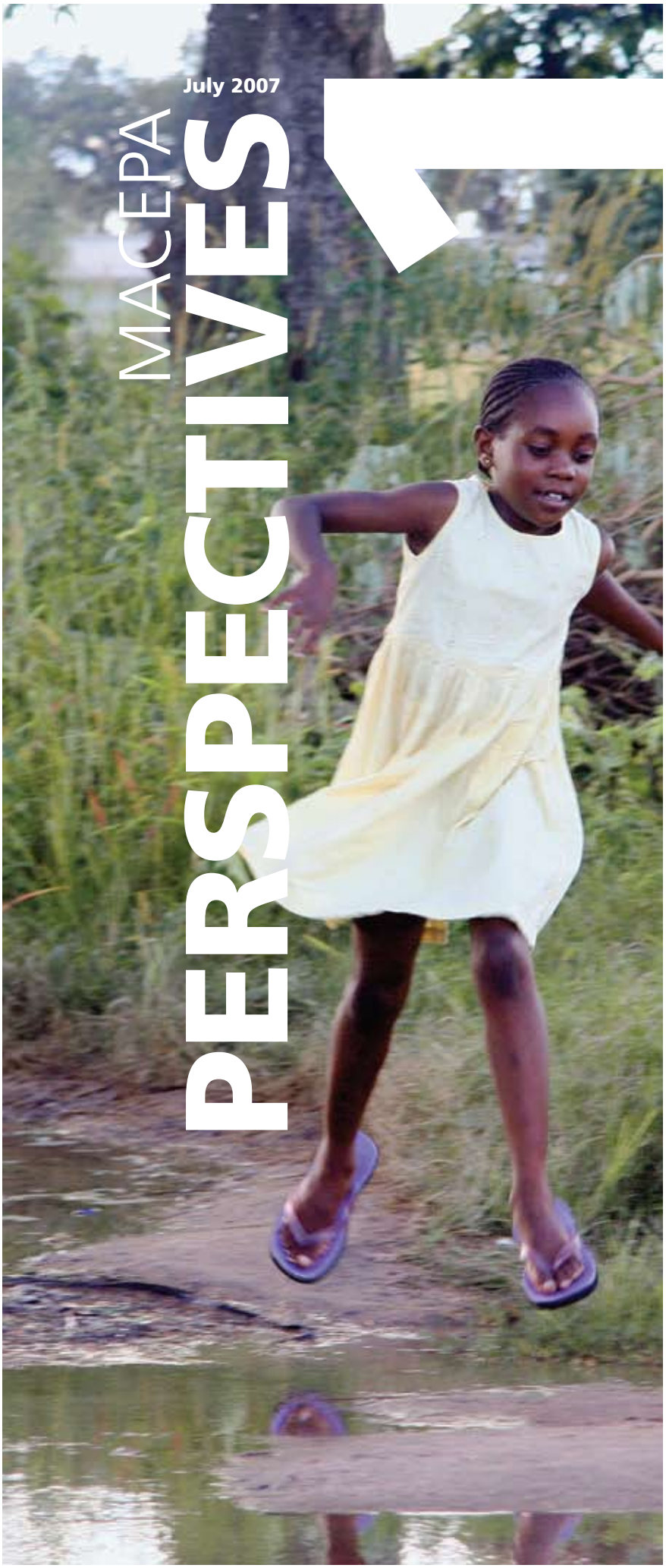

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MACEPA PERSPECTIVES

David Jacobs

"Zambia is demonstrating that it can be done!"

Malaria control in Zambia

Zambia today is demonstrating how committed national leadership, together with the Malaria Control and Evaluation Partnership in Africa (MACEPA), a program at PATH, and other Roll Back Malaria partners, can quickly achieve results in terms of reducing the toll malaria takes on families, communities, and the country. Dr. Chilandu Mukuka, the deputy coordinator of the Ministry of Health's National Malaria Control Programme, reflects on the stresses inherent to rapidly making the range of malaria interventions available at the national level and the remarkable progress being made in Zambia.

MACEPA PATH
Malaria Control and Evaluation Partnership in Africa

PATH/Todd Jennings

Chilandu Mukuka, MD, MPH

Dr. Mukuka is the deputy coordinator for the Zambia Ministry of Health's National Malaria Control Programme, which she joined in November 2006 with 18 years of experience in the health sector. Her areas of professional expertise include HIV/AIDS, child health and nutrition, integrated reproductive health, malaria, primary health care, and monitoring and evaluation in the context of health sector reform and decentralization.

How have you been affected by the disease?

I grew up in Eastern Province and, like most Africans living in endemic areas, I have had malaria many times throughout my life, sometimes four times in one year. I remember well the feeling of fevers, rigors, and sometimes vomiting, but fortunately I haven't had malaria in more than three years now. My mother died in 1991, just a few hours after the onset of symptoms, and we were very shocked by that. My sister died in 1999 of renal failure from malaria and left three small children, the youngest of whom I am raising. This has, of course, had a significant effect on my life from childhood to now.

What got you interested in working in malaria?

My mother was a nurse midwife and she would sometimes bring me with her to her work. I saw how she loved her job and helping people, and it was she who inspired me to want to become a medical doctor. The deaths from malaria of my mother and sister do drive my work; I felt there was something wrong, that they should not have died from this very preventable disease.

During my tenure as the deputy director of Zambia's USAID Zambia Integrated Health Program, I realized that there was little support for the malaria component, and this sparked my interest. My position gave me a chance to work on this challenging area since it's a major cause of morbidity and mortality. Malaria began receiving a lot of international attention at that time, and I wanted to see how I could contribute, to get the interventions out so that people can avoid getting sick, or, if they do, they are able to receive effective treatment.

It was only in 2003 that Zambia was distributing 14,000 bednets and had a malaria budget of about $4 million. Today, the budget has increased ten-fold, and the country is on track to distribute over 3 million bednets. What has it been like to witness and play a central part in that transformation? Did you ever dream that Zambia would be where it is today?

It has been very exciting, and I feel privileged to be a part of this big program that seems to be growing and showing signs of success toward reducing the disease burden. Personally, I never really thought that the program would be this big. It is big, it is happening, we look forward to more partners, more funding, and more WORK!

Scale-up of this sheer magnitude involves an incredible amount of effort that can at times stress systems more than strengthen them. How has Zambia responded to this?

It is the stress on the human resources that is quite striking. The Zambian government has an existing human resource crisis with very few health workers in place, including at the National Malaria Control Centre (NMCC). This is due to the high attrition rates from HIV and AIDS in our country, as well as to the exodus of trained medical and administrative personnel to jobs that offer much higher salaries. In terms of service delivery, we are making an effort to help the limited number of existing medical personnel more readily provide care in remote areas. For instance, World Bank funds have gone toward procuring vehicles, motorbikes, and bicycles to carry out interventions and assist health staff in bringing commodities to distant areas. Radio communications equipment is also being used more in very remote areas to extend the reach of existing staff so they are in touch with staff at health centers to advise on patient needs and evaluations. This is an innovative way to help health center staff communicate with their more experienced peers. Solar energy is also used to provide power and lighting to health facilities, as well as to the homes of health care workers in areas where there is no electricity.

Given these remarkable stresses, how have you motivated staff?

I am trying to help staff to know that every moment of what they do is leading to something big. What they do in their jobs every day is already contributing to saving the lives of their fellow Zambians. The environment is free and my office door is open any time for people to come and talk to me. I am trying to provide the morale; we laugh together and lighten things when the stress is heavy, so that the tasks don't seem as difficult. For instance, there was a lot of preparation for the 2007 Africa Malaria Day events in Chipata, but we enjoyed it together and it seemed not so difficult. And the NMCC has lots of young people with lots of energy so they bring quite a bit of life to our work!

Have you noticed a difference in how those working at the district level are viewing their new role in malaria control as part of a rapid and nationwide effort?

Districts are getting so engaged, more so than ever before. I attended a post-IRS meeting of 15 districts engaged in indoor residual house spraying. In addition to evaluating the spraying activities of the last transmission season, there were lots of questions about malaria diagnostics and treatment. They want to see things moving, and they want access to state-of-the-art malaria control. Districts hear about what is happening in terms of interventions in other parts of the country, and they want to be involved. For instance, some district health managers are asking why they have erratic supplies of rapid diagnostic tests. Demand for IRS is also very high; they are asking to spray more areas and want more spray operators and transport. Districts are raising good pressures and are completely involved in a most constructive way!

It's often said that Zambia is in the global spotlight in terms of its ambitious scale-up efforts. What is that like for you?

I think yes, when you go to all the meetings, the point of reference is Zambia, Zambia, Zambia. Our early uptake of Coartem® in 2003 as a first line of treatment caught the attention of many other countries. And of course given the funding that Zambia is attracting, we are very much in the spotlight. The pressure is there, and it is understandable. But I feel very optimistic that we will reach our goals, and so we can face this pressure with determination and focus.

After the scale-up phase is over and when interventions are routinely provided to the population, with global donors and partners such as MACEPA playing a much more limited role, what are your thoughts about Zambia sustaining these efforts over the long term?

Several things are in place to support sustainability. As I mentioned earlier, districts are extremely engaged in this work, which goes a long way toward ensuring that efforts continue successfully after scale-up. They have assumed responsibility for developing their own health plans, with malaria integrated as part of the larger national health planning and budgeting. Big items like insecticide-treated nets (ITNs) and rapid diagnostic tests are now being procured in bulk at the national level to get coverage up. Those items won't be needed in such large quantities in the future, and so districts will take it up in their planning processes and budgets. Also, current involvement of antenatal and child health clinics in making interventions available will also help with sustainability in the long term.

It's one thing to get ITNs into communities; what efforts are you taking to ensure people hang them up and then sleep under them every night?

Our partners are central to this. Journalist trainings conducted by the NMCC and MACEPA helped get messages out very successfully for Africa Malaria Day, and even to this day the media coverage of malaria is high. MACEPA also helped conduct a malaria advocacy training among Paramount

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For more information

NORTH AMERICA

1455 NW Leary Way
Seattle, WA 98107, USA
TEL +1.206.285.3500
FAX +1.206.285.6619

EUROPE

Bâtiment Avant Centre
13 Chemin du Levant
01210 Ferney-Voltaire, France
TEL +33 450.28.00.49
FAX +33 450.28.04.07

AFRICA

Postal Net Box 370
P/Bag E10
Lusaka, Zambia
TEL +260 1 285 250
FAX +260 1 285 249

www.path.org/macepa
macepa@path.org

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Chiefs of Zambia, which also was very important to make sure that these leaders sensitize communities to ensure that the interventions are taken up. And an educational training of community radio announcers was held recently to help them speak out about the importance of using the interventions. Reaching people with influence actually in the community is a very important part of this effort.

What has been your biggest challenge?

The time! There is so much to do, there are so many interventions and partners and not enough time. I often wish there were more hours in the day. Having to coordinate partner activities is a great challenge, with assessments, planning, roadmap evaluation of how we're doing, and partners with various requests. Managing and coordinating it all without being overstretched is a major challenge.

Were you surprised at the level of partner cooperation?

Not so much. When I first joined, there were many courtesy calls saying, "We want to help," over and over. Then the 2007 planning process really showed me that everyone is just wanting to work together. It's amazing, and it is the key to the success of the project so far. It is doable in Zambia because everyone is so willing to work with each other. MACEPA is a good example. They are in our compound, you can walk into their office to talk about anything, they are very flexible and can pick up where some partners are not able to help. The recent journalist training is another good example of partners pitching in together, resulting in a lot of coverage in national media.

Can you share an example of success on the ground?

I recently visited Luangwa where ITN distribution first started one year ago. The people in Luangwa said they had not had malaria during the last transmission season. What we are doing is working; when you hear that people are using the interventions, then you know that all the work is worthwhile. This work is inspiring; it's definitely reducing malaria illness and death.

What do you see in Zambia's future in its fight against malaria?

In one year we will certainly have documented an important reduction in malaria illness and death. In five years, we may be talking about very few documented malaria deaths, and Zambia will be in a strong position to continue leading the African movement for malaria prevention and control through rapid scale-up. I am very, very optimistic that we will achieve the Roll Back Malaria target of reducing deaths by half by 2010.

What are you most proud of?

I cannot point to something I am proud of without pointing to all from the Ministry of Health, the NMCC, and our partners. This is a true team effort. The world is watching to see how this will work, and Zambia and its partners will continue to work hard to ensure we achieve the results we set out for ourselves.

What advice would you give to your malaria control counterparts in other countries who are considering launching rapid malaria control scale-up efforts?

Until recently, people just accepted malaria and thought that nothing could really be done about it. I would like for them to know that if there is political will to back up the commitment, it is absolutely possible to make a big impact on malaria. The bottom line? It is doable!