



Training isolated populations in the Amazon to self-diagnose and self-treat for malaria

MALAKIT research study

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CONTEXT





care

3 Hospitals **Interior villages** 20% population Health centers







Centre Hospitalier de Cayenne



Département de recherche, innovation et santé publique (DRISP)

Centre d'Investigation Clinique Antilles – Guyane Inserm 1424





Equipe Malakit/Curema Recherche opérationnelle transnationale – populations vulnérables Pr Maylis Douine





Rain forest



Le Tourneau, CNRS, 2021

A soil rich in gold, attracting *garimpeiros*





Informal artisanal and small-scale gold mining

- 10,000 persons
- Mainly from Brazil
- > 700 informal sites
- located deep in the rain forest (several days of travel between sites and the nearest town)

In 2015: a descriptive study among 421 gold miners

Plasmodium-PCR prevalence 22.3% 84% asymptomatic carriers 60% P. falciparum

52% of self-medication

High mobility

- Risk of Pf artemisinin-resistant emergence
- Risk of malaria propagation in the Region



Need of an innovative strategy

- Barriers to appropriate case management implementation in this vulnerable population
 - Regulatory
 - Political
 - Geographical
 - Logistical
 - Security-related



MALAKIT STRATEGY

Collaboration between many partners



Funding 1,5 M€



Malakit strategy







The kit:

- 3 RDTs Carestart[®] PanLDH
- 1 treatment with artemether-lumefantrine
- •
- + 1 primaquine singledose (15 mg)
- paracetamol



Lanceta Dispositivo Pipeta do teste

Malakit distribution sites

Crossing points Logistical bases

Facilitators:

- Good knowledge of the study population
- Same language
- specifically trained for appropriate implementation of the intervention







Community-based training tools









SINTOMAS TÍPICOS DA MALÁRIA





SINTOMAS GRAVES







FALTA DE AR AMARELOS

DIFICULDADE PARA URINAR



VERTIGEM OU SONOLÊNCIA



SE TIVER MALÁRIA E:







FAZ UM TRATAMENTO PARA O CORAÇÃO

ESTÁ GRÁVIDA ESTIVER VOMITANDO

FEBRE



CALAFRIOS/FRIO





DOR DE BARRIGA/ DIARRÉIA

SUOR

DOR DE CABEÇA

















EVALUATION





Evaluation of the Malakit strategy

- Data collection during the intervention
 - First visit
 - Follow-up visits
- Pre/post intervention cross-sectional surveys
- Qualitative survey
- Data from malaria surveillance system

Objectives





Main objective

Increasing the use of adapted treatment (certified ACT) after a positive diagnosis for malaria

Secondary objectives

Improving knowledge and practices (prevention et care)

Decreasing malaria prevalence

Safety of the intervention (misuse, sideeffects...)

RESULTS

Characteristics of the study population N=3,733





The Lancet Regional Health - Americas

journal homepage: www.elsevier.com/locate/lana

Research paper

Self-diagnosis and self-treatment of malaria in hard-to-reach and mobile populations of the Amazon: results of Malakit, an international multicentric intervention research project.

Douine Maylis^{1,2,*}, Lambert Yann¹, Galindo Muriel Suzanne¹, Mutricy Louise¹, Sanna Alice³, Peterka Cassio⁴, Marchesini Paola⁴, Hiwat Helene⁵, Nacher Mathieu^{1,2}, Adenis Antoine^{1,2}, Demar Magalie^{2,6}, Musset Lise⁷, Yassamine Lazrek⁷, Cairo Hedley⁵, Bordalo Miller Jane⁸, Vreden Stephen⁹, Suarez-Mutis Martha¹⁰



2 years intervention 2018 - 2020

Kits distribution

Results



Douine et al, Lancet Reg Health-America 2022

Impact on malaria incidence Interrupted Time Series



Malakit helped prevent an estimated 43% of the cases of malaria imported from French Guiana in Brazil and Suriname between April 2018 and March 2020.

Modeling the impact of Malakit intervention



Monthly incidence of all-species cases of malaria imported from gold mining sites in French Guiana and notified to Suriname or Brazil surveillance systems (black dots), model-fitted simulations (blue solid line) and counterfactual estimates (dashed grey line).

Annual all-species prevalence measured in PCR surveys (orange dots) and model-fitted estimates of prevalence (red dots). Maximum daily temperature (monthly average) is shown in green dashed line.

Safety and ethical monitoring



Main results



Increased access to diagnosis and treatment



Good kit use (~71%)

th Estimated 43% are decrease of

People even with little education are able to correctly perform self-RDT and interpret the results themselves with appropriate training/tools Estimated 43% decrease of malaria malaria incidence in the Region

Probable impact



Safety of the intervention

Few adverse events reported Limited kit circulation outside of the project

Interest in other settings? FOR WHO?

- Populations who can not access health centers
- Living in high transmission areas
- A family kit?
 - Training of parents
 - Dosage according to weight
 - If AM-LM: easy to dose tt (1 to 4 pills x2/d)





WHAT?

- RDTs single packaging
 - easy to read, HRP2 délétion?...
- Which ACT?
- Monodose of primaquine?
- Possibility to make the pockets locally
- To be added to SMC?





HOW?

- By health mediators/nurse
- One shot training before malaria season?
- In places where people move
- With adapted training tools
- How to refere for severity symptoms/vomiting/pregnant women?...



Bationot 2021



WHICH FORMAT?

- Pilot of public health intervention? Research?
- Which stakeholders?

- Which data to be collected, indicators?
- Which funds?



























PROGRAMMA



















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ANTILLES GUYANE



Inserm

La science pour la santé _____ ____ From science to health

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CENTRE HOSPITALIER CAYENNE



SUPERINTENDENCIA DE VIGIGILÂNCIA EM SAÚDE DIRETORIA EXECUTIVA DE VIGILÂNCIA EM SAÚDE









Thank you for your attention

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