

INTERNATIONAL HEALTH

Community Health Care
Workers in Sierra Leone.
PHOTO: JUDITH SANTIAGO



Next Steps for Imagine No Malaria

by Tatenda Mujeni

The United Methodist Church (UMC) identified Global Health as one of its four focus areas for the denomination in 2008. The campaign to eliminate malaria through the Imagine No Malaria program was identified as the signature goal of the Global Health Initiative. General Conference 2016 marked the celebration of the Imagine No Malaria Campaign.

Since 2008, the Imagine No Malaria (INM) campaign has made tremendous contributions to the fight against malaria in Africa. As the largest faith-based donor to the United Nation's Global Fund, INM helped with efforts to educate people about

the prevention and treatment of malaria and with the distribution of bed nets and malaria medications to the millions of beneficiaries that the Global Fund reaches each year.

The INM program engaged the United Methodist Committee on Relief (UMCOR), which was working with African United Methodists on the capacity building of locally elected United Methodist health board structures across Africa. It is through these United Methodist health boards that the INM program distributed more than 2 million nets, renovated 50 health facilities, and trained more than 3,000 health workers across Africa.

INM Promoting Abundant Health for All

Although INM and the global community can boast about the advances made in the fight against malaria over the past 8 years, malaria continues to be a leading cause of sickness and death for millions of people in Africa each year. The need for malaria prevention and control measures is still very relevant and the INM program continues to play a significant role in the fight against malaria beyond 2016.

As the UMC Global Health focus for the next quadrennium, 2017-2020, the Abundant Health Initiative aims to reach more than 1 million



Women participate in a Malaria Health Education session as part of the outreach of the Tura Keke Clinic in Nigeria. PHOTO: COURTESY IMAGINE NO MALARIA

children globally with lifesaving interventions. Preventing and treating childhood diseases is one of four objectives of the initiative. In certain communities across Africa, where malaria is one of the leading causes of death and disease in children, the Abundant Health program, through Global Ministries' Global Health unit, concentrates on the prevention and control of malaria as one of its essential lifesaving interventions.

Providing bed nets and malaria prophylaxis for pregnant women during their prenatal care visits significantly reduces their risk of malaria infection and, therefore, all malaria-related complications as well. This means reducing the risk of miscarriage during pregnancy and low birth weights for babies upon delivery. For the babies born in these malaria-prevalent areas, bed nets and malaria medications can improve their chances of avoiding infection.

In the Abundant Health projects in Liberia, Nigeria, and Mozambique, INM provides the

nets, malaria prophylaxis, and treatment for pregnant women and their children during their prenatal and baby wellness visits. INM is therefore integrated into the communities that the Abundant Health program works with and continues to contribute to the Global Health goal of Abundant Health for all.

Reaching Marginalized Communities Throughout Africa

DEMOCRATIC REPUBLIC OF CONGO:

Story from reports submitted by Daria Hofer and Jacky Mazawu, South Congo Health Board

In the Democratic Republic of Congo (DRC), malaria is a serious threat for the whole population. The disease accounts for over 40% of consultations and hospitalizations in the country and is the leading cause of death for children under 5. This threat is exacerbated in the most remote areas in rural DRC, which receive very limited resources for malaria control.

Given the huge geographic area and poor infrastructure, it is difficult



Before and after photos of health clinic rehabilitation efforts in the DR Congo.

Top: Bene-Dibele Health Center; **Bottom:** Lusambo Health Center.

PHOTOS: COURTESY IMAGINE NO MALARIA

to reach these remote places. Malaria treatment and prevention interventions often don't make it to the vulnerable populations where the need is greatest. With the support of INM, the UMC health boards in the DRC work to reach these remote areas, filling a critical gap in malaria prevention and control in their country.

Distributing malaria medications and supplies to rural health facilities in the South Congo Episcopal Area involves a long journey through rough terrain on roads that regularly flood with heavy rains, making them impassable. Yet, for the South Congo Health Board, this is a journey worth taking, as the precious malaria medications and supplies they carry prevent pregnant women and young children from getting infected and dying from this preventable disease.

Faith-based health facilities—such as the Mulungwishi Health Center or the Samuteb Hospital in South Congo—provide essential services to the thousands of subsistence farmers in the surrounding communities that often cannot afford to pay for health services. Imagine No Malaria makes it possible for the South Congo Health Board to continue to provide medications, at very little or no cost, to these and other marginalized communities throughout Africa.

SOUTH SUDAN:

Story from reports submitted by Dr. Sharon Fogleman, South Sudan Health Board Coordinator

An effective community-based malaria program includes strong linkages to health facilities—for diagnosis, treatment, and referrals for severe cases of malaria. The INM program encourages facility-based malaria control when possible, using

established UMC health facilities in the countries and communities where it works. In addition to providing lifesaving malaria prophylaxis for pregnant women and proper diagnosis and treatment of malaria, the health facilities also provide essential integrated primary health care to surrounding communities.

As a young church in a new country, the UMC did not have any established health facilities in South

facility when they needed medical attention.

Recognizing the importance that an improved structure would have in promoting malaria control and management and overall health outcomes of women and children within the community, the South Sudan Health Board applied for an Imagine No Malaria grant to build a new PHCU in Kirikwa. After signing a memorandum of understanding with



Distributing malaria medications and supplies to rural health facilities in the South Congo Episcopal Area involves a long journey through rough terrain on roads that regularly flood with heavy rains. PHOTO: JACKY TSHIOLA

Sudan. The South Sudan Health Board therefore relied on community-based malaria prevention and control with referrals to often poorly equipped government health facilities that faced regular shortages of medications and supplies.

In Kirikwa Payam, the only health facility that existed was destroyed by heavy rains, resulting in patient care taking place under a tree. Up to 5,000 people in the surrounding community did not have access to adequate primary health care and had to walk more than 10 miles to the nearest Primary Health Care Unit (PHCU)

the government, the South Sudan Health Board collaborated with the Kirikwa community, which contributed bricks, stones, sand, and labor to renovate their local PHCU.

Because of this partnership, which included the UMC Health Board, the government, and the local community, up to 5,000 people in Kirikwa and in surrounding communities will receive much needed primary health-care services within their community.

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