The Role of Communication in Malaria Control in Africa

Concept Paper for the First RBM Communication Working Group Meeting
September, 2003

RBM Strategies

1. Rapid, effective treatment within 24 hours
2. Widespread use of ITNs
3. IPT during pregnancy in high transmission areas
4. Detection and appropriate response to epidemics
Communication Challenges: Promoting Proper, Effective treatment

• Poor symptom recognition
• Complacency about malaria
• Improper treatment practices
• Poor quality anti-malarials in private sector
• Outdated malaria treatment policies
• Introducing new drug policies

Communication Challenges: ITN use

• Knowledge of malaria transmission
• Complacency about malaria
• Poor acceptance of ITNs
• Treating and retreating rare
• Preference for environmental vector control measures
• Usage least likely among most vulnerable
• Ineffective advocacy for policy changes
### Communication Challenges: Malaria prevention in pregnancy

- IPT still not policy in some places
- Integrating malaria control with antenatal care
- Worries about SP safety during pregnancy
- Poor understanding of the rationale for IPT

### Communication Challenges: Epidemic response

- Over-reporting epidemics
- Need for rapid information
- Involving communities
Communication Challenges: Cross-cutting issues

• Ineffective advocacy and communication skills among Malaria Control Programmes
• Conflicting malaria information from other health sectors
• Low status and poor appreciation for communication
• Inadequate time and resources for strategic communication
• Malaria communication rarely evaluated

Conceptual Framework: The Role of Communication in Malaria Control

- **Social Political Environment**: Advocacy for policy change, coalition building, communicating policy change
- **Service Delivery System**: Interpersonal communication skills, job aids, client materials, branding and media promotion
- **Community/Individual**: Mass media, community mobilization, interpersonal communication
Conceptual Framework: The Role of Communication in Malaria Control

Social and Political Environment

- Advocacy to:
  - introduce new programmes/policies
  - address societal and environmental factors
  - garner active support and involvement of influencers
  - reposition Malaria Control Programmes

- Communicating Policy change:
  - among health care system, private sector, community
Service Delivery System

Making Malaria Services more Accessible

- socially marketing ITNs, prepackaged drugs
- over-branding drugs that meet government standards and promoting them
- raising awareness of community services

Service Delivery System

Improving the Quality of Client-Provider Interactions

- job aides
- client materials
- interpersonal communication skills training
Community and Individual

Changing household practices

- Multi-channel approaches to increase perceived risk, change attitudes, inform
- Interpersonal channels to give instructions, correct information, build a sense of self-efficacy and social support
- Community channels to inform, educate, reassure about safety and effectiveness

Community and Individual

Mobilizing communities for malaria control

- Participatory assessment and prioritization
- Information sharing
- Community dialogue and planning
- Collective action (Eg. net re-treatment, community drug distributors, shared transportation)
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