

EDITORIAL COMMENTARY

PERCEPTIONS, ATTITUDES AND ACCEPTANCE OF ARTEMISININ COMBINATION THERAPY FOR THE TREATMENT OF UNCOMPLICATED MALARIA IN GHANA

In the quest for improved treatment outcomes for uncomplicated malaria, the initial studies usually focused on the efficacy and effectiveness of the proposed treatments with data being gathered on parasite and fever clearance times in well controlled clinical trials. Malaria in Ghana, as in many sub-Saharan countries, is especially an illness of children. Carers, especially mothers, therefore form a very important group whose views on the efficacy of any intervention for the treatment of malaria should be factored into its deployment. Thus, socio cultural studies on the utility and acceptance of treatment regimes should form an important part of the body of evidence for the introduction of such regimes. However, most national malaria control programmes have gone ahead to introduce new interventions, including drug treatments, without such data which have the potential to influence their acceptance and hence their effectiveness.

The report by Adjei and colleagues in the current issue is therefore timely as the country continues to deploy the new antimalaria treatment for uncomplicated malaria – Amodiaquine and Artesunate combination (AQ + AS).¹ The authors investigated parental attitudes to febrile illness, perceptions of efficacy of the new treatment (AQ + AS), acceptability, willingness to pay and adherence to treatment. Most of these areas have been studied previously mostly in relation to Chloroquine and other mono-therapies.^{2,3} However, a very good insight in the current study is the attempt to elicit the perceptions of efficacy in comparison to alternative treatments and also previously available treatment. Granted that comparisons to previous treatment experiences could be problematic, there are still some interesting findings from the study. The report shows clearly that the end users of our interventions, from drugs to vaccines, have their own perceptions of what is efficacious or not. Indeed similar reports in the sub-region also point to parents' and caretakers' appreciation of effective therapies for childhood febrile illnesses.⁴ The authors of the current report found a strong link between adherence and perceived efficacy, improved efficacy led to higher adherence. However, of note is the small proportion that was happy to save some of the drug for future use. This continues to be a recurring finding in such studies as the cost of treatment is usually substantial on the budgets of poor households.

As the Ghana national malaria control policy considers home management initiatives, lessons may be drawn on such findings to ensure that the drugs deployed for home management of malaria are effective at all times in order to promote adherence to treatment regimes by care givers. This implies a system of continuous monitoring of the effectiveness of the drugs in use as is currently being undertaken by the control programme and the Noguchi Memorial Institute for Medical Research (NMIMR).⁵ In addition to these studies, views of end users of the interventions such as is reported in this study should also be monitored regularly. In that way, educational messages could be targeted to their viewpoints obtained and thus enhance their effectiveness.

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