Financial Times Hails Ghana's Malaria Fight

Post by Dr. Sodzi Sodzi-Tetty, IHI Director, *Project Fives Alive!* – June 2012

In a well-funded global antimalarial campaign driven by three powerful interventions — artemisinin-combination therapy, long-lasting insecticide-treated bed nets, and rapid diagnostic tests — Ghana's "hang up" campaign appears to be creating positive waves worldwide.

Ghana is apparently "doing more than just doling out bed nets," according to a special report compiled by the influential US-based *Financial Times* themed 'Combating Malaria.' Typically, other malaria endemic countries have focused on effective distribution of the insecticide-treated bed nets (ITNs) to end users. In contrast, Ghana's campaign has gone a step further to deploy volunteer distributors who actually ensure correct installation of nets in homes coupled with comprehensive education on appropriate use and benefits. The latter has proved critical in tackling sociocultural barriers such as perverted uses of the nets for purposes including, but not limited to, "fishing nets and bridal veils" while others refuse to hang ITNs on account of great heat generated indoors.

The report appears somewhat deficient in its silence on measured outcomes; in the main, what has changed in Ghana's malaria burden following this effective intervention? What are the key learnings that are or should be influencing the scale up of this "hang up campaign" in other African countries, apart from acknowledging what Ghana has done to improve utilization of ITNs? Also, to what extent has this effective "hang up campaign" affected malaria morbidity and mortality trends if not nationally, at least in those specific implementation communities? Answers to these questions would have provided far more useful insights and learning points upon which to conclude on the impact and scalability of the innovation.

The multi-country malaria report is, however, rich in the insights provided on various challenges and opportunities being faced on various fronts in the malaria

fight. Specifically, we learn about the “specter of untreatable malaria” across the Myanmar-Thai border characterized by the development of resistant plasmodium falciparum strains to the most effective anti-malaria drugs, with potential for spread to India and China. This has been attributable to substandard antimalarials and to nonuse of combination therapies. We also hear of “flame-resistant uniforms treated with permethrin and providing protection from insect bites for up to 50 launderings (the estimated life of a combat uniform)” in deployed soldiers of the United States Army. In Tanzania, antimalarial stock outs have been demonstrably reduced using mobile telephone services aimed at guaranteeing the commencement of treatment within 18-24 hours of onset of symptoms. We learn of the diagnosis of Knowlesi malaria, once famous among monkeys, in hundreds of Malaysians, thereby raising the question of whether robust systems are in place to manage a zoonotic infection should it assume an unlikely pandemic status. Finally, we gather evidence of “eight times increased risk” of malaria infection among returning emigrants compared to tourists.

Throughout the above accounts, what has worked in Ghana as reported by Andrew Jack receives high praise. Among the enabling factors are the “country’s relative economic prosperity, physical safety and political stability — compared with many of its West Africa neighbors — which have helped to foster significant innovation, ranging from the introduction of a national health insurance scheme to the nonprofit mPedigree system, which uses mobile phones to verify if medicines are counterfeit.”

Ghana’s story also documents other waves in the pharmaceutical and manufacturing industry. Among these are the relocation of a “mosquito research centre” funded by Vestergaard Frandsen from Ivory Coast to Accra, drug subsidies through an affordable medicines programme to increase access to artemisimim combination therapies, and the existence of two clinical research sites for the testing of antimalarial vaccines.

Significant gaps are, however, not glossed over. Among these are insufficient support for local manufacturers of antimalarials, insufficient quantities of rapid diagnostic test kits for confirming malaria diagnosis which accounts for over 30%

of outpatient morbidity, and inadequate focus on environmental/biological strategies aimed at eliminating mosquito larvae. Here it is significant to observe that while there is documentation of successful use of pesticides to kill larvae in some countries, the World Health Organization (WHO) described the "current potential on the continent as modest" on the basis that "widespread pesticide use risks not only proving ineffective but is also wasteful of increasingly scarce resources."

The question though is that if there are proven successes in some or any of these interventions, what is the useful learning that will positively influence scalability? Whiles Cuba's promotion of "killing off mosquito larvae is generally viewed as a diversion from more effective measures," the tropical Island has itself successfully used similar strategies to great effect in their country. Cuba has life expectancies, infant mortality and disease profiles comparable and sometimes even better than those prevailing in many western countries so perhaps, instead of dismissing suggestions from the small tropical Island of some 11 million people as "distractions" we might want to be humble and wise to learn from what has worked. What indeed is the useful learning here that the world is perhaps afraid to adopt or adapt?

Of course, with some manufacturers of so called promising net insecticides warning that "the existing advisory system operated by the WHO opens a door too rapidly to generic manufacturers, providing scant incentives to developers of the technologies to repay their investment in innovation," perhaps it is less a question of wasting scarce resources and more a question of projected unprofitable investments.

The observed increased global funding for malaria sharply contrasts with the mention of reduced donor funding as "the most significant threat noticed in Ghana." Globally, over the past decade, malaria funding from donors has increased from $200 million a decade ago to $1.6 billion today.

Here again, this is perhaps the best signal of the need to more rigorously exploit increasingly limited funding available to such vertically run programs to focus attention on health systems strengthening. Further, dwindling funding also calls for more creativity in crafting an integrated multisectoral health development

approach where the full machinery of the health sector and other key sectors will be deployed to serve measurable health ends while ensuring efficient use of scarce resources. A focus on tackling all the key common underlying drivers from community through to facilities which underpin the manifestation and outcomes of majority of diseases is an approach that simultaneously strengthens the system as a whole as opposed to narrowly building partial capacity to address specific diseases while other aspects of the health system crumble. That way, be it in community engagement on early care seeking, prompt provision of care or reliable use of standards and protocols within facilities, this integrated focus should help to build sustainable systems to deliver desired health outcomes arising out of identified direct causes.

That said, kudos are due to all the gallant stakeholders in Ghana and elsewhere that are committing so much time and effort to win this battle.

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