

**INSTITUTIONAL BARRIERS TO MALARIA
PREVENTION IN CALABAR, CROSS-RIVER
STATE, NIGERIA.**

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Dear Sir,

Malaria is a public health problem throughout the world. Of the estimated 300 million cases each year, more than 90% occur in sub-Saharan Africa.¹ A survey of three major health institutions in Calabar was conducted in November, 2004 to determine the level of implementation of the World Health Organization (WHO) recommendations on the prevention of malaria in endemic areas. The WHO in its strategic framework for malaria control during pregnancy set forth a three-pronged approach to reduce the adverse effects of malaria.² These recommendations include:

Intermittent preventive treatment of malaria (IPT).

Use of insecticide treated bed nets (ITNs).

Effective case management for the treatment of malaria.

Because majority of women in developing countries visit an antenatal clinic at least once during pregnancy, antenatal care is an obvious platform for implementing interventions for malaria prevention during pregnancy.³

A structured questionnaire was distributed to heads of management of three major health institutions in Calabar namely: the University of Calabar Teaching Hospital (UCTH); General Hospital Calabar (GHC); and the Essential Drug

Programme (EDP) Calabar. The questionnaire was designed to find out if management possessed any documents on malaria prevention from the Ministry of Health and WHO; any protocol in place for implementing WHO recommendations; constraints experienced; and if ITNs were being used. Inspection of facilities at the University of Calabar Teaching Hospital, Calabar, and General Hospital, Calabar showed that ITNs were not in use. The results of the study are displayed in tabular form.

Table I: Policy Guidelines and Malaria Prevention

Institution	UCTH	GHC	EDP
Documents			
Abuja declaration	Available	None	Available
WHO guidelines	Available	Available	Available
Ministry of Health	Available	None	Available
Departmental protocol	None	None	None

Table II: Constraints and Malaria Prevention

Institution	Constraints
UCTH	Lack of finance and capacity building
GHC	No guidelines/ protocol in place
EDP	Stockpile of 18000 ITNs. Modalities of distribution not yet established.

Recognizing the disease and economic burden that malaria places on millions of Africans, African heads of state in April 2000 adopted the Abuja declaration on roll back malaria (RBM).⁴ The declaration calls for 'governments to take action to implement the approved

plan of action and to facilitate the provision of reliable information on malaria to decision-makers at household, community, district, and national levels to enable them to take appropriate action.' This survey showed that the provision of reliable information on malaria to decision-makers in our health institution was not uniform. General Hospital, Calabar possessed only one document on the WHO guidelines, while UCTH Calabar, and the Essential Drug Programme Calabar, had other relevant documents. Furthermore these various documents were not disseminated to service providers/ stakeholders in the fight against malaria in these institutions. The result was that these guidelines were not deliberated upon and protocols were not developed to facilitate implementation of the approved plan of action on malaria prevention. The practice of IPT as recommended by the WHO is yet to be standardized in these health institutions.

Insecticide treated bed nets (ITNs) kill and repel mosquitoes that carry the malaria parasite, providing protection for both mother and newborn.⁵ This study revealed that ITNs were not in use at UCTH and General Hospital Calabar. UCTH Calabar had ITNs in store which were not put to use because of financial constraints and lack of capacity building. The Essential Drug Programme Calabar had a stockpile of 18000 ITNs in store since 2001. These nets were to be allocated to health institutions in the local government areas of Cross-River State. However, at the time of this study the nets were yet to be allocated because the modalities and channels of distribution had not been established. ITNs are relatively inexpensive but may not be affordable by many women in sub-Saharan Africa.⁶ Various alternatives to commercial distribution of ITNs have been suggested so as to make them available in our health institutions and in the homes of mothers and newborns.⁷

Satisfactory levels of malaria prevention are yet to be achieved in sub-Saharan Africa, even after the Abuja declaration on roll back malaria. The following recommendations can result in the elimination of institutional barriers to the implementation of the approved plan of action on roll back malaria:

1. Creating an enabling environment that recognizes and addresses malaria as a serious public health burden.
2. Effective coordination and strong focus on information, education and communication of the burden of malaria among stakeholders in malaria control.

3. Developing training programmes, protocols and plans which support evidence-based approaches to malaria control through multi-sectoral action and strong private sector involvement.
4. Setting up an effective monitoring system with clear guidelines and indices to evaluate the implementation of the approved plan of action on malaria prevention by our health institutions.

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