

Oxfam GB Malaria Control Strategy

Overview

Oxfam GB's malaria control strategy promotes an evidence-based approach to malaria control, targeting regions where malaria carries the greatest risk of mortality and morbidity. For this reason, resources will be directed at interventions in sub-Saharan Africa, but Oxfam will maintain the capacity to respond to malaria in other regions where it is deemed necessary. The strategy takes a two-pronged approach: Operational Response and Operational Research.

Rationale

Malaria is a preventable and curable disease, and yet there are an estimated 200–450 million cases of malaria and around 1 million deaths every year. Sub-Saharan Africa bears the brunt of the global malaria burden, with 90 per cent of cases occurring in this region and affecting mainly children under five years and women in their first pregnancy. Malaria is also a disease that flourishes in conditions of crisis and population displacement and is, therefore, of particular concern to those involved in addressing public health in emergencies. It is estimated that 30 per cent of all malaria deaths take place in complex emergencies. The current pandemic of HIV/AIDS is also exacerbating the malaria situation, making people more vulnerable to serious side effects and death.

Within the last five years, responses to malaria in emergencies have intensified with the growing realisation of the problem. However, agencies' knowledge about the best methods for response in often challenging circumstances is still developing. In recent years governments have been assisted in revising their malaria strategies and have introduced new policies. This has included changing to the use of Artemisinin Combination Therapies (ACTs) and Rapid Diagnostic Tests (RDTs), as well as specific policies around Insecticide-Treated Nets (ITNs). It is crucial to ensure that all interventions are based on a sound rationale and on documented evidence of their effectiveness, which may include or lead to operational research.

Guiding Principles for Operational Response

- All assessments must include an initial assessment of malaria risk and the capacity and intention of other agencies (including the government) to intervene. This will be the responsibility of both the Public Health Engineer and the Public Health Assessor. Where no specialist staff is available the onus is on the manager of the assessment to determine the potential epidemic risk and request specialist support where necessary.
- The decision on how to intervene must be based on knowledge of the malaria profile for the area. Oxfam's experience to date has focused on the provision of insecticide-treated nets and indoor residual spraying. Both these interventions must be accompanied by community education. The provision of mosquito nets should not be seen as the automatic choice of intervention, as they may not always be appropriate.
- Permission must be sought from the National Malaria Control Programme or Ministry of Health before an intervention is initiated, and every effort must be made to work in conjunction with existing longer-term malaria control programmes. Malaria at national levels is supported through Roll Back Malaria (RBM) as well as Millennium Development Goal 6 and the Global Fund to fight AIDS, Malaria and TB.
- All proposals must provide a detailed outline of the necessary community education required to ensure effective use of materials (treated nets, blankets, etc.) and the participation of the affected community.
- Long-lasting insecticide-treated nets (LLIN) are to be promoted wherever possible rather than re-treatable nets. Permanet and Olyset brands are both acceptable in terms of efficacy (both are approved by the WHO pesticide evaluation scheme: WHOPES), and more brands are also in the pipeline for approval.
- All insecticide purchased for use in a particular country must be licensed by that country. DDT should not be purchased using Oxfam funding²² (see Malaria Control Guidelines on the intranet)²³.

²² The limited use of DDT for indoor residual spraying has been the subject of much controversy in recent years, and its limited use is sanctioned by WHO in particular circumstances. If there is doubt about Oxfam's involvement in programmes where the government sanctions the use of DDT, it is advisable to seek guidance from HD.

²³ http://intranet.oxfam.org.uk/programme/humanitarian/programme_areas/public_health/index.htm

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- Indoor residual spraying should usually be confined to camp situations or well-defined geographic areas, as wider coverage may limit its effectiveness. Also training of staff must be thorough to ensure it is conducted effectively in all circumstances.
- Oxfam GB does not usually provide curative care as part of its public health programmes, but adequate access to treatment is important if malaria control is to be successful. Therefore, if access to health care or treatment is severely compromised, Oxfam will lobby for the involvement of other agencies.
- A malaria control project can be implemented as either part of a water, sanitation and hygiene project or as a stand-alone project. However, all water and sanitation projects should at least adhere to minimum standards with regard to the control of vectors through effective drainage, even if a specific malaria control element is not included.
- All malaria control interventions should be reviewed or evaluated at least once and the results documented to ensure an ongoing review and development of the Oxfam GB strategy.

Guiding Principles for Operational Research

- Operational research can be supported to ensure that Oxfam's work remains appropriate and effective. Building networks with local, national, regional and international partners will ensure that such opportunities are identified.
- The operational research undertaken by Oxfam will endeavour to develop new technical and social approaches to better meet the needs of beneficiaries and to ensure that malaria is controlled in the most effective way possible.
- Any research undertaken will adhere to recognised international standards and will be carried out in a transparent manner with the full consent of male and female participants. The approval of national research committees in-country will also be sought where necessary.

More details on when and how to intervene can be found in the Malaria Control Guidelines on the intranet.