

Workplace Based Malaria Treatment



Abuja
25 June 2014

Welcome

□ All participants

- FMoH, National Malaria Elimination Program
- Federal Ministry of Agriculture
- Dangote Management and Workers
- ESRC, DFID, ODI, Malaria Consortium, WB
- You all

□ Aim of this conference

- Present findings from two sets of studies
- Discuss Workplace Based Malaria Treatment
- Feedback from you for forward planning

Overview

1. Why did we start this project?
2. History and timeline of activities
3. Objectives
4. Key Insights so far
5. Today's programme



Motivation

- ❑ Malaria remains a significant illness in Nigeria, in sub-Saharan Africa and worldwide
- ❑ Biological impacts of malaria are known to be severe
- ❑ Less is known about the economic cost of malaria
 - Previous work estimates absenteeism from work to be 1-5 days /episode –how accurate?
 - Little is known about impact on on-the-job productivity, cost to the employer and the economy
 - Can inform how to increase agricultural productivity, which is key for economic growth and poverty reduction
 - Can inform new ways of funding malaria care, e.g. mixed funding (government, workers, employers)

History and Timeline of Activities

	January	February	March	April	May	June	July	August	September	October	November	December
2009				Scouting for study site							Wave 1: Pilot	
2010	<u>Wave 1: Workplace Based Malaria Testing & Treatment</u>											
2011	<u>Wave 2: Workplace Based Malaria Testing & Treatment</u>											
2012										Major floods in Study Area		
2013	<u>Wave 3: Workplace Based Malaria Testing & Treatment and Physical activity</u>				Start of State of Emergency in Study Area				Wave 4: Pre-pilot			
2014	<u>Wave 4: Willingness to Pay for Workplace Based Malaria Insurance</u>											
2015	? Wave 5: Extensions to other plantations or employers, include households, ...											
...											

Research Objectives

Investigate workplace based treatment:

1. Does offering testing and treatment affect worker productivity, labor supply and income?
2. How does treatment affect worker welfare, fitness and physical activity?
3. Are workers willing to pay for access to workplace based malaria testing and treatment?

Findings so far

1. Workplace malaria testing and treatment increases worker income by 10% on average; both labor supply and productivity increase.
 - Strong impact of workplace based approach, both for the worker and employer
2. Malaria treatment increases worker daily physical activity
 - Treatment has clear direct benefits to workers. Similar benefits possible in other occupations (to be researched)

Findings so far

3. Workers are willing to pay modest amounts for malaria insurance, but there is much variation in willingness to pay across workers, and demand is price sensitive
 - Indicates there is a place for workplace based malaria insurance, possibly to be subsidised (further research needed)

Today's Programme

- See handout

