

Equatorial Guinea:

Achieving Effective Public-Private-Civil Society Engagement to Reduce Malaria In A Challenging Environment

The Government of Equatorial Guinea

Marathon Oil Corporation

Medical Care Development International (MCDI)
and Partners

Global Fund to Fight AIDS, TB and Malaria

APHA Annual Meeting
Washington, D.C.
November 6, 2007



Ministerio de Sanidad
y Bienestar Social



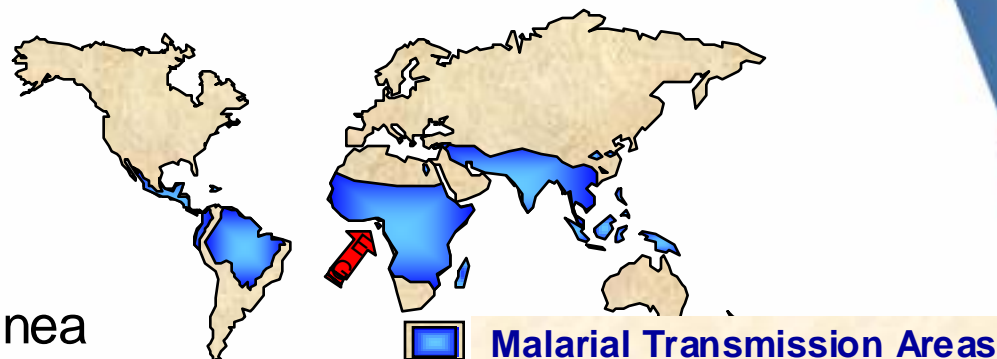
en La Isla de Bioko



Purpose of Presentation

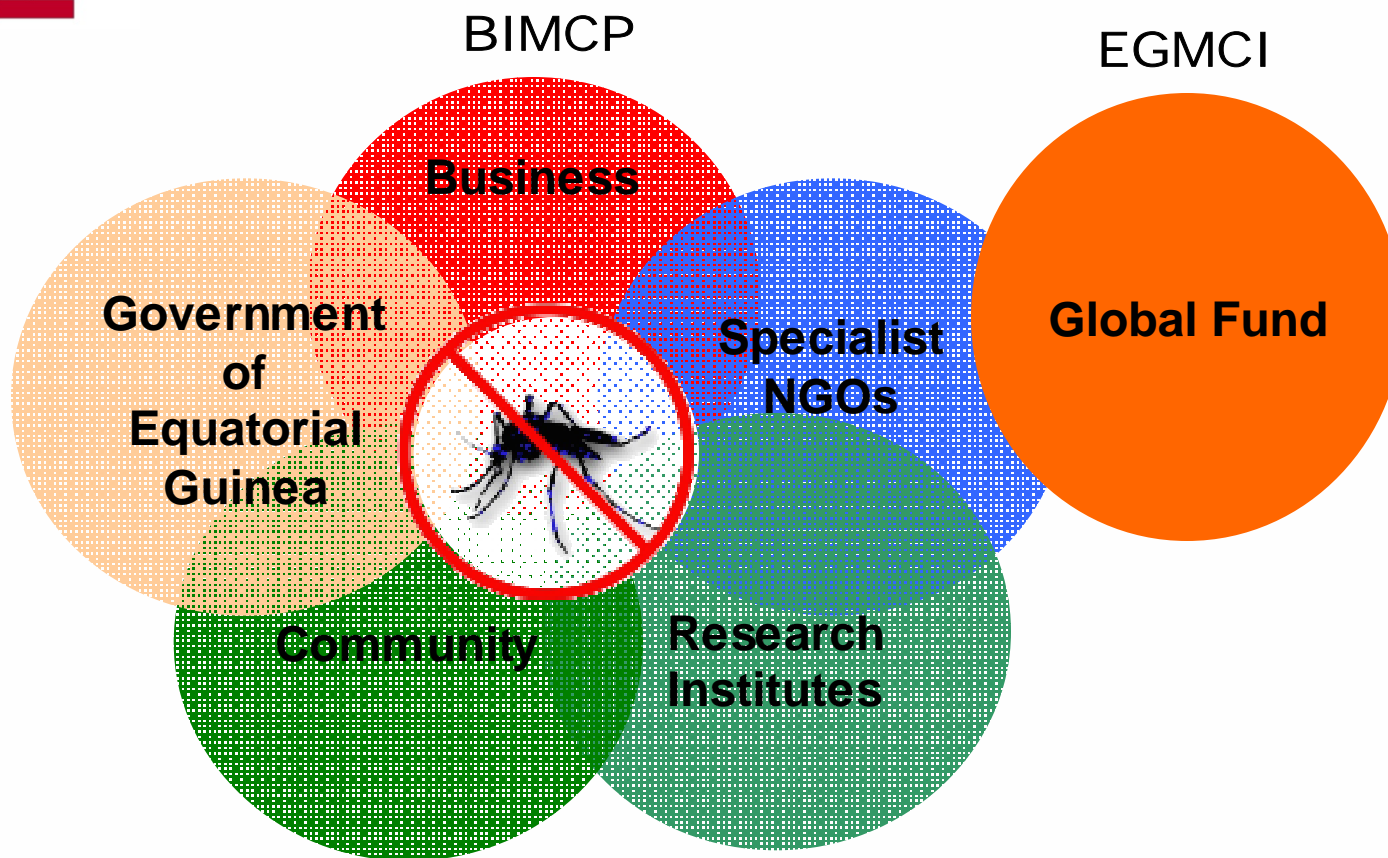


- ◆ Describe development of the partnership between Government, the Private Sector, and Civil Society
- ◆ Presentation of Equatorial Guinea's malaria control initiatives: BIMCP and EGMCI
- ◆ Summary of progress to-date
- ◆ Substantial benefits to the people of Equatorial Guinea
- ◆ Achieving corporate goals, including international recognition and awards
- ◆ Leveraging Civil Society experience working with communities to achieve public health goals





BIMCP + EGMCI: Public + Private + Multilateral Partnership



→ Collaborative design, leading to effective, results-based execution



Ministerio de Sanidad y Bienestar Social

[Tracking Info Here](#)





Equatorial Guinea's two unique malaria control initiatives: BIMCP and EGMCI

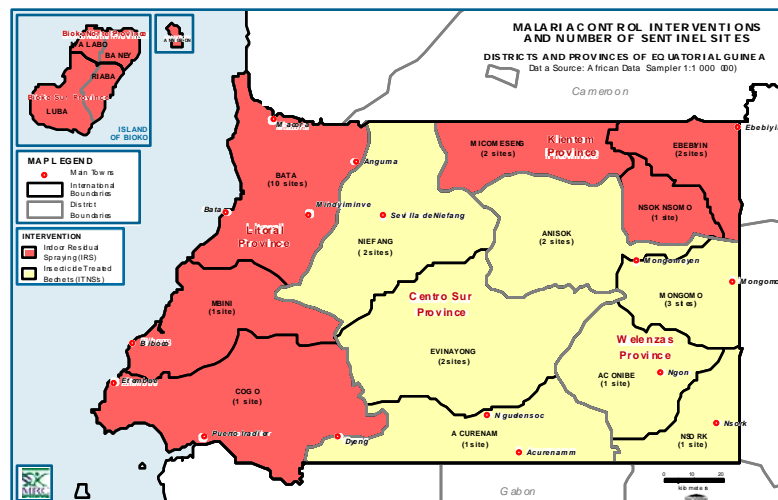


■ Bioko Island Malaria Control Project (BIMCP) 2003-2008

- US\$12.86 million including US\$1.55 participation by GoEG
- Jointly financed by Marathon Oil, Noble Energy, Atlantic Methanol, Sonagas and the Government of Equatorial Guinea
- Experience leveraged resources from the Global Fund

■ Equatorial Guinea Malaria Control Initiative (EGMCI) 2006-2011

- US\$26.99 million
- Jointly financed by Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and the Marathon Foundation





Genesis and Evolution of a Partnership (BIMCP)- 1



- Early 2002: Marathon identifies opportunity to combine corporate interests (malaria reduction in on-site workers) with government goals (improved health status) in collaboration with the National Malaria Control Program
- Mid 2002: Marathon conducted malaria reduction feasibility study with Government of Equatorial Guinea
- Late 2002: Marathon Medical Director secures agreement from Senior Vice President that malaria control is possible
- Early 2003: Marathon contacts CORE group seeking experienced NGO with whom to partner; Marathon issues request for applications; MCDI secures Board approval to respond
- Mid 2003: MCDI and partners develop and submit proposal; proposal approved; implementation begins and baseline surveys completed, and monitoring and evaluation protocol established
- 2004: Implementation continues – first round of Indoor Residual Spraying (IRS)





Genesis and Evolution of a Partnership (BIMCP) - 2



- 2005: Case Management, Intermittent Preventive Treatment of Pregnant Women (IPTp), Supervision, and inventory control, management and distribution of malaria-related diagnostic supplies and drugs
- 2005 CDC funding secured to strengthen national malaria control program management systems
- 2006: Health information and malaria information systems strengthened, and active case detection and treatment initiated to reduce the human reservoir
- 2006: Based on BIMCP results and success, Global Fund application submitted and approved to scale up activities to the mainland
- 2007: LLINs added to IRS as complementary vector control activity to test combined effect and further drive transmission down
- 2008 (planned): with technical advisory group (Harvard, Yale, CDC, MRC, London School), exploring option of mass drug administration (MDA) to lower transmission in areas of persistent parasitemia





Implementation: seeking a dramatic reduction in malaria transmission, illness and death



Integrated Malaria Control Strategy

- Vector (mosquito) control
 1. Indoor residual spraying (IRS)
 2. Long lasting insecticide treated bed nets (LLINs)
 3. Selective environmental control of breeding sites (larvaciding)
- Diagnosis and treatment of malaria
- Information, Education and Communications (IEC)
- Monitoring and Evaluation
- Capacity building and integration



Ministerio de Sanidad
y Bienestar Social

[Tracking Info Here](http://TrackingInfoHere)

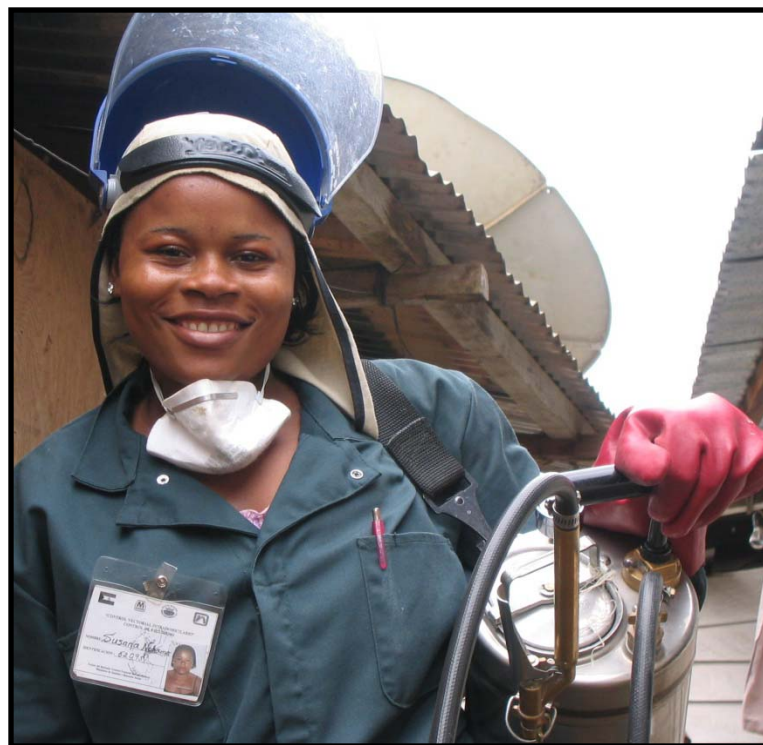




Indoor Residual Spraying



- 2 mosquito species that transmit most of the malaria in EG need to rest indoors on walls after blood feed
 - Insecticide on walls kills infected mosquitoes reducing transmission
- 90 Equato-Guinean sprayers and supervisors sprayed Bioko since 2004
- 6 spray rounds completed on Bioko since 2004 – 7th in progress
- ±120,000 structures sprayed per round on Bioko (BIMCP)
- ± 280,000 structures will be sprayed per round on Mainland (EGMCI)





Bed Nets and Larvaciding



- Household Distribution of Long Lasting Insecticide Treated Bed Nets (LLINs)
 - 164,000 LLINs distributed on mainland (EGMCI) - Aug 2007
 - 82,000 LLIN distribution in process on Bioko – Oct 2007
 - Coverage - all occupied beds.
 - Goal of transmission reduction
- Targeted larvaciding to kill 1 mosquito species that prefers to rest outdoors after a blood feed (BIMCP)
 - Found in limited coastal areas of Bioko Island (especially near Marathon plant)



Ministerio de Salud
y Bienestar Social

[Tracking Info Here](http://TrackingInfoHere)





Improved diagnosis and treatment of Malaria



- New Artemisinin Combination Therapy (ACT) drugs supplied to overcome resistance to Chloroquine and to avoid mono-therapies
- Free ACT supplied to children under 15 years old and pregnant women
 - 35,000 treatments supplied on Bioko in 2005
 - 14,000 treatments supplied on Bioko in 2006 – lower following IRS spraying
- Treatment provided by staff at Government hospitals and health centers
- Rapid Malaria Tests supplied to all health centers
- Hospital laboratories supplied





Information, Education and Communication



- Information provided at community level on malaria and program services (free IRS, ACT)
- Education of communities
 - Recognizing signs and symptoms of malaria
 - Timely care seeking
 - Appropriate follow-up
 - Safety and IRS
 - Window traps
- Communications by radio and other media
 - Availability of free care
 - Spraying schedule
 - LLIN distribution plans





Monitoring and Evaluation



- 17 sentinel sites on Bioko Island (BIMCP) to monitor
 - Mosquito numbers
 - Level of malaria in mosquitoes
 - Level of malaria in children and mothers
- 31 sentinel sites on the mainland (EGMCI)
- 102 mosquito traps on Bioko; 186 on the mainland
- Annual health survey to evaluate impact following 2004 baseline
- 110 Equato-Guineans involved in this component on Bioko





Capacity building and integration



- Detailed integration strategy developed with Ministry of Health in 2004
- Training of all doctors and nurses on Bioko in improved malaria care
- Training of pharmacists in effective drug management
- IRS implemented by Equato-Guineans
- National Malaria Control managers provided computers and trained
- Support to development of national Health Information System, including project developed Malaria Information System (MISM)

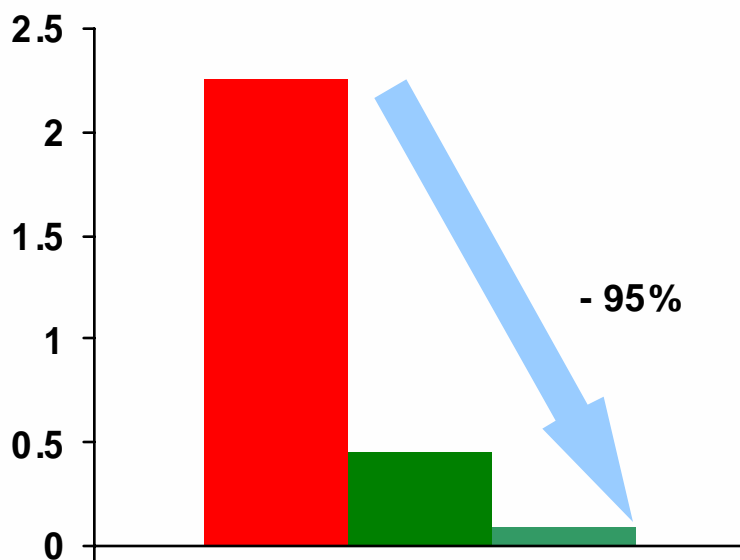




Malaria transmission and prevalence on the decline

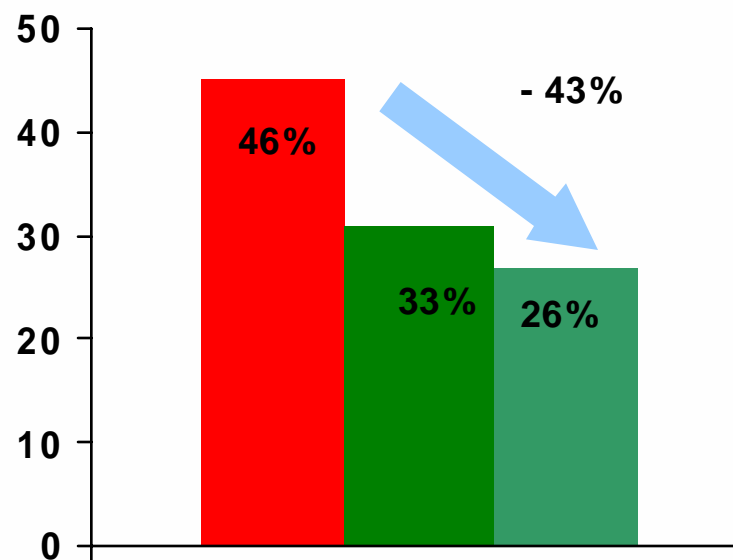


Average Number of Infected Mosquitoes Caught in the Home/100 Nights



■ Pre-Spray ■ 2005 Survey ■ 2006 Survey

Percentage of Children on Bioko Island with Malaria Parasites in Their Blood

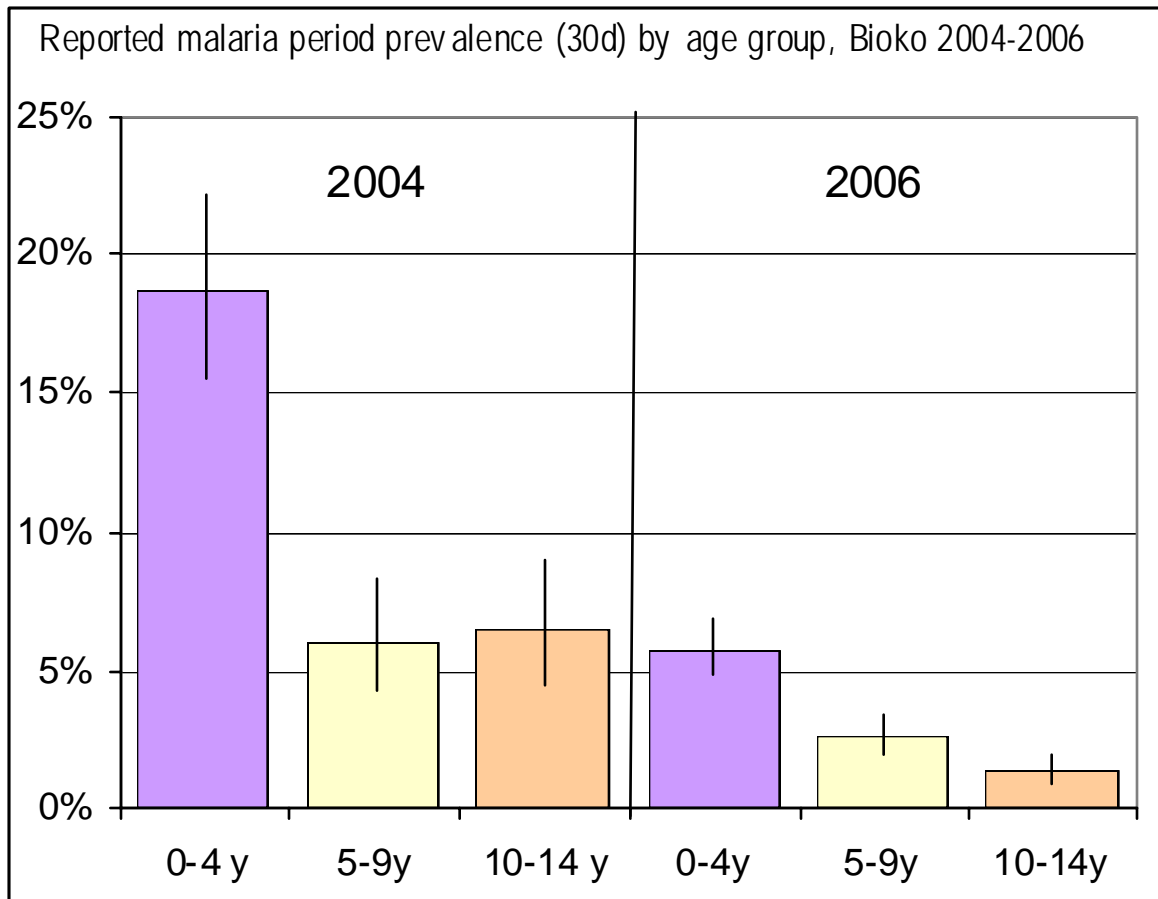


■ Pre-Spray ■ 2005 Survey ■ 2006 Survey





Reduction in pediatric malaria morbidity



■ The % of children reported to have suffered from malaria on Bioko has decreased substantially

■ The malaria caseload treated at Government health facilities has been reduced by 74%

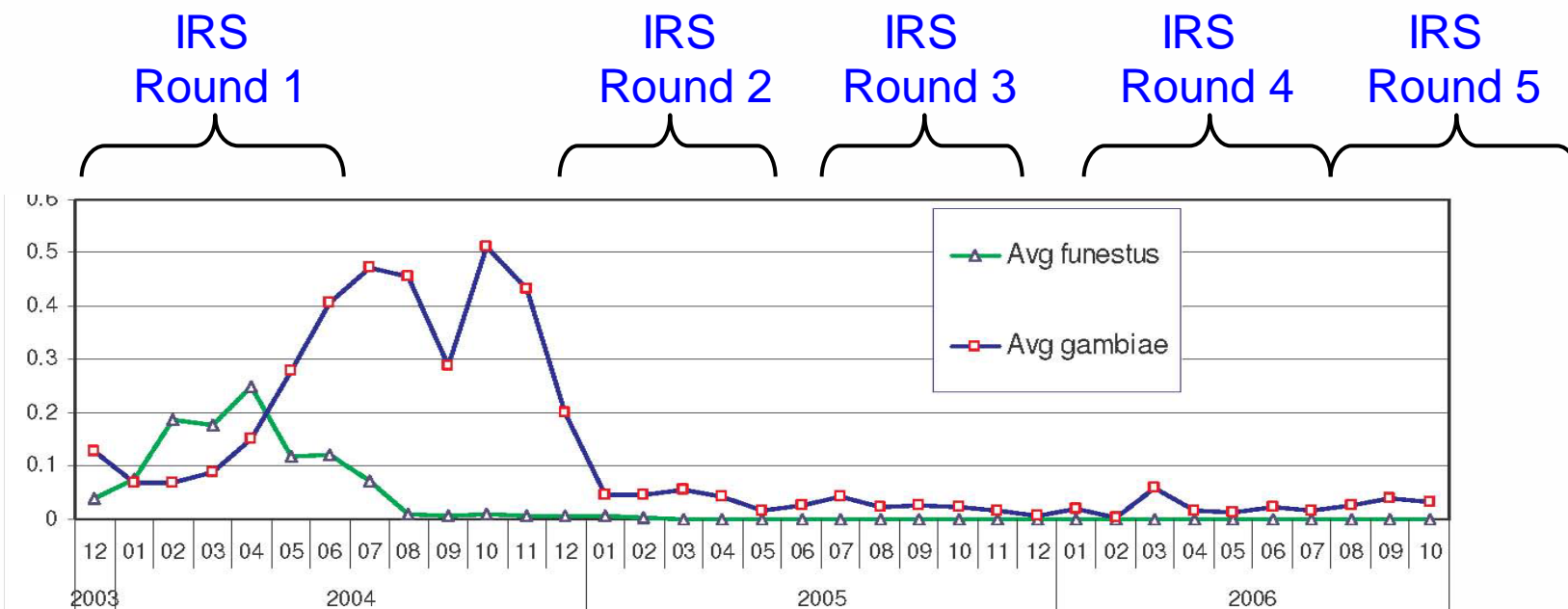




The number of malaria-carrying mosquitoes have been drastically reduced at household level



Mosquito numbers per trap nights



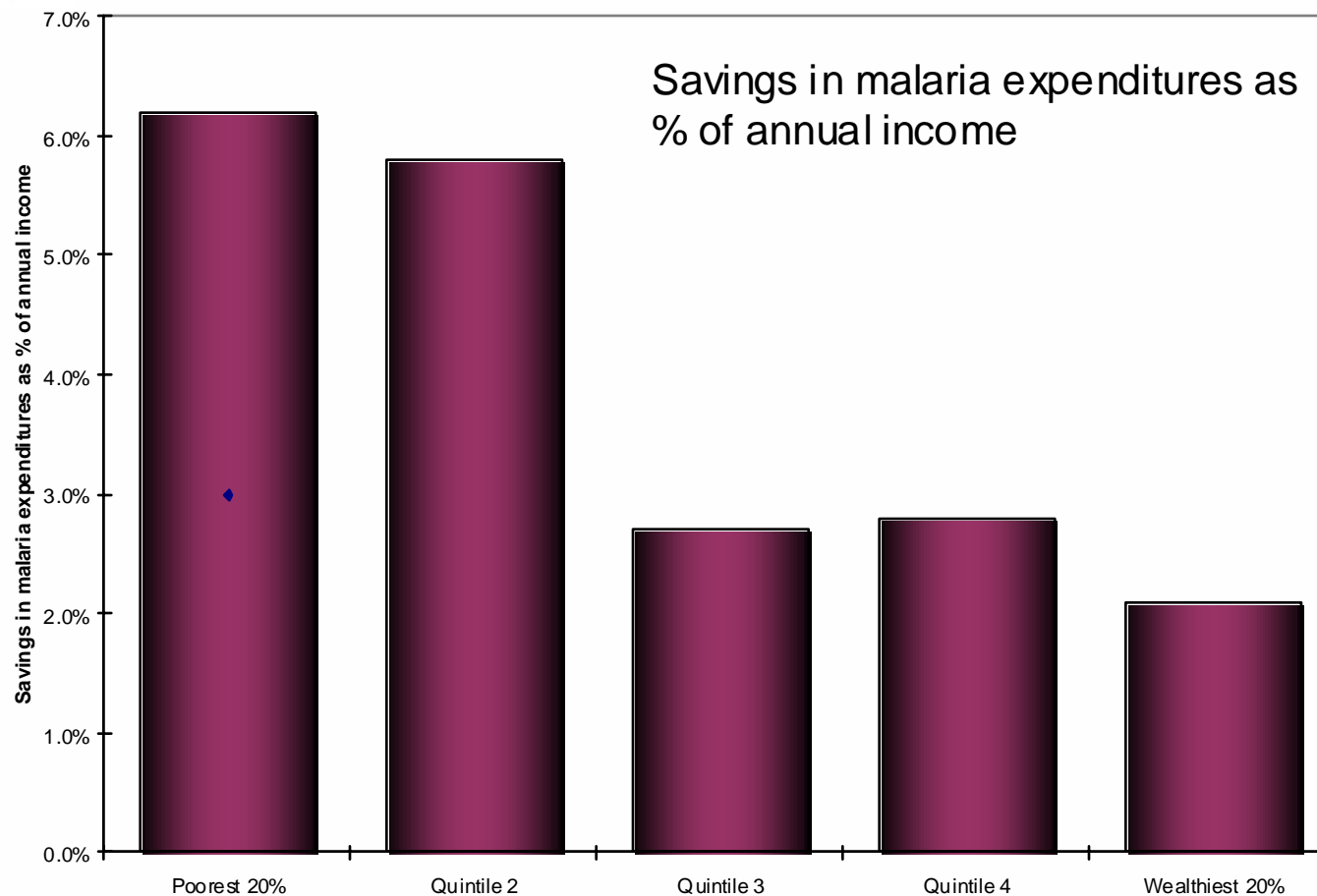
Infectivity transmission index

	Pre-spraying	After Round 1	After Round 2	After Round 3	After Round 4
<i>gambiae</i>	1.0	0.32	0.00	0.02	0.03
<i>funestus</i>	1.0	0.06	0.00	0.04	0.00





Malaria control – A cornerstone of poverty alleviation in Equatorial Guinea



Ministerio de Salud y Bienestar Social

[Tracking Info Here](#)





Partnership:

International recognition of contribution to fighting malaria in Africa



PROYECTO DE CONTROL DEL PALUDISMO DE LA ISLA DE BICO

Ministerio de Sanidad y Bienestar Social

Logrando reconocimiento internacional de la lucha contra paludismo en Guinea Ecuatorial

Marathon Fights Malaria
Why an oil and gas giant is surprisingly well suited to taking an unpopular business blow

SURPASSING ORIGINAL TARGETS

FORTUNE
PAYBACK
THE BIZARRE, TORTUROUS FALL OF AMERICA'S MEANEST LAW FIRM

Impact on malaria vector count island-wide

Year	2004	2005	2006
Avg. number of An. gambiae	~100	~100	~100
Avg. number of An. gambiae per trap per 100 nights	~100	~100	~100

Indoor residual spraying

Year	2004	2005	2006
Share of houses sprayed	96,353	80,448	163,098

Demands and Expectations

2006 Africa Investor Magazine Award (Winner)

2006 International Community Service Award from U.S. Chamber of Commerce (Finalist)

2006 World Oil Award (Winner)



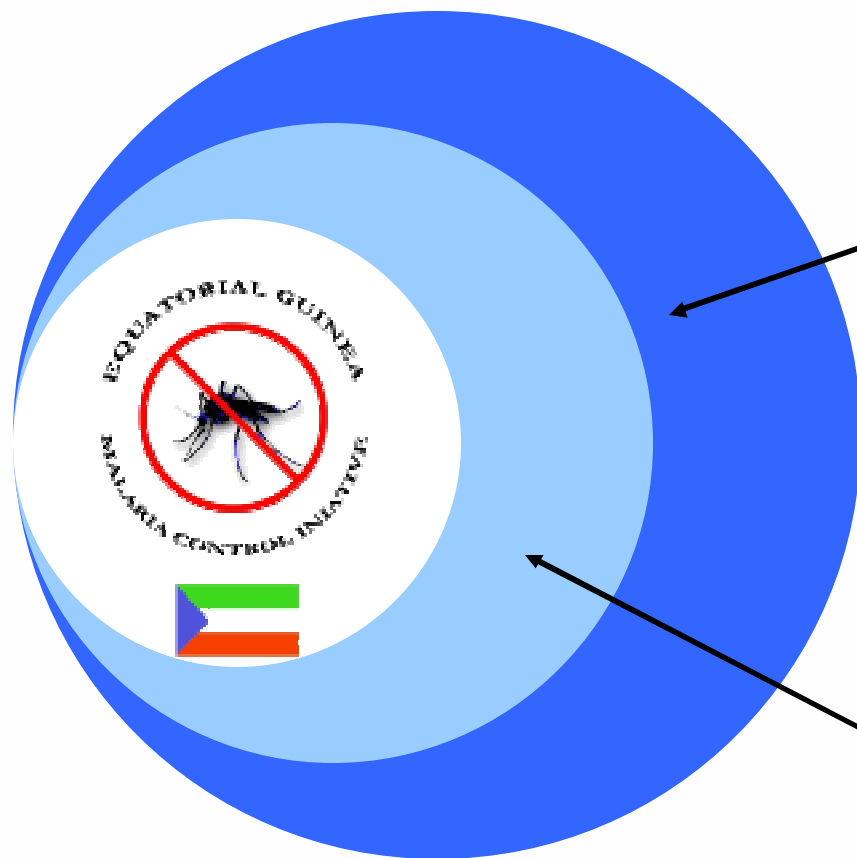
Ministerio de Sanidad y Bienestar Social

[Tracking Info Here](#)





Leveraging the substantial success and recognition of the BIMCP



➔ Poised to become a blueprint for the fight against malaria in Africa





Equatorial Guinea: How the partnership model might build an important legacy



- A pioneer in the fight against malaria, one of the leading causes of death and disease in Equatorial Africa
 - Demonstrating that it is feasible to significantly reduce malaria transmission in a tropical zone of year-round transmission
 - Building strong government commitment to address public health problems
 - Strengthened National Malaria Control Program
- An unprecedented commitment to generating resources for the fight against malaria
 - The Government of Equatorial Guinea
 - Marathon Oil (Corporation and Foundation)
 - The Global Fund to Fight Aids, Tuberculosis and Malaria
 - The Equatorial Guinea Social Development Fund
- Leveraging technical experience and implementation expertise
 - Medical Care Development International (MCDI)
 - One World Development Group (OWDG)
 - Harvard University
 - The Medical Research Council of South Africa (MRC)
- Equatorial Guinea, an oil producing state, has an opportunity to leverage oil revenues to have a substantial impact on the welfare of its people





Lessons Learned:

Building successful public/private/civil society partnerships



- Business case must be made for private sector involvement, BUT business understands the importance of helping to achieve community goals as well as part of its social responsibility strategy
- Early high level corporate understanding and buy-in to project goals and objectives is critical to future commitment and success
- Early engagement and agreement on goals between government and business is essential
- Civil society and NGOs can effectively leverage multi-sector partnerships to enhance technical expertise and operational capacity;
- Business can be a development partner, with substantial involvement in program planning and execution, not just donor – corporate social responsibility goes beyond writing checks
- Establishing and maintaining trust among partners is essential for long term success
- Public and private goals are often not seen as mutually reinforcing BUT,
- In this case, all partners have worked together to reach common goals and are achieving more than they would have working separately



Bioko Island Malaria Control Project (BIMCP)

Equatorial Guinea Malaria Control Initiative (EGMCI)

The Government of Equatorial Guinea

Marathon Oil Corporation

Medical Care Development International (MCDI) and Partners

The Global Fund to Fight AIDS, Tuberculosis and Malaria



Ministerio de Sanidad
y Bienestar Social

