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Greenwich Voice and Influence Programme

Addressing Malaria within the Royal Borough of Greenwich Project Report

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Project Details

Delivery Timescale: February 2025 to June 2025

Location: METRO Woolwich

Project Facilitators:

- Andrew Kerr – Voice and Influence Programme Manager, METRO GAVS
- Loic Marcon – Stakeholder Engagement Coordinator, METRO GAVS
- Aimee Edwards - Volunteering and Membership Services Officer, Volunteer Centre Greenwich (VCG)
- Anand Odedra – Consultant Infectious Diseases and Microbiology, Lewisham and Greenwich NHS Trust (LGT)

Groups and Organisations in Attendance:

- African Smile
- Black Female Entrepreneur Group
- Greenwich Inclusion Project (GrIP)
- METRO Charity
- Nigerian Community Greenwich CIC
- Second Tots Ltd.
- Somali Parents Network
- Somali Teaching Group



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Aim, Objectives, and Approach

The Addressing Malaria within the Royal Borough of Greenwich project was a partnership between METRO GAVS, Volunteer Centre Greenwich (VCG), Lewisham and Greenwich NHS Trust (LGT), and Voluntary Sector organisations who work with communities from sub-Saharan Africa. The primary aim of the project was to co-develop materials to promote anti-malarial tablets amongst sub-Saharan African communities in the Royal Borough of Greenwich, traveling to and from sub-Saharan Africa in the summer travel season when malaria is most likely to spread and infect in those regions where it is endemic. However, the secondary and longer-term aim was to facilitate a partnership between the LGT and Voluntary Sector organisations in the borough working with sub-Saharan African communities. Historically, the effort to reduce travel-related malaria rates in the borough have been heavily led by the Statutory Sector, which, as evidenced by consistently high rates of travel-related malaria in the borough, has not worked. The Infectious Disease Team responsible for identifying and treating malaria sought a connection into these communities via the Voluntary Sector to provide promotion and education on the dangers of travel-related malaria and how to prevent it.

In order to meet these aims, an overall objective was established to explore, with the Voluntary Sector, the co-development and co-design of community-based initiatives to address the high rates of travel-related malaria within the borough. Whilst there is a need for Statutory Sector-led interventions, these must be sensitive and appropriate to the needs and requirements of local communities most affected by the illness. Therefore, we developed and explored engagement approaches and methodologies which are co-designed and co-produced by Voluntary Sector organisations which represent Greenwich-based community members most affected by travel-related malaria.

As the facilitator organisation, METRO GAVS (through G-HIVE), VCG, and the LGT conducted three workshops, each one building off the previous one. The themes of each workshop were as follows:

- Baseline and Solutions Development
- Co-Designing a Health Campaign
- Co-Producing a Health Campaign and Fostering Further Connections

Voluntary Sector organisations in attendance were invited to claim an attendance fee of £40 if they had a turnover of less than £100k. This directly facilitated their involvement in the project and ensured it was able to work with those organisations who are most connected to sub-Saharan African communities affected by travel-related malaria.



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Workshop 1: Baseline and Solutions Development

The first workshop, which took place on the 19 February, was convened around Voluntary Sector organisations and the LGT for an initial presentation and discussion on the issue of travel-related malaria within the Royal Borough of Greenwich. The LGT provided an overview of malaria endemicity in the borough, explaining why it exists and what medical treatments are available. The presentation set a foundation for questions and answers from Voluntary Sector organisations, leading to broader conversation on barriers to accessing malaria prevention and treatment services, experiences in the NHS for affected community members, and what the remaining workshops should involve.

During the initial presentation, there was a discussion to understand the key issues regarding malaria rates and explore why the LGT was taking an interest in the matter. Many Voluntary Sector organisations asked questions to gain a comprehensive understanding of the symptoms of malaria, access to preventive measures, and recovery methods. They asked questions about vulnerable community members and what existing measures are currently in place within the NHS to address the issue. METRO GAVS, VCG, and the LGT facilitated this conversation which was centred around the question: *How can Lewisham and Greenwich NHS Trust help address malaria in the borough?*

Three discussion themes emerged from the presentation and discussion:

1. The LGT's relationship to local communities and residents vulnerable to contracting travel-related malaria: Collectively, there was agreement between the Voluntary Sector and LGT that a mechanism needs to be established to ensure sub-Saharan African communities have access to the most accurate and up-to-date information on the causes, symptoms, and treatments for malaria, as well as guidance on how to prevent contracting it when travelling. Importantly, Voluntary Sector organisations focused on highlighting the ability to re-contract malaria and misconceptions about immunity.
2. Outlining the existing barriers to accessing malaria prevention and treatment services within the Royal Borough of Greenwich:
 - Cost: Anti-malarial tablets can cost upwards of £30 for an 8-week supply. The NHS does not cover the costs, and these expenses can be difficult to justify during the current cost-of-living crisis
 - Misconception: Misinformation about immunity poses a barrier to thinking about malaria before travel
 - Cynicism and Credibility: Many sub-Saharan African communities have a strong distrust of the health system
 - Language: English might not be a person's first language, and many existing resources do not accommodate diverse languages



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3. Preliminary ideas for solutions to overcoming barriers: Several ideas surfaced, with a focus predominantly on community engagement and leveraging partnership. The most agreed upon routes to overcoming barriers were:
- Leveraging Voluntary Sector organisations to build trust
 - Ensuring multiple, active channels of communication
 - Utilising Voluntary Sector organisation's communication networks, such as VCG's directory of organisations that access their weekly newsletter

Subthemes within the discussion around solutions emerged including:

- Simple, yet effective messaging that converts medical terminology into layman's terms.
- Leveraging newly created relationships with sub-Saharan African Community Groups.
- Creating case studies of people who could have avoided malaria had they taken tablets.

Following this, attendees brainstormed actions for continued collaboration that addressed all three dominant themes of discussion. For example, VCG suggested that their online database of Voluntary Sector organisations in the Royal Borough of Greenwich could be leveraged for the NHS to understand which communities can be accessed through trusted relationships across the borough's robust Voluntary Sector. There was also an early discussion about where in the borough the best places are to spread messaging and leverage partnerships. Some key places that were mentioned included faith-based organisations, schools, libraries, and primary care facilities, with these places re-surfacing in Workshop 3.

Following the first workshop, METRO GAVS, VCG, and the LGT met to synthesise feedback from the first workshop and formulate it into an agenda for the second workshop.



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Workshop 2: Co-Designing a Health Campaign

The second workshop, which took place on the 3 April, was originally designed to follow a structured agenda which consisted of:

- Quick Summary of Malaria in Greenwich
- Exploration and Analysis of Existing Materials to Reduce Malaria
- Designing a Social Media Campaign
- Survey/Questionnaire Session: Designing a 10-question survey

However, the workshop morphed into an open-ended discussion about barriers to care and general health system experiences of sub-Saharan African communities in the Royal Borough of Greenwich. With several Community Leaders joining the second workshop as their first, the project gained fresh insights which it has not previous had. As a result, the session began with a condensed version of the LGT's original presentation on the issue of travel-related malaria within the borough. This sparked inspiration and curiosity around barriers, framed in a new light. One participant asked, *"Why do people not take malaria tablets?"* which was a new approach to the same question of *"What barriers do people have to accessing medication?"*

Barriers to Malaria Prevention

Building on the conversation from the first workshop, participants delved deeper into the barriers highlighted previously. One participant highlighted that the cost of medication is not free, whereas treatment after being infected is provided free of charge. Therefore, sub-Saharan African communities might be willing to trade off the risk of getting sick for the risk of being sick because there is no cost barrier to being ill. As alluded to in the first workshop, attendees discussed how community perception of immunity influences whether they seek treatment. Lastly, there was discussion around travel-related barriers. sub-Saharan African communities might be concerned about immigration status, cost of tickets taking priority over cost of medicine, and travelling with children.

Public Health Education and Campaigning

Attendees spent time analysing the state of public health education in the borough, recognising that it felt like there was a lack of targeted initiatives that address health issues that inequitably affect global-majority populations. Reflecting on previous campaigns and how they could inform a malaria campaign, attendees also emphasised the need for materials to have a strong visual storytelling element. They recommended the essential use of icons of mosquitoes and planes to tell the story of



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travel-related malaria visually. Lastly, Voluntary Sector organisations reinforced the importance of public health education in which the local communities and residents should lead. This could be accomplished through continued co-production and leveraging local advocates to spread a message.

Community Engagement Strategies

In critical discussions analysing community-led efforts, attendees delved into what strong community engagement looks like when addressing travel-related malaria in their communities. As previously mentioned, future engagement should be led in schools, within youth groups, community centres, and, vitally, with faith-based organisations. Beyond locations, community engagement could leverage existing arts events to serve as the trusted channel of communication. Along similar lines, leveraging trusted messengers (whether Arts and Cultural Leaders or Community Leaders) can be more effective when combined with social media platforms like TikTok and WhatsApp.

Underlying these community efforts is the importance of utilising trusted networks. A discussion was held on leveraging groups like Charlton Athletic Football Club and other sporting leaders in the borough. Primary Care Networks across the Royal Borough of Greenwich can also act as a preventive channel by spreading messages in waiting rooms and directly from GPs.

Structural and Systemic Concerns

Crucial to the co-design of the malaria campaign was incorporating an understanding of the structural and systemic barriers that sub-Saharan African communities in the Royal Borough of Greenwich face. Primarily, the concerns centred on being heard by doctors and the cost barrier.

Campaign Design Ideas

The brainstorming outlined above led into the ideation phase of an immediate public health intervention: the design of a leaflet and poster. It also contributed to the medium and longer-term outcomes that the project could enable. Some key aspects of the leaflet and poster needed to include:

- QR codes making it easier to access websites to get medication
- Cost transparency, showing price ranges of tablets and where to buy them

Beyond the leaflet design, some ideas emerged around the longer-term partnership campaigning including:



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- Promoting a 'train-the-trainer' model where the LGT trains Voluntary Sector organisations, including Community Leaders, on how to teach about travel-related malaria and accessing anti-malarial tablets
- Pop-up info booths at libraries, festivals, and community events
- Creating vouchers or other incentives



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Workshop 3: Co-Producing Campaign and Fostering Further Connections

The third and final workshop, which took place on the 12 May, aimed to close out the initial phase of the partnership and finalise next steps to maintain momentum between the LGT and Voluntary Sector organisations. The agenda was as follows:

- Overview of the leaflet being created by the LGT to receive Voluntary Sector feedback
- Overview of the questionnaire created by the LGT to receive Voluntary Sector feedback
- Facilitate conversation on future speaking engagements, 'train-the-trainer', and holding each other accountable

Leaflet Overview

There was a clear preference amongst Voluntary Sector organisations to use the leaflet with the most minimal design as the template for any future iterations of public health material. Core to the successful creation of this leaflet was changing the tone and language to push for more direct and inclusive messaging ("you are at risk"), simple language (avoid medical jargon like "prophylaxis"), and clear warnings ("Travel to Africa and West Africa puts you at risk"). A critical addition to this was the inclusion of QR codes, which provided direct access to three websites where individuals could purchase anti-malarial tablets. Being inclusive also meant ensuring the leaflet could "tell a story" rather than simply communicating clinical information.

Additionally, the leaflet needed to be simply yet effectively address some of the barriers that the Voluntary Sector organisations outlined. The primary barrier was related to the knowledge of the medication's cost, and therefore, the leaflet outlined the cost range. This was done strategically to avoid deterring people from the cost, while also educating them on the potential high cost. Beyond that, the knowledge gap between perceived and actual risk posed a barrier to increasing anti-malarial uptake. As a result, the leaflet incorporated clear, concise messaging about who is at risk and when they are at risk. Together, the messaging was designed to promote further engagement and spread awareness amongst other community members.

A key discussion point regarding the cultural sensitivity of this initiative was the need to create a campaign that acknowledges, as expressed by Voluntary Sector organisations, that migrants often feel underserved or dismissed by the Health and Social Care System. This remains a throughline for future partnership working.



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Questionnaire Overview

The LGT produced a questionnaire to measure the annual impact of the partnership and health education campaign. The questionnaire was designed with ten initial questions with the goal of the partnerships collectively parsing it down to six questions that felt relevant, accessible, and allowed for future measurement. These questions were broken down into the following:

1. If you've travelled to Africa, is the risk of malaria very low or very high? (Answer: On a scale of 1 to 5)
2. What do you think is your risk of catching malaria? (Answer: On a scale of 1 to 5)
3. How likely are you to take anti-malaria tablets? (Answer: On a scale of 1 to 5)
4. How easy is it to access anti-malaria tablets? (Answer: On a scale of 1 to 5)
5. Where would you go to access tablets? (Answer: multiple choice or written answer)
6. How likely are you to see a doctor if you came back and felt unwell? (Answer: On a scale of 1 to 5)

Future Partnership Working

At the centre of the partnership was facilitating the continued connection between the LGT and the Voluntary Sector without the support of METRO GAVS and/or VCG as a facilitator. As a result, throughout the workshops, ideas emerged around what future partnership working could look like, culminating in a list of activities necessary to expand upon community engagement principles and Voluntary Sector-led interventions. To ensure the partnership working could continue without METRO GAVS and VCG, a contact list was created and shared with all participants in the workshops to enable easier channels of communication.

Place-Based Focus

A core aspect of the conversation around future partnership working revolved around where to deliver educational activities. Amongst these locations were markets, faith-based organisations, schools, libraries, airports, universities, and music festivals. In particular, there was a focus on delivering educational activities through partnering with Afronation, a global music festival that attracts young people from the African diaspora. A strong emphasis was also placed on delivering activities through faith-based organisations, where Voluntary Sector organisations and Community Leaders acknowledged high attendance at religious services.

How Could the Partnership Deliver Activities in These Places?

There was collective agreement that developing networks of trusted relationships and leveraging a 'train-the-trainer' model would be an effective way to spread the message of malaria prevention. Collaborating with leadership at faith-based and other trusted community organisations would allow the LGT to train those stakeholders on how to educate their community members about malaria.



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Outputs

Travelling Abroad? Think Malaria Leaflet

Travelling abroad?

Think malaria!

Why you should be concerned

Travelling abroad to areas where malaria is common can put you at risk. You should **check if you are travelling** to an area where there is a high risk of malaria, such as regions of Africa. Malaria can be fatal **at any age**. Greenwich and Bexley account for **nearly 10% of all malaria cases in the UK**, with most cases involving individuals who have travelled to West Africa. You can get sick from malaria again, **even if you have already had it many times before**. You are at risk when you travel to regions with high rates of malaria, **whether you were born or grew up in the UK or overseas**.

Protect yourself!

Anti-malarial tablets are very effective at preventing malaria, and they should be started before you travel. Tablets are cheap! They range from **£20 - £30 for an 8-week trip**.

Know the signs

If you get a fever or feel unwell after returning to the UK, see your doctor immediately, even if you have taken anti-malarial tablets. **Always** tell your doctor where you travelled.

Find anti-malaria tablets:

Boots **PeakPharmacy** **DrFox**

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Travelling Abroad? Think Malaria Poster



Travelling abroad?

Think malaria!

Why you should be concerned

Travelling abroad to areas where malaria is common can put you at risk. You should **check if you are travelling** to an area where there is a high risk of malaria, such as regions of Africa.

Malaria can be fatal **at any age**.

Greenwich and Bexley account for **nearly 10% of all malaria cases in the UK**, with most cases involving individuals who have travelled to West Africa.

You can get sick from malaria again, **even if you have already had it many times before**.

You are at risk when you travel to regions with high rates of malaria, **whether you were born or grew up in the UK or overseas**.

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Find anti-malaria tablets:










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Outcomes

Short-Term

METRO GAVS, VCG, and the LGT were able to facilitate three workshops on baselining barriers and solutions and co-produce a leaflet and poster for the LGT and Voluntary Sector organisations to distribute amongst their patients and service users. As a partnership, we were also able to facilitate connections between the LGT and Voluntary Sector in the borough, leading to opportunities for LGT to educate and engage with local communities and residents through the Voluntary Sector as the conduit for trust. Additionally, the partnership co-created a questionnaire to evaluate impact over time.

Medium-Term

What the seedling of the partnership means in the grand scheme of this work is that now there is a precedent in the Royal Borough of Greenwich for work to be done between the sectors to address pressing health issues. This partnership can work as a foundation for which other types of work can be initiated.

Longer-Term

In the longer-term, it is envisioned that there will be a decline in travel-related malaria rates in the Royal Borough of Greenwich. Evaluating the quantitative impact of this partnership will take time, as the reduction in travel-related malaria rates can only be understood over a longer period. However, the effect of the partnership on the rates can be measured through the questionnaire which was co-produced.

Key Takeaways

1. There is a strong appetite for a better connection between the NHS and the Voluntary Sector, coming from both the Statutory and Voluntary Sectors
2. There is a need for the NHS to facilitate Voluntary Sector participation in service delivery
3. There are barriers to accomplishing engagement activities in large institutions that prevent swift operations
4. Translating medical language and terminology to a lay audience is an essential aspect of communicating clinical information to local communities and residents
5. Infrastructure organisations, like METRO GAVS and VCG, are critical to building a bridge between the Statutory and Voluntary Sectors



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Next Steps

For further information, please contact the following:

- [Loic Marcon – Stakeholder Engagement Coordinator](#)
- [Andrew Kerr – Voice and Influence Programme Manager](#)