malaria consortium U.S.
disease control, better health

MALARIA CONSORTIUM US, INC.

Impact from MC-US Grants

About Malaria Consortium-US, Inc.

Malaria Consortium US, Inc. (MC-US) is a registered 501(c)(3) public charity and shares the mission of Malaria Consortium, a globally recognized organization committed to reducing deaths and illnesses caused by malaria and other preventable and treatable diseases across Africa and Asia.

Our mission is to save lives and improve health in Africa and Asia through evidence-based programs that tackle malaria and other priority diseases while advancing universal health coverage (UHC). In the US, we build partnerships with foundations, donors, and philanthropic organizations to ensure that every contribution makes a lasting impact for those most in need.

As a leader in malaria control and elimination, our work focuses on interventions such as seasonal malaria chemoprevention (SMC), malaria vaccines, disease surveillance, and integrated child health services. We work in collaboration with governments, communities, and health systems to improve access to essential healthcare and strengthen delivery of services in underserved and hard-to-reach areas.

As a leader in interventions including chemoprevention and vector control, we rely on evidence and our expertise to deliver established interventions, influence other effective interventions and guide new strategies to reduce the burden of malaria, pneumonia, dengue, malnutrition and diarrhoea. We work with communities and all levels of the health system to improve access to and demand for primary healthcare services and overall quality of care.

Our tailored interventions seek to improve equity by providing quality, affordable health services to marginalized populations (particularly women and girls and those living in hard-to-reach areas). To ensure barriers to achieving UHC are addressed and to encourage sustainability, we work closely with governments to integrate our programs within existing health systems and structures in the countries in which we work.

We promote disease surveillance as a core intervention to engage communities to improve the quality and accessibility of routine health information by using digital tools and approaches that strengthen the linkages between case-level data and national health information systems. We combine capacity development at community level with the use of innovative tools and platforms to enhance local capabilities to interpret and use these data most effectively.

We undertake operational and implementation research to improve existing interventions and approaches, introducing innovation and providing strong evidence for our work that allows us to confidently advocate for evidence uptake into national and global policy.

All of our work is informed by our core values: accountability, integrity, dignity and equity.

Since 2019, Malaria Consortium US has awarded 56 grants to support innovative and impactful global health initiatives. Of these, 22 projects have been successfully completed, while the remainder are currently underway.

In this report, we highlight six projects that exemplify the power of this funding — each demonstrating a meaningful contribution to research, saving lives, or reducing the burden of disease in communities most at risk and in settings with the greatest need.

Strengthening quality malaria diagnosis and case management of severe malaria in Kano, Nigeria

STUDY TITLE
Severe malaria: Strengthening diagnosis and case management demonstrating implementation at scale of a continuous quality improvement model in Kano state, Nigeria

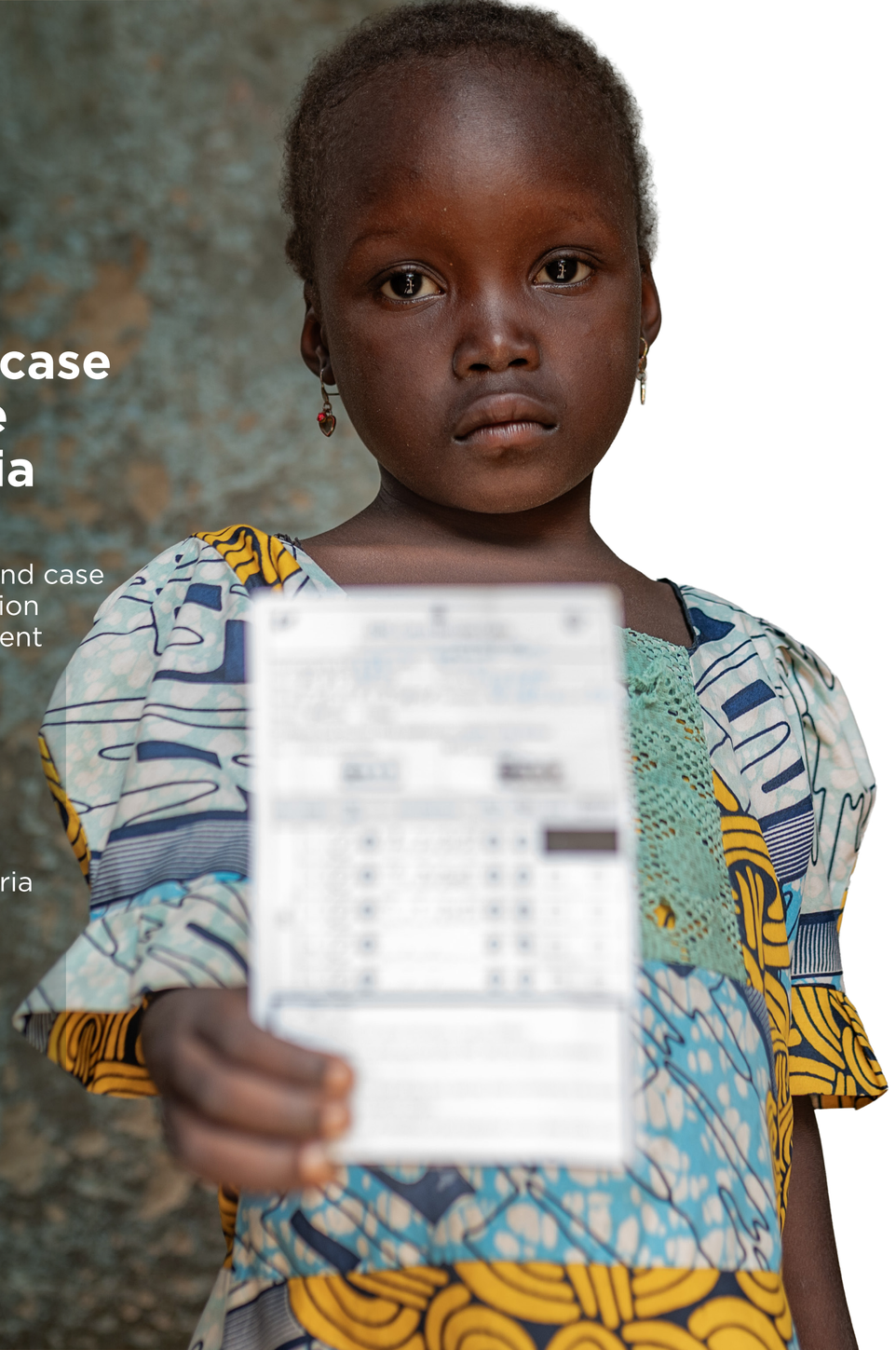
TOTAL GRANT AWARDED
$533,000

DATES
October 2022 to September 2024

MALARIA CONSORTIUM STRATEGIC AREA
Preventive and case management of malaria and health systems strengthening

PRINCIPLE INVESTIGATOR
Dr Olusola Oresanya

LOCATION
Kano State, Nigeria



A child shows off her SMC child record card Nigeria

The context

Globally, Nigeria bears the highest burden of malaria, accounting for over 25% of malaria cases and nearly a third of malaria-related deaths worldwide in 2022. Malaria remains one of the country's most persistent public health challenges, with 30% of hospital admissions attributed to the disease. While global investment — including over US $1.6 billion from The Global Fund — has supported malaria control efforts, significant challenges remain, particularly in diagnosing and managing severe malaria.

Kano State alone accounted for 9% of the 67 million national cases, despite a decline in malaria prevalence from 32% (2018) to 26% (2021).

Persistent challenges include:

Suboptimal diagnostic quality due to insufficient workforce competency, limited equipment, and weak quality assurance systems

Inconsistent adherence to severe malaria case management guidelines, including low testing rates for febrile admissions and use of non-recommended antimalarials

These gaps undermine effective case management, disease surveillance, and public health response efforts in Kano and nationally.

In Nigeria, the quality of malaria laboratory diagnosis — essential for effective case management, disease surveillance, and outbreak response — consistently falls below World Health Organization (WHO) standards.

This is due to:

- Insufficiently trained and accredited laboratory technicians
- Limited participation in external quality assurance (EQA) programmes
- Inadequate diagnostic equipment
- Gaps in adherence to national clinical guidelines for severe malaria case management

A caregiver administers SMC medicine to their child

Tackling systemic challenges

Despite progress, severe malaria remains a leading cause of death and hospitalisation in Nigeria. The root causes are systemic — and solvable. Weak diagnostic infrastructure, limited workforce capacity, and inconsistent adherence to treatment guidelines all contribute to delayed or inadequate care. Without accurate diagnosis and timely treatment, patients with severe malaria are far more likely to die or suffer long-term complications.

Malaria Consortium is working to address these critical gaps through a coordinated approach that strengthens the foundations of Nigeria's health system. In partnership with the Federal Ministry of Health, the National Malaria Elimination Programme, and Kano State authorities, our focus is to:

- Train more health workers specifically in severe malaria case management
- Increase the number of laboratory supervisors and technicians accredited in malaria microscopy
- Strengthen health systems and quality assurance mechanisms to improve malaria diagnosis and treatment outcomes

What we're doing

1 Quality assurance and diagnostics

Building reliable diagnostic systems through continuous performance monitoring.

- Baseline assessment of malaria diagnostic services in 15–20 health facilities
- Quarterly External Quality Assurance (EQA) for malaria microscopy
- Quarterly clinical audits for severe malaria case management

Impact:

- ✔ Improved diagnostic accuracy and consistency across facilities
- ✔ Stronger laboratory workforce and adherence to quality standards

2 Human resource capacity building

Empowering health workers to accurately diagnose and manage severe malaria.

- Support for accreditation of laboratory supervisors via national EQA
- Onsite training on severe malaria case management using injectable artesunate
- Provision of artesunate to treat up to 3,000 severe malaria cases in public and not-for-profit facilities

Impact:

- ✔ Greater adherence to national clinical guidelines
- ✔ Improved treatment outcomes for severe malaria patients

3 Continuous quality improvement (CQI)

Embedding a culture of improvement within healthcare facilities.

- Quarterly feedback and audit review meetings with hospitals
- Post-assessment follow-ups to track progress on action plans

Impact:

- ✔ Sustained improvements in clinical practice
- ✔ Strengthened facility-level accountability and supervision

4 Scale-up and learning

Generating evidence to support national replication.

- Process evaluation to assess CQI model implementation
- Documentation and dissemination of lessons learned
- National consultative meeting with government and partners to define a scalable pathway

Impact:

- ✔ A replicable, evidence-based model for nationwide CQI in malaria case management
- ✔ Policy and system-level readiness for scale-up across Nigeria

What we did

Improved accuracy and reliability of malaria diagnosis through enhanced EQA and laboratory workforce competency

Strengthened severe malaria case management practices, increasing adherence to national guidelines

Increased health system readiness and quality of inpatient care for malaria

Establishment of a replicable, evidence-based CQI model for nationwide scale-up

Ultimately, reduced malaria morbidity and mortality in Kano State and other high-burden regions of Nigeria

The impact: Mairo's Story

At a hospital in Kano State, **Mairo**, a dedicated matron, stands at the heart of a busy ward caring for children suffering from severe malaria — a life-threatening condition that occurs when uncomplicated malaria is left untreated, leading to serious complications like organ failure and death.

On any given day, Mairo juggles countless responsibilities: She's a nurse, a leader to junior staff, a counselor to anxious caregivers, a stock manager for essential medicines like injectable artesunate, and a comforting presence for the children fighting for their lives.

Many of the children under Mairo's care arrive after being referred by Community Health Influencers, Promoters and Services (CHIPS) agents, who are trained to identify early signs of malaria. Once at the hospital, rapid diagnostic tests determine if a child has malaria. While those with mild symptoms can be treated and discharged, others exhibiting signs such as difficulty breathing, hypoglycemia, or convulsions which require immediate, intensive care.

Fortunately, Mairo's ward is equipped with artesunate, the WHO-recommended first-line treatment for severe malaria. Artesunate acts rapidly, clearing the parasite from the bloodstream within 48–72 hours. The timeliness of diagnosis and treatment is critical — and it is this lifesaving work that Mairo and her team deliver, day after day.

Thanks to this work — and the resilience of health workers like Mairo, children with severe malaria today are far more likely to receive timely, effective treatment that can save their lives.

Your continued support has enabled Malaria Consortium to expand these vital health services, reach more children, and help them survive and thrive.

READ MORE

PROJECT BRIEF:

NEWS

BLOG/FUNDRAISING CAMPAIGN:

Long COVID & malaria study — Ethiopia & Uganda

STUDY TITLE
Determining the prevalence of malaria and long-term complications following SARS-CoV-2 infection and assessing health care pathways for the management of long-term complications following SARS-CoV-2 infection

TOTAL GRANT AWARDED
$733,169

DATES
March 2022 – June 2024

MALARIA CONSORTIUM STRATEGIC AREA
Research - Policy & practice

PRINCIPLE INVESTIGATOR
Dr Jane Achan

LOCATION
Ethiopia & Uganda

The context

Malaria remains one of the most significant public health challenges in sub-Saharan Africa, accounting for over 94% of global malaria cases and deaths. Both Ethiopia and Uganda are malaria-endemic countries, with Uganda ranking among the top five highest-burden countries globally. In 2022, Uganda alone reported over 12 million cases, while Ethiopia, though having made progress in malaria control, continues to face seasonal outbreaks and persistent transmission in certain regions.

The emergence of COVID-19 introduced new complexities to health systems already burdened by malaria. While initial attention focused on acute COVID-19 management, growing evidence shows that Long COVID — the persistence of symptoms weeks or months after initial infection — is a significant and under-recognized health issue in Africa. Data on Long COVID prevalence and outcomes in African contexts remains limited, particularly in malaria-endemic settings where overlapping symptoms like fever, fatigue, and respiratory issues complicate diagnosis and management.

Uganda and Ethiopia have been investigating the interplay between malaria and COVID-19, including the potential for co-infection and whether prior malaria exposure influences susceptibility to COVID-19 or the development of Long COVID complications. Early studies, including a multi-country project supported by Malaria Consortium, revealed high seroprevalence of SARS-CoV-2 antibodies (86–88%) in asymptomatic populations and highlighted critical gaps in the clinical management of post-COVID complications.

The dual burden of malaria and emerging post-COVID conditions presents a pressing challenge for overstretched health systems in both countries — underscoring the need for integrated disease management strategies, improved diagnostic capacities, and dedicated Long COVID care pathways within existing malaria control frameworks.

The aim

Measure the prevalence and risk factors of malaria and Long COVID following SARS-CoV-2 infection.

Examine the relationship between prior malaria exposure and susceptibility to COVID-19 and Long COVID.

Assess health care pathways for managing post-COVID-19 complications.

Document community and healthcare worker perceptions of Long COVID care.

Research components

Case-control study
2,390 participants (1,195 cases and 1,195 controls) per country.

Prospective cohort study
275 participants monitored over one month.

Qualitative research
200 individual interviews + 4 focus groups per country.

Laboratory testing
PCR-confirmed cases, ELISA antibody screening, and immunological assays.

Key findings

- Very high COVID-19 exposure rates:

Uganda: **88%** seroprevalence

Ethiopia: **86%** seroprevalence

- Absence of standardized national guidelines for Long COVID diagnosis and management.
- No clear care pathways for Long COVID patients — many managed symptoms independently.
- High burden of Long COVID complications and identified need for specialized care services.
- Initial evidence that previous malaria exposure may influence COVID-19 immune response profiles.

What we did

Delivered the first large-scale data on Long COVID prevalence in Uganda and Ethiopia.

Mapped healthcare pathways and barriers in managing post-COVID conditions.

Demonstrated high COVID-19 exposure in asymptomatic populations (85–90%).

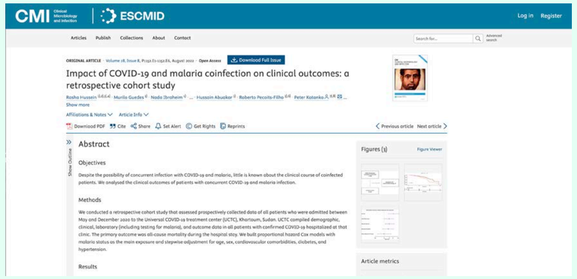
Built organizational capacity for large, complex, multi-country research studies with advanced molecular testing.

Published outcomes in high-impact journals

READ MORE

JOURNAL ARTICLES:

Current malaria infection, previous malaria exposure and clinical profiles and outcomes of COVID-19 in a setting of high malaria transmission: An exploratory cohort study in Uganda.



Impact of COVID-19 and malaria coinfection on clinical outcomes: a retrospective cohort study

Lab technician, Biniyam, prepares blood samples for the ELISA test, SNNP Regional Laboratory, Hawassa, Ethiopia

What next

- Informed national policy discussions in Uganda and Ethiopia on Long COVID management.
- Generated evidence supporting the establishment of dedicated Long COVID clinics.
- Highlighted the need for routine patient data collection on COVID-19 history in health records.
- Advocated for integrated pandemic response frameworks addressing physical, mental, social, and economic impacts.
- Demonstrated innovation and thought leadership in COVID-malaria interaction research in Africa.
- Developed experience in conducting large scale surveys (in both Uganda and Ethiopia, approx. 24,000 patients screened with minimal resources).
- Ventured into areas that would not otherwise have been funded through competitive funding.
- Expanded research experience in conducting complex studies with complex laboratory/ molecular investigations.

Happy Feet: Strengthening community-based podoconiosis prevention and control in Ethiopia

STUDY TITLE
Understanding the prevalence of podoconiosis and associated risk factors in Sodo Zuria and Offa Districts, Southern Ethiopia

TOTAL GRANT AWARDED
$499,270

DATES
Sept 2022 – Oct 2025

MALARIA CONSORTIUM STRATEGIC AREA
Neglected Tropical Disease (NTD) research

PRINCIPLE INVESTIGATOR
Esey Batisso Gabore

LOCATION
Southern Ethiopia

Patient washing her feet following guidance on how best to do so to avoid podoconiosis

The context

Podoconiosis is a non-infectious, geochemical disease that causes swelling of the lower legs (lymphoedema) due to prolonged barefoot exposure to irritant volcanic soils. Ethiopia has the highest global burden, with an estimated 1.5 million people affected. Despite this, data on its prevalence and risk factors remain limited.

This study was conducted in six health centres in Southern Ethiopia to fill critical evidence gaps and strengthen the national response. Its goal is to improve access to and quality of morbidity management for podoconiosis and lymphoedema through primary healthcare services, while promoting prevention through better community awareness, increased care-seeking, regular shoe use and improved foot hygiene.

Study overview

Type: Mixed-methods cross-sectional study

Locations: Sodo Zuria & Offa districts, Wolaita, Southern Ethiopia

Participants: 968 households (4,827 people) and 116 podoconiosis cases

Methods: Household surveys and four focus group discussions (32 participants)

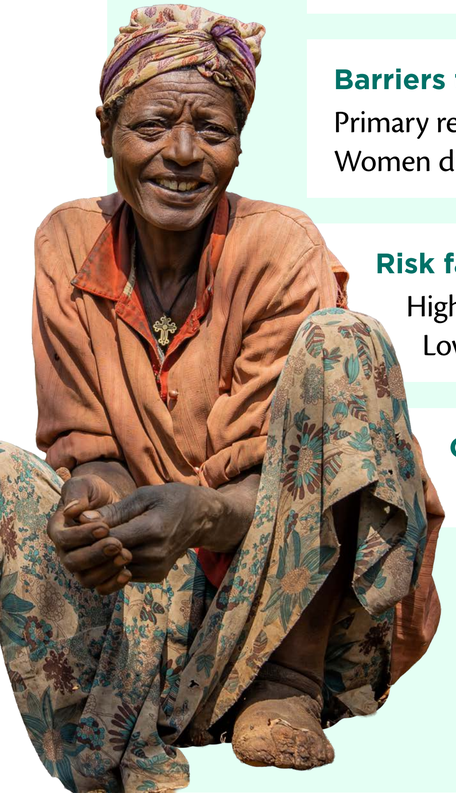
Key findings

Prevalence of podoconiosis in study area

11.1% among surveyed households. 3.9% in the general population at risk.
Prevalence twice as high in women as men.

Footwear use

29.6% wore footwear at time of survey. Average age at first shoe use: 13.4 years.
Barriers: financial limitations and cultural norms, especially for women.



Barriers to prevention:

Primary reasons for not wearing footwear: Financial limitations; Cultural barriers;
Women disproportionately faced financial constraints impacting footwear use.

Risk factors

Higher odds of disease in: Female-headed households (AOR: 2.3); Farmers (AOR: 2.10);
Lowest wealth category (AOR: 2.05).

Community knowledge and perceptions

81% knew soil exposure causes the disease. 43.4% still believed it is hereditary

This study highlights significant gender and socioeconomic disparities in podoconiosis burden and preventive practices. It provides crucial evidence to inform national NTD strategies and recommends:

- ✔ Increased access to affordable footwear
- ✔ Community education to correct misconceptions
- ✔ Targeted support for women and low-income households
- ✔ Promotion of early footwear use and health-seeking behavior

These findings provide a valuable baseline for planning future podoconiosis prevention and control efforts in Ethiopia, offering actionable insights to target high-risk groups and reduce health inequalities.

Impact and recommendations

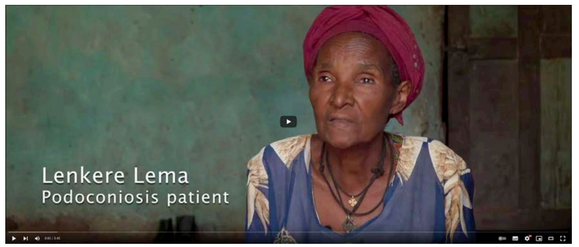
981 women received morbidity management and disability prevention (MMDP) services in two districts

- Podoconiosis remains a significant health issue in the region, particularly affecting women and the poorest households.
- Interventions should focus on:
  - Improving access to affordable footwear
  - Community education campaigns to dispel hereditary myths
  - Promoting early and regular footwear use
  - Encouraging treatment-seeking behaviors

Podoconiosis patients recieveing their new shoes

READ MORE

VIDEO:



POSTER:

Strengthen routine immunization by identifying zero-dose and under-vaccinated children during SMC in Togo

STUDY TITLE
Contribute to the improvement of routine immunization coverage through the search for zero-dose and under-vaccinated children during seasonal malaria chemoprevention (SMC) in the Central, Kara, Savanes and Plateaux regions, Togo

TOTAL GRANT AWARDED
$702,643

DATES
April 2024 – March 2026

MALARIA CONSORTIUM STRATEGIC AREA
Vaccines and malaria chemoprevention

LOCATION
Central, Kara, Savanes and Plateaux regions, Togo

Child taking SMC medication

The context

Since 2019, the number of children missing critical vaccinations — including the DTP vaccine (diphtheria, tetanus, pertussis) — has increased by five million year on year. Nearly half of all vaccine-preventable deaths occur in zero-dose children (children who have not received any vaccinations), a quarter of whom live in West and Central Africa. To address this, the 2030 Immunization Agenda aims to cut zero-dose prevalence by 50%.

Seasonal malaria chemoprevention (SMC) campaigns, known for their high community reach, presents a unique opportunity to integrate vaccination services, especially in underserved regions. Malaria Consortium has leveraged this by delivering SMC to over 22.5 million children in eight African countries in 2024.

In Togo, we are identifying unvaccinated children (known as 'zero-dose' children) and under-vaccinated children during SMC distribution to connect them with vaccination services. Working with the National Malaria Control Program and Immunization division, we are supporting the delivery of targeted strategies to increase access to essential childhood vaccines that protect against preventable diseases, including diphtheria, pertussis and tetanus.

The aim

This novel pilot project seeks to improve immunisation coverage in Togo by using SMC campaigns to identify and refer zero-dose and under-immunised children. By integrating child vaccination messaging, data collection and referral mechanisms into SMC delivery, the project aims to reduce the number of children missing essential vaccines and contribute to broader health system goals.

By assessing the impact, feasibility, and community acceptance of this approach, we are building a strong evidence base to support ministries of health in designing and delivering innovative catch-up immunization strategies in similar settings. Regular engagement with stakeholders and timely dissemination of findings will strengthen partnerships and help shape national policy and practice.

Expected outcomes include:

Enhanced capacity of Togo's national EPI programme to design and implement tailored interventions to improve vaccination coverage and uptake.

Increased awareness, acceptance, and demand for childhood vaccines among target communities.

A measurable reduction in the number of zero-dose and under immunized children.

Ultimately, reduced morbidity, mortality, and socioeconomic burden from vaccine-preventable diseases.

Together with our ongoing projects in Uganda and Burkina Faso, this initiative will generate important learning to inform the potential scale-up of integrated immunization strategies alongside SMC campaigns.

SMC health workers

What we are doing

Integrating vaccination data collection and communication into the existing SMC delivery system to support the identification of zero-dose and under immunized children.

Implementing data-driven and tailored catchup vaccination strategies through EPI to improve immunization coverage.

Conducting a mixed-methods evaluation of the program's implementation and impact to document learning that will inform continual programme improvement and shared findings.

Supporting activities include:

- Training SMC community distributors and health facility staff to deliver the program
- Creating demand during the monthly SMC campaigns using dissemination of key vaccination messaging
- Developing a community health digital tool to support with identifying and mapping zero-dose and under immunized children
- Developing a framework to monitor outcomes and evaluate impact. Data generated through mapping will be used to identify hotspots of suboptimal immunization coverage, informing the design and implementation of catch-up programs.

Key findings and impact year one

- 40% of children receiving SMC were under-vaccinated and referred to immunization services
- 75% of identified zero-dose children were caught up on vaccinations following SMC campaigns
- Vaccine card ownership increased from 81% to 92% during the project period
- Stakeholder workshops after the final SMC cycle improved cross-sector collaboration, reviewed outcomes, and aligned priorities for Year Two
- Improved vaccination coverage and awareness in target regions
- Strengthened collaboration between the National Malaria Control Programme (NMCP) and Essential Programme on Immunization (EPI)
- Enhanced capacity to identify immunization gaps using real-time community-level data
- Positioned Malaria Consortium and its partners to advocate for policy change and additional investment in integrated service delivery models

Looking ahead

Year Two will focus on applying lessons learned to refine interventions and advocate for political and financial commitment to scale integrated SMC and immunization programs across similar settings— with the goal of reducing zero-dose rates and improving child survival outcomes.

READ MORE

PROJECT BRIEF:

Integrated malaria surveillance in Ethiopia

STUDY TITLE
Accelerated reduction of malaria burden through targeted advocacy and integrated malaria surveillance and response in eighteen districts of South Ethiopia

TOTAL GRANT AWARDED
$615,577

DATES
August 2024 – September 2026

MALARIA CONSORTIUM STRATEGIC AREA
Reduction of malaria burden and surveillance

LOCATION
18 districts of South Ethiopia

School children in Southern Ethiopia

The context

Ethiopia has made significant progress in the fight against malaria, with confirmed cases reduced by 47% and malaria-related deaths by 58% between 2016 and 2019. However, in recent years, this progress has been threatened by conflict-related displacement, socioeconomic disparities, and climate-related extreme weather events.

By August 2024, the country had recorded over 4.7 million malaria cases and 918 deaths, with four regions — Oromia, Amhara, South Ethiopia, and Southwest Ethiopia Peoples' region — accounting for more than 80% of cases.

Our response

In partnership with Ethiopia's Federal Ministry of Health, regional authorities, and implementing partners, Malaria Consortium supported a coordinated response through:

- Strengthening malaria surveillance, outbreak detection, and response
- Enhancing malaria case management and vector control quality
- Promoting consistent use of preventive tools like long-lasting insecticidal nets (LLINs) and indoor residual spraying (IRS)
- Improving health worker capacity through tailored training on surveillance and epidemic response
- Engaging communities to increase awareness, prevention practices, and early treatment-seeking behavior

Sennay Project – Amhara Region

In collaboration with the Health Development and Anti-Malaria Association (HDAMA), the Sennay Project addresses the needs of seasonal mobile workers, a highly vulnerable population contributing to malaria transmission.

Malaria prevention outreach tailored to mobile populations

Community-led education on intermittent residual spraying (IRS) and insecticide-treated net (ITN) use

Early detection and referral services for seasonal workers

Impact:

- ✔ Addressed a critical service gap for high-risk mobile workers
- ✔ Stronger laboratory workforce and adherence to quality standards

Emergency Outbreak Response – South Ethiopia

In collaboration with regional health authorities, this project supported 18 high-burden districts with:

Training 261 health workers and health extension workers on surveillance, outbreak detection, and case management

Community engagement to improve ITN use, IRS acceptance, and treatment-seeking behavior

Dissemination of social and behavior change messages through regional media outlets and digital platforms

Impact:

- ✔ Reduced South Ethiopia's contribution to national malaria cases from 60.3% (June 2024) to 32.7% (November 2024)
- ✔ Achieved a 68% reduction in malaria cases: from 41,806 (October 2024) to 28,769 (November 2024)
- ✔ No malaria deaths recorded in the last week of November 2024
- ✔ Strengthened capacity of health workers in outbreak response and case management
- ✔ Districts and health facilities began using surveillance data for informed decision-making
- ✔ Supplied epidemic monitoring charts, lab registration books, and job aids
- ✔ Increased service utilization through region-wide malaria prevention campaigns

Migrant worker

Overall impact

- Enhanced emergency response capacity in the most affected regions
- Protected high-risk, mobile populations and improved community resilience
- Sustained essential malaria services during a national health crisis
- Advanced integrated surveillance and outbreak management systems

“The Sennay project is a game-changer in our fight against malaria. By focusing on seasonal mobile workers — among the most vulnerable populations — we are creating sustainable health improvements and ensuring no one is left behind.”

Dr. Chalachew Sisay, Malaria Consortium Ethiopia Project Manager

READ MORE

PROJECT BRIEF:

FUNDRAISING CAMPAIGN:

MALARIA EPIDEMIC RESPONSE AND SURVEILLANCE PROJECT

SEND-Malaria Vaccine Initiative in Uganda

STUDY TITLE
The strategic engagement for the introduction of malaria vaccine in collaboration with national malaria control and immunization programs in Uganda: technical support, community engagement, and demand creation

TOTAL GRANT AWARDED
Uganda $104,029

DATES
June 2024

MALARIA CONSORTIUM STRATEGIC AREA
Reduction of malaria burden and surveillance

LOCATION
Burkina Faso and Uganda (this project is being implemented in two countries, but data remains pending from Burkina Faso)

Child being tested as part of the immune dynamics study

The context

Malaria remains Uganda's leading cause of illness and death among young children, claiming the lives of an estimated 20,000 children under five every year. While progress has been made through preventive measures like insecticide treated nets (ITNs) and indoor residual spraying (IRS), in the northern region of Uganda, Karamoja — with a historically high malaria burden and a 34% prevalence rate in 2019, far surpassing the national average of 9% — continue to face immense challenges.

Karamoja's nomadic pastoralist lifestyle and difficult terrain complicate conventional malaria control efforts. Recognizing this, Uganda's Ministry of Health (MoH), with support from partners including Malaria Consortium, Gavi, UNICEF, and WHO, has introduced the malaria vaccine into the routine immunization schedule as of April 2025.

The SEND–Malaria Vaccine Initiative

Malaria Consortium is playing a pivotal role through the Strategic Engagement from National to Delivery (SEND) — Malaria Vaccine project, which is designed to:

- Increase awareness and demand for the malaria vaccine through culturally tailored social and behaviour change communication (SBCC) campaigns.
- Strengthen healthcare system capacity by training healthcare workers, community health volunteers, and vaccinators.
- Integrate malaria vaccination with other preventive services such as seasonal malaria chemoprevention (SMC) and routine outreach health programs.
- Support the Ministry of Health with technical expertise, operational planning, job aids, training manuals, and strategic coordination between the National Malaria Elimination Division and the Uganda National Expanded Programme on Immunization (UNEPI).

Key preparedness activities

Malaria vaccine sensitization workshop (31 October 2024):

Held in Moroto district, this workshop gathered over 100 stakeholders — including health workers, political leaders, and community representatives — from Karamoja's nine districts to build readiness for vaccine rollout in April 2025.

Community engagement and messaging:

Malaria Consortium developed and translated communication materials into Karamojong languages and supported district entry meetings in March 2025, ensuring community awareness and trust in the vaccination effort.

Healthcare worker training:

Health facility and community health worker training sessions commenced in April 2025 at the sub-county level to equip frontline workers with knowledge on vaccine delivery and integrated malaria prevention.

.

Integrated Malaria Prevention Approach

Following WHO recommendations for areas with seasonal malaria transmission, Uganda is adopting a five-dose, seasonal delivery strategy for the malaria vaccine, integrated with SMC campaigns. This strategy combines the year-round protection of the vaccine with seasonal chemoprevention to maximize child survival rates and community resilience.

Notably, Karamoja's SMC program has achieved outstanding results:

- 97.2% coverage in the first cycle, climbing to 100% in subsequent cycles.
- A 15% reduction in malaria admissions and a 70% reduction in malaria-related deaths among children under five between 2020 and 2023.

Key achievements to date

- District leaders and health practitioners signed a declaration of commitment during the October 2024 sensitization workshop, symbolizing unified support for the vaccination campaign.
- Successful vaccine introduction in April 2025 into Uganda's routine immunization schedule, beginning in Apac district — regarded as having the world's highest mosquito bite rates.
- A comprehensive public awareness campaign launched to reach over one million people in Karamoja, targeting 80% of the region's population.
- A target to vaccinate 85% of eligible children (around 36,000 out of 42,000) within the first year of implementation.
- The vaccine rollout complements Uganda's zero-dose child identification program integrated with SMC campaigns, ensuring previously unvaccinated children are reached.

Anticipated impact

The malaria vaccine rollout represents a monumental step forward for Uganda. It strengthens the national fight against malaria by:

- Reducing child mortality rates and protecting high-risk communities.
- Enhancing community health system capacity through training and infrastructure support.
- Building public trust and vaccine confidence via locally adapted, multilingual communication.
- Pioneering an integrated malaria prevention strategy combining vaccines, SMC, and routine immunization services.

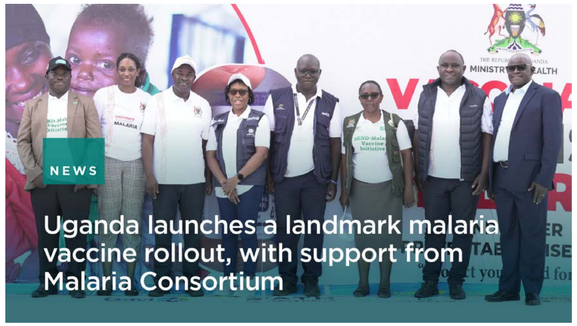
"This integrated approach provides a new layer of protection for our children, especially in high-burden areas like Karamoja. We are hopeful that this strategy will not only reduce malaria cases and save lives, but also pave the way for a future where malaria is no longer a threat to Uganda's health and economic growth."

Dr. Michael Baganizi, Assistant Commissioner of UNEPI

Malaria Consortium's leadership within the SEND–Malaria Vaccine Initiative underscores the power of collaboration, innovation, and community engagement in tackling public health challenges. Uganda's comprehensive, integrated malaria prevention strategy offers a promising model for other high-burden regions, moving the country closer to a malaria-free future.

READ MORE

NEWS:



BLOG:

Incorporated in 2009 and receiving 501 (c)(3) status in 2011, Malaria Consortium-US, Inc. is the US entity of Malaria Consortium, one of the world's leading non-profit organisations specialising in the prevention, control and treatment of malaria and other communicable diseases among vulnerable populations.

Cover image: SMC workers, Nigeria