COMMUNITY PARTICIPATION FOR MALARIA ELIMINATION

Community engagement and participation has played a critical role in successful disease control and elimination campaigns in many countries [1-5]. Some important examples of the role communities have played in disease elimination highlight that the nature of this participation can vary depending on geographic location, disease impact, political context, economic conditions, resource availability and health policy (Appendix A).

Research into the technical elements of malaria and its transmission (including entomology, parasitology and serology surveys, insecticide and drug efficacy) provide essential guidance to elimination program strategy development and implementation. Equally as important however, is an understanding of the local level socio-cultural, behavioural and practical issues that influence community participation and can moderate the success of infectious disease control and elimination programs [6].

The benefits of community participation are yet to be fully realised. A study of community participation in 5 African countries in the programs of the Roll Back Malaria Initiative, found the practical reality of community engagement in malaria control to be still generally low [7]. This may be due to the uncertainty around how best to achieve community participation; that there are inadequate health infrastructures and insufficient financial resources to support it; and that there are differing interpretations of the concept between policy makers, planners and health care professionals [7, 8]. In addition, obtaining community enthusiasm and participation in strategies to eliminate malaria in the context of disappearing disease and maintaining it during the pre-elimination and surveillance phases of a program will be significantly more challenging than eliciting participation in an endemic or hyper-endemic context.

In a low disease context, health education initiatives that attempt to elicit participation only through increasing malaria knowledge and by encouraging individuals to take responsibility for their own health will be ultimately ineffective. Complementary strategies are therefore required to provide the motivation for communities to participate actively in preventative, curative and screening practices for elimination, particularly where malaria is no longer a perceived risk or social or cultural belief systems hinder participation. Strategies aimed at engaging and motivating communities to participate need to be integrated into the planning, implementation and monitoring and evaluation stages of elimination programs in order to maintain community commitment despite low levels of disease.

The overall aim of community participation to support elimination is to develop sustainable engagement by communities in the targeted locations to maintain and support malaria control activities and be engaged in the identification of malaria cases, and protection of borders. as defined in the national malaria elimination strategy. This will include:

- Community participation to reduce transmission and reservoir of infection (including IRS, source reduction, LLINs)
- Community based treatment support for people who are using malaria treatment (vivax or falciparum) (early recognition of fever, active case detection, directly observed treatment and adherence, community based distribution support, test before treatment behaviour)
- Develop and strengthen community self monitoring of community level surveillance
A package for community participation in malaria elimination will need to be tailored to local contexts but should broadly include:

- **Advocacy** (Government, private sector, civil society, local level stakeholders and communities) to increase awareness and commitment to the elimination program

- **Supportive environment** - decentralisation of resources and local decision making. Adequate human resources (adequate recruitment, training, supervision and incentive to facilitate and maintain community participation)

- **Identifying and mobilising local stakeholders** and social networks through consensus building processes (see Appendix C for potential stakeholders);

- **Intersectoral collaboration** (Health Dept., Agriculture, Education Dept., Health Promotion, private sector, development agencies etc.);

- **Local-level action-orientated research** (where there are gaps) as part of an initial scoping mission that will build community partnerships and inform community mobilisation and behaviour change communication strategies. This research should seek to understand:
  
  - Community perceptions / misconceptions about malaria;
  - The socio-cultural, behavioural and practical issues that impact community participation in interventions for malaria prevention and treatment (see Appendix B for multi-level influences on participation);
  - Influences on these practices including social mechanisms and how malaria is contextualised within broader community health and disease priorities; and
  - Local-level resources and the most effective avenues for channelling health information.
  - The acceptability of interventions and models for implementation

- **Integration of malaria interventions** with activities addressing other community health and disease priorities (Primary Health Care approach);

- Targeted implementation of locally-appropriate, multi-level behaviour change communication to maintain attention and motivation for participation in malaria elimination;

- **Reporting systems** that support community feedback to decision makers and the flow of information on program progress to communities;

- **Monitoring and evaluation** of community participation activities.

References: