

## RBM

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\* while this Guide refers specifically to Africa Malaria Day, the advice is good for a malaria day anywhere in the world.

## WELCOME TO THE ROLL BACK MALARIA ADVOCACY GUIDE

Malaria is the silent killer in our midst. With more than one million deaths and up to 300 million cases every year the statistics are overwhelming. And yet even they may not convey the true picture as many deaths in villages, observed by untrained onlookers, are never recorded as malarial deaths.

The disease is continuing to spread and even areas once considered malaria-free are now suffering death and devastation due to an increase in outbreaks and epidemics.

Two years after the launch of Roll Back Malaria (RBM), most malaria-affected countries of the world are preparing for a renewed attack on malaria based on the RBM principles and strategies, and adopting its ideology and values. Global commitment to Roll Back Malaria has been secured. The political patronage that RBM has received in countries has made it possible to recruit new and resourceful partners for anti-malarial action.

We are approaching a critical time for Roll Back Malaria. Now the plans are in place and the political backing has been secured we need to ensure unprecedented action follows. It is vital that advocacy work supports this stage of intensified action.

So let's do it and let's do it together. Let's cross national boundaries and different sectors of society. Let's operate across disciplines with technicians, health workers and advocates working towards a common goal. We have the power to make real changes in the lives of ordinary men, women and children.

Let's do it.

## WINNING SUPPORT

Advocacy works. Influencing what people think and do about malaria may seem like an uphill struggle. It is. Whether you are trying to persuade your Finance Minister to reduce taxes and tariffs on mosquito nets or campaigning to change attitudes towards sleeping under a bednet, there are many challenges.

The purpose of this guide is to help you in your efforts to tell others about the Roll Back Malaria partnership and influence their thinking. It has been created with you in mind, remembering that you may also work on other killer diseases, TB and HIV/AIDS, as well as a great many other health issues. It is practical and focussed and we hope you find it useful in your day-to-day work.

And it is inspiring to remember that despite the challenges, there are many rewards. Before you begin to read this guide, just consider how other struggles around the world have been won thanks to the efforts of people like you. The aim of this guide is to encourage you to think about global advocacy successes and techniques and then tailor them to your local needs and audiences.

### WHAT IS ADVOCACY ?

Advocacy is winning the support of key constituencies in order to influence policies and spending, and bring about social change. Successful advocates usually start by identifying the people they need to influence and planning the best ways to communicate with them.

They do their homework on an issue and build a persuasive case. They organise networks and coalitions to create a groundswell of support that can influence key decision-makers. They work with the media to help communicate the message.



Advocates can effect real change: the late Diana Princess of Wales visited a minefield in Angola as an advocate for the Red Cross campaign to outlaw land mines worldwide. Britain imposed a total ban on the use of anti-personnel mines by its forces seven months after her visit.

## WHY ADVOCACY?

Advocacy attempts to change the behaviour of politicians, rather than risk groups or patients. Encouraging parents to provide insecticide-treated nets for children will have little effect if the nets are expensive and insecticide retreatment programmes are not in place. A national policy is needed to ensure the nets are affordable and easy for people to maintain.

There are two simple messages that we need to deliver to policy-makers. First, malaria is a devastating disease. We need to describe the destruction that malaria brings to individuals, families, whole communities and economies. And second, that RBM strategies can control malaria. We need to persuasively argue the effectiveness and cost benefits of the RBM strategies.



Nelson Mandela with his former prison warder — millions campaigned for his release. He is now a leading advocate for many causes in Africa.

REUTERS

This practical guide outlines four basic steps that are essential for an effective advocacy initiative: gathering the facts, packaging the message, working with the media and mobilising others. It contains specific examples and creative ideas. Obviously, political protocol, media etiquette and social values vary widely from country to country: advocacy tactics that work in London might not be appropriate for Lusaka.

Users of this guide are encouraged to bear in mind that effective advocates often borrow successful ideas from others that they creatively adapt and apply to their own situation and campaigns.

Please refer to the Advocacy Resources chapter (page 53) for details of materials to help you in your advocacy work.



REUTERS

Getting a serious message across can be fun: An HIV/AIDS activist in Prague offers free condoms to a city worker on a World AIDS Day. Czech advocates campaigned for more of the population to regularly use condoms.

## INFORMATION

### IS POWER

Good information lays the foundation for successful advocacy. Without credible research that documents the severity of the problem and the effectiveness of the proposed solution, it is difficult to sustain an advocacy campaign.

The most persuasive facts are those that are relevant to your audience. For example, the public and politicians in the Mekong region will care more about the extent of malaria in their own countries than the situation in Africa or globally.

When planning long-term malaria advocacy efforts, a first step is to assess how you will obtain the facts about your own country or constituency that:

- Show the severity of the malaria situation or worsening trends. Use examples from your own country as this means much more to your audience than an abstract global statistic.
- Show improvements in malaria control.
- Make malaria relevant to important constituencies.
- Document current spending on the disease.
- Show that malaria control makes economic sense.
- Demonstrate that RBM is at work in your country.
- Note the benefits of RBM for health infrastructure and development.
- Demonstrate the consequences of inaction.

The Internet is one of the quickest ways to locate information about malaria. The World Health Organization, the Malaria Foundation International and national malaria programmes have web sites, publications and videos to help you.

The facts in this section describe the global malaria situation. Wherever possible, you should try to adapt them or find similar information that relates to your region, country or community.

## MALARIA

### A WORLDWIDE CRISIS

Malaria is one of humanity's worst diseases. Each year it kills more than a million people, many of whom need not die. The majority of victims are children under five who die because they are unprotected and are not treated quickly enough to prevent the disease from killing them.

Malaria suffering is now a global crisis: one-fifth of the world's population is at risk and there are more than 300 million cases of malaria illness each year. Nine out of ten cases occur in Africa south of the Sahara. Malaria in pregnancy is widespread; it endangers the health of women and prospects for the new-born.

The disease continues to spread due to a combination of factors: weak health systems; large population movements; deteriorating sanitation; climatic changes; spreading drug resistance; and in certain cases, uncontrolled development activities. Areas until recently considered malaria-free are now suffering death and social devastation due to an increase in epidemics and outbreaks. In many countries the workforce's productivity is reduced due to illness while the cost of disease control cripples the economies of poor countries.

Malaria occurrence is not limited to very poor countries and it can recur in countries where it has been eradicated. Azerbaijan was re-exposed to malaria and it is thanks to a public-private partnership between the Italian gas and oil company (ENI) and Azerbaijan's Ministry of Health that it was brought under control. This partnership has succeeded in dramatically reducing the burden of malaria to 2,500 cases in 1999 from 5,175 in 1998.



RBM partners support research into new diagnostics, medicines and vaccines to save children's lives.

## SIX ACTIONS TO ROLL BACK MALARIA

- Evidence-based **decisions** using surveillance, appropriate responses and building community awareness.
- Rapid **diagnosis** and treatment close to, or at, home.
- Multiple **prevention** using insecticide-treated mosquito nets and making pregnancy safer.
- Focussed **research** to develop new medicines, vaccines and insecticides and to help epidemiological and operational activities. Social science research is also needed on how to influence the behaviour of those requiring treatment.
- Well-coordinated actions for strengthening existing **health services**, policies and providing technical support.
- Harmonised actions to build a dynamic **global movement**.

## ROLL BACK MALARIA IN ACTION

- Strengthen the capacity of health systems and services.
- Work with and through other sectors such as education, public works, women's development, agriculture, environment and local government.
- Mobilise other groups such as the private sector and civil society to support local malaria control needs.
- Sponsor focussed applied research to develop new and effective tools and approaches.



Infants born to mothers with malaria are more likely to have low birth weight — a high risk factor during the first month of life.

## WHAT IS ROLL BACK MALARIA

Roll Back Malaria is a partnership working worldwide to halve the burden of malaria by 2010. The challenges are enormous but then so are the rewards: saving lives, boosting school attendance, reducing poverty, in short making life better for millions of people living in poor countries, especially in Africa. Everyone can play a part in this inspiring movement to change the lives of ordinary men, women and children, from ordinary citizens, companies and communities to politicians and healthcare professionals in countries across the continents. And you can help in this important task.

### A PARTNERSHIP

The RBM partnership includes governments, development agencies, commercial organisations, professional associations, civil society, research groups and the media.

- RBM partners have set a 10-year target to halve the world's malaria burden by 2010. This will be achieved by creating a social movement that enables countries to take effective and sustainable action against the disease.

- RBM partners plan a massive, continuing attack on malaria. The partnership aims to secure prompt access to affordable and appropriate treatment for malaria sufferers and promotes the use of personal and community protective measures for those at risk, particularly young children and pregnant women.
- The partnership seeks to promote community participation to enhance RBM actions and to make diagnosis and treatment available and accessible to the poorest groups of society. It also promotes actions that maintain maximum vigilance to prevent malaria epidemics and outbreaks.

Insecticide-treated mosquito nets can save the lives of children in Africa. RBM partners advocate a 30-fold increase in the number of children sleeping under such nets.



WHO/TDR

## 10 MALARIA FACTS

- Malaria kills over one million people each year, about 3,000 a day: the majority of victims are children.
- At least 300 million people suffer from acute malaria each year.
- Nine out of 10 cases occur in Africa south of the Sahara.
- Malaria is continuing to spread in Africa.
- The cheapest anti-malaria drug – chloroquine – is rapidly losing its effectiveness in almost all endemic countries.
- Population movements, such as seasonal workers and refugees into malaria-endemic regions and countries, are causing major disease outbreaks and impacting on economies.
- Malaria is a major killer of refugees and displaced persons in Africa.
- Effective malaria control has already led to dramatic declines in malaria death rates in Asia.
- Prompt and effective treatment of suspected malaria fever cases can significantly reduce malaria death – rates even more if the treatment can be administered in the home.
- The wider use of insecticide-treated bednets may reduce episodes of illness by 50 percent in areas of high transmission.

## FACTS ABOUT THE COST OF MALARIA...

- The cost of malaria control and treatment drains Africa's economies. Endemic countries have to use scarce hard currency on drugs, nets and insecticides.
- Africa's GDP today would be up to 32 percent greater if malaria had been eliminated 35 years ago, according to estimates from a Harvard study.\*
- Malaria-endemic countries are among the world's most impoverished.
- Malaria causes death, reduces the productivity of agriculture, affects tourism and external investment.
- The spread of drug-resistant malaria is substantially raising the costs of treatment.
- Multi-national firms choosing the location of foreign investments shun regions with high malaria transmission rates.

\* "Economics of Malaria" by John Luke Gallup and Jeffrey D Sachs

### ... AND THE COST-EFFECTIVENESS OF RBM

- RBM partners work globally to remove taxes and tariffs on insecticide-treated mosquito nets and insecticides and to provide subsidised marketing for those who can not afford them.
- In heavily indebted countries, RBM partners work with debt relief efforts to support the increase of resources for integrated poverty reduction programmes.
- RBM partners help leverage new additional resources to fight malaria.

### RBM FACTS ABOUT WOMEN AND CHILDREN

- Malaria kills a child every 40 seconds.
- Over 700,000 children under five will die needlessly from malaria this year.
- With acute malaria disease a child may die within 24 hours without prompt and effective treatment.
- In endemic countries, women are more likely to have malaria during pregnancy than at any other time. Pregnant women with malaria are more likely to develop anaemia, and with severe anaemia there is a higher risk of maternal death.
- Infants born to mothers with malaria are more likely to have low birth weight – the single greatest risk factor for death during the first month of life.
- RBM partners want at least 60 percent of young children at risk of malaria to have access to protective measures such as insecticide-treated mosquito nets and other interventions to prevent infection and suffering.
- RBM partners support research into new diagnostics, medicines and vaccines which will develop new tools to save children's lives.
- RBM partners back interventions such as the Integrated Management of Childhood Illnesses (IMCI) to reduce children's deaths from malaria.
- RBM partners seek that at least 60 percent of pregnant women at risk have access to effective malaria protection and preventive treatment. This makes pregnancy safer.

## AUDIENCES, MESSAGES, LANGUAGE

How many pieces of information do you receive each day?

Think of all the media reports, advertisements, conversations, mail, documents and briefings...

And just imagine how much more decision-makers receive.

It is little wonder that we remember only a fraction of what we receive.

We need to find ways to make our message stand out in this onslaught of information, and create a range of advocacy publications, videos and visuals. They should be presented in accessible, memorable, exciting and eye-catching ways – both in terms of the language and the visual images that we use. To borrow from an old advertising slogan, “No one ever bored somebody into taking up a cause.”

### KEEP THE WRITTEN MESSAGE SIMPLE

One of the most common mistakes made by first-time advocates is to attempt to communicate too much detailed information. Presentations that may be appropriate for medical audiences are almost certain to put journalists, politicians and donors to sleep. Policy-makers need to hear simple messages that clearly and quickly get to the heart of an issue.

For advocacy purposes, a few well-crafted facts can be worth hundreds of statistics on case detection and treatment outcomes. The examples below show different ways to communicate the same data. The “poor” example fails because it tries to communicate too much information. The “most effective” example succeeds because it makes data relevant to policy makers.

### USE POWERFUL LANGUAGE

The challenge is to shape messages about malaria that use compelling rhetoric and create a sense of urgency. There is no need for false alarm or sensation to draw attention to malaria.

We should also try to personalise malaria statistics and give the problem a human face. The story of one person with malaria can create a more lasting impact than the fact of 300 million malaria cases. Try to share real-life stories of mothers, fathers, sons and daughters, nurses, doctors and volunteers who live with malaria. This can help non-medical audiences relate to complex medical issues.

#### POOR

A monitoring study of malaria patients in sub-Saharan Africa has shown that 90 percent of the world's 300 million cases each year occur in that region

#### BETTER

Malaria affects nearly five times as many people as TB, AIDS, measles and leprosy combined

#### MOST EFFECTIVE

An African dies of malaria every ten seconds

# GETTING YOUR MESSAGE ACROSS

## SHARE SOMETHING NEW

We need to find ways to tell our audience something they do not already know, something “new” or fresh. A new disease such as Ebola — even though it affects a few hundred people — generates more media and political interest than diseases like malaria which affect millions but have been around for hundreds of years.

When you assess your audience, consider what information will be new to them. Often, malaria experts forget that information that is common knowledge among medical colleagues might be new and surprising to others. For example, most of the general public is still unaware that malaria is preventable and curable. Always be on the look-out for new developments in malaria such as successful initiatives to control the disease.

## KEEP THE VISUAL MESSAGE INTERESTING

It is well-documented that the images people see have a more immediate impact than the words people read or hear. Yet too often, little effort is made to prepare effective visual content for publications or presentations.

When you work on a publication, select or prepare graphs, photographs and illustrations carefully. When you deliver a speech, use slides, posters and other visuals to illustrate — and not just tell — your message to the audience. Videos that feature action as well as interviews will usually be more effective.

## TARGET YOUR AUDIENCE

Some language or rhetoric will be meaningful to one audience but not to another. It is vital to tailor your message so that it is appropriate for the target audience. Typically people listen to a message when it affects them or their concerns. We need to frame the information so that it appears relevant, rather than remote.

Profile your audience. Research information about their age, gender, specific interests and responsibilities, level of prior knowledge about your subject, and past support for the issue.

Advocacy activities should be memorable and eye-catching to attract media attention. The World’s Largest Bednet staged in Abuja, Nigeria in April 2000 showed how many children die from malaria.

OLUMIDE JOHNSON



TARGETING ADVOCACY MESSAGES TO DIFFERENT AUDIENCES

Audience	Potential Concerns	Possible messages
<b>Decision-makers/politicians</b>		
■ President/Prime Minister	■ Budgetary implications	■ Malaria can slow countries' economic development by 30 percent per annum
■ Minister of Health	■ Public opinion	■ Malaria is preventable and curable
■ Parliament and Congress	■ The liabilities of inaction	■ Malaria stunts development of human potential
<b>Donors</b>		
■ Foundations	■ Ability to produce and document results	■ RBM wants everyone at risk, especially children, to sleep under an insecticide-treated net (ITN)
■ Bilateral agencies (e.g. CIDA, USAID, DFID)	■ Feasibility of integrating strategy with existing initiatives	■ Malaria places a huge strain on health service resources
■ Multilateral agencies (e.g. World Bank)	■ Sustainability of project. Potential domestic benefits of foreign aid	■ For as little as \$5 an African child can sleep under an insecticide-treated net
<b>Journalists</b>		
■ Health reporters	■ News value and timing Foreign Correspondents Potential "CBS" (Controversy, Big names or Sensation)	■ Malaria kills 3,000 people per day, i.e. an African every 10 seconds
■ Financial reporters; International affairs	■ Links between malaria and poverty	■ Malaria contributes to the gap between rich and poor countries

# GETTING YOUR MESSAGE ACROSS

Audience	Potential Concerns	Possible messages
<ul style="list-style-type: none"> <li>■ Editors</li> </ul>	<ul style="list-style-type: none"> <li>■ Has the story been told before?</li> <li>■ Is there a new element to the story ?</li> </ul>	<ul style="list-style-type: none"> <li>■ Recognition of epidemics and effective response can reduce malaria deaths</li> <li>■ The tools exist to treat malaria, they only need to be coordinated and implemented</li> </ul>
<ul style="list-style-type: none"> <li>■ Columnists</li> </ul>	<ul style="list-style-type: none"> <li>■ Are there good visuals and spokespeople ?</li> </ul>	<ul style="list-style-type: none"> <li>■ Malaria is bad for business – it kills productive members of society</li> <li>■ RBM has made a difference to the lives of ordinary people suffering from malaria</li> </ul>
<b>Non-Governmental Organisations</b>		
<ul style="list-style-type: none"> <li>■ Community leaders</li> </ul>	<ul style="list-style-type: none"> <li>■ How can they be an effective part of RBM? Is RBM relevant to their community?</li> </ul>	<ul style="list-style-type: none"> <li>■ Evidence shows that communities are effective RBM partners</li> <li>■ As the recipients of malaria control measures communities are stakeholders in decision-making processes</li> </ul>
<ul style="list-style-type: none"> <li>■ Women's health organisations</li> </ul>	<ul style="list-style-type: none"> <li>■ Impact of malaria on beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>■ Children and women are at the heart of RBM</li> </ul>
<ul style="list-style-type: none"> <li>■ Development organisations</li> </ul>	<ul style="list-style-type: none"> <li>■ How message fits with mission statement</li> </ul>	<ul style="list-style-type: none"> <li>■ Country priorities drive actions</li> </ul>
<ul style="list-style-type: none"> <li>■ Children's organisations</li> </ul>	<ul style="list-style-type: none"> <li>■ Potential to play a unique role</li> </ul>	<ul style="list-style-type: none"> <li>■ Children and women are at the heart of RBM</li> </ul>

Audience	Potential Concerns	Possible messages
<b>Health Practitioners</b>		
<ul style="list-style-type: none"> <li>Public and Private Sector</li> </ul>	<ul style="list-style-type: none"> <li>Opportunities to use RBM strategies</li> </ul>	<ul style="list-style-type: none"> <li>Children and women are at the centre of the RBM movement</li> </ul>
<ul style="list-style-type: none"> <li>Health workers; medical associations</li> </ul>	<ul style="list-style-type: none"> <li>How to generate greater access to interventions</li> </ul>	<ul style="list-style-type: none"> <li>RBM interventions are based on scientifically proven evidence</li> </ul>
<b>Corporations and Industry</b>		
<ul style="list-style-type: none"> <li>Multi-nationals; local businesses</li> </ul>	<ul style="list-style-type: none"> <li>Impact of malaria on workforce</li> </ul>	<ul style="list-style-type: none"> <li>Malaria is bad for business. It reduces productivity. Good-quality drugs roll back malaria and improve business</li> </ul>
<ul style="list-style-type: none"> <li>Labour organisations</li> </ul>	<ul style="list-style-type: none"> <li>Cause-related marketing potential</li> </ul>	<ul style="list-style-type: none"> <li>Companies can play a positive role in reducing malaria among workers</li> <li>It is in workers' interest to know the symptoms of malaria</li> </ul>
<b>General Public</b>		
<ul style="list-style-type: none"> <li>Issues popular with the public find their way on to the political agenda and groundswell of public opinion can have a strong influence on governments</li> </ul>	<ul style="list-style-type: none"> <li>Personal level of risk</li> <li>Response of government/health authorities to protect the public</li> <li>A moral duty to help others</li> </ul>	<ul style="list-style-type: none"> <li>Malaria is treatable and curable</li> <li>The home is the first hospital</li> <li>RBM is a global movement in which you can play a role</li> </ul>

## 10 TIPS FOR EFFECTIVE PRESENTATIONS

- Check out the physical set-up of the room before speaking. Note the room size, acoustics, microphone and audio-visual set-up.
- Focus your presentation on one or two main messages. Repeat these main messages in different ways again and again.
- Don't turn your presentation into a recitation of facts and data. Your main message could be lost if you bombard your audience with too much information.
- The more comfortable you are with the presentation, the more dynamic you will be. Practise giving your presentation before a colleague who can offer comments on how to improve your delivery.
- Make a good first impression. Memorise the first part of your presentation. Be confident.
- Make eye contact with your audience. Change your pace, tone, and hand gestures at key points to make an impact.
- Use powerful visual aids to emphasise main points. One well-planned photograph or chart can be worth a thousand words.
- Make sure overheads or slides can be quickly understood. Avoid complex graphs, small type and lots of words. As a rule of thumb, print no more than 50 words on any visual. Be sure everything can be clearly read from the back of the room.
- Your enthusiasm and concern about the issue will often be remembered more than the words you say.
- Keep to your time limit and allow time for questions. This is a critical opportunity to keep your audience engaged and excited about the topic.

## SAMPLE PRESENTATION

This presentation may be useful as an introduction to Roll Back Malaria. It has been designed to be photocopied onto transparencies for use on an overhead projector or onto paper for distribution to members of your audience.

The slides show the following:

### SLIDE 1

The RBM founding partners.

### SLIDE 2

The problem that malaria represents in terms of deaths and disability as well as the disease's impact on human and economic development.

### SLIDE 3

Graph shows how death rates from malaria are falling overall in Asia but increasing in Africa.

### SLIDE 4

A summary of the six key elements of the Roll Back Malaria strategy. "Well-coordinated action" refers to the fact that RBM partners may be public sector or private sector partners and what makes RBM effective is the way in which they coordinate their efforts to reduce malaria deaths, making best use of their resources.

### SLIDE 5

This list is what RBM partners want to see by the year 2010. The Abuja Declaration and its Plan of Action (April 2000) defines the list more closely and provides targets for action.

### SLIDE 6

A summary of how RBM actually works on the ground.

### SLIDE 7

A map showing countries where RBM partners are active.

### SLIDE 8

This concluding slide can be used to summarise your presentation and leave your audience on a high note and hopefully inspire its members to act.

SLIDE 1



## Roll Back Malaria Partnership: Halving the malaria burden by 2010

1998 Funding Partners:

World Health Organization  
World Bank  
UN Development Programme  
UN Children's Fund

SLIDE 2



## Malaria burden

¥ One-fifth of the world's population is at risk

¥ Facing a HUGE disease burden:

¥ 300–500 million clinical cases per year: 5 times as many as TB, AIDS, measles and leprosy combined

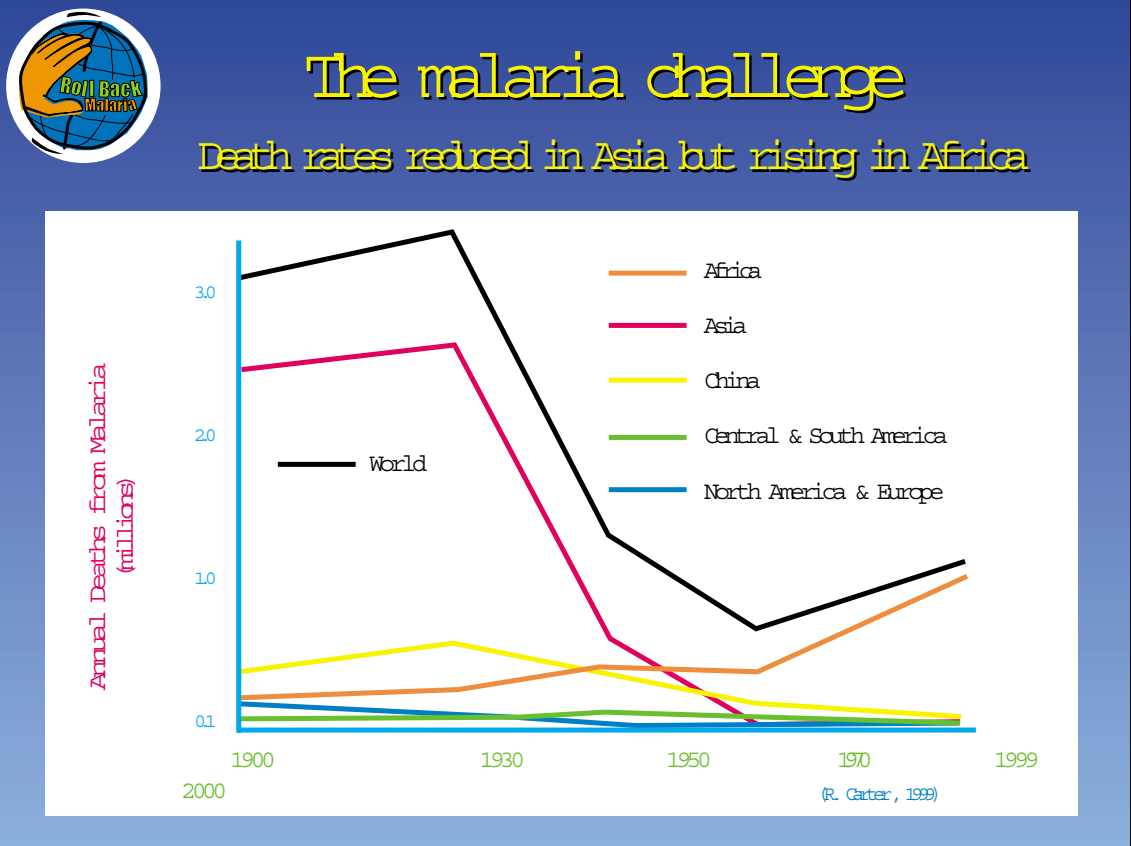
¥ 1 million deaths per year:  
> 90% of deaths in Africa

¥ disability from severe form of the disease

¥ major impact on human and economic development



SLIDE 3



SLIDE 4

## Six elements of the RBM strategy

- Evidence-based decisions**: Image of a family with children.
- Early diagnosis, rapid treatment**: Image of a person at a clinic and a blister pack of pills.
- Multiple prevention**: Image of a mosquito net.
- Well-coordinated action**: Image of a meeting with people at a table.
- Dynamic Global Movement**: Image of a conference with a banner that reads 'FAIRE DÉCULER LE PALUDISME EN AFRIQUE'.
- Focussed Research**: Line graph showing parasite clearance rates for Quinine and Artesunate in moderately severe malaria over 24 hours.

Hours	Quinine (%)	Artesunate (%)
0	100	100
6	85	80
12	80	40
18	65	10
24	60	0

SLIDE 5



## RBM calls for a Massive Effort

¥ A halving in malaria burden for those at risk calls for a 30-fold increase in:

¥ proportion of people who access effective treatment within eight hours of the onset of symptoms

¥ use of insecticide-treated materials and effective vector control

¥ proportion of pregnant women at risk who receive intermittent treatment in the second and third trimester

¥ Much can be done with current tools, but new products are essential

SLIDE 6



## The RBM Partnership 2000-2001

10 years effort to halve the malaria burden by 2010

¥ RBM partners come from different parts of society

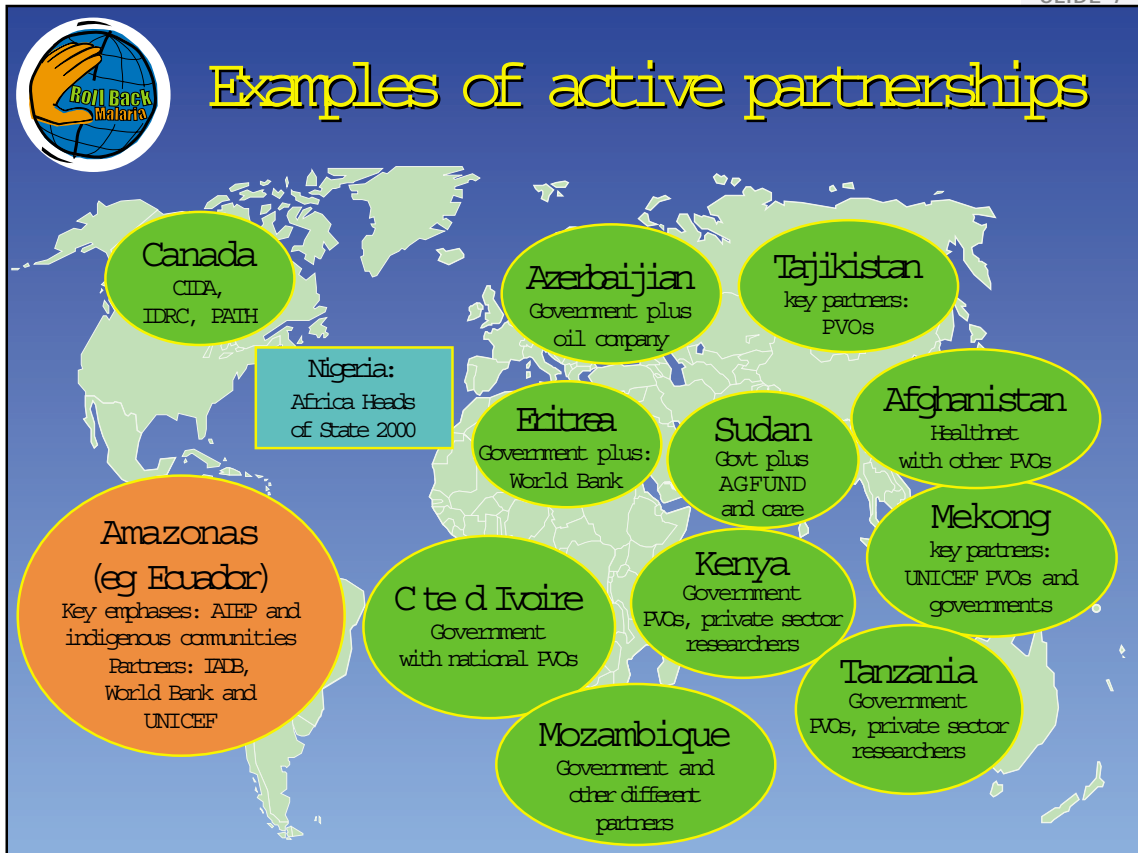
¥ Public and private groups are involved in addition to government

¥ Partners are flexible, they work in harmony, developing plans together

¥ Those at risk are at the heart of the partnership, they make decisions about their welfare

¥ Communities are partners and have a stake in deciding what is needed to roll back malaria

SLIDE 7



SLIDE 8

## Conclusion

- ¥ We can make a real difference to poverty and human development through tackling malaria
- ¥ mobilising the funds,
- ¥ involving private groups
- ¥ ensuring global political commitment
- ¥ bringing together efforts on priority health outcomes
- ¥ We will use the same principles when confronting malaria and other infectious diseases.
- It is up to all of us to make it happen.
- We will not have another opportunity for years.

# GETTING YOUR MESSAGE ACROSS

## TIMING

### ADVOCACY ACTIVITIES

The timing of advocacy efforts is very important. A significant date or event with which to link or “hook” your story helps to focus attention and can increase the chances of your message being heard.

Compile a calendar of national and international dates and begin to plan advocacy strategies and activities around them. You can also plan your efforts around health and economic conferences, release of new malaria data, or the publication of new reports. Local malaria developments, for example a new education initiative by the Ministry of Health, may provide a publicity opportunity. Scenes of bednet-dipping in rural villages can be very effective. National discussions around budgets and funding for health provides a timely opportunity to raise the issue of malaria and its economic impact on ordinary families and individuals.

Consider using famous people in your country who have suffered from malaria for advocacy activities. Similarly large sporting events offer an opportunity to profile sports stars who have suffered from malaria.

DATE	EVENT	POSSIBLE MESSAGE
25 April	Africa Malaria Day	Malaria kills an African every 10 seconds. Malaria is preventable and curable
17 October	International Poverty Eradication Day	Malaria keeps poor people poor
10 December	UN Human Rights Day	Health is a human right
8 March	International Women's Day	Women and children at the heart of RBM. Pregnant women are at risk from malaria
7 April	World Health Day	Link to 25 April, Africa Malaria Day



South Africa's Olympic team endorsed RBM at the Sydney 2000 Games.

## AFRICA

## MALARIA DAY

At the first-ever malaria summit held in Abuja, Nigeria on 24 & 25 April 2000, African leaders made an important political commitment to tackle the scourge of malaria.

The summit host, President Olusegun Obasanjo, told his fellow leaders and representatives of 44 African countries, "Up to this moment the thought of malaria has filled most of us with despair and despondency, but now we are leaving Abuja full of hope and confidence that we'll soon see the back of malaria."

President Obasanjo's optimistic closing speech owed much to a realistic Plan of Action drawn up by, and endorsed by, the leaders themselves. One activity in the Plan is detailed in the Abuja Declaration:

*"We, the Heads of State and Government of African countries pledge to commemorate this summit by declaring April 25 each year as Africa Malaria Day..."*

Such an endorsement for a malaria day presents advocates in Africa, and beyond, with a real challenge and as well a real opportunity to get the Roll Back Malaria message across to yet more audiences.

And Africa Malaria Day represents good value for money – if you are working in malaria control how many other opportunities a year do you have to really get the attention of those people you want to reach?

A day of advocacy activity such as media work costs a lot less than advertising and the day offers room for flexibility and creativity to get your message across. This section of the Guide offers some ideas and practical advice on how to get your colleagues and associates inspired and active. Let's move on from the "despair and despondency!". Remember, malaria is preventable and curable.



## ORGANISE

## YOUR PLANNING EFFORTS

## WHY ORGANISE AFRICA MALARIA DAY ?

## Highlight the malaria situation in your region

Keep in mind that Africa Malaria Day is above all a media event. This provides you with a tremendous opportunity – the opportunity to turn the public's attention to:

- The good work that YOU have done in malaria;
- The local/regional/national malaria situation;
- What people can do to stop malaria.

*Good planning for this day is important to achieve the greatest possible impact.*

## THERE ARE TWO MAIN OUTCOMES TO AIM FOR:

1. Attract media attention (TV, radio, newspaper).
2. Mobilise new groups and constituencies (groups affected by malaria) that are important to your own efforts in the fight against malaria.

which can:

- Increase understanding of the malaria situation among the general public;
- Increase commitment from local leaders/politicians/government to fight malaria.
- Encourage further support from donor agencies or other potential partners.

## THE BENEFITS

If you are a **Malaria Programme manager** Africa Malaria Day can help you:

- Highlight achievements of your programme
- Get further political commitment
- Mobilise new partners to address malaria in their work
- Increase the demand for malaria services

If you are an **NGO working on malaria** Africa Malaria Day can help you:

- Highlight achievements of your work
- Get the attention of politicians and decision-makers
- Get further commitment and funding
- Increase the demand for your services

If you are a **media person** Africa Malaria Day can help you:

- Find a “human interest story” on malaria
- Get an interesting angle on social and economic development and human rights.

## ORGANISE YOUR PLANING: FORM AN AFRICA MALARIA DAY PLANNING COMMITTEE

To make Africa Malaria Day a success

- Invite people/organisations/groups that you work with and that you know are active or interested in malaria. They can suggest other members.
- Members could come from national or regional malaria programmes, NGOs, medical associations, student groups, religious groups, the media, etc.

### WHEN SELECTING COMMITTEE MEMBERS YOU SHOULD CONSIDER THE FOLLOWING:

- Who is the target audience for your Africa Malaria Day activities?  
(media, politicians, women's groups...)
- Who have you worked with successfully in the past?  
(malaria organisations, other NGOs..)
- Which groups would you like to get newly involved?  
(Labour organisations, women's groups...)

*Try to include members from these groups in the planning committee.*



REUTERS

In the planning committee you should

- ✓ Set reasonable **objectives** for Africa Malaria Day based on time and resources, e.g. how many people to target through what kind of event.
- ✓ Develop interesting and relevant **activities** and events for Africa Malaria Day.
- ✓ Consider mobilising external **resources** by involving private industry and businesses.
- ✓ Determine what each member can contribute and assign **tasks and responsibilities**.
- ✓ Give yourself **deadlines** for accomplishing the various tasks.
- ✓ Make provisions to assess the **impact** of your efforts.

Use famous people to highlight your campaign: Al Gore was called in to help prepare lunch for low-income families to mark World Hunger Day providing a photo opportunity and a chance to press for policy reforms. Who is your most famous national celebrity ?

# GETTING YOUR MESSAGE ACROSS

## Organise awareness-raising and “infotainment” events

(Infotainment= information + entertainment)

Parades, competitions, street events — create media attention and get a Roll Back Malaria message out to many people in an interesting, entertaining and stimulating way. This is a good means to reach people who might not be reached through more traditional events such as seminars or meetings.

## Organise media events to make news

Events such as press conferences with politicians and leaders or the opening of new malaria facilities catch the attention of the media. Through the media, news and information about malaria is spread widely and partners are mobilised for action.

## Involve celebrities as spokespeople

Choose individuals who are well-known and respected within the country or community and who can bring positive attention to the fight against malaria. Choose popular health, sports and entertainment personalities, or politicians. Aim high, go for the president, prime minister, or their spouses.

## PREPARE MATERIALS

### Prepare speeches, fact sheets, videos...

Prepare clear slides, overheads, flip charts, and other visual materials with statistics and key messages. Include an explanation of what they mean. Prepare videos, fact sheets, posters for the media, partners and the public.

### For your own presentation

- Keep your target audience in mind (medical community, NGO, women’s groups).
- Tailor your speech to your audience. Provide them with information relevant to them (e.g. for women’s groups: “Malaria in mothers causes low birth weight — the main risk of death in a child’s first month of life.”)
- Make suggestions about what THEY can do and how THEY can get involved.



Guinness World Records validated the World’s Largest Bednet record - providing another photo opportunity with Nigeria’s First Lady Chief Mrs Stella Obasanjo.

OLUMIDE JOHNSON

## For the media

Prepare a press release. Use the latest statistics and interesting key messages that you developed before. Indicate additional information sources about malaria (such as local malaria programmes, hotline numbers, Internet sites).

- Establish a contact list (name, address, phone number, fax number) of local/regional/national media interested in health and development issues.
- Organise a venue for the press conference. An interesting location such as a community centre or clinic can be “news” in itself and attract media attention.
- Prepare a “Media Advisory” indicating the time, place and details of who will be present at the press conference.
- Send the media information about planned events, indicating the involvement of politicians and celebrities.
- Send the media prepared statistics, fact sheets, videos, media advisory and slides well in advance. This way journalists have time to review the materials, raise questions and position the story within their organisations.

- Invite politicians, NGOs and celebrities to the press conference.
- On Africa Malaria Day (or the day of the press event) send out a press release with a new angle on the malaria situation.

## ASSESS THE IMPACT OF YOUR EFFORTS

### Assessing your Special Day

In order to find out what impact your efforts have had, and to plan for follow-up action, assess the success of the day:

- Compile a summary of events. Review the successes and challenges with the planning committee to understand what was accomplished, what needs immediate follow-up and what lessons can be learned. Disseminate the summary widely among your planning committee partners and other groups. This information can be useful in planning for future events.
- Prepare a brief questionnaire. Some key questions to ask are:
  - What elements contributed to your success? What were the main obstacles?
  - How many people did you reach? What are the main follow-up actions?
- Collect newspaper clippings, TV spots, radio broadcasts.

# GETTING YOUR MESSAGE ACROSS

## 10 DIFFERENCES BETWEEN SCIENTIFIC AND ADVOCACY COMMUNICATION

Science	Advocacy
■ Detailed explanations are useful.	Simplification is preferable.
■ Extensive qualifications necessary for scholarly credibility.	Extensive qualifications can blur your message.
■ Technical language can add greater clarity and precision.	Technical jargon confuses people.
■ Several points can be made in a single research paper.	Restricted number of messages is essential.
■ Be objective and unbiased.	Present a passionate compelling argument based on fact.
■ Build your case gradually before presenting conclusions.	State your conclusions first, then support them.
■ Supporting evidence is vital.	Too many facts and figures can overwhelm the audience.
■ Hastily prepared research and presentations can be discredited.	Quick, but accurate, preparation and action are often necessary to take advantage of opportunities.
■ The fact that a famous celebrity supports your research may be irrelevant.	The fact that a famous celebrity supports your cause may be of great benefit.
■ Many in the field believe that scientific truth is subjective.	Many in the field believe that political truth is subjective.

## 10 TIPS TO PRODUCING EFFECTIVE ADVOCACY PUBLICATIONS

- Determine who you need to reach and why.
- Don't let several messages compete for your audience's attention or your main message could be lost. Remember, you only have a few seconds to catch their attention.
- If you are asking someone to take action (donate money, write a letter, make a phone call), make it very clear how their action will have impact.
- Highlight the "human" aspect of the issue you're presenting. If an audience feels connected to, or affected by, the issue they will be more willing to take action.
- The design will speak louder than words. Use compelling photographs, an unusual size or format, or some other novel feature.
- If you need to present technical or scientific data, present it in easy-to-understand language. Use only the data needed to support your message and avoid "medicalese".
- Too much information can overload the reader. A lengthy publication is not usually as effective as a concise, targeted one.
- If your publication is regular, brand it with a logo, stamp or regular features.
- If you invest a great deal of resources in researching and writing a publication, invest sufficient resources to ensure it is well-designed and extensively distributed.
- Ensure you provide a way for readers to give you feedback.

## 10 QUALITIES OF EFFECTIVE ADVOCACY PUBLICATIONS

Effective	Ineffective
Visual	Full of text
Innovative, creative	Commonplace, boring
Well-ordered	Confusing, unclear
Clean	Cluttered
Simple	Technical
Entertaining	Dull
Surprising, unusual	Predictable
Focussed	Too many messages
Concise	Wordy
Presents a compelling story	Presents lots of information

# GETTING YOUR MESSAGE ACROSS

## WHAT'S IN A LOGO ?

Organisations, companies and public bodies spend considerable effort and expense in creating a logo - a visual representation of what they do or stand for. Is it really worth all the effort to create a logo for your organisation, or indeed a logo for a particular event or project?

To answer this question, it is important to recall the earlier part of this chapter that dealt with the need to get the attention of your chosen audience. Any mechanism that can help your work and ensure that your message will be remembered is worth the investment.

For this reason, effective advocates have considered their logo carefully and if you recognise logos shown here, then they have been successful in their attempts to make you remember who they are and, in turn, what they are saying to you.

Logos need not be expensive – quite often simple designs created on your computer can convey your message effectively. The most important thing to remember is that the image must be easily recognised and understood by those who know little or nothing about your organisation. Logos that are over-designed tend to make little impact, the very opposite of what they are supposed to achieve.



# WORKING WITH THE MEDIA

## PLANNING, WRITING, BROADCASTING

The media is probably the most influential advocacy vehicle that we have. It plays a key role in mobilising public support and setting the political agenda. As one journalist has observed, "If you don't exist in the media, for all practical purposes, you don't exist."

Media vary considerably in different countries. In some countries, all outlets are government-run. In others, international media are more politically influential than local media. It helps to be familiar with the newspapers, magazines, web sites, television and radio outlets in your city or country before preparing a media strategy.

There are a number of practical steps in media relations that can dramatically increase your chances of gaining greater media coverage of malaria. Competition for media space is intense. Getting the basics right is essential.

### News Release

Journalists receive hundreds of news releases each day. To get your release noticed, the headline and first paragraph must catch their attention. You should spend as much time getting these just right as you do preparing the rest of the news release. (See later in this chapter for a checklist on preparing effective news releases). You can either issue a release in advance of, and embargoed until, the date of publication, or you can issue it on the day of a news event/conference. An embargo is a stipulation about when the release can be published and is used to secure coverage on a particular day.



## CONTACTING THE MEDIA

### Announcements or Advisories

Advisories are used — along with phone calls — to alert journalists to a media event or news conference. An advisory should give all of the basic information on the purpose, date, time, location, and speakers at an event. A good advisory should also build some anticipation concerning the news that will be announced. A strong headline helps.

### SAMPLE MEDIA ADVISORY

**■ WHAT:**

African leaders are to meet for the first ever Summit on malaria. The Summit, involving partners from the Roll Back Malaria partnership, will look to agree and set targets for tackling malaria across Africa.

**■ WHEN:**

Monday 24 April 2000 at 11.00

**■ WHERE:**

Rivers Room, Nicon Noga Hilton Hotel, Abuja, Nigeria

**■ WHO:**

**Dr Tim Menakaya**  
Honourable Minister of Health, Nigeria

**Dr David Nabarro**  
Executive Director, World Health Organization

**Dr Evarist Njelesani**  
Country Representative, WHO

**Dr Christian Vormard**  
Country Representative, UNICEF

**Dr Liz Tayler**  
Country Representative, Department of International Development (DFID)



Photo opportunities:  
a good picture speaks a thousand words.  
WHO's Director General Dr Gro Harlem  
Brundtland helps administer  
polio vaccine during a visit to Mozambique.

TDR

**■ WHY:**

Malaria currently kills 300 million per year, 90 percent of whom live in Africa south of the Sahara. Traditional methods to control the disease are declining in efficacy and malaria is on the increase. Urgent action at the highest level is required if lives are to be saved. One in four Nigerians suffers from malaria.

**■ PHOTOS and FILM:**

Photographs of participating presidents and malaria control activities in Nigerian villages will be available. A b-roll of malaria control activities in different African countries will also be available.

For further information please contact Andy Seale, Media Relations Officer, Roll Back Malaria, Geneva on +41 22 791 3670 email-HYPERLINK [mailto: sealea@who.int](mailto:sealea@who.int) Fax +41 22 791 4824.

**Calls to Journalists**

Once you have sent an advisory or news release it is imperative to call journalists to make sure that the right journalist has received it. Often you will need to resend the release. Sometimes it will be to another journalist or bureau.

When you call a busy journalist in a large city, you may have only 30 seconds to gain his or her interest in a story. To be successful, you need to get quickly to the point concerning the importance of your story or event. Keep it simple and do not overwhelm them with too much information.

Try to avoid calling when journalists are facing deadlines. It will also be useful to know something about the publication or programme that you are calling. An editor can sense immediately if you have never read their publication or watched their programme and may not see you as a credible source of news.

**Feature Stories**

Feature stories are usually longer than news stories. They go into greater depth on how an issue affects people — providing what is known as “human interest”. In magazines, they can span several pages and be accompanied by pictures. On television, they can become hour-long programmes.

The best way to get a feature published is to describe your idea in a two or three-page story proposal. You need to do a substantial amount of research yourself before handing the story over to the journalist to follow up. Your proposal should provide an outline of the story and list interesting people who could be interviewed. The newer, more unusual, significant or dramatic the story, the better.

For example, a journalist will be more interested in an unreported story about a malaria case in a school in an area previously unaffected by the disease than just a general story about malaria.

Quite often feature stories are the result of a foreign correspondent picking up a local news or feature story in a particular country and presenting it to an international audience. This means that with one initiative you may reach millions rather than hundreds of thousands. Remember that foreign correspondents in your country monitor the local press.

## Opinion Pieces

Most newspapers print opinion-editorials (op-eds) or guest columns. An op-ed is an expression of opinion rather than a statement of news/fact. Although style varies according to different countries, an op-ed tends to be lively, provocative and sometimes controversial. It is a very effective way to register concern about malaria to policy makers and to inform communities about why they should care about controlling the disease.

Op-eds are usually around 1,000 words. It is best to call the newspaper first and request their guidelines for submitting an op-ed. If possible, speak to the appropriate editor to convince her or him of the importance of the issue.

In certain African countries editorial pages, written by the paper's Editorial Board, provide an opportunity to have your cause championed.

## Letters to the Editor

Newspapers and magazines have a "letters page" that gives readers the opportunity to express their views or correct previously published information they feel to be inaccurate or misleading. Letters are widely read and provide a good opportunity to promote a cause and/or organisation.

Letters should be short and concise. Letters of no more than 100 words can be very effective. A letter should aim to make one main point and to end on a challenging note, with a call to action.

Make sure you refer to your organisation. Letters can also be signed by a number of signatories, representing various organisations or interests, which may increase their impact. If a letter is responding to an article carried in a daily newspaper, it is important to fax or deliver it to the paper as soon as possible, preferably within two days.

## PLANING MEDIA EVENTS

### News Conferences

A news conference can be a very effective way to announce a news story — a major new strategy or initiative in your organisation — to journalists. Speakers take the platform in a venue and make presentations after which journalists can ask questions. This is a tried and tested formula which, if you follow the rules, can make life easy for journalists and for yourself.

Be sure that your story warrants holding one, as news conferences can take a lot of time to organise and it can be disheartening if few people attend. In some cases, you may find you can achieve the same results by handling the story from your office. For this, you need to send journalists your news release and briefing materials under embargo until the date of publication, highlighting who is available for interview.

### Press Briefings

If journalists — who cover hundreds of stories and may know next to nothing about malaria — are to produce informative accurate stories, they need to be properly briefed. Consider organising an informal press briefing that also serves to build good relations with journalists.



K MENDIS/RBM

For example, invite half a dozen selected journalists to attend a briefing at your offices in advance of Africa Malaria Day. Brief them on key developments and issues relating to malaria and your organisation's relevant work and policy. You may want to conduct this as a breakfast meeting and provide refreshments. It is a good idea to have clear briefing material, such as advocacy publications or fact sheets, to distribute. If you attend an important national or international conference, you may wish to brief journalists in your community about important developments upon your return.

### Editorial Meetings

In some countries, newspapers may invite you, as a policy expert, to give an "editorial briefing" at their offices. These provide an excellent opportunity to gain the editorial support of a newspaper which, in turn, can be very influential in shaping political decisions.

Profile the kinds of editorials/columns that appear in the paper and the position they tend to take, particularly in relation to health care issues. Arrive armed with facts and figures that are relevant to the newspaper's audience. Make a persuasive argument to the editor that readers should be concerned about malaria. Be ready to answer any questions the editor might have.

After the meeting, research and provide the information requested by the editor.

This community scheme to re-dip bednets provided local journalists with a colourful human interest story.

## Photo Opportunities

Television news and magazines need good pictures or visuals in order to report on a story. When you plan a media strategy, think about what images you need and how you will supply these.

You may want to pay for a photographer to take pictures and then distribute them to selected publications. You may also want to prepare a video news release (VNR) for broadcasters to use. Or, arrange a "photo opportunity" for photographers and television news people to take pictures themselves.

To announce the photo opportunity, send an advisory that gives the "Who, What, When and Where" of the event to media.

## 10 Important International Media

The following are 10 of the most important media that have global influence. Sometimes your story will have regional or national but not international significance. But other times, a malaria outbreak or breakthrough may be of international importance, and you should check to see if there are correspondents from these media located in your city who you can contact.

AFP (Agence France Presse)  
AP (Associated Press)  
BBC (British Broadcasting Corporation)  
CNN (Cable News Network)  
FT (Financial Times)  
New York Times  
PANA (Pan Africa News Agency)  
Reuters  
The Washington Post  
VOA (Voice of America)

## Media Interviews

When an organisation publicises a story, it needs to have a number of spokespeople available for interview who are familiar with both their material and the basic rules of interviewing. It is very important for them to prepare. They should know about the show, programme or publication and become familiar with it.

Profile the audience and have in mind a typical viewer/listener/reader. In the case of TV or radio, find out who else is appearing, ask whether the show is live or pre-recorded, and if the audience will be calling in to ask questions. Anticipate the questions you may be asked and prepare a questions and answers sheet. Practise. Practise. Practise.

### Phone-Ins/Discussion or Talk Show

Radio or television phone-ins, discussion and talk shows are a good way to put a point across live and unedited. Talk show producers are always in search of new guests who can talk with authority on issues that concern their viewers and listeners. It is a good idea to research programmes and make contact suggesting yourself, your director or even a whole panel of speakers with different perspectives on malaria.

Contact phone-in programmes to establish when health issues are scheduled. Suggest malaria for Africa Malaria Day. Mobilise your supporters to phone in. When you call a phone-in, strict first-come, first-served rotation applies, so hang on and you will be answered. Never read your question as it will sound stilted and people will stop listening. Aim to make two or three points succinctly and remember to mention your organisation.

### Access Programmes

In some countries, broadcasters air what are known as access programmes. For example, in the UK, charities and NGOs can promote an issue or cause in a three-minute piece to camera known as a Public Service Announcement (PSA) or Community Service Announcement (CSA), broadcast in primetime on regional television after the news. Contact your local TV station to see if they broadcast access programmes.

Also, in some countries TV and radio programmes are assigned a duty editor who logs calls from the public about specific programmes. Comments passed on to the producer of the programme are taken seriously. Mobilise your supporters when a programme on malaria is scheduled to call and register their views.

## 10 IDEAS FOR MALARIA PHOTO OPPORTUNITIES

- Take journalists to visit a malaria clinic.
- Have a celebrity or sports star pictured lying under a bednet.
- Arrange for a journalist to interview a patient and follow his or her progress throughout the course of treatment.
- Interview a celebrity or sports star who has suffered from malaria.
- Publicise specific malaria outbreaks using human interest stories.
- Have the head of your community sign a proclamation calling for increased awareness of the malaria threat.
- Schedule a parade of malaria control workers carrying banners and signs to the main legislative building in your state or region.
- Organise bednet-dipping exhibitions to draw attention to malaria and how to prevent it.
- Use a large visible clock to show that somebody becomes sick from malaria every 10 seconds.
- Organise an event where x number of people gather in a public place to demonstrate how many people die of malaria in your country every day.

CHECK LIST FOR PREPARING AN  
EFFECTIVE NEWS RELEASE

## Content

- Make sure the headline and first paragraph are powerful and newsworthy. The most important information should be in the first paragraph.
- Use the pyramid principle to order information, most important at the top, becoming more general for background.
- Aim to use a direct quote within the first three paragraphs of the news release. Use quotes to bring the issue to life and express strong opinions.
- Include the five Ws:
  - WHAT is happening?
  - WHEN is it happening?
  - WHERE is it happening?
  - WHO is saying it?
  - WHY is it important?
- Attach a fact sheet or background briefing material, rather than make the news release too long or cluttered.

## Style

- Use short sentences of 25 to 30 words.
- Use paragraphs containing only one, two or three sentences.
- Try to keep the release to one, or two pages.
- Use a simple, punchy news style.
- Avoid jargon.
- Avoid lots of adjectives and adverbs.
- Use active rather than indirect verbs to tell the story with force and urgency. (e.g., write: WHO declared malaria a global emergency today. Don't write: Malaria was today declared a global emergency by WHO).
- Proof-read the release carefully!

## Layout

- Put the date and release details at the top of the page. State if it is EMBARGOED FOR RELEASE at a specific time and date, or is FOR IMMEDIATE RELEASE.
- At the end of the news release put END or \*\*\* to indicate the final page of the release. Follow this with contact names and numbers for more information.

## CHECK LIST FOR AN EFFECTIVE NEWS CONFERENCE

### Reason

- A big, newsworthy story.
- New information relating to a big story being followed by the media.
- A statement on a controversial issue.
- Participation of high profile speakers or celebrities.
- Release of important new findings or research data.
- Launch of a major new initiative.
- Announcement of something of local importance.

### Location and Set-up

- A central well-known location, convenient for journalists, and appropriate to the event.
- Avoid large rooms that give the appearance that few people attended.
- Make sure the noise level of the room is low.
- Reserve space at the back of the room for television cameras, possibly on a raised platform.
- Reserve a quiet room for radio interviews following the news conference.
- Ensure light and sound systems are in working order.
- If possible, have fax, phone and e-mail capability available.
- Make sure there is a podium and a table long enough for all spokespeople to sit behind.
- Consider displaying large visuals, such as graphs, logos or charts.
- Prepare a "sign-in" sheet for journalists
- Determine if you wish to serve coffee, cool drinks, or light snacks, following the event.

### Timing

- Hold event in the morning of a work day so reporters can meet deadlines.
- Check that you are not competing with other important news events the same day.
- Start the event on time – avoid keeping journalists waiting.
- If you distribute material prior to a news event, use an embargo to prevent journalists from publishing before the event.
- Or wait until the event to release information to create an element of suspense.

Continued overleaf

CHECK LIST FOR AN EFFECTIVE  
NEWS CONFERENCE

## Possible Materials

- News release.
- List of news conference participants.
- Executive summary of report.
- Case studies and stories.
- Fact sheets and graphs.
- Biography and photos of speakers, and copies of speeches.
- Pictures (colour transparencies/black and white photographs).
- B-roll (broadcast quality video background footage).
- Consider putting all of the printed materials together into one "press kit".

## Inviting Journalists

- Keep an up-to-date mailing list or database of journalists.
- Make sure you know who the health and social affairs correspondents are.
- Monitor which journalists are reporting on health.
- Focus on getting the most influential media to attend.
- Remember to invite international and foreign media.
- Get your event in journalists' diaries seven to 10 days before the event.
- Always make a follow-up call to check that the right journalist has received the information.
- Build interest and anticipation for the event without giving out the story.
- Consider providing general, background briefings to important journalists prior to the event, without disclosing to them the details of your news story.
- Consider offering "exclusive" angles on the story to key media.

## Preparing Speakers

- Select appropriate speakers.
- Select strong speakers who are charismatic, articulate and authoritative.
- Brief speakers carefully on the main message of the event.
- Prepare speakers in advance on how to answer difficult questions.
- Try to hold a meeting to brief all speakers before the event.
- Ideally, each speaker should present for only three or four minutes.
- Have each speaker make different points, while still focussing on the main message.

- Make sure that each speaker makes one or two important points
- Keep speeches short and simple, aimed at a general audience and avoid technical jargon.
- Select a moderator who will manage questions from the floor after the presentation.
- Encourage lots of questions. Keep answers short. Reiterate main messages and do not introduce new issues.

#### Follow-up

- Within a few hours of the conclusion of the news conference, fax or deliver information to important journalists who were unable to attend.
- Make sure the switchboard of your organisation is advised on where to direct follow-up calls from journalists.
- Gather news clippings of the coverage that results from the news conference and distribute them to important coalition partners and policy-makers. A good source is the Internet.

## 10 TELEVISION INTERVIEW TIPS

- Focus on getting one main message across in the interview. Come back to your main message again and again.
- Don't be afraid to turn around irrelevant questions and come back to your main point. Don't allow the interviewer to sidetrack you from your main message.
- Don't use jargon or highly technical medical language. Don't try to make too many complex points. Keep your answers simple.
- Be yourself. Rely on the strong points of your own character.
- Be enthusiastic about the subject. People will often remember the level of your passion and authority more than what you specifically say.
- Look at the interviewer when talking to him or her. If there is an audience, look at them when appropriate.
- You don't have to know the answers to all questions.
- Don't allow yourself to become defensive or angry.
- Ask the producer what you should wear.
- Sit up straight and lean forward slightly.

RBM  
ON AIR

## 10 MALARIA SOUNDBITES

When you have only a few seconds in front of a microphone or in a meeting with a government official, you need to use memorable phrases – soundbites – that will stay with your audience long after you have left. The best soundbites get to the heart of the problem without lengthy and detailed explanations. Broadcast producers like soundbites and listeners and viewers remember them. The soundbite should capture and communicate the one key message you want to leave with your audience. Try to repeat the soundbite at least once during an interview with the media.

## 10 MALARIA SOUNDBITES

- 4 Malaria kills – quietly and quickly
- 4 Malaria keeps poor people poor
- 4 Malaria kills Africa's hopes for the future
- 4 Malaria deters development
- 4 Roll Back Malaria – roll in development
- 4 Control malaria and keep kids in the classroom
- 4 Malaria kills kids (one out of every four childhood deaths in Africa)
- 4 Sleep safely – bednets save lives
- 4 Home is the first hospital
- 4 RBM: covering Africa, bed by bed

## COALITIONS AND CAMPAIGNS

Successful advocates recognise the importance of forming alliances and coalitions with other organisations and individuals to amplify their message. The more people who deliver the same message, the more difficult it will be for policy-makers to ignore. For example, a Minister of Health can easily dismiss a malaria funding request when it is only being made by the National Malaria Programme. However, it is much more difficult to dismiss the same request when community organisations, religious leaders and other government officials are also making it.

There is strength in diversity, as well as strength in numbers. The most powerful coalitions often contain members who do not appear to have a personal vested interest in the issue.

New partners need to know how they can help advocate for more effective malaria control policies and to increase malaria control funding. The budgets of government agencies rarely change unless external political conditions require them to do so. Health budgets and development assistance budgets are no exception. Until an array of vocal NGOs, associations, unions and religious organisations emerges demanding increased action and funding malaria will continue to be a “low priority” for most of the world’s governments.

Advocates employ several ways to attempt to increase their capacity to address such neglect. Sometimes they use “insider” strategies that discreetly approach people and build relationships behind the scenes. At other times, it is more effective to use “outsider” strategies – the media, public meetings – to encourage community leaders to take the necessary action.

## BUILDING COALITIONS

NGOs representing risk groups such as children, refugees, people who are HIV-positive, women and labourers are natural partners in the fight against malaria. They must be convinced that supporting malaria control advocacy efforts is to the direct benefit of their own constituencies.

### ADVOCACY CAMPAIGNS

Coalitions are not built overnight. The best strategy is to identify a few key partners who can help provide a nucleus, and then gradually find ways to involve new partners. Africa Malaria Day provides one of the best opportunities for conducting workshops and activities designed to bring new malaria advocates on board.

People tend to become involved in causes that they see making a real difference, and that offer easy – yet fulfilling ways to participate. A good malaria campaign should excite, impassion and energise others so that progress can be made against malaria. And it should give people something practical to do.

Grassroots campaigns have succeeded in increasing political support for fighting diseases such as AIDS and preventable childhood illnesses. The time is right to launch similar campaigns to increase the global awareness of Roll Back Malaria’s targets.

### RAISING FUNDS

Effective malaria control, surveillance, advocacy and research all require adequate financial resources. More than anything else, advocacy efforts determine whether those devoted to malaria control can attract the necessary resources to achieve their goals.

Where there is political will to address an issue, flow of resources is rarely a problem.

## 10 STEPS TO INVOLVE A NEW PARTNER

- Prioritise your target list. Who can help you the most? Who do you have the best access to? Who is most likely to support your cause given their involvement in other issues?
- Research your top targets. What role have they played on other issues? Who influences them? Do you have any mutual acquaintances? What are their personal interests?
- Determine what you want. Even before making contact, have a clear idea of what you would like your RBM partner to do. However, be prepared to completely revise your request should they show interest in another area.
- Develop your presentation. Gather the relevant facts and information to make your case. Determine the most persuasive way to present this information.
- Make contact. Introduce yourself and your organisation by phone or letter, or preferably both. Don't try to gain support at this stage. The primary objective should be only to arrange a personal meeting.
- Make your visit. Keep the meeting upbeat and friendly, but get to the point. Listen carefully to the partner's interests. Explore those issues that seem to interest and excite them. Ask for his or her support in a specific area. At the end of the meeting, make clear what next steps you will take to follow up on any concerns, ideas or areas of interest.
- Make follow-up visits. Find legitimate ways to follow up on your original conversation and keep informing your partner about the issue. Start to build a relationship.
- Use other ways to reinforce your visit. Find other opportunities to ensure your potential supporter is being asked to consider the malaria burden. For example, letters from other organisations or questions from journalists might encourage them to take a stand on the issue.
- Identify a "first step" activity. In most cases, your first request should be an activity that is easy to undertake.
- Be generous in your thanks, and ask for further involvement.

Build coalitions: this news conference line-up included several RBM partners - UNICEF, UK's Department for International Development, Nigeria's Federal Ministry of Health and WHO.

OLUMIDE JOHNSON



## 10 STEPS TO BUILD SUPPORT FROM POLICY-MAKERS

- Examine the policy-maker's history of involvement in other health issues. Note individuals and institutions that seem to have some influence, and the type of initiatives they have previously supported.
- Use a number of different communications channels to reach an important policy maker. "Insiders", such as the policy-maker's staff, friends and associates can help, as can "outsiders" such as the media and influential organisations.
- Make sure the social and political relevance of your message is clear. Demonstrate that there is public concern about the spread of malaria.
- Clearly articulate the threat of the problem.
- Clearly articulate the effectiveness of the RBM global partnership. Provide data supporting the economic impact of malaria.
- Allude to the potential political benefits of showing leadership on an issue and the potential political consequences of failing to take action.
- Recognise the bureaucratic, budgetary and administration constraints that exist in governments.
- Beware of the influence conflicting special interests may have on the issue.
- Suggest specific, practical action that a policy-maker should take.
- Once communication channels are opened, remain proactive. Maintain regular communication.

## IDEAS FOR MALARIA CAMPAIGNS

- Encourage thousands of people to mail postcards to government officials to urge them to support the RBM partnership at country level.
- Compile a list of people cured from malaria and think of ways to use this list as a petition, advertisement or display.
- Organise "Did you know?" campaigns to educate the public that malaria is still a major health threat, but that a cure exists.
- Create a local Internet web site on malaria.
- Develop a visual symbol for malaria similar to the red ribbon, which has come to symbolise AIDS.
- Present petitions to politicians.
- Have a celebrity spearhead an attack on malaria.

10 TIPS FOR WRITING LETTERS  
TO GOVERNMENT OFFICIALS

- A letter to a government official is often read and is a good way to raise an issue.
- Keep it concise and focus on a single issue.
- Make your argument in a well-reasoned way and support it with relevant data, statistics and powerful real life stories.
- Be clear about what you want.
- Ask for a specific action – a visit to a successful RBM project; a presentation or a hearing; an allocation of funds.
- Be positive and conciliatory in your first communication and avoid harsh criticism.
- Request information about the official's ability to respond; it may be that you need to be referred to somebody else.
- Request a direct response and follow up the letter with a telephone call.
- Encourage others to join you in a letter-writing campaign.
- Share any responses you receive with others.

10 WAYS TO RAISE FUNDS FOR  
LOCAL MALARIA ACTIVITIES

- Compile a book of poems, stories and songs by famous people who have had malaria, and sell as a fund-raiser.
- Sell tickets for a concert featuring music by a local band.
- Encourage the involvement of corporate sponsors. It should be in the interests of employers to improve malaria control.
- Ask religious groups to collect money during the week of Africa Malaria Day.
- Encourage NGOs to distribute donation boxes so private citizens can help fight malaria with their own money.
- Involve schools and local community groups in annual events.
- Organise community businesses to sponsor specific awareness campaigns.
- Use sports events announcements to ask participants to make donations when leaving the stadium. For example, "If this stadium represented this country, xxx of you would die of malaria this year. Please help by..."
- Encourage your national or local radio station to run a campaign.
- Encourage collections at cinemas especially if the film has a link with malaria.

## HOW TO BECOME

### AN RBM PARTNER

Could you and your organisation be an RBM partner?

Here are the partnership's guiding principles:

- 4 RBM partners come from different parts of society, from agriculture to education. RBM is different as its partners go beyond health ministry/local business relationships.
- 4 Partners are flexible, they work in harmony building strategies and plans at local, national, inter-country and global level.
- 4 People at risk are at the heart of the RBM partnership and are helped to make decisions and take actions in their communities to safeguard health and improve well-being. The needs of the poor and marginalised groups are a primary focus of the RBM partnership's work.
- 4 Unusually, communities are partners, rather than solely recipients. As stakeholders they have a say in what they need to roll back malaria.
- 4 Public and private entities within and outside government, not just from the health sector, are actively involved.

- 4 The RBM partnership seeks to strengthen health services to help communities tackle all illnesses suffered by poor people.

Here is how a typical RBM partnership works on the ground.

## UGANDA

### PARTNERS AND PILOTS

**MALARIA WAS ONE** of the topics raised at a recent workshop in Uganda to discuss outcomes of economic reform in the context of the World Bank's Comprehensive Development Framework (CDF).

**UGANDAN MP** Dr. Gilbert Bukenya argued strongly for prioritisation of malaria within the CDF. He stressed the need for increased government and donor support to communities in order to "Roll Back Malaria" throughout the country.

**WHAT DOES IT MEAN** to be a partner in the Roll Back Malaria partnership? This is a question that RBM's Ugandan partners have had to ask themselves during their monthly meetings under the chairmanship of the Director General of the Ministry of Health. Each of the organisations in the RBM partnership has had the opportunity to articulate its comparative advantage within the partnership and this has been helpful to both the donors and government in defining individual roles.

## UGANDA

## MAXIMISING PARTNERSHIPS

**THE MONTHLY** forum in Uganda has also been helpful to the National Malaria Control Unit which is in the process of prioritising its national workplan. Areas of duplication by partners are being identified and these will be rationalised to maximise benefit within the partnership.

**ONE OF THE EXISTING** successful partnerships to fight malaria in children is between the Integrated Management of Childhood Illness (IMCI) and Uganda's malaria control programme. Staff from the two organisations, realising that the product of their joint efforts would be greater than the sum of their individual efforts, have formed a system of zonal teams at district level. Zonal teams are groups of health workers who have been jointly trained by both programmes. Tools are now being developed to supervise the zonal teams.

**ANOTHER SUCCESSFUL** partnership involves 13 pilot districts and a revolving fund system supported by the World Bank. The District Health Services Pilot and Demonstration Project (DHSP) — one of the major sources of Health Sector Support — has a specific malaria component which has piloted the introduction of insecticide-treated nets (ITNs) at subsidised rates to people in the selected pilot districts.

**ALTHOUGH THERE** is still a lot of work to be done in making ITNs widely available, some of the first districts have demonstrated that it is possible to encourage communities to use ITNs through the revolving fund system.

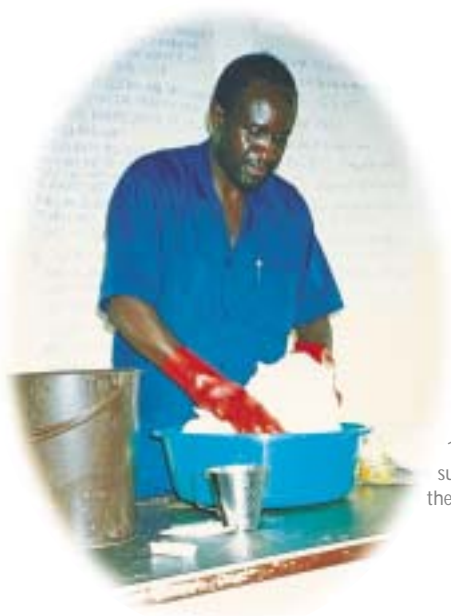
**IN TORORO DISTRICT**, one of the first to receive support, the response to the initial supply of subsidised ITNs has been encouraging. However, local community leaders feel that their price is still too high and they welcome any measures that can cut costs. A reduction of taxes and tariffs is one of the options available to push the retail price of ITNs down to acceptable levels for the majority of Ugandans.

**THE WORLD BANK**, with other RBM partners, has received assurances from the Government of Uganda that taxes and tariffs on ITNs will be waived in the country in order to help increase availability of nets at affordable prices.

*Information provided by John Stephen Osika and Sandii Lwin, World Bank, USA*

## GOOD NEWS

June 2000: Uganda waived taxes and tariffs on mosquito nets and the insecticides used to treat them.



Uganda:  
13 districts worked together with World Bank support to introduce subsidised mosquito nets, spreading the message that nets save lives.

## EAST TIMOR

### FROM COLLAPSE TO CAPABILITY

Dili, October 1999 in the immediate aftermath of post-referendum violence was a dangerous place to be and the scene of RBM's first intervention in a complex emergency situation.

The country's malaria control activities had, not surprisingly, completely collapsed, laboratory facilities were non-existent and staff trained to deal with malaria had been scattered in East Timor's violent upheaval.

Within a week WHO/RBM had established a basic task force to coordinate emergency control measures across 13 health districts, through two international NGOs, Merlin and International Rescue Committee. Practical steps were taken to rebuild the country's capacity to cope with malaria, re-establishing the health authority, equipping its Central Laboratory and essential diagnostic capacity in all 13 districts.

The teams supported all 13 international health NGOs present in the country and re-trained national and international clinical staff across all districts. WHO/RBM's technical support proved invaluable in terms of assessment, planning and development of emergency treatment protocols.

The fact that the population of East Timor recognised WHO/RBM was vital to facilitate work on the ground. Similar recognition by donors led to the vital flow of international funds for essential drugs, sufficient to treat up to 70,000 cases of malaria, resupplying drugs to agencies in the field who were running short. This, combined with donor recognition of Merlin and IRC and their operational skills, created a strong and effective task force.

In the following weeks, population surveys were carried out to establish how many households had been affected with an eye to planning for the future. Thanks to this data collection, the newly-functioning district health services were able to plan their emergency interventions to deal with the ongoing burden of life-threatening disease as well as respond more effectively to outbreaks of malaria.



REUTERS

East Timor:  
WHO/RBM worked alongside  
NGOs to establish a task force to rebuild  
the country's health services within a week  
of being allowed into the area.

## THE UNITED REPUBLIC OF TANZANIA

### A SONG AND DANCE ABOUT NETS

**SMITN STANDS FOR** "Social Marketing of Insecticide Treated Nets." The largest insecticide-treated net (ITN) social marketing project in Africa, SMITN, established in 1998, has shown that it is possible to distribute mosquito nets quickly and widely among poor urban and rural populations.

**THE UNITED** Republic of Tanzania is home to some of the worst malaria problems in the world. One out of every ten of the world's deaths due to malaria cases occurs in the United Republic of Tanzania. However, insecticide-treated nets — so effective in protecting young children from mosquitoes were found in fewer than ten percent of all homes. This is in spite of the fact that the United Republic of Tanzania is one of the few African countries with a commercial net manufacturing capacity.

**STUDIES HAVE SHOWN** that the main reason households, especially in rural areas, don't own nets is not because they are unwilling to pay a reasonable price for them. Rather it is because the nets and the insecticide are unavailable locally, sellers are too far away, or the nets are unrealistically expensive. "Even if you are ready to buy them, they are not available in this village," complained one man. In many cases, the cost of travelling to a vendor to purchase a net was almost as high as the net itself. Potential vendors said nets were often not sold in their shops — not because they felt there was no market — but because they lacked the capital to purchase stocks.

**THE SMITN PROJECT** was also prepared to address these challenges by improving access to affordable nets, by making a dip-it-yourself retreatment kit available and by allowing consumers to treat their nets at home. The project, run by Population Services International (PSI) and the Government of the United Republic of Tanzania with support from DFID, made ambitious plans to reach out to targeted districts covering a population of nearly five million people.



TDR

The United Republic of Tanzania: social marketing of insecticide-treated mosquito nets led to an increase in the number of households buying nets for family use.

It featured a creative advertising and marketing campaign, which used road shows and traditional songs and dances to increase demand for the nets and home insecticide-treatment kits.

**A FEW IMPORTANT LESSONS** have already been learned from the project. First, use a wide range of distribution channels. In Tanzania, not only were clinics and dispensaries used, but also hospitals, drug stores, commercial shops, street hawkers, religious organisations, NGOs and women's groups. Second, don't give the nets away — bring down the cost so they are affordable and encourage the user to value them. And third, find ways to make the nets more valuable and attractive. For example, it was discovered that mothers were much more eager to purchase baby-blue coloured nets than those in standard white or light green.

**MORE EDUCATION** is needed so that consumers can properly understand the less tangible, but dramatic, health benefits of using an insecticide to treat their net, but the project's insecticide sales are already outstripping net sales. After one year, the purchase price had dropped significantly, to under US\$ 5 per net without any subsidies.

**THIS RESULTED** from encouraging increased manufacturing capacity and working to bring duty tariffs down; tariffs had accounted for nearly 20 percent of the net prices. Because of reduced prices and promotional efforts to increase demand, the number of households purchasing nets had doubled after one year, reaching a significant number of all those targeted. Coverage ranged from nine percent in some districts to as much as 51 percent in others.

*Information provided by Guy Stallworthy  
and Jane Miller, PSI, United Republic of Tanzania*

## RBM

### INSTANT INTERACTION

The RBM Partnership web site, which features new levels of interactivity, has been designed to aid and support partners, potential partners, and anyone interested in malaria control in 150 countries throughout the world.

The web site incorporates several new, dynamic features. Users can:

- 4 Access the latest malaria information from anywhere in the world
- 4 Instantly retrieve articles, presentations and maps. Customise your view to get the information you need and want
- 4 View the malaria situation in any specific country in the world
- 4 Participate in discussions about malaria
- 4 Access channels tailor-made for policy makers, media, researchers, students, programme managers, donors, partners and the general public



[www.rbm.who.int](http://www.rbm.who.int)

SITES  
OF INTEREST

There have been several initiatives in recent years to increase the rapid exchange of information on malaria. These include the:

- **MALARIA NETWORK**, a web site and Internet discussion group established in June 1998 by WHO in collaboration with the World Bank. This is aimed at malaria control managers, ministry of health staff and other health workers with special responsibilities for the implementation of malaria control. It provides technical and managerial information relevant for malaria control activities in the field and functions as a forum for discussion. The network is demand-driven, and is regularly adapted to the identified needs of the target user-groups. <http://www.malarianetwork.org>
- **MALARIA FOUNDATION INTERNATIONAL**: Global Networking Against Malaria. Founded in 1992 to facilitate the development and implementation of solutions to the health, economic and social problems caused by malaria, by supporting global communication and networking, research, education and training. The web site includes databases on the malaria research network and malaria genome, and provides updated information on all aspects of malaria and its control. <http://www.malaria.org>
- **MULTILATERAL INITIATIVE ON MALARIA (MIM)** Newsletter, published by the Wellcome Trust since mid-1998 to provide information on the current activities of the Initiative. It is also available on the Wellcome Trust's Web site: <http://www.wellcome.ac.uk>
- **MARA/ARMA** (*Mapping Malaria Risk in Africa/Atlas du Risque de la Malaria en Afrique*) is a collaboration to provide an atlas of malaria for Africa through the use of a Geographic Information System (GIS). The system integrates spatial and environmental data, producing maps of the type and severity of malaria transmission. <http://www.mara.org.za>
- **ASIAN Collaborative Training Network for Malaria (ACT Malaria) Web site**. The ACT Malaria newsletter is available at this site: <http://www.actmalaria.org>
- **COCHRANE INFECTIOUS DISEASE GROUP** maintains an electronic register of controlled trials, available on CD-ROM and diskette. Cochrane library Web site: <http://www.cochrane.co.uk/>
- **NETMARK**: NetMark is a regional partnership for sustainable malaria prevention. It seeks to prevent malaria in Africa by promoting insecticide-treated materials through the formation of public-private partnerships. <http://www.netmarkafrica.org/>

## ADVOCACY

## TOOLS

Useful advocacy resources on malaria

- RBM Newsletter (bi-monthly) English.
- Info-Kit RBM: English/French/Spanish/Portuguese.
- Africa Malaria Day 2001 postcards, English/Spanish/French.
- RBM Action at Country Level: Country Updates. English/French. WHO/CDS/2000.24
- Promise for Progress: A collection of inspiring RBM stories from around the world. WHO/CDS/RBM/2000.16; WHO/MAL/2000.1093. English/French/Spanish/Portuguese.
- "Next Step Forward" English. Leaflet explaining RBM's plans for halving malaria deaths.
- Brochure : "One half of malaria deaths can be prevented in the next ten years" available in square or semi-circular format. English/French/Spanish/Portuguese.
- Stickers: RBM Logo
- "Malaria - No Longer a Fact of Life" CD and booklet UNICEF's Regional Working Group of Malaria. Contact [kpangu@unicef.org](mailto:kpangu@unicef.org) for further details.
- "Malaria" Children's games and cartoon book on recognising malaria symptoms WHO/CDS/CPC/SAT/99.1
- RBM wall chart 600mm x 830mm : Key messages 2000. English. WHO/CDS/RBM/200.21
- Library photographs from the African summit on Roll Back Malaria, Abuja, Nigeria, 25 April 2000, English. CDS/RBM/Photos/2000.18.
- Implementation of Roll Back Malaria in Mekong countries. English. WHO/CDS/RBM/2000.15;WHO/MAL/2000.1092



## VIDEOS

■ African Summit on Roll Back Malaria: Killing Africa's Hope	Time 9'	April 2000	English	PAL
■ Video Highlights from the African Summit on Roll Back Malaria, Nigeria	Time 6'11''	April 2000	English + French	PAL, SECAM
■ Do we still need to die from Malaria?	Time: 14'		English 2	PAL
■ Devons-nous encore mourir du Paludisme? (catalogue no: 0065)			French 1	PAL
■ A matter of Malaria	Time: 19'		English 2	PAL
■ Le Paludisme. Parlons-en (catalogue no.0067)	Time: 19'		French: 1	PAL
■ Just Another Day	Time: 42'		English: 2	PAL
■ Un jour comme les autres (catalogue no. 0087)	Time: 42'		French: 1	PAL

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## ACRONYMS

AFRO	WHO Regional Office for Africa
CIDA	Canadian International Development Administration
DFID	Department for International Development (UK)
EU	European Union
IEC	Information, Education and Communication
ITM	Insecticide-treated material
ITN	Insecticide-treated net
MARA	Mapping Malaria Risk in Africa
MOH	Ministry of Health
NGO	Non-governmental organisation
NMCP	National Malaria Control Programme
PSI	Population Services International
RBM	Roll Back Malaria
SMITN	Social Marketing of Insecticide Treated Nets
TDR	UNDP, World Bank, WHO Special Programme for Research and Training in Tropical Diseases
TEHIP	Tanzanian Essential Health Intervention Project
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
DDT	Dichloro-diphenyl-trichloroethane
MERLIN	Medical Emergency Relief International
MRC	Malaria Research Council
PAHO	Pan American Health Organization
SPC	Secretariat of Pacific Community
UNDP	United Nations Development Fund
WB	World Bank

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