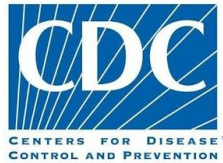




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U.S. President's Malaria Initiative

Executive Summary

2019 World Malaria Day Faith Roundtable

**3:00-4:30pm,
April 25, 2019**

Point IV Conference Room, Ronald Reagan Building

Co-organized by the Center for Faith and Opportunity Initiatives and the President's Malaria Initiative

The President's Malaria Initiative (PMI) is an initiative to control and eliminate malaria, one of the leading global causes of premature death and disability. The initiative was originally launched by President George W. Bush in 2005, and has been continued by each successive U.S. president. PMI is headed by Coordinator Dr. Ken Staley. It is led by the United States Agency for International Development (USAID) and co-implemented with the Centers for Disease Control and Prevention. PMI works in 24 malaria-endemic countries in sub-Saharan Africa and three additional countries in the Greater Mekong Subregion of Southeast Asia, where it seeks to further reduce malaria burden and assist countries in achieving malaria elimination.

The meeting began with a welcome by **Ms. Kirsten Evans**, Director of the Center for Faith and Opportunity Initiatives. She explained the role of the Center within USAID, and how it has functioned. On World Malaria Day, she gave a very brief overview of President's Malaria Initiative (PMI) as well as the essential role of faith-based organizations around the globe in health care service provision. She also introduced **Dr. Monique Wubbenhorst**, the Deputy Assistant Administrator for the Bureau for Global Health at USAID, who recently attended the African Christian Health Association in Yaoundé, Cameroon. Dr. Wubbenhorst spoke about the role of global health and the three strategic priorities of the Bureau: Preventing Child and Maternal Deaths; Controlling the HIV/AIDS Epidemic; and Combating Infectious Diseases. She discussed the devastating impact of malaria, primarily in Africa, and spoke to PMI's work reducing childhood mortality by preventing and treating malaria with proven interventions. She also highlighted a [three-minute video](#) of the work that PMI is doing in malaria case management in Madagascar involving faith-based community health workers.

Ms. Evans then introduced **Dr. Martin Alilio**, Senior Technical Advisor to PMI, who spoke about PMI's history of proven interventions, including insecticide treated bednets, indoor residual spraying,

accurate diagnosis and treatment, and providing intermittent preventive treatment during pregnancy, as well as a newer intervention for select countries- seasonal malaria chemoprevention. He spoke about how when PMI was launched it was initially in three countries, which together accounted for 10% of deaths. The 27 countries that PMI works in today collectively represent 90% of malaria cases. He explained how PMI partners with each country's National Malaria Control Program, as well as collaborates with multinational and nongovernmental organizations. In addition, he described an example from Mozambique where PMI has worked with faith based organizations.

Ms. Katherine Marshall from the World Faiths Development Dialogue spoke to the complexity of defining the term faith-based organization and described the four categories that faith based, or faith-inspired (among others several Muslim organizations prefer that term), organizations fall into: 1) Nongovernmental organizations with a strong faith link, 2) National organizations with legal status, 3) Religious institutions more broadly, and 4) Informal organizations (women's groups as an example). She discussed the concepts of localization and instrumentalization, which is the use of humanitarian action as a tool to pursue objectives that are set essentially without reference to those involved directly.

Ms. Jean Duff, from the Joint Learning Institute, explained how faith based organizations have worked successfully with PMI and the World Bank. She highlighted the Programa Inter Religiosa contra a malaria in Mozambique (PIRCOM), a USAID collaboration in which over 500 faith leaders were trained on malaria, and the Nigerian Inter-faith Association, which trained over 20,000 imams and pastors. She emphasized that, "the most effective partnerships are those that start out with a co-creative process, understanding what the particular needs of the community are, and then working collaboratively...to



holistically and sustainably address those issues."

Ms. Rebecca Vander Meulen, from the Isdell:Flowers Cross Border Malaria Initiative, talked about "the last mile," which is beyond the end of

the road, when you get off your motorbike, get off your bicycle and walk, and find a church or a mosque in those communities. Unlike projects implemented by outside partners, who come and go, the church or mosque is not going anywhere, and faith leaders are respected in their communities, so it is important for development agencies to work with them. She emphasized that they must engage in the preventive behaviors themselves, and lead by example (sleeping under a bednet or allowing indoor residual spraying in their houses).

Reverend Frank Hakoola worked as a priest for five years in a local church in Zambia. One of his roles in the community was to mobilize the church on malaria issues, and he spoke to the church's strengths as a presence and leader in communities. He explained how he himself was asked to give a sermon on malaria and how malaria control agents, who were volunteers from the church, were trained to educate people on how to use bednets and how to recognize and treat cases of malaria in their community. Initiatives like these helped the Zambian government recognize the essential role of FBOs in controlling malaria, and now the government collaborates with them to champion initiatives to reduce malaria in Zambia. He also spoke to the essential role of partnerships between FBOs, governments, and donors for establishing trust in communities as well as making sure that the right information is being shared.



Administrator Mark Green made an appearance, and spoke of his experience with malaria, both from a personal perspective as a survivor of the disease, and as a teacher in western Kenya, where he saw a young man die from the disease.. While addressing the panelists and audience, he stated, "this issue is near and dear to my heart. All of you coming together, with trusted voices, being able to reach into places that we could not otherwise. Thanks for your partnership and thanks for what you are doing."



The panelists accepted several questions from the audience. **Ms. Julie Wallace**, of PMI, gave an answer to one about new interventions. She stated that genetic mosquito modifications are likely five to ten years off, if they will be successful, which remains to be seen. The RTS,S vaccine has just started phase III clinical trials in Malawi, and Ghana and Kenya will soon follow. The trial will show whether implementation can be successful in a real world setting. One exciting new intervention is the use of next generation insecticide treated bednets, to combat the resistance to pyrethroids that currently exists in many countries.

One issue that came up in the panel and in questions was that of evidence. A robust evidence base does not exist, and some professionals in the development world are skeptical of the role that faith based leaders can play in malaria. Katherine Marshall gave some examples of projects that were able to demonstrate their progress through numbers and measure their success. Another theme was that of

fragile areas, and how important it is to work with religious organizations, because sometimes they are the only evidence of civil society that is functional.

Ms. Kirsten Evans thanked everyone for coming and emphasized that this discussion is only the start of a continuing dialogue and partnership in the fight against malaria.