



Intelligence on the ground + Technical leadership = Saving lives

Scale-up

Malaria Consortium is playing a critical role in global efforts to tackle malaria and is achieving results in line with the Global Malaria Action Plan and the Millennium Development Goals.



This page: Workers start to remove mosquito nets from one of the temporary warehouses across Kano to be loaded onto a truck and be taken to one of many distribution points during the campaign.

Facing page: Chairman Stephen O'Brien visiting a pregnant woman with malaria.

Cover photos taken by William Daniels, Benoist Carpentier, Adam Nadel and Malaria Consortium.



The past year has seen extraordinary progress in the scale and scope of our programmes. Malaria Consortium is now playing a critical role in global efforts to tackle malaria and is achieving incremental results in line with the Global Malaria Action Plan (GMAP). With 2010 upon us, a key year in terms of targets, I am glad to report such impressive results. Malaria Consortium has risen to the challenge of increasing the scale of malaria control interventions and the stories and figures clearly testify to this.



With an uncompromising determination to innovate and increase the scale and impact of its work so that it benefits communities in the poorest, most marginalised and challenging environments, Malaria Consortium has undertaken a key role in a programme of unprecedented scope in the country with the highest malaria burden in the world: Nigeria.

We all know that malaria is one of the leading causes of child mortality in Africa and is the world's most serious parasitic infection. The disease is not only devastating to human life, and therefore to families and communities, but it has a serious adverse impact on economies, reinforcing poverty by diminishing productivity and opportunity. The simple and encouraging reality today, however, is that malaria can be prevented, diagnosed and treated with a combination of available instruments and treatments. Adequate funding and policy environments are the prerequisites along with committed governments and international agencies.

I am proud that Malaria Consortium, the world's leading not-for-profit dedicated to the comprehensive control of this disease, is driving success by reaching greater numbers of people, especially the hardest to reach in their remote communities. Working to improve and save the lives of some of the poorest and most vulnerable people in the world, our organisation improves not only the health of individuals but also contributes to strengthening national health systems which directly results in poverty reduction and aids economic prosperity. It provides comprehensive solutions (diagnosis, treatment and prevention) for malaria control that result in the delivery of programmes that are amongst the most cost effective public health investments.

Above all, these approaches are designed to optimise the chances of malaria control and relief being sustainable, and reinforcing the will of the 'donor world' to maintain its support for these programmes and the funding even as the burden and transmission of the disease starts to come down. We see progress, either by elimination of the disease in certain countries and areas as we help to 'shrink the map of malaria', or by greater control in the highest persistent transmission countries in sub-Saharan Africa. All the while monitoring and evaluation to ensure maximum effectiveness, accountability and transparency of interventions and resources are crucial to underpin confidence. Similarly, research across the spectrum of tools must be maintained to ward off the threat of resistance and to increase the capacity of interventions to deliver, ultimately, a malaria-free world.

None of this would be possible without the skill, experience and commitment of Sunil Mehra, Graham Root and Sylvia Meek and all the Malaria Consortium people at every level in every country. I thank them for another year of outstanding achievement, as I thank too the volunteers who comprise an extraordinarily high calibre Board of Trustees.

We look forward to coming years with a relish to rise to the challenge!

Stephen O'Brien MP

Chairman, Malaria Consortium

Scale-up – the universal challenge

Half the world's population, some 3 billion people, are at risk of contracting malaria

The greatest challenge for those determined to eliminate malaria, is to achieve universal coverage with malaria-specific interventions for all populations at risk. When countries can scale up a package of preventive and curative interventions, the resulting benefits have a dramatic impact on the global malaria burden.

Scale-up, the distribution of more and better services and commodities to those who need them, has been promoted by the Roll Back Malaria (RBM) Partnership since 2005. RBM developed targets of 50% mortality and morbidity reduction by 2010 and a 75% reduction in morbidity and near zero mortality by 2015. To bolster support for the achievement of these targets, in 2008 the Global Malaria Action Plan (GMAP) was launched with the objective of scaling up interventions at country level. A key element of this is a major improvement in the availability of, and access to, quality affordable antimalarial medicines and other essential supplies.

Malaria Consortium has played an important and unifying role in the scale-up efforts. Results from our programmes in countries such as Uganda, Southern



Sudan, Mozambique and Zambia have fed into RBM, World Health Organization and World Bank analyses and processes that led to the development of GMAP. Malaria Consortium's technical director and others have also been part of the GMAP drafting teams.

Equally important, Malaria Consortium country teams are at the forefront of scale-up efforts through their leadership in distributing nets and drugs, monitoring results, and supporting the efforts of host country Ministries of Health. Our monitoring tools and models for delivery are used to inform national and global decision making through best practice. Our strategic focus on health systems strengthening to enable the scale-up of malaria interventions, such as health information management work, improving



Above: A house to house mobilizer works his way through a village in Kano state, Nigeria.

Right: Women waiting to collect LLINs as part of the SuNMaP universal coverage campaign in Kano state.

service delivery or community-based programme support, testifies to a results-based and high impact approach.

SuNMaP – scale-up in Nigeria

The prime example of Malaria Consortium's commitment to achieving impact at scale is its technical and coordinating role in Nigeria, the country with the highest malaria burden in the world. As a part of a global partnership, Malaria Consortium has engaged in a major project aimed at increasing the scale of coverage in the country. Critical funding from the UK's Department for International Development resulted in the establishment, in 2008, of the Support to National Malaria Programme (SuNMaP). SuNMaP works with the National Malaria Control Programme to harmonise donor efforts around national policies and is being implemented by a Malaria Consortium-led partnership, under the leadership of the Nigerian government. Planned outputs include the distribution of four million long lasting insecticidal nets (LLINs), the administering of five million intermittent preventive treatment doses to pregnant women and the provision of artemisinin combination therapy to under-fives with fever in

the project states of Kano and Anambra. Nigeria is host to a quarter of Africa's malaria cases and Malaria Consortium is concentrating huge resources on a project of significant scale and enormous life-saving potential.

Contributing to the global effort

At the end of 2009, it is estimated that Malaria Consortium had protected over 18 million people from malaria through the provision of LLINs. With malaria the leading cause of child mortality in Africa, accounting for 20% of all childhood deaths, scaling up malaria control programmes has significant benefits. The proper use of LLINs has been shown to reduce under five mortality by up to 25%. The infant and child health case for greater commitment to malaria control is without parallel.

Malaria Consortium's prioritisation of child survival through its community-based approaches and improved case management practices for malaria, diarrhoea and pneumonia means that it is contributing substantially to reaching greater numbers.

Over 1.1 million nets have been distributed by Malaria Consortium in 2008-09



Our systematic approach that ensures results

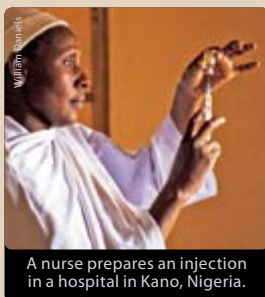
Malaria Consortium takes a thorough and systematic approach to the long term control of malaria and other communicable diseases. Our contribution to strengthening national health systems improves access for the poor and provides long-term comprehensive solutions – diagnosis, treatment and prevention – for the control of malaria and other childhood and neglected tropical diseases. This results in the delivery of programmes that are both rooted in technical expertise and among the most effective public health investments.



Research

Operational research underpins our work, providing vital evidence to support and strengthen our programme activities.

We carry out studies with a range of partners and test new technologies that support malaria control strategies. Our research also helps identify the ‘bottlenecks’ to effective implementation. The vital role of operational research at a programme level is that it also feeds into global, national and regional decision making.



Diagnosis and treatment

We concentrate on supporting policies and external quality assurance systems, to ensure efficient and effective diagnosis. We are also increasing the use of rapid diagnostic tests (RDTs) and improving the quality of

microscopy. Our technicians have established refresher courses on malaria microscopy and training for community volunteers using RDTs to accurately diagnose malaria before giving treatment.



Prevention

To ensure widespread use of long-lasting insecticidal nets continues, the aim now is to ensure that all those at risk of malaria sleep under a treated net every night and are fully informed in their use. Our

projects include ‘maintenance’ activities so that net use is sustained beyond campaigns. We have also contributed to new efforts in prevention through indoor residual spraying and integrated vector management.



Systems and capacity strengthening

Through the development of local human resources we are steadily building capacity to make malaria programmes sustainable for the long term. We are working to ensure

health systems are responsive to humanitarian emergencies and able to deliver services to populations in challenging settings. Small amounts of investment to protect drug supplies (from rats or the rain), improved data reporting and support supervision can go a long way in front line facilities.



A child with malaria at a health clinic in Kano, Nigeria.

Childhood illnesses

Child mortality remains unacceptably high in most sub-Saharan countries with malaria, acute respiratory infections and diarrhoea remaining the top three killers of young children. We continue to develop programmes

such as home-based management to treat children affected by these illnesses. Access to appropriate drugs and trained community health workers mean that children can get better care and treatment early and before they become so sick that they need hospitalisation.



Net use monitoring in Panjap village, Southern Sudan.

Monitoring and evaluation

Monitoring and evaluation are a critical element of our work. They provide a strong basis for our field work and project design, besides supporting external and international

decision making in malaria control strategies. This is particularly true of our work in Southeast Asia and efforts to contain resistance to malaria drugs. We continue to play a key role in evaluating the performance of large scale net distribution campaigns as well as monitoring mosquito net retention and use.



Hanging an ITN in Leuk Posh village, Cambodia.

Helping the hard-to-reach and vulnerable

Malaria Consortium responds to humanitarian emergencies and is increasing delivery of services to remote and poorly served populations. We have been working with countries affected by conflict,

as well as complex post conflict and emergency settings for many years. Our work in Southern Sudan has continued to develop through 2008-09.



Trachoma grading, Southern Sudan.

Neglected Tropical Diseases (NTDs)

NTDs kill up to half a million of many of the poorest people each year. Malaria Consortium aims to deliver safe and effective drugs to

control the main five diseases – river blindness, elephantiasis, bilharzia, intestinal worms and trachoma. We use disease mapping to establish where populations need treatment to accurately target the mass drug administration. We also promote more comprehensive prevention.



Dr Ali Alkali speaking at the Kano State Flag Off ceremony.

Advocacy and mobilisation

Our advocacy strategy has two pillars: to build the capacity of southern civil society groups working on the issue of malaria and to

bring positive influence to bear on policy and practice among all those involved in the fight against the disease. Policy and practice are influenced through parliamentary engagement, working with partnerships such as the Roll Back Malaria Partnership and other peer groups and providing field-based evidence to critical events and processes.

HSS

Health Systems Strengthening

vital for disease control – includes developing infrastructure with skilled staff, reliable information and improving supply management systems.

LLIN

Long Lasting Insecticidal Nets

effective for up to five years, these mosquito nets protect without requiring laborious retreatment needed by traditional nets.

ACT

Artemisinin-based Combination Therapy

malaria treatment using combination of artemisinin derivative with other drugs to provide an effective cure and delay resistance.

Our work in Africa

The year has seen a major scale up of our activities in Africa. More vulnerable and hard-to-reach communities have been reached with prevention and treatment programmes through our distribution campaigns and support for local health systems. We are continuing to strengthen our relationships with national governments and other partners to ensure greater long-term sustainability of our activities.



Expanding our work in Mozambique and Uganda

Mozambique

This year Malaria Consortium has continued to support the Ministry of Health in planning for scale-up of malaria prevention and case management. The five-year project supported by the UK Department for International Development to develop sustainable delivery systems for long lasting insecticidal nets (LLINs) is drawing to a close. As a result, this year the organisation has concentrated on ensuring the smooth handover and integration of all related activities, including monitoring and evaluation to the provincial health authorities in the five provinces which have been distributing LLINs through ante-natal clinics with Malaria Consortium's technical support. This year nearly 550,000 LLINs have been distributed.

Commercial sector partners supported by Malaria Consortium have suffered the combined effects of the global financial crisis and rising food and fuel prices. Nonetheless, the expansion of markets from urban to rural areas and to additional provinces has continued. Provision of technical assistance to strengthening case management systems and expertise has translated into work plans, budgets and comprehensive training materials designed to reach approximately 10,000 clinical staff and 1,500 community health workers.

Malaria Consortium is providing technical support to the analysis of a recently completed national health facility survey, which will provide results for National Malaria Control Programme indicators. The organisation is also supporting preparations for a nationwide laboratory situation analysis.

Uganda

The Malaria Consortium Uganda programme has continued to expand in scope and scale this year. With a portfolio of 10 projects, the organisation is involved in all aspects of malaria and other communicable disease control from policy and strategy development to implementation, monitoring and evaluation, and operational research.

Malaria Consortium provided policy support to the National Malaria Control Programme, revising operational guidelines for all key malaria interventions. The organisation played a key

role in the review of the management of fever for the adoption of integrated community case management. This includes the three diseases which contribute the most to childhood mortality— malaria, pneumonia and diarrhoea.

Malaria Consortium's focus on the development of national strategy, clinical guidelines and tools continues, and the organisation is set to scale up implementation next year.

The Stop Malaria project, funded by USAID, where Malaria Consortium Uganda provides the technical lead, is one of the largest malaria control projects ever to be implemented in Uganda, targeting scale-up across 45 districts and covering half the population. Addressing the supply side of commodities such as mosquito nets and treatments, only solves part of the problem. Education in their correct use and training throughout the health system is vital. Malaria Consortium is developing strong partnerships with civil society organisations, building on their local knowledge to support health education about malaria and tuberculosis (TB) at community level.

Malaria Consortium established an external quality assurance (EQA) scheme for malaria microscopy and developed a clinical audit strategy and guidelines. The organisation's EQA work and training programmes in TB diagnosis have also continued across disadvantaged areas of the north, including Karamoja. We also supported the Ministry of Health in the installation of software for the Health Management Information System. This increased focus on technology, particularly in relation to tools for data collection and submission which also serves to improve health worker motivation, will continue into the following year.

This year Malaria Consortium completed its investigation into net retention and usage, and a related cost effectiveness study which compares LLIN distribution mechanisms. The organisation disseminated results of an evaluation of outpatient malaria case management, and compared treatments for uncomplicated falciparum malaria in Ugandan children. A randomised trial looking at fluid resuscitation strategies in children with severe febrile illness was also initiated in sites across Uganda.

.....
60% of all cases of malaria occur in Africa

.....
 About **20% of childhood deaths** in Africa are caused by malaria

.....
90% of malaria deaths occur in Africa

1.3%

Malaria is estimated to cost Africa £8 billion a year, and economists believe that it is responsible for reducing GDP in endemic countries by as much as 1.3%

Focus on Nigeria's SuNMaP programme

Nigeria accounts for over **25%** of all cases of malaria in Africa

Malaria causes about **30% of childhood deaths** in Nigeria

11% of maternal deaths in Nigeria are related to malaria

Nigeria loses at least **one billion dollars each year** as a direct result of malaria infections



Up to **97% of Nigerians** are at risk of malaria

Nigeria has the greatest malaria burden in sub-Saharan Africa with up to 97% of the population at risk. It has been recognised that for Africa to stand a chance in achieving the Millennium Development Goals, the malaria burden must be tackled across Nigeria.

Malaria Consortium is at the heart of these scale-up efforts through its Support to the National Malaria Programme (SuNMaP). Launched in 2008 and funded by the UK's Department for International Development, SuNMaP is a £50 million five-year programme working at the federal level and in six states in Nigeria.



Ebenezer Baba
Public Health Specialist
Nigeria

Ebenezer Baba is a medical doctor with a post graduate degree in public health who has a keen interest in health system research and programme management. He used to work with one of the Global Fund principal recipients as programme manager prior to joining Malaria Consortium in September 08.

"It is indeed a privilege to be part of the journey with Malaria Consortium as it strives to make a difference in the lives of millions around the world. To quote a famous anthropologist "Anybody who has been seriously engaged in scientific work realises that over the entrance to the temple of science are written the words: 'Ye must have faith' " and from my perspective, the belief in the possibility of a determined few to change the tide for the better."

SuNMaP demonstrates a renewed commitment under the Roll Back Malaria partnership to meet the Nigerian National Malaria Strategic Plan (NMSP) objectives in line with global targets. Resources allocated to the implementation of this historic plan have yielded pledges by partners to the tune of over \$1 billion in the next five years.

The National Malaria Control Programme has recently reviewed its strategy to scale up its key interventions and has benefited from a renewed

commitment from partners such as Malaria Consortium.

The goals are:

To reach 80% of the at risk population with long lasting insecticidal nets (LLINs).

A 50% reduction in malaria-related morbidity and mortality by 2013 along with a reduction in the socioeconomic impact of the disease.

Scaling-up mosquito net coverage

One of the first initiatives that SuNMaP undertakes will be the roll out of a massive campaign to distribute two LLINs for every family across Nigeria. SuNMaP will lead the campaign in the first two states, Kano and Anambra, where they plan to distribute more than two million nets. SuNMaP also intends to provide technical support to a further four states. This is in addition to providing technical oversight at the national level in the remaining 30 states.

Another component of the campaign will entail training of field personnel, advocacy and community mobilisation to announce net collection points and promote net use. SuNMaP and partners have spent months planning these campaigns and they are expected to be a success, despite the challenges inherent in a roll out of this size. Lessons learned during the experience will feed into future universal campaigns in Nigeria and beyond during 2009-10.

Beyond the campaign

SuNMaP plans to capitalise on the progress made during the distribution campaigns to improve the national, state and local level capacity for policy development, planning and coordination, ensuring harmonisation of all agencies' support for malaria control. SuNMaP will also undertake operational research into the areas of prevention and treatment. A crucial element will be a new approach to public-private partnership so that specific commercial distribution partners can make essential malaria commodities, such as LLINs and drugs, more accessible to those most in need.

Worth the long wait for free nets



Zainab Abdu stands patiently in line in a crowded village square in the Gezawa district of Kano state, Nigeria. In her right hand she holds a white and blue net card – evidence of her right to receive two free mosquito nets.

Every now and then she glances at the distribution point to see how much longer she will have to wait. There is a line of hundreds of women curving in front of her, most of them fasting during this Ramadan period.

Asked why she is willing to wait for hours in the mid-day sun, her reply is simple, ***“It’s my life. It’s my family’s life.”*** Zainab has already lost one of her two children to malaria. ***“He was not sleeping under a net. If he was sleeping under a net he would not have got malaria,”*** she painfully recalls.

Universal net distribution

Zainab’s village square is one of over 500 distribution sites for long-lasting insecticidal nets and run by SuNMaP across Kano state. It is part of a massive campaign to distribute two mosquito nets to every household over a period of 18 months, in the hopes of reducing the malaria burden by 50% at least.

Sleeping under a mosquito net is a safe, proven and cost-effective measure for women like Zainab and their children who are particularly vulnerable to malaria, which is responsible for 11% of maternal and 30% of childhood deaths in Nigeria.

Using the nets correctly

As mosquito nets are distributed, the challenge is to ensure that the nets are used correctly at home. SuNMaP and partners have developed a crucial advocacy and mobilisation component to the campaign. Messages on proper use have been played over the radio and shouted out by town announcers. Teams of mobilisers have been trained to go house to house and provide information on how to air, hang and maintain the nets to last for several years. At net distribution sites, health educators demonstrate how to hang nets and answer questions.

While Zainab doesn’t own a radio, she received information and fliers from the mobilisers who visited her house. ***“After it is aired, tomorrow I’m going to hang it on the bed and sleep under it with my son. My husband will sleep under the other net.”***



Focus on Southern Sudan



61% of households have no mosquito net in Southern Sudan

Almost 100%, or 2.5 million, of children under five years are at risk of malaria in Southern Sudan

From 1983 to 2005 Southern Sudan was engaged in a protracted civil war that ended with the signing of the Comprehensive Peace Agreement. At the time it was Africa's longest running civil war, and it has played a large part in preventing meaningful development from occurring in Southern Sudan.

It was in the years before the Peace Agreement, that Malaria Consortium first became involved in assisting in service delivery and the development of the health system in post-conflict Southern Sudan. Malaria Consortium's early work consisted of high level technical support to the Secretariat of Health and subsequently the Ministry of Health (MoH). This support resulted in the drafting of the Southern Sudan Monitoring and Evaluation Framework and Operational Plan which forms the basis of the Health Management Information System, the development of the Southern Sudan Malaria Control Strategic Plan for 2006 to 2011, as well as other key health policies and strategy development.

Malaria Consortium established an office in Juba, the capital of Southern Sudan, in late 2006. Since then the organisation has expanded,

setting up three field offices to reach some of the most remote communities in the region, and broadening its activities. These include malaria control and health systems strengthening, as well as related health areas such as key childhood illnesses (pneumonia and diarrhoea) and neglected tropical diseases control, which have clear synergies with malaria control work.

Malaria Consortium's most recent health systems strengthening work in Southern Sudan is focused at state level, where it has built on the policy environment created through earlier organisational support. The MoH and Malaria Consortium identified a crucial gap in the creation of a functioning health system in Southern Sudan – the lack of data to allow informed decision making related to health facilities. Malaria Consortium has now supported the MoH to complete health facility mapping in three states in Southern Sudan.



Stephen Moore
Country Director
Southern Sudan

Before joining Malaria Consortium in July 2007, Stephen had worked on communicable disease control programmes in Zimbabwe, Kenya, Zambia and Uganda. More recently Stephen worked with Professor Sir Andrew McMichael's HIV vaccine research team at the University of Oxford. His post in Southern Sudan offered an excellent opportunity for Stephen to apply his experience to evidence based, high impact communicable disease control programmes.

“Supporting the Ministry of Health to develop a health care system from virtually nothing has been a very rewarding experience. We have given the Country Teams the tools to deliver programming that is responsive to the country context, which is critical in Southern Sudan's post conflict environment.”

Simple steps to a healthier future



Benson Opothmalo is based in Aweil Centre County in Northern Bahr el Ghazal. He was born in Abul village and trained as a community health worker. Benson worked for Médecins Sans Frontières during the war and, at the end of the conflict, became county medical officer.

Before Malaria Consortium was established there was little support available and Benson was trying to deliver health services with no budget, no communications equipment, no salaries for health workers and only infrequent, irregular supplies of drugs.

“When the war ended, there was nothing. I had no equipment, no vehicle and no drugs. At local level, I could only do the minimum, I couldn’t visit my patients, even those with serious medical problems. Thankfully, the situation has improved since then. But there is so much more to be done.”

Malaria Consortium’s support has greatly improved Benson’s ability to deliver an effective health service.

Recently, this improvement was demonstrated in stark and dramatic terms in Aweil. Abuk Deng had gone into a labour which became prolonged and complex. After five long days, both she and her baby were in a critical condition – exhausted and dehydrated. Using the satellite phone, Benson was able to contact Malaria Consortium’s office and a vehicle was sent to take Abuk to hospital for an emergency caesarian. Mother and baby were saved and both went on to regain full health.

Benson now has a laptop computer and email access through Malaria Consortium’s satellite internet connection. A motorbike has allowed him to begin supervision visits to local health facilities.

The support of Malaria Consortium is helping Benson to plan his budget needs, establish systems to record and report the routine data that is required for evidence based health planning. Through in-service training the organisation can build on Benson’s health management capacity and achieve a better drug supply to his county through improved stock management. Regular support visits to health workers in their facilities to help them improve the quality of their care is critical to an effective health system. Such visits will help to build a system that is both sustainable and well-managed, leading to improved health indicators among the population of Southern Sudan.



Building our activities across the region

Ghana

In 2008 Malaria Consortium joined the USAID funded Ghana project, with responsibility to provide expertise on both malaria prevention and treatment. The project provides technical and implementation support to Ghana's Ministry of Health to scale up malaria interventions in the country, reducing under five and maternal mortality. There are three areas of focus.

The first is the distribution of long lasting insecticidal nets (LLINs) to pregnant women and children under five through mass campaigns and antenatal clinic distribution, as well as via the expanded programme of immunisation. The second area of focus is the improvement of case management by scaling up the use of artemisinin-based combination therapies and increasing the home based management of fever in children under five years. Finally, Malaria Consortium is scaling up the distribution of intermittent preventive treatment for pregnant women during their antenatal clinic visits.

Ethiopia

In Ethiopia, Malaria Consortium is successfully working across national, regional and district levels to strengthen and improve the delivery of healthcare related to prevention and control of malaria. In 2007 Ethiopia indicated that the utilisation of malaria interventions is generally very low. In light of this, Malaria Consortium has been implementing a behaviour change communications project that has been

instrumental in raising the awareness of more than five million people. This has been accomplished through the distribution of materials such as fliers, posters and T-shirts, holding competitions centred on health topics for school children, and educating the general public through local radio broadcasts, at events and in public gathering places. The project was evaluated by the Ministry of Health and found to be very successful.

Until now there has not been a tangible strategy for ensuring the quality of malaria diagnosis across the country. In response, Malaria Consortium established an external quality assurance system in 16 health centres and plans to roll out this system to another 16 health facilities in the project areas.

The government of Ethiopia recently initiated massive information systems and planning reform in health institutions. However, institutional capacity has been identified as a major bottleneck hindering the implementation of these activities. Malaria Consortium has stepped in to provide comprehensive training on planning, supervision and monitoring and evaluation to 260 health personnel drawn from health facilities in the project areas. In order to improve the delivery of malaria drugs, supplies and commodities, Malaria Consortium conducted an assessment of malaria drugs and related supply management. This led to the development of recommendations for a standardised system within the government's framework of reform. These tools are being used to collect, organise and report essential logistics data that will enable health professionals to avoid malaria drug shortage and oversupply.

Zambia

Malaria Consortium priorities in Zambia over the year have included helping to strengthen the national response by working with non-health related business and government agencies in the fight against malaria.



Organisations in the community, who would normally have little or nothing to do with healthcare, were invited to form a Malaria Task Force. Institutions as diverse as the national power provider, banks, religious organisations, police, small business owners and other government ministries have come together to provide practical support in malaria prevention. Setting up mobile rapid diagnostic test units, organising parades and performances to increase awareness have helped to sensitise communities on preventive action.

Case management training has also been an important activity, with health centre workers being targeted to raise their capacity levels in terms of performing life-saving interventions and transferring knowledge to those who are responsible for the day to day care of patients. Malaria Consortium played a lead role in the study to assess the accuracy and safety of rapid diagnostic tests when they are used by community health workers, and provided assistance to the Zambian Ministry of Health in establishing a quality assurance system for laboratory technicians using microscopy to test for malaria in Zambia.

Additional training has been carried out for nearly 60 district staff on how to work with malaria data to reveal patterns in care, incidence and mortality, with a view to eventually transferring management responsibilities to the district level. District staff have become aware of gaps in data and work to reconcile discrepancies. This has enabled them to anticipate annual needs for insecticide treated nets, rapid diagnostic tests and artemether-lumefantrine, along with other malaria commodities.



Above left: Eskinder Goshu, Malaria Consortium's resource centre manager, provides IT training to personnel from district health bureaus in Wolaita zone, Hawassa, Ethiopia.

Above right: Malaria Consortium-trained Community Health Worker tests for malaria at the National Health Fair in Lusaka, Zambia.

Our work in Asia

Despite lower malaria incidence compared to African settings, there are significant challenges to maintaining the successes in Asia to date. Supported by key international donors, we are engaged in critical research, monitoring and evaluation activities in the areas most at risk of developing significant resistance to front-line malaria drugs.



Villagers bringing their nets for re-treatment in Kork Mosh, Cambodia.

An epicentre of drug resistance

Around **40% of the global population**, or 2 billion people, at risk of malaria lives in Southeast Asia

21 million or 9% of global malaria cases occur in Southeast Asia and Western Pacific countries

Resistance to artemisinin derivative malaria drugs has developed in Southeast Asia



Up to **76% of the people** of Southeast Asia are estimated to be at risk of the disease

Headquartered in Bangkok, Thailand, Malaria Consortium is in the ideal location to help monitor the incidence of malaria in the six countries around the Mekong River in Southeast Asia – Thailand, Cambodia, Lao PDR, Myanmar, Vietnam and Yunnan Province of China.

It is here that the disease remains a serious problem among certain high risk populations. Major advances have been made to reduce the burden of malaria in the region, and it is critical that this progress is not lost.

On the Thai-Cambodian border, which historically has been a hotspot for drug-resistant strains, control of malaria is complicated by the emergence of resistance to artemisinin derivatives, still one of the most effective treatments for malaria when used in combination with other drugs. The spread of artemisinin resistant malaria parasites beyond Asia would be a devastating setback for the progress achieved globally to date.

A key challenge in the region, however, lies in organising malaria control programmes where malaria is declining and malaria activities are being integrated with other health programme priorities.

Responding to resistance

A critical element in the tracking of malaria control, responding rapidly to outbreaks and avoiding the consequences of spreading drug resistance, is to have ready access to reliable information. In January 2009, Malaria Consortium began working on a two-year \$22 million containment project – Strategy to Contain Artemisinin Resistant Parasites in Southeast Asia – led by the World Health Organization (WHO) and funded by the Bill & Melinda Gates Foundation.

Together with WHO and the National Malaria Programmes (NMP) of Thailand and Cambodia, Malaria Consortium is helping to develop a robust, reliable and recent evidence base, tracking and recording information about the disease and any signs of resistance. The data will be continuously updated and used by countries in the region to refine and improve their NMP strategies and mobilise resources. This is imperative if the consequences of spreading drug resistance are to be avoided.

Since the start of the project, Malaria Consortium has played an important role in facilitating discussion between the different partners, especially the country programmes, which requires a cross-border strategy vital for the project's success. A critical need is to find and help the mobile and migrant populations affected by malaria. The organisation's role focuses on overall monitoring and evaluation of the project, supporting improved surveillance, providing operational research,



disseminating information and outcomes, and engaging in advocacy.

Other partners working closely with Malaria Consortium on containment in the region include the Mahidol-Oxford Research Unit (MORU), Institut Pasteur Cambodia (IPC), Centers for Disease Control and Prevention (CDC) and United States Agency for International Development (USAID).

Thailand

Malaria Consortium works to create and maintain partnerships with stakeholders and donors in the region. Under Thailand's Global Fund to Fight AIDS, Tuberculosis and Malaria Round 7 malaria component, Malaria Consortium is providing continuous technical support for capacity-building and training in data management and monitoring and evaluation of programme activities. The organisation also continues to support the curriculum development and

planning for the Asian Collaborative Training Network for Malaria (ACTMalaria).

Cambodia

Malaria remains a public health concern in Cambodia. Although there has been a steady trend of reduction in the total number of malaria cases, morbidity and mortality due to malaria remains one of the highest in the region. During the year, Malaria Consortium has also been providing support to the Cambodian National Malaria Programme through conducting national surveys and helping the programme develop its proposal for funding from the Round 9 Global Fund. This year, Malaria Consortium established an office in Phnom Penh and Pailin in western Cambodia.



David Sintasath
Regional
Technical Director
Asia

Before joining Malaria Consortium, David served as malaria epidemiologist with the National Malaria Control Programme in Eritrea. Currently David oversees the monitoring and evaluation programmes in the Greater Mekong Subregion and helps to develop the strategic and technical direction for programmes in the region.

“As part of a growing team in the Asia-Pacific region, I am especially excited about fostering new opportunities and partnerships in the region.”



A mother and son with severe malaria being transported from Krachab Leu village to Phnom Reang health post, Pailin province, Cambodia.

Raising awareness and increasing support

Malaria Consortium, with support from key partners such as GlaxoSmithKline and the Bill & Melinda Gates Foundation, has for some years provided advocacy leadership in the malaria community, ensuring malaria moved up global and national agendas in Europe and Africa. In 2008-2009, as a result of the continued growth of the organisation, Malaria Consortium decided to complement its advocacy activities by investing in new communications and fundraising functions.

Advocate and mobilise against malaria

Malaria Consortium's advocacy team highlights the burden of malaria by influencing policy and action both in developed and developing countries. Through support to African Coalitions against Malaria, UK awareness-raising and global policy work, Malaria Consortium provides tools, information and training to assist malaria advocates and deliver recommendations for better practice.

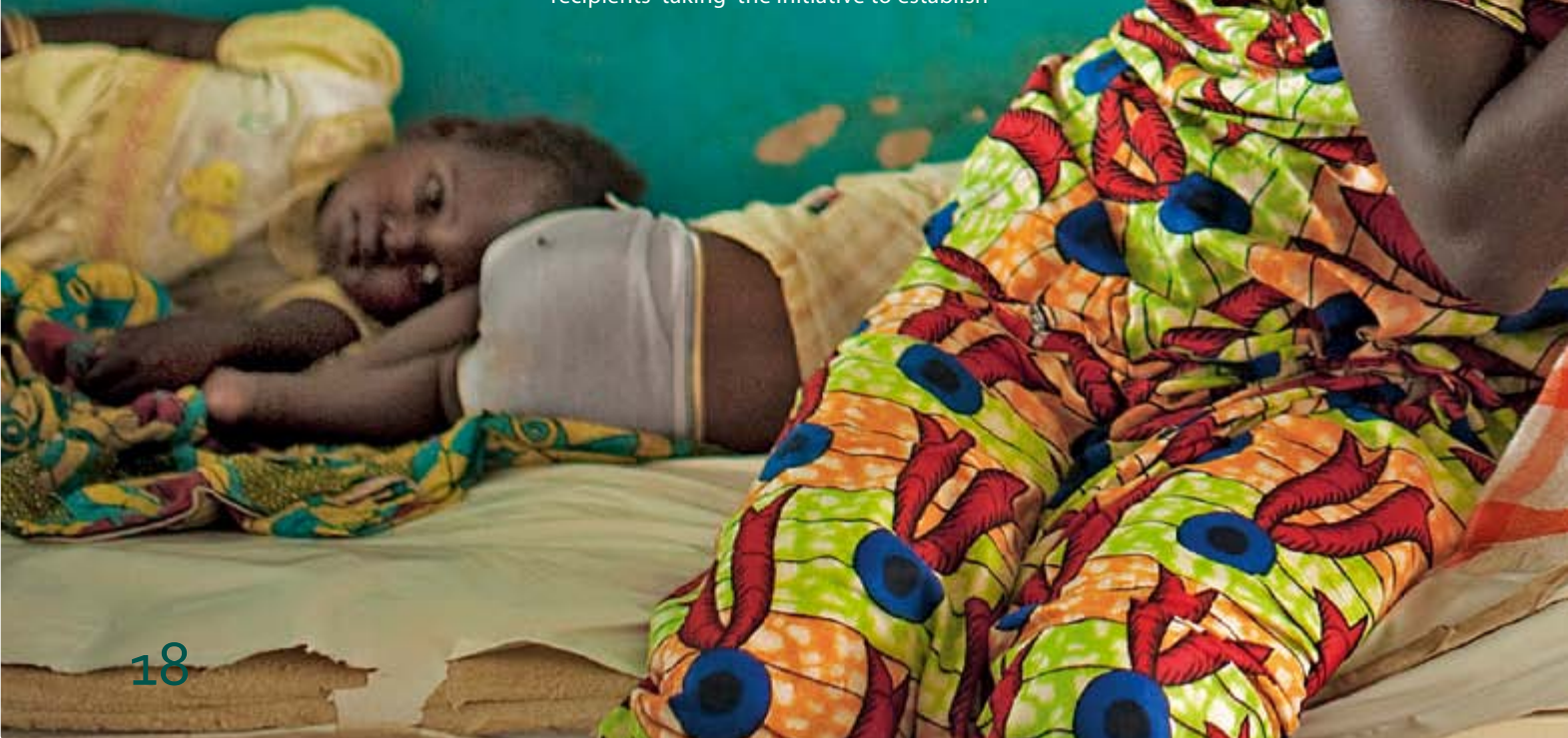
The year saw the successful continuation of Mobilising for Malaria supported by GlaxoSmithKline, and the conclusion of the European Alliance Against Malaria (EAAM). Malaria Consortium led the research of two major reports, organised another successful Malaria and Human Rights Lecture, and exhibited at the 2008 UK political party conferences. Two awareness-raising trips were organised in 2009, one with UK parliamentarians to Uganda and the other with British journalists to Asia.

The coalitions in Ethiopia, Cameroon and Mozambique are now fully established as united voices on malaria that engage proactively with private and public sector actors. The Malaria Advocacy Innovation Grants have all been extremely successful, with some grant recipients taking the initiative to establish

coalitions themselves. GlaxoSmithKline has extended its support for a further year and, subject to resource mobilisation, the coalitions and grant recipients will continue existing activities and expand their parliamentary, media and civil society operations.

World Malaria Day 2009 was a key advocacy opportunity for Malaria Consortium. A new World Malaria Day civil society website was initiated, which is live 365 days a year, providing an advocacy portal particularly for southern voices.

Over 1,000 people signed the "Count Me In" petition, and there are also Facebook, Twitter and MySpace profiles which have served to further increase awareness of the day. In the week leading up to World Malaria Day Malaria Consortium organised a parliamentary discussion, with the capacity crowd including private and voluntary sector partners and peers.





The main event was the hosting of a malaria photograph exhibition entitled Mauvais Air.

Malaria Consortium's UK advocacy work continues to be based around collaboration with DFID and other key groups such as Action for Global Health. The team made submissions to the International Development Committee enquiry on the government White Paper on International Development and the BOND UK election manifesto, as well as remaining engaged in various advocacy projects directly with field programmes.

Getting the message across

Malaria Consortium managed to achieve several important communications results during 08/09. The most significant was the complete redesign and launch of Malaria Consortium's corporate website www.malariaconsortium.org. The new site is more accessible, offering up-to-date news, events, programming highlights, global malaria issues, as well as general malaria information. The revamped website provides

a vital communications platform for the organisation.

A strategic relationship was also secured with the Financial Times in the lead up to World Malaria Day 2009. This provided a key element in the organisation's communications and fundraising objectives, as well as helping to promote Malaria Consortium among the wider community.

Malaria Consortium was also featured in two Guardian newspaper supplements as a result of its participation, with GlaxoSmithKline support, in the Guardian International Development Journalism Competition 2008. As part of this relationship, the organisation was also involved in the development of an advocacy publication providing an update on the status of the Millennium Development Goals.



Sunil Mehra, Malaria Consortium's executive director, gives Professor Awa Coll-Seck, executive director of the Roll Back Malaria Partnership, and Michele Barzach, chair of Friends of the Global Fund, a preview of the Mauvais Air exhibition.

It is on behalf of people affected by malaria, such as this mother and her sick child in Kano, Nigeria, that Malaria Consortium advocates for more dedicated action by national and global policy and decision makers.

Monitoring and evaluation

Building a strong team

With the continuing rapid growth of Malaria Consortium's portfolio, it became clear that the organisation needed a dedicated core team of monitoring and evaluation staff, in addition to those committed to specific projects. The role of this team would be to capture the performance of the organisation at country, regional and international level, providing evidence of impact and ensuring high quality implementation.

Malaria Consortium's commitment and active participation in the work of the Roll Back Malaria Monitoring and Evaluation Reference Group (MERG) has continued during 2008-2009. In addition to the organisation's contributions to the survey task force and capacity building, Malaria Consortium's focus within MERG is now shifting more towards routine monitoring

and surveillance systems, which are becoming a crucial element of elimination/eradication considerations.

Monitoring containment

With the successful roll out of activities to contain the spread of artemisinin resistant malaria parasites at the Thai-Cambodian border, much of Malaria Consortium's monitoring and evaluation work in the last year has been setting-up the necessary monitoring and surveillance systems. This included support to the National Malaria Programmes to develop the indicator framework, capacity building and improvement of routine reporting systems, preparation of baseline surveys of longlasting insecticidal net coverage (LLINs), and development of new concepts on the application of modern communication technologies for malaria surveillance.

Scale-up and impact of LLINs

Malaria Consortium has built on the experience and successes of past years, by further consolidating and standardising its tools for monitoring the success of large scale distributions of LLINs through community-based campaigns, routine health services or the commercial sector. Surveys to this effect have been undertaken in Mozambique and Uganda and are in preparation for Nigeria and Southern Sudan. In Uganda the comparison of distributions based around campaigns and ante-natal care services showed similarly high net retention rates of over 95% and high use rates of 74-97%, with a delivery cost of under \$1 per net for both systems.

Operational research

A central theme of Malaria Consortium's work is to improve methods and systems of delivery of health care. Cost-effective tools and commodities exist for malaria and other common illnesses, but not nearly enough people benefit from them. Our research aims to understand the barriers to access, whether these are behavioural barriers, economic barriers or systems barriers.

Malaria Consortium's approach includes three key elements: high quality design and implementation of research, developing capacity in the countries where we work and communicating the results to all who can use them. Our malaria work in Nigeria, for example, includes operational research on efficacy of drugs for preventive treatment of pregnant women, assessing delivery systems for long lasting insecticidal nets and evaluating the effects of training.

We have brought in partners from the London School of Hygiene & Tropical Medicine and identified Nigerian research institutions to work on each project.

Our research on neglected tropical diseases (NTDs) has led to a series of peer-reviewed publications, which not only share new information, but also highlight the importance of NTDs and have fed into development of national strategies.

Research helps to define national policy

Malaria Consortium is a key partner in the Communicable Disease Research Programme Consortium (COMDIS). Funded by the UK Department for International Development, this is an operational research programme that ensures research makes a real difference to a huge number of people.

COMDIS research findings have been used to define national disease control policy and practice at scale in partner countries. In Uganda, Malaria Consortium influenced the Malaria Control Programme's decision on how to use rapid diagnostic tests to diagnose malaria, a faster and easier method than previous diagnostic tests. Currently the Ministry of Health is developing a single malaria control and prevention policy that will include a diagnostic element, which COMDIS is proactively supporting.

In Southern Sudan, an analysis of the burden of NTDs in the country by COMDIS through Malaria Consortium has been the basis for the development of a national strategy for integrated NTD control. Also in Southern Sudan, a COMDIS project has developed a model to predict the risk of trachoma infection, one of the main causes of infectious blindness worldwide.

Global policy and strategy

Malaria Consortium continues to play a significant role in developing sound global policies and strategies based on up-to-date experience of countries' needs and challenges.

Our Executive Director serves as the Northern Non-Government Organisation constituency member on the Board of the Roll Back Malaria (RBM) partnership at a critical time as we approach 2010 when the ambitious targets of RBM are due.

We continue to contribute actively to several of the RBM Working Groups, in particular the Monitoring and Evaluation Reference Group, the Harmonisation Working Group and the Malaria Advocacy Working Group, and we have been asked to revitalise the Case Management Working Group. Access to effective treatment lags far behind the 2010 targets, and this group could play a crucial role in developing and communicating strategies to overcome bottlenecks to scaling up. We developed tools and managed needs assessments in 12 countries in 2008 to assist in planning resource mobilisation and technical support needs.

An integrated approach

In vector borne disease prevention we have supported the development of a global action plan for Integrated Vector Management – this cuts across different diseases and different vector control methods, and introduces a rational decision-making process for the optimal use of resources for vector control. While resources for malaria control have grown dramatically in recent years, we cannot rely on sufficient resources always to be readily available; now is the time to bring in and test concepts of maximising the returns on our investments.

Our monitoring and evaluation and vector control staff have built rigorous longterm data collection into our intensive work on supporting distribution of long lasting insecticidal nets (LLINs) over several years. The analysis and presentation of these data have influenced acceptance of mixed model delivery systems. We are also virtually the only group to gather evidence on real-life durability of LLINs.

In diagnosis and treatment our inputs to drug resistance containment strategies have global influence. We also continue to grapple with the challenges of making best use of malaria treatment in the private

sector through our work in Uganda and Nigeria. We have worked on the monitoring and evaluation framework for the Affordable Medicines Facility for Malaria (AMFm), and we are a regular advocate for increasing appropriate use of definitive malaria diagnosis through parasite detection. As malaria transmission declines this becomes more and more essential, and yet the strategies and support are not yet up to speed. As part of its monitoring and evaluation group we are helping the MalERA project to define the research agenda towards malaria eradication, and have focused especially on the use of diagnosis in monitoring, evaluation and surveillance.

Neglected tropical diseases

Malaria Consortium is an active partner on new global networks on neglected tropical diseases. Our approach to control of neglected tropical diseases has grown out of our approach to malaria control. It includes close partnership with governments and partners, development of evidence-based strategies, integrated mapping and a focus on reaching the most under-served populations. Our work has led to a number of publications, which help to publicise the importance of ending neglect of these diseases.



Gulu hospital, Uganda: Malaria Consortium has developed tools and managed needs assessments to assist in planning technical support for national malaria programmes.

Partnering for success

Malaria Consortium's success is reflected in the capacity and strength of our partnerships on the ground and across the world where we work. We take this opportunity to thank all our partners who have extended our reach, enhanced our understanding, increased our delivery capacity and improved our programmes.

NIGERIA

- Federal Ministry of Health
- National Malaria Control Programme
- State Ministries of Health and Primary Health Care agencies (where existent) in 6 States
- Health Reform Foundation of Nigeria
- Christian Health Association of Nigeria
- CHAN-MediPharm
- Federation of Muslim Women Associations of Nigeria
- Center for Communication Programs Nigeria
- University of Nigeria Enugu Campus
- Pharmaceutical Manufacturers Group of Nigeria
- Rosies Textiles
- Harvestfield Industries Ltd
- TETA Pharmaceuticals
- GRID Consulting
- Health Partners International
- Johns Hopkins Bloomberg School of Public Health – Center for Communication Programs
- London School of Hygiene & Tropical Medicine
- National Agency for Food and Drug Administration & Control
- Federal MDGs Office
- UN Special Envoy on Malaria
- WHO
- World Bank
- UNICEF
- UK Department for International Development
- United States Agency for International Development Nigeria and its projects
- The Global Fund to fight AIDS, Tuberculosis and Malaria
- Alliance for Malaria Prevention
- Partnership for reviving routine immunization in Northern Nigeria: Maternal Newborn and Child Health Initiative

- Partnership for Transforming Health Systems
- Society for Family Health
- Yakubu Gowon Centre
- John Snow Inc
- JHPIEGO
- Clinton Foundation
- Future Health Systems
- Family Health International
- Christian Aid
- Action Family Foundation

SUDAN

- Southern Sudan Ministry of Health (Central, State level and County Health Departments)
- Global Fund R7 through Population Services International
- UK Department for International Development
- Basic services Fund for South Sudan – subcontracted through Medair
- Canadian International Development Agency
- UNICEF
- Global Fund R2 through UNDP
- United States Agency for International Development through RTI
- International Rescue Committee
- Christian Blind Mission
- African Programme for Onchocerciasis Control, WHO
- WHO
- Carter Centre
- Ugandan Ministry of Health (vector control division)
- Save the Children-UK

UGANDA

- Ministry of Health
- Malaria and Childhood Illness Secretariat
- Uganda Malaria Research Centre
- National Drug Authority
- MTN Uganda
- Mbarara University of Science and Technology
- Kampala International University
- United States Agency for International Development/ President's Malaria Initiative
- UK Department for International Development
- Centers for Disease Control and Prevention
- Irish Aid
- Canadian International Development Agency
- Comic Relief
- Minnesota International Health Volunteers Uganda
- Red Cross Uganda
- Uganda Health Marketing Group
- Johns Hopkins University/ Centre for Communications Programme
- Communication for Development Foundation Uganda
- Infectious Diseases Institute
- Makerere University and College for Health Sciences
- Central Public Health Laboratory
- UNICEF Uganda
- WHO Uganda
- CARITAS
- Church of Uganda
- Kenya Medical Research Institute – Kenya
- London School of Hygiene and Tropical Medicine
- Imperial College London
- Management Sciences for Health, Uganda
- Medicines for Malaria Venture Uganda

- Programme for Accessible Health Communication and Education (formerly Population Services International-Uganda)
- UAE Charity Challenge
- Kenya Disabled Development Society
- Quality Chemicals Ltd
- Kampala Pharmaceutical Industries
- Cooper Uganda Ltd
- Nettshoppe Uganda Ltd
- Twiga Uganda Ltd
- A to Z Textiles Ltd
- X-Tel Uganda Ltd
- Straight Talk Foundation Uganda
- Grameen Bank Foundation

ETHIOPIA

- Federal Ministry of Health
- Ethiopian Health and Nutrition Research Institute
- Southern Nations, Nationalities, and People's Region Health Bureau
- Oromia Health Bureau
- United States Agency for International Development/President's Malaria Initiative
- WHO
- UNICEF
- Anti Malaria Association
- The Carter Centre
- BASF
- Coalition Against Malaria in Ethiopia
- Coalition of Media Against Malaria in Ethiopia
- Ethiopian Malaria Control Professionals Association
- Malaria Control and Evaluation Partnership in Africa / Program for Appropriate Technology in Health
- Sumitomo Chemical Co. Ltd
- Novartis
- Angereb Plc
- Vesergaard Frandsen
- GlaxoSmithKline
- Irish Aid
- Ethiopian Public Health Association
- Aklilu Lemma Institute of Pathbiology, Addis Ababa University
- School of Public Health, Addis Ababa University

Delivering better health to local communities

College of Medicine and Health Sciences, South University
Green Plc
Woinu Curtain Trade Plc

ZAMBIA

Zambian Ministry of Health
National Malaria Control Centre
John Snow Inc
Health Communications Partnership
Researching HIV/AIDS Affected People with Integrated Development and Support
UNICEF
Harvard University Research Team
Malaria Control and Evaluation Partnership in Africa
WHO
Medical Care Development International
Zambikes

MOZAMBIQUE

Ministry of Health
Ministry of Foreign Affairs
Ministry of Education & Culture
Maputo Municipal Council
First Lady Office
Medicos del Mundo Espanha
UNICEF
NAIMA+
World Vision
International Relief and Development
HelpAge International
WHO
Nweti – Comunicação para Saúde
UK Department for International Development
Canadian International Development Agency
United States Agency for International Development
Japan International Cooperation Agency
Irish Aid
GlaxoSmithKline
Agencia Española de Cooperación Internacional para el Desarrollo
Malaria e HIV/AIDS – Vozes de Mocambique
Southern African Network of AIDS Service Organisations
Fundação para o Desenvolvimento da Comunidade

Associação Ndyoko
Movimento Fazer Recuar a Malária
Conselho Islâmico de Moçambique
União Geral dos Camponeses
Agrifocus
Brandel
Proserv
Malaria Media Network
IRIS Imaginações
DO IT

GHANA

African Media and Malaria Research Network
United States Agency for International Development
University Research Co LLC
Population Council
National Malaria Control Centre
Health Partners International
Kwame Nkrumah University of Science and Technology

SWAZILAND

Good Shepherd Hospital

CAMEROON

Cameroon Coalition Against Malaria
Coalition of Media Against Malaria

BURKINA FASO

L'Association SOS/ Jeunesse et Défis

DRC

Initiative Locale pour le Développement Intégré

TANZANIA

Orphan Relief Services

CONGO BRAZZAVILLE

Réseau SIDA Afrique
Azur Développement

ASIA

National Malaria Centre, Ministry of Health, Cambodia
Bureau of Vectorborne Disease, Ministry of Public Health, Thailand
Center for Malariology, Parasitology, and Entomology, Ministry of Health Lao PDR
Department of Health, Myanmar
Department of Disease Control, China PRC
National Institute of Malariology, Parasitology, and Entomology, Vietnam
Mahidol-Oxford Research Unit
Institut Pasteur Cambodia
The Center of Excellence for Biomedical and Public Health Informatics
Faculty of Tropical Medicine, Mahidol University
Armed Forces Research Institute of Medical Science
University Research Corporation
Partners for Development
Health Unlimited (Cambodia)
BBC World Trust (Cambodia)
Women's Media Center (Cambodia)
University of Health Sciences (Cambodia)
Centers for Disease Control and Prevention
United States Agency for International Development
WHO (HQ, SEARO, WPRO)
Bill & Melinda Gates Foundation
International Organization for Migration
United States Pharmacopeia
Kenan Institute Asia
Population Services International, (Cambodia)
Family Health International, (Cambodia)
Program for Appropriate Technology in Health
Clinton Foundation
MEASURE Evaluation
ACTMalaria
Asia-Pacific Malaria Elimination Network
Worldwide Antimalarial Resistance Network
Principal Recipient, Global Fund, Thailand (Round 7)
Bangladesh Rural Advancement Committee
Beijing National Central for Disease Control, China
Health Research and Social Development Forum, Nepal
National Tuberculosis Control Programme, Bangladesh
Association for Social Development, Pakistan

UK/EUROPE/ MULTILATERAL ORGANISATIONS

Action for Global Health
All Party Parliamentary Group on Malaria & Neglected Tropical Diseases
African Medical & Research Foundation UK
British Overseas NGOs for Development
Drugs for Neglected Diseases Initiative
European Parliamentary Forum on Population and Development
German Foundation for World Population
World Health Organisation
Global Malaria Programme
Global Business Coalition on HIV/AIDS, Tuberculosis, and Malaria
Global Health Advocates
Financial Times
Friends of the Global Fund Europe
London School of Hygiene & Tropical Medicine
La Coalition française contre le Paludisme
Institut de Recherche et Développement, France
International Broadcasting Trust
Médecins Sans Frontières
Medicines for Malaria Venture
Malaria Vaccine Initiative
Nuffield Centre for International Health and Development- University of Leeds
Nigerian Organisation of Women/ African Women's Welfare Association
Red Cross EU Office
RESULTS UK
Ruder Finn UK
Roll Back Malaria Partnership
Spanish Federation of Family Planning
Spanish Red Cross
WHO Control of Neglected Tropical Diseases Programme
UNICEF, UNDP, World Bank and WHO Special Programme for Research and Training in Tropical Diseases

Our structure

Trustees and organisational structure

The Malaria Consortium was established under a Memorandum of Association which established the objects and powers of the charitable company, and is governed under its Articles of Association. The charity is governed by a Board of Trustees (Directors), of whom there shall never be less than 3, and the maximum number shall be 18. The Trustees meet quarterly for the Board of Trustees meeting, and for the Annual General Meeting (AGM), at which the audited accounts for the year are formally approved. At the AGM one third of the Directors/Trustees retire, and are eligible for re-election as long as they have not served for a continuous period exceeding six years. After six years Trustees must retire. The Board of Trustees has appointed a Finance and Audit sub-committee to scrutinise and monitor the finances of the organisation, which meets at least quarterly, and makes recommendations to the Board of Trustees.

New Trustees are recruited for their skills in areas relevant to the governance, aims or the changing nature of strategy and activities of the Malaria Consortium. The Trustees may at any time select a suitable person as a Trustee, either to fill a casual vacancy or by way of addition to their number. Trustees are sought in a variety of ways involving exploration of the field of potential candidates, including by recommendation from those working for or with the Malaria Consortium, or from existing Trustees. Potential Trustees are scrutinised by the Officers of the Board of Trustees and the Board as a whole. All new Trustees receive an induction to the organisation by their nominator and are invited to attend a Board Meeting prior to election. All potential candidate Trustees are given an information pack on Trustee Responsibilities provided by the Charity Commission.

The Board of Trustees makes the major strategic decisions for the organisation. Every year Trustees are invited to visit programmes in the field to be fully informed about Malaria Consortium's activities at country level to inform themselves so as to be able to make effective strategic decisions. The Board of Trustees delegates day-to-day operational decision-making to the Executive Director, who with the Senior Management Team runs the organisation. The Senior Management Team consists of ten senior Directors with responsibilities for overseeing and managing the technical, management and finance functions, and programmes at regional and country level.

Malaria Consortium's head office is in London, United Kingdom. The regional office for Africa, based in Kampala, Uganda coordinates and supervises programmes and projects at country level in Africa. Global activities and work in other parts of the world are directed through the head office in the UK. During this reporting period country offices in Africa were operating in Kampala, Uganda; Khartoum, Sudan and Juba for South Sudan; Addis Ababa, Ethiopia; Maputo, Mozambique; Lusaka, Zambia; Abuja, Nigeria and additional provincial or sub-national offices were started in Kotido and Arwa in Uganda, Malakal and Aweil in southern Sudan and Awassa in Ethiopia. The Uganda Malaria Research Centre continues its activities in Kampala and staffing capacity has been strengthened in the project office in Yaoundé, Cameroon. In Asia offices were opened in Bangkok, Thailand and Phnom Penh and Pailin in Cambodia.

The Malaria Consortium's partners at the global and regional level include: Roll Back Malaria, Global Malaria Programme of the World Health Organisation, US President's Malaria Initiative, World Bank's Booster Programme, the Global Fund to fight HIV/AIDS, TB and Malaria, WHO's Tropical Diseases Research, Red Cross at the European level, and in Germany and Spain, Friends of the Global Fund in Europe based in France. In the UK, Malaria Consortium has partnered with the All Party Parliamentary Malaria Group and Action for Global Health, among others. Malaria Consortium has strengthened its advocacy programmes such as its own programme 'Mobilising for

Malaria' covering three European and over 20 African countries. In addition, the organisation has continued to work with and support advocacy initiatives in Europe such as European Alliance against Malaria.

At country level, our partners include National Malaria Control Programmes and Ministries of Health; local and regional UN offices; regional organisations in west, east, and southern Africa, bilateral donors; international foundations; academic institutions; civil society organisations; development projects, private sector and most importantly communities suffering from malaria and other communicable diseases.

Close collaborations are maintained with academic institutions including the Nuffield Centre for International Health and Development at Leeds University and the London School of Hygiene & Tropical Medicine in the UK; Johns Hopkins University in the USA; Makerere University, Uganda; Kwame Nkrumah University of Science and Technology, Ghana; Institut de Recherche et Développement, France; and the University of Nigeria.

Risk Management

Responsibility for overseeing the management of risk has been delegated by the Trustees to the Finance and Audit Committee that report to the Board regularly. The Risk Assessment and Risk Management processes are regularly reviewed and updated. The major risks, to which the charity is exposed, as identified by the Trustees, have been reviewed and systems have been established to manage those risks. The Finance and Audit Committee has prepared a Risk Assessment Register (RAR) which is updated and reviewed regularly by the Finance and Audit Committee and senior management.

Our Board of Trustees are:

Stephen Rothwell O'Brien MP FCIS *Chairman*
Derek Kenneth Reynolds FCMA *Treasurer*
Patricia Ann Scutt *Company Secretary*

Dr Whitney Addington
Tim Armstrong FCA (*resigned October 2008*)
Richard Alan Barnett
Professor Gilbert Bukonya Balibaseka (*resigned October 2008, appointed as patron December 08*)
Professor Fred Binka (*resigned October 2008*)
Roger Cousins OBE FCMI (*resigned October 2008*)
Dr Geoffrey A Butcher
Dr Edward Brian Doberstyn
Dr Garth Glentworth
Professor Richard John Horton
Dr Penelope Key OBE
Clive James Lee Nettleton (*resigned October 2008*)

Trustees statement

The Statement of Financial Activities and Balance Sheet are not the full accounts but a summary of the information that appears in the full accounts but a summary of the information that appears in the full accounts which have been audited and given an unqualified opinion. The full accounts were approved on 10th December 2009. Copies of the full accounts have been submitted to the Charity Commission and Register of Companies.

These summarised accounts may not contain sufficient information to gain complete understanding of the financial affairs of the charity. For further information the full accounts, including auditor's report, which can be obtained from the company's offices, should be consulted.

Stephen O'Brien MP, FCIS,
Trustee and Chairman

Independent Auditor's Report to the Members of Malaria Consortium

We have examined the summary financial statements of Malaria Consortium for the year ended 31 March 2009.

Respective Responsibilities of the Trustees and Auditors

The Trustees (who are also the directors of Malaria Consortium for the purposes of company law) are responsible for preparing the summarised financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Our responsibility is to report to you our opinion on the consistency of the summarised financial statements with the full financial statements and the Trustees Annual Report. We have read the other information contained in the Annual Report and have considered the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summarised financial statements.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 "The auditors' statement on the summary financial statements issued by the Auditing Practices Board for use in the United Kingdom".

Opinion

In our opinion the summarised financial statements are consistent with the full financial statements and the Trustees' Annual Report of Malaria Consortium for the year ended 31 March 2009.

Kingston Smith LLP

Chartered Accounts and Registered Auditors

Devonshire House, 60 Goswell Road,
London EC1M 7AD

Date: 10 December 2009

Malaria Consortium income

2008-9	£12.5m
2007-8	£10.2m
2006-7	£5.4m
2005-6	£3.2m
2004-5	£1.2m

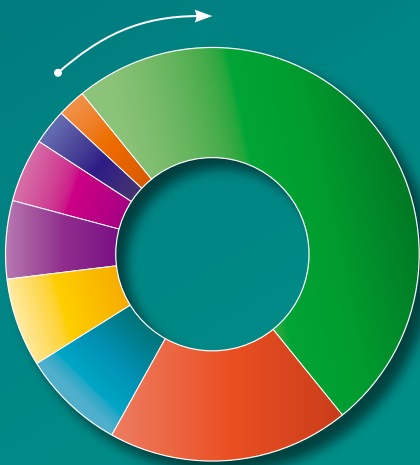
Accounts summary

Statement of Financial Activities for the year ended 31 March 2009

	2009	2008
	£	£
Incoming resources		
Donations in cash	23,798	4,037
Bank Interest received	23,557	19,470
Other income	18,401	25,336
Foreign Exchange Gain	185,560	–
Grants, contracts & consultancy income	12,220,294	10,178,164
Total Incoming Resources	12,471,610	10,227,007
Resources Expended		
Charitable activities	10,550,988	8,562,708
Governance costs	16,596	11,096
Total Resources Expended	10,567,584	8,573,804
Net income resources	1,904,026	1,653,203
Fund balances at 1 April 2008	3,538,560	1,885,357
Fund balances at 31 March 2009	5,442,586	3,538,560

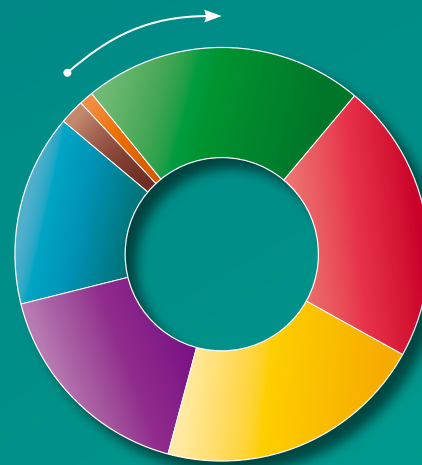
Balance Sheet as at 31 March 2009

	2009	2008
	£	£
Fixed Assets		
Tangible Assets	406,072	185,525
Current Assets		
Debtors	3,702,498	1,959,487
Bank and cash balances	1,606,713	2,360,096
	5,309,211	4,319,583
Creditors		
Amounts falling due within one year	272,697	966,548
	5,442,586	3,538,560
Represented by:		
Unrestricted funds	2,173,714	1,078,625
Restricted funds	3,268,872	2,459,935
	5,442,586	3,538,560



Expenditure by objective:

Integrated Prevention & Treatment	50%
Prevention	19%
Emergency – Post Conflict	8%
Advocacy & Communications	7%
Research – Monitoring & Evaluation	6%
Other Communicable Diseases	5%
Treatment	3%
Capacity Development	2%



Expenditure by country:

Nigeria	22%
Mozambique	22%
Uganda	21%
Sudan	17%
Multi Country (Africa-wide)	15%
UK	2%
Southeast Asia	1%

Looking ahead to a world without malaria

In the last few years we have been dreaming of a world without malaria and the pathways to achieving such an enormous milestone. The reality on the ground is a long way from that dream, especially if you are sitting in a remote community in Southern Sudan or Somalia, Nigeria or Niger, Cambodia or Brazil, even though the force of the current wave of scaling up efforts and universal coverage will touch all these corners of the world eventually.

The challenges of today are how to reach everyone at risk from malaria with existing tools for prevention and treatment. The challenges of tomorrow will still be reaching those at risk, but they are likely to be minorities, more dispersed, remote or exceptionally poor communities without access to health services.

Completing one cycle of delivery of nets to meet global targets will not diminish malaria in the long-term and we should not measure successes prematurely.

For the long-term we need to maintain focus on effective preventive coverage which will require us to reach remote communities over and over again; and to provide effective treatment to be available continuously, not episodically, in all corners of the world where the risk from malaria persists. For this we need unstinting resolve, unwavering commitment, responsiveness and flexibility to deal with the diversity of epidemiology and culture as well as a rapidly changing malaria landscape.

We hope new and effective tools will become available such as a vaccine, new drugs, insecticides or innovative products, and thus the cycle of improving access and use will begin again. Malaria Consortium needs to prepare today for tomorrow.

Malaria Consortium will contribute to ensuring that the Millennium Development Goals and global targets related to malaria are met by pursuing the following objectives in the next few years:

Lead innovation on strategies and approaches in a range of malaria transmission settings,

develop and implement approaches to integrated delivery of prevention technologies and case management for communicable diseases and childhood illness,

address health system capacity issues linked to malaria transmission and childhood illness targeting major gaps in delivery,

spearhead monitoring, evaluation, surveillance and operational research through innovation and adaptation of methodologies and develop long-term capacity in different settings,

invest in Malaria Consortium's institutional strengths to maintain its position as an international high-quality technical organisation, and

advocate and communicate to ensure resources available for control of malaria and communicable diseases are effectively used.

Change and evolution have been the hallmark of Malaria Consortium over the past year to ensure we are providing an enabling environment for innovation and creativity. The challenge presented by malaria and other childhood illnesses and the needs of the people affected demand that we ensure our services continue to be of the highest quality. We owe it to them to maintain our technical leadership, to ensure we have the best quality personnel and delivery systems, and that our activities are underpinned by robust evidence gathering so that we are able to address effectively the health issues they face every day. They deserve nothing less.

Sunil Mehra

Executive Director, Malaria Consortium



Please support us

We rely on donors and supporters to carry out our work. Help us protect and save lives in the fight against malaria and other childhood illnesses, as well as neglected tropical diseases. Together we can provide some of the world's most vulnerable people with better health care and a future free from malaria.

To learn about the different ways you can support us, please visit www.malariaconsortium.org

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with thanks to our funders and donors:

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Imperial College of Science
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FIND
Malaria Control Evaluation Partnership in Africa
Centers for Disease Control and Prevention (CDC)

We also thank those who have contributed and appeared in photos in this report.

Malaria Consortium works with its partners across the world to combat the burden of disease in Africa and Asia

Malaria Consortium – International

Development House, 56-64 Leonard Street, London EC2A 4LT, UK

Telephone +44 (0)20 7549 0210 Fax +44 (0)20 7549 0211

Email info@malariaconsortium.org

UK Registered Charity Number : 1099776

Malaria Consortium Africa

Plot 2 Sturrock Road Kololo, P.O. Box 8045, Kampala, Uganda

Telephone +256 (0)312 300420 Fax +256 (0)312 300425

Email infomca@malariaconsortium.org

Malaria Consortium Country Offices – Africa

Ethiopia – Addis, Awassa SNNP Region office

Mozambique – Maputo, Inhambane, Nampula, Cabo Delgado, Sofala, Manica

Nigeria – Abuja, Lagos, Kano, Anambra (Awka) Katsina, Niger (Minna), Ogun (Abeokuta)

Southern Sudan – Juba, Aweil, Malakal, Bentiu

Uganda – Kampala, Gulu, Kotido, Arua, Wakiso, Hoima

Zambia – Lusaka

Malaria Consortium Asia

Room 805, Multi-purposes Building, Faculty of Tropical Medicine, Mahidol University, 420/6 Rajavidhi Road, Bangkok 10400, Thailand

Telephone +66 (0)2 354-5628 Fax +66 (0)2 354-5629

Email infomcasia@malariaconsortium.org

Malaria Consortium Country Offices – Asia

Thailand – Bangkok

Cambodia – Phnom Penh, Pailin Province

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disease control, better health

A delivery truck on its way to a distribution point in Kano, Nigeria, where the nets will be unloaded and distributed.