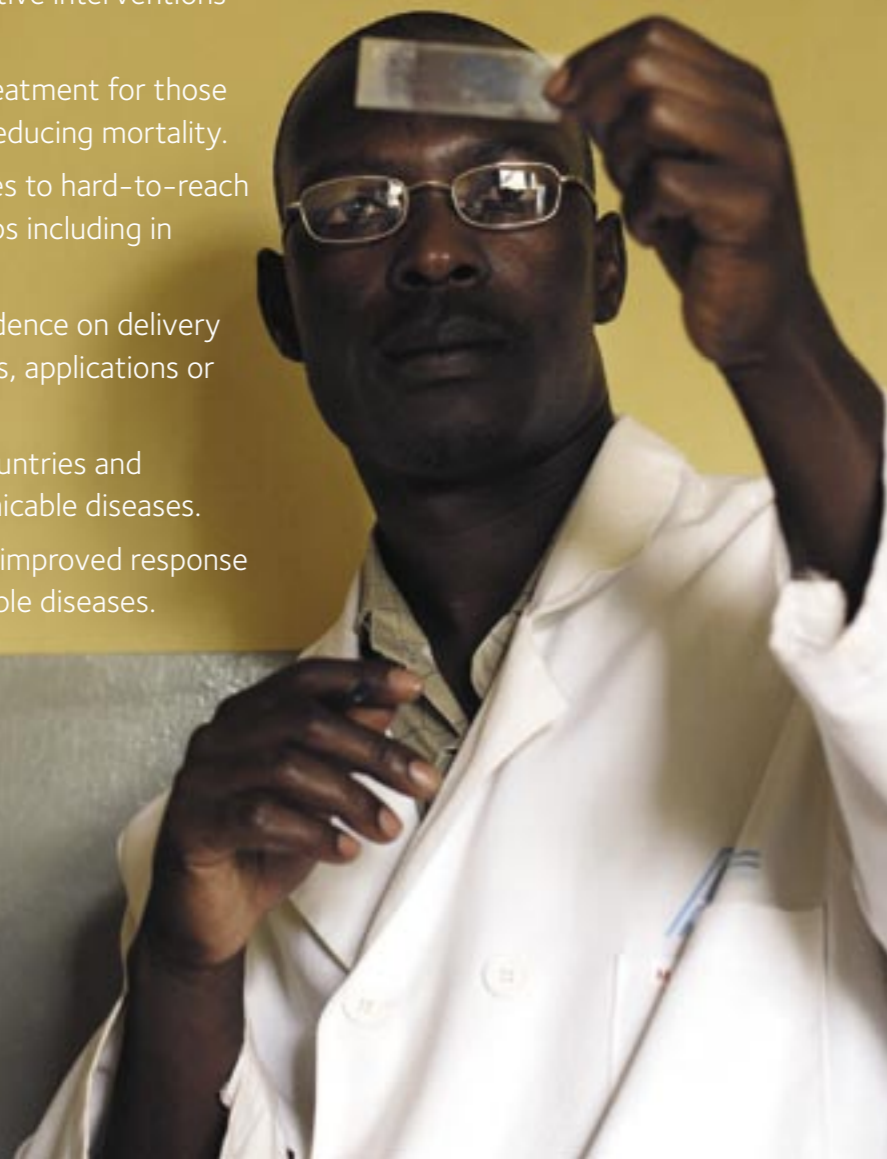


Malaria Consortium works to secure access, by groups most at risk, to prevention, care and treatment of malaria and other communicable diseases by:

- Increasing coverage with preventive interventions of the poorest populations.
- Improving access to effective treatment for those populations most affected and reducing mortality.
- Increasing the delivery of services to hard-to-reach populations and vulnerable groups including in post-conflict situations.
- Gathering and disseminating evidence on delivery mechanisms, innovative products, applications or approaches.
- Improving capacity in partner countries and organisations to control communicable diseases.
- Advocating for an increased and improved response to malaria and other communicable diseases.



Malaria Consortium's initiatives and programmes

Programme and Systems Strengthening

- National programme assessments in Africa and Asia, national baselines and indicator surveys in Cambodia and Mozambique.
- Systems strengthening at national and district levels in Ethiopia, Uganda, Sudan, Southern Sudan, Tanzania, and Zambia.
- Improving evidence-based planning for malaria and Integrated Management of Childhood Illness at district level in Ethiopia, Uganda and Zambia.

Prevention

- Policy and strategy development for insecticide-treated nets in Africa.
- Design and implementation of large scale programmes (Mozambique, North Sudan, Southern Sudan, and Northern Uganda) and net retreatment systems (Ghana, Mozambique, Sudan, Northern Uganda, and Zanzibar).
- Testing and implementation of innovative delivery strategies through commercial sector development in Mozambique and Uganda.

Treatment

- National implementation of antimalarial treatment policy in Africa and Asia.
- Support to drug efficacy monitoring including quality control standards in West and East Africa.
- Home-based management of malaria in Mozambique, Sudan, and Uganda.

Malaria Consortium - International

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Malaria Consortium Country Offices - Africa

Ethiopia (Addis Ababa, Awassa) ; **Mozambique** (Maputo, Inhambane, Nampula, Cabo Delgado, Sofala, Manica); **Nigeria** (Abuja); **Southern Sudan** (Juba, Malakal); **Sudan** (Khartoum, Nyala); **Uganda** (Kampala, Kitgum, Gulu, Kotido); **Zambia** (Lusaka, Livingstone)

Emergencies and Conflict/Post-conflict Settings

- Response to complex emergencies in Burundi, Darfur (Sudan), Somalia, Southern Sudan, and Northern Uganda.
- Design and implementation of post-conflict communicable disease control in Sudan and Northern Uganda.

Neglected Tropical Diseases (NTDs)

- National reviews and current response of the burden of NTDs in Ethiopia, Southern Sudan, and Uganda.
- Improving access to preventive and treatment services for NTDs in Southern Sudan and Uganda.

Research, Monitoring and Evaluation

- Communicable diseases research in Africa and Asia on malaria, tuberculosis and NTDs.
- Protocol development, implementation and analysis of population-based malaria surveys in Burundi, Cambodia, Ethiopia, Mozambique, Sudan, and Uganda.
- Testing of new communicable disease technologies.

Communications, Information and Advocacy

- Behavioural change communications for increased use of preventive measures and access to effective treatment in Ethiopia, Uganda, Mozambique, Sudan and Southern Sudan.
- Advocacy for malaria covering parliamentarians, media and civil society in Europe and in Africa.
- Running of Malaria and Communicable Diseases Resource Centres in Uganda, Mozambique and Ethiopia.

Malaria Consortium Asia

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Additional Country Projects/Partners

Bangladesh; **Belgium**; Benin; **Burkina Faso**; Cameroon; **Cambodia**; Central African Republic; **China**; Congo; **Ivory Coast**; Democratic Republic of Congo; **Djibouti**; France; **Ghana**; India; **Mali**; Nepal; **Niger**; Nigeria; **Pakistan**; Sierra Leone; **Tanzania/Zanzibar**; Togo

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**malaria
consortium**
 Disease Control, Better Health
 www.malariaconsortium.org

A CHILD DIES FROM MALARIA EVERY 30 SECONDS ▼ MALARIA OCCURS IN MORE THAN 90 COUNTRIES, 40% OF THE WORLD'S POPULATION ARE AT RISK ▼ MALARIA KILLS UP TO 3 MILLION PEOPLE A YEAR ▼ MALARIA IS CURABLE AND PREVENTABLE ▼ A LONG LASTING INSECTICIDE TREATED MOSQUITO NET COSTS LESS THAN £3 AND SAVES LIVES ▼ EFFECTIVE TREATMENT FOR MALARIA COSTS LESS THAN £1 AND TAKES THREE DAYS ▼ RAPID ACCESS TO EFFECTIVE DIAGNOSIS AND TREATMENT SAVES LIVES ▼ USE OF INSECTICIDE TREATED MOSQUITO NETS CAN REDUCE THE NUMBER OF DEATHS OF CHILDREN UNDER-FIVE BY 20% ▼ THERE ARE AN ESTIMATED UP TO 600 MILLION CASES EVERY YEAR ▼ MALARIA IS BOTH A DISEASE OF POVERTY AND A CAUSE OF POVERTY ▼ 58% OF MALARIA CASES OCCUR IN THE POOREST 20% OF THE WORLD'S POPULATION ▼ ONLY US\$2.6 BILLION A YEAR IS NEEDED TO CONTROL MALARIA ▼ MALARIA COSTS AFRICA US\$12 BILLION EVERY YEAR ▼ MALARIA ACCOUNTS FOR UP TO 40% OF PUBLIC HEALTH EXPENDITURE IN AFRICA ▼ MALARIA REDUCES GDP IN AFRICA BY UP TO 1.3% ▼ SIX OUT OF EIGHT MILLENNIUM DEVELOPMENT



DELIVERING EFFECTIVE PREVENTION AND TREATMENT IN AFRICA AND ASIA

DELIVERING EFFECTIVE PREVENTION AND TREATMENT IN AFRICA AND ASIA

WHO WE ARE

Malaria Consortium is an organisation dedicated to improving delivery of prevention and treatment to combat malaria and other communicable diseases in Africa and Asia.

We work with communities, health systems, government and non-government agencies, academic institutions, and local and international organisations, to ensure good evidence supports delivery of effective services.

More than 90% of our human and technical resources are based in Africa and Asia supporting Ministries of Health and partners in over twenty countries through our offices in Uganda, Mozambique, Sudan, Southern Sudan, Zambia, Nigeria, Ethiopia, Thailand and the United Kingdom.

OUR MISSION

The mission of Malaria Consortium is the relief of sickness among poor people suffering from communicable diseases, particularly malaria, and the protection of health of poor people at risk of contracting such diseases.

Malaria costs Africa US\$12 billion every year

OUR WORK

Our programmes and activities can be grouped in six main areas

Improve the delivery systems to increase coverage of prevention

We develop and establish innovative public-private partnerships for a sustainable approach to ensuring insecticide-treated nets reach people who need them, especially those most susceptible and vulnerable to communicable diseases. We have therefore developed innovative strategies to increase access by the poorer households as well as for those in post-conflict situations, often living in Internally Displaced Persons (IDP) camps. We also implement effective communication strategies that significantly improve proper use of preventive interventions.

Increase access to effective treatment

We help Ministries of Health to implement drug policy change nationally, training health workers, in the public and private sectors. We implement innovative commercial strategies such as encouraging direct private sector distribution with the aim to increase access to Artemisinin-based Combination Therapy (ACT) by rural populations. We also assess the use of ACT in home based management of fever in different contexts and improve diagnosis at community and facility levels, manage documentation, procurement and develop guidelines and standards of care, and implement behaviour promotion approaches that improve health provider practices and improve adherence and use of effective drugs.

Deliver services to hard-to-reach populations in post-conflict areas

Malaria Consortium has been engaged with countries affected by conflict and complex emergency settings for the last ten years.

We develop and implement evidence-based policies and strategies for effective disease control interventions in complex emergency and/or post-conflict settings. We work in IDP camps to provide home-based management of fever, deliver insecticide treated nets, and improve existing antenatal clinics and other health delivery systems.

Carry out operational research and provide monitoring and evaluation services

Our research has direct relevance and linkage to implementation and serves to provide evidence which will strengthen the quality of programme activities and also contribute to the wider understanding.

We test new technologies, particularly in the field of vector control. We support the maintenance of a sentinel surveillance system to monitor the efficacy of anti-malarial drugs and provide evidence to support the policy change processes.

We carry out a range of operational research studies with partners. We also carry out national baseline and indicator surveys, and national external reviews of malaria control. We frequently conduct surveys of knowledge, perceptions and behaviour related to use of malaria preventive commodities in the populations that we serve. We also engage in policy analysis and development at global and regional level, based on evidence from country programmes.

Strengthen capacity in partner countries and organisations

We support capacity development through health system strengthening in East and Southern Africa. We establish and maintain resource centres for communicable diseases and work with countries to assist development of comprehensive national malaria control strategic plans.

We support capacity strengthening through human resource development in Africa and Asia through regional and national initiatives. We are also developing approaches to link malaria control with control of other communicable diseases.

Advocate to mobilise parliamentarians, media and civil society in the fight against malaria and other communicable diseases

Our advocacy programmes aim to reduce the human and economic burden of malaria by influencing policy and action both in developed and developing countries.

We enable, support, and strengthen African and European Coalitions Against Malaria to develop linkages between, and within, North and South. We assist malaria advocates and activists in Europe, Africa and Asia by providing tools, information and training.

We engage non-governmental and community-based organisations to create a new generation of malaria champions and activists who are well resourced. We are also helping to unify civil society voice and action to ensure that more vulnerable groups receive effective prevention and treatment interventions.

It is estimated that malaria causes up to 500 million cases and up to 3 million deaths in a year. The disease primarily affects vulnerable groups, in particular children under five and pregnant women in Africa and marginalized populations of all ages in Asia.

