Annual CCoP Partners Meeting:
“Not Every Every Fever is Malaria Campaign”

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September 29-30, 2015
Speke Munyonyo Resort-Kampala
Outline

• Malaria situation in TZ
• Where we come from
• Current status
• Campaign design and implementation
• Lesson leant
• Wayforward
Facts

• Malaria control efforts in Tanzania evidently yield results
• Prevalence is declining over time
• 18% (2007) to 10% (2012)
• Tanzania vision is to reduce prevalence of malaria to less than 1% by 2020
Big success “then” and a challenge NOW

• Malaria control efforts in TZ gained momentum back in the 90’s

• On a BCC perspective, people were told and believed that fever is equal to malaria. (*Clinical Diagnosis*)

• Given the declining nature of malaria, this “fact” then poses a big challenge now
Etiology of Fever

1232 diagnoses

- Typhoid: 51%
- Malaria: 9%
- Acute respiratory infection: 11%
- Urinary tract infection: 10%
- Gastroenteritis: 8%
- Other viral infections: 5%
- Skin infection: 1%
- Systemic infections: 3%
- Meningitis: 0.2%

Published: N Engl J Med 2014;370:809-17
Not every fever is malaria – Phase I

- Phase I run from July 2013 to April 2014.
- The campaign was supported by PMI
- It focused on
  - Creating awareness on the declining malaria prevalence
  - Promoting mRDT as an effective, accurate and fast way to test malaria
  - Promoting early malaria treatment seeking & adherence to test results & treatment
Target Audience

• Primary
  – Providers
  – Care takers/parents of u5s

• Secondary
  – Community members
Campaign materials & implementation

• 5 Radio spots
• 2 Posters
• Training of volunteers for IPC
• Job Aides-Cue cards, Reference book
Campaign Channels

- Radio
- Print
- Interpersonal Communication
- Community events
Monitoring and Evaluation

- Radio spots were monitored through a contracted media company that monitors spots aired
- Quarterly Omnibus surveys were used to monitor reach and recall
- A qualitative survey was done at the end of campaign period
Phase I key findings

• From research: Omnibus
  – 51.7% of respondents reported ever heard or seen a message on “Siyō Kila Homa ni malaria” in the past three months.
  – Respondents reported that the campaign encouraged them to “get tested when you have fever” (34.5%).
## Recall: Behavior Actions

<table>
<thead>
<tr>
<th>Action</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>To prevent yourself from malaria</td>
<td>0.2</td>
</tr>
<tr>
<td>You should get Dr's advice</td>
<td>0.2</td>
</tr>
<tr>
<td>Finish anti-malaria dose</td>
<td>3.4</td>
</tr>
<tr>
<td>Take dawa mseto for treating malaria</td>
<td>4.5</td>
</tr>
<tr>
<td>Hang a net</td>
<td>11.8</td>
</tr>
<tr>
<td>Get tested when you think you have malaria</td>
<td>28.3</td>
</tr>
<tr>
<td>Get tested when you have fever</td>
<td>33.1</td>
</tr>
</tbody>
</table>
Message Sources

- SMS: 0.1
- Trye cover: 0.2
- Website (other than social networking): 0.5
- Facebook/Twitter/Instagram: 0.5
- Sticker: 0.5
- T-shirt/cap/khanga/other clothing: 0.6
- Newspaper: 1.5
- Magazine: 1.5
- Billboard/banner: 3.7
- Brochure/leaflet/flyer: 3.4
- Poster: 3.9
- Television: 10.8 (46.7%)
- Radio: 46.7%
Phase I evaluation …

• An end of campaign qualitative survey was conducted and found out that
  – Mainly its providers who do not trust the mRDT results
  – They questioned quality of mRDT
  – Negatively perceived mRDT
Not every fever is malaria-
Phase II

- Respond to issues found in evaluation of phase I
- Phase II of the campaign is co-funded by PMI and GF through NMCP
Phase II Positioning

• Meant to model an ideal professional provider who;
  – Trust mRDT efficiency
  – Trust mRDT results
  – Treat according to test results
  – Manages other causes of fever if malaria test is negative

• Motivate patients with malaria like symptoms to go early to HF, trust results and adhere to provider instructions
Creative Concept

• *Time has changed!*
Phase II Campaign Materials

- 6 Radio Spots
- 2 TV spots
- Provider poster
- Client poster
- Brochure
- Promotion materials
Launch

To be launched in early Nov 2015
Asanteni Sana