

“We encourage private-sector leaders in all malaria-endemic regions to read the Playbook and apply its winning strategies.”

*Professor Awa Marie Coll-Seck
Executive Director, Roll Back Malaria Partnership, hosted by the
World Health Organization*

The Malaria Safe PLAYBOOK

**a resource guide in
the fight against malaria**



We need winning strategies to beat malaria and save lives.

What is malaria?

Malaria is the opponent in a game of life and death that no one should have to play. An infectious disease transmitted by the Anopheles mosquito, malaria affects 3.3 billion people around the world, resulting in an estimated 655,000 deaths annually. Whereas most of these deaths occur in sub-Saharan Africa, there's an urgent need across the African continent for dedicated players, good equipment, and winning strategies to stop this preventable and treatable disease.

What is the Malaria Safe Playbook?

The United Against Malaria partnership has assembled a collection of resources and best practices from key players in the field to encourage even more organizations to tackle malaria as a critical development issue. We call this resource guide the Malaria Safe Playbook for the UAM partnership. "Malaria Safe" refers to actions that lead to a future free of malaria, such as mosquito net distributions and education workshops for employees and company health workers.

Building off of what has worked to date, the Playbook offers communication tools, reference guides, and contacts for decision-makers in the public and private sector. These materials may be found online, along with this accompanying report, at www.malariasafe.org.

What is United Against Malaria?

United Against Malaria is a partnership that aims to build support for universal access to mosquito nets and malaria medicine in Africa—a critical first step toward eliminating malaria deaths by 2015—using people's passion for football as a catalyst. We achieve our aims by building political will and public support in developed countries to unite against malaria, by strengthening the political commitment of African leaders to prioritize malaria, and by increasing the use of prevention tools and malaria treatment in Africa.

Publication Data

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Comments and requests may be directed to Claudia Vondrasek (cvondras@jhuccp.org) and Bremen Leak (bleak@jhuccp.org).

Referenced Sites

The Malaria Safe Playbook
www.malariasafe.org

Voices for a Malaria-Free Future
www.malariafreefuture.org

Johns Hopkins Bloomberg School of Public Health Center for Communication Programs
www.jhuccp.org

United Against Malaria
www.unitedagainstmalaria.org

Roll Back Malaria Partnership
www.rollbackmalaria.org



Forward: A letter from the Executive Director
of the Roll Back Malaria Partnership

**You may have already heard the statistic:
an African child dies from malaria every 60
seconds.**

But even when the disease doesn't kill, it still wreaks havoc on overburdened economies in malaria-endemic countries. For instance, malaria can affect school attendance, decrease worker productivity, and drain household resources as families struggle to pay for repeated treatments.

The magnitude of this loss means that everyone has a role to play in its reversal. This includes the private sector, which has the skills and resources to reach a great number of people affected by this disease. Our corporate partners in the United Against Malaria campaign are taking strides to protect their employees and communities from malaria, thanks in part to the Malaria Safe Playbook, developed by the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, with generous support from the Bill and Melinda Gates Foundation.

At Roll Back Malaria, we believe that the pillars and resources presented in the Playbook have the potential to change the trajectory of development within countries currently affected by malaria. We encourage private sector leaders in all malaria-endemic regions to read the Playbook and apply its winning strategies.

*Professor Awa Marie Coll-Seck
Executive Director
Roll Back Malaria Partnership*





The four pillars

of the United Against Malaria campaign are education, protection, visibility and advocacy. Understanding the four pillars can help reduce the impact of malaria on productivity, incomes, and the health of a nation.

Education is teaching staff and their families about malaria. **Protection** is providing tools to enable employees to protect themselves from malaria and its effects. **Visibility** is giving prominence to the brand and partnership. **Advocacy** is using each of these elements to expand partnerships and inspire action.

Malaria contributes to a cycle of poverty and disease.

The business case for malaria

The severity and scope of malaria is recognized the world over, often in the unwelcome forms of sickness and death. Most often, it is the poor who suffer. According to the World Health Organization, half of the world's population is at risk.

Malaria is transmitted to humans through the bite of a parasite-carrying mosquito, which causes flu-like symptoms and, in severe forms, death. Most vulnerable are children, pregnant women, and those in remote regions with little access to prevention and treatment tools. Of an estimated 655,000 malaria deaths that occur each year, 91 percent are in Africa. Of these, 86 percent are children under 5 years of age (WHO 2011).

These statistics carry huge economic and societal costs. In Africa alone, malaria has been estimated to cost USD 12 billion every year. This includes costs of health care, working days lost due to sickness, days lost in education, decreased productivity, and loss of investment and tourism (Greenwood et al. 2005). In countries with high transmission, this equates to an average of 1.3 percent of annual economic growth and up to 25 percent of household income (RBM 2010).

Malaria can be prevented and treated through simple tools like mosquito nets, effective medicines and safe indoor spraying. According to McKinsey & Co., rapid and large scale deployment of malaria interventions

would increase economic output by as much as USD 30 billion in Africa and prevent 672 million malaria cases over a five-year period. RBM estimates that eliminating malaria 35 years ago would have added USD 100 billion to sub-Saharan Africa's gross domestic product, a sum nearly five times greater than all development aid provided to Africa in 2007.

The United Against Malaria partnership is building support for the United Nation's Millennium Development Goals, which aim to eliminate malaria-related deaths by 2015. The partnership comprises football clubs, corporations, government groups, non-governmental organizations, and sports and entertainment celebrities—each with unique resources to contribute. Currently UAM partners across the globe are gaining momentum in their efforts to fight malaria in creative and collaborative ways. As they do so, they're helping at-risk populations achieve better health, lower healthcare costs, greater productivity, and a higher standard of living.

Malaria Safe practices such as educating employees and customers, encouraging regular mosquito net use, and promoting rapid diagnosis and treatment will lead to a malaria-free future. By joining other major national and multinational companies in becoming malaria safe, private sector leaders can help eliminate this deadly and debilitating disease, paving the way toward better health and economic development.

Education

Learning the rules of the game is an important first step in training for any competition; it's critical when human lives are on the line. That's why UAM encourages its partners to educate their constituents about the dangers of malaria and the methods of prevention and treatment as a critical first step in their malaria control programs. After all, the more partners know about malaria, the better they can protect themselves against this combatable disease.

With proven training tools and resources, organizations can provide authoritative information about how malaria is contracted, what effects it has on the body, and which methods of prevention, diagnosis and treatment are available and most effective. Likewise, health experts can clear up common misperceptions about malaria and promote the consistent use of long-lasting insecticide-treated nets (LLINs). Mere access to nets is not enough.

To illustrate this point, studies across sub-Saharan Africa have found that within households possessing at least one insecticide-treated net, only 55 percent of children under the age of five were found to have slept under a net the previous night (Eisele 2009). Such disparity between access and use demonstrates the important need for behavior change communication. In this case, researchers identified the reasons why people chose not to use the nets—excessive heat, inadequate knowledge about malaria transmission, and a lack of string or manpower to properly hang the net, to name a few. Then they conveyed these messages to national malaria control programs and worked toward finding solutions.

In every community, certain messages can help shape an effective strategy—messages about malaria transmission, the barriers to net use and the challenges related to getting quick and proper treatment. Community leaders, employers, and other organizational leaders can share these messages in myriad ways. The greater challenge is conveying these messages in a way that turns knowledge into action.

With proven training tools and resources, organizations can provide authoritative information about malaria.

In the workplace, effective channels may include educational sessions, where trained health professionals answer questions about malaria at regular staff meetings. Or they may include in-house magazines, newsletters, intranet sites, or break-room bulletin boards and posters. Some UAM partners have taken this approach to the next level by hosting themed luncheons or company-wide celebrations that reward employees for hanging and using LLINs in their homes. These celebrations emphasize the importance of proper malaria control as the means to a healthy and happy lifestyle rather than focus on the adverse effects of malaria. Advertising, product packaging, and media provide additional opportunities to educate constituents. Whatever the channel, UAM partners should tailor messages to address local challenges associated with malaria control. Local health workers and community-based organizations are ideal sources for this information.

10 winning moves

1. Organize informational meetings about malaria that coincide with staff meetings.
2. Host question-and-answer sessions with trained health professionals to correct misconceptions about malaria.
3. Dedicate an institution-wide celebration to malaria, host a themed luncheon, or stage a contest that rewards members for hanging and using long-lasting insecticide-treated nets in their homes.
4. Use in-house magazines, newsletters, and breakroom bulletin boards to educate members about proper prevention and treatment.
5. Attach informational leaflets to pay stubs or new member orientation packets.
6. Feature malaria educational materials, quizzes and training tools on your company health portal or intranet.
7. Recruit local health workers to train company staff, and discuss local malaria-related problems.
8. Educate children by distributing coloring books, games and music that teach about malaria.
9. Educate customers by putting malaria messaging on receipts, bills, scratch cards, and other products.
10. Sponsor malaria-themed public service announcements, radio programs, or song contests to educate community members.

Protection

Of the four pillars, protection is unique in that it demands concrete malaria controls, while the other pillars raise awareness. In the fight against malaria, a good defensive strategy includes prevention and case management. Such interventions may seem costly at first, but the long-term health and economic benefits far outweigh these initial costs (RBM 2010).

PREVENTION

Long-lasting insecticide-treated nets (LLINs)

As a basic guideline for protection against malaria, UAM recommends the distribution of two long-lasting insecticide-treated nets (LLINs) per employee. This standard typically provides two to five years of protection for a family, depending upon the size of the family and the type of net, the number of washings, and the degree of care given. Both private and public sector partners should work toward achieving this goal.

Some organizations may choose to extend their net distributions to members of the community, providing string, nails, and trained volunteers to travel house to house, assisting pregnant women and other vulnerable groups with the hanging of their nets. Such deeds strengthen entire populations, create healthier workforces, and minimize the risk of infection from mosquitoes.

Indoor residual spraying (IRS)

As part of their corporate social responsibility or goodwill efforts toward the community, some companies offer indoor residual spraying (IRS) as a supplement to net distribution.

Insecticides used in IRS are safe for humans but lethal to mosquitoes that land on walls within the structure. IRS has been shown to significantly decrease mosquito and larvae populations, especially in communities where stagnant water is present, such as those near mines, farms or brick-making operations. IRS should be considered as part of a group of interventions and not as a stand-alone measure.

CASE MANAGEMENT:

Diagnostics and treatment

Rapid diagnostic tests (RDTs)

In order to truly protect their players, UAM partners should be prepared to not only prevent malaria but also to diagnose it when symptoms occur. Current policies governed by the World Health Organization (WHO) and implemented in-country by the national malaria control programs dictate that

assessments should proceed through biological diagnostics, such as microscopy and/or rapid diagnostic tests (RDTs), rather than clinical diagnostics based on symptoms alone.

Health personnel must receive training in the latest techniques and adhere to the most current national policies concerning treatment. Commonly, organizations that are new to malaria are unaware of recent changes to diagnostic and treatment protocols. Working as a team, UAM partners and national malaria control programs have organized workshops to train health personnel in the latest techniques and therapies. UAM encourages its partners to follow the latest WHO guidelines for diagnostics and to make malaria treatment for employees and other players an integral part of their plan.

Artemisinin-based combination therapies (ACTs)

When members of an organization do contract malaria, confirmed with diagnostic tests, health personnel should be equipped to administer proper treatment. National policies dictate the use of some combination of artemisinin-based compounds—usually artesunate, artemether and dihydroartemisinin. These are also known as artemisinin-based combination therapies (ACTs). So far, no resistance to artemisinin has been found, making such therapies safer and more effective than monotherapies.

Currently, ministries of health are working to ensure that all prescribers adhere to the latest drug regimen. UAM partners can facilitate this transition by complying with the latest policies and advocating the use of ACTs.

Being Malaria Safe means providing two nets per employee in malaria-endemic countries and training company health staff to correctly use rapid diagnostic tests and prescribe the appropriate drugs.

Intermittent preventive treatment of malaria in pregnancy (IPTp)

Because pregnant women are highly susceptible to malaria, malaria in pregnancy programs are critical. UAM encourages its partners to support these programs by educating women and their husbands about intermittent preventive treatment of malaria in pregnancy and by improving access to LLINs, either through routine services or through workplace opportunities where nets are distributed.

Intermittent preventive treatment of malaria in pregnancy (IPTp) is normally offered as part of antenatal care (ANC), but couples should ask for it if it isn't offered. It's important that pregnant women receive two to three doses of sulfadoxine-pyrimethamine (SP)—once when the baby begins to move and again before delivery, at a minimum. Despite the simplicity of this treatment, SP usage is low in Africa because women often postpone getting ANC. The sooner a pregnant woman receives ANC, the more she will know about modern preventive treatments and the fewer chances she will have of contracting malaria during her pregnancy.

Similar to pregnant women, those living with HIV/AIDS are considered high-risk. Co-infection with malaria can be lethal, and special consideration should be given to these individuals. For instance, people living with HIV/AIDS should be considered a priority for LLIN distributions, and pregnant women living with HIV/AIDS should receive an additional dose of SP during IPTp. Each country has guidelines for these situations, and country partnerships with the ministers of health and malaria and HIV/AIDS programs can help clarify these procedures.

By taking action, UAM partners can increase the number of mothers-to-be who come to ANC early and ask for malaria protection. Husbands can help keep wives healthy by accompanying them to the clinic.

Of the four pillars, protection is unique in that it demands concrete action.

10 winning moves

1. Distribute two long-lasting insecticide-treated nets (LLINs) to each member of your organization as a basic guideline for protection.

For bulk net purchases, contact a supplier of WHO-approved LLINs in or near your country. Nets purchased in bulk directly from a distributor are often cheaper than those purchased at a local pharmacy or market. The average purchase cost is USD 5 per net.

2. To determine the presence of malaria parasites, use biological diagnostics such as microscopy and rapid diagnostic tests (RDTs) rather than clinical diagnostics based on symptoms alone.
3. For treatment, use artemisinin-based combination therapies (ACTs) in accordance with national policy. These are safer and more effective than monotherapies.

For the safest and most effective drugs, see the latest list of WHO-approved medicines in the online resources of the Playbook.

4. Establish a malaria in pregnancy program to encourage intermittent preventive treatment of malaria in pregnancy (IPTp). To help tailor your malaria control program to pregnant women, review the pregnancy communication strategy guide included in the online resources of the Playbook.
5. Use indoor residual spraying (IRS) to decrease mosquito and larvae populations.

To learn more about IRS, review the IRS communication toolkit produced by our partners.

6. Remove stagnant water from your property to control mosquito larvae.
7. Broaden LLIN distributions to include community members.
8. Train volunteers to help hang nets in the community. Provide nails and string.

To help train employees about proper net usage and care, access the information, education and communication materials (IEC materials) in the online resources.

9. Send health staff to workshops sponsored by the national malaria control program for training in proper diagnostics and treatment.
10. Make every player count. Set up confidential services to help meet the special needs of members of your organization living with HIV/AIDS.

Visibility

When UAM partners are educated and protected, they can bring others to the game by raising the profile of malaria control through the use of marketing footprints and other resources. The third pillar, visibility, helps them do just that.

For decades, communities in Africa have viewed malaria as an unavoidable part of life, despite the Herculean efforts made so far to combat it. The UAM partnership seeks to change these views. As new players join the fight and take up the UAM logo, they contribute to a movement that is gathering strength to end malaria.

To successfully increase the visibility of the UAM brand and campaign, organizations can incorporate malaria messaging into their product packaging and advertising. UAM partners in the private sector have branded delivery trucks, flour sacks, gas canisters and coupons, scratch cards, coffee mugs, electricity bills, and even water bottles to help gain recognition and appeal for the campaign. Effective advertising has ranged from billboards and print ads to website banners and SMS.

Physical real estate can offer additional visibility. Pitchside advertising or messaging on a scoreboard can reach tens of thousands of spectators, as well as countless viewers through television broadcasts. Organizations may choose to hang banners outside their offices or on nearby street poles to emphasize the need for urgent action.

One of the aims of the UAM campaign is to channel people's passion for football into effective malaria control. From dusty fields to brimming stadiums, football is ubiquitous in Africa, and the opportunities for visibility are endless. For example, an organization may sponsor local tournaments under the UAM banner, providing simple prizes such as trophies or cold beverages to draw competitors. It may recruit local football stars to present malaria messages during game broadcasts or in public service announcements. Or it may provide T-shirts for volunteers, fans and stadium workers. When athletes themselves warm up in UAM branded uniforms, and the media covers the event, the potential audience increases exponentially.

One of the most visible and dynamic elements of the UAM campaign is the UAM bracelet. Sold for about USD 3 and handmade in South Africa, the beaded bracelet finances Global Fund malaria grants and provides much needed revenue for the disadvantaged South African men and women who make them. It is a replica of the UAM logo and a symbol of one's outwardly visible commitment to the campaign. The UAM bracelets have been purchased for entire companies and football federations for their staff and members to show their commitment to ending malaria.

10 winning moves

1. Think big. Find creative ways to put your malaria messaging where people will see it. Think airport welcome signs, national monuments, presidential motorcades, parks, schools, football stadiums, and beyond.
2. Dress up your office space with giant banners or street signs that passers-by can see daily.
3. Leverage your retail presence by adding the UAM logo to your company uniforms, delivery trucks, coupons, receipts and product packaging.
4. Advertise with malaria messaging at football games. Provide fans with T-shirts or other souvenirs that will help them take home the message.
5. Don't underestimate the power of traditional media, such as billboards, newspaper ads, posters, radio and television commercials.
6. Use SMS to send messages to consumers and community members.
7. Hold community events that focus on malaria, such as concerts, art shows, sleep-outs, and sports competitions.
8. Ask local or national celebrities to appear at your events or in your public service announcements.
9. Invite local reporters to your malaria-related events, so as to gain maximum exposure in the press.
10. Order a colorful UAM bracelet to raise awareness—and USD 1 million for life-saving nets in Africa.

Advocacy

On the pitch, good communication enhances teamwork, producing coordinated efforts that lead to success. The fourth pillar, advocacy, invites partners to expand their personal commitment to fighting malaria by inspiring leadership to score the same goals at the global, national, and district levels. This means using the power of communication and partnerships to raise awareness and funds for malaria control, without which sustainable control is impossible.

In the UAM campaign, champions are born. Those who join the campaign find out how exciting it is to improve their communities by improving lives and spreading messages of health and wellness. They direct these messages—with supportive facts and compelling testimonials—to leaders who can help them access even greater resources. The UAM campaign has seen many partners reach out, take risks, and join forces.

With so much at stake, UAM partners have addressed audiences at the World Economic Forum, the United Nations MDG Summit, the 2010 FIFA World Cup, and elsewhere. They speak from the heart about how they came to understand the importance of the campaign and why they have taken action. Following are just three examples of their messaging:

“The UAM campaign comes at a time in Cote d’Ivoire when the private sector needs to take responsibility for making the country strong again. I am happy to be a partner and to contribute to the malaria control targets in my country.”

—**Rene Yedieti**

CEO of the Librairie de France Group, Côte d’Ivoire

“Football needs a healthy society to thrive. It requires healthy players, administrators, coaches, referees and, most importantly healthy fans. Without them you cannot develop the game. A malaria-infected society is not a healthy one, and so it is only logical that we support the UAM campaign if we want to see sustainable development in our country.”

—**Leodegar Tenga**

Chair of CECAFA, CAF Board Member, FIFA Marketing Committee Member, and President of the Tanzania Football Federation

“Said Salim Bakhresa and Co. joined United Against Malaria because the best way to fight malaria is to join forces with people working toward the same goals. Our involvement has had a big impact on our own employees and on the health of Tanzanians outside our company, which makes us very proud.”

—**Said Mohammad Said Abeid**

General Manager, Said Salim Bakhresa & Co., Tanzania

10 winning moves

1. Advocacy is about using what you know to convince others to join your cause. Begin by making sure that your strategies under the other three pillars are cohesive and collectively effective so that your own malaria program can serve as an example to others.
2. Identify malaria control champions within your organization. Enlist a credible spokesperson, such as a respected sports or entertainment celebrity, to give weight to your organization's commitment.
3. Tailor your message to your target audience and make sure you can deliver an elevator speech—a convincing statement that you can deliver in a few minutes, the time it takes to ride up or down the elevator.
4. Advocate for management to allocate resources as part of their benefits or health insurance plans and to institute in-house policies to encourage employees, players or students to adhere to malaria detection, prevention and treatment methods.
5. Form partnerships. There is strength in numbers.
6. Encourage national, district and local governments (e.g., parliaments or ministries of health, sports, education, economy, agriculture, etc.) to set up a fund for malaria control activities.
7. Participate in malaria advocacy meetings at the local level. These usually comprise district or regional officials, NGOs, and businesses.
8. Build bridges with local health organizations. They have many resources available to help you initiate change within your organization.
9. Collect signatures to help people show their support for the fight against malaria. You can use footballs, a traveling scroll, or a website, for example.
10. Purchase and help others purchase the UAM bracelet. These sales raise money for the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

Speak out. You may inspire others to action.

www.malariasafe.org

Now that you understand the four pillars of the United Against Malaria campaign and have some simple ideas on how to be Malaria Safe, the online resources at www.malariasafe.org can help you take your malaria control program to the next level. These resources aim to supplement, not supplant, the excellent materials available elsewhere on the frontlines. Indeed, the intent is to provide our partners with the most comprehensive range of materials possible. Log on to find:

- advocacy materials on developing Malaria Safe activities in malaria prevention, transmission and case management (diagnosis and treatment)
- educational materials to help interested groups inform their employees, including drawings, leaflets, posters, banners and billboards that can be used as is or adapted for local context
- implementation strategies for indoor residual spraying (IRS) and intermittent preventive treatment of malaria in pregnancy (IPT), which can be complex interventions that require a coordinated approach, as well as a sample communication strategy that outlines how the UAM campaign contributed to the needs and challenges faced by a malaria-endemic country program
- the latest malaria control guidelines issued by the World Health Organization
- recent reports that trace the advances made in malaria control and outline the way forward
- contacts for those groups that would like to get more involved, order LLINs, or improve malaria control in their countries.

Advocacy materials
Educational materials
Implementation strategies
Malaria control guidelines
Reports
Contacts

TO ORDER UAM BRACELETS

In bulk, email the following information to info@relate.org.za (or penne@relate.org.za if in the United States or Canada): name, organization, position, phone, fax and email contacts, shipping address, billing address, VAT number (for South African firms), desired quantity of bracelets (in boxes of 100), and desired delivery date. (Bracelets ship upon receipt of payment.)

Individually, buy online at www.unitedagainstmalaria.org.

The UAM bracelets are handmade in Cape Town, South Africa, as an employment project for people affected by HIV/AIDS. Proceeds support these low-income men and women and protect communities across malaria-endemic Africa.



Find it online.
www.malariasafe.org



**The
Malaria Safe
PLAYBOOK**
a resource guide in
the fight against malaria

