

**ASSESSMENT OF THE RATIONAL USE OF ARTEMETHER-
LUMEFANTRINE FOR MALARIA MANAGEMENT IN NAIROBI
COUNTY**

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ABSTRACT

African countries with endemic *Plasmodium falciparum* malaria have recently changed their malaria treatment policies from ineffective monotherapies to highly efficacious artemisinin-based combination therapy (ACT). Among them, 21 countries have selected artemether-lumefantrine (AL) as the first-line treatment for uncomplicated malaria. In 2004, the government of Kenya made the decision to switch from CQ+SP to AL. The policy was subsequently revised to include another ACT combination of artesunate and amodiaquine (AS+AQ) as an alternative treatment when AL is unavailable. However, despite this new policy change in the treatment and management of malaria, the use of ACT is still not widespread across the country thus making most health facilities noncompliant to the National Guidelines for Diagnosis, Treatment and Prevention of Malaria therefore increasing the risk of ACT resistance.

This study investigated the rational use of AL in the treatment and management of malaria cases in Nairobi County in order to determine adherence to the National Guidelines for Diagnosis, Treatment and Prevention of Malaria. The study ascertained how AL was dispensed – whether before or after laboratory confirmation of malaria. In the study, AL dispensing was ascertained with focus being the months of April, May and June 2013. The results showed that, overall, AL dispensing was high in the month of June. Based on the AL doses dispensed compared to number of patients by weight band, it was evident that the two were disproportionate. Analysis of rapid diagnostic tests (RDTs) showed that most patients who received antimalarial treatment were not infected with *Plasmodium falciparum*. Further analysis showed a direct relationship between OPD attendance and confirmed malaria cases. The study outlines the conclusion and recommendation to be undertaken to mitigate the trend in antimalarial usage identified.