Learning about the complexities of malaria vector control and the approaches used to evaluate their effectiveness

We’ve all heard of malaria and know that it is a major public health problem in many countries across the globe, many of which are located in Africa. Yet when I began my International Internship focusing on the monitoring and evaluation of various malaria vector control efforts in Ghana, I really did not know what to expect, and more specifically I did not really grasp just how significant a problem malaria is for this West African nation of just over 25 million people. It did not take long, however, for me to see with my own eyes just what a toll this disease is having on the people of my family’s country of origin.

While malaria remains a leading cause of morbidity and mortality in Ghana, the sustained efforts of various groups like the US President’s Malaria Initiative (PMI), The Global Fund, and The Ghanian Ministry of Health’s National Malaria Control Program (NMCP), as well as private companies with operations in Ghana, such as Anglo Gold Ashanti, have over the past decade helped transition Ghana from being a hyper-endemic malarial transmission country to a meso-endemic country.

Through this internship, arranged by the University at Albany Center for Global Health (www.albany.edu/globalhealth) and the University of Ghana School of Public Health based in Accra (http://sph.ug.edu.gh), I was given the opportunity to get a firsthand look at what is being done to control the spread of malaria and how these efforts are being monitored and evaluated. I was able to work alongside public health specialists from the Ghanian Ministry of Health and the University of Ghana, and to learn from the highly trained employees of Anglo Gold Ashanti (AGA) tasked with leading the company’s malaria prevention and control activities in the Ashanti West Region of Ghana.

Working in the field with the AGA Indoor Residual Spray (IRS) program was one of the highlights of my internship. I not only learned about the intricacies of malaria control, but also saw firsthand just how challenging it is to educate targeted rural communities on the benefits of even the most proven disease prevention interventions and to build the trust needed to ensure their long-term support and buy-in.

I learned so much from my time in Obuasi with the AGA Malaria Program staff and my colleagues from the NMCP. Every bit of information and knowledge I gained along the way has helped to fuel my passion for working in global public health and specifically my interest in program evaluation.