



EYEWITNESS REPORT **HEALTH WORKER** **PERSPECTIVES ON MALARIA**



Version 1.0 (18 November 2024).

Citation: The Geneva Learning Foundation. Eyewitness report: Health worker perspectives on malaria (1.0). Listening and Learning Report 15. Geneva: The Geneva Learning Foundation, 2024. <https://doi.org/10.5281/zenodo.13745089>

© The Geneva Learning Foundation 2024

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International; <https://creativecommons.org/licenses/by-nc-sa/4.0/>.

Under the terms of this license, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that the Foundation endorses any specific organization, products or services. The use of the Foundation logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons license. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the Geneva Learning Foundation. The Foundation is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition."

Any mediation relating to disputes arising under the license shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Third-party materials: If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers: The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Foundation concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the Foundation in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

Copyright and use: All content submitted by participants is licensed under the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License (CC BY-NC-SA 4.0). Under this license, you must give appropriate credit to TGLF and the contributors, provide a link to the license, and indicate if changes were made. You may not use the material for commercial purposes. If you remix, transform, or build upon the material, you must distribute your contributions under the same license as the original. For the full license terms, please visit: <https://creativecommons.org/licenses/by-nc-sa/4.0/>

Legal Notice: This material is provided under the terms of the CC BY-NC-SA 4.0 license. TGLF disclaims liability for damages arising from its use or misuse. Users agree to indemnify TGLF against claims arising from their use of this information. This agreement is governed by Swiss law. The courts of the Canton of Geneva shall have exclusive jurisdiction over any disputes arising from or in connection with this agreement.

Data governance: TGLF treats all personal data with security, respect, and confidentiality, in accordance with the Swiss Regulation on Data Protection and the European Union General Data Protection Regulation. For detailed information on how we collect, use, and protect your data, please refer to our full Privacy Policy at <https://www.learning.foundation/privacy>.

Research ethics: TGLF adheres to strict ethical guidelines in its research practices, as established by the TGLF Commission for Research Ethics (CRE). The CRE evaluates and approves all research projects involving human participants conducted at the Foundation. This process ensures that our research complies with international standards of Research Ethics and the ethical codes specific to the disciplines of the Foundation. Our ethical review process considers various aspects, including but not limited to: funding of research, project objectives, recruitment procedures, potential risks and benefits to participants, confidentiality measures, and methods for obtaining free and informed consent from participants. This comprehensive approach safeguards the rights and wellbeing of all individuals involved in our research activities.

Consent: Contributors have explicitly consented to share their submissions and chose whether to be named or remain anonymous. By providing their contributions, participants agree to TGLF's use of their data as described in our Privacy Policy. Contributors have granted TGLF the right to use, reproduce, and distribute their submissions for communication, advocacy, capacity building, and research purposes. This includes the potential for public sharing of contributions, as explicitly consented to by participants.

Nature of content: This publication contains personal testimonials, views, and contributions from participants in The Geneva Learning Foundation (TGLF) programmes. These accounts are voluntary submissions and do not necessarily represent TGLF's views or those of any other organization. While TGLF has taken reasonable precautions to verify the information contained in this publication, responsibility for interpretation and use of the content lies with the reader. While valuable as qualitative evidence, they should be interpreted within their specific contexts and may not be generalizable. Inclusion of any experience or comment does not imply TGLF endorsement. The Foundation does not endorse any particular strategy, approach, or reflection shared by participants, and explicitly advises against inferring conclusions from context-specific cases that may not be generalizable. Users are solely responsible for assessing the ethical, legal and practical implications of using content shared in this publication, and in particular the need to adapt practice between contexts.

Personal capacity and representation: The opinions and statements expressed are those of the individual contributors and do not necessarily reflect the official stance of their respective employers or affiliated organizations. While contributors may share their affiliations, they are participating in a personal capacity. Their contributions should not be considered as representing the views or endorsements of their affiliated organizations. For named contributors, explicit permission has been obtained to associate their names with their submissions. For anonymous contributors, identities are withheld. This choice does not affect the contribution's value or how it is used by TGLF.

Contact: For general inquiries or questions, please contact us at insights@learning.foundation
<https://www.learning.foundation/insights>

Images © 2024 The Geneva Learning Foundation Collection

EYEWITNESS REPORT

**HEALTH WORKER
PERSPECTIVES
ON MALARIA**

Presentation of this insights collection

Dear Colleagues and Partners,

We are honored to present this report, which shares health worker voices in the global fight to eliminate malaria, with RBM Partnership to End Malaria.

This disease remains one of the most pressing global health challenges, claiming nearly 600,000 lives annually, with children and pregnant women in vulnerable communities disproportionately affected. Despite significant progress over the past two decades, the road to elimination is long and complex—ranging from drug and insecticide resistance to the impacts of climate change, and from limited resources to inadequate training.

During the 10th session of Teach to Reach—a peer-learning platform of The Geneva Learning Foundation (TGLF)—malaria took center stage. A short experience-sharing session created a space where frontline health professionals could come together to share insights and learn from one another.

This moment opened the conversation. Through this conversation, we are amplifying the voices of those who confront the challenges of malaria every day. Health workers are not merely participants in the global effort—they can be drivers of innovation, adapting to obstacles in real time and leading sustained, locally-grounded efforts that are crucial for long-term success.

We encourage everyone to listen to the experiences of those who are closest to the communities, working daily to respond to common challenges. By doing so, believe this can help global malaria strategies become more adaptable, effective, and deeply rooted in the realities of the most affected communities.

This is why we invite you to explore the insights presented in this report.

Michael Adelunle Charles
CEO, RBM Partnership
to End Malaria

Reda Sadki
Executive Director,
The Geneva Learning Foundation

Introduction

The Geneva Learning Foundation's Teach to Reach 10 event marked a significant milestone by engaging with malaria for the first time. This initiative brought together over 21,000 health workers from more than 70 countries to share experiences and insights on critical global health issues, including malaria - one of the world's most pervasive and deadly infectious diseases.

Through the authentic voices of frontline health professionals - those working directly with communities at district and facility levels - this report provides an unparalleled view into the daily realities of fighting malaria in endemic regions. Their firsthand accounts vividly illustrate how malaria disrupts lives, strains health systems, and perpetuates cycles of poverty.

What makes this thematic summary uniquely valuable is its presentation of unfiltered, unmediated voices of health workers.

Readers gain direct access to the perspectives of those serving local communities, offering insights that may be lost in official reports or academic studies. This ground-level view is crucial for understanding the complex realities of malaria control and identifying innovative local solutions.

The report showcases the power of peer learning and knowledge exchange at scale. Through Teach to Reach, thousands of health workers share experiences and learn from each other across geographical and organizational boundaries. For global leaders interested in listening and learning, this wealth of experiential information can inform policy decisions, highlight implementation challenges, and identify promising practices that merit further investigation or support.

This is essential reading for public health professionals, policymakers, and anyone seeking to understand the human realities behind the statistics in the fight against malaria. By bridging the gap between global strategies and local implementation, this report offers invaluable insights to inform more effective and equitable malaria control efforts.

Malaria

old foe new tools

Malaria is a constant and disruptive threat in many African settings. Environmental control measures are imperfect and treatments are at risk of failing due to parasite resistance. New vaccines being introduced into African countries offer hope of greater respite from malaria, but it will be important to bring communities along as they are implemented and to ensure they supplement rather than replace existing control measures.

Key take-aways

- Infections can **disrupt households for weeks or months**, have major financial implications, in terms of treatment costs and loss of income, and have life-long effects on children due to disrupted education and lasting effects on health and development.
- There are concerns about the **diminishing effectiveness of drugs**, potentially due to growing resistance or the use of substandard or counterfeit drugs, as well as their high costs and frequent unavailability.
- Although **insecticide-treated bed nets** can reduce the risk of mosquito bites, community acceptance is often suboptimal and the quality of nets may be an issue; community engagement is needed to promote greater uptake, plus additional research on improvements and alternatives.
- **Malaria vaccines** are seen as game-changers, but their introduction requires careful preparation, to ensure good take up, equitable access (among disadvantaged and hard-to-reach population), and their use as a complement to rather than replacement for other preventive measures such as bed nets.

Context

Malaria, caused by infection with *Plasmodium* parasites, kills half a million people a year, most of them children in sub-Saharan Africa. Effective treatments are available, particularly **artemisinin combination therapies (ACTs)**. However, the initial symptoms of malaria are non-specific, including fever, and rapid diagnostic tests are not yet in widespread use. Hence children with *Plasmodium* infections may be given generic treatments for fever rather than antimalarials, and children with another type of fever-inducing infection are often given antimalarials unnecessarily – overuse of drugs that is costly and increases the risk of drug resistance.

Prevention is central to malaria control and focuses on the **mosquito vectors** that transmit *Plasmodium* parasites between people. **Insecticide-treated bed nets** have been conclusively shown to reduce the risk of malaria, by preventing mosquitoes from biting while people are asleep. Other control measures include **spraying of homes** with insecticide to kill mosquitoes and **getting rid of standing water and vegetation** near houses where mosquitoes breed.

In areas where malaria transmission occurs mainly during specific times of the year (generally the **rainy season**), children are given antimalarial drugs to prevent malaria infections (**seasonal malaria chemoprevention, SMC**). **Pregnant women** are at particular risk of malaria, which can affect both their health and that of their unborn child. WHO recommends pregnant women at risk of malaria are also give

antimalarial drugs to prevent infections (known as **intermittent preventive treatment in pregnancy, iPTP**).

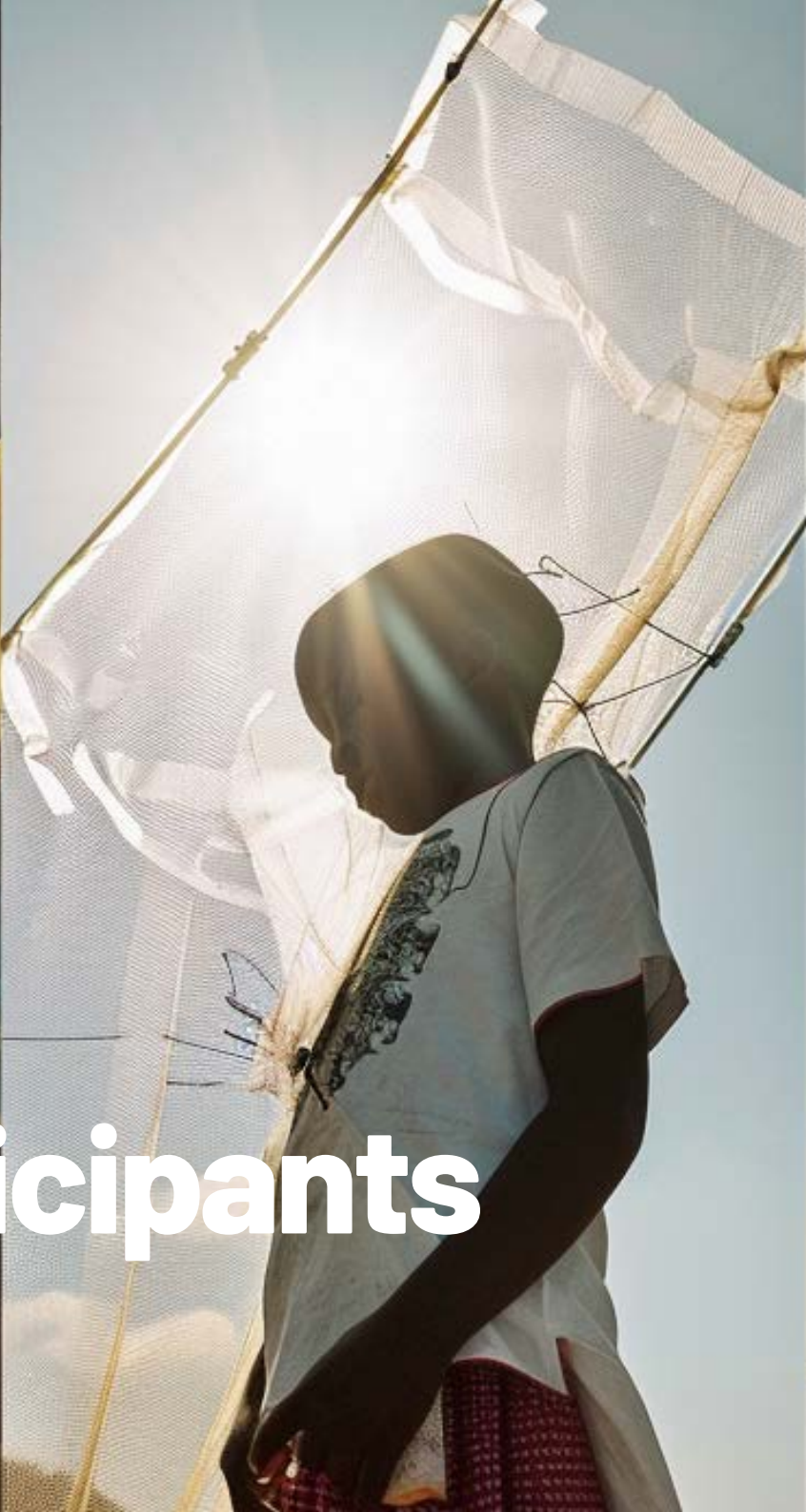
Recently, two effective **malaria vaccines** for children have been developed: **RTS, S/AS01** and **R21/Matrix-M**. With Gavi support, these are beginning to be introduced into African countries, to be used **alongside other preventive measures** such as bed nets as they do not offer complete protection against malaria.

Glossary

Elimination: Reducing a disease to a level at which it is no longer a public health problem. A small number of cases may still occur, and continuing efforts will be required to monitor cases so that a disease does not return.

Eradication: Reducing levels of a pathogen to zero – no cases occur at all, in any country.

Where elimination or eradication is a goal depends on the feasibility of eradication. For example, if environmental reservoirs of a pathogen exist, eradication may be impossible. For malaria, elimination would be the first goal, but ultimately eradication may be possible, although it would be highly challenging and expensive.



What **participants**
shared

Participants were invited to share their personal experiences of malaria. Some described the debilitating effects of an episode of malaria, on themselves and their children.

Rachel Aniniwaa Addo, Public health specialist (MPH), Ministry of Health, Yilo Krobo Municipality, Ghana

“Malaria has greatly affected myself and my family. I don’t often get infected with malaria but the few times I was down with malaria, I couldn’t go to work, I couldn’t cook for my children, I was weak and vomiting profusely. For my children, any time any of them had malaria, he had to absent himself from school for some days which affected him academically. Even during medication, I had to wake up in the middle of the night to wet him with a towel and water due to high temperatures.”

Others shared how they had direct experience of **losing a loved one** to the disease, illustrating how young children and pregnant women are particularly vulnerable.

Lucy Pam Dangyang, Public health specialist (MPH), WHO Country Office, Plateau State, Nigeria

“As a community health worker in a rural area in Nigeria, I’ve seen first-hand the devastating impact of malaria on individuals, families, and communities. Unfortunately, I have experienced the pain of losing children to malaria. Despite my best efforts to protect them, they succumbed to the disease. Since then, I’ve dedicated my life to fighting malaria and ensuring that no other parent goes through what I went through.”

Obiageli Victoria Okeke, Public health specialist (MPH), NGO, Abuja Municipal Area Council, FCT Abuja, Nigeria

“There’s no doubt malaria is a very big health challenge in my community and country. It has affected my family in such a way that I lost my niece. The medical personnel said it was malaria plus she wasn’t responding to treatment.”

Contributors also highlighted how **pregnant women and their unborn babies** are particularly vulnerable.

N'Guessan Krou Mathieu, Sanitary Technology Engineer, Ministry of Health, Bouaké, Gbêkê Region, Côte d'Ivoire

"Suffering from malaria during her pregnancy and not having taken her medication correctly, my niece lost her child in the seventh month. Following a violent haemorrhage, she was taken to the operating room for a premature delivery by caesarean section. The pregnancy did not come to term."

Fatima Zahra Abubakar-Otaru, Public health Lecturer (MAPH),
Galaxy College of Health Education, Bauchi, Nigeria

*“A devastating event happened to a colleague who lost her newborn baby due to **hydrocephalus and severe jaundice**. Medical authorities attributed these birth anomalies to the **mother not taking her routine anti-malaria medication throughout her pregnancy**, even when she was eventually diagnosed with malaria infections on multiple occasions because she suffered nauseating side effects if she did. She completed all her medication in her subsequent pregnancy and the baby was born hale and hearty.”*

Even when not fatal, the severity of malaria can lead to **hospitalization**, upending lives for extended periods.

Rebecca Bello, Public Health Scientist, Education or research organization, Dobi community, Gwagwalada, Abuja, Nigeria

“Malaria almost took the life of my husband and two kids. I suffered in nursing them at the hospital, from February to April this year; it was tough for me and my family.”

In addition, respondents noted the wider impacts of malaria on households, including the **financial implications** of treatment and time off work due to illness, as well as the consequences for children whose **schooling is disrupted**.

Dr Mary Obi, Community health worker, NGO, Enugu State, Nigeria

*“Unfortunately, several members of my family have contracted malaria. The illness has caused high fevers, chills, and severe fatigue, making daily activities a struggle. Hospital visits have become frequent, and **medical expenses have added financial strain**. Our children’s education has also suffered, as they have missed school due to illness and recovery time. This situation has brought immense stress and worry to our household, as we are constantly vigilant, trying to prevent further infections. The **emotional toll is significant**, with everyone concerned about their health and well-being.”*

Fousseyni Dembele, Public Health Physician (MPH), Ministry of Health, Gao Region, Mali

*“In my community, **malaria worsens poverty**, treatment is very expensive, people pay directly, no third-party payment mechanism. Malaria interferes with production. During hospitalization, the parents do not work in the field or in the workshop. **We often go into debt to deal with malaria**. Malaria makes our community economically vulnerable.”*

Dr Okezie Chimezie, Doctor (MD), Ministry of Health, Abia State,
Nigeria

“Malaria has impacted my family both directly and indirectly. Directly by costing us a lot of financial burden in going for malaria testing and buying drugs, indirectly by manpower time lost by not going to work due to malaria.”

It was also recognized that the impacts on children and on caregivers have **longer-term implications** for development.

Meugang Brigitte, Nurse, Ministry of Health, Nkomo District Medical Centre, Cameroon

*“We have also observed **academic delay** among young children who are still absent from school due to numerous hospitalizations due to malaria. In the Central Region, malaria has a great impact on the health of the population and diminishes its strength while ruining the economy and slowing down the development of society.”*

As a result, in endemic areas, malaria can **cast a shadow over daily lives** – an ever-present threat and concern.

Dr Cornelius Chebo, Public health specialist (MPH), Ministry of Health, North-West Region, Cameroon

“Malaria has made us think differently. We are always conscious about the bites from mosquitoes and hence when out of the house after 5 pm we always make sure to put on clothing to cover ourselves as much as possible. When going to bed we ensure the proper fitting of the mosquito bed nets over the bed. The least fever in my environment is suspected as being from malaria unless treated otherwise. Behaviours related to keeping the environment clean with emptying and avoiding standing water in the environment is part and parcel of me and those around me to limit the multiplication of mosquitoes in our environment.”

The severe consequences of malaria, including convulsions associated with parasite build-up in blood vessels in the brain (cerebral malaria) can cause great alarm, especially in the absence of knowledge about its causes.

Dr Gloria, Physician (MD), Ministry of Health, Lubunga, Kisangani, DRC

“Between 5 or 6 years old, I had an attack of serious malaria according to my parents. At the time, the disease was not well known by the population and my convulsions and loss of consciousness were attributed to the witchcraft of my mother’s family with all that followed (dispute between the two families and risk of divorce).”

Although malaria may be common in endemic areas, and communities may be familiar with its impacts, there may still be a need to raise awareness of its causes and the best ways to treat and prevent it.

A growing challenge

Malaria parasites are spread by mosquitoes, and there are concerns that **climate change** will have a significant impact on malaria by affecting mosquito numbers and behaviours, including biting at different times of day. Several respondents noted how climate change seems to be impacting on malaria locally.

Mustapha Ali Musine, Public health specialist (MPH), NGO, Dutsan MA, Nigeria

*“Due to the change in climate, **the raining season last longer than before**. As such there are breeding grounds for mosquitoes leading to increasing cases of malaria.”*

A growing challenge

Fousseyni Dembele, Public Health Physician (MPH), Ministry of Health, Gao Region, Mali

*“Climate change has affected malaria in my community. Often, **the peak comes early** because of the sudden onset of precipitation and its duration. Certain areas are more often hit by epidemics because of more intense rains than in the past.”*

Nelly Bukasa Mulaji, Physician (MD), Ministry of Health, Kinshasa, DRC

“Climate change greatly affects the malaria situation in my area – the abundant heat which prevents people from sleeping under mosquito nets, the torrential rains with stagnant water, the ground is marshy, the humidity favours the development of mosquitoes in large quantity and the spread of malaria.”

A growing challenge

Other respondents, however, noted that multiple factors were contributing to an increase malaria burden locally. In some cases, rising numbers of cases are a consequence of **wider social upheaval**, such as conflict and migration, which can have unexpected effects on malaria transmission.

Dr Asimwe Bamugera Timothée, Physician (MD), NGO, North Kivu Province, Butembo City, Butembo Health Zone, DRC

*“The growing insecurity around the city of Butembo is causing a massive **displacement** of the population from conflict zones towards the city, with **nutritional deficiency** as a consequence. To remedy this nutrition problem in the city, many invest in **fish farming** in peripheral health areas by organizing fish ponds, [which are] unfortunately poorly maintained and not monitored by the competent services. These ponds become **breeding grounds for larvae of mosquitoes**, and we are experiencing outbreaks of malaria cases in these peripheral health areas, and even community deaths from malaria.”*

Often, **multiple factors** were seen to be acting together to contribute to a surge in malaria.

Dr Gloria, Physician (MD), Ministry of Health, Lubunga, Kisangani, DRC

“The number of cases of malaria is increasing in my region. This is due to the appearance of strains resistant to certain antimalarials, cases of therapeutic failure, fake drugs placed on the market, diagnostic problems, global warming, lack of environmental sanitation...”

A growing challenge

Other **changes to the local environment** have also been found to have an impact on malaria.

Nicolas Kashama Saidia, Nutritionist/public health, Ministry of Health, Miti-Murhesa Health Zone, DRC

"I remember a situation where a member of the community had a sugar cane field in the middle of the village. Households surrounding the village had regular episodes of malaria. They realized that this sugar cane field was an environment conducive to the development of mosquitoes. They had to contact the owner of the field to explain the problem and the person had to replace the sugarcane crop with other food crops."

Ndeye Astou Kebe, Midwife, Ministry of Health, Dakar, Senegal

*"In recent times, the number of cases of malaria is increasing in Senegal because many do not like to sleep under mosquito nets for protection and in some places **the stagnation of undischarged wastewater or the evacuation of septic tanks in the streets** favours the presence of mosquitoes."*

Bed nets – community perceptions

Insecticide-treated bed nets have been shown to have a significant impact on the prevalence of malaria, by protecting sleepers from the bites of infected mosquitoes. In some countries, they are provided free to populations at risk. Some respondents had first-hand experience of the benefits of bed nets.

Tracy Tom Isha, Public health specialist (MPH), NGO, Bauchi State, Nigeria

*“I ensure that **my whole family sleeps under a mosquito net**. After 6pm, I don’t open my door unless it is very important, so as to prevent mosquitoes from coming into the house. It has significantly reduced the risk of malaria for my family and we’re able to have better sleep at night.”*

However, many contributions highlighted **limited take up and challenges in persuading populations to use bed nets**, for a range of reasons. In some cases, bed nets were thought to be **unpleasant to use**.

Lawrencia Caesar, Nurse, Ministry of Health, Asikuma Odoben Brakwa District, Ghana

*“Some people complain of feeling hot, others complain of a **burning sensation** on their face and skin when they sleep under the mosquito net, that’s why they don’t feel like using it.”*

Bed nets – community perceptions

Kingsley Kofi Nignere, Community health worker, NGO, Kintampo Municipal, Ghana

“As a malaria advocator, I interviewed some of the community members as to why they are not using the insecticide-treated nets (bed net). Their responses were: (1) They are not able to breathe well in the bed net. (2) They are like how a dead body is kept in a coffin. (3) They feel burning sensations or itches when they sleep under the bed net.”

Anonymous, Epidemiologist, Ministry of Health, General Referral Hospital, Niamey, Niger

*“Regarding the use of mosquito nets, a large part of the population objects that the mosquito net **suffocates them** when they use it.”*

Bed nets – community perceptions

Others highlighted **practical challenges** with the use of bed nets.

Seema Singh Koshal, Public health specialist (MPH), NGO, Delhi, India

“Only elderly people use bed nets mostly. Actually, it is very boring and time-taking to use daily bed nets. Sometimes at midnight one goes to the washroom, and mosquitoes come inside the nets. Either one has to chase to kill mosquitos or sleep and the whole night they bite.”

In addition, bed nets may be of such **poor quality** that they are rendered ineffective.

Obiageli Victoria Okeke, Public health specialist (MPH), NGO, Abuja Municipal Area Council, FCT Abuja, Nigeria

*“I bought [a bed net] on the street but the **quality was too poor**, it didn’t take any time to be torn and the price was on the high side.”*

Bed nets – community perceptions

Anonymous, Community health worker, NGO, Bombambili Ilala District, Tanzania

*“The mosquito nets given are **not a good size** so that they can cover the bed. The mosquito nets are too small to protect the people from malaria.”*

In other cases, bed nets have been **repurposed** for other uses.

Kiwalabye Dan Rogers, Public health specialist (MPH), Gavi, Greater Mukono Region, Uganda

*“In Uganda, free nets are supplied to communities. But unfortunately these treated nets are diverted to different uses, such as **making local brew, fishing activities, harvesting coffee, trapping grasshoppers and others use them as mattresses.**”*

Bed nets – community perceptions

Kambale Visangi Yves, Physician (MD), NGO, Goma, DRC

*“The use of mosquito nets remains a challenge for the population because they use them to **protect fruit trees or for fishing.**”*

Even so, respondents reported **successful implementation** of bed nets in communities, sometimes after some persuasion or assistance.

Yakpazuo Koulemou, Public health specialist, NGO, N'zerekore, Guinea

*“Following a campaign to hang mosquito nets, I noticed that people hang them but do not use them; a **reinforced awareness project** helped us a lot.”*

Bed nets – community perceptions

Joseph Mbari Ngugi, Public health specialist (MPH), Ministry of Health, Kenol, Murang'a County, Kenya

*“One of the most successful initiatives in our community was a project where we worked together to encourage the use of bed nets. **Local leaders, health workers, and volunteers went door-to-door distributing nets and educating families about their importance.** The project was successful due to the collaborative effort and the support of local influencers who championed the cause. This grassroots approach helped build trust and ensured widespread adoption of bed nets.”*

Dr Yves Médard Wali, Physician (MD), Ministry of Health, Berberati Health District, Central African Republic

*“Those who do not use mosquito nets are often people who have little knowledge or who say they are intolerant of the presence of a mosquito net. But the majority of the Central African population sleeps under mosquito nets thanks to the **mass distribution campaign** every 3 years.”*

Bed nets – community perceptions

Malamine Sane, Technician Superior Health, Ministry of Health,
Nioro du Rip, Kaolack Region, Senegal

*“In 2019, I was assigned to Kédougou to support the fight against malaria. As such, in collaboration with the regional and district team, we have carried out **awareness campaigns** on the use of LLINs all year round, the whole family and every night (3T). Subsequently, a distribution campaign was carried out the same year. This allowed the region to have a drop in malaria cases in 2020. The success of this project is linked to the **commitment and ownership of this project by the community**. The widespread use of LLINs has contributed significantly to the decline in malaria cases. The implementation of the vaccine can certainly be a support, but community commitment is the core of the success of the fight against malaria.”*

Bed nets – community perceptions

The responses highlight the need for continuing efforts both to encourage appropriate use of bed nets but also to develop more convenient alternative methods to prevent mosquito bites.



Malaria in the Democratic Republic of the Congo

"Pregnant women suffering from malaria are treated in health facilities. But there remains a significant proportion who are treated in unsuitable structures due to difficulties linked to several factors (difficult accessibility to health centres due to long distances to travel, absence of health structures in certain villages, lack of qualified and trained staff and frequent shortage of antimalarials, dilapidated roadways preventing a regular supply of inputs to combat malaria, etc.).

In the event of a stock shortage of antimalarials recommended by national policy, resorting to molecules of questionable quality on the market remains the last option.

LLIN [bed net] coverage almost always reaches 100% coverage after each LLIN distribution campaign. But there are very often some households which lack it due to absence from the household during the distribution period (often those who take refuge alone in fields very far from the villages which they return after harvest).

I spent almost eight years in a health zone "malaria sentinel study site" with several projects in succession. Raising public awareness of the importance of sleeping under a LLIN was present each time the trained community relays were on the ground. This

worked well, despite a few isolated cases in riverside communities that used the LLIN as a fishing net. The key to success lay in awareness raising and distribution of LLINs by peers (campaign, CPN and CPS) – people living in the villages and chosen by the villagers themselves were trained to encourage the community to appropriate the good ones.

We are in the waiting phase regarding the introduction of the malaria vaccine. This introduction will not be made easier by the rumours that have swirled around vaccination against COVID-19, anti-vaccinators are always on the lookout for each introduction of a new vaccine. What can help is the upstream awareness raising that we already practise in various circumstances such as: capacity building workshops for providers, supervision or coaching of healthcare staff, awareness raising among the population during World War Day against malaria, CPN, CPS sessions, etc.

Our request to leaders has always been to subsidize control inputs, including vaccination and environmental improvement. For what? Because in fact the best means to achieve the eradication of malaria remains the sanitation of the environment constituting the refuge of vectors such as mosquitoes, vaccination, seasonal chemoprophylaxis, IPTp in pregnant women and case management in order to reverse the trend.”

Dr Thierry Mandew Kazadi

Public Health Physician (MPH) | Ministry of Health | Lubumbashi | Democratic Republic of the Congo

Highly effective **treatments** for malaria exist – ACTs. However, respondents raised a wide range of malaria treatment challenges. One is the **availability of treatments**.

Joseph Mbari Ngugi, Public health specialist (MPH), Ministry of Health, Kenol, Murang'a County, Kenya

“When malaria medicines run low, the situation becomes dire. People are forced to travel long distances to find treatment or resort to less effective alternatives. This scarcity also leads to the use of counterfeit or substandard drugs, further complicating the treatment process and increasing the risk of drug resistance.”

Treatment challenges

Ibrahima Touré, Public Health, Physician (MPH), NGO, Faranah, Guinea

*“What makes treatment difficult: the frequent **shortage of availability of drugs** and their high cost.”*

Families sometimes having to resort to **unproven alternatives** because of lack of availability.

Lucy Pam Dangyang, Public health specialist (MPH), WHO Country Office, Plateau State, Nigeria

*“When medicines run low, it’s a disaster. People resort to using **unapproved drugs or traditional remedies**, which can be ineffective or even harmful.”*

Ignace Mbuyi Mukendi, Physician (MD), NGO, Lubumbashi, DRC

*“When the medicine is lacking, we can resort to **traditional methods**, boiling papaya leaves and consuming this water.”*

The **cost of treatment** can also be a significant barrier, and also leads to use of ineffective alternatives.

Kingsley Kofi Nignere, Community health worker, NGO, Kintampo Municipal, Ghana

*“Community members always complain how **malaria drugs are expensive** when prescribed by a doctor to buy at the pharmacy or chemical shops. Some even turn to be self-medicators and then resort to herbal medicine all in the name of curing malaria.”*

Treatment challenges

Sadiq Nasiru Garba, Community health worker, UNICEF Country Office, Yobe State, Nigeria

“Cases of malaria are increasing because there aren’t enough free malaria drugs for easy access. Few are found in the public health facilities, and in private facilities where the medication is readily available they are expensive.”

Worryingly, several respondents reported that **treatments were sometimes not effective**. It was suggested that this reflects growing levels of drug resistance, but there are alternative possible reasons, including **poor quality or counterfeit drugs**.

Taphurother Muhonja Mutange, Community health worker, Ministry of Health, Kangemi Nairobi, Kenya

*"I have been in a situation where **antimalarial medication did not seem effective**. I could tell because the patients did not respond to the treatment and did not get healed. It is a concerning problem."*

Treatment challenges

Fousseyni Dembele, Public Health Physician (MPH), Ministry of Health, Gao Region, Mali

*“Once I was in the village during the winter and there were a lot of cases of malaria, especially among children. I asked for news of a woman, and I was told that she had gone with her child to a health centre located more than 30 km away, even though a centre exists in the village. I was informed that **the medicines distributed there no longer treat our malaria**. Several children have died due to the ineffectiveness of the centre’s medication. Surprised by these comments, I met the centre’s management committee to understand how it obtains its drug supplies. I am told that **we buy on the black market because it costs less**. A discussion on monitoring the master plan for the supply of essential medicines, a guarantee of the success of any treatment, was necessary. Thanks to my intervention, **they understood the importance of the quality of medicines in treatment.**”*

Overuse of antimalarials, and limited use of diagnostics to confirm malaria infections, was also thought to be increasing the risk of drug resistance.

Namuli Justine, Public health specialist (MPH), NGO, Uganda

“Malaria presents like any another disease so that makes it hard to treat. For example, people in the grassroot communities where we work never go for malaria testing but just buy antimalarials to treat any disease that presents like malaria. This the very reason for so many drug-resistant cases in these communities.”

Vaccination – light at the end of the tunnel?

Malaria vaccines are beginning to be introduced in malaria-endemic countries. Several respondents thought these could have a major impact on malaria control and would be enthusiastically welcomed by communities.

Prince Arthur Ssajjabi, Social worker, NGO, Kampala, Wakiso, Masaka and Lwengo Districts, Uganda

“I would be the first and my family to use this vaccine because malaria is disturbing us a lot every month. As GWAM we would get involved and sensitize communities about the vaccine. The community will be very happy to receive these vaccines.”

Vaccination – light at the end of the tunnel?

Nevertheless, others cautioned that **vaccine hesitancy** could be a challenge, and comprehensive **community engagement** was needed to prepare for introduction and ensure community support, particularly in places where vaccine scepticism is known to exist.

Nene Lou Gouehi Sylvie, Data Manager, Ministry of Health, Port Bouet Vridi District, Côte d'Ivoire

*“The introduction of the vaccine will be a good thing, but we need to **communicate a lot about it** because the population does not really like being vaccinated.”*

Vaccination – light at the end of the tunnel?

Ahmadu Musa, Public health specialist (MPH), Education or research organization, Kaduna North, Marafa Area, Nigeria

*“If a new vaccine is to be given, I will solicit for non-governmental support to help me recruit people I can work with to provide **awareness campaigns** on why the inhabitants should accept the newly developed vaccine, otherwise, the fear of the unknown won’t allow them to accept it.”*

Abdou Dan Bascore, Epidemiologist Biostatistician, NGO, Dioundou, Niger

*“When the country introduces the vaccine, **good communication** will be necessary to anticipate possible rumours/false information. There are many actions that we put in place without having to resort to money. These include awareness sessions taking advantage of the already existing systems of relays, various leaders and authorities.”*

Vaccination – light at the end of the tunnel?

It was suggested that some countries had **rushed introduction** and failed to prepare communities in advance.

Basile Ngontcha, Infodemic Management, Cité Verte Health District, Cameroon

*“Once again, **communication is faulty**, the preparation of populations for the arrival of this vaccine has not been done and this is regrettable because we could achieve higher vaccination rates if the information ecosystem linked to the fear of new vaccines had been modified.”*

Vaccination – light at the end of the tunnel?

Concerns were also expressed that **insufficient funding** would be available for comprehensive malaria vaccine rollout, given known challenges in achieving high population coverage for existing vaccines.

Meheret Elias Tesfagiorgis, Public health specialist (MPH), Ministry of Health, Ethiopia

*“I coordinated the sub-national malaria introduction **Gavi application process** from the EPI side at the national level in Ethiopia. The important factor that helped the successful and timely Gavi support application was **high political commitment, effective collaboration of the malaria control and EPI programs** at the national level and unreserved support of both malaria control and EPI stakeholders. The possible challenge for the sub-national malaria vaccine introduction is **limited financial support from Gavi for vaccine introduction activities** and there is a huge gap between the budgeted activities for the introduction and Gavi vaccine introduction grant. Hence, sub-national malaria vaccine introduction activities will be challenged unless additional Gavi or other donors support is available for the successful vaccine introduction.”*

In addition, it was recognized that **delivering vaccine to all populations in need**, including those in hard-to-reach locations, would be a major challenge, particularly given the need for four injections.

Anonymous, Public Health Physician (MPH), Ministry of Health, Kinshasa, Gombe Health Zone, DRC

“What will be difficult in relation to the introduction will be the permanent availability of vaccines because the DRC is a large country, it will be necessary to reach vulnerable populations with difficult access, several injections...”



Get the most important updates

Join our **Telegram** channel to receive the latest news and opportunities.



Watch the latest livestreams

Follow us on **YouTube**, where we livestream **events**, share **testimonials** and chat with both global and local experts.



Join our LinkedIn community

Find our latest events and opportunities on our LinkedIn page, as well as **job opportunities** from the Foundation and its partners.



Connect visually

Follow us on **Instagram** to see remarkable photo stories.



Meet the Foundation's global communities

Join our **Facebook page** to see what our global community is talking about.



Connect with us on X

We share calls to action, new learning opportunities, testimonials and livestreams in our **X** feed.



Listen to our podcasts

Our best content in low-bandwidth audio that you can listen to **anywhere, any time**.

18, avenue Louis Casaï – CH-1209 Geneva, Switzerland
+41 22 575 4110 hello@learning.foundation