

# LWR and Malaria Control

## ORGANIZATIONAL OVERVIEW

Lutheran World Relief (LWR) is a non-governmental organization, founded in 1945 to respond to the needs of communities devastated by World War II. Today LWR works with local implementing partners worldwide to respond to emergencies, seek lasting solutions to rural poverty, and work for peace and justice for all. LWR seeks to empower communities through a philosophy and framework called accompaniment, which emphasizes shared values and jointly-developed objectives to achieve sustainable results.

## MALARIA AND POVERTY: BREAKING A DEADLY CYCLE

Despite growing worldwide attention, malaria continues to present an overwhelming threat and burden to more than 40% of the world's population, killing nearly 1 million people per year. Malaria is both a disease of poverty, and one of its root causes. While being poor makes individuals and communities more vulnerable to the disease, its direct and indirect costs can also cripple economic vitality and have lasting detrimental effects on local livelihoods. According to Roll Back Malaria, annual economic growth in countries with high malaria rates has historically been lower than those without malaria, and malaria may be responsible for a 'growth penalty' of up to 1.3% per year

### Malaria and Poverty: the Facts

- People living in poverty are disproportionately vulnerable to malaria, with 58% of malaria deaths occurring in the poorest 20% of the world's population.
- Malaria accounts for up to half of all hospital admissions and outpatient visits in Africa. In addition to the burden it places on the health care system, illness and death from malaria cost Africa approximately \$12 billion a year in lost productivity.
- The resulting effects of this loss of productivity permeate almost every sector of society — malaria increases school absenteeism, decreases tourism, inhibits foreign investment, and even affects the type of crops that are grown.

*Roll Back Malaria: Malaria Facts 2010*

in some African countries. At the community level, family spending on nets, doctors' fees, anti-malarial drugs, transport to health facilities and other hospital stay expenses can be very costly. In addition, lost productivity and income due to sickness and death, and indirectly, decreased availability of resources for education or other investments all compound malaria's overall cost.

The science of combating malaria is not complicated. Insecticide-treated bed nets and vector control have long been known to make an enormous difference in preventing the disease. In addition, drugs exist to effectively treat malaria, and even prevent it among the most vulnerable. However, though these simple solutions exist, millions around the world remain at risk

## LWR'S APPROACH: COMBATING MALARIA THROUGH IMPROVED AVAILABILITY, ACCESS AND UTILIZATION OF PREVENTION AND TREATMENT

With its health and livelihoods work, LWR seeks to build on its assets-based sustainable livelihoods approach to help communities increase their resilience, by preventing and effectively treating the diseases of poverty — especially malaria — that erode community assets and keep people poor. To do this, LWR works with community organizations to increase rural people's access to malaria prevention and treatment, as well as its overall availability, while improving their members' use of these important tools.

### AVAILABILITY: ENSURING SUPPLY OF NETS AND TREATMENT

Critical to effectively combating malaria is the widespread availability of key prevention and treatment materials. Treated bed nets, drugs to prevent pregnant women from contracting the disease, and drugs for effective treatment must be available at the national, regional and local level for any malaria control program to be effective. Government malaria control efforts often include widespread procurement and distribution efforts; however, they do not always reach the most marginalized communities. LWR works with partners in these rural communities to ensure access to the tools and information necessary for a successful malaria control program. LWR targets rural health facilities that

are often the last leg of the supply chain. Due to limited data collection and supply management capacity, these health clinics are sometimes least able to take advantage of available malaria resources. Several LWR projects work with rural dispensaries to establish data collection, stock management and reporting systems, train and support health care staff on rational use of medications; and advocate for consistent supply of essential commodities with appropriate partners.

### ACCESS: HELPING COMMUNITIES AFFORD THE NETS AND TREATMENT THEY NEED

While ensuring that prevention and treatment are available is a critical first step in combating malaria, poverty often leaves many of the most vulnerable unable to access these lifesaving measures. While many countries offer free or reduced-cost bed nets and free health services to target groups to prevent and treat infections, there are still associated costs that many families cannot pay. The cost of transportation fees, medication, and consultation fees are just a few of the factors that deter rural families from seeking treatment

until complications arise. To make critical malaria prevention and treatment accessible, LWR is working with local partners to address these economic barriers through the creation of community-managed health insurance mechanisms.

### UTILIZATION: PROMOTING EFFECTIVE USE OF NETS AND TREATMENT

In addition to access and availability of critical tools for malaria prevention and control, rural communities also need the knowledge and skills to use these tools effectively. Behavior change communication efforts are aimed at increasing communities' knowledge and skills to make informed decisions and participate in malaria prevention, treatment and control activities. These efforts can help increase community members' knowledge of transmission and consequences of malaria; recognition of signs and symptoms, at-risk groups, prompt treatment-seeking behavior for suspected malaria and full compliance with treatment; prevention of malaria in pregnancy and correct and consistent use of insecticide-treated nets.

In **MALI**, LWR is working with farmers' associations to set up financial mechanisms for subsidizing members' health care costs. Establishing Community Health Solidarity Funds, a type of community-led health insurance mechanism, will ensure access to timely diagnosis and treatment in 25 community health centers, and directly contribute to increased access to malaria prevention and treatment.

In addition, this increased health utilization will increase the health facilities' revenue and their financial assets to improve preventive health strategies.



In northern **UGANDA**, LWR and its partner distributed more than 10,000 long-lasting insecticide-treated nets (LLINs) to internally displaced people in communities not reached by other national net distributions. Project staff and community volunteers also carry out home visits to monitor net maintenance and offer training on their correct and consistent use..



In the rural communities served by Evangelical Lutheran Church of **TANZANIA**'s (ELCT) health facilities and parish structures, LWR is working with bishops, pastors, Sunday school teachers and lay leaders to sensitize and raise awareness about malaria control measures with over 1.7 million congregants, community members and young learners.



Photograph provided by Mike Dubose/UMC/Nothing But Nets