

# Malaria Observatory: Timely Public Health Intelligence

By : Michel ODIKA

Today there is substantial body of evidence on the comparative advantages, in terms of efficiency and effectiveness, of strategies centred on environmental safety. For example, those low- and middle-income countries that spend the least on environmental safety are also those countries that experience the full impact of malaria. In many regards, available evidence reveals that environmental safety is at least equal to, and often more efficient and effective than, care infrastructures in addressing malaria on a global scale. Historically, this stems from the fact that no country has ever controlled - and still less eradicated - malaria as a result of purely medical approaches.



Published on  
**Booksie**

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Can malaria be controlled? Inherent in this question is implicit recognition that the disease increasingly requires innovative approaches that comply with the challenges of today and prepare for those of tomorrow.

## **ADVOCACY FOR A RESPONSE-TO-DEMAND APPROACH**

Personally, I think that the malaria response stands at a cross-roads. Especially noteworthy is the fact that an effective response to malaria critically depends on sustained growth in targeted investments until the disease is controlled in terms of mortality ratios. At the same time, advocacy to improve governance and leadership remains essential (1,2). Also essential is making far better use of available resources, be they human resources, information, financing or infrastructure. That means streamlining the flow of financial resources to the frontlines of the disease and putting it to optimal use.

## **SPENDING MONEY WHERE IT MOST HELPS**

Today there is substantial body of evidence on the comparative advantages, in terms of efficiency and effectiveness, of strategies centred on environmental safety. For example, those low- and middle-income countries that spend the least on environmental safety are also those countries that experience the full impact of malaria. In many regards, available evidence reveals that environmental safety is at least equal to, and often more efficient and effective than, care infrastructures in addressing malaria on a global scale. Historically, this stems from the fact that no country has ever controlled - and still less eradicated - malaria as a result of purely medical approaches. Yet, in many, if not most sub-Saharan African countries (starting with Congo-Brazzaville, my native country), resource allocation still clusters around struggling curative services, neglecting the potential of disease protection and health promotion. At the same time, African governments lack the expertise to mitigate the adverse effects on health from other sectors. Consequently, in a context where money is often tight and needs are always high, the money currently spent on providing malaria-exposed populations with the full range of basic services is far short of expectations. More importantly, it does not come close to meeting the requirements not only because of the constant shortfall in the funding flows available (particularly in the worst-hit countries). Briefly and simply, it is also because there is often a mismatch between where money is most needed (hygiene and sanitation) and where money is predominantly spent (antimalarials, counterfeit drugs included).

### **Based on the above-mentioned facts, I'm convinced:**

- that time has come for exploding the long-standing myth that care infrastructures must be at the forefront of tackling malaria;

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- that African health authorities have to make malaria a priority in their budget allocations;
- that African governments gain to develop country-wide systems for continually gathering, analyzing and reporting data on malaria-related spending, in all sectors, not just the health sector (broad vision for the response to malaria);
- that most of the money spent on mitigating the impact of malaria should go towards improving hygiene and sanitation - e.g. waste disposal;
- that "Malaria Observatories", innovative structures that have yet to be established, can be helpful in promoting the multisectoral and collaborative response of a disease of critical concern.

### **Doctor Michel ODIKA (Congo-Brazzaville)**

1. Michel ODIKA, *Advocacy for a Malaria Observatory*
2. Michel ODIKA, *Malaria Observatory* (Slide presentation)



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