“Total Malaria Control”: Critical Role of Social Sciences

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AED
Ideas Changing Lives

Discovery and Experiments Era
1880 - 1949

Policy recommendations : IRS & Treatment

Aim: Eliminate factors responsible for multiplication and diffusion of the vector & parasite

- Prevention and Treatment
  - Vector control (DDT)
  - Treatment (mass)of fever with quinine

These interventions had dramatic results

High Hope & Missed Opportunities 1950-1979

Policy recommendations: IRS, Treatment & Surveillance

Aim: To eradicate malaria from the world!

There were 3 critical missed opportunities:

- Exclusion of Africa and parts of Asia from the GMEP
- Communities/people not part of the GMEP
- Course correction after registering little effect in Africa and Asia using same tools and strategies – **GOOD MOVE BUT,** WHO failed to provide guidelines for control efforts after calling off GMEP

Reflection & Research1980 - 1999

Policy recommendations: Prevention, treatment, Surveillance, research and coordinated action

Aim: to use evidence to inform the development of new tools, policies/strategies and tailor interventions to settings (people, environment, systems)

- Investment in R& D for new tools and delivery methods
  - Training for research redefined – TDR at the forefront Social aspects of malaria control take center stage

- Global Malaria Strategy (1992)
  - Early diagnosis and prompt presumptive treatment of fever
  - Prevention – vector control and personal protection
  - Early detection and containment of epidemics
  - Research (focused)

- RBM partnership created
  - Implementation efforts harmonized
  - Supportive advocacy and communication efforts initiated

Coordinated Action, Increased funding and Guarded Optimism - 2000 to mid-2007

Policy recommendations: Integrated approaches & program support

Aim: To increase access and use of all available tools to all populations that need them and to develop new tools

- R&D for new tools
- Technical support for programs
  - Resource mobilization from GFATM
- Involvement of the private sector

Policies and strategies guided by the ultimate roadmap – the Global Malaria Action Plan and Supported by high-level advocacy and financial resources!

High Hope Re-kindled in Seattle - 2007 to date ...

Policy recommendations: Increased , assured funding for interventions , R&D for new tools & integrated/simultaneous use of all available tools and methods

Aim: To 'totally control', eliminate and eventually eradicate malaria from the world!

- Spurred on by evidence that increased resources can translate to higher coverage with appropriate interventions and predictable reduction of transmission and prevention of morbidity and mortality (esp. childhood)

- Introduction of universal parasitological diagnosis

Insights from…,

- Anthropology & Sociology
- Demography & Geography
- Epidemiology & political sciences
- Health Economics & Health Policy
- Social Psychology &
- Behavior-change Communication

Knowledge, Resources &Tools …

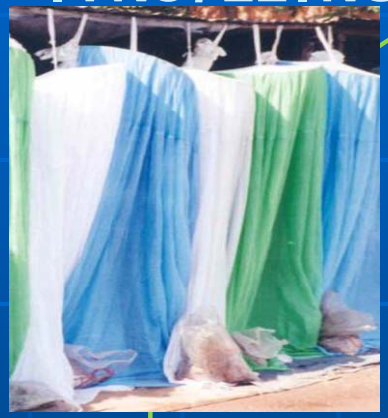
Operating Framework (GMAP)

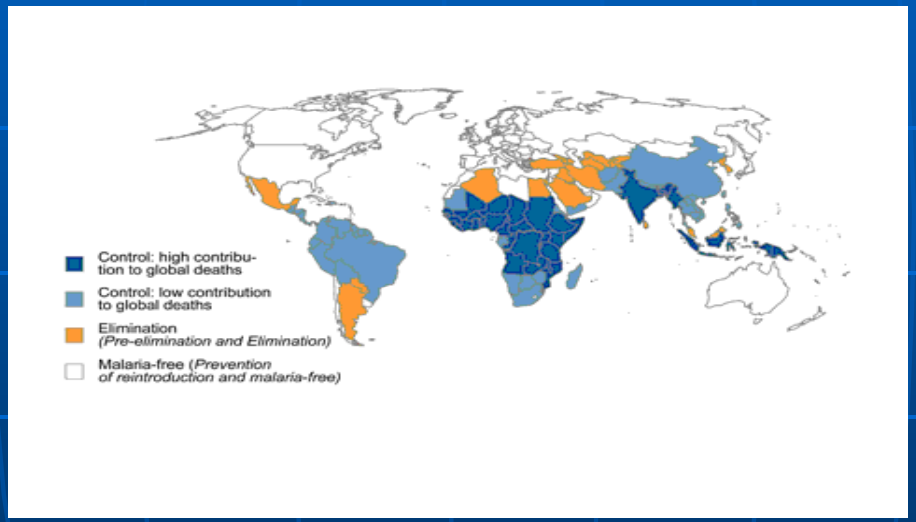
DIAGNOSTICS

Functional systems

TREATMENT

ITNs / LLINS





SURVEILLANCE

ADVOCACY

IRS

RESOURCES

Political Will

Research and development

Where do we need serious social science contribution currently?

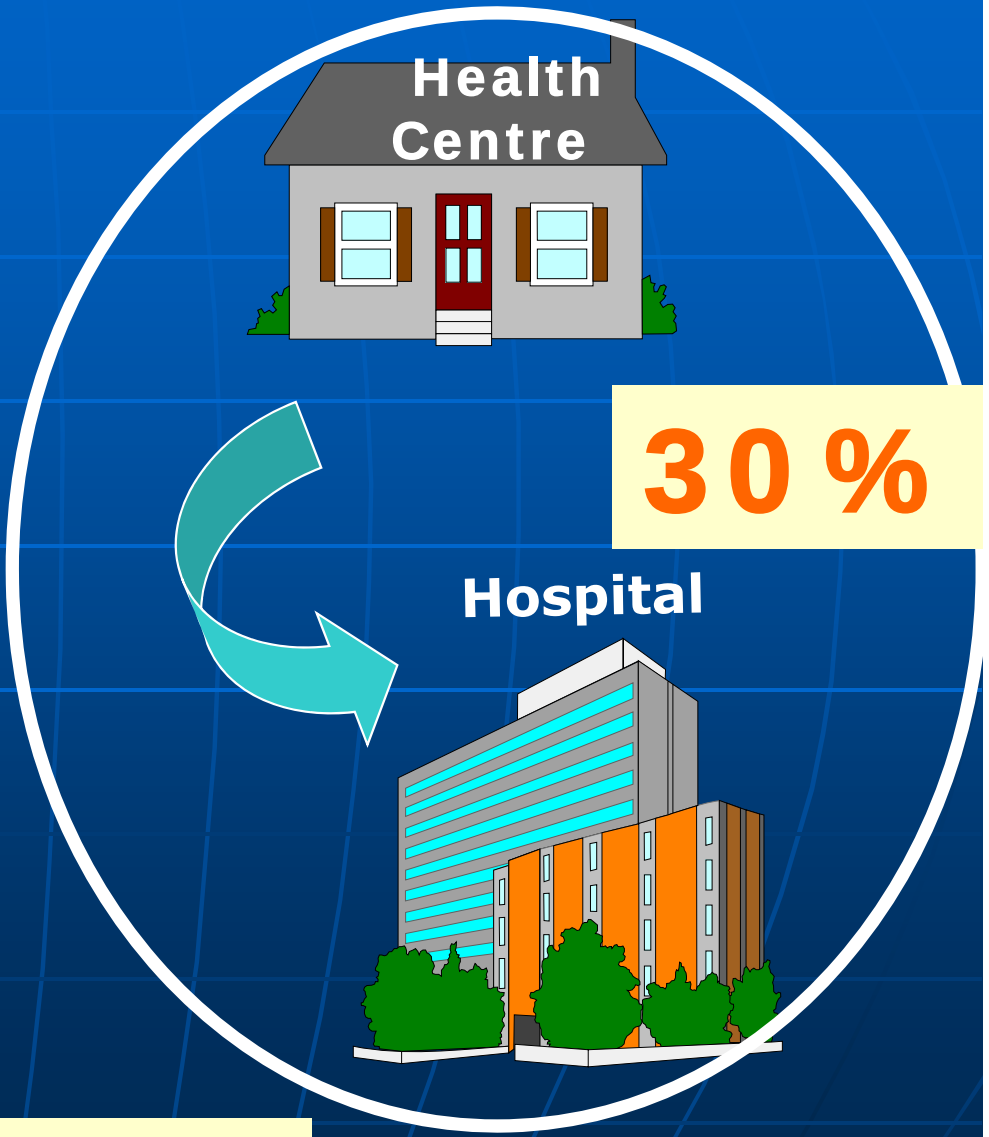
Continued Promotion of Positive Behaviors through IEC & BCC

- Consistent use of LLINS
- Demand for IPTp/IPTi
- Acceptance of IRS
- Demand for correct diagnosis
- Demand for and use of appropriate medicines
- Compliance with dosages/guidelines

Continued Strengthening of what is Working

Home, retail and community levels

70%



The Health System

Community Involvement

Collaborative partnership using existing structures

Fair, non-exploitative approaches

Supervision and support

Understanding and responding to context – specific issues and relationships

Involvement in planning, organization, operations and provision of services

ENSURE REMUNIRATION, INCENTIVES OR WHATEVER IS APPROPRIATE IS!

Improved Prevention

Universal coverage <5s and pregnant women with LLINs

Universal coverage of pregnant women who attend ANC with at least 2 doses of SP

Environmental management

Use of indoor residual spraying (IRS) where appropriate

Improved Diagnosis and Case Management

Testing routinely performed

Tests results utilized

Providers and users on same page

ACTs and other appropriate medicines and services available and used appropriately

Community Case Management

- Integrated approaches
- Better utilization of community health providers

A focus on special populations critical

- Migrant workers – especially in Asia
- Hard to reach, very poor, geographically isolated populations
- Populations in conflict and post conflict situations
- Urban-poor, often mobile, forgotten

Improved Management of Programs

- Capacities of health systems
- Integration of programs
- Finance, planning, personnel mgmt,
- Training, supervision (CHW)
- Procurement & supplies mgmt, logistics, etc

Improved Surveillance and M&E Capacity

- Technology support for:
  - Case notification
  - Commodity stock orders
  - Routine data collection & analysis

DHS & program related H/hold surveys etc. must continue to be carried out

Immediate training needs for the social sciences

- **Moving forward towards 2015 and beyond we need a critical mass of individuals with competencies in:**
  - Operational/translational/implementation research to continuously improve programs
  - Cultural epidemiology for very focalized description and mapping of malaria situations
  - Policy analysis and translation, health economics and financing, M&E and HSS
  - Use of technology – mobile phones, PDAs etc. to improve information management systems data gathering and analysis – with quick turn around
  - An understanding of new tools in the pipeline to enable their easier introduction for use

Advocacy Needs for Cross-cutting Issues

- Advocate to donors for increased attention to the alignment of external policies and agendas with national policies, processes and systems (The Paris declaration)
- Strengthen grass-roots advocacy capacities for social mobilization to increase demand for, and use of interventions
- Advocate to countries to stick with strategies that have proven effective in their local contexts – strengthens ownership
- Advocate for innovative approaches to include community based workers and civil society in malaria control
- Encourage policy changes necessary for effective malaria interventions (regulatory issues e.g. T&T, task-shifting etc.)

Elements for Success

- Strong political will and follow on through,
  - Long-term rather than short term vision; enabling policy environment
- Financing commitment – increased, predictable and sustained resources, local and external including:
  - Appropriate technical assistance
- Synergy - WHO, 'experts', donors and countries in a harmonious partnership
  - Supporting countries achieve their agendas (science, technology, finance)
- Strong workforce – skilled in logistics, PSCM, planning , implementation and measurement capacity
  - Transparency; strong coordination abilities/integration
  - Supportive and robust health systems
- Human Behavior – Country ownership of programs
  - Social mobilization and community participation
  - Involved universities and research institutions
- Influential advocates and champions for the malaria course
  - Cannot do without this resource!

The question is not whether we can end malaria,
it's whether we will.