



WHO/USAID/USPHS MALARIA COORDINATION MEETING

Geneva, 8 and 9 December 1977

Agenda item no. 2 (d)

INDEXED

COMMUNITY PARTICIPATION IN MALARIA CONTROL¹

1. The concept of community participation

Antimalaria programmes have a long history of promoting community collaboration and participation in their activities. Inhabitants of many parts of the world have often assisted spraying teams with house preparation, provision of water, and even by providing lodging. Voluntary collaborators, particularly in some countries of Middle and South America, have actively participated in surveillance activities particularly in case detection and treatment, and in several African countries communities purchase anti-malarial drugs and distribute them to their most vulnerable groups, e.g. children.

However, community participation must go beyond the concept of collaboration and/or cooperation. Communities must realize that the solution of their health problems depends primarily on themselves and the efforts they are ready to make, and they must realize that health workers and their services can only assist if there is a strong popular will to undertake such an effort.

On the other hand, health administrations must realize that communities, and particularly peasant communities, would only produce the necessary arduous efforts if they are convinced that they are fully supported by the responsible political and administrative authorities and that the efforts made would produce substantial benefits, and that the implementation of the measures could be done with the human and financial resources available in the community, involving no interference with their personal beliefs and customs.

Community involvement in solving their health problems, in this case malaria, must neither be a bottom level nor a top level operation, but a well-balanced combination of both. In areas where malaria epidemics are predominant, communities would be highly motivated and should initiate action against the disease and request support from the health administration. On the contrary, in areas of holo-endemicity, with high levels of immunity, local populations may not realize the effects the disease has upon their well-being and development. In this case it may be the responsibility of the health services to enlighten the inhabitants in this respect and provide them with support for eventual solutions.

The extent of community involvement in control and protection against malaria would be the main yardstick in measuring the degree of national concern and of the will to control the disease. Besides, it would also extend population coverage and should reduce costs.

1

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2. Implementation

According to the above, community involvement must be seen in terms of precise actions that should be carried out. The following should be considered:

- (a) Sociological studies of the communities concerned in order to determine their beliefs and customs as well as their attitudes towards diseases;
- (b) epidemiological and socio-economic definition of main health priorities from the communities' point of view;
- (c) investigation on available and potential resources in the community;
- (d) definition of objectives and activities to be carried out by the community itself or by the supporting health organization;
- (e) definition of simple evaluation mechanisms including assessment in terms of human behaviour in relation to the fixed objectives;
- (f) initiation of actions that may arouse the population's interest and motivate their participation. Efficient curative services reducing infant mortality together with health education could be a practical approach to stimulate populations to actively participate in the application of control measures.