

WHO Informal Consultation on fever management in peripheral health care settings: a global review of evidence and practice

Geneva, 22-24 January 2013

Summary of recommendations to programs and countries

These recommendations are based on the emerging evidence presented during the meeting and summarized in the grey boxes above, as well as on lessons learned from pilot programs and scaling-up efforts discussed during the meeting.

1. Studies on etiologies of fevers should be undertaken at different levels of health care and in different epidemiological settings, seasons and age groups.
2. Malaria diagnostic testing and treatment should be deployed as part of promoting programmes for the integrated management of fevers, based on WHO algorithms available for different age groups and levels of care.
3. Evidence from studies and lessons learned from implementation should be taken into account when planning scale-up of integrated Community Case Management (iCCM).
4. The core elements of the generic WHO iCCM algorithm (*see Figure below*) should not be modified when the algorithm is going through local adaptation for the use in countries implementation programs.
5. iCCM programs should be implemented together with strengthening quality of care at health facilities level, based on IMCI and IMAI for primary care and hospital levels.
6. When subsidized malaria medicines and RDTs are made available for the private sector, diagnosis and treatment for common non-malaria causes of fever should also be provided, based on WHO algorithms for iCCM.
7. Research looking at new strategies for effective diagnostic and treatment of febrile illness should be encouraged, using clinical outcomes as primary study endpoints rather than laboratory results, in order to modify or expand the current WHO algorithms.

Figure: Core of the iCCM algorithm that should not be modified in country adaptations

