

A study to assess Clinician-perceived failure rates of commonly used ACTs

Interviewer's Name: _____ Code:

Region: _____ Code:

Health Facility Name: _____ Code:

Date of Interview: ____/____/____

Clinician-perceived ACT Treatment Failure: *The failure of a malaria-patient to improve despite having received an Artemisinin Combination Therapy (ACT) regardless of artemisinin resistance.*

SECTION A: DEMOGRAPHICS

1. Gender: [1] Male [2] Female

2. Age (*in completed years*):

3. Education Level:

[1] Certificate

[2] Diploma

[3] Bachelor

[4] Masters

[5] Other (*specify*). _____

4. Professional experience (Years):

5. If less than 1 year in **Q4**, state number of completed months

6. Professional Cadre:

[1] Physician

[2] Medical Officer

[3] Pharmacist

[4] Nurse

[5] Clinical Officer

[6] Pharmacy Technician

[7] Other (*specify*). _____

7. Health Facility Type:

[1] Public

[2] Private Not-for-Profit

[3] Private for-Profit

8. Health Facility Status:

[1] Hospital

[2] Health Centre III

[3] Health Centre II

[4] Private Clinic

[5] Pharmacy

[6] Drug Shop

[7] Other, (*specify*). _____

SECTION B: PERCEIVED ACT FAILURE

Please, complete the questionnaire by indicating the appropriate responses.

1. What is the approximate number of malaria-patients you see per day?

2. In the use of ACTs in treating uncomplicated malaria, have you ever encountered any treatment failure(s) in your malaria-patients?

- [1] Yes [2] No

3. Have you suspected any ACT treatment failure in the past 4 weeks?

- [1] Yes [2] No

4. If **YES** to **Q3**, how many cases of ACT treatment failure?

5. Have you received patient-complaints of ACT treatment failure in the past 4 weeks?

- [1] Yes [2] No

6. If **YES** to **Q5**, how many patient-complaints of ACT treatment failure?

7. Briefly describe the most recent case of ACT treatment failure you have encountered providing information on patient age, brand of ACT involved, clinical outcome & action taken; e.t.c.

8. Have you reported any ACT treatment failure(s) in the past 6-months? (**Please tick one**)

- [1] Yes [2] No (**Skip to 13**)

9. If **YES** to **Q8**, to whom have you reported the most recent ACT treatment failure(s)? (**Please tick all applicable**)

- [1] District Health officer
- [2] Health Management Information System
- [3] Immediate Supervisor
- [4] National Pharmacovigilance Center
- [5] Others, (*specify*). _____

10. If **YES** to **Q8**, how did you report the most recent ACT treatment failure(s)? (**Please tick all applicable**)

- [1] Verbally
- [2] Written report
- [3] Other, (*specify*).....

11. What motivates you to report ACT treatment failure(s)?

12. Do you get feedback on the ACT treatment failure(s) you report?

[1] Yes [2] No

13. Do you feel that circumstances in your setting make it difficult to report treatment failure to ACTs? [1] Yes [2] No

14. Explain your response to Q13

15. What can be done to improve the reporting of treatment failure to ACTs in your setting?

16. What are the commonly used ACTs at your health facility? (**Please tick all appropriate**)

Brand			Coartem	
D-Artepp (GPSC)			Lumartem	
Artequin			Malfan	
Combiart			Artem	
Ridmal			Arexel	
Glumac			Lonart	
Duocotecxin			Lumether	
P-Alaxin			Lumaren	
Artefan			Other, (<i>specify</i>).....	

17. Which ACT brand(s) have you observed to result in treatment failure? (**Please tick all appropriate**)

Brand			Coartem	
D-Artepp (GPSC)			Lumartem	
Artequin			Malfan	
Combiart			Artem	
Ridmal			Arexel	
Glumac			Lonart	
Duocotecxin			Lumether	
P-Alaxin			Lumaren	
Artefan			Other, (<i>specify</i>)	

18. Do you think ACT resistance is a growing concern nationally?

[1] Yes [2] No [9] Don't Know

19. If yes to **Q18**, briefly describe why?

20. Do you think ACT resistance is a growing concern in your institution?

[1] Yes [2] No [9] Don't Know

21. If yes to **Q20**, briefly describe why?

SECTION C: DRUG FACTORS RELATED TO ACT FAILURE

22. Do you think the **color** of an ACT could lead to poor patient compliance hence treatment failure? [1] Yes [2] No

23. Briefly describe why giving examples?

24. Do you think the **taste** of an ACT could lead to poor patient compliance hence treatment failure? [1] Yes [2] No

25. Briefly describe why giving examples?

26. Do you think the **size** of an ACT tablets could lead to poor patient compliance hence treatment failure? [1] Yes [2] No

27. Briefly describe why giving examples?

28. Do you think the number of tablets swallowed could lead to poor patient compliance hence treatment failure? [1] Yes [2] No

29. Briefly describe why giving examples?

30. Do you think that inadequate information about an ACT could lead to patient misuse of the drug hence treatment failure? [1] Yes [2] No

31. Briefly describe why giving examples?

32. Do you think the dosing frequency of an ACT could lead to poor patient compliance hence treatment failure? [1] Yes [2] No

33. Briefly describe why giving examples?

34. What other factors in the practice of patients are responsible for the poor response of patients to ACT? (**Please briefly outline**)

35. What other factors in the practice of clinicians are responsible for the poor response of patients to ACT? (**Please briefly outline**)

We appreciate your time taken to respond to this questionnaire. Thank you

**This a collaborative study between
National Drug Authority and Makerere University Department of Pharmacology and
therapeutics.**