



Obuasi Malaria Control Programme

AngloGold Ashanti is global gold producer and operates in 22 countries.

AngloGold Ashanti feel very strongly about Corporate Social Responsibility and believe that local community involvement & development is a key issue to sustainable operations

Extract from AngloGold Ashanti (AGA)GA mission:

“ ...strive to form partnership with host community, sharing their environment, traditions and values, we want communities to be better off for AngloGold Ashanti having been there”

To quote from the AGA Report to Society 2004

“... Malaria remains the most significant Public Health threat to AngloGold Ashanti operations in Ghana, Mali, Guinea and Tanzania...”

Steve Knowles (AngloGold Ashanti Malaria Programme Director) says:

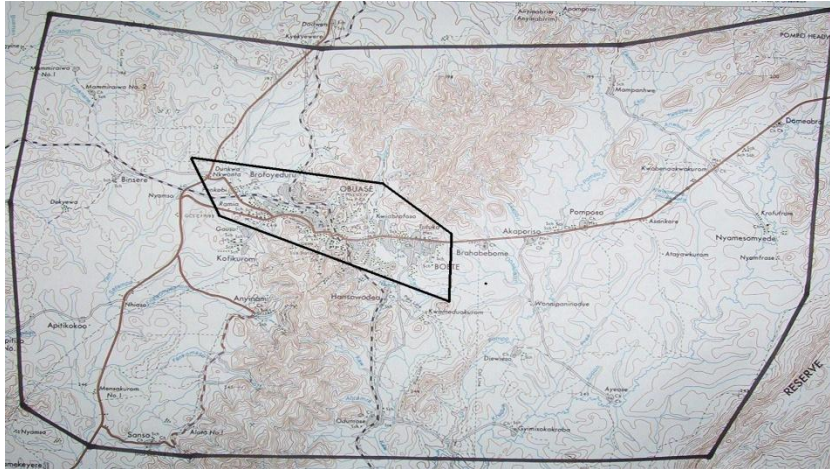
“ A Malaria Control programme is the best example of a sustainable Corporate Social Responsibility programme for a company operating in a malaria endemic area; with a win – win for Company and community” (Financial Times)

AngloGold Ashanti’s Obuasi programme proves the above statement – an effective, efficient malaria control programme embracing the community in which the company operates, has been beneficial to AGA and the District Community.

The Obuasi Malaria Control Programme started in 2005 but spraying of the Obuasi

Municipal District Assembly commenced in February 2006

Obuasi is a gold mining town approx 4 hours to the North West of Accra. Gold has been mined in the area for over 100 years. Population is 200 000



Historic Status at Obuasi (pre 2006)

Mine:

The Obuasi Mine hospital (Edwin Cade) saw on average 6800 malaria patients per month (Employees, contractors and dependents) of a workforce of 8000.

Of these 2500 were mine employees. With an average of three days off per patient it equates to 7500 man shifts lost per month.

This coupled with the slow work rate during recuperation, resulted in a major loss in production
Costs of medication for treatment was in excess of USD \$ 55 500.00 pm

In 2005 the HR Department estimated the total cost of Malaria to the mine at USD \$ 2.2 million per annum. (This included salaries of the lost man days, medication and hospital costs but not lost productivity)

Government Hospital and Private Clinics:

12009 cases per month – Malaria accounted for 48% of all cases seen at Obuasi hospitals / Clinics

Heads the top 10 killers – 22% of all deaths due to malaria

Obuasi Integrated Malaria Control Programme

It was decided to implement a complete **Integrated Malaria Control Programme**,
Encompassing the mine, town & villages

The initial cost Initial Cost: USD \$ 1.7 million and thereafter: USD \$ 1.4 million per year

The AIM was to reduce incidence of malaria cases by 50% in 2 years

The programme encompassed the following interventions:

- Vector Control - Indoor Residual Spraying (IRS)
- Distribution of Insecticide Treated Nets (ITN's)
- Larvicide of breeding areas (water bodies)
- Environmental Management (screens, lifestyle change)
- Surveillance, Monitoring & Evaluation/ Research
- Insecticide Resistance Management / rotation
- Information, Education, Communication (community)
- Early, effective diagnosis & treatment

Great emphasis was placed on community awareness and ownership of the programme.

The Obuasi programme is a partnership with Ghana Health Service, the National Malaria Control Programme (NMCP) and the local Obuasi Municipal Assembly coupled with the benevolent approval of the Ministry of Health

A Private Sector Malaria Control Programme would be impossible without the support and consent of the National Government and NMCP – by the very nature of using Insecticides and involving the public, approval must be received from the Ministry of Health and also the Environmental Protection Agency

An important issue is that it must conform to the National Malaria Plan

Malaria Control Centre

A malaria control Centre has been established at Obuasi. Although primarily the headquarters for the Obuasi programme it also serves as a training centre for the core of AGA

malaria projects at other mines. At the opening it was dedicated to Ghana and West Africa It is a valuable asset in the fight against malaria in Ghana and West Africa. It is also used as a satellite research centre by U of Ghana, Govt Departments, and other agencies. It comprises:

- Offices
- Planning & strategy centre
- Malaria Information centre (MIS)
- Training facilities (lecture rooms / swathe wall)
- Change rooms & ablutions
- Storage and maintenance / workshop facilities
- Insectary & Laboratory

RESULT

- There has been an average decline of over 5800 cases per month since 2005 (75%) at the Edwin Cade Hospital and over 7000 case decline in the overall Municipal Assembly District.
- School attendance in Obuasi has increased by 70% since 2005
- Infant mortality, in the Obuasi Municipal District, due to malaria is virtually zero
- Malaria medication costs – Edwin Cade Hospital

| | |
|-----------------------------|-----------|
| 2005 - Average monthly cost | 55 000.00 |
| 2006 - Average Monthly cost | 26 000.00 |
| 2007 - Average monthly cost | 15 000.00 |
| 2008 - Average monthly cost | 11 000.00 |
| 2009 - Average monthly cost | 8 900.00 |

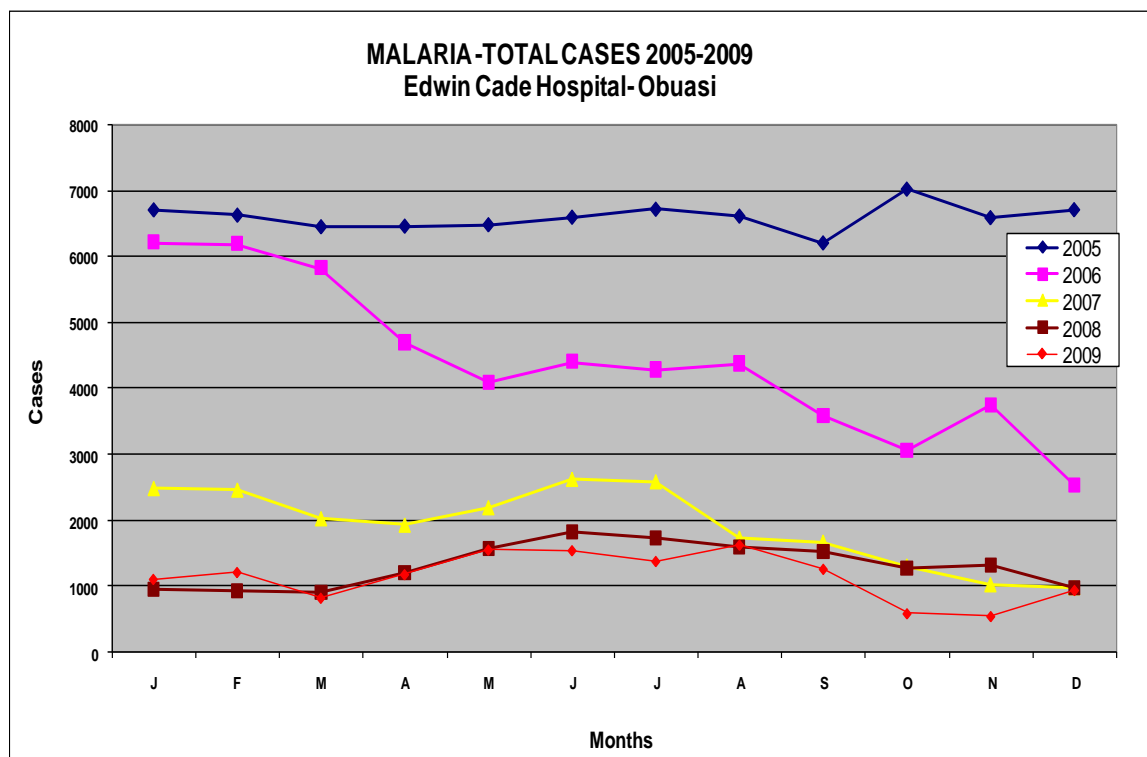
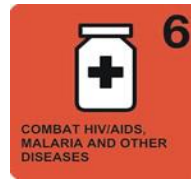
- Lost man days due to malaria

| | |
|------------------------|------|
| 2005 - Average monthly | 6983 |
| 2006 - Average Monthly | 4423 |
| 2007 - Average monthly | 1206 |

2008 - Average monthly 338

2009 - Average monthly 282

- It has achieved two of the Millennium Development Goals (MDG's)



The future:

- Apply the “Obuasi Model” at other sites:
 - AGA mines in Africa and global
 - Assist other companies operating in Ghana
 - Advise other municipal areas in Ghana
 - Rural areas - assisting Govt. programmes

- Ultimately become part of the Govt. National Malaria Control Programme as an efficient, effective & sustainable role model
- Funding: Seek external funding for sustainability (GFATM, World Bank. PMI)
- In Ghana, we have realised that our experience and expertise should be used for the greater good of the Country

Present Status

- 9th spray round (5th year) started in Feb 2010 – Town, mine, and villages
- The downward trend of cases continued (75% reduction since 2005)
- 139,000 structures sprayed (approx. 36,000 houses)
- Positive response & acceptance from community
- Community Education programme using committees, radio, media, banners etc
- Larviciding of all water bodies to prevent breeding is ongoing
- 128 jobs created from community
- The President of Ghana opened the Malaria Control Centre in April 2006
- Malaria Control Centre dedicated to the people of Ghana / West Africa as a gateway to effective malaria control in Africa
- Numerous visitors from international and local organizations have visited the Centre (WHO, World bank, Global fund, GTZ, GHS)
- US Presidents malaria Initiative (PMI) - Assistance with training at Obuasi and key persons seconded to assist with the implementation of IRS in the North
- The USD 138 Million Global Fund Grant to be implemented in 2010 is based on scaling up the “ Obuasi Model” to 40 districts in Ghana
- Local & International acclaim for success of the programme- has become the gold standard for IRS
- International recognition; Global Business Coalition – Business Excellence “ Malaria Award ” and two Pan African Health Awards

- No Rivals in malaria Control! Newmont Mining, and Red back mining (Chirano) both assisted with Malaria Control programmes in Ghana
- Control programmes replicating the “Obuasi model” implemented at AGA operations at Siguiri (Guinea) , Geita (Tanzania) and Sadiola (Mali)
- A joint Malaria Control programme, based on the Obuasi model and facilitated by Ghana Chamber of Mines, is to be implemented at Tarkwa. (AGA, Gold Star, Goldfields, Ghana Manganese) in 2010. Insecticide resistance studies and pilot project have been completed

The Global Fund to fight AIDS. TB and Malaria (GFATM)

Ghana is the recipient of a USD \$ 138 million grant for a Malaria Control Programme; focused on Indoor Residual Spraying

The Grant is based on the “Obuasi model” and is be implemented by AngloGold Ashanti in Partnership with the National Malaria Control Programme (NMCP)

- The Ministry of Health & Ghana Health Services (GHS) has declared support for AGA
- The NMCP and AGAMal are active partners
- The NMCP has pledged full support and the involvement of their regional /district malaria programme officers and infrastructure
- The GHS has offered the use of stores facilities at all levels
- AngloGold Ashanti appointed by the Global Fund Ghana Country Coordinating Mechanism as the Principal Recipient (PR)
- First time a Private Sector company will be the PR
- AGA Malaria limited (AGAMal) established to implement the Grant
- USD 138 mil over 5 years
- It will create 3800 jobs recruited from targeted communities
- AGA Malaria Centre at Obuasi will be National headquarters (contribution from AGA Ghana + the existing personnel)
- Zone offices will be established at Obuasi, Wa and Tamale
- There will be an Insectary and Laboratory at Obuasi and Navrongo



ANGLOGOLD ASHANTI

MALARIA CONTROL PROGRAMME



GHS



MoH

MoLG



EPA

Together against Malaria

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