimal and below the national recommendation Guideline adherence was higher among public health facilities than private health facilities **Recommendations**

Strengthening public-private partnership strategies to ensure the uniform practice By improving guideline adherence, we can achieve the national goal of malaria elimination. Further qualitative studies should be conducted to explore barriers for adherence to malaria case management

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