

Home and Community Management of Malaria and Pneumonia

Submission date

14/06/2010

Recruitment status

No longer recruiting

☐ Prospectively registered

☐ Protocol

Registration date

04/03/2011

Overall study status

Completed

☐ Statistical analysis plan

☒ Results

Last Edited

29/12/2020

Condition category

Infections and Infestations

☐ Individual participant data

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

HS 72

Study information

Scientific Title

An integrated Management of Malaria and Pneumonia in children under five at home and community level

Acronym

HCMP

Study objectives

Prompt use and compliance with efficacious treatment for both malaria and pneumonia provided at home and community level reduces under five morbidity and mortality significantly and is more cost effective than giving antimalarials alone.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Uganda National Council for Science and Technology approved on the 17th August 2005 (ref: HS 72)

Study design

Cluster randomised controlled trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Other

Study type(s)

Treatment

Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied

Malaria and pneumonia

Interventions

The intervention arm has combined home and community malaria and pneumonia treatment where pre-packaged drugs (anti-malarial and antibiotics) are distributed through trained community medicine distributors. Children who present with fever are given antimalarials (Coartem®) and when they in addition have rapid breathing, they are given antibiotics (amoxycillin).

For the control arm, antimalarials (Coartem®) are distributed by trained community medicine distributors to the children who present with fever. Those who present with rapid breathing are referred to health facilities. The difference between the intervention and control arms is that in

the intervention, there is community distribution of antibiotics in addition to the antimalarials while in the control, there is only distribution of antimalarials alone.

Intervention Type

Other

Phase

Not Applicable

Primary outcome measure

Mortality in children under five

Secondary outcome measures

Determined at the end of the two year period:

1. Mortality preceded by an acute febrile illness
2. Severe anaemia
3. Cost-effectiveness of the interventions
4. Equity analysis

Overall study start date

02/12/2009

Completion date

01/12/2011

Eligibility**Key inclusion criteria**

Children aged 4 to 59 months

Participant type(s)

Patient

Age group

Child

Lower age limit

4 Months

Upper age limit

59 Months

Sex

Both

Target number of participants

11,000 children monitored over two years

Key exclusion criteria

Children below 4 months of age or those above 59 months old

Date of first enrolment

02/12/2009

Date of final enrolment

01/12/2011

Locations

Countries of recruitment

Uganda

Study participating centre

Makerere University School of Public Health

Kampala

Uganda

4147072

Sponsor information

Organisation

Uganda National Council for Science and Technology (UNCST) (Uganda)

Sponsor details

Plot 3/5/7, Nasser Road

Kampala

Uganda

4146884

Sponsor type

Government

Website

<http://www.uncst.go.ug/>

ROR

<https://ror.org/05jv1pq83>

Funder(s)

Funder type

Research organisation

Funder Name

United Nations Children's Fund (UNICEF)/United Nations Development Programme (UNDP)
/World Bank/World Health Organization (WHO) - Special Programme for Research and Training
in Tropical Diseases (TDR) (ref: A20141)

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date**Individual participant data (IPD) sharing plan****IPD sharing plan summary**

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	22/09/2013	29/12/2020	Yes	No