

**Publication****Access to artemisinin-based anti-malarial treatment and its related factors in rural Tanzania****JournalArticle (Originalarbeit in einer wissenschaftlichen Zeitschrift)****ID** 2046723**Author(s)** Khatib, Rashid A; Selemani, Majige; Mrisho, Gumi A; Masanja, Irene M; Amuri, Mbaraka; Njozi, Mustafa H; Kajungu, Dan; Kuepfer, Irene; Abdulla, Salim M; de Savigny, Don**Author(s) at UniBasel** [de Savigny, Donald](#) ; [Masanja, Irene Misuka](#) ;**Year** 2013**Title** Access to artemisinin-based anti-malarial treatment and its related factors in rural Tanzania**Journal** Malaria journal**Volume** 12**Pages / Article-Number** 155

Artemisinin-based combination treatment (ACT) has been widely adopted as one of the main malaria control strategies. However, its promise to save thousands of lives in sub-Saharan Africa depends on how effective the use of ACT is within the routine health system. The INESS platform evaluated effective coverage of ACT in several African countries. Timely access within 24 hours to an authorized ACT outlet is one of the determinants of effective coverage and was assessed for artemether-lumefantrine (Alu), in two district health systems in rural Tanzania.; From October 2009 to June 2011 we conducted continuous rolling household surveys in the Kilombero-Ulanga and the Rufiji Health and Demographic Surveillance Sites (HDSS). Surveys were linked to the routine HDSS update rounds. Members of randomly pre-selected households that had experienced a fever episode in the previous two weeks were eligible for a structured interview. Data on individual treatment seeking, access to treatment, timing, source of treatment and household costs per episode were collected. Data are presented on timely access from a total of 2,112 interviews in relation to demographics, seasonality, and socio economic status.; In Kilombero-Ulanga, 41.8% (CI: 36.6-45.1) and in Rufiji 36.8% (33.7-40.1) of fever cases had access to an authorized ACT provider within 24 hours of fever onset. In neither of the HDSS site was age, sex, socio-economic status or seasonality of malaria found to be significantly correlated with timely access.; Timely access to authorized ACT providers is below 50% despite interventions intended to improve access such as social marketing and accreditation of private dispensing outlets. To improve prompt diagnosis and treatment, access remains a major bottle neck and new more innovative interventions are needed to raise effective coverage of malaria treatment in Tanzania.

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