

Malaria Bytes

Volume 1, Issue 1

January 2007

Care -Net Nigeria

Focus on Malaria as entry point to Strengthening Health Services

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Special points of interest:

- * Inputs have to be matched with wider capacity for service delivery
- * The boost in malaria funding should support a health system that can respond to all health needs of the community

Health systems depend on people – professionals and support staff with the necessary education, training, skills and motivation to do their jobs effectively.

When more doctors, nurses and other health service providers are trained and posted to rural areas, they will not only confine their work to malaria, but will be there to meet many other health needs in the low income communities they serve.

The challenge now is to get policy makers and practitioners in the ministries of health and development agencies to move away from vertical programming to addressing systemic issues even if it means using resources targeted at one disease, in

this case malaria.

It is quite heart warming that someone is taking note. For example, starting with the 5th round of proposals for the Global Fund, a specific component on health system strengthening has been included. Others include the new World Bank and DFID support to national malaria control efforts.

However, there are still ‘black sheep’ among funders who continue in this mode without due regard to the system of care delivery at the community level.

A lot more attention is still placed on commodities such as new anti-malarial drugs and insecticide



Revitalized Health system capable of responding to current and emerging problems

icide treated bednets and residual in-door spraying with chemicals.

These inputs on their own will amount to nothing if health workers’ salaries are not paid on time; if there are no thermometers in the clinics; and if there is no mechanism for vulnerable people to access (pay for)necessary care when required.

World Bank approves \$180 Million to Fight Malaria in Nigeria

In what appears to be a whopping Christmas present the World Bank in December approved US\$ 180 million to fight malaria in Africa’s most populous country - Nigeria.

With 20% of the world's

malaria cases, the disease accounts for 29% of children’s death and about 11% of death among pregnant women according to the World Bank.

It is hoped that this interest free loan from the International Development

Agency (IDA) will go a long way to support the government’s programme of cutting annual malaria cases in half by 2010.

This project tagged Nigeria Malaria Booster Control Project.....continued on page 4

The Business case for Malaria Control

Health problems resulting from this disease affect businesses directly through their impact on employees, customers and corporate reputation, and indirectly through their effect on the economy.

Several companies report that malaria has severe impact on operating costs. In Sub-Saharan Africa, 72% of respondent firms to a survey in 2004 perceived this impact to be serious.



Malaria prevention and control makes good business sense

Here in Nigeria where malaria is endemic, over 80% of business leaders have repeatedly noted that the disease has a strong impact on productivity.

In the past the response by corporate organisations have been very patronizing leaving the task to government alone. However, things are beginning to change in Nigeria with the recognition by these organisations that

many of the resources needed for malaria control match the skills and capabilities of businesses. Several major businesses that have taken action on malaria have benefited – development of new business contacts, promotion of worker and customer loyalty, and protection of workforces and markets.

The challenge is how these various company Programmes are coordinated so that firms are able to act appropriately where government action is found to be inadequate.

Long Lasting ITNs Factory for Bayelsa State

An International Health Foundation whose mission is to promote the manufacture of critical inputs to reduce the burden of diseases such as malaria in Africa has put in place a public - private partnership initiative that will produce the Olyset brand of long lasting insecticide treated bednets (LLINs) in Bayelsa State within the next 12 months.

The choice of location is informed by

several factors including nearness to the raw materials (by-products of petroleum); commitment of the Government of Bayelsa State and active partnership in the project; interest

A business model that produces health gain as well as wealth creation

and participation of the private commercial sector operating in the Oil and Gas sector of the economy and the Niger Delta Development Commission (NDDC).

Apart from the direct benefit of increasing the availability of LLINs, the factory would be creating jobs as well as stimulating the promotion of an industrial base for small - scale manufacturing through the transfer of competencies.

Civil Society Network plans for 2nd National Malaria Summit

Scaling up Malaria Control Activities: Imperatives for achieving the Millennium Development Goals in Nigeria

is the theme for the 2nd National Malaria Summit due to take place on March 14, at the Ikeja Sheraton Hotel and Towers, Lagos.

Part of the objectives of this meeting is to review the Roll Back Malaria (RBM) interventions since the 1st Summit in November 2004 and discuss trends in the total RBM country situation, in

addition to capacity building for Civil Society Organisations (CSOs) on advocacy, resource mobilisation, RBM project development and management.

It is expected that at the end of the conference, an enabling environment for increased participation of CSOs in RBM activities as well as improved capacity of CSOs in programme and financial management would have been achieved.

This event championed by the National Civil Societies on Malaria, Immunisa-

tion and Nutrition (NACOMIN) is a collaborative event by key stakeholders supported by the Federal Ministry of Health, the Private Sector and Development Agencies.



Network of Civil Society Organisations on Malaria poised to drive Malaria Control Agenda

DDT Controversy — no clear policy yet

One of the core interventions advocated by WHO for malaria control in addition to use of insecticide treated bed nets and new anti-malarial medicines (ACTs) is residual indoor spraying with chemicals.

One of such chemicals that have been useful but has since been banned in many countries is DDT. The major sin of this ally in the fight against malaria is that it persists in the environment and also appears in the food people eat years after it has been used. Even when it is broken down to other chemicals such as DDE and DDD, over time it still

has the same effects.

For example, 33 years after DDT was banned in the US, it is still detected in 5–10% of the people while DDE is found in everyone. Children of mothers exposed to DDT in Mexico showed reduced mental and physical developmental skills.

Despite all these problems the WHO actually endorses the use of DDT for residual indoor spraying. But

many countries still do not have a policy on this including Nigeria. Only South Africa is known to use DDT on a wide scale.



DDT is used to protect against mosquito carrying the malaria parasite

As in many things in Nigeria, such a sensitive matter requires careful handling so that whatever benefits that may result from it is not lost in the 'emotion' of the controversy that may surround it.

DFID £50 million support - slowly but surely

The much awaited support to Nigeria's National Malaria Control Efforts by the UK Department for International Development (DFID) has finally been endorsed by the Secretary of State for DFID — Hilary Benn.

This £50 million five-year project (2007 - 2012) builds on the successful implementation of an insecticide treated bednets (ITN) project funded by DFID between 2001 and 2004.

The key features of the present project include: Building capacity for policy development, planning and coordi-

nation at all levels of the national control programme; Effectively harmonizing all agencies' support for the malaria sub-sector at federal, state and local levels; Rapidly increasing uptake of effective preventive and treatment measures through both public and private sector health delivery systems; Promoting health seeking behaviour by individuals and communities so that they adopt methods to reduce the risk of contracting malaria; and Support to operational research which will fill the gaps in understanding how malaria control can be most effective and how

the benefits of the national malaria control efforts can be targeted towards the least advantaged.

To promote national coverage and medium-term sustainability the project will support Nigeria's efforts to harness all available resources for malaria control and to use them as effectively as possible.

It is expected that this project will lead to leveraging of development assistance and pooling of budgets by other donors and funding agencies including the Federal Government of Nigerian

Slow progress towards the MDGs but increasing commitments

While the control of malaria will contribute significantly to other MDGs notably under five mortality, educational achievement of children, improved maternal health and to a large extent the eradication of extreme poverty and hunger; MDG 6 is specific to malaria and other diseases.

In Nigeria, massive resources and further commitments have been made towards malaria con-



Hopeful children — progress in malaria control should help secure their future

trol.

The list includes: Global Fund - over \$200m, World Bank \$180m, DFID £50m, Debt relief N5bn, Others \$100m.

From all indications, it is clear

that there is gross imbalance between this level of funding and achievement of set targets of core interventions.

It would appear that increased funding is not enough. Political, social, economic and institutional issues need to be taken into account and these should be integrated in the planning and implementation of interventions within the framework of the existing structures.

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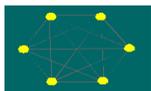
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Care-Net Ltd.

Leadership for Health Care

CARE - NET provides leadership in a broad range of strategic and technical areas related to Nigeria's Health Sector Reform Programme that enables the country to make accelerated progress towards the MDGs.

We advise and support Nigeria's efforts to improve the enabling environment for health service provision through improved policies, more efficiently managed sector resources, and improved quality of health services.

With a strong team of Independent Health Advisors, CARE - NET provides technical assistance to Governments (Federal, States, and Local Councils), Communities, NGOs/CBOs, Private Sector and Donors - on sector level assessments, strategic planning processes, implementation, monitoring and evaluation of Nigeria's health reform programme.

World Bank US\$180m Malaria Project

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..is part of the Bank's Booster Program for Malaria Control in Africa launched in 2005 to reduce malaria in about 21 of Africa's most seriously affected countries.

According to Ramesh Govindaraj - the Team Leader for the project in Nigeria - about 40% of the \$180 million will go into purchase of commodities such as anti-malaria combination treatments that use a new drug - artemisinin, as well as prevention methods such as long-lasting insecticide treated bednets and indoor residual spraying.

The remaining 60% will support efforts of the Nigerian government's National Malaria Control Programme to scale up fiduciary and health systems at the federal, state and local levels to fight malaria along with other diseases that are

deadly in childhood and pregnancy.

This is key. As pointed out by Govindaraj - for a fairly nominal extra cost, a package (Malaria - Plus) that includes a bundle of new and innovative inter-



New boost to funding malaria control should support a health system that responds to all their health needs

ventions such as Immunisation, integrated management of childhood diseases and ante-natal care for pregnant mothers is expected to almost double the impact on health outcomes for children under five and pregnant mothers compared to malaria-specific interventions alone.

Malaria Bytes is of the opinion that while this package could be a good entry point, all efforts at system strengthening irrespective of the source should be geared towards re-vitalising the entire health system. This ensures that the health system is able at any point in time to respond not only to current threats but also to new and emerging problems.

We consider this project as presenting the right opportunity to doing this. For a start, by redefining the roles and responsibilities of the various tiers of government and the private sector (both for profit and non-for profit) in malaria control, a better understanding of the expected relationship of the main actors within an effective health system that delivers result can be achieved.