



Care Net Nigeria

Malaria Bytes

Volume 1, Issue 3

August 2007

Rolling Back Malaria is Key to achieving Six of the MDGs : How?

Inside this issue:

Marketing Bed Nets: What is on Sale?	2
Interesting Uses for "Free Bed Nets"	2
The Scramble for Nigeria	3
Malaria and the Media: Friend or Foe?	3
Editorial: Eliminate Mosquitoes and the Problem is Solved. Really?	4

Special points of interest:

- * For the health-related MDGs to be achieved malaria has to be tackled head on.
- * The Global Funds should be used to boost local manufacturing capacity to secure access for essential malaria medicines.

The Millennium Development Goals (MDGs) adopted by the global community at the Millennium Summit in 2000, are time-bound targets - eight in number - to reduce poverty, hunger and disease by the year 2015.

July 7th 2007 marked the mid-point for reaching these goals. While the rest of the world reviewed progress made so far, the Roll Back Malaria Partnership Secretariat reminded the international community that rolling back malaria is key to achieving six of the eight MDGs.

It thus called for more funds and scaled up efforts to fight this pre-eminent disease.

The following are the facts of the case:

Eradicate Extreme Poverty (MDG 1)

Malaria keeps poor people poor, costing Africa \$ 12 billion per year in lost GDP and consuming up to 25% of household incomes and 40% of government spending.



Complimentary Global Initiative Or Looking for Relevance

Achieve Universal Primary Education (MDG 2)

Malaria is a leading cause of absenteeism in children and teachers. It impairs attendance and learning, and can cause lasting neurological and cognitive damage in children.

Reduce Child Mortality (MDG 4)

Malaria is the leading cause of child mortality in Africa, accounting for 20% of all child deaths.

Improve Maternal Health (MDG 5)

Malaria is four times more likely to strike pregnant women than other adult, and have life-threatening implications for both mother and child.

...continued on Page 2

Can African Private Sector Fill in the Drug Gap?

Access to cheap but effective anti-malaria medicines could make or break scaling up efforts in the fight against malaria.

Apart from over dependence on imported drugs the presence of a significant proportion of fake

and adulterated drugs in African markets portend a serious set back to global efforts at rolling back malaria.

Funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria can only be used to source

drugs from companies with WHO prequalification or approval from one of the qualifying national regulators. But these are exclusive to developed nations. There is no doubt that quality assurance is important,.....continued on Page 3

Marketing Bed Nets - What is on Sale?

For sometime now commercial marketing techniques rather than traditional health education have been the preferred approach to promoting 'health goods' that produce 'health gain'.

This has prompted the 'social marketing concept' in international development circles. But there has been a lot of confusion in defining and measuring what is being offered to consumers.

Originally bed-nets have been marketed as products following the typical marketing mix - product, price, place and promotion (4Ps). But this has not led to the desired consumer behaviour, which is buying and using the product.

In response to this frustration some attempts have been made to change this approach to promoting bed-nets by



A Safety Net By All Means

reviewing the application of commercial marketing techniques to promoting 'social goods and services'.

It is has now been accepted that the product concept may not be appropriate in most circumstances. Various alternatives are being put forward depending on the situation or environment.

Many practitioners are contending that bed-nets for the control of malaria should be presented in some other ways to consumers: as 'a solution' to a problem - disturbed sleep, as meeting 'a need' - safety from mosquitoes, as 'a service' - alternative to treating malaria, as 'an idea' - community service or even as 'a life-style' issue - smooth skin without blemish. The intention is to see the promotion of bed-nets as providing 'a solution to need' rather than 'selling a product'.

Rolling Back Malaria is Key to achieving Six of the MDGs...

....continued from page 1

Combat HIV/AIDS, Malaria and Other Diseases (MDG 6)

Malaria control will reduce morbidity and mortality due not only to malaria but to other diseases (e.g. people living with HIV/AIDS are at greatest risk of contracting malaria).

Develop a Global Partnership for Development (MDG 8) and provide access to essential drugs

Malaria medicines are currently expensive and in short supply; the public - private partnerships currently underway to improve access to affordable malaria drugs can serve as a basis for improving access to other essential medicines.

There is no doubt that rolling back malaria is crucial to achieving the MDGs. But the actions needed to do this have to be undertaken in a manner that they are integrated into the

wider national health system. This would require adequate budgetary allocations, efficient management of drug supplies, effective management of health manpower and financial risk protection for poor people.

Tackling malaria would ensure that children do not die unnecessarily, mothers remain healthy and malaria itself stops being a burden

Interesting Uses for "Free Bed Nets"

While Prof Jeffery Sachs of Columbia University has succeeded in convincing the World Health Organisation and its sister agencies the UNICEF and co to begin the distribution of "free bed nets" to poor people in resource constrained countries; it has become obvious that impoverished recipients are less likely to use them properly.

Observation across Africa in particular has provided a good indication on

how these essential commodities will end up.

Some of the ingenious uses bed nets have been subjected to include: wall hangings as part of interior decoration for homes, "insecticide-treated laced wedding dresses", fly catcher for funeral parlors, fishing nets and mesh nets for sieving corn flour.

But empirical evidence also show that distributing bed nets for free is not a sustainable solution as far as

using ITNs for preventing malaria is concerned.

A much better approach would be to allow a mechanism whereby demand for this health good is generated through consumer choice. Those who exercise that choice and have a need for the good can then be assisted to acquire it.

"A free gift gives one running stomach"
- African Proverb

The Scramble for Nigeria

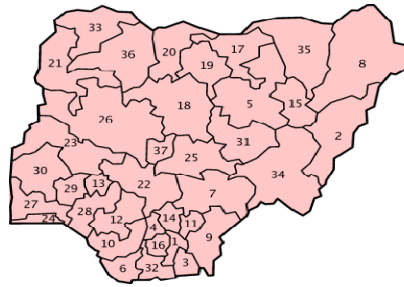
Nigeria has never had it so good. After several years of military rule followed by a successful civilian democratic transition, the country has attracted significant development assistance in absolute terms.

Although the number of players are still small as compared to the rest of Sub-Saharan Africa (SSA), funds currently being committed has multiplied several fold.

Notable among these are funds targeted at malaria control and prevention. Apart from the Global Fund and World Bank that are already providing close to \$300 million, what is currently causing a ripple is the

DFID £50 million support.

This has led to a mad rush of 'development contractors' mainly from Europe and North America to Nigeria. They have not only put in bids to manage the programme on behalf of DFID, many have posi-



tioned themselves in the country by opening up offices or beefing up already existing outfits.

This development has also led to a frenzy of recruitment of local staff especially of the professional cadre. This may have serious implications as the already weak national programme management capacity is being eroded by this new career opportunity, at least for the affected staff.

Consequently, there is great concern on how the programme interventions would be integrated into national health system when this support ends in five years.

Malaria and the Media: Friend or Foe?

The media as far as health is concerned is a powerful tool not only for disseminating information about events but also for communicating healthy lifestyle practices. It also plays the role of a 'watch dog', preventing the public from harm.

However, in undertaking this latter function, the media in recent times in reporting malaria related activities has often presented itself as a 'paradox'. On one hand it has been a major ally in promoting the main interventions targeted at malaria control and prevention. On the other hand the media

seems happy to be used to spread false information and rumours to the detriment of efforts geared towards the fight against malaria.

Malaria Programme Managers are at a loss on how to handle such a situation. Some have called for increased contact between health workers and journalists. Others think an 'eternal vigilance' for damage control should be put in place.

Some malaria programme managers have called for increased contact between health workers and journalists

But this is the most difficult bit since no one really takes charge of this surveillance duty.

What would probably be most effective is to have a significant level of control of media resources by the health sector. This approach would ensure that a reasonable degree of influence is exerted on how the media reports health activities including malaria.

Can African Private Sector Fill in the Drug Gap? Cont'd

....continued from Page 1

obtaining WHO approval for anti-malaria is an uphill task for growing manufacturers.

In West Africa, drug manufacturers have been producing malaria medicines including ACTs of sufficient quality. Rather than continue with the monopoly already created by the Global Fund and WHO, manufacturers in developing countries should be assisted to catch up with the quality standards through this financial boom.

The benefits to African countries in developing drug manufacturing capacity is numerous. Apart from creating jobs, there is better response to drug shortages and a deeper understanding of demand and capacity.

This is in addition to focus on Africa's neglected diseases. More over the limited financial resources for health care can remain at home.



Access to Medicine: critical to malaria control

There are already international obligations to provide technical assistance that could help enhance manufacturing capacity in developing countries.

What is needed is a review of how best the international community can support the drive for improved access to malaria medicines in Africa through this framework.

Care Net Nigeria

Plot 16 Ibaa Street
TMC Estate, Abuloma
Port Harcourt, Rivers State,
Nigeria

Phone: +234-84-770232
Mobile: +234-8023048497

E-mail: info@carenet.info

Health Systems Development

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

www.carenet.info

Eliminate Mosquitoes and the Problem is Solved. Really?

This is the simplistic view currently being propagated by some friends in Northern Hemisphere who cannot figure out why there is so much hue and cry over a non-issue.

But that is where the problem also begins - the lack of understanding of a complex problem such as malaria. Observers have often asked if what we are dealing with is one disease or several diseases with some common pathways. Or is malaria the result of an imbalance between man and his environment?

Indeed malaria is a 'complex phenomenon'. It is a known fact that distribution of malaria within tropical Africa has changed little in the past 40 years. Two main factors have been responsible for this - a suitable vector species of anopheline mosquito and a mean temperature high enough to allow the malarial life-cycle to be completed within a mosquito.

Secondly, the pattern of malaria infection in any community is determined by the duration of malaria transmission in that area, the infectivity rate of the vectors, the extent of man-mosquito contact and the degree of immunity of the population.

EDITORIAL

In the past attempts have been made to construct mathematical models which can predict what will happen when any one of these variables is changed.

These series of events lead to various levels of malaria endemicity from highly endemic (holo-endemic) areas, such as the coastal areas of West Africa, through areas in which there are only occasional epidemics, to areas with several intermediate situations in-between.

For example, the 1958 malaria epidemic in Ethiopia showed that the coincidence of a suitable climate, flourishing vector, and a susceptible population provided an ideal condition even at an altitude of 2150 meters for severe outbreak among a people who were undernourished.

A study of malaria control employing both insecticides and chemoprophylaxis carried out at Garki in Northern Nigeria in the 1970s; showed that whilst the prevalence of malaria was largely reduced by control measures, transmission of malaria was not prevented.

Since the situation in the two cases outlined above has not changed over the years, it would be appropriate to approach the issue of malaria control and prevention with some sense of humility while seeking rare insights that can unravel the mystery.



A worried mosquito: how can he convince his co-host to be more understanding?