

FIGHTING MALARIA IN MOZAMBIQUE

from Communities to Health Structures



MALARIA

Malaria still represents a contemporary global health challenge. In 2016, globally 216 million cases of malaria and 445,000 malaria deaths were registered, most of them in the WHO African Region (90%).¹ Mozambique ranks fourth in terms of malaria prevalence – 8,872,987 cases in 2016 for a total population of 28,861,863 people – accounting for 4% of total global cases.² The Province of Cabo Delgado, in the northern part of Mozambique, is among the poorest in the country and it has one of the highest rates of malaria. In 2016, 730,538 malaria cases were recorded, representing an incidence rate of 380 cases per 1000 inhabitants. The area presents shortage of health care workers and inadequate client-friendly care. Furthermore, long distances to health centres, harmful cultural norms, and poor knowledge of malaria contribute to low care seeking, leading to high mortality rates caused by malaria.

CUAMM'S INTERVENTION TO FIGHT MALARIA IN MOZAMBIQUE

Doctors with Africa CUAMM is active in Mozambique since 1978, working in close partnership with the Ministry of Health (MISAU). In 2017, CUAMM has launched a 30 months program to **fight malaria** in the province of **Cabo Delgado**, targeting eight health centres and their respective catchment areas in the two rural districts of

Montepuez and Balama. Aims of the program are multifaceted:

- Improve knowledge at community level on malaria preventive strategies and on importance of early diagnosis and treatment;
- Increase preventive and health seeking behaviour among vulnerable groups;
- Improve quality of malaria prevention and treatment at primary health care level.

MAIN ACTIVITIES:

- Survey at community level to study knowledge, attitudes and practices on prevention and treatment of malaria among target population;
- Design and implement mass media campaigns (radio and community theatre);
- Organize community activities to improve malaria prevention;
- Train community activists to identify and refer febrile illnesses, including malaria, in children under 5;
- Train community committees (made of village representatives and health workers) responsible for monitoring health services on malaria preventive strategies and timely access to care;
- Conduction of household visits by community activists and committee members to encourage malaria prevention and treatment;
- Provision of training, on-going mentoring and support supervision to health providers at health facility and community level in case management of febrile illnesses, in proper anti-malarial dosing and in communication to patients;
- Support to government-run outreach clinics to increase access to community-based services;
- Strengthen use of data in health facilities and districts;
- Dissemination of results and best practices.

OVERALL EXPECTED RESULTS

- Developed health seeking behaviour among targeted communities;
- Increased demand for basic healthcare services;
- Expanded access to basic health care services at community and primary healthcare facility level;
- Improved availability and quality of data allowing local authorities to better plan and coordinate primary health care services in order to respond effectively to primary health care needs among the target population.

¹ WHO, 2018. *Malaria*. [Online] Available at <http://www.who.int/malaria/en/> [Accessed 27 March 2018].

² WHO, 2018. *WORLD MALARIA REPORT 2017*. [Pdf] Available at <http://apps.who.int/iris/bitstream/handle/10665/259492/9789241565523-eng.pdf;jsessionid=F6667816780BE19EA24EA1B669FAF537?sequence=1> [Accessed 27 March 2017].