

HEALTH SYSTEMS REPORTER: focus on malaria

25 April 2006

produced by the [IDS Health and Development Information](#) team
in collaboration with [Eldis](#) and the [DFID Health Resource Centre](#)

This is our monthly email bulletin, bringing together research to inform policy debates on health in developing countries.

The Health Systems Reporter aims to provide readers with a more in-depth look at a particular area of health policy. This month's theme is [malaria](#). The bulletin also features summaries of new documents and other additions to the [Health Systems Resource Guide](#).

All documents listed below are available free on the web. If you are unable to access any of these materials online and would like to receive a copy of a document as an email attachment, please contact r.wolfe@ids.ac.uk.

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Feature: malaria

Malaria is now at the forefront of the health and development agenda as one of three major diseases of poverty (alongside tuberculosis, HIV and AIDS). However, years of neglect mean that it is a far bigger problem than it was 40 years ago, with rampant drug resistance and rapidly increasing insecticide resistance, compounded by weakening health systems across low income countries. The precise burden of malaria in terms of deaths and illness is not currently known, but the Commission on Macroeconomics and Health has provided much of the evidence base needed to promote worldwide recognition of the extent of the malaria problem. This and other advocacy efforts have led to unprecedented commitment from donors and governments in malaria endemic countries.

Ongoing health sector reforms and an increased focus on poverty reduction in low income countries has changed the way malaria control services are financed, managed and delivered. Malaria control is increasingly being planned and delivered in the context of sector-wide approaches (SWAps). This involves delivering malaria services alongside other essential health interventions within chronically under-funded health systems. This broad sector approach culminated in the launch of the Roll Back Malaria (RBM) initiative. The cornerstone of RBM lies in addressing malaria as a pathfinder to health sector development and in partnerships to address every aspect of service delivery. RBM emphasises public-private partnerships and community initiatives to prevent and treat malaria, with innovations such as social marketing of insecticide-treated nets, home-based care and management of malaria, training of shopkeepers, and do-it-yourself treatment of mosquito nets with insecticides. Control programmes are targeting the most vulnerable communities, for example pregnant women and children under five.

The sector-wide approach to malaria control has generally been beneficial, resulting in more strategic and inclusive planning, better financial control and improved stakeholder involvement across sectors. However, multiple initiatives to increase funding for malaria (for example the Global Fund for AIDS, TB and Malaria) will nevertheless be wasted unless there is a dramatic, systematic and concerted effort to develop human capacity in low income countries.

For more information see:

- The [Malaria topic guide](#) from the Health Systems Resource guide
- The [Malaria topic area](#) from the Health Resource Guide

25th April is Africa Malaria Day. This year the day will highlight the need to provide universal access to artemisinin-based combination therapies (ACTs) and call for these treatments to reach those who need them as quickly as possible. For more information, see the [Roll Back Malaria website](#)

Recommended readings

1. [A 5-minute briefing on the World Malaria Report 2005 from WHO and UNICEF](#)
2. [Building capacity in monitoring and evaluating Roll Back Malaria in Africa: a conceptual framework for the Roll Back Malaria partnership](#)
3. [Tackle malaria today: give tomorrow a chance](#)

4. [Independent review of Medicines for Malaria Venture](#)
5. [The costly burden: malaria in Tanzania](#)

A 5-minute briefing on the World Malaria Report 2005 from WHO and UNICEF

Produced by: UNICEF & World Health Organization (WHO), 2005

This briefing summarises the key findings of the World Malaria Report 2005, which presents the available evidence on malaria from around the world. It includes regional profiles of Africa, Asia and the Americas. The report presents evidence of successful control efforts having an impact on malaria in a large number of countries around the world. However there is wide variance in the prevalence of the disease, with Africa being the worst affected: over 80 per cent of malaria deaths occur in Africa. The main reasons are the climate and ecology of tropical Africa, poverty, and lack of good quality health care. Drug resistance has also been a serious obstacle to malaria control, and the effective new artemisinin-based combination therapies are unaffordable to many households.

The briefing argues that malaria should be attacked in two ways: protecting the vulnerable and treating the sick. The measures used should be affordable and sustainable. Strategies include: mosquito nets, spraying the inside of dwellings with insecticides, the use of insecticide-treated nets and intermittent preventive treatment with antimalarial drugs for pregnant women, rapid treatment with effective drugs for anyone suspected of having malaria, and improved early warning, detection and response to malaria epidemics. Researching, developing and manufacturing new drugs and insecticides will continue to be of paramount importance.

Available online at: http://rbm.who.int/wmr2005/pdf/adv_e.pdf

Building capacity in monitoring and evaluating Roll Back Malaria in Africa: a conceptual framework for the Roll Back Malaria partnership

Authors: Roll Back Malaria Monitoring and Evaluation Reference Group

Produced by: Roll Back Malaria (RBM), World Health Organization (WHO), 2005

This document from the Roll Back Malaria Partnership identifies the key functions of a national monitoring and evaluation (M&E) system for Roll Back Malaria (RBM), and provides a framework for building the necessary capacity to fulfil these functions. It finds that despite substantial investment in RBM in the past ten years, M&E systems remain weak at both national and sub-national levels. Reasons for this include limited human resources, lack of equipment, the lack of an enabling environment, and weak links with other programmes and partners. It also finds that national M&E systems for RBM vary significantly across countries, according to local needs and settings.

The document recommends that national malaria control programmes take into account different needs and settings. However, it emphasises the importance of sound systems for monitoring and evaluating performance, including a proper system for managing data and producing reports. Key opportunities for strengthening M&E capacity include: increased collaboration and information-sharing with other programmes and partners; health sector reforms; and improved funding for RBM. The document highlights the important role of national, sub-regional, regional and global partners in building M&E capacity. It concludes that the Roll Back Malaria Partnership should also ensure co-ordinated delivery of appropriate technical support on M&E to countries. [adapted from author]

Available online at: http://rbm.who.int/partnership/wq/wq_monitoring/docs/merg_ConceptualFramework.pdf

Tackle malaria today: give tomorrow a chance

Authors: House of Commons All-Party Parliamentary Malaria Group, UK; Roll Back Malaria Partnership (RBM); Malaria R&D Alliance; Multilateral Initiative on Malaria (MIM)

Produced by: Medicines for Malaria Venture (MMV), 2005

This report was published by the Medicines for Malaria Venture in advance of the 2005 meeting of the G8 (leaders of the eight richest countries in the world). Its key finding is that effective drugs and vector (mosquito) control measures already exist to combat malaria. The difficulty is creating efficient and sustainable systems to deliver these tools. This requires increased and, above all, sustained investment by the international community rather than the "boom-and-bust" approach of the past. The report concludes that in 2005, with its presidency of the G8, the UK has a unique opportunity to lead action on malaria, one of the major diseases that condemn millions to poverty, but also one of the most preventable. It stresses that, if the global malaria crisis is not addressed, the UK's plan to alleviate poverty in Africa will also fail.

The report calls for new, improved international financing mechanisms to enable malaria control efforts to be scaled up. These will involve donors, governments, non-governmental organisations, malaria-endemic countries and the private sector. It also recommends much higher levels of funding for research and development (R&D) of new drugs, vaccines, and insecticides; and more investment in infrastructure, delivery systems, and particularly in human resources, balanced with investment in commodities.

Available online at: http://www.mmv.org/IMG/pdf/APPMG_report.pdf

Independent review of Medicines for Malaria Venture

Authors: Fairlamb, A.; Bragman, K.; Mshinda, H.; Lucas, A.

Produced by: Department for International Development (DFID) Health Resource Centre (HRC), 2005

This paper, from the DFID Health Resource Centre, reviews the Medicines for Malaria Venture (MMV), examining its structure, its function, how it operates, and its achievements. The review contends that the MMV has made tremendous progress towards achieving its goals. It has successfully mobilised academic institutions and pharmaceutical companies in highly productive partnerships. It has also established an impressive portfolio of anti-malarial drug candidates, some of which are at an advanced stage of development. The authors predict that there is reason for cautious optimism in expecting that, within the next few years, several compounds currently being developed will emerge as approved and licensed anti-malarial drugs.

The authors note that the success of the MMV has created an urgent need to advance preparations for late stage development processes, including clinical and field trials. They argue that MMV must now address delivery issues such as registration, manufacture and distribution. Despite strong partnerships with academia and the pharmaceutical industry, it must also strengthen and use new partnerships to ensure that late stage development and clinical trials are effective. Specifically, the MMV needs to work with partners to ensure large scale provision of medicines, local agreement for marketing and mechanisms for drug distribution, and field effectiveness studies. [adapted from author]

Available online at: <http://www.dfidhealthrc.org/publications/atm/Medicines%20for%20Malaria%20Venture.pdf>

The costly burden: malaria in Tanzania

Produced by: id21 health, 2006

This feature, from id21 health, highlights how the liberalisation of health markets has affected Tanzania's ability to treat malaria. Since 1970 deaths from malaria in sub-Saharan Africa have risen, in part because of drug resistant disease strains. During the same period health sector policy has changed, with a focus on private sector provision and financing health care. How can health policy meet the challenge of malaria in the context of a liberalised health market? As part of the World Health Organisation's Roll Back Malaria initiative, launched in 1998, four country case studies were commissioned. These were designed to increase knowledge and support policymakers in developing effective responses to the disease. This report focuses on the results and implications of the Tanzania case study.

The study estimates spending on malaria control and treatment at national level, and distinguishes between different sources (government, donor or private sector) and type of expenditure (treatment or prevention). It then assesses whether the level and allocation of resources for malaria is optimal, and the likely impact of health reforms on the treatment and incidence of malaria. The findings confirm that malaria is a significant disease and economic burden in Tanzania. The prevalence of private and informal sector treatment and private purchase of drugs represents a challenge for policymakers.

Summaries of other documents in the Health Systems Resource Guide

1. [Global Corruption Report 2006: corruption and health](#)
2. [Reproductive health commodity security \(RHCS\) country case studies synthesis: Cambodia, Nigeria, Uganda and Zambia](#)
3. [Expert patients and AIDS care](#)
4. [The global nursing shortage: priority areas for intervention](#)

Global Corruption Report 2006: corruption and health

Produced by: Transparency International (TI), 2006

This report, published by Transparency International, looks at the causes, scale and nature of corruption in health care, and considers ways to tackle it. Chapters include: corruption in hospitals and in the pharmaceutical sector; informal payments for health care; links with HIV and AIDS; and a number of country reports and recent research papers. The report argues that corruption deprives people of access to health care, can lead to the wrong treatments being administered, and can even be deadly. The poor are disproportionately affected, as they are unable to afford bribes or to pay for private alternatives. Corruption also affects health policy and spending priorities.

The authors recommend that anti-corruption measures must be tailored to fit the particular context of a country's health system, but may include procurement guidelines; codes of conduct; and transparency and monitoring procedures. Other specific recommendations include: publishing updated information on health budgets and performance; independent auditing of government departments, hospitals, health insurance entities and other agencies; effective nationwide systems for reporting adverse drug effects; civil society participation and oversight; protection of whistleblowers; reducing incentives for corruption; conflict of interest rules; and rigorous prosecution of corrupt acts.

Available online at: http://www.transparency.org/publications/qcr/download_qcr

Reproductive health commodity security (RHCS) country case studies synthesis: Cambodia, Nigeria, Uganda and Zambia

Authors: Druce, N.

Produced by: Department for International Development (DFID) Health Resource Centre (HRC), 2006

This report, commissioned by the UK Department for International Development and the Netherlands Ministry of Foreign Affairs, analyses the key

factors that influence the financing, procurement, forecasting, and supply of reproductive commodities and how national and international agents interface and co-ordinate their activities. Findings show that while there have been some successes to strengthen commodity supply, there are continued limitations in national capacity. They also highlight how the role of external agencies in financing and procurement tends to undermine ownership and discourage national government accountability.

The report recommends continued advocacy to include reproductive health and RHCS in national development and health policy plans, supported by domestic budgets allocations. It also highlights the need for financial mechanisms to facilitate more flexible and predictable donor financing, as well as to enable efficient procurement with lower costs. Other recommendations include: mainstreaming RHCS with wider health systems strengthening; repositioning reproductive health as a key but neglected driver in the reduction of child and maternal mortality, as well as a priority in its own right; and linking reproductive health services with care, treatment and prevention of STIs (sexually transmitted infections), HIV and AIDS. The report also recommends that international donors need to make more long term and predictable commitments to RH supplies, which should build national capacity for procurement and other supply functions. [adapted from author]

Available online at: http://www.dfidhealthrc.org/publications/srh/RHCS%20synthesis_Mar06_final.pdf

Expert patients and AIDS care

Authors: Kober, K.; Van Damme, W

Produced by: Institute of Tropical Medicine, (2006)

This paper, published by the Institute of Tropical Medicine, reviews the literature on expert patient programmes for AIDS care in high-income countries, and explores their relevance for low-income countries with severe human resources shortages. The paper identifies human resources as a major bottleneck in scaling up the provision of antiretroviral therapy (ART) for AIDS, especially in southern Africa. Present ART models are very intensive in their use of skilled medical staff and projections suggest that they can only be used in countries where the human resources situation is less severe, such as South Africa.

Reviewing the literature on self-management of chronic diseases by patients in developed countries, the paper reveals that results from early evaluations have been good, and these programmes have significantly reduced the use of health services. The authors argue that the pool of people living with HIV and AIDS in developing countries represent a huge untapped resource for scaling up ART, and yet their potential role as expert patients has not been recognised. Although such programmes would pose their own challenges for health systems, in terms of training and coordination, the paper concludes that they could make ART scale-up a reality in countries where human resources shortages would otherwise prevent this.

Available online at: <http://www.eldis.org/hiv aids/fulltext/kober-vandamme.pdf>

The global nursing shortage: priority areas for intervention

Produced by: International Council of Nurses (ICN); Florence Nightingale International Foundation (FNIF), (2006)

This report is part of the Global Nursing Review Initiative: Policy Options And Solutions, which examined nursing shortages and identified priority areas for intervention. This document summarises the two-year programme of work, and will be used as a tool for advocacy and policy support, as well as a means to engage key stakeholders and ICN partners. The initiative examined macroeconomic and health sector funding policies, and identified five key areas of intervention. These include: workforce policy and planning, including regulation; positive practice environments and organisational performance; recruitment and retention, addressing in-country maldistribution, and out-migration; and nursing leadership. The report outlines specific advocacy, research needs and other actions for each identified intervention.

The report concludes that the scale of the nursing shortage requires system wide solutions at the national and international level. It also requires strong links and the collective efforts of many groups including: donors, United Nations and intergovernmental agencies, policy makers and planners, nurses and nursing associations; regional nursing bodies, other health professionals, educators, employers, civil society, labour organisations and international financial institutions. Finally, strong leadership, ownership and major political commitment and investment by individual countries, as well as accelerated and increased support from the international community are critical to ensuring effective and sustainable strategies. [adapted from author]

Available online at: <http://www.icn.ch/global/report2006.pdf>

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The Health Systems Reporter is produced by the IDS Health and Development Information team in collaboration with the DFID Health Resource Centre (HRC) and Eldis.

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- Health Resource Guide - www.eldis.org/health
- Health Systems Resource Guide - www.eldis.org/healthsystems
- HIV and AIDS Resource Guide - www.eldis.org/hiv aids

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

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Contact details:

Rebecca Wolfe
IDS Health and Development Information Team
Institute of Development Studies, Sussex
Brighton BN1 9RE, UK

Email: r.wolfe@ids.ac.uk
Tel: +44 1273 873 335
Fax: +44 1273 621202