

# Malaria Bytes

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Care Net Nigeria

## Strong 'BNA' for Malaria Control

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### Special points of interest:

- \* Basic Need Approach to malaria control could enable poor people to take actions that lead to lasting solutions
- \* Poor people need to be assisted to relieve critical constraints that are preventing them from meeting their basic need for malaria control and prevention.

The need for food, shelter, water and a minimum level of health care are generally assumed to be basic human needs. And over the years these needs have been transformed into 'universal basic human rights' sanctioned by the United Nations (UN).

Ben Wisner in his book - Power and Need in Africa: Basic Human Needs and Development Policies - has questioned if this apparent but misleading assumption has not contributed to the selective approach to development:

*Should poor people themselves define the needs or should the "experts" of the international development and aid agencies? Do needs imply a positive right to the satisfaction of those needs? Is*

*it enough simply to "deliver" packages of needs "needs meeting" services (water pumps, healthcare, emergency bags of grain) as aid agencies so often do, or must poor people control the*



*How do you approach meeting their basic need for health-care?*

*resources required to meet their needs? What difference does it make in the pace, character and future of development in the Third World?*

The control and prevention of malaria, which is the number one health problem for most people in Africa could

be termed a basic human need. But the methods currently adopted by many national governments often prompted and encouraged by 'development partners' often show a lack of understanding of a firm approach to meeting this vital human need.

This requires radically putting in place a set of necessary pre-conditions that set the stage for the poor to take control of their development - a strong interpretation of the basic needs approach (BNA) to development.

The absence of appreciation of what a strong BNA actually means has led to the 'commoditization' of malaria control and prevention in the form of insecticide treated bed nets, anti-malarial drugs and information, education and communication (IEC) materials - an approach usually advocated by the bilateral and multilateral aid agencies.

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## Malaria Consortium wins Africa Largest Programme

The UK Department of International Development (DFID) support to Nigeria is by far the largest malaria control effort in Africa.

After a long drawn-out bidding process, a preferred service provider has

been identified. The UK based Malaria Consortium with several local partners was selected ahead of other major contenders.

This £50 million programme which will emphasize convergence of all development partners' efforts behind the

Nigerian Ministry of Health's Leadership is expected to take off within the first quarter of next year - 2008.

Development experts are keenly watching this 'space' as the achievement of full donor coordination is an explicit outcome to be achieved by this programme ◇◇◇

## New Opportunities for Rapid Diagnosis

The “gold standard” for the diagnosis of malaria has been the examination of blood smear by direct identification of malaria parasite by a well trained person using a microscope. However, simpler tests known as Immunochromatographic tests that detect the presence of malaria antigens in the blood have been developed in the past decade. Antigens are specific particles from the disease causing organism.

These Rapid Diagnostic Tests (RDTs) are based on biological reactions between the parasite anti-

gens and known antibodies against the parasite antigens. Antibodies are specialised proteins that act against disease causing organisms. The relative movement of antigen-antibody complexes on special materials such as paper or gel allows visual detection of the malaria parasite antigen.

The RDTs have been developed in different test formats like dipstick, strip, card, pad well or cassette.

The main advantage of these RDTs is that they do not require a laboratory, electricity or any special

equipment. And they can be performed by individuals with minimal training. But the cost of these tests is still a major issue. Apart from that the RDTs cannot distinguish the different types of malaria parasite.

With the approval of the first RDT by the Food and Drugs Administration (FDA) for use in the United States by hospitals and commercial laboratories on June 13, 2007 - the way is now open for wider use by individual clinicians and even patients in the nearest future ◇◇

## Drug Policy: Inconsistencies in Practice

In the wake of apparent resistance to the good old 'Chloroquine' many countries in Africa changed their official drug policy to the use of Artemisinin based Combination Ther-

apy (ACTs) as first line drug of choice in the treatment of uncomplicated malaria.

In Nigeria, while most stakeholders considered this change to be premature, this initial opposition has given way to tacit acceptance of the new malaria drug policy. In the same manner Development Partners and Global Initiatives such as the Global Fund have also been in

support of this policy.

As we are well aware, the two approved drug combinations for use in the country are Artemether-Lumefantrine and Artesunate-Amodiaquine. But in reality various artemisinin based combinations are in use even in government health facilities. Some of these are combinations with Chloroquine, Sulphadoxine/Pyrimethamine (SP) and Mefloquine.

Continued on page 3.....

In practice all sorts of drugs are combined with an artemisinin base. ...is this witchcraft?

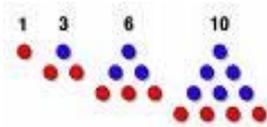
## Are We Counting Beans or Monitoring Outcomes?

The international community has been able to articulate its goal in reducing deaths in children under five years of age especially in resource poor countries through efforts at making accelerated progress towards the achievement of the Millennium Development Goal 4 - reduce by two thirds, between 1990 and 2015 the under-five mortality rate.

This is understandably the expected outcome for all the activities under-

taken by all actors - geared towards the achievement of this lofty global goal. However, many of the interventions especially for malaria is on counting the number of commodities such as insecticide treated bed nets and ACTs distributed.

Most of the malaria control and prevention pro-



grammes including Global Initiatives such as the Global Fund are designed along these lines. And programme managers are usually under pressure to deliver these products rather than focus on how their programmes can contribute to the overarching goal of reducing child mortality.

There is need to have a rethink on how we go about this business of monitoring progress in this area ◇◇

*I think bean counting is fun...*

Thinking of health in the public mind is still to think of hospitals, doctors and nurses. This sort of mind set limits the imagination of members of the public in their responsibility towards the promotion and maintenance of their health.

Many behaviour change communication (BCC) messages are being presented as something separate from the health system thereby reinforcing this belief. Apart from that the public is often worried by the constant barrage of health messages without a concomitant improvement in the health services.

People often complain of absence of health workers from their duty

## Public Perception of Health Services critical to effectiveness of BCC messages

posts, health staff showing no respect to patients and lack of essential medicines like anti-malarials . Yet they have been inundated with health messages about what they should do for themselves - and often pursued to their homes with one-off health products like bed nets, or vaccines.

In the past such a situation has created resistance to public health goods and services on offer. More

damaging is the political backlash that may ensue. The rejection of

Polio vaccination in Northern Nigeria in 2003, on claims that the vaccines were tainted with hormones purported to be used for female contraception is very much related to the issues raised here.

There is no doubt that public actions for better health are easily achievable when health services are more responsive to peoples' vital health needs ◇◇



**Malaria Kills.....  
.....Kill Malaria**

## Strong BNA to Malaria Control Cont'd

Continued from page 1

Yet the poor are not able to meet their basic need for malaria control even when these commodities are given out 'free' of charge. A more effective way would require assisting poor people usually through grass root organisations to relieve critical constraints that prevent them from meeting their need for malaria control and prevention. As noted by Wisner:

*Rooted in the people's own analysis of the situation and needs and the obsta-*

*cles to meeting them, strong BNA logically moves towards group action. Conflict with vested interests, where the obstacles are social or socio-environmental, often ensues. The poor learn from these conflicts; if the group can stay together, or - often happens - dissolves only to regroup around another concrete basic need, it and its members will grow in consciousness and political power.*

As the history of the three UN decades on environment (1972-82), food (1974-

84) and women (1975-85), and the target for 'Health for All' (2000) has revealed without much progress; the Roll Back Malaria (RBM) and the Millennium Development Goals (MDGs) targets (2015) will come to pass with very little to show for all the efforts and resources put into them if the strong BNA is not tried ◇◇

**Malaria Control will benefit from a strong interpretation of basic needs approach (BNA) to development rather than handing out commodities to poor people.**

## Drug Policy: Inconsistencies in Practice Cont'd

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This is a worrying situation as such wrong practices may lead to wide-scale resistance to the artemisinin based drugs. There could be a double jeopardy where massive faking of artemisinin based drugs is already causing real concern in malaria endemic countries.

One question that may be bothering malaria control and prevention

programme managers is: what measures were put in place to monitor progress and compliance in the implementation of the malaria drug policy in Nigeria?

However, since the situation requires immediate action it may be necessary to engage an expert professional body such as the Paediatric Association of Nigeria, to start a nation-wide advocacy through knowledge dissemination

first to their members who will in turn educate other health professionals who prescribe these medicines.

Such a an 'expert power' could be a better influence that could change the behaviour of prescribers who are currently engaged in this dubious practice ◇◇

## PUBLISHER'S NOTE

With the publication of the current issue, this quarterly Newsletter has survived the first year and so would not be make the list for - 'infant mortality'.

The acquisition of an ISSN also shows that we mean business and we here to stay to help you - Malaria Control Programme Managers, Policy Makers, Development Partners and the wider Malaria Community - do the 'hard thinking' necessary to make fundamental changes in the way we organize malaria control activities.

But most importantly how the work we do in malaria contributes to strengthening the health system that 'must work' for "better health for all".

As a 'knowledge service provider' this Newsletter is in-

tended to be made available to all that may need this sort of information to begin to have new mind sets. But we are aware that not everyone of our target audience would have the resources to enable them have access to the Newsletter on a regular basis. We therefore appeal to those who can print the Newsletter in its published format (electronic) to make hard copies available to such persons.

In the meantime we encourage all those who want to contribute to this ongoing dialogue to feel free and join.

Signed:

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For Care - Net Ltd

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Publisher

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