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Analysis of malaria epidemiological surveillance data in Mali (2017-2019) Keywords: malaria, surveillance, morbidity, mortality, Mali

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Context: In 2018, malaria in pregnant women resulted in 900,000 cases of underweight in 38 countries in sub-Saharan Africa. Five French-speaking African countries, including Mali, bear a quarter of the global malaria burden, where a child dies every two minutes. In Mali, malaria is the leading cause of mortality in children under five. The objective of our study was to analyse malaria surveillance data to describe the time and person characteristics, the quality of the data and the diagnostic means.

Methods: We conducted a descriptive cross-sectional study from 1 September to 27 December 2020 on malaria surveillance data from 2017 to 2019. We included all cases registered in the District Health Information Software version 2 (DHIS2) and calculated proportions and ratios using Epi-Info 7.2.

Results: A discrepancy between treated and biologically confirmed malaria cases was marked in Sikasso and Mopti. The female/male ratio was 1.03. The national malaria prevalence was 9.53; 8.96 and 10.05 in 2017, 2018, 2019 respectively. Rapid diagnostic test was the most used test with 80.31%, 64.97%, 79.48% respectively in 2017, 2018, 2019. Low rates of malaria confirmation were recorded in 2017 in Taoudénit (32%), in 2018 in Koulikoro and Ménaka with 36% and, in 2019 in Kidal and Taoudénit with 32%. Morbidity fell from 36.23% to 31.95% and mortality from 78.35% to 71.18% from 2017 to 2019 in children under 5. High case fatalities were observed in Sikasso (7‰o), Mopti (7‰o) and Timbuktu (9‰o) respectively in 2017, 2018, 2019.

Conclusion: Our study found a stable malaria prevalence, inappropriate use of diagnostic means and antimalarial drugs. We recommend formative supervision of health workers on the norms and procedures of antimalarial input management at all levels of the health pyramid.