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## A Review on International Donor Agencies and the Control of Malaria in Nigeria: Problems and Prospects

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**ABSTRACT:** The study has examined the role of International Donor Agencies in the control of malaria in Nigeria. The study becomes necessary because of the increase in cases of malaria and high rate of infant mortality in the country. The role of donor agencies, national and state ministries of health is very important in reducing these challenges in Nigeria. The study reviewed available secondary information sources. The study revealed that the role of International donor agencies includes supporting the State Governments with funds, provision of free mosquito treated nets, provision of subsidized drugs, provision of vaccines for childhood killer diseases etc. Some of the challenge affecting donor agencies includes diversion of funds of by relevant bodies for personal use, lack of political will to implement programme, cultural and religious beliefs about sickness and illness etc. Based on these, some recommendations were made on the fights against malaria which includes improved funding by government, zero tolerance to corruption, recruitment of more health personnel, establishments of more primary health centres especially in the rural areas.

**KEYWORDS:** *malaria, bed nets, donor agencies, sick role mortality*

### I. INTRODUCTION

International Donor Agencies are foreign agencies designed to save lives alleviate sufferings, maintain and protect human dignity before, during and in the aftermaths of emergencies. International Donor Agencies are governed by the principles of humanity, neutrality, impartiality and independence (Coleman, 2006).

The global fund to fight Aids, Tuberculosis and malaria (often called the global fund or GFATM) is an international financing organization that aims at attract and discuss additional resources to prevent and treat HIV and AIDS, tuberculosis and malaria. A public private partnership, the organization has its secretariat in Geneva, Switzerland with the mission of investing the world's money to save lives. The organization began operations in January 2002. Microsoft founder Bill Gates was one of the first private donor among many bilateral donors to provide seed money for the project. The global fund is the world's largest financiers of anti-Aids, tuberculosis and malaria programs and by mid 2012 has approved funding of USD 22.9billion that supports more than 1,000 programmes in 151 countries Nigeria inclusive (Coleman, 2008).

According to Nabarro (2008), the major Donors Official Department Assistance (ODA) for malaria control are the 23 national aids agencies of the organization for economic cooperation and Development (OECD), Development Assistance Committee (DAC) which comprises the wealthy governments of the Asia pacific, North America and Western Europe including the European Commission? These international Donors provide either direct bilateral funding, ie country to country support or multilateral funding through agencies such as the World Bank ie agency to country and as such they represent close to the entire international donor agencies that exist for malaria control in the world. In 1998, the WHO, World Bank, UNDP and UNICEF conceived and partnered to create the Roll Back Malaria movement with the goal of having malaria deaths by 2015.

Functions of international Donors Agencies include the provision of malaria relief assistance and service (Shelter, Water, Medicine etc); Emergency food aid (Short term distribution and supplementary feeding programmes), relief coordination, protection and support services, (coordination, logistics and communication). International Donor Agencies can also include reconstruction of rehabilitation (repairing preexisting infrastructure designed to improve the level of development) and disaster prevention and preparedness disaster risk reduction, DRR), early warning system, contingency stock and planning. Tayler (2008) opined that international Donor Agencies play a key role in global, regional and country malaria partnership which has limited access to utilization of malaria control services that still affects millions of people especially those that live in had to reach areas with weak or non-existent health systems which is why international door agencies are prioritizing the "equity approach".

According to UNICEF report (2012) by prioritizing support to reach these underserved children, international door agencies are helping to enhance and strengthen management of child illness including malaria at health facility and community level. In accordance with the million development goals, the global malaria Action plan (GMAP) from roll back malaria, the goals contained in the outcome document of the UN special session on children.

A world fit for children” A promised renewed and the universal coverage goal targets issued by the Un secretary General in 2008, international poor Agencies aimed by 2015 ensure that;

Malaria mobility and mortality are reduced by 15 percent in comparison with 2005, not only by national aggregate but particularly among the poorest groups across all affected countries. Malaria related millennium Development goals are achieved not only by national aggregate but also among the poorest groups across all affected countries; Universal and equitable coverage with effective intervention. In addition, their role when enhanced will continue to provide support to countries to move towards malaria elimination wherever possible especially in Anambra state.

## II. MALARIA CONTROL: HISTORY, TARGET AND ACTIVITIES

Malaria is one of the leading causes of death and diseases worldwide, especially in the developing world. Malaria is a preorable and treatable infections disease transmitted by mosquitoes. It kills more than one million people each year, most of them in sub-saharan Africa with seventy five percent of these deaths occurring in children under five (Kitio, 2005).

According to Sochs (2009), malaria also has a devastating economic and social effect as it perpetuates poverty. It is both a root cause and consequences of poverty, burdening endemic countries and contributing to the cycle of poverty. Malaria affects the most isolated groups such as poor women and children, in the most aggressive manner.

Malaria can be controlled, diagnosed and treated with a combination of available tools and sustained financing. A comprehensive approach consisting of protective nets, indoor spraying with insecticide, preventive treatment for pregnant women, diagnostic tests, effective drugs, education, research and advocacy is needed to combcbl malaria (world malaria report, 2005).

Malaria’s history traces back millennia, casing illness and death throughout the tropical and temperate world, including in the United state until 1951. Global efforts to control eliminate and ultimately, eradicate malaria where possible have ebbed and floed with periods of marked progress yollowed by disinvestment and, as a result, are turn or worsening of this environmentally fueled infectious diseases (Yamey, 2000).

Nabarro (2005) opined that recent years, how ever, represent a period of renewed investment in anti-malaria efforts. A favorable environment has emerged for global health, more broadly and for malaria specifically after a period of political disinvestment and lack of support when science was lost in politics. This resembles similar issues of global public health importance in the 20<sup>th</sup> century- including the march of Dims which was created in 1938 to defeat polioyetrlls. The United Nation Children’s Fun (UNICEF) which was established after kill to provide good and medicine to children affected by the Klar, and Act-up-a nonviolent direct-action coalition that began in 1957, using dramatic acts of civil disobedience and gvocal demonstration to yocus U.S Government attention on the AIDS crisis all took root with the seminal effort of core group of advocates for their respective causes.

The activities of Roll Back Malaria RBM partnership mission is to provide and essential space for coordination and convening among the universe of malaria scientific, programeatic and policy stakeholders. Overtime, these sub-communities have come together to serve as advocate raising awareness, securing resources and driving results for the still evolving global malaria agenda. At the intentional level, there have been great strides in the development of rapid diagnostic tools, new drugs, vector control will make possible the effective management and prevention of severe have been led by the multilateral initiative on malaria (MIM), a consorttum of scientists and research organizations from African and Northern Countries aiming to develop and improve tools for malaria control (WHO, 2009).

Scholars have over the years documented empirical research reports on various aspects of malaria prevention and control. For instance, survey method was used to study the role of mosquito nets and bedclothes in the control of malaria in Sabgama Local Government Area of Bayelsa State. The Purposive and stratified random sampling technique were adopted in the selection of 150 respondents for the study. Data was collected using the questionnaire and the indepth interview nets help keep mosquitoes away from people, and thus greatly reduce the infection and transmission of malaria.

Insecticide treated nets (ITN) was estimated to be twice as effective as untreated nets and offer greater than 7% protection compared with no net. Although ITN was proven to be very effective against malaria, less than 2% of children in urban areas are protected by ITNS. The extensive distribution of mosquito nets impregnated with insecticide has shown to be an extremely effective method of malaria prevention and also one of the most cost-effective methods of preventing malaria.

Yamey (2009) used the survey method to study the socio-economic and political circumstances affecting malaria prevention and control in Ikwere Local Government Area of Rivers-State. The questionnaire and in-depth interview was used to collect data from 120 respondents for the study. The findings reviewed that malaria occurs in the same communities where women die during childbirth and children largely preventable through immunization and basic antibiotic treatment. People living with TB and others without access to clean drinking water often succumb to malaria. Education in recognizing the symptoms of malaria has reduced the number of cases in some areas by as much as 20%. Recognizing the disease in the early stages can also stop the disease from becoming a killer. Education can also inform people to cover areas of stagnant water e.g. water tanks which are ideal breeding grounds for the parasite and mosquito, thus cutting down the risk of the transmission between people.

### III. MAJOR DONOR AGENCIES IN MALARIA CONTROL

The major doors of official Development Assistance (ODA) for malaria control are the 23 national aid agencies of the OECD, Development Assistance Committee (DAC) which comprises the wealthy, governments of the Asia Pacific, North America and Western Europe including the European Commission. Only in recent years have the control and research communities attempted coordination, resulting in a global movement towards reducing the global burden of malaria. Many of these efforts are coordinated through the Roll Back Malaria (RBM) partnership, launched in 1998 by the World Health Organization, the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP) and the World Bank to provide a coordinated global approach to fighting malaria (Nabarro, 2005).

According to Taylor (2009), one of RBM's first accomplishments occurred in April 2000, when senior representatives of 44 of Africa's 50 malaria-affected countries met in Abuja, Nigeria, for the Africa Summit. Although previous research and programs to reduce malaria's devastation in developing countries were part of bog-standing, albeit over-profile, efforts, the "Abuja Summit" represented malaria's arrival to the global stage of public and policy priority. The most notable outcome of the summit was a consensus statement known as the Abuja Declaration, whereby African nations committed to halve malaria mortality by 2015. This declaration was accompanied by a call for health systems strengthening and resources on the order of \$1 billion per year to achieve their goals. Granting that the Abuja Declaration is a political rather than epidemiologic statement, it has rallied countries and organizations to a common goal that is action against a perennial scourge.

Also philanthropic investments in advocacy have increased the pool of active stakeholders. These investments are best documented by the efforts of the Bill and Melinda Gates Foundation, whose grant making has increased the number of individuals and organizations engaged in malaria-specific advocacy.

Since 1998 from just a handful of well-meaning, but over-committed and under-resourced, advocates to an increasingly sophisticated set of networks of developed and developing country professionals and community leaders (Nabarro, 2005).

#### Activities of Donor Agencies and its Impact on Reduction in Mortality

Since the late 1990s, new and expanded funding, programmes, technology and advocacy have contributed to an unprecedented time of public and political will towards malaria. According to Taylor, (2009), at the beginning of the 21<sup>st</sup> century, US spending on malaria control was just \$ 39 million, mostly through the U.S Agency for International Development (USAID) and the Centers for Disease Control and Prevention (CDC). Additional resources were dedicated at agency level, mostly to research, at the National Institutes of Health and the Department of Defense. In 2002 the U.S approved its first contribution of \$300 million to the Global Fund to fight AIDS, tuberculosis and malaria. The innovative multilateral financing mechanism to support interventions targeting the three highest profit global infectious diseases. Since then U.S global malaria spending has steadily risen-culminating with the 2005 announcement of the President's Malaria Initiative (PMI), a 5 year \$ 1.2 billion commitment targeting 85% coverage and a two-thirds mortality reduction in 15 African countries.

The U.S efforts have been paired with comparable commitments by other donor governments as evidenced by a series of G8 country pledges, the creation of the World Bank malaria Boosters programme in 2005, and direct programme support and research investment by philanthropic foundations. The group of eight (G8) is an international and informal forum for the governments of Canada, France, Germany, Italy-Japan, Russia, the United Kingdom and to control the diseases, the use of long-lasting insecticide treated bed nets (LLINs). Intermittent preventive therapy (IPT) Indoor Residual Spraying (IRS), prompt and effective case management as well as Behaviour change communication (BCC) are employed in the state in accordance with National and international guidelines. The major activities achieved by the state programme in collaboration with its partners are;

- The distribution of 1.8 million LLINs in July 2009 during LLIN Universal campaign that provided 2 LLINs to most households in the state.
- 25,000 LLINs were distributed to staff of Government MDAS in the state.

- 230,000 LLINS for routine systems to be distributed to 405 hfs selected equitably from the 21 LGAs in the state in June 2010.
- Indoor Residual spraying (IRS) carried out in 4 communities of Ugbenu, Uhun, Achalla and Amamsea in Awka North LGA during which 140,000 houses were sprayed.

### **Review of Empirical Literature on the Role of Donor Support for Malaria Control**

Atlaran and Narasimhan (2003) studied the levels of Donor support for malaria control. They based their extensive survey on programmes and data collected from donor agencies and their subsidiaries. They assessed the official development Assistance (ODA) amounts in two stages. First they used the official statistical database of the DECD, DAC-knowns as the creditor Reporting system (CRS) – which compiles all funding country, and whether the type of fund is a grant or loan. If development Assistance (ODA) for malaria control remains extremely low, and incommensurate with the magnitude of the disease. While the world Bank deserves praise for its exemplary transparency-a close examination of the evidence shows that it seriously exaggerates its contribution to malaria control. Although the Bank publicity claims that direct financing for malaria control activities is over \$200 million in more than 25 countries. But the funding discovered that the Bank's own project list only 10 countries having "active" malaria control projects. In India, where in 1997 the Bank pledged its largest malaria control effort (\$169.8 million), the project neared its close in 2003 after disbursing little over a quarter of this amount. In Africa, where 90% of malaria death occur, the Bank has only 4 active projects: in the Comoros, Eritrea, Madagascar, and Senegal. Let not one of these countries suffers particularly interest sustained malaria transmission – three are not hardly malaria-free by African standards, meaning that the Bank's efforts will contribute little to halving the burden of malaria.

Molyneux and Nantulya (2002) Studied the United States that meets annually to discuss issues of mutual or global concern, including economic and social development, environment- foreign affairs, health, justice, law enforcement labour, terrorism and trade.

SUNMAP is being implemented international and national companies and non-governmental organizations. The project is being implemented in six states Lagos, Kano, Anambra, Ogun, Katsina and Niger state with national headquarters in Abuja also providing support at the federal level. The programme is offering Nigeria the technical expertise and experience it needs for a comprehensive fight against malaria. It supports a holistic approach that in addition to strengthening government capacity to lead and manage malaria control intervention, prepares Nigerian citizens an civil society for long-term role of tackling malaria in the country.

The continued existence of malaria in an area requires a combination of high human population density mosquito population density and high rates of transmission from human to mosquitoes and from mosquitoes to human. If any of these is reduced sufficiently, the parasite will sooner or later disappear from the areas as happened in North America, Europe and much of middle East.

The World Health Organization (WHO) currently advises the use of 12 different insecticides in indoor Residual spraying (IRS) operations. These include DDT and a series of alternative insecticides (such as the pyrethroids permethrin and deltamethrin) to both combat malaria in areas where mosquitoes are DDT – resistant and to slow the evolution of resistance. One problem with all forms of indoor Residual spraying is insecticide resistance through evolution of mosquitoes.

Mosquito nets help keep mosquitoes away from people, and thus greatly reduce the infection and transmission of malaria. The nets are not a perfect barrier-so they are often treated with an insecticide designed to kill the mosquito before it has time to search far away past the net. Malaria is a major public health problem in Anambra state. It is responsible for 60% of outpatient attendance in our public health facilities, 11% cause of malaria mortality. It is for this purpose and for the purpose of attaining Abuja and MDU's targets for malaria that the state Government requested a credit from the World Bank to the tune of 9.50 million USD to fight the scourge.

### **The Role of Insecticide Treated Bed nets in the Morbidity**

Gamble (2005) used the survey method to the effects of long lasting insecticide – treated net (LLIN) on pregnant women in Akampa Local Government Area of Cross River State, Nigeria – Purposive and stratified random sampling techniques were adopted in selecting one hundred and fifty (150) respondents from the local government area. Data was collected using the questionnaire and in-depth interview. Each village was visited by a supervisor and care was taken to place the nets over all beds in each selected house. Mothers of the children in the study cohort were reminded weekly on how to use the net. Nets which become torn or damaged were repaired or replaced. A survey was conducted every 4 weeks during the rainy season to determine whether the bed nets had been tucked in and the entry flaps placed correctly. After distribution study staff went door – to door to ensure that nets were hung properly.

The study connected insecticide treated Nets (ITNS) with statistically significant reductions in the risk of low birth weight and fetal loss (only in women with four or fewer previous pregnancies) and in placental malaria. The studies shows that intensive measures should be taken to ensure that people used their ITNS consistently and properly.

Also Coeman and Lengeler (2010) used the survey method to study the role of insecticide treated bed nets in the reduction of childhood mortality and morbidity a key strategy in the Roll Back Malaria Campaign in Ondo State. The study was carried out in Idaire Local Government Area with a sample size of 160 respondents that correctly filled the administered questionnaire. The in-depth interview was also used to collect qualitative data from participants. The result shows that such nets are highly effective in reducing childhood mortality and morbidity from malaria. But even with Roll Back Malaria best efforts, only about one in seven children sleep under a net and only 2% of children used a net “pro-poor” strategy in which the distribution of bed nets is linked to other programs in which controlling other diseases could benefits malaria control for example controlling intestinal worms may reduce children’s susceptibility to malaria.

#### IV. THEORETICAL FRAMEWORK

The researcher used the Talcot Parsons Sick role model as the theoretical framework for the study. The Sick role was propounded by Talcot Parsons (1951-1975), who opined that illness entails breaks in I our social interactions, both at work and at home. Being sick was therefore a form of social role, with people acting in particular ways according to the culture of society. Being sick must be corrected so that not too many people are released from their societal responsibilities at any time.

In the social system.(1951), Talcot parson put forward one of the most famous concepts in the sociology of health and illness: The sick role.

Instead of accepting the idea of sickness as a biological concept, Parson suggested that it was a social concept, so being ill meant acting in different, deviant ways compared to the norm. According to Talcot Parson, the sick person has the right to be exempted from normal social obligations, such as attending employment, or fully engaging in family activities. However, the extent to which the person can take on the sick role and so avoid normal duties depends upon the seriousness of the illness and other people’s acceptance that they are genuinely ill.

Also, the sick role is something that the person can do nothing about and for which they should not be blamed-They therefore have the right to be ‘looked after ’by others. The obligations of the sick role emphasizes that the sick person must accept that the situation they are in is undesirable and that should seek to get well as soon as possible.

Also, that the sick person must seek professional help and cooperate with the medical profession to get better. The concept of the sick role has been strongly criticized by a number of sociologists. The first criticism is that it only applies to acute illness it is not a useful concept when looking at chronic illness, where people are unwell for a long time with no apparent prospect of improvement and the obligation to get better as soon as possible simply cannot apply.

The second criticism is that Parsons assumes that the sick role occurs only when the doctor legitimates the illness. The third case is where the illness is stigmatized by others. for example, sexually transmitted diseases may be seen as the fault of the ill person and therefore the sick role may be regarded as illegitimate and it is unlikely that the rights of the sick role will be granted.

#### V. CONCLUSION

The roles of international donor agencies are important in the prevention, control and treatment of malaria and other childhood diseases in Nigeria. The socio-economic effects of malaria cannot be overemphasized because malaria exerts an enormous toll in the lives of its victims this includes medical cost, days of labour cost and children miss several weeks of the school year. Malaria also, affects the most isolated groups such as poor women and children in the most aggressive manner. But malaria can be prevented, diagnosed and treated with a combination of available tools and sustained financing. A comprehensive approach consisting of protective nets, indoor spraying with insecticides preventive treatment for pregnant women, diagnostic test, effective drugs, education, research and advocacy is needed to combat malaria.

#### VI. RECOMMENDATIONS

Based on the above review, the following recommendations are proffered. They include;

- i. There should be increase in government allocation to the health sector. When the government increase its allocation to the heath sector, it will help in the improvement of primary Health Centers in the fight against malaria prevention and treated.
- ii. Government should build more primary health care centers especially in the rural area which will serve the needs of the people at the grassroots. Also for quick treatment of malaria cases when the need arises.
- iii. Efforts should be made to have good leadership and political stability. This will help improve the role of international donor agencies in the fight against childhood diseases. A stable political environment is a panacea to a healthy society.

- iv. Efforts should be made for the training of health care workers. When health workers are properly trained, they can easily tackle the health challenges in the state. Also, efforts should be made to employ more health workers especially in the rural communities and increase their remuneration to help boost their commitment to work.
- v. Elimination of all forms of corruption in the political and health sectors will help in the fight against health challenges and also to earn the trust of international donor agencies in releasing more funds in fighting disease and health problems in Nigeria.

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