

From the Editor-in-Chief

Some sobering facts to consider. Around the globe, an estimated 300-600 million people suffer from malaria each year. More than one million people die from the disease annually – most frequently children under five years of age. Approximately 90% of malaria cases occur in Sub-Saharan Africa. More than 40% of the world's population lives in malaria-risk areas (UNICEF 2015).

So, we need to ask ourselves how it is that in the 21st century, with the science, expertise and the global good will to build a better world, we still face such tremendous loss of life to an “old” and well-known illness like malaria? The paper by Oreoluwa Ojo et al. in this issue provides a glimpse of what is happening on the ground. As the authors discuss while effective prevention tools and treatments are available, yet not all communities will use them. The reality is that different communities and different cultures will have different values and beliefs that drive their decisions about whether or not to implement preventive measures. We have multiple global and regional guidelines and directives, yet unless we learn how to overcome the cultural barriers of some communities and households we will miss the benefits of relatively low cost and high impact opportunities to save lives.

During a press conference at the 59th Commission on the Status of Women, convened by the UN earlier this year, it was communicated that there is a “Collective failure of leadership on progress of women” (UN Women 2015). The report further states

that in the past 20 years, progress on women's empowerment has been far too slow.

The paper by Oreoluwa Ojo et al. clearly demonstrates that education and income have an impact on the level of parents' preventive behaviors. By investing in the education of parents, and in women in particular, we can improve the global burden of malaria and many other infectious and non-infectious disease. Far too often programs are put in place without engaging the community in their design – particularly, the women in the community.

As we set, guide and monitor investments in global health, it is essential to ensure that health education is part of the funded initiatives. This must include ongoing engagement of the community particularly the women/mothers/caregivers which will ensure that there is contextual understanding of the barriers and practices. We also need to consider how to reinforce and reward the positive practices. It is those positive practices are the desired outcome, yet there is too often a stronger focus on the barriers and not on the accomplishments.

Let's make sure that we continue to focus on prevention and proven methods while respecting and working with each community's values and realities.

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References

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