



Newsletter #17 April 2020

World Malaria Day April 25

This issue is dedicated to World Malaria Day and what Scouting has done to reduce the incidence of malaria in African countries. The success of these initial campaigns needs to be followed up so more lives can be saved

Scouts for SDGs

To mark the Millenium and subsequently fifteen years later, the United Nations agreed a set of Sustainable Development Goals (SDGs) with the global aim of *helping others and leaving no one behind*.

In November 2018, the World Organisation of Scouting Movements accepted the challenge of these Goals and pledged some 3 billion hours of voluntary labour to help meet these goals by 2030.

SDGs in which Scout Associations are active include –

- Leading a healthy life and promoting well being for all ages (www.scoutsagainstmalaria.org.uk)
- Accessing clean water (Water wells for Masindi District, Uganda)
- Limiting climate change (www.changingwithclimate.info)
- Ending poverty (promoting purchase of Fair Trade products)
- Promoting gender equality (in all our activities)
- Promoting peaceful and inclusive societies (through our meetings and reaching out to refugees)
- Joining the Global Partnership for Sustainable Development (www.sdgs.scout.org)

Roll back malaria (RBM) campaign

The *roll back malaria* campaign has been established as a global partnership involving philanthropic foundations, research institutes, pharmaceutical companies, aid agencies, NGOs and now the Scout Associations.

This global campaign has proved that continued commitment and investment in malaria prevention and elimination has saved millions of lives in the past 20 years and prevented more than one billion cases of malaria enabling millions of children to stay in school, parents to work and economies to grow. In spite of considerable and sustained research, no vaccine has yet been discovered

While the world's attention is focussed on fighting the corona virus, it should be remembered that malaria is infecting more than 200 million people each year and is already imposing a very high burden on life and the health services in those countries where the disease is endemic.

But after decades of progress, malaria cases have started to *rise* in high burden countries, located primarily in sub tropical Africa and India, over the past few years. Consequently over the past 5 years there have been no significant reductions in those being infected and nearly as many people died in 2018 as in 2017 (400,000).

Zero malaria starts with me

This is a recent grass roots campaign supported by the World Health Organisation that aims to keep malaria high on the political agenda, helps to mobilise additional resources and empowers communities to take ownership of malaria prevention and cure.

As the Anopheles mosquito, the vector responsible for spread of the disease, is only active at night, the primary means of avoiding being bitten is to sleep under a long life insecticide treated bed net (LLIN). Unfortunately only half the population of Africa are protected by sleeping under LLIN nets and this percentage has *not* increased significantly since 2015.

SAM contribution to the global partnership

With funds raised by UK Scouts, 20 campaigns over the past 4 years have been organised by African Scout Associations in Ghana, Uganda, Malawi and the Gambia. Working with health officers, vulnerable families in local villages have been identified, supplied with LLIN treated nets, helped with erecting the nets and explained why treatment is needed if bitten and where help can be sought if someone has been bitten.

The sad fact is that in every campaign to date, Scouts have had to decide who should receive the nets and who should go without, something that no Scout should ever have to consider.

Having proven that Scouts can distribute nets effectively, we shall try again to obtain such nets as free issue so we can double or treble the number of recipients receiving these nets.

Ghana: Tontro Community, Eastern Region



Exhibition by Scout team on how to fix a mosquito net

Ghanian Scouts visited this village on January 31 to educate the local community about malaria and were able to distribute 200 long life impregnated bed nets (LLIN)

Mary Eshun, one of the Scout team, explained that pregnant women, lactating mothers, children and the aged are the most affected people and so she urged them to use the mosquito net every night



Louis Okyere, Chief Commissioner, explained the importance of keeping their communal areas and gutters clean and that there should be no pools of stagnant water so that mosquitos could not breed.

People of Tontro taking their mosquito nets

Uganda

The most recent campaign was in the Soroti District in January when 300 LLIN nets were distributed, 200 to expectant mothers and 100 to families with children under 5 years of age.

Cleopatra John (International Commissioner) writes 'Uganda has been successful in the fight against Malaria, which kills many people especially expectant mothers and children under the age of 5 years and SAM has greatly contributed to the reduction in illnesses and even deaths.

Through learning by doing, Scouts have reached out to vulnerable communities sensitizing them on how to prevent malaria through sleeping under a treated bed net, clearing the bushes around their homes and seeking proper medical care in case someone got malaria.



Distributing insecticide treated bed nets, Soroti district,

Lives have been saved.

In future we hope to reach out to many more vulnerable communities with knowledge on how to prevent malaria. We also hope to work with other partners in distribution of more nets to more communities.

Current and future development of Scouts against malaria by the Scout Association of Malawi by Howie Maujo (Executive Commissioner)

Introduction

The Scout Association of Malawi has offered meaningful interventions in as far as Scouts Against Malaria project is concerned. Through the support of UK Scouts, it has helped the Association to reach rural areas in response to malaria infections. Members of these communities have benefitted by receiving the anti- malaria messages on how they can keep themselves away from the mosquito bites, how to treat malaria infection and how to prevent being bitten, In addition many households have received long life insecticide treated bed nets (LLIN).

The financial support has allowed us to procure the LLINs and distribute to people mainly the category of those with disadvantaged families and individuals that include widows, children with physical challenges, orphans among others from the spread of Malaria in some parts of Malawi. Through our intervention, we have been able to reach all the three regions of the country in selected districts in the areas where malaria cases are high. We have worked with the district health and area personnel at those levels who advise where to go for this initiative based on statistics.

Currently the project has reached out to the following districts;

- Lilongwe, Salima and Kasungu (Central region)
- Mzuzu (Northern region)
- Chikwawa (Southern Region through the Disaster)



Recipients of LLIN bed nets, Champhevu area in Kasungu district, Dec 2019

Present status

As elaborated, the project is implemented with the technical support from District Health Officers, especially the office coordinating Malaria programs in the respective districts. The guidance and technical support includes identification of households and participation of Health Surveillance Assistance personnel stationed in these respective districts.

In Malawi, malaria imposes direct costs, including a combination of private and public expenditures on both prevention and treatment of disease, of approximately \$120 million every year. Malaria is suggested by some economists to be responsible for a “growth penalty” of up to 1.3 percent per year in Malawi. At the household level, the World Health Organization (WHO) estimates that a poor family in Malawi can spend a quarter of its income on preventing and treating malaria.

Covid 19 impact

Malaria still poses a great danger more especially in this dire time where the nations have been struck by the pandemic COVID-19. From its onset, the focus of dealing with malaria cases in most hospitals and health care centers has shifted to the new pandemic and this has resulted in treatment for infection being delayed and so children, pregnant women and the elderly have died from malaria.

If malaria is not promptly treated, it will result in more deaths for those category of people in our society as Government efforts have shifted from other priorities to ConV- 19 as the main priority. This has caused fear as it may result in more deaths from malaria and we all know that malaria has caused more deaths than any other disease so far and it has become Malawi’s main problem in terms of disease control and prevention.

The Malawi government has put in place a 21 days lockdown as one of the preventive measures for reducing the incidence of ConV -19 . But looking at our economy, many local people may not survive due to lack of finances to support themselves in terms of food supplements which may not last 21 days. Such people may go undernourished and if one member of such a family contracts malaria, this could result in death due to insufficient food consumption

Much as ConV- 19 has cause panic and havoc among the nations, Malawi as a nation has just finished the growing season and most of the families are harvesting their produce. Due to this

pandemic there is a fear that most of the local people may not have enough time to sell their produce due to the measure of ConV-19 where there should be social distance. So people cannot meet and sell their produce at the market in order to buy their needs after selling their produce. This will result in further increases in malaria as people will not manage to buy anti malaria infection and preventive items like sprays and others due to lack of money to support themselves.

Scaling up/future development/what the future holds

There should be continuing distribution of LLIN's to the people in need and establishing more awareness of preventative measures and control in regard to malaria infection.

The Scouts Against Malaria project has to reach *all* the districts where there are more malaria infections based on the statistics collected by the health personnel.

There is also a future need to visit those areas previously visited to provide other households with mosquito nets. If funds permit, we will need to add value to our intervention by providing chemicals as a way of treating again the mosquito nets previously provided by dipping them or re-treating them with anti- mosquito repellent chemicals as a way of providing safety to the beneficiaries.

There is a need to increase awareness through meaningful strategies in such a way that District Scout Youth Forum/Committees can be trained on issues of malaria and go hand in hand with the district health office conducting awareness as a sustainable strategy and continuity of increased awareness and outreach of messages of Malaria (combined efforts)

Since there is growth in terms of out reach, there is a need to provide Scouts Against Malaria badges, so that the Scouts who are involved in this project should be rewarded as a way of encouraging them to undertake this initiative.

Leading healthy lives by reducing the incidence of malaria

This a set of activities in which individual persons of any age can learn about this disease, why it is so deadly and how each of us could save a life by raising £5 to purchase and distribute a net via the African Scout Associations with which we collaborate.

These activities can be undertaken at home and some can involve other members of the family such as a brother or sister.

Like other resources these can be downloaded from the SAM website

Join the fight against malaria

If your Section/Group is willing to join the global partnership to fight malaria, visit our website www.scoutsagainstmalaria.org.uk or email us at info@scoutsagainstmalaria.org.uk.

A resource box is also available which provides the educational resources to undertake a range of activities relating to this disease and the order form can be downloaded from our website.

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