

## NEW HOPE AND LESSONS FROM RWANDA

*Faith-based and community organizations tackle the scourge of malaria*

by John M. Bridgeland

**M**aybe hope does spring eternal. Fifteen years ago, Rwanda was home to one of the worst genocides of the century, resulting in the slaughter of one million Tutsi. Today, Rwanda is one of the safest countries in Africa and is saving thousands of lives from a fully preventable and treatable disease, malaria. In our recent 12-day trip to Rwanda on behalf of the United Nations Special Envoy for Malaria and the newly created Center for Interfaith Action Against Global Poverty, I saw ingredients of a global health recipe for success and met a Peace Corps Volunteer doing critical work in a remote village.

The purpose of our trip was to examine the roles of faith-based and community institutions in combating malaria. Ultimately, the judgments that result in life or death occur in the “umudugudu” or the village and the home. Rwanda, like many Sub-Saharan countries where malaria is endemic, possesses all of the tools to combat malaria: the regular indoor spraying of homes and the draining of water from places where it gathers outdoors to reduce mosquito populations; long-lasting, insecticide-treated bed nets that protect families who sleep under them at night from the deadly bite of a mosquito by killing the mosquitoes upon contact;

miracle drugs called ACTs that cure malaria; and perhaps, most important, the knowledge of what to do if a child or family member shows symptoms of a disease that is needlessly killing nearly one million people and infecting up to 300 million worldwide every year.

In our meeting with the Minister of Health, one of the most sophisticated public officials in Africa, he said, “We will meet the 2010 and 2015 goals, if we get the community health-based systems right.” The UN Secretary General has set the goal of universal coverage of malaria interventions—nets, spray, drugs—by the end of 2010 and ending malaria deaths altogether



A woman in Bagamoyo District, Tanzania, worries over her malaria-infected daughter at a local clinic.

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in Africa by the end of 2015. Officials in Rwanda knew that community-based health systems were critical to fulfilling their goals across the public health spectrum, including not just universal coverage, but universal use of malaria bed nets. The government set the goal of doubling community health workers from 30,000 to 60,000 within the next year to strengthen this system.

Theory translated into reality when we saw a 31-year-old man in Kibuye District Hospital in a cerebral malaria coma who would never recover. The doctor said, "He simply came in too late." Down the hall was a young mother with an infant whose malaria fever had disappeared after she sought treatment first from a clinic, then the hospital. When asked how she knew what to do, she responded that a community health worker from her church had warned her of the symptoms of malaria. This is where faith-based and community organizations come in.

Faith-based involvement in health care delivery is age-old in Africa with 40 percent of health care in Rwanda today being provided by faith-based institutions. A recent evaluation for the Global Fund reported that health



**A worker at the Olyset Net factory in Arusha, Tanzania inspects mosquito nets and prepares for delivery.**

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that they designed. One group of community health volunteers had started a small food catering business that was so successful they had already paid back their loan and were making a profit. Overlooking all of this activity, just a few short miles up the hill stands the church whose events in 1994 inspired the title of Philip Gourevitch's

poignant book, "We Wish to Inform You That Tomorrow We Will Be Killed with Our Families."

In Gakenge in another church, we listened and spoke to 300 villagers, learning about their progress and their ideas for strengthening their own malaria control efforts. In the back of the church was a young American who had just joined the Peace Corps and was helping the hospital collect critical data that would strengthen efforts to save lives. I asked the entire congregation to tell me what kind of job she was doing and whether Peace Corps was valuable; they broke out into a thunderous applause.

And in the village of Rukara, Steven Phillips of the Exxon Mobil Foundation and I on behalf of Malaria No More distributed 50 bicycles in response to the request of 50 community health workers who told us they could save

facilities run by religious institutions provide better quality care than public facilities. What's new, however, is the mass mobilization of churches and mosques, initiated by pastors and imams, to fill the gap where government services end and the lives of villages begin. I went from the seats of power with archbishops and muftis to the pews of churches and chairs in Muslim schools to witness, in one case, the celebration of the induction of 25 community health trainers and their 135 community health volunteers who are literally saving the lives of their neighbors from the ravages of malaria. They are intentional volunteers, motivated by what I call a "moral stipend"—driven by their faith and compassion for their neighbors. But they also receive a small financial incentive in a sustainable business cooperative



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**A young girl smiles as she shows off her new mosquito net to protect against malaria.**



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**American Idol winner Jordin Sparks distributes mosquito nets in Gamoada, Ghana with Malaria No More.**



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**A grandmother and granddaughter in Usa River Village, Tanzania.**

more lives if they could just reach more people with malaria bed nets and drugs. We rode through the village streets with dozens of Rwandans on green and yellow bikes that would become the symbol for the augmentation of the local health system.

Other Americans are making a huge impact through their service in the new war against malaria in Rwanda. Rick Warren's PEACE Plan is in one district, on track to train 1,500 community health workers, and is being asked by the government if they can train more. Paul Farmer's Partners in Health, Bill Clinton's Foundation, and businessman Joe Ritchie's new post as head of trade and investment are all making outstanding contributions to bolster public health and the private investment that will boost the economy so that people can thrive.

But one unexpected ingredient in the recipe emerged that offers a powerful lesson—the performance contract. Every mayor has a performance contract with the government, localizing national malaria control targets and putting public officials in public view every few months to stand up and be counted. Even workers in hospital and clinics have performance contracts and soon, every community health worker will. Rwanda is serious about meeting its malaria burden and may very well lead the way in saving lives from this needless killer.

To fulfill more of this promise in Rwanda and other countries where malaria is endemic, faith-based institutions need to be working across faiths to scale up their efforts, more community health workers need to be trained and deployed, and villages themselves need to take more ownership of their malaria burden, working in partnership with smart governments that care most about results. Volunteers are at the core of this strategy. There is hope.

*Learn more about the work of Malaria No More at [www.MalariaNoMore.org](http://www.MalariaNoMore.org).*

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**Community health workers deliver mosquito nets on bicycles in Zambia.**

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