THE IMPACT OF COVID-19 ON BUSINESS WORKPLACE AND COMMUNITY MALARIA PROGRAMS 2021 CASE STUDIES
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# ACRONYM GUIDE

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FOREWORD

Malaria remains a deadly reality for millions, especially in Africa, which bears 94% of the global caseload.

The African Union’s Catalytic Framework to end AIDS, TB and Eliminate Malaria in Africa by 2030 set specific objectives to reduce the malaria mortality rate and case incidence by 40%, eliminate malaria in eight countries and prevent malaria resurgence in malaria-free countries by 2020.

Data unfortunately reveals that the first two of these objectives were not achieved. Mortality rates only fell by 18%, case incidence by only 3% and only two countries eliminated malaria. Predictive modeling revealed that given this trend, we will only be able to reduce mortality by 61% and case incidence by 35% by 2030, and not the ambitious target of 90% as set in 2015.

The bleak reality is that malaria only declined by 2% for the period 2015-2020 compared to 9% for the prior 5-year period. We clearly need to take a step back and rethink our approach to malaria.

Given this alarming lack of progress, the impact of COVID-19 on malaria programs is of particular importance. Many countries across the globe have been faced with an unparalleled health crisis during the years 2020 and 2021 because of the COVID-19 pandemic. It did not discriminate between low-, middle- or high-income nations and its devastating impact rippled beyond cases and deaths from the virus itself. It has invaded every aspect of how people communicate, work, produce, trade, consume and live, and has caused disruptions to health systems and services, threatening to derail progress toward eradicating malaria.

The fight against malaria has been a collective effort where the private sector plays an integral role. Companies have been successful in shaping malaria policies, impacting communities through workplace initiatives, product and service innovations, advocacy, research and investment. Given the impact of COVID-19 on the global economy it is inevitable that community and workplace malaria programs would be affected.

Many companies – from the smallest local business to multinational corporations – have struggled to keep their doors open, and support their workforce, their families and the communities in which they live. Many have mobilized workplace initiatives, providing crucial and accessible information regarding the pandemic, creating policies that support and incentivize COVID-19 vaccinations (where there are vaccines) and, in some cases, enabling vaccination for their staff.

With so much focus on the pandemic response, GBCHealth and the Corporate Alliance on Malaria in Africa (CAMA) set out to better understand the impact of COVID-19 on the business sector’s workplace and community malaria programs.

Companies featured in this publication are paving the way for broader private sector engagement in malaria elimination. Their response to the impacts of the COVID-19 pandemic on workplace and community malaria programs define clear and simple ways that companies can harness their core business strategy, including marketing, communication, innovation and philanthropy, to continue to tackle malaria while also responding to a pandemic.

As mentioned earlier, there is an urgent need to rethink malaria, and the coming years will be a period of great opportunity for business to contribute to a rapid acceleration of the rate of progress in the global fight against malaria. These case studies will help shape best practices for malaria control and inspire other companies to step up and effect change.

Success in the fight against malaria will require a whole-of-society, integrated, people-centered approach that demonstrates significant value and effectiveness. It is therefore crucial that we understand what works, and how companies can contribute. By addressing systemic challenges and committing to capitalizing on opportunities for partnerships and new investments among the private sector, as well as between private and public sectors, there is a real possibility to eliminate the scourge of malaria once and for all.

We invite you to join GBCHealth, CAMA and partners to work collectively through increased partnerships and investment, and to reflect on the learnings from this report in order to maintain and strengthen malaria programs during and beyond the COVID-19 pandemic.
INTRODUCTION

In order to illuminate how the private sector adapted workplace and community malaria programs, as well as their core business operations, to respond to the challenges caused by COVID-19, GBCHealth and CAMA worked with leading private sector organizations to develop case studies, highlighting examples of good practice and proposing recommendations for partnerships and investment to support malaria control during the COVID-19 pandemic.

COVID-19 has disrupted health systems and services, threatening to derail progress to eradicate malaria.

Among the many challenges businesses have had to face during COVID-19 is the impact of the pandemic on their efforts to protect their employees and the communities in which they operate from malaria.

The overlap between the fight against the two diseases is clear:

- Social distancing & stay-at-home measures limit the opportunity for in-person malaria prevention and education initiatives.
- The two diseases have some similar symptoms, reinforcing the importance of IEC.
- The health system has limited capacity of material resources such as beds and PPE, as well as limited human resources, and so constraints imposed by COVID-19 weaken the ability of health facilities & programs to diagnose and treat malaria.
- If people are scared of catching COVID-19, they may not seek diagnosis & treatment for malaria; similarly, fear of the stigma surrounding people with COVID-19 may prevent someone from seeking care for malaria, which can have similar symptoms.
- Supply chains slowed down by COVID-19 have an impact on the availability of tools used to diagnose and treat malaria.
- Governments, donors and the private sector have had to urgently prioritize funding the COVID-19 response, resulting in a lessen focus on malaria.

Companies have played a vital role in the response to the pandemic by mobilizing workplace initiatives, developing worker safety protocols, providing crucial and accessible information, supporting and incentivizing vaccinations (where vaccines are available), and more.

For companies who make products used to diagnose, treat and prevent malaria, the unprecedented challenges posed by COVID-19 to international supply chains also constitute a major obstacle in the fight against malaria that needs to be urgently addressed.

The organizations that participated in these case studies represent various industries, including philanthropy, biotechnology, medical devices, agriculture, energy, non-profits, and food & beverages.

These case studies aim to answer key questions, such as:

- How did organizations adapt their malaria programs during COVID-19?
- What challenges did businesses face in their malaria programs during COVID-19?
- What policies can be implemented to mitigate the impact of COVID-19 on malaria programs?
- What lessons have been learned that could benefit other organizations looking to protect their employees and communities from both malaria and COVID-19?
- How can manufacturers ensure supply chain continuity during a global pandemic?

Recommendations from the case studies include:

- IEC efforts are more important than ever; people need to be taught about best practices to stop the spread of malaria & COVID-19. Peer-to-peer communication and advocacy, in particular, can enhance acceptability and adherence to health protocols among workforces.
- Make efforts to understand currently existing knowledge gaps in workers and communities to properly address them.
- Communication, especially knowledge-sharing and multi-directional learning, between different malaria stakeholders and sectors is vital to maximize impact.
- It is essential to protect staff who work in-person, as well as the members of the community with whom they work.
- Case data and analysis on the ground is vital for programs to succeed.
- The negative impact of supply chain interruptions can be mitigated by planning ahead, flexibility of investments and funding, keeping extra stock when possible, identifying alternate sources and supporting local manufacturing.
- Stakeholders need to work together to strengthen supply chains to ensure continuity during COVID-19 and prepare for future threats.
- Efforts should complement and leverage existing infrastructure, organizations, stakeholders and other existing efforts.
Program Overview

Dangote Sugar Refinery (DSR) – Savannah Malaria Community Program

A collaborative effort with the NMEP, RBM and Nigeria MoH, the program aims to increase LLIN ownership for women and children in the communities around DSR, and to educate community members regarding prevention and control of malaria using LLINs, in order to reduce the spread of malaria.

Area of Operation:
Adamawa State, Savannah, Nigeria.

Program Adaptations in Response to COVID-19

Monitoring and evaluation of the program had previously been done through house-to-house visitation and PHCs.

The initial reaction to the pandemic was to temporarily suspend the program, however with support from CAMA, ADF is currently developing strategies that would allow for restarting the program amid COVID-19.

Dangote Industries Limited Staff Malaria Program

The program aims to create awareness amongst staff and communities on malaria prevention and control.

Population focus:
Nigeria, Pan-Africa.

Program adaptations in response to COVID-19

In 2021, ADF had to instead focus on activities such as organizing a webinar to commemorate World Malaria Day which involved all staff across Africa, planned by ADF, Dangote Academy, and Dangote Industries. In the planning process, ADF worked with CAMA to learn how CAMA has engaged with businesses across Nigeria in the fight against malaria. Two speakers were identified for the webinar: Dr. Fara Redcare (Redcare Health Services Limited) who discussed malaria prevention and control, and through CAMA, ADF brought in Dr. Femi Pitan, Head, Occupational Health at Chevron Nigeria, who presented Chevron’s malaria activities.

Over 400 employees attended the webinar, which was an hour of awareness on malaria prevention, control, and care. The Health and Safety department introduced the webinar with an update on staff malaria statistics across the group, and interventions that have been put in place. The presenters also answered questions from employees. An educational quiz was deployed, with awards such as branded mosquito nets offered to encourage staff participation. Social media messages developed by CAMA for members were shared on the social media handles of ADF and Dangote Industries.
Impact

Overall, the programs adapted well to online engagements for continuous education, while other programs were maintained at the clinics and staff-registered hospitals. The promotion of the use of LLINs among staff persisted. Diagnosis and treatment were not interrupted as all clinics have been available and ready to respond to staff both at work and at their health care providers.

The continuation of the program prevented an increase in malaria cases. Dangote Industries was still able to sensitize staff on prevention, control and management of malaria. One of the impacts is care seeking behavior; more staff are now aware of the right thing to do when they have malaria symptoms and are also able to differentiate these symptoms from other ailments.

Lessons Learned & Recommendations

A strategy to continuously engage employees is needed for workplace programs. Awareness of care seeking behavior should be promoted.

For the community, strict COVID-19 measures should be put in place to protect people during outreach initiatives, e.g., LLIN distribution. The existing community health infrastructure needs to continue raising awareness around prevention and control of malaria as well.

It is necessary to identify gaps in order to fill them; ADF tries not to make assumptions before starting a program, instead starting with a survey to determine what needs to be addressed. ADF used a Knowledge, Attitude and Practices survey to help their IEC program focus on addressing malaria knowledge gaps.
BASF, a multinational chemical company, creates technologies for a sustainable future, combining economic success with environmental protection and social responsibility. In the Public Health context, BASF innovates and supplies ITNs and insecticides for IRS that are developed to prevent malaria and also combat mosquitoes that are resistant to traditional insecticides in the global effort to eliminate malaria and other mosquito borne diseases. BASF partners with international and domestic organizations – donors, non-governmental organizations, faith-based organizations, and national malaria control/elimination programs - in the belief that eliminating diseases, such as malaria, will not only lead the affected regions/countries to prosper through improved disease prevention but will assist in poverty reduction and decreased household expenditure for malaria treatment.

www.publichealth.basf.com

Innovation to Eradicate Malaria by 2040

BASF is involved in a number of initiatives to support the elimination of malaria and neglected tropical diseases. As one of the world’s leading crop protection companies, BASF collaborates with the Bill and Melinda Gates Foundation, the Innovative Vector Control Consortium (IVCC), and industry partners to eliminate malaria by 2040. The commitment, called ZERO by 40, supports the research, development and supply of innovative products to save lives with the goal to eradicate malaria by 2040.

To support Zero by 40, BASF, MedAccess and the Bill & Melinda Gates Foundation collaborated to bring innovative mosquito nets to malaria-endemic countries. This work is a key achievement and model for public-private partnerships and reflects the commitment of organizations such as IVCC, who partnered with BASF, to support the development of the Interceptor G2 nets.

Based on the innovation of Interceptor G2 ITN, BASF is a partner and supplier to the New Nets Project, co-financed by the Global Fund and Unitaid, to build the evidence base around, and prime the market for the next generation of nets, which are treated with two different types of insecticide to help improve control of mosquitoes. BASF’s Interceptor G2 is one of the ITNs involved in building the evidence to support these innovative nets to kill insecticide-resistant mosquitoes.

Program Adaptations in Response to COVID-19

In addition to the impact on countries, the COVID-19 pandemic has been a disruptive force to malaria commodity, diagnostic and drug suppliers. BASF has invested heavily in mitigating disruptions in the supply chain, as well as in all safety measures to protect all members of BASF’s Public Health team from COVID-19.

Supply chain disruption impacted the access to timely malaria prevention activities in many malaria-endemic countries. Shipping and container constraints, in addition to border closures, resulted in higher volatility for BASF and led to higher raw material costs.

Due to the multipronged impact of COVID-19, some partner organizations had less flexibility in coping with challenges related to disruptions in sourcing and supply chain, and had challenges in reducing or sharing risks faced by suppliers. BASF worked with partners to ensure that supply chain risks were minimized, and where possible, ensured that ITN campaigns were on track for countries utilizing Interceptor G2 ITNs.

Overall, BASF’s collaboration with partners builds on and supports the efforts of the Global Fund, Unitaid, IVCC, and the Alliance for Malaria Prevention to bring life-saving products to communities to eradicate malaria by 2040.

Impact

Although the New Nets Project began before the COVID-19 pandemic, as of October 2021, BASF has manufactured over 25 million Interceptor G2 nets to cover over 45 million people through its work with the partners.

As part of its corporate philosophy, BASF continues to support research and development efforts for the discovery of new active ingredients and products to eradicate malaria and other tropical diseases impacting the world poorest and most vulnerable populations.

Lessons Learned & Recommendations

BASF strongly believes in collaboration and relies on a trusting network to support the prevention and control of vector-borne diseases. COVID-19 has proven that more flexibility is required, and more robust supply chains are needed. A shared risk supply chain model should be developed in an effort to eradicate malaria.

BASF believes that by actively integrating all its stakeholders in dialogue, projects and partnerships, the greater the confidence that these partners place in the company’s business activities. This has been essential for continuity during the COVID-19 pandemic.
Bayer is a Life Science company with core competencies in the areas of health care and agriculture. Bayer contributes to finding solutions to some of the major challenges of today. Bayer develops and supplies innovative vector control solutions towards sustainable management of vector-borne diseases.

www.vectorcontrol.bayer.com
www.environmentalscience.bayer.co.za

Program Overview

The objective is to produce and deliver vector control products in time for use by country malaria programs and their spray teams. Bayer received orders to deliver IRS products in approximately 19 countries.

Bayer aims to ensure there is enough bulk product at their production sites in Spain and South Africa and works with suppliers to ensure that they have enough materials to meet the company’s demands.

Bayer collaborates with country programs and other procurement entities to anticipate demand from their end to ensure proper supply.

Area of Operation:
Sub-Saharan Africa

Program Adaptations in Response to COVID-19

The company opted to change its mode of shipping to ensure that product got to the countries on time. Road and air options were utilized where sea freight would cause a delay.

Where practical, extra shifts were done at the company’s Nigel plant to counter delays. The company prioritized communication to keep stakeholders abreast of ongoing logistical bottlenecks.

Webinars were held to inform and interact with stakeholders, and to understand their situations and the challenges they face during COVID-19 with regards to IRS implementation across Sub-Saharan Africa.

As the full impact of the pandemic unfolded, Bayer needed to be more agile and deliberate, making adjustments where required to continue production and delivery of the company’s products within requested timelines.

Bayer made a deliberate decision to hold more buffer stock to reduce delays associated with logistics. Effort from donors, procurement entities and country programs to place orders earlier than usual helped to mitigate delays along the supply chain.

Lessons Learned & Recommendations

Bayer believes country health programs should establish and enforce protocols to reduce loss of lives from COVID-19 and malaria. It’s vital to inform communities of the rollout of these programs during the pandemic in order to ensure that IRS for malaria control continues.

Bayer worked to have webinars to bring malaria partners together to discuss the challenges that were being experienced by the IRS teams and others during the COVID-19 pandemic, providing an opportunity for partners to share knowledge.

Communication is key among various stakeholders to relay actions and feedback. As much as possible, companies should work to increase vaccination among the population and their workforce, and promote continued adherence to protocols that curb the spread of diseases.

Bayer recognizes that the systemic relevance and resilience of its businesses became particularly evident in the face of the COVID-19 pandemic, which has accelerated a number of trends, meaning that it became necessary to execute the company’s strategy and implement its transformation at a faster pace.
Program Overview

Protect the health and safety of the company’s workforce and their families, including by identifying regional and location-specific risks for infection and providing mitigation recommendations and requirements.

Workforce training to provide continual education on associated risks and preventive actions expected of employees while traveling to, and living in, regions where malaria and other mosquito-borne diseases are endemic.

Provide preventive medication to employees and families at higher risk prior to traveling to, and while residing in, an endemic region.

Conduct travel consultations through Chevron’s Health and Medical clinics to evaluate individuals’ health risks and provide resources on health threats and associated protective and mitigative resources, education and solutions.

Integrated vector control management in high-risk regions to reduce risk, including environmental controls, PPE distribution, facility and home assessments, source reduction techniques and IRS.

IEC programs, which are increased during higher-risk seasons, through various modes of engagement including electronic, print, workshops, town halls, peer health education, at onsite clinics and learning events.

Testing and diagnosis which is available through the Chevron Health and Medical clinics or contracted partners to quickly diagnose suspected cases. Additional rapid diagnostic test kits are available to the workforce at some locations.

Provide PPE, including bed nets, repellents and treated clothing, through Chevron’s Health and Medical clinics and contracted partners to reduce infection opportunities and transmission.

Areas of Operation:
High-risk regions (Angola, Nigeria, Republic of Congo, Equatorial Guinea, Asia Pacific endemic regions)

Program Adaptations in Response to COVID-19

Program expectations have remained, although the timing of campaigns and opportunities to engage with the workforce have changed. Approaches were modified to reflect staff mobility and accessibility changes, where needed.

Evaluation and prioritization of risks continued. All available tools and resources have remained in place for Chevron’s workforce; however, the company has had to work differently to facilitate continued access and availability of these resources. Adaptation of previously planned in-person campaign events is ongoing.

Chevron assembled the global Corporate Pandemic Response Team (CPRT) to protect its workers, contractors and the communities where it operates from COVID-19. The CPRT consists of enterprise experts from multiple functional disciplines.

Within the first three days, the CPRT established plans to ensure Chevron’s operations around the world could continue to deliver the energy the world needs to support the response to COVID-19.

Chevron quickly identified and prioritized essential workers in order to safely maintain onsite functions and facilities, such as offshore production platforms and refineries. The company established protocols to keep these essential workers safe and switched the rest of its workforce to remote work to protect their health and safety.

Impact

Malaria did not become an additional disrupter to health service provision during the pandemic because pre-existing malaria programs remained in place. Clients and health care providers leveraged established practices and protocols successfully.

Lessons Learned & Recommendations

Utilizing peer to peer communication and advocacy within the workforce enhances the acceptability and uptake of health programs. Peer Health Educators (PHEs) are trained by health and medical personnel to engage with their peers, and within communities, on HIV, malaria, tuberculosis, nutrition, exercise, and cardiovascular health. These employee volunteers act as role models, influencers, and community champions. PHEs engender positive behavior change through health awareness, education, and focused events.

Working with and leveraging existing infrastructure, programs, local partners, community organizations and other key stakeholders is vital for success.

Look for opportunities to integrate the challenges, and lessons learned, from COVID-19, as appropriate, into company processes (e.g., audit, assurance, risk management systems). Multi-directional sharing and learning are key.
GOODBYE MALARIA

Goodbye Malaria is an African-run initiative to eliminate malaria. The initiative helps raise funds while supporting and catalyzing on-the-ground malaria elimination programs. The organization aims to raise further awareness and funding for malaria programs by driving cause-related marketing actions. Goodbye Malaria plays a catalytic role within the malaria community, bringing energy, passion, creativity and world-class partners to priority malaria elimination programs in Southern Africa.

www.goodbyemalaria.com

Program Overview

The flagship program is implemented via the Lubombo Spatial Development Initiative 2 (LSDI2) as the principal recipient of the MOSASWA (Mozambique, South Africa and Swaziland) regional grant.

In Mozambique, the program contributes to the reduction of malaria cases and transmission through IRS, entomology, case management / surveillance and IEC in the southern part of the country.

The program investigates vector species, breeding patterns and effectiveness of insecticides. These activities also contribute to the reduction of importation of cases into South Africa and Eswatini.

Mobile surveillance in South Africa focuses on testing and treating mobile and migrant populations, accomplished by eight mobile surveillance units in three malaria-endemic provinces. Evaluating cases provides a better understanding of where cases are coming from and how this can be addressed.

These teams also focus on IEC campaigns to the mobile and migrant populations. These efforts directly impact the spread of malaria cases into South Africa and Eswatini.

Within Eswatini, the program has prioritized IEC activities. These campaigns are directed towards travelers, mobile and migrant populations and communities in and around the border regions. In addition, the Eswatini team implements insecticide resistance studies to evaluate insecticides.

Goals:
To work collaboratively to achieve zero local transmission in Eswatini and South Africa and achieve pre-elimination status in southern Mozambique.

Program Adaptations in Response to COVID-19

COVID-19 regulations reduced the organization’s ability to train staff at its central training facility in Namaacha. Training walls were used to ensure the correct residual insecticide application technique is taught to spray operators.

When training center walls were suddenly no longer available, Goodbye Malaria identified a solution of using mobile training walls, which could easily be transported to temporary training centers across southern Mozambique. These mobile training walls will be reused during trainings for the upcoming IRS season.

Also, PPE is essential for IRS operators, so the program ensured that the spray teams moving from house to house and working among the community were equipped with COVID-19-compliant PPE, including sanitizer, thermometers and handwashing stations.

IEC materials were adapted to include approved COVID-19 information in addition to malaria messaging, which was broadcasted on community radios and television, as well as distributed in print throughout the provinces. These materials included symptoms of both diseases and encouraged those with a fever to immediately seek treatment.

Mobile surveillance teams in South Africa experienced setbacks with regards to testing and treating due to team members becoming infected with COVID-19.

Isolation placed strain on the remaining teams, but through careful planning, the teams managed to continue activities.

The Eswatini team faced challenges due to the implementation of training, community engagement and gatherings. They developed and implemented an adaptive IEC strategy that allowed the teams to target more travelers, border regions and communities through radio, television and other engagements such as material delivery.

The program pivoted rapidly by introducing a COVID Standard Operating Procedure (SOP) which was rolled out to 18 target districts in three provinces, which standardized responses to mitigate the COVID-19 risk and protect staff.

In addition, high-risk staff were kept away from the front line and IRS training was decentralized.

Impact

There was a significant risk of the COVID-19 and malaria transmission peak coinciding, which would have had disastrous consequences as malaria alone places a massive strain on the health infrastructure.

The program achieved the goal of keeping IRS programs operational during the height of the pandemic, while ensuring the safety of spray operators and the communities in which they were spraying.

Within the 2020 season, the program managed to protect over 2 million people from malaria, directly impacting health facilities, beds within facilities, medication and treatment of individuals – lessening the burden on these facilities.
The program also created seasonal employment for 2,500 IRS spray operators on the ground (majority female). During the 2021 spray season (starting on September 20th) the program aims to protect the lives of over 2.1 million people.

The mobile surveillance teams tested nearly 100,000 individuals and treated over 800 individuals in 2020. From January-June 2021 the teams tested over 49,000 people and treated nearly 700.

The Eswatini team managed to successfully deliver awareness, prevention and treatment IEC materials and massages to travelers and communities.

**Lessons Learned & Recommendations**

The IRS mobile training walls were a learning experience for the program. Having the ability to train spray operators in smaller groups at district level gave teams the flexibility to move within the districts and continue training; this lesson will impact training going forward.

Having strong relations and communication on the ground allowed the mobile surveillance units to work with agility and to redirect program activities to areas of need when team members experienced COVID-19 infections. Having the ability to adapt, innovate and implement with agility is crucial to sustaining programs.

Strengthening and developing key relationships with health facilities, national and provincial departments of health, communities and community leaders is key to successful implementation.

Case data, data analysis, and on-the-ground key information also allow programs to continue activities even when they may have certain strains within their teams due to infections.
Program Overview

The program aims to distribute IRS supply to all staff monthly, ensure prompt malaria testing and treatment, and create awareness of how to prevent the spread of malaria.

Goal:
To reduce the incidence of malaria among all employees and their families.

Program Adaptations in Response to COVID-19

No significant changes were made in IRS distribution and malaria testing and treatment due to COVID-19.

The impact of the pandemic on business continuity was a major cause for concern. Due to the similarity of some symptoms between COVID-19 and malaria, the fear of treating suspected cases in many health facilities and the initial poor access to COVID-19 testing.

The provision of in-house testing helped to make quick diagnoses and institute appropriate treatment and related measures, hence reducing malaria-associated morbidity and mortality. Also, the fact that malaria remains endemic even in the face of the pandemic influenced the decision to continue the workplace programs.

Disaster management policies include risk assessment and reduction, flexible work schedules, telemedicine and access to other health care facilities for prompt diagnosis and treatment under the Health Maintenance Organization (HMO) plan.

Impact

No malaria-related morbidity or mortality among employees, due to prevention, early diagnosis and prompt treatment.

Lessons Learned & Recommendations

It’s important to have dedicated, flexible funding available in case of emergency situations so that irrespective of a challenge like the COVID-19 pandemic, there is available funding.

It’s also vital to ensure a process where the workplace / community takes ownership of the program.
Novartis has been committed to the fight against malaria for more than two decades. In 1999, Novartis launched the first fixed-dose Artemisinin-based combination therapy (ACT) and in 2009, the company developed the first dispersible pediatric ACT in partnership with Medicines for Malaria Venture (MMV). Today, Novartis is working on the development of the next generation of antimalarials to address unmet needs such as the ever-growing threat of parasite resistance.


Program Overview
Delivering Health to all Children (DEL2ALL) Project

Program Date:
September 1, 2020 - August 31, 2021

Areas of Operation:
Ebonyi and Kaduna States, Nigeria

Goals:
Improve the health of children under the age of five years through capacity building activities targeting patent and proprietary medicine vendors (PPMVs) to provide quality child health services in the hard-to-reach areas of Ebonyi and Kaduna states (Nigeria).

Improve the care-seeking behavior and uptake of services by caregivers of children under the age of five years through the provision of information regarding malaria, pneumonia and diarrheal diseases (the three major childhood killer diseases).

The program focused on:
- Training of trainers on integrated community case management (iCCM).
- Stepdown training on iCCM to selected PPMVs.
- Commodity supply to providers through seed stock and linkage to local manufacturers.
- Stakeholder engagement.
- Supervision, mentoring and monitoring of PPMVs at the project sites.

These activities are capacity-building efforts targeted at health personnel and other community health workers (CHWs) to improve the quality of service rendered by the informal sector (PPMVs) in addressing malaria, diarrheal diseases and pneumonia.

PPMVs identify, diagnose and treat sick children who have malaria, pneumonia and diarrheal diseases with quality-assured medicines in the community, thereby reducing the high mortality rate in children under the age of five years.

Program Adaptations in Response to COVID-19

Due to the COVID-19 pandemic, the implementation of the project activities was delayed. The project was scheduled to start around June 2020. However, due to movement restriction and lockdown measures imposed by the Nigerian government, project activities officially kicked off in September 2020.

The project was unable to host and sponsor large gatherings for community sensitization and mobilization in the implementing communities. However, the project canvassers participated in a few large gatherings that were hosted by communities to conduct health promotion and education sessions, with appropriate social distancing.

Other community sensitization approaches, such as one-on-one and group engagements with caregivers, also took place.

There were organizational policies and instructions circulated to employees advising on the consistent use of face masks, and flexible work patterns to reduce the number of staff coming to work on a daily basis.

Face masks, hand sanitizers and face shields were provided to staff and participants of project meetings, and to health providers engaged in the project, i.e., PPMVs.
Impact

Home-based malaria treatment through community outreach interventions has improved health outcomes in the implementing sites.

Community mobilization of caregivers in the implementing sites has reduced the number of deaths of children under the age of five years as caregivers sought treatment for their children early.

Consistent engagement of stakeholders and influencers at the community level has led to increased understanding on the need for diagnosis before starting treatment. This led to an increase in uptake of malaria rapid diagnostic tests (mRDT) before treatment.

Community members were engaged in townhall meetings providing opportunity for community structures and systems to support project implementation and their buy-in.

People seeking care for malaria now understand the role of mRDT, thus ensuring accurate diagnosis before taking malaria medicines.

Lessons Learned & Recommendations

As a result of the pandemic, Novartis expected people living in rural communities would be reluctant to seek care in health facilities, instead they would turn to easily accessible care services in their communities.

This is why the company was confident in its strategy to strengthen the healthcare system at the primary healthcare level by building the capacity of informal healthcare providers (mainly PPMVs) to provide quality services for common childhood illnesses.
Vestergaard is a family-owned global health company dedicated to serving people in vulnerable situations around the world, most of whom live in developing countries. The company’s life-saving solutions fight malaria and neglected tropical diseases, prevent the spread of HIV/AIDS, decrease incidence of diarrheal diseases, as well as enhance food security.

**Program Overview**

The program aims to ensure continuity of the LLIN supply chain in the face of obstacles posed by COVID-19 while maintaining employee safety.

**Program Adaptations in Response to COVID-19**

Since the beginning of the pandemic, Vestergaard has been working to secure a reliable supply chain for long-lasting insecticidal nets (LLINs). The company has had to address several issues that have put its LLIN delivery at risk.

The initial focus was to make sure the company had the raw materials required to manufacture its nets. This includes yarn from China, insecticide from India, and piperonyl butoxide (PBO) from Italy. In the face of a global wave of lockdowns, Vestergaard negotiated with its suppliers to increase their volumes and accelerate shipments. The company could then expand its stock levels at its manufacturing plants in Vietnam.

The next major step was to ensure that in-country delivery logistics would allow the citizens of countries like Togo, Nigeria, and Sudan to receive their much-needed LLINs. This meant ascertaining whether African ports would be open, the length of time ships would be quarantined before being allowed to enter, and whether regular LLIN distributions would take place as scheduled.

In India, reliable LLIN distribution had been disrupted by the lockdown because trucks could not move to the final warehouses in malaria-endemic states, which required Vestergaard to reimagine the delivery of its LLINs.

As pre-pandemic LLIN distribution campaigns occurred in large gatherings and many countries took the opportunity to re-examine how they would distribute mosquito nets to at-risk groups. Some countries, like Uganda, chose to delay their LLIN distributions to review plans for registering households and to also minimize the risk of exposure to COVID-19. In Benin, the mass distribution campaign kicked off in April 2020 in the form of door-to-door distribution. Going forward, it is critical to adequately protect health workers by ensuring they have the necessary PPE.

Throughout, Vestergaard’s teams have remained in close contact with the global institutions that procure LLINs and the national malaria programs that receive them, to do whatever necessary to maintain production and ensure that the mosquito nets would be ready for shipment.

The extraordinary circumstances of COVID-19 required Vestergaard to think strategically and innovate around risk mitigation.

As a company that produces and distributes a critical commodity that saves lives, Vestergaard seeks to ensure every aspect of its’ supply chain to ensure a reliable supply of LLINs for the most vulnerable populations in malaria-endemic countries.

**Workplace Policies**

In order to comply with social distancing requirements and minimize the risk of transmission at these plants, Vestergaard has taken multiple steps.

First, the company reduced employee travel between sites and implemented the mandatory wearing of masks. All employees have their temperature checked upon arrival at the manufacturing site and can pass through a body sterilization chamber to disinfect the surface of their clothes. Finally, any workers who have a cough or fever, along with any potentially exposed coworkers, are quarantined for 14 days.

In order to ensure that people continue to remain protected from malaria during COVID-19, Vestergaard also worked to raise awareness of the value of reliable LLIN supply chains on World Malaria Day.

**Impact & Supply Chain Challenges**

By anticipating the potential impact of COVID-19, the company was initially able to take steps to mitigate any potential disruptions and secure a reliable LLIN supply chain through 2020 and into 2021. However, in recent months, global logistics and shipping challenges have sharply increased the cost of delivering mosquito nets, which will threaten progress against malaria.

Multiple factors have conspired to increase the cost of LLINs, including exploding shipping costs, significant increases in raw material costs, more expensive innovative mosquito nets with increased efficacy against insecticide resistance, and additional programmatic costs relating to COVID-19 sanitary measures.

The inability of donor procurement agencies to access containers and secure shipping routes has meant that the company is warehousing tens of millions of LLINs in Vietnam.
This issue is affecting all LLIN suppliers.

The average cost of shipping a container of LLINs has increased approximately fourfold compared to a year ago. Such cost rises cause challenges for programs with limited, pre-allocated budgets.

Costs are expected to remain high in 2022. For some destinations, freight costs have risen almost tenfold. Increases in shipping costs take away from program resources that otherwise could have gone to purchase more LLINs.

Rising prices for oil and oil derivatives (polyester and polyethylene yarn used in mosquito net production is a derivative of oil), have rebounded from 10-year lows in 2020, leading to a significant increase in raw material costs. This includes the main raw materials for mosquito nets polyester and polyethylene, which have risen by around 60% over the past few months. Yarn index prices have not yet caught up with the rise in oil prices and the market is temporarily benefitting from a high level of inventory compared to demand. Yarn prices are expected to climb further over coming months, which may lead to an adjustment of the price of mosquito nets in the range of 10-30%.

Coupled with significant LLIN delays to campaigns in Africa, and spikes in freight and raw material costs, it’s necessary to account for increases in LLIN prices.

Without additional funding from donors, malaria programs will be forced to distribute fewer mosquito nets or reduce the rollout of new more efficacious tools.

**Lessons Learned & Recommendations**

The entire supply chain involves a great deal of exchange. From production to transportation, from warehousing to delivery, supply chains require a systematic process. An impediment or halt to a single element, such as through national lockdowns, can disrupt the delivery to the end-user.

While governments scramble to determine the right response to the COVID-19 pandemic, production and distribution sectors have been impacted around the world.

In regions where malaria is prevalent, particularly in India and Africa, the COVID-19 crisis affects access to these lifesaving LLINs. A disruption in the delivery of LLINs could result in sicknesses and deaths due to malaria, deaths which could far outpace those resulting from COVID-19.

Bed nets have become the developing world’s backbone in the fight against malaria, and mosquito nets will remain essential in that fight for at least the decade to come.

For a decade, buyers have prioritised price reduction to achieve universal coverage and prices dropped significantly. Profit margins for LLIN manufacturing are already so low that producers cannot absorb the ongoing increase in raw material prices.

With suppliers facing the prospect of manufacturing at a loss, supply could be severely disrupted.

While costs for manufacturers are becoming untenable, price revisions are challenging to implement due to various reasons. These include donors’ long-term budget cycles, price competition according to market dynamics, and contractual mechanisms in place.

All stakeholders in the malaria community need to come together to address these issues and ensure the success of upcoming in-country malaria campaigns.

Adjusting price setting expectations will allow donors an opportunity to engage more strategically with the industry. Donors can also leverage their purchasing power to build a strategic supply chain that will ensure reliable suppliers can produce high quality LLINs at scale and in a sustainable manner.

By increasing funding to match rising costs, adjusting existing programs, and cooperating, it’s possible to sustain delivery of lifesaving bed nets.

Similar actions may be needed to mitigate supply chain-related issues impacting other malaria commodities.
KEY TAKEAWAYS

All the organizations profiled in these case studies recognized the importance of adapting to challenges posed by COVID-19, thus making a vital contribution in ensuring continuity in the fight against malaria.

These efforts were critical in helping to stop the spread of malaria in some of the world’s hardest-hit regions, at a time when COVID-19 threatened to overshadow and undermine global efforts against malaria, endangering decades of progress.

One common theme throughout the case studies is that the fight against malaria cannot be accomplished by organizations working in silos.

Supply chains are vital, and coordination and communication across sectors is required to mitigate against the impact of COVID-19 and strengthen supply chains against future pandemics.

Health systems need to be bolstered; much of the same infrastructure and personnel on the frontline of the fight against malaria are also key to the response to threats such as COVID-19.

Communication and education of workers and the communities in which they live are vital to promote healthy behaviors, curb the spread of infectious disease and ultimately save lives, especially at a time when trust in health interventions has been undermined during the pandemic by misinformation, fear, and uncertainty.

By sharing best practices through this report, our aim is that companies can continue to maximize the impact of their efforts to advance the fight against malaria during COVID-19 and future global health crises. Private sector organizations have a key role to play, and GBCH and CAMA will continue to work to mobilize the private sector against malaria and other threats.

As part of its efforts to further advance the private sector’s fight against malaria during COVID-19 in Africa, CAMA launched the End Malaria Project. Working closely with partners in Nigeria, and – longer term – more widely across Africa, this three-year initiative will catalyze private sector resources and capabilities to increase awareness and support malaria control efforts, saving 50,000 lives. For more information about joining this initiative, contact us at CAMA@gbchealth.org.
All of the organizations surveyed for these case studies emphasized the business case for continuing their malaria programs during the COVID-19 pandemic.

The huge economic and societal costs of malaria are well documented and include costs of health care, working days lost due to sickness, days lost in education, decreased productivity and loss of investment and tourism in malaria-endemic regions. In some countries, the impact of COVID-19 and malaria transmission peaks coinciding, further undermined already fragile health systems. The organizations profiled in these case studies provide examples of effective adaptation of malaria programs over the past 20+ months to ensure continuing impact throughout the pandemic.

"By suspending malaria programs during the pandemic, it would only worsen the economical and societal costs already associated with malaria, as we would see flare up in cases that would continue long after the pandemic has been managed," said Kiri Rundle, Marketing Manager at Goodbye Malaria. "Should programs be suspended, a massive number of people would be infected and even die from malaria. This loss of life directly affects communities and economy."

"As other projects tackled [the] COVID-19 pandemic, there is a need to continue the implementation of related health interventions such as malaria due to their similarity in presentation," said Ogonna Oraegbunam, Cluster Head, Patient Access/Public Affairs, Novartis. "COVID-19 and malaria [share the] same symptoms of fever, tiredness and acute onset headache which may lead to misdiagnosis and misinterpretation. Malaria programs should continue due to the record of deaths caused by malaria across the globe and in developing countries such as Nigeria, especially because the outbreak of COVID-19 pandemic did not stop or end the deaths caused by malaria as a disease."
87% of programs continued with adaptations during COVID-19

75% of organizations included IEC activities in their programs

37% of organizations highlighted supply chain disruptions as a major issue during COVID-19
CAMA OVERVIEW

The Corporate Alliance for Malaria in Africa (CAMA), a group of leading companies from industries that operate in malaria-endemic countries in Africa, channels the collective force and voice of the private sector to drive impact on malaria in Africa, from workplaces to region-wide initiatives.

CAMA brings the resources, innovations, capabilities, leadership, efficiency and adaptability of the private sector to supplement malaria control efforts by governments and other stakeholders. A GBCHealth-led initiative, CAMA is at the forefront of the private sector response to malaria in Africa, and has a vital role to play in the continent's fight against malaria. We provide a platform for corporations working in Africa to share best practices, create new partnerships and gain visibility for their malaria control efforts across the continent. CAMA companies both lead and support innovative malaria prevention, control and treatment activities and collectively deploy millions of dollars to programs that serve the needs of malaria-affected people and communities. CAMA also provides a forum for businesses to engage and build relations with malaria-focused government and civil society stakeholders.

CAMA MEMBERS

[Logos of member companies]

THE IMPACT OF COVID-19 ON BUSINESS WORKPLACE AND COMMUNITY MALARIA PROGRAMS
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