

**COMMUNITY ENGAGEMENT IN
RESPONSE TO COVID-19
AND MALARIA :
KEY POINTS FOR CIVIL SOCIETY**

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Examples of community activities eligible for C19RM concept notes

- Capacity building of civil society organizations (CSOs) on COVID-19 and fight against malaria in the context of COVID-19;
- Community monitoring of malaria control interventions and COVID-19;
- Increase the number of community health workers (CHWs) to cover the most remote rural areas;
- Increase the motivation of CHWs to cope with their very high workload;
- Distribution of COVID-19 kits and individual protective equipment (IPE) to all CHWs and field workers;
- Provisioning of all CHWs with community COVID-19 tests;
- Community-based rapid diagnostic test (RDT) screening for malaria and COVID-19 by the CHWs;
- Training of CHWs on malaria prevention and control in the COVID-19 context in order to continue to provide malaria control activities under COVID-19;
- Production and dissemination of the Training Manual on «**Prevention of Malaria at the community level in the context of COVID-19**»;
- Educational talks by the CHWs on malaria control and COVID-19 (proper use of LLINs in households, use of RDTs in case of fever in the communities, fight against insalubrity and promotion of good hygiene and environmental practices, reinforcement of barrier measures against COVID-19);
- Production of communication materials (in French and English) on the fight against malaria and COVID-19 (posters, flyers) to limit confusion about the fever;
- Strengthening communication on the importance of malaria control in the context of COVID-19: Production of communication materials to promote the participation of pregnant and breastfeeding women in prenatal care, in the proper use of long-acting insecticide-treated nets (LLINs), in intermittent preventive treatment (IPT), and to encourage them to be screened and treated for malaria and COVID-19 in the health facilities;
- Production of communication materials (in French and English) against the stigma associated with COVID-19 and the importance of performing a malaria RDT in case of suspected fever in the context of COVID-19;
- Capacity building of CHWs in stock management in the context of COVID-19;
- Training of CHWs in psychosocial first aid and gender-based violence (GBV);
- CSO advocacy for coverage of all communities with COVID-19 services (screening and care);
- Media Training on Prevention of Malaria at the community level in the context of COVID-19;
- Training of community broadcasting stations and production of malaria radio programs - COVID-19 in French, English and local languages;
- Improving the effectiveness of community alert systems;
- Implementation of community health policies to improve the response to COVID-19;
- Implementation and use of mobile clinics for the diagnosis and community management of malaria cases in the context of COVID-19, in areas with no outreach care;
- Screening and community-based management of malaria and COVID-19 cases for vulnerable populations such as refugees, internally displaced populations (IDPs) in conflict zones;
- Strengthen the capacity of peripheral level health personnel and CHWs in data management (collection, compilation, validation and transmission of quality data).

Introduction

COVID-19 (Coronavirus disease 2019) has rapidly become a global pandemic with a devastating effect on human life. COVID-19 has a significant negative impact on health, social, economic and community development in many countries, constituting a very serious threat to these countries. The General Director of the World Health Organization (WHO) - Dr. Tedros Adhanom Ghebreyesus in his keynote address at a webinar for Civil Society Organizations (CSOs) in July 2020, **emphasized the need for these organizations to demonstrate community participation in public health and influence the way government and the private sector could ensure early diagnosis and treatment of COVID-19, move towards community ownership, and build public confidence. He also emphasized the need for greater equity and resilience in health systems to improve unstable economies [1].** The need to fight this pandemic with strict prevention measures to reduce the occurrence of new cases and to reverse the progression curve can only be achieved at the community level.

It is recommended that all actors, in order to effectively fight COVID-19 as well as other diseases such as malaria, proceed to: a rapid identification, profiling and mapping of stakeholder expertise, but also the implementation of an action plan that would cover ownership, governance and accountability, communication, dialogue channels, data collection and analysis, monitoring, drafting and feedback to the community.

The Civil Society's Responsibilities

The COVID-19 pandemic has revealed deep flaws and highlighted the drastic disparities that exist in health systems around the world. Since the early days of the crisis, civil society has been a key player in the fight against COVID-19. Since then, it has continued to advocate for vulnerable people and serve as a trusted authority for communities. The work of civil society has continued to grow.

Thus, to date, civil society, particularly those involved in the fight against malaria, can respond to the COVID-19 pandemic in the following ways:

- **Actively fight misinformation and false rumors about COVID-19;**
- **Strengthen the social mobilization of all stakeholders in the fight against COVID-19 and malaria;**
- **Advocate for a clear transparency of investments made in the fight against COVID-19 and malaria;**
- **To act in the sense of prioritizing actions carried out within the framework of the fight against these two diseases;**
- **Promote accountability and credible messaging to communities affected by COVID-19 and malaria.**

Malaria pillars for a good response strategy in HBHI countries

With more than 400,000 deaths and over 200 million cases each year, malaria continues to take its damages around the world. 11 countries, including 10 African countries, account for 70% of malaria cases and deaths worldwide. These are Burkina Faso, Cameroon, Ghana, Mali, Mozambique, Nigeria, Niger, Uganda, Democratic Republic of Congo, Tanzania, and India [2]. To reduce the burden of disease in these 11 countries, the WHO has developed the **HBHI (High Burden to High Impact)** strategy, in which 4 pillars have been defined. These pillars are as follows:

- **Building the political commitment to reduce malaria deaths** - This approach calls on high-burden countries and global partners to translate their stated political commitment into tangible resources and actions that will save more lives. Ownership of the challenge lies with the governments most affected by malaria. **Local initiatives that empower communities to take action to protect themselves from malaria can help create an environment for accountability and action [3];**
- **Strategic information to drive impact, in which countries are asked to move away from a single approach to malaria** - Through better analysis and strategic use of quality data, countries can accurately determine where to deploy the most effective malaria control tools for maximum impact. They can also use the data to optimize how the tools are delivered to those who need them by all means, including improved primary health care [3];
- **Better policy guidance and strategies** - WHO will use the best evidence to develop global guidance that can be adapted by countries with high burdens of disease to a range of local contexts. These guidelines will be continuously updated and refined based on country experience and the development of new tools [3];
- **A coordinated national response to malaria in which the key to success is a combined health sector response complemented by other sectors, such as environment, education, and agriculture.** Aligning partners with this national approach will ensure that limited resources are used in the most effective way [3].

Civil society action is critical in achieving the goals associated with the four pillars of the WHO HBHI strategy in African countries experiencing the burden of malaria.

WHO and Roll Back Malaria Partnership exigencies

The RBM Partnership to end malaria required countries to intensify their efforts to consolidate progress in malaria prevention and to prioritize the following:

- **Protect the most vulnerable people** such as pregnant women and children under five in malaria-affected countries with life-saving malaria tools and focus on the safe delivery of these essential interventions;
- **Investing in malaria control to help build stronger health systems:** this requires increased mobilization of domestic resources to strengthen the first line of defense against malaria and other diseases (existing and emerging) [4];
- **Joining forces to protect hard-won gains:** by working together, the goal of ending malaria and overcoming emerging global public health threats such as COVID-19 is achievable [5].

Therefore, the intersection of the 4 pillars of malaria control in the 11 countries most affected by the disease and the civil society strategies for COVID-19 define the priority areas that need to be addressed to consolidate the progress made in the fight against malaria at the time of COVID-19.

Civil society strategies in the malaria response in the context of COVID-19

The following table presents the action plan established for civil society to improve its action in the fight against malaria in the context of COVID-19.

Table 1 – Action Points for Civil Society – Response to Malaria in a Time of COVID

		CIVIL SOCIETY STRATEGIES			
		A- Community Target		B- Institutional Target	
		Community involvement	Building trust	Governance	Equity and resilient health systems
HIGH BURDEN FOR HIGH IMPACT	Political Will	1 Accountability and action through advocacy and outreach	2 Dialogue channels to facilitate mutual trust	9 Act as a controller of transparency and help the government set priorities	10 Advocacy for better and stronger health systems
	Strategic Information	3 Credible Communication, Data ebb & flow Digitalisation	4 Communication plan, against misinformation	11 Awareness and information management	12 Advocating for better policy and decision making
	Better Strategies	5 Procurement, inventory, and supplies Support Groups - Community Health Worker Training	6 Transparency and fair practices, Resource mobilization	13 Protect the vulnerable, Monitoring and evaluation	14 Assist in the design of strategic action plans for interventions and tools for scaling up
	Coordinated National response	7 Resource mobilization - cash and in-kind, networks and coalitions	8 Engagement and ownership through participatory planning	15 Cost control by creating synergies for low cost and high impact	16 Identification, profiling, and mapping of stakeholders for the sustainability of gains

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A- Civil society and community involvement

A1 Accountability and action through advocacy and awareness

Civil society must provide the awareness and communication function to ensure that preventive measures against COVID-19 and malaria are applied in all gathering places. Communities must be held accountable for the resources they provide for the implementation of government actions. They must understand that the threat is real and not fictitious or conspiratorial, massively adhere to awareness, education, and screening campaigns to identify and manage asymptomatic cases in the community and exposed contacts.

A2 Dialogue channels to facilitate mutual trust

There is a need to establish channels for dialogue at the community level to demonstrate complementarity of actions and activities. CSOs will focus on adapting government measures at the local level for malaria control in the context of COVID-19, considering socio-cultural and economic realities for effective implementation through dialogue and mutual respect.

A3 Transmission of credible data

It is important to provide quality data in a timely manner so that the system can be fully utilized. This data comes from the base with input from the CHWs. CSOs must be involved in the collection and transmission of data. The CSO must be able to extract, analyze, and process data for decision making or to initiate research at the community or national level to inform decision makers.

A4 Communication strategy against misinformation

The care of the populations must be elaborated in a carefully designed communication plan that includes all sales outlets and channels to promote good information through the media voices, informative spots, and flyers. In addition, CHWs and field agents must be equipped with the necessary and convincing means and materials to reassure and give confidence to the population so that exchanges between communities and institutions are not hostile and foster a healthy collaboration. It is important to insist on educating households at the community level by using not only official languages but also local languages in awareness campaigns to:

- To make known and understand the 2 diseases (malaria and COVID-19), their symptoms, their differences, their evolution, and the risks in case of non-treatment.
- To make people understand that preventive measures remain the best option in the fight against the two diseases and specially to explain the «**why**» of each of these measures so that they are adopted by the communities.

This education should emphasize the effects of the unfair stigmatization of COVID-19 patients, which leads to the hiding of infected persons and consequently the spread of the disease in the community.

A5 Capacity building for community health workers

CHWs are the key link in the fight against malaria in the context of COVID-19. The capacity of these CHWs should be strengthened through organized training to deconstruct false rumors and misinformation. The CHW should be able to assist in the management of stocks and supplies.

A6 Transparency and equitable practices

Civil society has a duty to seek out non-traditional donors by demonstrating that the service delivery process is transparent and equitable, and that people can mobilize in-kind or cash resources to meet the needs of the national malaria program.

A7 Resource mobilization - cash and in-kind, networks and coalitions

Civil society should develop a resource mobilization coalition with partners who can contribute both services and cash. This resource mobilization plan should be discussed and agreed upon and then implemented to demonstrate the inclusion of all sectors of government and private institutions. Networks generate new interests and collaborations and can add value to existing projects.

A8 Commitment and ownership through participatory planning

This starts with the planning process of any activity. Therefore, it is important to start by involving the final users in the planning process. This way, they are fully engaged, and ownership becomes easier as they understand the requirements of the implementation and can therefore monitor its results. This maximizes all efforts of donor agencies to ensure that the investment continues to pay off. It is also essential that civil society be considered an equal development partner in the ownership model. In this way, CSOs will hold the government accountable for results. In addition, CSOs will protect and advocate for the health rights of vulnerable and marginalized populations as a priority.

B-Collaboration between civil society and government institutions

B9 Act as an advocate for transparency and help the government set priorities

CSOs should help the government demonstrate that funds raised or allocated to the community are used according to best practice guidelines. Government should be able to identify the urgent malaria needs of communities and thus help prioritize actions.

B10 Advocating for the improvement and strengthening of health systems

The pandemic has exposed failures in health systems and a significant inequality of goods and services. CSOs should set up working groups to seek improvements from bilateral donors to benefit health systems for better service delivery. It is important to foster the solidarity of the private sector to make a significant and sustainable contribution to malaria control and COVID-19 funding.

B11 Strengthening awareness and information management

An effective information management system and awareness-raising are needed to allow for the exchange of understandable information on policies implemented to better control malaria and COVID-19. Poorly conceived and planned information transmission can create unimaginable and very serious dangers in communities. Malaria control messages in the context of COVID-19 must be clear, simple, practical, specific, and adapted to the local context. Messages must inspire confidence with a positive tone that reinforces positive behavior(s) and be delivered in local languages and especially include contextualized graphics/photos for illiterate populations.

B12 Advocating for better policies and decision making

Civil society must position itself to advocate for better malaria control policies in the context of COVID-19. CSOs must be able to liaise between communities and decision-making bodies to ensure that the specific needs of these communities are considered in the development of malaria control policies and strategies. This requires the production of information that presents the state of the art and knowledge about malaria and COVID-19, to justify a change in policy and thus guide decision making.

B13 Monitoring and evaluation of policies and interventions for vulnerable people

Women and children are the most vulnerable groups to malaria. This situation is worsened by a crisis of inequality. It is important that health products for these groups are accessible to the greatest number of people. Civil society must act to better monitor and evaluate the services provided to vulnerable populations and communities affected by malaria.

B14 Assist in the design of strategic action plans for interventions and tools for scaling up

Civil society should be actively involved in the development of public policy in the fight against malaria. CSOs should be involved in evaluations of malaria programs to assess the evolution of the malaria burden over time, the impact achieved by countries to date, and key determinants of observed progress to influence future actions. This will require a significant contribution from CSOs to the development of tools that will support the scaling up of malaria control interventions in the context of the severity of COVID-19. This will enable civil society to better contribute to the development of national strategic plans with a process of optimizing planned intervention strategies to achieve national objectives.

B15 Cost control by creating synergies for low cost - high impact

In the process of working with public institutions, CSOs must participate in actively sensitizing communities on the cost of services provided in the fight against malaria. In the framework of the fight against COVID-19, it is essential for civil society to carry out reflections with communities in order to propose income-generating activities such as encouraging the creation of production centers for face masks and, if possible, hydroalcoholic solution and other good quality prevention gadgets to allow for their popularization and, above all, at a lower cost of the means of prevention against this pandemic. In addition, CSOs can advocate and demonstrate in their localities for an increase in the number of drinking water points for handwashing in communities. They can also mobilize and fund the construction of handwashing stations or facilities to facilitate and encourage handwashing in key high-traffic areas.

B16 Stake holder Identification, profiling and Mapping for Consolidation of gains

There are many stakeholders willing to do and deliver corporate social responsibility services. It is important for the good of the national malaria program in each country that these stakeholders are identified, profiled, and geographically mapped, as each will have an area to cover in all aspects of malaria control without duplicating efforts. This is often helpful because stakeholders also identify their areas of expertise and donations are often in-kind rather than cash. This is a laborious but rewarding exercise, perhaps led by civil society. It would thus contribute to the increased mobilization of resources to fight malaria more effectively in the context of COVID-19.

In conclusion

CSOs are major players in the fight against malaria. Since the outbreak of COVID-19, their engagement with the communities they represent has improved considerably to the point that civil society is now a key player in the development and implementation of public policies and interventions in the fight against malaria.

This paper discusses community engagement of civil society in the response to COVID-19 and malaria. It summarizes the actions that civil society can take in the current malaria control context during COVID-19, both in the community and in support of public institutions and the private sector.

Dear civil society stakeholders, this tool will help you to better direct your actions in the fight against malaria in the COVID-19 context.

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