



ampaign at Obuasi halves malaria incidence

In January 2006 AngloGold Ashanti put into practice an integrated malaria control programme in Obuasi and the outlying areas within the Obuasi Municipal Assembly area, with the aim of halving malaria incidence over the next two years. To maximise successful outcomes, the plan included multiple intervention methods to prevent the transmission of malaria and to effectively treat those already infected.

This campaign, first reported in the Report to Society 2004 (*See case study: A scientific approach to malaria control at Obuasi*) was originally scheduled to start at the beginning of 2005 but was postponed until 2006 to allow for better planning and understanding of the exact needs of the community.

In 2005, the Obuasi municipal area had an estimated average of 11,000 malaria cases per month according to the local Obuasi health authority, with an additional 6,800 of these cases receiving treatment at Obuasi Mine's Edwin Cade Memorial Hospital. Of the cases reported at Edwin Cade, 2,400 were employees or contractors and the balance (4,400) were dependants of the gold mine. The cost to the company of malaria includes treatment costs, absenteeism and loss of productivity. Malaria also presents a significant burden to the community, both social and economic.

The key elements of the integrated malaria control programme for Obuasi are:

- **Vector control:** Indoor residual spraying of over 134,000 structures in the Obuasi municipality, mine and surrounding villages was coupled with the distribution of long lasting insecticide-treated bed nets to places most susceptible to infection, such as orphanages, maternity and children's wards. Additionally, temporary and permanent water bodies where mosquitoes breed are being treated with larvicide.
- **Effective disease management:** Standard treatment protocols for rapid and early detection and diagnosis of malaria are in place at the hospital and health facilities of the Obuasi Mine Medical Services. The use of drug treatment regimens aligned with the Ghanaian National



Treatment Protocol, and which includes the mandatory use of the new Artesunate drugs, has improved cure rates. AngloGold Ashanti has put in place measures to monitor the diagnosis and treatment of malaria for consistency and effectiveness.

- **Surveillance** and monitoring: A comprehensive malaria information system was installed to monitor and evaluate the programme for consistent high performance according to World Health Organization standards.
- **Information**, education and communication: Volunteer community advocates have been trained to present health information on malaria symptoms, prevention and treatment and to dispense educational material in the form of pamphlets and posters.

The programme has elicited active engagement from the community with educational campaigns being disseminated by community committees, radio and other relevant media to inform the public of the symptoms and treatment of malaria. A spin-off of the programme is the creation of 127 permanent jobs, in the form of spray operators, who have received intensive training on the techniques of indoor residual spraying.

A malaria control centre was opened in April 2006 by the President of Ghana, John Kufuor, and AngloGold Ashanti's Chief Executive Officer, Bobby Godsell, in the Sansu area at Obuasi. Although primarily the headquarters for the Obuasi programme, it also serves as a training centre for AngloGold Ashanti's malaria projects at other mines. With key capabilities such as an insectary and laboratory, a planning and strategy centre and training facilities it will be a valuable asset for Ghana and Africa in the fight against malaria. It will also be used as a satellite research centre by the Noguchi Memorial Institute for Medical Research at the University of Ghana, government departments and other agencies.

The first round of the indoor residual spraying was completed in April 2006 in the town, including both mine community infrastructure and surrounding villages with 134,000 structures sprayed. Of these, approximately 27,000 were dwellings. The second round of spraying started in September. By November AngloGold Ashanti achieved a 50% reduction in malaria cases seen at the Edwin Cade Memorial Hospital.