

Leading Practice in Malaria Control

A study conducted by Sentinel Consulting, commissioned by Rio Tinto and facilitated by GBCHealth

Executive Summary



Malaria programmes are as diverse as the societies, geographies and operations in which they are implemented. There is no such thing as one programme that is perfect for every situation. This study compares and contrasts implementations of malaria interventions across different businesses and regions, with the purpose of highlighting and sharing leading practice from different contexts.

The report presents quantitative data to provide a broad visual benchmark across eighteen corporate malaria control programmes. Different management structures and strategies are identified and discussed.

Characteristics are identified that were shared by successful programmes, regardless of their setting, size, maturity or budget. These are described and discussed.

Finally, some examples of innovative approaches uncovered during the course of our research are presented, and areas where further pan-sector research could be mutually beneficial are identified.

Naomi Roberts
Dick Mayon-White

Introduction

Following on from *Benchmarks for Malaria Prophylaxis in the Mining and Oil Industries* conducted by Sentinel Consulting, GBCHealth and Rio Tinto published in February 2011, this follow-up study highlights and shares leading practices in the *implementation* of malaria control policies.

Recommended interventions for malaria control are well described. However, there is no single blueprint that describes the most effective combination of controls for any given programme – one size does *not* fit all. Moreover, programmes use different strategies (tactics, philosophies, techniques) for implementing their interventions. This study finds examples of highly effective implementations of malaria prevention interventions and identifies common characteristics. In addition, commonly encountered challenges are identified, and examples are presented of the most effective and/or innovative solutions to these challenges found by study participants.

Methods

Information was collected via an online questionnaire and follow-up interview. Representatives of eighteen programmes from ten different companies completed the questionnaire. Sixteen respondents consented to follow-up interviews. Participants self-selected and information was self-reported.

Quantitative and qualitative data are presented in the full report. The quantitative data do *not* represent a score with some nominal pass mark, and are presented in order to provide a broad visual benchmark across the private sector.

Selected findings - common features of successful programmes

Management team composition and remit

The more successful programmes were managed by well-resourced, highly skilled teams of specialists. Managers had access to internal or external, shared or dedicated specialist physicians and entomologists for advice and support.

The programme managers were usually responsible for a narrow remit: often their responsibilities for malaria formed a part of a wider vector-borne or infectious disease role, but these individuals were usually not responsible for wider health programmes such as non-communicable disease or safety.

Different models of programme management structure are described in the report.

Corporate management support

The relationship between programme managers and corporate health managers predicted the success and vibrancy of the programme. Managers of successful programmes often described their interaction with corporate health managers as being supportive – corporate health managers ensured that programme managers had everything they needed, and advocated on behalf of the programme's needs. Where the same corporation had more than one programme, the corporate manager coordinated provision of shared resources.

Communication and relationships within and outside the organisation

The most successful programmes had evidence of excellent communication and relationship building between managers, specialists, corporate management, the workers, their dependents, government and other stakeholders.

Again and again, the custodians of the most successful programmes reported the need to consult and cooperate with a wide variety of stakeholders from an early stage in programme development. The most successful programmes guided and assisted government malaria control strategy and implementation, not *vice versa*. Programme managers reported various different political obstacles to be negotiated, from philosophical disagreements regarding end-user contribution to healthcare costs, to differential targeting of voters' constituencies with government healthcare funding. However the benefits of wider cooperation, in their minds, outweighed the efforts required to facilitate it. Most programme managers felt strongly that a vibrant community programme not only had immediate benefits to the local population but also would confer a protective effect on the workforce via reduced transmission.

The most successful strategies for community engagement and education employed community specialists to find and exploit locally appropriate channels for malaria messages. These channels varied widely.

Cooperation with government was often cited as essential for programme success, but several companies expressed concern that they neither should nor could take over the role of government in protecting the general population, particularly with regards to funding of national malaria control programmes. There were several approaches to this issue described in the full report.

Healthcare delivery

The model of broader healthcare delivery had a major impact on malaria controls. Organisations with dedicated medical facilities (from clinics for large sites to paramedics for small exploration teams, or local volunteer malaria workers in the community) had direct channels for:

- Assessing current levels of awareness and knowledge
- Evaluating healthcare seeking behaviour
- Recording case numbers
- Accurate diagnosis and effective treatment
- Investigating cases thoroughly
- Following up cases with personalised education and ITN distribution

Many programme managers cited workers and their dependents seeking healthcare independently as a major challenge to the success of their programme.

Earning the right to influence behaviour

Healthcare delivery models not only affected the ability of the programme managers to know what was going on within their target populations, but also appeared to influence the healthcare seeking behaviour of that population, and the organisation's "right" to change behaviour.

Interviewees reported that where companies had committed to providing healthcare for employees, their families and the wider communities those people became engaged in looking after their own health, in the knowledge that they were empowered and supported to do so by the company. The malaria policy is most effective when it is not just papering over the cracks, but is built upon and complements an effective health infrastructure.

Justifying the cost

Managers of successful programmes invariably reported that the return on investment in malaria controls was very positive, particularly in high transmission areas, acting by reducing employee sickness and also reducing absenteeism to care for sick dependents. Several managers of successful programmes found that arguments based upon a Corporate Social Responsibility agenda were more intuitive, easier to argue and had more weight than a "traditional" workforce-based argument:

- The reputational benefits of active community programmes, both locally and internationally – providing effective prevention tools, testing and treatment generates a lot of goodwill in the community but is also intuitively "good" in the eyes of shareholders;
- Ensuring that there was solid evidence of the company's responsible actions (e.g. decreased local prevalence of malaria) in case of a challenge from opponents;
- Ensuring that a mechanism was in place to detect and remediate any negative impact of the operations on the local populations and environment, particularly as physical disruption to the environment and population movements caused by the operations had the potential to provide conditions for explosive outbreaks of malaria in many locations.

Planning, monitoring and review

The most vibrant and successful programmes all had strong review processes built into a long and short term planning cycle. Common features were:

- Planning phase input to ensure that engineering controls are built in to the construction of the site
- Evidence-based approach with thorough Health Impact Assessment, baseline studies, prevalence and vector surveys prior to operations
- 5-year planning, defining broad strategy and outline budget

- Annual planning, involving all key stakeholders
- Annual review, including assessment of internal key performance indicators against targets, annual prevalence surveys in local schoolchildren and/or household surveys and annual (or more frequent) entomological surveys
- Systems for case reporting (monthly incidence) from in-house and community medical facilities

Conclusions

There is no such thing as a *one size fits all* malaria programme. However, successful programmes share several features:

- Well-resourced highly skilled teams of specialists comprising or supporting the programme management
- Programme managers with a narrow (realistic) remit
- Excellent support and advocacy from corporate health managers
- Excellent communication and collaboration within and outside the organisation
- A direct model of healthcare delivery that can be used as a channel for assessing and delivering a variety of malaria interventions
- A comprehensive healthcare programme that “earns the right” to change behaviour in the eyes of the community it cares for
- Investment justified in terms of corporate social responsibility as well as a traditional workforce-centric argument
- Excellent planning, monitoring and review

Future research

- Quantifying compliance to chemoprophylaxis recommendations by business travellers, fly-in-fly-out staff and expatriates
 - Mapping knowledge, attitudes, behaviour, barriers and enablers to compliance with chemoprophylaxis recommendations
 - Identifying key interventions, tools or resources to change behaviour
- Defining success in malaria control
 - Identifying key performance indicators (KPIs) currently used by private sector malaria management programmes
 - Identifying leading practice in KPI evaluation
 - Benchmarking targets across industry

Acknowledgements

The study was conducted by Sentinel Consulting Ltd, sponsored by Rio Tinto Group and facilitated by GBCHealth. The authors would like to thank Drs Vusumuzi Nhlapho and Manoel Arruda at Rio Tinto and Pam Bolton and the team at GBCHealth for their support, facilitation and encouragement.

Sentinel Consulting Ltd provides practical solutions for people operating in remote areas. Our expertise is in health, safety and logistics. We have two complimentary business streams – our **operational expertise** and experience ensure that our **research and consultancy** is firmly rooted to the ground. We provide clear, sustainable solutions that work. www.sentinelconsulting.co.uk

Rio Tinto is a world leader in finding, mining and processing the earths’ mineral resources. The Group works in some of the world’s most difficult terrains and climates. Rio Tinto sees its employees as its most important assets, so promoting and enhancing their health and wellbeing is as vital as protecting their safety. Supporting this project was one way Rio Tinto could help build knowledge to improve the health and wellbeing of its people working in malaria-endemic areas. www.riotinto.com

GBCHealth is a coalition of more than 200 member companies and organizations committed to investing their resources to making a healthier world – for their employees, for the communities in which they work, and for the world at large. www.gbchealth.org

The authors would like to thank all of the participants in this study who gave up their valuable time to contribute their experiences of implementing malaria controls in challenging situations around the world.