Harnessing community mobilization to achieve and sustain malaria elimination

KEY MESSAGES

- Maintaining interest in malaria control and elimination will be difficult after malaria is no longer a major disease burden
- Maintaining adherence to malaria preventive behaviors requires individuals and households to stay motivated
- Community mobilization is critical in improving the reach and sustainability of malaria prevention activities in low transmission settings
- Governments and donors need to prioritize community empowerment opportunities in malaria control policy

MAINTAINING COMMUNITY ENGAGEMENT IN MALARIA PREVENTION

Malaria is endemic in 99 countries, of which 36 have embarked on the task of eliminating the disease.[1] Malaria control and elimination activities will take continuing financial investments and political will from international donors and national governments. However, achieving and maintaining elimination will take more than funding alone. Elimination will depend on maintaining individual motivation to use prevention methods—insecticide-treated bed nets, rapid diagnostic testing of fever cases within 24 hours at healthcare facilities, indoor residual spraying with insecticide, and correct use of anti-malarial medication—long after malaria incidence is at a low level.[2]

Once malaria is no longer a significant disease burden, there is a serious risk that global interest and funding will wane.[3] Governments and donors do not have expansive resources to be enforcing prevention at a household level. **Individuals, households, and communities will need to be self-policing to maintain prevention efforts.**

Even before malaria rates begin to fall, policies that foster community mobilization need to be shaped and implemented. While malaria is still a tangible health risk for communities, people will be motivated to engage in control efforts. It will be much harder to engage the community once malaria is out of sight.

WHY MOBILIZE THE COMMUNITY

Community mobilization in malaria control develops channels of communication between affected communities, governments, and donors. Such communication can improve implementation of malaria control and elimination programs, since affected communities can help to develop feasible "real world" programs.

Malaria control can draw from the example of community mobilization efforts in HIV/AIDS control. Like HIV/AIDS, the burden of malaria falls mostly on low-income countries. Both diseases are not yet vaccine-preventable, they require long-term financing, and disease prevention strategies call for individual behavior change. In HIV/AIDS, behavior change programs have often had poor outcomes due to a lack of effective community mobilization,[4] and similar programs in malaria control face the same risk.

HOW TO MOBILIZE COMMUNITIES?

Identifying local key actors, organizations, and networks is the first step in mobilizing communities. The next steps are to support local solutions, leverage community infrastructure for delivering health messages, and build local networks.

Support local solutions

- Local solutions engage communities in malaria control in a way that is relevant to the realities on the ground and that can address local concerns and barriers.[5] Engaging communities can help in addressing culturally-sensitive barriers to malaria prevention. Examples of such barriers include the misconception that malaria is caused by witchcraft, which has been described in Western Tanzania,[6] or beliefs in Vanuatu that the insecticide in bed nets is harmful.[7]

- Donors and governments can support successful community-based solutions by providing money, resources, government and media contacts, and technical support.

- A community's heightened sense of program ownership can help to drive program sustainability.

Leverage community infrastructure for health promotion

- Leveraging existing social infrastructure can help to strengthen the delivery of health messages. In Zanzibar, for example, religious leaders can be highly effective at disseminating health messages, while in Swaziland traditional village-wide meetings are the preferred channel of communication.

- Knowledge does not directly translate into changed behavior. Reinforcing malaria health messaging in multiple and varied community venues could help messages "stick."

Build local networks to maintain malaria prevention

- A cohesive local network of health care providers, political and traditional leaders, schools, religious and other civil society groups can be a positive force for attracting government attention to pressing health issues.[8] Strong local networks can push for the continuation of malaria prevention throughout the community.

MOVING FORWARD, BUILDING AN EVIDENCE BASE

While initial pilots of community-based malaria control, such as in Tigray, Ethiopia, have had promising results,[2] community mobilization remains poorly understood and "notoriously difficult to bring about."[4]

Large-scale randomized controlled trials of community-based malaria prevention are therefore a crucial next step in understanding program effectiveness, implementation strategies, and cost effectiveness. The results will influence whether there is a major policy shift toward community-centered approaches.

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*This policy brief was written by **Jessica Gu**, a Masters in Global Health Sciences student at the University of California, San Francisco. It underwent expert peer review ahead of publication. The brief was one of five winning entries in a competition held during the summer 2012 UCSF masters course, Global Health Policy: Transforming Evidence into Action.*

For further details about the competition, see e2pi.org/education

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