

APMEN TechTalks

Q&A Box

Sao Sarady AY	Thanks Dr. Supurat. It is very nice presentation, short but very helpful. I have a question to you. Are there any first steps specific approaches to the community when your start off the project that you would share?
Dr Suparat Phuanukoonnon	We conduct a Rapid assessment about community characteristics (e.g., demographics) and their health priority problem can be helpful about planning to get start with how to engage the community. Once we know the community, we can identify the stakeholders, who in community can be involve. Then the initial engagement step will be with the discussion with the stakeholders.
Thuy Nguyen Thi Bich	How to make community engagement sustainable?

Thoopmanee Kaendiao	To Dr. Suparat, Thank you for the presentation. A few questions here, what was the age range of community member that got malaria in the TSY? Any children? Did they have any problem giving drugs to kids?
Dr Suparat Phuanukoonnon	Thank you for the question, children <18 years old accounted for 44% of all cases, and the major group is 13-18 years old. Ethnic children has less problem with giving medicine, they are good.

Dewa Wati	prof. Suparat : thank you for your kind presentation, i want to ask, what we can do at the first step to create community engagement in the field of malaria, especially for at risk group such as pregnant women and children under 5 years? thank you
Dr Suparat Phuanukoonnon	Rapid assessment about community characteristics (e.g., demographics) can be helpful about planning to get start with how to engage the community. Once we know the community, we can identify the stakeholders, who in community can be involve. Then the initial step will be with the stakeholders.
Mohammed Faraj	How to develop a plan to combat malaria and dengue fever, which has increased by 80% over the past 10 years in countries located in sub-Saharan Africa, which suffer from tendencies and security

	instability, and which have been affected by climate changes and increased the spread of malaria and dengue vectors. Thanks
Kader Abel OUATTARA	I'm also interested by the answer
Dr Suparat Phuanukoonnon	you may contact me at suparat.phu@mahidol.ac.th

Dr Anju Viswan	Dr Suparat: Thanks for the short and nice presentation. How often you conduct the meetings with partners in the community engagement programme to evaluate the gaps and effectiveness? The community engagement mainly focused for vector control activities or not?
Dr Suparat Phuanukoonnon	Monthly meeting is helpful to catch up with any progress and if any activities need revision. The community engagement focuses beyond vector control such as bed net and IRS, but also health seeking behaviour and self-protection against mosquito biting during high risk time.

Taha Hassan	I think to insure sustainable and successful of this program we need to engagement community in all levels. Am I right?
Dr Suparat Phuanukoonnon	That is true!!

prudence hamade	@ Jocelyn It seems that mosquito net providers continue to provide nets that are not liked by community members in spite of many net preference surveys etc. How would you approach promoting net use in communities where the nets provided do not meet their preferences
Josselyn Neukom	Hello Prudence! The answer is engaging communities earlier in the product development process in my opinion. But I also think there are ways to better promote the benefits of VC products that resonate with individuals who need them. Many health products have limitations and the goal of SBCC is not so much to promote these solutions as perfect, but rather to emphasize the benefits of using them appropriately and consistently in terms that resonate with groups who need them. Would love to speak with you more about this! jossneukom@gmail.com

Vannak CHRUN	Hello, I'm Vannak, from Cambodia, Thanks for the nice presentation, Dr.Josselyn I have a question regarding to the community engagement, based on your working experiences, what kindly of vector products that attractive community are well participate and valued product? and how? Or other factors contributed to motivate the communities to eliminate malaria?
Josselyn Neukom	Hello Vannak! Thank you for attending. Because communities are made up of a heterogeneity of profiles and perspectives, different products work well for different reasons with different target groups in different conductions. The Project BITE work in Cambodia is generating very useful data that will continue to inform this dialogue.

	Please connect with Dyna Doum to learn more. I am happy to help you connect jossneukom@gmail.com
Vannak CHRUN	To Josselyn: How to change the community behaviour to strongly support malaria program in order to eliminate malaria?
Josselyn Neukom	Using a behavior change framework to prioritize 'factors' associated with elimination behaviors for a specific target group, and addressing those factors using evidence-based social and behavior change programming, including SBCC. let's talk more! jossneukom@gmail.com
Maxine Whittaker	@Suparat and @Josselyn Using the Health Promotion framework (Ottawa charter) we need to ensure health services can support the behaviour change and orientated to do so, have other "supportive environments" to support change and maintain change, and ensure the community and community members are empowered in the way that support them being able to adopt change and maintain it. Question: do NMCP and funders provide the necessary support actually provide all of this to support people to be able to decide and continue a healthy behaviour change?
Dr Suparat Phuanukoonnon	<i>Private answer</i>
Dewa Wati	@josselyn. what do you think about malaria prevention through socio cultural intervention? please give me a tips based on your experience regarding what we need to explore or pay attention so that the intervention can work well in community? tx
Josselyn Neukom	Hi Dewa, the socio-cultural aspects are critical. You may find the COM-B framework a source of practical tips.
Soyty Kheang	Thanks so much Dr Josselyn for your informative and excellent presentations. I would strongly suggest to share these findings in large malaria stakeholder networks particularly in national and subnational levels.
Josselyn Neukom	Hello Soyty! Yes, happy to share my recommendations in additional networks. Let's discuss further at your convenience jossneukom@gmail.com
RANJITH DE ALWIS	Totally agree with you Soyty..
Kerre Willsher	RAM has its annual Congress in Melbourne, Australia this year. Finish the Fight. May 25-26.
Lieven Vernaeve	Thanks Josselyn! Recognized so much in your presentation. Would like to focus on how to try to approach funding agencies to allow flexibility in products, approaches, engagements depending in community needs and inputs. Seems finance/products are often predefined without any consultations. How to get that aspect included within funding agencies with their own agenda's, thanks
Josselyn Neukom	Hello Lieven! yes, a very valid point that funders need to facilitate access to multiple products that meet community needs. In addition,

	partnerships with NMPs and research partners to plan implementation research can be helpful, we've seen this with Vivax innovations for example in Thailand
Anrian P - YPMAK	Thank you for the insight, Dr Bart and Josselyn. What do you think about financial incentives for community cadres and influencers to increase community involvement in malaria elimination?
Josselyn Neukom	Hi Anrian, I think financial incentives can be impactful at various levels, including community
Rolex Havea	Dr Suparat. Thank you for your interesting topic on community engagement. Last year I have been trying this out in one of the highest malaria affected province and found out that different communities have different factor affecting their level of participation, like literacy rate etc. I think the idea that one size fits all might not working here. What is your suggestion on this, what should we do then?
Dr Suparat Phuanukoonnon	Thank you for the question, yes, the diversities are found in all levels, looking at the commonality that we can see across communities, for overall strategy and working strategy in different details in each local context. I hope this help, just my direct experience.
Tobgyel Tobgyel	Bhutan, community participation has helped in eliminating malaria in 6 malaria endemic districts after introduction of Community Action Group (CAG) to fight malaria elimination
Dr Bart Knols	Interesting! Would like to know more about this. Email: bart@malariaworld.org
Anton Alexander	Why are there not more presentations/lectures such as this? It is suggested that 80% of the solution for malaria elimination involves community engagement, and only 20% for the tools and the science. (To Bart and Josselyn)
Dr Bart Knols	Hi Anton...no timer for Kligler in short presentation...next time ;-)
Samuel Asiedu	Josselyn - which behavior change framework or module would you recommend?
Josselyn Neukom	COM-B is excellent, but there are several good ones :)
Maxine Whittaker	@ all The concept of Social and behavioural change (@Josselyn) must and does take into account the issues Bart raised on the human condition and needs of people - to best communicate to that person/audience the health behaviour change
Josselyn Neukom	<i>Private answer</i>
Awoke Minwuyelet	Why IVM still limited to implement?
Dr Bart Knols	Because malaria is commodity-driven at present (handing out nets, spraying houses) and not strategy driven (which would be IVM)...

Patricia Graves	@Bart - Garki project did not go for long enough. Only 18 months. Cannot reach elimination in that time. Thoughts?
Dr Bart Knols	Correct - we should have been at it for longer, and LSM was not included (that might have been the final blow) ...but the point still stands. We need Garki 2.0 in different agri-ecological settings across the continent...
Patricia Graves	Maybe on the larval control... but in relation to your other points, cannot expect poor community members to spend the time needed to do larval control properly, at least not without pay for the job
Dr Bart Knols	@Patricia: Since there is no country that eliminated malaria without LSM (with perhaps the exception of Mauritius), it is important to figure out how we can enlist it in elimination campaigns. Imho we need mosquito brigades – yes, going back to what we successfully did in the past, but be better at integrating this with whatever contribution can be made by communities (after obtaining consent of course). Getting rid of stephensi in the Horn of Africa without this rigorous approach is a recipe for failure. You don't fight a war by sending non-trained civilians that have other priorities in life to the frontlines... Email: bart@malariaworld.org

Dr Anju Viswan	Dr Knols.. Excellent presentation. is it necessary to tackle asymptomatic cases during elimination? if yes how?
Dr Bart Knols	Elimination necessitates tracing and treating asymptomatic cases, but it has to go hand in hand with rigorous vector control. But screening activities is one example of where community engagement plays a very big role indeed.

prudence hamade	I agree about engaging communities in the product development process In Ghana I saw recently that midwives have developed a process of changing square nets given by WHO into conical nets which pregnant women prefer. Women coming to ANC can choose from a conical or square net. Midwives demonstrate the advantages and disadvantages of both styles
Josselyn Neukom	Choice is powerful, and love the integration of VC with ANC, thanks for sharing Prudence!

Mihretu	How to mobilize population after extended period of war

Basiliana Emidi	To Josselyn: Very nice presentation. Question: What is the standard approach to successful engage the community while taking into consideration the heterogeneity nature of the communities?
Josselyn Neukom	

Nur Ziana Abdullah	How to monitor and evaluate the effectiveness of all approaches we had done in changing community behavior other than epidemiology and entomology endpoints?

Kerre Willsher	How might traditional beliefs be addressed? Sometimes these can be used to enhance health programs but at other times they create barriers. Sometimes, traditional beliefs are not visible to a new observer.

Nurul Athirah Naserrudin	Thank you, Dr Suparat and Dr Josselyn. What is your opinion on communities that already know about malaria in general, but, present social, structural, and environmental issues that needs to be tackled to facilitate malaria prevention? How can malaria community program receive funding/alternatives to sustain any projects or intervention that are more feasible to them? Thanks!
Dr Suparat and Josselyn	

Vannak CHRUN	To Dr. Bart: Thank for your interesting topic and clear presentation, I would like to know more specific role of local authority to participate in order to eliminate malaria at their communities?
Dr Bart Knols	Local authorities play a highly critical role. They are the ones that motivate their communities, make them trust pending operations, help them to gain insight, understand the technologies, get to understand the risks involved, and ultimately provide consent for whatever operation will start. Email: bart@malariaworld.org

Piyoosh Singh	What could be the mode of communication for the elimination target?

Maxine Whittaker	@Bart - Comment only. With us not for us. Communities as partners can assist in improving uptake and as we meet the last kilometer challenges need the communities more as they help the nuancing of how to do this. In the GMS - the community are asking for health and social development services (their needs) to be integrated - and the services and funders are responding. Also ensures that community needs for respect, etc. - some of those areas in Maslow's pyramid - are addressing - not stigmatizing people, respecting their rights to be treated with respect and have their voices listened to etc.
Dr Bart Knols	Comment appreciated. It also highlights another important point: what works in the GMS may not work in the Central African Republic. Local cultural and socio-economic factors will also strongly influence to what level communities may be included in programs. Email: bart@malariaworld.org

Jenny Kerrison	Dr Bart, Dr Suparat, Dr. Josselyn, is there much work done in the use of village alert system for community engagement for rapid response to malaria infections in low endemic settings?
All speakers	See for instance the alert system in place in Zanzibar. Email: bart@malariaworld.org

Tom Muyunga-Mukasa	Thank you so much for highlighting the connection between funding, vector control products, accessibility, availability, acceptability, and
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	affordability. We shall eradicate malaria when governments invest in the parameters to get rid of malaria.

Soyty Kheang	Dr Josselyn and Dr Bart: when malaria go down and almost reach out elimination stage, both providers and community volunteers may shift their priorities in their community, question is that is what should be the message/approach to encourage and motivate them particularly volunteers to continue their great work to eliminate malaria from their society/country, is there any magic bullets?
Josselyn and Dr Bart	I do not think there are magic bullets for eliminating malaria. And I think it is not possible to sustain the interest of volunteer community members once the disease is practically gone. Once that level has been reached, there should be professionals (trained teams, or mosquito brigades, or whatever we may call them), that go the last mile. As far as I know there is no example of a community managing the last mile against any vector-borne disease. This does not mean to say that we should exclude the community. In contrast, we should work together with them for as long as possible, but we should not depend on them regarding the last mile. Email: bart@malariaworld.org

Pradeep Srivastava	Nice presentation by all but my question is to last presentation on Community engagement. It was fantastic but we have to regulate in such a manner so that community is also made accountable for creating mosquitogenic conditions. After decades of experience both the service provider and service recipients should be made responsible Please elaborate
Dr Bart Knols	I totally agree; community education and community awareness remain key components, and support from communities to reduce breeding opportunities for mosquitoes is very welcome. So is sleeping under nets and using them properly. Email: bart@malariaworld.org

Chat Box

Mohan Rao Arasada	Normally while transferring the developed technology, Govts often ignore methods for its sustenance, which will really spread awareness and vector management measures. Thanks for giving this focused attention.

Tatchémè Filemon Tokponnon	Interesting i have a comment. it is important to start a small experimentation in Africa region and share the evidence
	Absolutely agree. As discussed, we need to start learning how to eliminate malaria in Africa (we don't know how to do it at the

	moment!). This requires trials with packages of tools/surveillance that may differ for different agro-ecological settings across the continent. Once we have a recipe in hand to eliminate malaria somewhere in an area decent in size, this will generate a wave of enthusiasm in the malaria community as well as the donor community. But in order to learn how to eliminate we need to dare to fail. Failure should be seen as a prelude to success – not something that scares us and leads to inertia that we see everywhere at the moment. Email: bart@malariaworld.org
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Awoke Minwuyelet	Anopheles Mosquito is mostly urban mosquito and why community is not aware it and how community engagement is a problem? I hope urban people is most commonly educated and have awareness.

Mohan Rao Arasada	Awoke, there is no link between problem and community reaction. Best example is smoking. Everybody including President of USA knows its ill effects, But people are continuing. This particular session is important in that way indicating motivation and different methods at community participation.
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RANJITH DE ALWIS	Totally agreed Mohan. I think priorities in the base of the triangle is still higher than this.
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Issa Lyimo	Thanks to all presenters- Dr Bart Knols, Dr Suparat, and Dr Josselyn. The linkage between presentations is SUPERB, and they all raised pertinent questions to be considered in community-based interventions.

Tom Muyunga-Mukasa	I am Dr. Tom, of the Advocacy Network Africa (AdNetA), I work with grassroots-based communities and support them to utilise knowledge and skills to estimate and reduce risks of malaria. The sessions so far have enabled me to calibrate my approaches. Thanks for the presentation.

Kerre Willsher	I think we need to find out both strengths and weaknesses of a community and work with these. There will be strengths even in poor communities

Maxine Whittaker	"Elimination programmes should proactively engage with communities and should begin steadily intensifying community engagement and working towards community ownership of elimination in partnership with implementers. Active community engagement is particularly important in cases where programmes wish to detect and treat asymptomatic infections, where programmes are working with groups that have historically been seen as 'hard-to-reach' by programmes, and in communities where the perceived risk of malaria diminishes".
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	<p>https://malariajournal.biomedcentral.com/articles/10.1186/s12936-015-0931-9 is key to the concepts discussed in this paper. Thank you for an interesting webinar - stimulating and hope all participants critically review the concepts raised - and also seek to review many systematic reviews around these issues raised today</p>

Mohan Rao Arasada	I think there is need for "Motivational media" lecture or presentation on mosquito management. APMEN may consider this

Winifrida Mponzi	<p>How about the local communities who has no access to social media? And most of the time we do our research in their settings? <i>(Motivational media for adoption of any technology comes under "communications and adoption" The media can be decided on factors of knowledge, attitude, and practices of a community. I got excellent success in my FAO TCP projects in PR China, Armenia and even USA. Based on KAP analysis the motivational media can be decided which motivates the community.)</i></p>

Mohammed Faraj	<p>How to develop a plan to combat malaria and dengue fever, which has increased by 80% over the past 10 years in countries located in sub-Saharan Africa, which suffer from tendencies and security instability, and which have been affected by climate changes and increased the spread of malaria and dengue vectors. Thanks</p>