

The Pharmacist's Role in Implementing the Latest WHO Malaria Guidelines

Rovman Clarck*

Department of Pharmacy, University of Aix-Marseille, F-13005 Marseille, France

Introduction

The guidance on new and updated recommendations was last updated on March 14, 2023 and was released by the World Health Organization (WHO). For optimum impact, these suggestions encourage nations to modify them to address local disease conditions. Globally, 84 countries with malaria-endemic regions (including French Guiana) reported an estimated 247 million cases of the disease in 2021, up from 245 million in 2020, with most of the increase occurring in the WHO African Region since the WHO European Region has been malaria-free since 2015 [1].

Description

The primary goal of a chemist is to support primary care, which is characterised by patient prevention, screening, diagnosis, treatment, and follow-up; dispensing and administration of medications, products, and medical devices; pharmaceutical advice; counselling in the medical and social sectors; and health education. The chemist serves as a liaison between the doctor and the patient and is the most approachable medical specialist with a focus on medications, whether they are working in a hospital, medical laboratory or drugstore. The chemist needs to be kept up to date with frequent training in order to apply the most recent recommendations that call into question some tried-and-true dogmas (such as the insecticide no longer suggested for clothing impregnation and chloroquine no longer indicated for chemoprevention) [2].

Without a doubt, chemists have been on the front lines of health care since the start of the COVID-19 pandemic, demonstrating and reinforcing their role as a pivot in the system and in the prevention of infectious diseases. With an increase in activities and responsibilities, chemists are quickly developing into the backbone of the health system and the first line of defence against this pandemic. In addition to being a drug expert, the pharmacist plays a significant role in the prevention of infectious diseases within pharmacies as a local health care provider through their actions in patient education and pharmacological counselling. One of the main modifications recommended in the most recent WHO malaria guidelines is that garments impregnated with pesticide products should no longer be used as a personal protection strategy. The use of insecticide-treated clothing to prevent malaria is no longer advised as a public health measure; however, it may be useful as a measure to provide personal protection against malaria in some population groups (refugees, military personnel and others engaged in occupations that place them at high risk). This recommendation was first made in the WHO's guidelines for

malaria vector control published in 2019 [3].

The chemist plays a crucial role since, as a local health care provider, they must tell the public that wearing clothing treated with insecticides is no longer advised. Therefore, it is their job to change patients' perceptions of a well-established dogma and to avoid abuse by informing them of this WHO recommendation. This is particularly significant because insecticide-resistant vectors are becoming more pervasive. Insecticides are still readily available, despite the fact that its principal European equivalent, permethrin, now has a less favourable benefit-risk ratio when used to treat recommended mosquito nets rather than to treat clothing in the general population. In advising and suggesting malaria prevention strategies, the chemist has a significant role to play. This is even more crucial to reduce the risk of non-recommended actions, such as the abuse of herbal teas or dietary supplements containing Artemisia annual, the plant from which artemisinin and some of its derivatives, the class of first-line antimalarial medications, are produced. Parenteral articulate, used as an emergency treatment for severe *P. falciparum* malaria and Oral Artemisinin-Based Combination Therapies (ACT) are the two main curative antimalarial treatments now indicated. The majority of the time, ACTs are very effective and well tolerated. The morbidity and fatality rates from malaria have significantly decreased over the past few decades, thanks in large part to this. *P. falciparum* in Southeast Asia has, regrettably, developed resistance to artemisinin since 2009 [4,5].

Conclusion

Malaria and other infectious illnesses are a top public health concern in the current climate of a global health crisis and rising drug resistance. A chemist's role in health promotion and the implementation of public health recommendations is crucial and expanding in a health system that is actively evolving in order to decompartmentalize the careers of health professionals and optimise the supply of care. In the case of malaria, where the most recent WHO recommendations challenge some long-held beliefs, this is especially true. but also in endemic regions, intensive cooperation is required between chemists, doctors, other health professionals, and travel medicine stakeholders to guarantee the correct application of public health guidelines and to achieve the health workforce desired by the WHO to hasten progress towards universal health coverage and sustainable development goals.

Acknowledgement

None.

Conflict of Interest

There are no conflicts of interest by author

References

1. La-Orkhun, V., P. Supachokchaiwattana, P. Lertsapcharoen and A. Khongphatthanayothin. "Spectrum of cardiac rhythm abnormalities and heart rate variability during the convalescent stage of dengue virus infection: A holter study." *Ann Trop Paediatr*31 (2011): 123–128.

*Address for Correspondence: Rovman Clarck, Department of Pharmacy, University of Aix-Marseille, F-13005 Marseille, France; E-mail: rovmanclarck@gmail.com

Copyright: © 2024 Clarck R. This is an open-access article distributed under the terms of the creative commons attribution license which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

Received: 02 September, 2024, Manuscript No. Mcce-24-155011; Editor Assigned: 05 September, 2024, PreQC No. P-155011; Reviewed: 16 September, 2024, QC No. Q-155011; Revised: 21 September, 2024, Manuscript No. R-155011; Published: 30 September, 2024, DOI: 10.37421/2470-6965.2024.13.301

2. Araújo, FM de C., M. S. Araújo, R. M. R. Nogueira and R. S. N. Brilhante, et al. "Central nervous system involvement in dengue: A study in fatal cases from a dengue endemic area." *Neurology* 78 (2012): 736-742.
3. Lana-Peixoto, Marco A., Denison Pedrosa, Natália Talim and Juliana MSS Amaral, et al. "Neuromyelitis optica spectrum disorder associated with dengue virus infection." *J Neuroimmunol* 318 (2018): 53-55.
4. Nair, Jayalal Jayapalan, Ajay Bhat and Mangalore Venkatraya Prabhu. "A clinical study of acute kidney injury in tropical acute febrile illness." *J Clin Diagn Res* 10 (2016): OC01.
5. Heinz, Franz X. and Karin Stiasny. "The antigenic structure of zika virus and its relation to other flaviviruses: Implications for infection and immunoprophylaxis." *Microbiol Mol Biol Rev* 81 (2017): 10-1128.

How to cite this article: Clarck, Rovman. "The Pharmacist's Role in Implementing the Latest WHO Malaria Guidelines." *Malar Contr Elimination* 14 (2024): 301.