

Webinar on "How to develop concrete actions to address the priority issues of malaria vulnerable populations to decision makers?"

**Tuesday 27 July 2021
08:00 – 12:30 GMT**

Objectives

- **General Objective:**

- To build the capacity of CSOs, members of CS4ME, to develop concrete actions towards decision makers on the main problems faced by communities in accessing malaria control services.

- **Specific Objective:**

- To have a common understanding of malaria and its impact.
- Share relevant community malaria interventions.
- Identify relevant advocacy actions to improve access to malaria services for vulnerable communities and groups.

Agenda

- 4 hours (08:00-12:30), so, 30 minutes break
- 5 sessions
 - Opening
 - Upgrades
 - Advocacy actions
 - Monitoring
 - Closure

Working Standard

- Time management (be concise in our interventions)
- Microphones turned off when not speaking
- Show up your hand to take the talk
- Active participation (all contributions are welcomed)



Update

Malaria Basic notions (1)

- Malaria = parasitic infection transmitted to humans by the bite of the **female Anopheles mosquito**
- Five species of parasite:
 - Plasmodium falciparum,
 - Plasmodium vivax,
 - Plasmodium ovale,
 - Plasmodium malariae, and
 - Plasmodium knowlesi.
- Plasmodium falciparum et vivax constitute the greatest threat. **P. falciparum causing 99.7% of malaria estimated cases in sub-Saharan Africa.**
- Mosquitoes mainly feed and live indoors and bite most in the late evening. They breed in shallow fresh water, such as water pools.

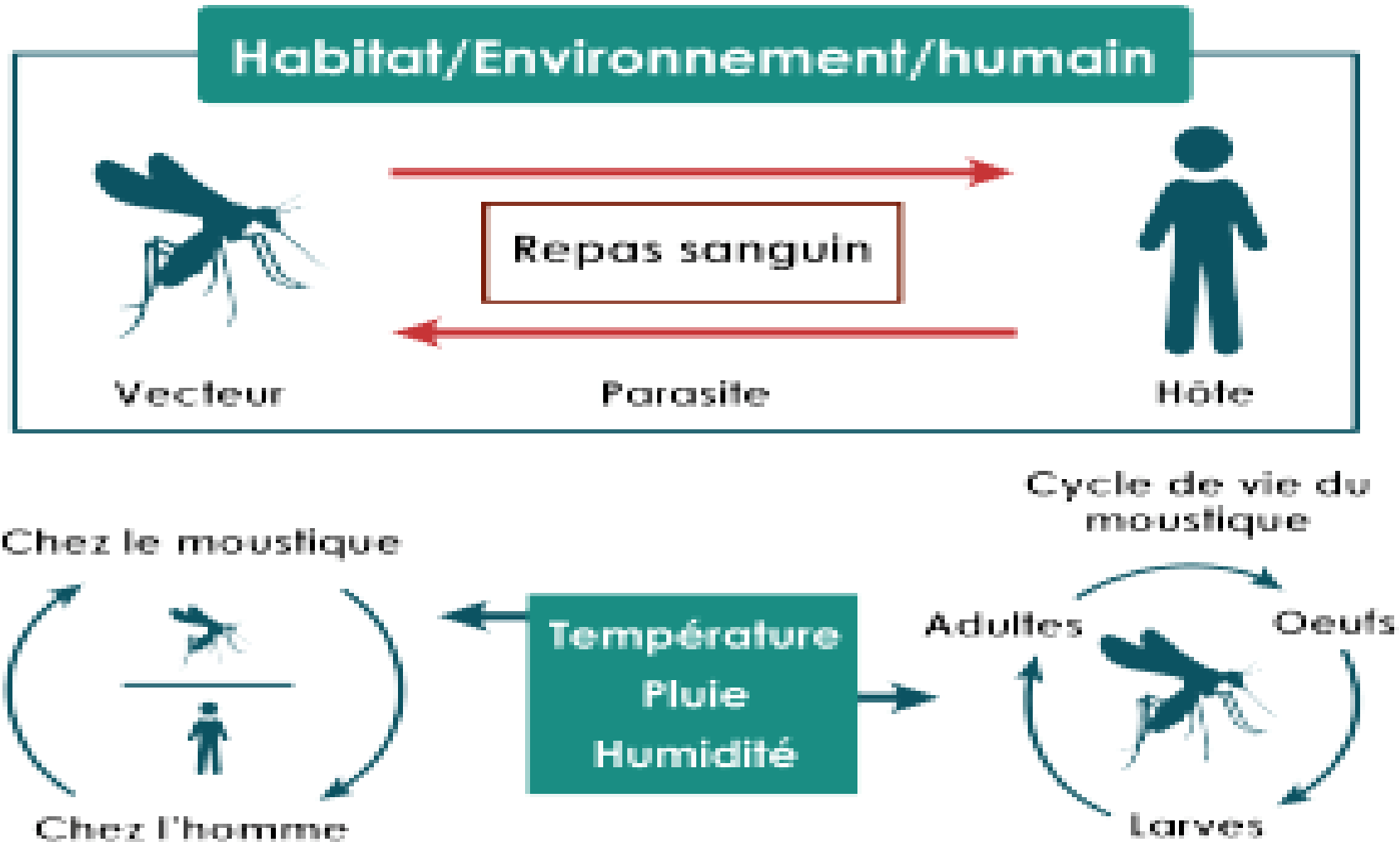
Malaria Basic notions (2)

- A person gets malaria after being bitten by a female Anopheles mosquito infected with one of the Plasmodium parasites. The parasite enters the human bloodstream and lodges in the liver. In the liver, the parasite matures and reproduces before being released into the bloodstream. This period of time is called the incubation period, during which the human being shows no symptoms.
- Symptoms usually appear 9 to 30 days after a person is bitten by an infected mosquito.

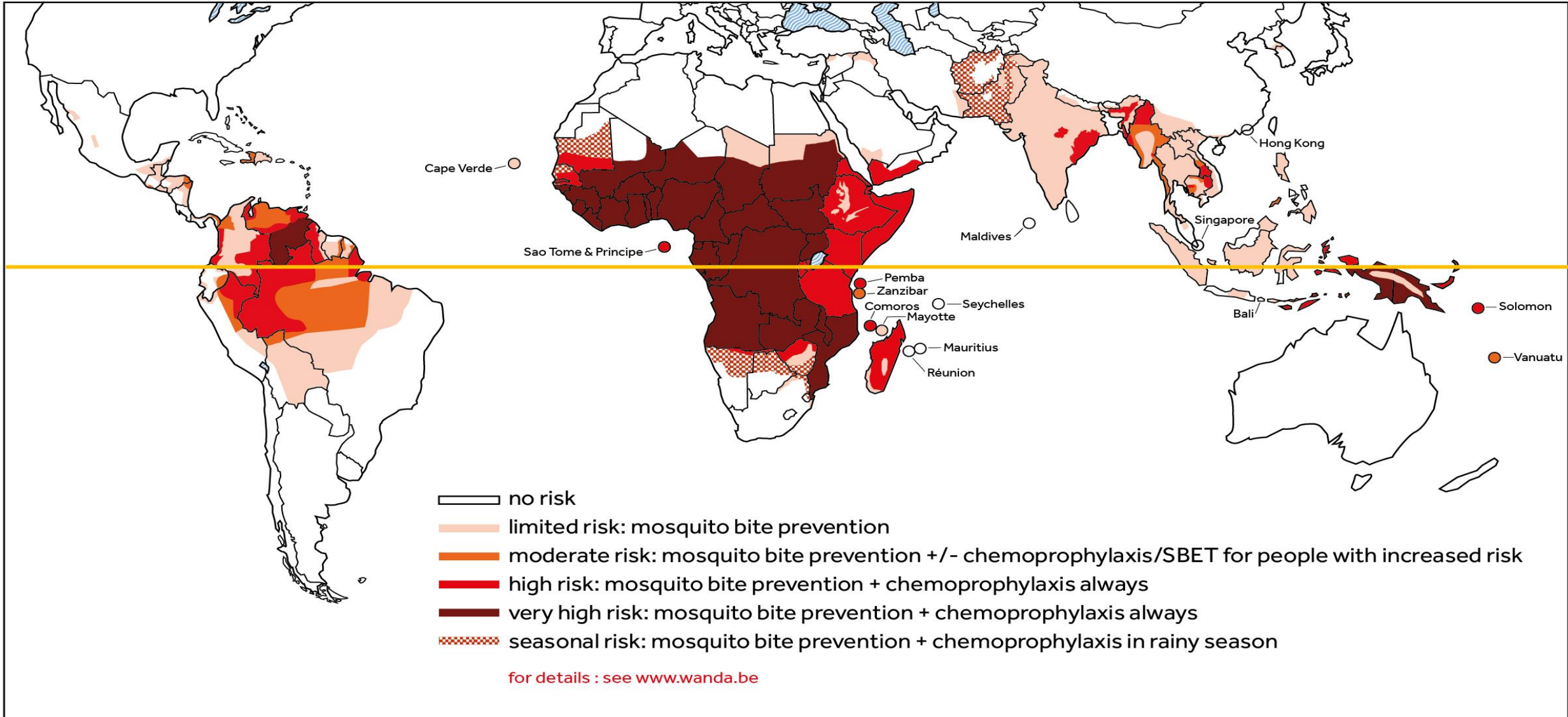
Malaria Basic notions (3)

- Transmission is seasonal in many places (usually there is a peak in transmission during and just after the rainy season),
- It depend on a big number of factors, including precipitations, temperature and humidity.
- Malaria transmission doesn't take place at high altitudes.

Malaria Transmission Cycle



Malaria 2019 (source WHO 2019, World Malaria Report 2018)

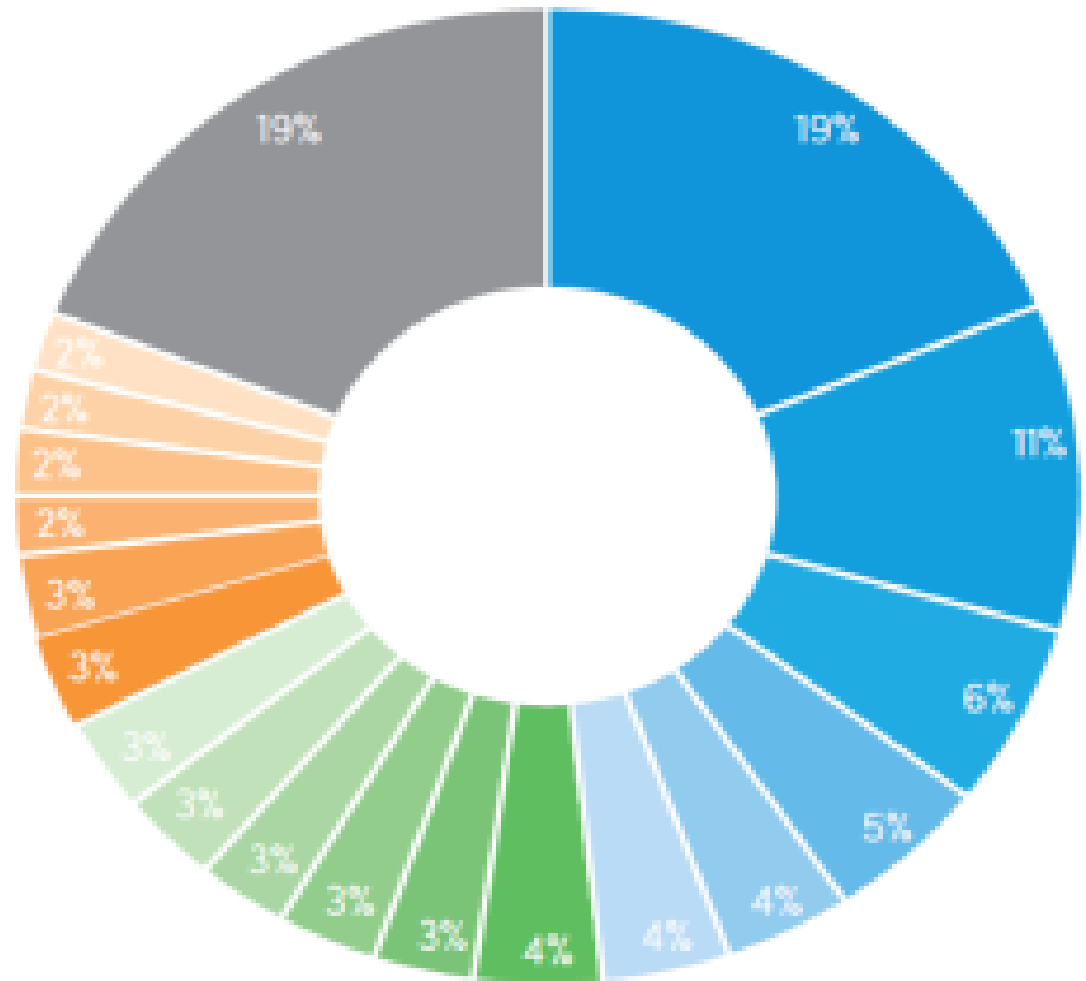


Burden of malaria in Africa

- The majority of the malaria burden is in sub-Saharan Africa, accounting for approximately 92% of malaria cases and 93% of malaria deaths. An estimated 74% of the population lives in highly epidemic areas and 19% in epidemic-prone areas.
- The economic costs of malaria are enormous. It is estimated that malaria causes a loss of 1.3% of the gross domestic product (GDP) growth rate per year in Africa. In addition, it results in a total of US\$ 12 billion in direct losses per year. Approximately 40% of public health expenditure is allocated to malaria control in Africa. The average household spends more than 10% of its annual income on malaria prevention and treatment.

Estimated number of malaria-related deaths (2018)

- Nigeria
- République démocratique du Congo
- Burkina Faso
- République de la Tanzanie
- Sierra Leone
- Niger
- Inde
- Mozambique
- Ouganda
- Angola
- Kenya
- Mali
- Cameroun
- Ghana
- Cote d'Ivoire
- Tchad
- Zambie
- Guinée
- Autre



Main groups vulnerable to malaria

- Everybody is vulnerable to malaria infection.
- However, **Pregnant women** and **children under 5 years of age** are those who bear the greatest burden of malaria.
 - Pregnant women with the risk of spontaneous abortion and death.
 - Newborns with risk of low birth weight and death.
 - Children under 5 years of age because they have not yet developed protective immunity against the more severe forms of the disease.
- Migrants, refugees, displaced persons and prisoners are also considered at-risk populations

Stratégie technique mondiale
de lutte contre le paludisme, 2016–2030

Pilier 1

Assurer l'accès universel
à la prévention, au
diagnostic et au
traitement du paludisme

Pilier 2

Accélérer les efforts
visant à l'élimination et
l'atteinte du statut « zéro
cas » de paludisme

Pilier 3

Transformer la
surveillance du
paludisme en une
intervention de base

Élément de soutien 1. Exploiter l'innovation et élargir la recherche

Élément de soutien 2. Renforcement de l'environnement favorable

Some challenges

- Emergence of parasite resistance to antimalarial drugs (artemisinin and others) and mosquito resistance to insecticides
- Discovery of a new type of exophilic mosquito
- Poor health system performance
- Lack of sustainable and predictable international and national finance
- Disrupted service provision due to natural factors (excessive rain or earthquake), conflicts and political crises
- Abnormal weather patterns, and
- Covid-19

Interventions for the prevention and control of malaria

- Insecticide-Treated Mosquito Nets (ITNs)
- Indoor residual spraying of insecticides
- Intermittent Preventive Treatment (IPT)
- Seasonal chemoprevention
- Malaria Case Management
- Malaria surveillance
- Malaria vaccine (Ghana, Kenya and Malawi in 2019)

Advocacy Actions

Discussions from the country cases

- Case of Cameroon (5mn)
- Case of Nigeria (5mn)
- Case of Niger (5mn)
 - Major identified limits
 - Key decision makers and power mapping
- What actions to consider? (45 mn)

Case of Cameroon (1)

- **Malaria prevention**

- Free and sufficient distribution of LLINs to all households
- Effective availability of LLINs in health facilities
- Supply of means of prevention and control of malaria to CHWs
- Frequent sanitation of the environment (household environment and health facilities)
- Supply of drinking water to communities

- **Management of malaria in pregnant women**

- Free malaria treatment for pregnant women
- Free treatment (diagnosis and treatment) of malaria for pregnant women
- Reduction in the price of malaria drugs
- Reduction in the cost of malaria treatment
- Sufficient availability of anti-malaria drugs in the health facilities
- Improvement of the service offer (reception and management of patients) in the health facilities
- Increase in the number of CHWs for the management of malaria in communities
- Increase in the number of health personnel in the health facilities

Case of Cameroon (2)

- **Treatment of malaria in children under 5 years of age**
 - Effective free care (diagnosis and treatment) of malaria for children
 - Free treatment of malaria for children aged 0 to 5 years
 - Sufficient availability of RDTs for malaria diagnosis in health facilities
 - Supply of RDTs and drugs for the fight against malaria to the CHWs
 - Effectively fight against counterfeit drugs
 - Free distribution of anti-malaria drugs in communities
 - Set up local complaint cells against abuses observed in the health facilities
 - Valuation of traditional pharmacopoeia for the treatment of malaria

Case of Cameroon (3)

- **Access to the nearest health facility**

- Staffing of health facilities with available and competent health personnel
- Construction of health centres in remote communities
- Improvement of the technical facilities in the health facilities
- Development of communication routes to the health centres
- Equipping health centres with ambulances

- **Communication in the fight against malaria**

- Strengthening communication on malaria through the media
- Sensitisation of the communities on the means of fighting malaria and the respect of barrier measures against COVID-19
- Capacity building of health personnel on malaria control communication tools

Case of Nigeria (1)

- **DISEASE PREVENTION**

- Lack of free malaria commodities such as LLIN, Artemisinin-based Combination Therapy and Sulfadoxine pyrimethamine
- Poverty
- Increase in malaria cases
- Inadequate numbers of health facilities
- Borehole required for effective and sustained water supply
- High cost of malaria treatment in health facilities
- Low level of awareness creation and sanitation on malaria prevention measures
- Increase in population of mosquitoes in the environment and need for indoor residual spraying
- Shortage of manpower at health facilities
- Long distances to health facilities to access malaria services
- Poor drainage systems at the community level
- Unavailability of free malaria treatment for children under 5 years of age and pregnant women
- Poor waste management

Case of Nigeria (2)

- **MANAGEMENT OF PREGNANT WOMAN**

- Lack of free malaria treatment for pregnant woman at health facilities
- Gender in term of facility workers lack of health worker's (male & female)
- Poor knowledge on malaria prevention
- Poor attitude of Health Workers to pregnant woman
- No night duty at the health facility due to inadequate Health Workers
- High cost of antenatal services
- Low antenatal patronage
- Pregnant women don't like taking injections
- Pregnant women don't like taking IPT giving to them during antenatal visits
- Poverty

Case of Nigeria (3)

- **CARE OF CHILDREN UNDER FIVE 5 YEARS OF AGE**
 - Poverty hinders parental ability to care effectively for children
 - Poor treatment for children under 5 years due to lack of free LLINs
 - Ignorance of Care giver to observe symptoms' of malaria in children at early stages
 - High cost of malaria drugs and poor time management at the clinics
 - Need to improve sanitation and hygiene across Primary Health Care Centers to reduce the malaria cases in children at large and possible infection of other diseases
- **PROXIMITY TO HEALTH SERVICES AND TREATMENT**
 - Long distances to health facilities to access malaria services
 - Late resumption of facilities Health Workers
 - High cost of transportation to health facilities to access malaria services
 - Lack of well-trained Medical/Health Workers to handle complicated cases/severe cases of malaria infection
 - Believe in local medicine to treat malaria because they cannot avoid to pay for hospital bills

Case of Nigeria (4)

- **MALARIA BEHAVIOR CHANGE COMMUNICATION**

- Creation of awareness for the adverse effects of malaria
- Community sensitization
- General community awareness on malaria prevention and treatment
- Capacity building for community Health Workers on how to treat clients
- Lack awareness of free malaria commodities like LLINs
- Low patronage at health facilities due to unprofessionalism of Health Workers
- Delay in coming to the recognized health facilities for treatment

Which action to consider?

- Translating our data into actions

- Targeted edition and publication
- Identification and collaboration with allies
- Meetings with influencers and decision makers
- Conferences/ Presse point
- Permanent monitoring of trends with an community observatory

Some pertinent Indicators

Some pertinent Indicators (1)

- Proportion of population sleeping under an insecticide-treated net the previous night
- Proportion of children under 5 who slept under an insecticide-treated net the previous night
- Proportion of people with an insecticide-treated net in their household
- Proportion of people using an insecticide-treated net among those with an insecticide-treated net
- Proportion of households with at least one insecticide-treated net for every two people and/or who received indoor residual spraying in the last 12 months
- Proportion of households that received indoor residual spraying in the last 12 months
- Number of long-lasting insecticide-treated nets distributed to at-risk populations through mass distribution campaigns
- Number of long-lasting insecticidal nets distributed to target risk groups on an ongoing basis

Some pertinent Indicators (2)

- Proportion of suspected malaria cases tested for parasitology in the community
- Proportion of confirmed malaria cases who received first-line antimalarial treatment in the community
- Proportion of pregnant women attending antenatal clinics who have received at least three doses of intermittent preventive treatment for malaria
- Percentage of children aged 3-59 months who received a full course of SPC (3 or 4 treatments) per transmission season in target areas
- Percentage of grant budget implementation
- Percentage use of funds disbursed