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Home and Community Management of Malaria and Pneumonia

Submission date	Recruitment status	[_] Prospectively registered
14/06/2010	No longer recruiting	[_] Protocol
Registration date	**Overall study status**	[_] Statistical analysis plan
04/03/2011	Completed	[X] Results
Last Edited	**Condition category**	[_] Individual participant data
29/12/2020	Infections and Infestations	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
HS 72

Study information

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

Acronym

HCMMP

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)

Primary study design
Interventional

Study design
Cluster randomised controlled trial

Study type(s)
Treatment

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(s)
Mortality in children under five

Key secondary outcome(s)
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

Completion date
01/12/2011

Eligibility

Key inclusion criteria
Children aged 4 to 59 months

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Child

Lower age limit
4 Months

Upper age limit
59 Months

Sex
All

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)

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

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