

ANNUAL REVIEW 2010-2011  
GREATER IMPACT THROUGH PARTNERSHIPS



**malaria  
consortium**  
disease control, better health

Malaria Consortium training community drug distributors in South Sudan. Photo: Jenn Warren



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**This is my first opportunity to introduce myself as Chair of Malaria Consortium and I am delighted to be able to do that.**

Returning to the UK from Geneva after six years leading GAVI (Global Alliance for Vaccines and Immunisations), one of the more successful global Public Private Partnerships, it was an honour to be invited to chair Malaria Consortium.

My career in health in developing countries really started more than 25 years ago in the Solomon Islands in the South-West Pacific. Malaria was a real problem – and still is – and I was responsible for the malaria programme in the largest province – Malaita. It was there that I first met Sylvia Meek, now Technical Director of Malaria Consortium, and I was very impressed.

After a period in various countries in Asia and Africa, I returned as Chief Health and Population Advisor in the UK's Department for International Development. Malaria was a key priority for us and I was involved in supporting both the Roll Back Malaria Partnership and what eventually evolved into Malaria Consortium.

So coming full circle is a great opportunity to contribute in a small way to a vital and vibrant organisation, one that is and has had a measurable and significant impact on the health of some of the poorest people in the world. Collaboration is vital.

In almost every programme and project, Malaria Consortium works in collaboration with others. This annual report recognises the value of these partnerships in the effective implementation of disease control interventions, sustainable healthcare development for poorly served communities and, ultimately, saving lives.

Through these relationships, Malaria Consortium has been able to deliver effective prevention and treatment for malaria and other communicable diseases, provide training for health workers to carry out appropriate and timely case management for the most common childhood communicable diseases, demonstrate reflective and accurate operational research to inform health policy development and, throughout, ensure a consistently high quality of service delivery.

Times are challenging and as a consequence development dollars have never been so precious.

While there is no doubt we can improve to meet that challenge, we start from a strong base – a legacy of the excellent work of Malaria Consortium staff and the leadership of current and previous trustees and Chairs of Malaria Consortium.

I look forward to working closely with you all.

**Dr. Julian Lob-Levyt CBE**  
Chair, Malaria Consortium



Malaria Consortium is delighted to be one of the founding members of the Roll Back Malaria Partnership, the global framework for coordinated action against malaria.



## THE POWER OF PARTNERSHIPS

In almost every programme and project in which Malaria Consortium is involved, we work in partnership not isolation. So, in this year's annual review we decided to celebrate these successful partnerships and demonstrate how working together achieves more – and has greater impact on the ground – than working alone.

Malaria Consortium is a specialist technical organisation that implements and improves public health programmes based on evidence. We work at the interface of different cultures – between research and implementation, practice and policy, health facility and community, health systems and disease control, and between neighbouring countries, whose achievements influence and drive each other. We strive to harmonise these elements because it is at these boundaries that the greatest impact can be felt.

The examples in these pages illustrate how partnerships have ensured our work strengthens local capacity, so that its impact continues beyond the lifetime of any particular project. They also show how our work with partners has benefited more high-risk communities and individuals, often difficult to reach through short-term initiatives. And not least, the

examples show what we have learnt about partnership models – what makes them work or not work – so we can apply these lessons to new partnerships.

Some critical features for success include the importance of each partner understanding and accepting the role of the others, the need for well-defined roles that minimise duplication, the value of partners earning each others' trust, and the need for flexibility to help each other overcome inevitable challenges.

We look at examples of four types of partnership: those with communities, the commercial sector, government and academic institutions.

Partnerships at the community level are often challenging simply because each community is small but the number of communities to engage is very large. Our work on integrated community case management is exploring how we can address these challenges, and ensure efficiency and quality.

However, engaging with more players is essential if we are to achieve impact at scale. The commercial sector already extends to many people who are beyond the reach of the public sector, but there is as yet no joint strategic planning. We are trying to understand better from commercial stakeholders how they can play a stronger role.

A longstanding principle of our approach to development is not to displace local capacity but to work with and through national governments and local organisations, helping them to improve their own capacity and performance. This is a particular feature of our work in Nigeria, where we work closely with the National Malaria Control Programme and where capacity development and harmonisation are specific aims of our work.

Partnerships with academic institutions have helped us to generate evidence from real-world settings, and on a large scale, which can be used to test and refine delivery strategies.

Although it is often easier, and seems quicker, to work alone, partnerships have a greater chance of ensuring sustainability. However, while it can also be tempting to establish new networks to share activities and information, without clear targets and accountability they will not be fully utilised nor increase impact. Partnerships should have a clear purpose.

All Malaria Consortium's partnerships have a clear purpose and add value to projects through clear planning and through effective monitoring and evaluation, thereby amplifying the impact we have on the lives of those we are here to support.



The modest progress recorded in Nigeria's National Malaria Control Programme is built over time on the strong commitment, dedication and unwavering resilience of front line team members at various levels of the health system – and from material, financial and technical support from our Roll Back Malaria partners, especially Malaria Consortium-led SuNMaP on the technical front.

Dr Babajide Coker, National Coordinator,  
National Malaria Control Programme, Nigeria



## WORKING WITH THE COMMUNITY FOR A BETTER TOMORROW

In many developing countries children are dying from common treatable diseases such as malaria, pneumonia and diarrhoea because they do not have access to simple diagnostic tests and medicines. This may be because families live too far from a health facility or because they are not aware of disease symptoms or the right medicines to take.

In Uganda, until recently, 14 percent of children died before their fifth birthday – a majority of them from malaria, pneumonia and diarrhoea – because they could not access treatment in time. In the Central Region of Uganda, Grace Kabatooro, the In-Charge of the paediatric ward at Kiboga District Hospital, reported seeing around 20 to 30 severely ill children under the age of five every day. Such deaths have now been halved.

This improvement has been brought about by the concerted efforts of Malaria Consortium and a range of partners, who have invested resources and worked together to improve the situation for children in the Central and other regions of Uganda.

Malaria Consortium has worked closely with communities during mass distribution campaigns for long-lasting insecticidal nets (LLINs) and through the training of community-based health workers across sub-Saharan Africa. These projects have been funded by a number of international

agencies, including the UK charity Comic Relief and the US President's Malaria Initiative. Malaria Consortium has also been working with the Ministries of Health in Uganda, Mozambique, South Sudan and Zambia to develop integrated community case management (ICCM) of childhood diseases with support from the Canadian International Development Agency, as well as with funding from UNICEF in Uganda and the Bill & Melinda Gates Foundation in Uganda and Mozambique.

The ICCM initiative involves both health facilities and the community and sees volunteer health workers not only promoting good health and disease prevention, but also diarrhoea, pneumonia and malaria. They are also trained to identify the signs of severe illness in children who need to be referred for more intensive care. Facility-based health workers give the village health workers on-going support and training.

In simple cases parents are given pre-packaged, clearly labelled medicines, advice on how to take them correctly and what to do if the child's health does not improve. The community health workers act as a link between the community and the health unit. They play an important role in identifying their own needs and selecting their health volunteers.

In some countries pictorial training and behaviour change communications materials have been developed as useful tools for community level partners. In other

environments, as in our work in Southeast Asia, positive role models have been used to promote good health-seeking practices.

For volunteer community health workers it is challenging work as they seek to balance the responsibility of ensuring disease prevention and the promotion of good health within their communities against their family responsibilities. Malaria Consortium works continuously with both volunteers and partners to overcome these challenges.



“After being identified as a role model and receiving the training in malaria prevention and communication skills, I feel more confident now to provide malaria related information to my community. I proudly tell them if you all follow these positive practices, which I do, you will never get malaria.”

Hun Srey, migrant worker from Sampov Loun district, Battambang province, Cambodia



One day, a man brought in his wife who had a fever and abdominal pain. He wanted anti-malarial drugs for her, which he said worked well. I said that first I'd do a rapid diagnostic test to confirm if the woman had fever from malaria. It was negative so I told him 'Your wife doesn't have malaria, she has diarrhoea'. He still wanted me to give antimalarials so his wife would be happy, but I told him sometimes you can get fever when you don't have malaria. I gave her drugs for diarrhoea, magnesium for sickness and a painkiller, and the woman was fine. It makes me happy when people say what I have done has worked, and people have trust in me.

Alice Katusabe is the In-Charge at Kihungya Health Centre II, Buliisa District, Uganda. Malaria Consortium has been working with district health authorities in Western Uganda to equip and train junior health facility staff on how to use rapid diagnostic tests for malaria, with funding support from Comic Relief

## CASE STUDY TRAINING COMMUNITY HEALTH WORKERS IN MOZAMBIQUE



APE Julia Chissico gives oral rehydration solution to baby Edson, Mozambique

Julia Chissico examines baby Edson, who has a high fever, in Homoine, Mozambique. Julia, who is an Agente Polivalente Elementar (APE) or community health worker, decides to test him for malaria using a rapid diagnostic test; the result is negative. Edson is dehydrated due to persistent diarrhoea, so Julia mixes up an oral rehydration solution in a plastic jug and shows his mother how to administer the liquid to her baby using a spoon. She also crushes up paracetamol to reduce his fever. Lastly, Julia insists Edson must be taken to a hospital as soon as possible and writes a referral note, registering the baby's details and symptoms in an exercise book, along with the treatment that she has given him.

In Mozambique, where an estimated 40 percent of the country's 23 million people do not have access to even the most basic medical attention and where mothers lack knowledge about health care, APEs have the potential to contribute significantly towards reducing the country's high infant and child mortality figures. Malaria Consortium's integrated community case management project in Mozambique supports the Ministry of Health to train APEs such as Julia and thereby strengthen the community's capacity to treat sick children. Funded by the Canadian International Development Agency and the Planet Wheeler Foundation in Inhambane province, the project forms part of the national strategy.



“Most people have understood the benefits of mosquito nets and are using them. We are working within the community and checking if the nets are there hanging on the sleeping places, and mostly we find they are. The few people we find who don't have nets, we also advise. For others, we get some ropes, we hang the nets and we leave the nets functioning. People know now that the nets are very valuable and help a lot in the fight against malaria.”

Sewanyana Christopher is a village health team member and mosquito net distribution campaign volunteer in Ruguse Parish, Uganda



Malaria has captured the world's attention as one of the major causes of maternal and child morbidity and mortality especially in sub-Saharan Africa. The last two years have, as a result, witnessed an unprecedented investment of donor resources to combat malaria under the 'SUFU' approach – scale up for impact. From free net distributions targeting all households to significant import subsidies for malaria treatment commodities, these vital investments have led to a sharp increase in malaria services coverage globally.

Malaria Consortium has contributed significantly to the design of effective approaches for scaled-up implementation of malaria control measures, but much of our attention is now focused on what it will take for countries to sustain these impressive achievements. We believe a mixed model approach is the answer.

This model recognises the role of different sectors in achieving global and national malaria targets, that is the public or government sector, the non-profit sector and the commercial sector. The public sector will continue to play its stewardship and service delivery role and the non-profit sector will support government efforts to reach vulnerable groups. However, the commercial sector has an equally critical role if current achievements are to be sustained.



A tailor sews mosquito nets; the Nigerian commercial sector has a critical role to play in national malaria control. Photo: Rubajath Sawwar



Vendor Fernando da Costa is able to explain net use to customers, following training by Malaria Consortium Mozambique

Malaria Consortium engages with the commercial sector in two different ways. Our first approach is to stimulate major corporate players' social responsibilities and encourage them to invest in malaria control activities. Secondly, we support the availability of key malaria commodities in the marketplace to ensure a constant supply in regions where there is a high malaria burden. Following analysis, we identify commercial partners whom we support to address identified market bottlenecks. While government and donors continue to focus limited resources to target certain groups

with free commodities, the market will offer commodities at competitive prices to people when they need it and offer choice to meet consumers' preferences. Malaria Consortium has successfully engaged the commercial sector in the provision of LLINs in Uganda and Mozambique and is now leading a major total market approach in Nigeria. Such an approach allows us to gain a comprehensive picture of the market through surveys and qualitative studies and to support innovative interventions to overcome the most critical bottlenecks.



Our company has benefited tremendously from its relationship with the Coalition Against Malaria in Ethiopia (CAME). We are able to draw from its extensive knowledge of malaria in Ethiopia, enabling us to reach those most affected with our solution. We were able to come up with strategies for product distribution, helped in no small part by the data provided. By networking with other stakeholders in malaria through organised events, we have been able to establish partnerships to expand our reach. CAME has been very valuable in coordinating the efforts of organisations involved in the fight against malaria, and we have benefited well from their resources, knowledge, and networks.

Gezaye Ambaye is Managing Director of Green PLC. Founded by Malaria Consortium in 2006, CAME mobilises support for malaria through advocacy, education and awareness projects

The Support to the National Malaria Programme (SuNMaP), managed by Malaria Consortium and funded by the UK's Department for International Development (DFID), is augmenting malaria prevention efforts across Nigeria with the distribution of long-lasting insecticidal nets (LLINs) through public campaigns and other channels. But critically, it is also bolstering private sector sales by harnessing the capacity of local commercial manufacturers and importers to distribute LLINs at lower prices.

Up to 2000, the Nigerian net market was an entirely commercial business, with over 20 manufacturers of untreated mosquito nets and a huge retail market across the country. After the Abuja declaration in 2000, the government promised to support net distribution by all means possible. However, the complex demographics of the Nigerian population meant that the reach of the commercial sector was still limited.

In response to concerted advocacy efforts, the Nigerian government removed taxes and tariffs on malaria commodities in 2005. Later, the National Malaria Control Programme and the Roll Back Malaria Partnership facilitated the distribution of free and donor-supported nets particularly to children under five and pregnant women. Several projects supported local net manufacturers by linking them with international insecticide

manufacturers allowing them to target the wider population. But changes in manufacturing technology as well as policy shifts on LLINs effectively crippled local manufacturing activities.

SuNMaP was designed to recognise the critical role the commercial sector plays in the development of the LLIN retail market and the return of net culture, as demand increases from the ongoing universal mosquito net campaign. The project aims to provide direct support to the existing commercial infrastructure for LLINs and help expand its capacity to meet the demand for replacement nets, with the ultimate aim of creating a sustained retail market offering affordable, competing brands across the country.

SuNMaP supports the commercial net sector by analysing and identifying constraints in the market using the 'Making Markets Work for the Poor' (M4P) approach. It then works in partnership with key market players to address the problems. This allows the market to flow unhindered and ensures that nets are available both in local markets and as part of routine distributions to rural areas.

Already the success of this strategy is showing. After just one year, the retail market is becoming re-established, new LLIN brands have been launched and distribution of nets through the commercial sector has expanded.



Imported LLINs on sale in a Kano market, Nigeria

“We want to keep doing our business, like the businessmen that we are, but lulls resulting from the mass campaigns and price distortions in the market have been discouraging. Thanks to SuNMaP, we have learnt to develop unconventional channels and have sniffed out every business opportunity. In short, we have learnt new ways of doing business.”

Nnamdi Oji, Director, Rosies Garments, Nigeria

“Working with the commercial sector has been both exciting and challenging, with over 600,000 plus LLINs sold with SuNMaP support through retail markets in one year. New partners and brands have entered into the net business; new products, such as insecticide treated net curtains for doors and windows, have been launched.”

Dr Kolawole Maxwell, Project Director for SuNMaP and Malaria Consortium Nigeria Country Director



## SUPPORTING GOVERNMENT INSTITUTIONS

**One of Malaria Consortium's strengths is its success in building long-lasting partnerships with government bodies in the countries we work in. We are recognised as a technical expert, a dependable advisor and an efficient implementation partner. This reputation rests on our commitment to assess needs, develop and implement programmes in close collaboration with partners, and build individual governments' leadership and management capacity in disease control.**

Our ability to respond rapidly and provide technical support and evidence to influence strategies and policies has also helped these strong relationships to develop. Our government partnerships begin from our base in the UK, spreading to each country where we are established. These cross-cut the different tiers of health systems - from community and district through to the national level, and we often reach beyond the health sector to engage with other key government ministries and departments.

We attach great importance to ensuring the longevity of our programmes and believe the best way to maximise our investment is to develop supportive systems and build the skills of the country level institutions that are



Malaria Consortium is working with government health facilities in Uganda to train staff in the use of Rapid Diagnostic Tests (RDTs)

responsible for running public health services. At the start of every programme we provide hands on support, agreeing with our partners the processes and tools we will use to develop and implement strategies, plans, budgets, training of health workers, supervision, supply chain management, and information systems.

As programmes progress, we shift our focus from direct implementation to increasing the capacity of staff at national and sub-national level, enabling teams to continue running programmes with the necessary skills, knowledge and experience.

In countries such as Mozambique, Nigeria and Uganda, our flagship programmes have always had a component of

systems strengthening and technical advice. Under our biggest project, Support to National Malaria Programme (SuNMaP) in Nigeria, we are working on harmonisation and supporting the national and state malaria control programmes to encourage partners to align their plans and methodologies.

In many countries, we also actively participate in technical working groups and various high level malaria coordination committees. As a result, we are constantly learning and benefiting from long-term relationships with country government counterparts and continue to invest this knowledge in the support and advice we share with our partners.



“ While the government has made significant investment in the formal health care system we need partners like Malaria Consortium to support community interventions such as the village health teams and integrated community case management policies.

Malaria Consortium has done a commendable job on these in a very short time. It is the community health care system that has the largest gaps.”

Dr Paul Kagwa is Assistant Commissioner of Health (Health Education Division), Uganda



“As integrated community case management (ICCM) is embedded in communities it is vital to have full acceptance not only from the communities themselves but also from the formal health service which provides support and guidance for community-based health agents. The ICCM programme funded by the Canadian International Development Agency (CIDA) works in full partnership with Mozambique’s Ministry of Health at all levels, ranging from technical support to develop national policy to on-the-ground partnerships, ensuring highly trained and supported community-based health agents. This close relationship is key to creating a high level of ownership and acceptability, and to the sustainability of ICCM in the country.”

Helen Counihan is Regional Programme Coordinator for Malaria Consortium’s ICCM-CIDA project

## CASE STUDY ROLLING OUT INTEGRATED COMMUNITY CASE MANAGEMENT IN ZAMBIA



Malaria Consortium works with the Ministry of Health in Zambia, training community health workers to diagnose and treat diarrhoea, pneumonia and malaria in young children

Malaria Consortium in Zambia has developed a strong partnership with the Ministry of Health, supporting the set-up and roll out of a pilot integrated community case management (ICCM) project in Luapula province. With no national ICCM policy in place, senior public health officials valued our experience as a supporting partner for the initial pilot implementation, which would then help define a new national strategy.

The Ministry of Health has stated it is confident the ICCM project partnership is strengthening national health services by providing health care to rural communities. As a result, district health management teams have been fully supportive and involved, for example, in the selection of ICCM district trainers, who are sometimes members of the management teams themselves. Existing government-supported neighbourhood health committees have been involved, selecting the community health workers to be trained in ICCM. District health management teams have also

demonstrated support for ICCM by providing medicines, diagnostic tests and mosquito nets to community health workers.

The Ministry’s Child Health Unit developed ICCM community health worker training materials with support from Malaria Consortium and other partners such as the World Health Organization and UNICEF, with all partners implementing ICCM in Zambia now using these materials.

Representatives of the ICCM project are valued members of a number of Ministry of Health expert committees, including the National Child Health Unit and National Malaria Case Management technical working groups. These strong partnerships have made it possible to establish the ICCM project effectively and ensure it is fully integrated within the Ministry’s structures – serving as a model for the national roll-out of ICCM. This approach is enabling the Zambian government to develop and lead an ICCM strategy that is effective and sustainable.

A crucial part of Malaria Consortium's work is to improve implementation of our programmes and test new ways of improving delivery of high quality services. This means a large and growing part of our work is dedicated to generating and communicating robust evidence.

We have a dedicated and highly skilled team working on monitoring, evaluation, surveillance and research, with most of our research embedded into ongoing operational programmes so we can be sure the results are applicable in different settings.

A wider challenge is that there is often a disconnect between national disease control programme management and academic institutions, and we are working to narrow these gaps. Through strategic partnerships with academic institutions we have brought some of the best academic expertise into closer contact with national programmes to ensure that reliable evidence is used to design and evaluate programmes and innovations.

One example of this is our partnership with Leeds University on research for effective health service delivery. This is the Department for International Development (DFID) funded Research and Development for Effective Disease Control (COMDIS) project. COMDIS grew out of earlier work with the university



Greater Mekong sub-region countries meet to define the malaria operational research gaps and needs in the region, Cambodia

and its partners on communicable disease research – working with programmes from inception to identify major needs and possible approaches to improve implementation, and building in strategies for research uptake from the outset.

Researchers from the London School of Hygiene & Tropical Medicine are involved in several of our projects, including malaria control in Nigeria and surveillance in Cambodia. Malaria Consortium is currently involved in a partnership, funded by the Bill & Melinda Gates Foundation, with the London School of Hygiene & Tropical Medicine and University College London Institute of Child Health to evaluate approaches that can increase the performance of community-based health workers involved in integrated community case management in Mozambique and Uganda.

Our work with clinical trials run by Imperial College London, the Medical Research Council Clinical Trials Unit, and Kenya Medical Research Institute Wellcome Trust Research Programme highlights the value of such partnerships. The trial (FEAST) delivered important results on the use of fluid boluses in critically ill children that went against expectations and current recommendations.

We also work with developing country academic institutions, providing them with opportunities to develop their research capacity and, in turn, benefiting from their experience in local environments. For

example, we carried out a research priority-setting exercise with several academic institutions in Nigeria, bringing together academics and implementers, and have facilitated a similar exercise with six countries in the Greater Mekong Subregion in Southeast Asia. Our regional office is also based in the Faculty of Tropical Medicine at Mahidol University in Thailand. In Uganda our collaboration with the Department of Paediatrics and Child Health at Makerere University College of Health Science has led to a number of significant publications on the management of uncomplicated and severe malaria.

We will continue to build alliances with international and national academic institutions so we can learn from each other, strengthen capacities, bring evidence closer to disease control programmes, and improve the way evidence is translated into policy and practice.



Results from a major clinical trial in East Africa showed an error in routine practice.  
Photo: FEAST

## CASE STUDY SHARING INFORMATION AND KNOWLEDGE



Mahidol University's Faculty of Tropical Medicine, a leading institution for tropical disease research in the region, is one of Malaria Consortium's most important partners in Asia. Based on campus, Malaria Consortium is in the unique position of bridging research on evidence-based interventions and National Malaria Programme implementation. We participate in collaborative research and symposia, such as the Joint International Tropical Medicine Meeting and the International Malaria Colloquium.

Through this mutual collaboration, we are fostering information sharing and cross-learning between Africa and Asia.

As partners in the Artemisinin Resistance Containment Project, we are working together to harmonise information systems and surveillance along the Thai-Cambodia border with the University's Centre of Excellence for Biomedical and Public Health Information (BIOPHICS).





COMDIS research has led to the development of national guidelines for TB control in Nepal. Photo: Bhaswor Ojha/COMDIS

After five years of operational research carried out by Malaria Consortium and partners in some of the poorest countries in Africa and Asia, the Communicable Disease Research Programme Consortium (COMDIS) – funded by DFID – came to a close in spring 2011. The success of COMDIS, however, is being taken forward through the funding of a new seven-year £7 million DFID project for research on health systems delivery.

COMDIS carried out health research that was not only adopted into national policy but also implemented at scale in the countries where we work. Many of the findings also had an international impact as COMDIS shared knowledge and learning across the consortium, with each partner translating another’s findings and adapting the results to their own context. COMDIS findings influenced international bodies including the World Health Organisation and the Stop TB Partnership.

Over the course of COMDIS, at least 20 policies were created or revised based on information from its research findings.

COMDIS was led by the Nuffield Centre for International Health & Development, University of Leeds. Partners alongside Malaria Consortium included BRAC in Bangladesh, Guangxi Provincial Center for Disease Control and Prevention and Shandong Chest Hospital in China, Kwame Nkrumah University of Science & Technology in Ghana, Health Research & Social Development Forum in Nepal, Association for Social Development in Pakistan, Good Shepherd Hospital in Swaziland, and the national tuberculosis and malaria control programmes in partner countries.

The new COMDIS Health Systems Delivery project, which commenced in January 2011, will improve the delivery of basic health services, particularly for communicable diseases, focusing on underserved groups including migrants and people living in slums, marginal rural areas, and fragile states. Malaria Consortium continues to be a key partner with the lead communications role for the whole COMDIS partnership.



“The Malaria Consortium–Karolinska Institute research partnership has given me an opportunity to study in one of the best medical institutions in the world and to meet experienced international researchers and students. The different research skills that members of the Health Policy and Research group at the institute have shared with me have been instrumental in my doctoral studies and the success of the inSCALE project as a whole. The Health Policy and Research group has become a platform through which inSCALE can share and acquire knowledge about the field of integrated community case management (ICCM) of childhood illnesses, as well as the key public health policy issues that affect children today.”

Agnes Mbabaali Nanyonjo is Research Officer for the Innovations at Scale for Community Access and Lasting Effects (inSCALE) project. InSCALE aims to demonstrate that government-led ICCM programmes can be rapidly scaled-up with quality if innovative solutions are found for critical limitations such as the motivation and retention of community health workers



## OUR WORK ON THE GROUND

**Malaria Consortium continues to operate eight country programme offices: Cambodia, Ethiopia, Mozambique, Nigeria, South Sudan, Thailand, Uganda and Zambia, and has also extended project support activities in Cameroon, Ghana, Malawi and Senegal in Africa and countries of the Greater Mekong Subregion in Southeast Asia.**

### UGANDA

Malaria Consortium Uganda has continued to strengthen its cooperation with the Ugandan government through its involvement in the development and review of policies and guidelines. Monitoring and evaluation policies and guidelines have been particularly important – this is a key area of our work and lessons learnt have been used to help the government build its knowledge and skills base, ensuring achievements and progress are sustained.

The Uganda Malaria Communities Project increased long lasting insecticidal net (LLIN) coverage, distributing over 2.6 million nets under the Comic Relief Pioneer Project and USAID funded Stop Malaria Project, with follow-up campaigns to ensure households are using them effectively. In addition, the Pioneer Project rolled out rapid diagnostic tests to health centres lacking microscopy, accompanied by sensitisation of district leaders and training of health workers.



Village Health Team member, Kaamu Monday, recording patient information as part of ICCM in Western Uganda



Training village health teams on ICCM, Uganda

Over the past year Malaria Consortium has also spearheaded the first large scale integrated community case management (ICCM) implementation through the ICCM, CIDA (Canadian International Development Agency) and the UNICEF funded ICCM Central projects. Over 10,000 village health

teams were trained in 17 districts, helping communities to manage major childhood illnesses. This was followed by systematic research through the inSCALE project to collect evidence of the effectiveness and scalability of this ICCM strategy.

Through partnerships with the community and civil society, an Irish Aid supported Tuberculosis North Project trained health workers in the remote region of Karamoja to diagnose and manage tuberculosis.

Lastly, the Fluid Expansion As Supportive Therapy (FEAST) trial demonstrated, against expectations and international guidelines, that giving large amounts of fluid rapidly and intravenously to severely ill children increases fatality rates. This is expected to have dramatic implications for national and global policies.

## NIGERIA

In Nigeria, the Department for International Development (DFID) funded Support to National Malaria Control Programme (SuNMaP), led by Malaria Consortium, continued its key role to implement nationwide stand-alone LLIN campaigns. At the end of July 2011 an estimated 37 million nets had been distributed across 24 states, with 12 million of them distributed in five of the six SuNMaP states. In Lagos State, the nets campaign will finish towards the end of 2011.

The programme also supported pregnant women to receive Intermittent Preventive Treatment to prevent malaria in pregnancy and by June 2011, 1.9 million doses of sulfadoxine-pyrimethamine and 900,000 nets had been distributed. Malaria Consortium has started documenting the lessons learnt by all partners facilitating routine distribution of LLINs in Nigeria, and will use the results to inform national policy.

A key part of SuNMaP's model is to strengthen the commercial sector, so it can meet the demand for replacement and additional LLINs. The programme supported three commercial partners to sell LLINs and by September 2010 they had sold over 600,000 nets through retail outlets.

The programme was also involved in the development of a national Advocacy, Communication and Social Mobilisation strategy and its roll out at state level.

Partners included WHO, the World Bank, USAID, and the Nigerian NGO Society for Family Health. A number of demand-creating messages and materials were developed and communicated using innovative channels such as advertising on buses.



Pregnant women at an ante-natal clinic in Niger State receive information and free nets, Nigeria

At the start of the programme, an assessment of the existing malaria control capacity was carried out. The findings of this assessment were used to define and develop the materials and tools needed to address the weaknesses identified. So far 14 modules are in various stages of development, including eight service delivery modules and six programme management modules. At the end of this financial year, about 7,000 health workers had been trained in over 3,000 health facilities. The programme management modules are now being rolled out across Anambra, Kano, Katsina, Lagos, Niger and Ogun states.



Community drug distributors measure children's arms to assess for malnutrition, South Sudan  
Photo: Jenn Warren

#### NUTRITION IN SOUTH SUDAN

In South Sudan we have initiated innovative work on community based detection and management of malnutrition as part of the ICCM programme. Under this project, Community Drug Distributors (CDDs) have been trained to detect severe malnutrition using a specially designed tape, which has been found to be as efficient in diagnosing severe acute malnutrition as using weight for height measurements. Children with malnutrition are referred by the CDDs to supervisors based at a central point where they receive therapeutic food, antimalarials, antibiotics, deworming and Vitamin A. The children who are unable to eat are referred to a therapeutic feeding centre. Malnutrition is a serious problem in South Sudan where there is food insecurity and many internally displaced persons and returning refugees.



Net use campaign featured on public buses in Lagos, Nigeria  
Photo: Laja Odunuga

Malaria Consortium also started work in 2011 on the Malaria Action Programme for States (MAPS), a USAID-funded project in three states – Cross River, Nasarawa and Zamfara. The programme supported net campaigns in Nasarawa and Zamfara distributing 800,000 and 1.5 million in the two states respectively. Malaria Consortium also developed and deployed an innovative 'net tracking tool', which was used in Nasarawa and Zamfara to minimise the loss of nets during the campaign. MAPS also provided technical support to develop guidelines for malaria case management and diagnosis.

#### SOUTH SUDAN

In 2010 Malaria Consortium continued work in the Central Equatoria, Northern Bahr al Ghazal, Unity and Upper Nile States of South Sudan, collaborating with a wide range of partners including government, community, international and private sector partners.

With funding from CIDA and the Global Fund, Malaria Consortium managed a widespread ICCM initiative. This supported the training of community drug distributors to carry out basic diagnosis and treatment for diarrhoea, pneumonia and malaria.

Malaria Consortium also took forward operational research on the disease burden for neglected tropical diseases (NTDs) in South Sudan in order to establish which administrative areas require mass drug administration for these illnesses. In March 2010 the organisation started to carry out a child survival project, supported by the United Nations Development Programme (UNDP), which incorporates water, sanitation and nutrition interventions with the management of disease.

Over the past year Malaria Consortium in South Sudan also worked in partnerships with the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) on nutrition, Medair and BSF on health systems strengthening, DFID and BMB Mott MacDonald on a basic package of health services in Aweil, Connecting Health Research in Africa and Ireland Consortium, as well as USAID and the Adventist Development and Relief Agency on the Southern Sudan Health, Nutrition and Empowerment (SSHINE) programme.

#### MOZAMBIQUE

At the end of 2010, Malaria Consortium's programme to develop sustainable delivery systems for LLINs in Mozambique was handed over to provincial health authorities. One of the key components of this DFID funded project was to support the National Malaria Control Programme to design a system that would distribute LLINs to pregnant women through antenatal clinics. The DFID evaluation system awarded the programme its highest category one rating.

In the last year of the programme activities were extended to get national and provincial programmes ready to distribute LLINs as part of the country's universal coverage campaign. The programme supported a number of provinces to pilot systems and contributed to Ministry-led discussions to design a national strategy. The newly appointed manager of the National Malaria Control Programme, Dr Abdul Mussa, visited the Nigerian Malaria Control Programme and SuNMaP project, to exchange experiences of universal coverage campaigns and routine antenatal clinic distribution. Malaria Consortium is continuing to support the national malaria control programme in its universal coverage activities, with support from DFID.

The other focus for Malaria Consortium in Mozambique has been to improve and



Malaria Consortium works with the Mozambique government to train Community Health Workers (APEs) to treat children for diarrhoea, pneumonia and malaria

scale up the community health worker system. Six months after it approved two core integrated community case management projects for Inhambane province in southern Mozambique, the Ministry of Health also approved a new strategy to revitalise its community health worker system. In an effort to support this strategy, Planet Wheeler Foundation agreed to provide essential funding for the 16-week initial training of community health workers in the province. Malaria Consortium has endeavoured to provide solid technical assistance and has helped assess the initial training of community health workers and review the training materials.

Early 2011 saw the start-up of the five-year, £12 million Malaria Prevention Mozambique programme, managed by World Vision as a Global Fund Round 9 principal recipient. Malaria Consortium Mozambique is providing project management technical support to the principal recipient and works as a member of the implementation team.

#### ZAMBIA

Malaria Consortium is implementing the CIDA-ICCM programme in Luapula province, in the northeast of Zambia. Before the initial phase of implementation started in four districts, a baseline survey was conducted

across the province. Detailed questionnaires were distributed to 1,576 households to provide a comprehensive picture of the health of under-fives at that time.

Two technical officers from the team attended a Ministry of Health-organised ICCM training of trainers workshop, which used materials developed by the Ministry in collaboration with Malaria Consortium. Following initial work to raise awareness of ICCM across the four districts, the communities selected members to be trained as community health workers.

Over a period of 10 weeks, a total of 720 community health workers were trained by 28 district trainers, who had themselves been trained and supported by Malaria Consortium in partnership with the Ministry of Health.

In addition, 73 health workers drawn from health centres in each district were given training on ICCM to become supervisors so they could provide ongoing support and guidance to the community health workers. The community health workers were provided with the necessary medicines and diagnostic tools to deliver ICCM and treated almost 50,000 children during this period. The project is now in full operation with routine data collection and supportive supervision.



As part of the Bill & Melinda Gates Foundation funded project to contain artemisinin resistant malaria along the Thai-Cambodia border, Malaria Consortium has worked with the National Malaria Programme to develop a number of tools based on SMS technology. Village Malaria Workers and health centre staff now use the Malaria Alert System to alert the nearest district officials, via SMS, about positive malaria cases for immediate response. Health centre staff also use SMS to report 'Day 3' positive cases to identify hotspots of potential resistance which are mapped using Google Earth. An SMS based tool is also being piloted to improve communications between health facilities and the national programme staff to prevent stock outs of anti-malarial drugs.

Pengby Ngor, Malaria Consortium Data Manager, runs a training session for Village Malaria Workers on how to report malaria cases by SMS



Malaria Consortium Ethiopia secured funding from USAID, through the President's Malaria Initiative, for retrospective malaria data collection from all public health facilities in Oromia state, school-based malaria epidemic detection and surveillance, and serology testing – with work starting on all these activities. A new collaboration was established with the London School of Hygiene & Tropical Medicine, with training given to two Malaria Consortium staff on serology testing, and around 5,000 dried blood samples analysed. Review findings of a comparative study of three multispecies rapid diagnostic tests and microscopy, and malaria risk mapping in Oromia state, were published in the *Malaria Journal* in October 2010 and February 2011 respectively.

## ETHIOPIA

Malaria Consortium Ethiopia has continued to provide technical support to the Federal Ministry of Justice, and played a lead role in coordinating the efforts of civil society and other agencies fighting malaria. At the regional level, 2010 was the last year of a highly successful project to strengthen health systems in the south of Ethiopia, to ensure equitable access to malaria prevention and control. The project, supported by Irish Aid, was phased out towards the end of this year.



Operational research workshop, Halaba SNNPRS (southern region), Ethiopia

Malaria Consortium Ethiopia also pushed ahead with work to strengthen national capacity on malaria prevention and control by training health workers on basic malariology. The project, supported by the Global Fund through the Federal Ministry of Health, aims to train 240 mid-level health workers from all over the

country. By early 2011, nearly 50% of these health workers had received training, helping to address the shortage of health staff trained in malaria.

The Coalition Against Malaria in Ethiopia (CAME), initiated by Malaria Consortium Ethiopia in 2006 with support from GlaxoSmithKline, was further strengthened, with funding from Sumitomo Chemical used to support the National Malaria Resource Centre and the work of the Coalition of Media Against Malaria in Ethiopia (CMAME). CAME and CMAME also carried out operational research, and organised events such as World Malaria Day.

Malaria Consortium Ethiopia started a new information and behaviour change communications project in the south of the country. The Changing Behaviours and Saving Lives project is working in the Southern region where 16 million people are at risk of malaria. In the first half of 2011 activities included an advocacy workshop, developing and distributing behaviour change communication materials for state and community health workers, and promoting malaria prevention messages through five short radio dramas and articles in the regional newspaper *Debut Negat*.

The project also carried out work to strengthen school anti-malaria clubs, put on a malaria campaign road show, which

has reached more than 500,000 people, and developed guidelines on ways to increase community understanding of malaria prevention and control through community conversation – with 109 trainers trained to cascade messages down to community health workers.

## GHANA

During 2010, Malaria Consortium made a substantial contribution to the Promoting Malaria Prevention and Treatment in Ghana (ProMPT) partnership, including supporting door-to-door distribution and hanging of LLINs. The first campaign was implemented in the Northern Region and targeted children under five and pregnant women, based on the policy of the national malaria control programme at the time. The results of a large survey, led by Malaria Consortium, to evaluate the outcome of this campaign showed a substantial increase in net use in the region.

Following a change of national policy to achieve universal coverage, Malaria Consortium facilitated mass distribution of nets in other areas including the Eastern, Central and Volta regions. Malaria Consortium also provided technical support to the National Malaria Control Programme to develop systems for the continuous distribution of nets to maintain universal coverage.

The ProMPT programme is funded by USAID and managed and implemented

by University Research Company, Malaria Consortium and the Population Council.

## SENEGAL

In mid-March 2010, the NetWorks project office officially opened its doors in Senegal. Malaria Consortium is one of the main implementing partners of this USAID-funded programme which is led by Johns Hopkins Center for Communication Programs.

Universal LLIN coverage through mass distribution is Senegal's National Malaria Control Programme's top priority. Its strategy has been to register all sleeping spaces and check for intact LLINs in these households, allocating new nets on a house-to-house basis. NetWorks has worked very closely with the National Malaria Control Programme and the National Coordinating Committee on all aspects of planning and rolling out these mass net distributions, as well as preparing for assessments, research and routine distributions.

To ensure the technical quality and accountability of universal coverage operations, NetWorks hired several temporary focal points and accountants with significant experience, who could facilitate work in the field. This helped ensure that activities were being implemented as planned and funds could be accounted for quickly, and replenished as needed. NetWorks procured 400,000



Educational home visit promoting correct net use, following a NetWorks mass distribution campaign, Senegal. Photo: Fid Thompson/NetWorks

LLINs during its first year and has started research projects to evaluate the effectiveness of the distribution strategy and inform policymakers.

## CAMEROON

In the past year, Malaria Consortium–Cameroon Coalition Against Malaria (MC-CCAM) has organised and participated in high-level advocacy meetings, empowered malaria advocates, engaged communities in the fight against malaria, and conducted surveys to demonstrate the relevance of malaria indicators for evidence-based advocacy at the health district level. More than ever, MC-CCAM has been an invisible hand helping to guide the success of malaria control in Cameroon. It was at the leading edge of new initiatives, setting the pace for the Global Fund Round 9 malaria project and introducing the malaria competence

process in Cameroon an approach that allows communities to understand their current situation, decide on the actions they need to take, and measure their progress.

MC-CCAM took the lead role in launching a series of Roll Back Malaria Partnership reports as part of its activities for World Malaria Day 2011. The high-level advocacy event was attended by key malaria stakeholders and was presided over by the Ministry of Health. MC-CCAM was also an active player in a stakeholder meeting and panel discussion on the Global Fund Round 9 LLIN nationwide mass distribution campaign, organised by the Multilateral Initiative on Malaria. MC-CCAM also took part in a range of other advocacy and media events, including training sports journalists on malaria for the 2010 football World Cup.

## MALAWI

Malaria Consortium and its partners carried out indoor residual spraying (IRS) in Nkhotakota and Salima Districts in Malawi, as part of the US President's Malaria Initiative. The programme protected nearly 365,000 people in November and December 2010 by spraying over 97,000 structures. Chemonics International Inc., i+solutions and Malaria Consortium implemented the Malawi IRS programme, with Malaria Consortium playing a significant technical role supporting planning and roll out.

Malaria Consortium also led the first part of the geographical reconnaissance work, carrying out a survey early in 2011 in both Nkhotakota and Salima districts to determine the average sprayable surface areas of houses and structures. The results of this survey will be used to plan insecticide requirements and monitor the quality of spraying activities. This reconnaissance work, and the planning process, also helped build the technical skills of district health staff.

The programme faced a particular challenge when resistance to the pyrethroid insecticides used in earlier spray rounds was detected in malaria vectors. As a consequence, an organophosphate insecticide was used instead during the 2010 spraying season. However, the cost of this was higher, reducing the overall scale of the project.

## ASIA REGIONAL WORK

Malaria Consortium provides technical assistance to countries in the Greater Mekong Subregion- including Cambodia, Lao PDR, Myanmar, Thailand, Vietnam, and Yunnan Province China – to support national monitoring and evaluation plans that are in line with national malaria strategic plans.



Taking blood and preparing slides to check for malaria, Cambodia

Following successful support for the Global Plan for Artemisinin Resistance Containment and the strategy to contain resistance along the Thai-Cambodia border, Malaria Consortium has also been involved in developing the Myanmar Artemisinin Resistance Containment strategy and framework, which will guide containment efforts there. Partnering with the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC),



Malaria Consortium BCC specialist, Muhammed Shafique, plays a conceptual game with migrant workers to explain the concept of the Positive Deviance approach, Cambodia

and MEASURE/Evaluation, Malaria Consortium has also contributed to the development and implementation of the Regional Malaria Indicator Framework, which aims to harmonise and standardise key indicators in the region. Additionally, Malaria Consortium has supported Global Fund proposal development to generate funds for national programmes. This included supporting Cambodia's Round 9 and Thailand's Round 10 approved proposals.

Malaria Consortium organised and facilitated a number of technical meetings and workshops in the Greater Mekong Subregion. For example, a regional malaria operational research symposium brought together National

Malaria Programme and partners to identify current knowledge gaps, operational research needs and priorities. Furthermore, as part of our role in the Artemisinin Resistance Containment Project supported by Bill & Melinda Gates Foundation, Malaria Consortium is responsible for a series of cross-border meetings between Cambodia and Thailand to develop strategic frameworks, resolve bottlenecks, and consolidate lessons learned from M&E, surveillance, case management, behaviour change communication initiatives, and efforts to reach mobile and migrant populations.

Malaria Consortium continues to provide technical assistance and facilitation

for the Management of Malaria Field Operations course run by the Asian Collaborative Training Network for Malaria (ACTMalaria). Malaria Consortium, along with CDC, WHO, MEASURE/Evaluation and ACTMalaria, is also developing cascade training on monitoring, evaluation and surveillance for malaria M&E focal points and trainers in the Greater Mekong Subregion.

## CAMBODIA

As part of the Artemisinin Resistance Containment Project, Malaria Consortium provides technical assistance, training and supervision to Cambodia's National Malaria Programme to conduct national malaria surveys. Malaria Consortium has also developed a pilot mobile phone text message alert system for health facility staff and village malaria workers so they can easily text suspected artemisinin resistant cases to a central database. This has enabled real-time reporting of cases and immediate responses. As it is such a low-cost technology, staff at all levels can be engaged – creating a sense of urgency to act when text messages are received.

As a sub-recipient of the Global Fund Malaria Round 9 grant, Malaria Consortium continues to provide technical assistance to the National Malaria Programme in its strategy to



contain artemisinin resistance and eliminate malaria. Malaria Consortium continues to lead the development and refinement of a national community-based malaria database in support of the overall malaria surveillance and information system. Through the Global Fund, Malaria Consortium also manages the work of five local and international partners – the Association of Medical Doctors of Asia, BBC World Service Trust, Family Health International, Institut Pasteur du Cambodge, and Women’s Media Centre, playing an active coordination role, monitoring and evaluating progress, and providing technical programme guidance.



Malaria Consortium developed tools to help the Ministry of Public Health’s Bureau of Vector-Born Disease evaluate the effectiveness of information, education and communication materials, Thailand



An interviewer carries out a malaria baseline survey as part of the Artemisinin Resistance Containment project, Thai-Cambodia border



## SHARING OUR EXPERIENCES

Malaria Consortium is always looking for ways to communicate with the wider international community to ensure that the information we are gathering and the lessons we are learning about effective disease treatment and prevention are shared with those who are in positions of influence.

In July 2010, Malaria Consortium held an event at the UK Parliament to highlight the malaria burden in Uganda. This was also an opportunity to recognise formally the departure of our former chair, Stephen O'Brien MP, who had just been appointed in a senior position in the new government's Department for International Development. The event included presentations from staff at our Comic Relief-funded project in Uganda, to illustrate an innovative and sustainable model for prevention and treatment for severe malaria at community level. Comic Relief also presented at the event to highlight the organisation's commitment to supporting efforts to beat the disease.

In January 2011, Malaria Consortium hosted a study trip to Uganda for two members of the UK All-Party Parliamentary Group (APPG) on Malaria and Neglected Tropical Diseases. Jeremy Lefroy MP, chair of the group, and Pauline Latham MP, treasurer, were able to witness first hand the impact of our malaria control Pioneer Project

in Western Uganda, funded by Comic Relief. The two visitors spoke directly with health care workers and members of the communities they serve, to gain a clearer understanding of the challenges they faced. The delegates also spoke with senior government and commercial sector stakeholders and reported back to the APPG that the trip was highly informative.



Anthony Nuwa, project technical officer for the Comic Relief Pioneer project in Uganda, speaks at a Malaria Consortium event at the House of Lords, which brought the UK malaria community together to focus on the importance of continued malaria funding

This year, there were a number of productive partnerships and activities for the external communications team. In the spring we launched an iPhone game entitled 'End Malaria!', which involves swatting a virtual mosquito before it can give you virtual malaria. The game was developed in collaboration with creative designers, Zebbu, and profits from the sale

of the game are used to support Malaria Consortium's work in Africa.

In August, Malaria Consortium was delighted to have the opportunity to work with BBC broadcaster and journalist, John Simpson, who presented our BBC Radio 4 charity appeal to raise money for Malaria Consortium's work. Thanks to his participation, we raised over £12,000 from listeners.

The summer also saw the completion of an incredible journey by one intrepid young man. Twenty-one year old Adam Wolley raised more than £20,000 for Malaria Consortium at great personal risk when he cycled from London to Cape Town over seven months. Adam's trip gained a certain amount of celebrity and he was not only shortlisted as fundraiser of the year through the Just Giving donation site, but also was invited to speak about his trip to the International Development Committee in the UK parliament.

In 2010 we also participated in the Guardian International Development Journalism Competition. This is sponsored by the national UK newspaper *the Guardian* and aims to encourage new and existing journalists to cover issues around development which often get sidelined. Two of the 16 finalists visited our programmes and had articles published in the newspaper on drug resistant malaria among migrant workers in Asia and on community health workers in Mozambique.

Perhaps one of the most significant events of the year was the continuing collaboration between Malaria Consortium and award-winning photographer, Adam Nadel, on last year's highly successful *Malaria: Blood, Sweat, and Tears* multi-media exhibition at the United Nations in New York. In February 2011, the exhibition travelled to the Centers for Disease Control in Atlanta where it was very well received. It has since been shared with the Roll Back Malaria Partnership in Geneva for display at the WHO/UNAIDS building in the lead up to and following World Malaria Day 2011. The exhibition continues to attract thousands of visitors with its powerful imagery and ability to make the complex issues around malaria more accessible to new audiences.



UK Parliamentary Under Secretary of State for International Development, Stephen O' Brien, praised Malaria Consortium and photographer Adam Nadel for their powerful exhibition *Malaria: Blood, Sweat, and Tears* in Geneva



RBM Executive Director, Professor Awa Marie Coll-Seck, speaks at the opening of the *Malaria: Blood, Sweat, and Tears* exhibition at the WHO/UNAIDS building in Geneva

## MONITORING AND EVALUATION

As a global leader in monitoring, evaluation and operational research, Malaria Consortium's evaluation surveys continue to inform both global and national strategy, implementation and monitor the effectiveness of our public health programmes. During 2011, Malaria Consortium undertook more than 30 surveys to monitor and evaluate the impact of its work, including comprehensive surveillance, long lasting insecticidal net (LLIN) durability monitoring and baseline surveys in Nigeria, Uganda and Mozambique.

In Ghana, a survey was carried out in communities throughout the region, to evaluate an LLIN distribution campaign that employed the door-to-door delivery and hanging of nets by community volunteers rather than distribution from fixed sites. The results showed a substantial increase in LLIN ownership in households with children under five and pregnant women, the groups targeted by the campaign. The survey, as part of the ProMPT Ghana partnership project, showed high rates of retention of nets received by households six months after the campaign and an equal distribution between urban and rural communities and across socio-economic groups.

### M&E HIGHLIGHTS

- A series of post campaign net surveys in Nigeria
- Baseline surveys for our work on integrated community case management in Mozambique, South Sudan, Uganda and Zambia
- Health facility assessments in South Sudan
- Large scale household, outlet and health facility surveys completed in Cambodia to provide national data for the Global Fund to Fight AIDS, Tuberculosis and Malaria and to measure the impact of the Artemisinin Resistance Containment Project



LLIN post campaign survey being carried out in Ghana's Northern Region

## SURVEILLANCE AND OPERATIONAL RESEARCH

In some countries where Malaria Consortium has long-term involvement, we are monitoring changes in malaria epidemiology to understand better the factors driving this change.

In Cambodia, Malaria Consortium has improved systems for monthly malaria data collection at community level to identify villages with high incidence and possible transmission of malaria. This kind of data collection also provides an indication of possible drug resistance in individual patients who are still positive for malaria parasites after three days following treatment.

A real-time alert system, where malaria cases are notified at point of care, is being piloted in Cambodia to identify where cases are occurring and to detect outbreaks. Malaria Consortium and the Cambodia National Malaria Center, through a public-private partnership with InSTEDD, an information technology non-governmental organisation, and two of Cambodia's leading telecommunication companies, have developed a web-based system to allow village malaria workers to report malaria cases by Short Message Service (SMS), alerting the appropriate district officials to take action. The reports sent by SMS feed into a web-based system and feature a

partnership with Mobitel (Cambodia's largest telecommunications company) who provided free SIM cards and free SMS, making the system extremely cost effective and easy to maintain.

## OPERATIONAL RESEARCH HIGHLIGHTS

- Long-term insecticide activity of four potential LLIN under field conditions
- Evaluation of the impact of LLINs against lymphatic filariasis
- Integrated mapping of malaria, soil transmitted helminths and schistosomiasis in school children in Oromia, Ethiopia
- Accuracy of circulating cathodic antigen tests for rapid mapping of *Schistosoma mansoni* and *S. haematobium* in South Sudan
- Effectiveness and treatment adherence to artemether/lumefantrine pre-packs versus blister packs in the treatment of uncomplicated malaria in Uganda
- The most appropriate solutions to increase motivation of community based agents providing diagnosis and treatment of diarrhoea, pneumonia and malaria in Mozambique and Uganda



Village malaria workers at a training session for the day zero SMS based Malaria Alert System in Kampot, Cambodia.

## THE NET EFFECT

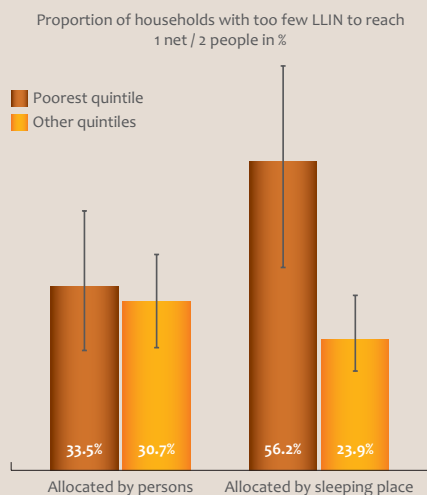
Over the past year Malaria Consortium has continued post-campaign evaluation surveys to assess the success of long-lasting insecticidal net (LLIN) distribution. In Nigeria three surveys were undertaken in Sokoto, Ogun and Niger States allowing campaigns integrated with child health interventions (polio immunisation in Sokoto) to be compared with stand-alone campaigns. The results did not show any advantage from the integrated approach and households without any young children actually proved to be disadvantaged in the integrated campaign as they were more often not registered and hence did not receive LLINs (49.5% versus 78.7% respectively).

Another campaign evaluation was undertaken in Western Uganda as part of the Pioneer Project funded by Comic Relief. Here a comparison was made between distributions that allocated nets according to the number of people living in the household and those using the reported number of sleeping places as the allocation criteria. The results show that in both cases some households ended up not having enough nets to cover every person in the family, but because poor households tend to be more crowded



Village Health Team member assesses durability and quality of nets for an in-depth study, Uganda

- with more people per sleeping place
- allocating nets by sleeping place significantly disadvantaged the poor whereas allocating by the number of people did not.



### ASSESSING THE DURABILITY OF NETS

A critical question for the design and effectiveness of sustainable malaria prevention with long-lasting insecticidal nets is the durability of the netting material. This will determine the useful life of the net, in conjunction with the insecticidal effect and the users' behaviour. While it is known that durability will vary between different socio-ecological settings, there is little evidence of the comparative performance of different netting materials and yarn characteristics. Funded by BAYER CropScience, Malaria Consortium started a study in October 2010 in Western Uganda comparing the physical integrity of seven different brands of nets.

The nets tested included brands using polyester and polyethylene, as well as a new product made out of polypropylene. In order to assure a high

quality and standardised examination of holes in the nets, the study team developed an innovative approach to assessing the holes. A template was made available to the field workers (members of the village health teams) that not only allowed an easy decision about the size category of the hole, but also provided a tally sheet to facilitate an accurate count. Following two days of training, field workers demonstrated a high level of agreement when they assessed the same nets during practice.

### DO HOME VISITS HELP?

Many people are convinced that LLINs distributed during a campaign will only be used properly if volunteers visit households after distribution to help hang the nets and explain the correct way to use them. There is, however, very little evidence of how much impact this approach has. As part of the NetWorks project, and in close coordination with the operations research group of the Alliance for Malaria Prevention (AMP), Malaria Consortium is working on a cluster-randomised study to assess the effect of one and two home visits on hanging and use of LLINs compared to a control group without any visits. This study is being done in partnership with the Center for Communication Programs of the Johns Hopkins Bloomberg School of Public Health, with results expected in October 2011.

## IMPROVING LIVES THROUGH MASS DRUG ADMINISTRATION



Children receive syrup medication for NTD treatment in South Sudan.

Photo: Jenn Warren

**The South Sudan Neglected Tropical Disease (NTD) programme experienced its most successful year to date in 2010-11, the final year of the USAID supported grant. From April to August the programme launched two activities simultaneously: mass drug administration for trachoma, and integrated surveys for lymphatic filariasis, schistosomiasis and soil-transmitted helminths.**

Mass drug administration for trachoma was conducted in Mayom County, Unity State, in response to previous survey work that showed very high levels of active trichiasis, the condition that can lead to premature blindness. Over three months, Malaria Consortium-led teams treated 120,000 people with azithromycin and tetracycline ointment.

Concurrently, Malaria Consortium conducted integrated neglected tropical disease surveys in three states, testing over 5,000 individuals for lymphatic filariasis and 20,000 for schistosomiasis and soil-transmitted helminths. The survey work created a baseline of endemic areas that can be targeted in future mass drug administration campaigns.

An outgrowth of the survey work was the establishment of the first sentinel site for lymphatic filariasis in Juba County, Central Equatoria. In December, 539 individuals were tested at night for the presence of microfilaremia, with 18.6 percent of individuals testing positive. This crucial activity – the first of its kind in South Sudan – will allow for the start of mass drug administration for the elimination of lymphatic filariasis. Lastly, in 2011, mass drug administration work continued targeting individuals in Juba County for treatment of schistosomiasis and soil-transmitted helminths.

## CASE STUDY PREVENTING TRACHOMA IN MAYOM COUNTY, SOUTH SUDAN



Photo: Jenn Warren

Prophet Muut Toro Gadeang emerged from his home to welcome the Malaria Consortium team who arrived to offer free trachoma treatment to his village in Mayom County, Unity State, and was immediately surrounded by excited children. He knows first-hand the damaging effect that trachoma can have on peoples' lives, with his wife, Mary Nyatuare Kerker, now nearly blind after years of repeated trachoma infection.

"It is very difficult to see," says Mary, pictured above. "Sometimes my eye still gets infected, becomes swollen and hurts as my lashes touch my eyeball. I put ash from cow dung onto my fingers, to catch the lashes and pull them from my eye. I have had this problem for 15 years, and for the last three years I have been unable to do household work."

To prevent cases like Mary's, Malaria Consortium conducted a round of mass drug administration against trachoma, treating the entire population of Mayom County with antibiotics.

Like many community members, Gadeang, the father of five children, was keen to protect his children from the damaging consequences of repeated trachoma infections that have affected his wife.

"Mary has lost sight completely in her right eye and the problems in her left eye are getting worse. I cannot leave my wife alone and I make food for her and the children. When we were young, there was no medicine for my wife to take; it is good that you can help our community and prevent the disease here among the young children."

## SUPPORTING DEVELOPMENT OF POLICY, STRATEGY AND PRACTICE

**As the pace of malaria control accelerates, and environmental change is also more rapid than before, the global patterns of malaria burden are changing. Greater investments in research in recent years also present new options for control. Each country's government has responsibility to decide on its malaria control policies, guided by the norms and standards set out by the World Health Organization (WHO). Adoption of a new policy is, however, only the start of a process which should lead to better access to proven interventions and greater protection from malaria.**

A central aim of Malaria Consortium is to support policy development and promote policy development that encompasses optimal efficiency, effectiveness and equity. In order to achieve this, we engage in international and regional networks as well as making sure our work at country level provides helpful evidence and tools to national policy makers. Below is a selection of the year's highlights.

### PREVENTION

Through participation in the Roll Back Malaria (RBM) Monitoring and Evaluation Reference Group (MERG) and the RBM Vector Control Working Group we have proposed and had globally accepted new clearer indicators for monitoring



Local health facility staff in Western Uganda receive training in the use of Rapid Diagnostic Tests for malaria under the Comic Relief Pioneer programme. Once trained, these health workers will then become trainers of the Village Health Teams

progress towards universal coverage and use of long lasting insecticidal nets (LLINs). We have also provided and disseminated important evidence to test strategies to promote the use of LLINs and contributed to WHO guidelines for monitoring their durability.

### DIAGNOSIS, TREATMENT AND STRATEGIES TO CONTAIN DRUG RESISTANCE

Our participation in the RBM Case Management Working Group, where Malaria Consortium serves as Secretariat has included contributions to a series of materials to scale up high quality diagnosis following the WHO recommendation that all malaria should be parasitologically diagnosed before treatment.

We also act as co-focal point on the drug resistance workstream, and continue to contribute to and document strategies to minimise the risks of artemisinin resistance leading to reversal of trends in better treatment.

Our work on Integrated Community Case Management supports Ministries of Health to develop and update their own policies, providing information on best practices and gathering local evidence. In Mozambique, this work has helped the Ministry of Health to move forward on finalising and implementing its community health strategies.

We participated in the global consultation for the Global Plan for Artemisinin Resistance Containment using our practical experience from Cambodia and Thailand. Our collaboration in the FEAST trial in Uganda described earlier may also lead to changes in global and national policy recommendations.

### HEALTH SYSTEMS

After more than seven years of supporting health systems improvement in four countries using malaria as an entry point with support from IrishAid,

we learnt many lessons on better coordination, rethinking training approaches, improving but not displacing local systems and inter-country learning. This year we held events to share these lessons not only locally but in international fora in Dublin and London. We are looking now for ways to support scaling up of what we have learned.

As part of a partnership supported by USAID and the Centers for Disease Control and Prevention for six countries in Southeast Asia, we have continued to work with the Asian Collaborative Training Network for Malaria (ACTMalaria) on a very effective model of multicountry capacity building for national and subnational programme managers.

### REACHING MORE PEOPLE

We work regularly with the Roll Back Malaria subregional networks and sit on the RBM Board and its working groups to assist in developing and promoting strategies to make sure countries benefit from new learning and new resources.

Our communications work continues to support the RBM movement. We also advise funders on technical approaches. This year in particular we took part in the UK's Department for International Development (DFID) consultation on malaria, and advised on the technical details and country-specific needs for its own investment planning.



## MEASURING PROGRESS

The more surveys we do the more we learn about what works and what is essential. In Cambodia we now have a series of three large scale surveys going back over seven years, which are being used to inform our approach to malaria control. We are also breaking new ground in developing surveillance systems that can be used both in resistance management programmes and in countries moving towards elimination. We sponsor countries newly embarking on elimination to engage with other countries through partnerships such as Asia Pacific Malaria Elimination Network (APMEN).

Much of what we contribute to global policy development is backed up by our work in partnerships at country level. For instance, our approach in Nigeria, where we support the National Malaria Control Programme, is to seek ways to encourage harmonisation of national and international partner support and resources. The tools and systems we developed for the mass LLIN distributions in the first two states were then shared and used by multiple partners, as the campaigns rolled out to the rest of the country. Data from the monitoring are used to assess the strength of models we have developed for future planning to maintain universal coverage.



LLINs awaiting distribution in a Nigerian warehouse. Malaria Consortium has contributed to WHO guidelines for monitoring the durability of LLINs. Photo: Adam Nadel



## OUR ACTIVITIES

### STRATEGIC PARTNERSHIPS

Our country offices are key partners of national malaria and other disease control programmes, and more broadly the Ministries of Health, providing consistent and reliable support to government and, in some instances, to the Global Fund mechanisms and other civil society partners. We remain a principal actor in the review of malaria policies and strategies as well as developing implementation methodologies and tools in all countries where we work.

### MALARIA PREVENTION

Malaria Consortium continues to play an important role in the distribution and promotion of the use of long lasting insecticidal nets (LLIN), one of the most effective interventions to prevent malaria. While being still prominently active in universal LLIN distribution campaigns in several countries, this year Malaria Consortium has led some of the global and national work around the planning and design of systems for continuous LLIN distribution, which are essential in maintaining coverage and forging a path toward malaria elimination. Our focus on the mixed model approach to achieving global and national malaria targets is maintained through our support for the long-term engagement of the public sector, the non-profit sector and the commercial sector in malaria prevention.

## DIAGNOSIS AND TREATMENT

We are committed to supporting confirmatory diagnosis of malaria often through the use of rapid diagnostic tests, providing training for community health workers and at lower level health facilities. Our innovative work in South Sudan and in Asia is supporting detection and management of malaria in the community through specially developed tools and health worker 'job aids'. In many of our projects, we have moved from treating only malaria at community level to Integrated Community Case Management (ICCM) approach. We are active in training health workers in prevention and case management, helping to position Malaria Consortium as a lead agency in ICCM implementation and knowledge generation both regionally and globally.

## MALARIA CONTROL AND ELIMINATION

Malaria Consortium's work in malaria control combined with operational research is crucial to understanding the role we can play in working towards elimination in particular areas and eventually entire countries. We are currently carrying out comprehensive malaria control measures at scale in some countries to achieve both high and sustained impact. We are also supporting Thailand and Cambodia in developing strategies for elimination as well as

partnering with the Asia Pacific Malaria Elimination Network. Our documenting of lessons learned from our drug resistance containment activities in Southeast Asia will inform global policy and best practice not only for containment but also for malaria elimination.

## SYSTEMS AND CAPACITY STRENGTHENING

In many of our activities, we use communicable disease as an entry point for health systems strengthening, supporting the development of strengthened and responsive health systems to increase access and quality of communicable disease interventions to vulnerable populations. In all our projects, we have insisted in embedding our efforts into existing health systems and put great emphasis on community referrals, reporting and supervisory systems linked to health facilities and services.

## NEGLECTED TROPICAL DISEASES

Malaria Consortium is one of a few non-governmental organisations (NGOs) that is recognised for its work on neglected tropical diseases. This is largely due to our focus on high quality implementation, including operational research, and on publishing and sharing all relevant results. Malaria Consortium is also part of a network of NGOs that aims to influence donor policy and supports evidence-based control of neglected tropical diseases.

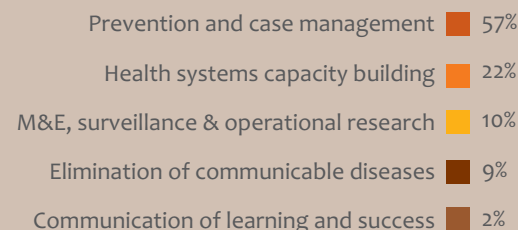
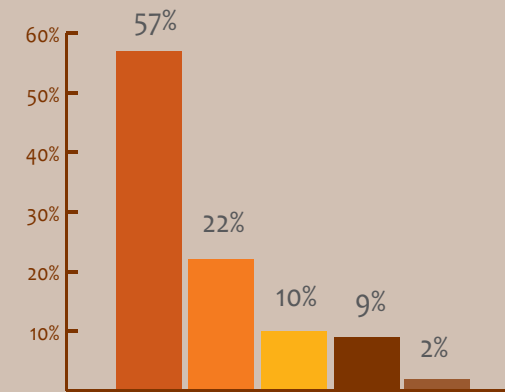
## MONITORING AND EVALUATION/ OPERATIONAL RESEARCH

Malaria Consortium is a leader in the area of Monitoring and Evaluation (M&E) and Operational Research; two fields where our collaborative efforts with other partners are particularly recognised. The growing database of results of such surveys across several countries is influencing global strategies and approaches around LLIN interventions and our ICCM M&E framework and ongoing research will contribute to strategic global knowledge on the effectiveness and impact of the ICCM approach.

## COMMUNICATIONS AND ADVOCACY

Malaria Consortium's external communications work continues to highlight our innovative approach to tackling malaria and other communicable diseases and the positive outcomes we achieve across our geographic reach. We are committed to raising awareness of the global burden of malaria and other diseases and the vital role of international donors and we work with stakeholders and networks, such as the Roll Back Malaria partnership, to maintain political engagement for malaria and communicable diseases. We work in partnership with advocates in sub-Saharan Africa and Southeast Asia to support continued policy change towards meaningful progress.

## HOW RESOURCES ARE ALLOCATED



# OUR STRUCTURE

## TRUSTEES & ORGANISATIONAL STRUCTURE

Malaria Consortium was established under a Memorandum of Association which established the objects and powers of the charitable organisation, and is governed under its Articles of Association. The charity is governed by a Board of Trustees (voluntary Directors), of whom there shall never be less than three, 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 Governance sub-committee to give assurance of good process and a Strategy and Performance Committee to monitor the achievement of the strategy and the performance of the organisation. The Governance Committee meets half-yearly and the Strategy and Performance Committee meets at least quarterly. Both committees report and make recommendations to the Board of Trustees.

New Trustees should be 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, who should be appointed in consultation with all existing trustees on the Board and preferably with unanimous support for the appointment. 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 Malaria Consortium, or from existing Trustees. Potential Trustees are scrutinised by the Officers of the Board of Trustees and by the Board as a whole. All new Trustees should receive an induction to the organisation by the Chief Executive and are invited to attend a Board Meeting prior to election. All potential Trustees are given an information pack on Trustee Responsibilities issued by the Charity Commission.

The Board of Trustees makes the major strategic decisions for the organisation. Every year Trustees are invited to make field visits to be fully informed about Malaria Consortium's activities thus enabling them to make effective strategic decisions. The Board of Trustees delegates day-to-day operational decision-making to the Chief Executive, who with the Executive Team runs the organisation. The Executive Team is supported by a Senior Management Team responsible for technical, management and finance functions, as well as programmes at regional and county 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. The regional office for Asia is located in Bangkok, Thailand. 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; Juba, South Sudan; Addis Ababa, Ethiopia; Maputo, Mozambique; Lusaka, Zambia; Abuja, Nigeria. Additional provincial or sub-national offices were operational in Kotido, Arua, Hoima and Soroti in Uganda, Malakal, Bentiu and Aweil in Southern Sudan, Inhambane, Nampula and Cabo Delgado provinces in Mozambique, Mansa in Zambia, Awassa in Ethiopia and in Kano, Lagos, Anambra, Katsina, Niger and Ogun states in Nigeria. The Uganda Malaria Research Centre continues its activities in Kampala. In Asia offices were operational in Bangkok, Thailand and Phnom Penh and Pailin in Cambodia.

## STRUCTURE

During this year Malaria Consortium's partners at the global and regional level include: Department for International Development/UKAid, United States Agency for International Development and US President's Malaria Initiative, Irish Aid, Canadian International Development Agency, Bill & Melinda Gates Foundation, Roll Back Malaria, Global Malaria Programme of the World Health Organisation, Comic Relief, the Global Fund to Fight AIDS, Tuberculosis and Malaria, World Bank's Booster Programme, Centers of Disease Control and Prevention, Basic Services Fund South Sudan; WHO's Tropical Diseases Research, UNICEF, United Nations Development Program and Jersey Overseas Aid Commission.

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; 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; Johns Hopkins University in the USA; Makerere University, Uganda; Kwame Nkrumah University of Science and Technology, Ghana; the University of Nigeria; Eduardo Mondlane University, Mozambique; Mahidol University, Thailand; Shandong University, China; BRAC University; Bangladesh and Pasteur Institut de Cambodge.

Malaria Consortium is involved with the Roll Back Malaria Partnership globally and at country level. In the UK, we work with the All Party Parliamentary Group for Malaria and Neglected Tropical Diseases, Malaria No More UK and others. As well as our work with the Cameroon Coalition against Malaria, we have a considerable amount of local advocacy partners in endemic areas, working to advocate for change and an end to malaria. In Nigeria we work with Action Family Foundation, Christian Health Association of Nigeria and the Federation of Muslim Women's Association of Nigeria. In Ethiopia, our partners include Coalition against Malaria in Ethiopia and the Carter Centre. In Mozambique, we work in conjunction with Medicos del Mundo España and NAIMA +. We work in Ghana with African Media and Malaria Research Network, in Burkina Faso with SOS Jeunes and in Uganda with MACIS among many other advocacy organisations on the ground.

Malaria Consortium works with the commercial sector internationally especially in assessing public health products (predominately insecticide-treated mosquito nets) for Syngenta, BASF, Tana among others and to improve access to and delivery of these products. Our commercial sector partners including Vestergaard Frandsen, Sumitomo Chemical, Syngenta and GSK support in part Malaria Consortium's advocacy efforts and activities. We also receive support in kind from the Financial Times.

Malaria Consortium raises its income, which is predominantly restricted, through successful project applications. The organisation currently receives a very small amount of unrestricted funding through fundraising efforts of public and private supporters to whom we are very grateful. Current private supporters include Ellie Hosking, who is running an art competition in her local pub, Bronwen Hedley who completed the BUPA great Manchester run and Jonathan Wortelboer, who ran the Paris marathon in aid of Malaria Consortium.

## RISK MANAGEMENT

The responsibility for overseeing the management of risk has been delegated by the Trustees to the Governance Committee that reports regularly to the Board. 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, are reviewed and processes have been established to manage those risks. The Governance Committee has prepared a Risk Assessment Register (RAR) that shows the impact and probability of the major risks; this is updated and reviewed regularly by the Committee and senior management.

## OUR BOARD OF TRUSTEES ARE:

<i>Chair</i>	Stephen Rothwell O'Brien MP, FCIS ( <i>resigned May 2010</i> )
<i>Chair</i>	Julian Lob-Levyt ( <i>appointed December 2010</i> )
<i>Treasurer</i>	Richard Page
<i>Members</i>	Professor Whitney Addington Dr Geoffrey A Butcher Dr Edward Brian Doberstyn Dr Garth Glentworth Dr Penelope Key, OBE ( <i>interim chair May-December 2010</i> ) William Chalmers Roger Wilson Tim Armstrong, FCA Ian Boulton Roger Cousins, OBE, FCMI Professor Melissa Leach ( <i>appointed June 2010</i> ) Robert Seabrook ( <i>appointed June 2010</i> )

## TREASURERS STATEMENT

The figures on these pages are extracted from the full trustees' report and financial statements that have been audited by Kingston Smith LLP, who gave an unqualified opinion. The full accounts were approved on 12 September 2011. Copies of the full accounts have been submitted to the Charity Commission and Register of Companies. This summarised financial information may not contain sufficient information to gain complete understanding of the financial affairs of the charity. The full trustees' report, audit and financial statements may be obtained from the company's offices.

The auditor has issued unqualified reports on the full financial statements and on the consistency of the Trustees' report with those financial statements. Their report on the full annual financial statements contained no statement under sections 498(2), 498(2)(b) or 498(3) of the Companies Act 2006.

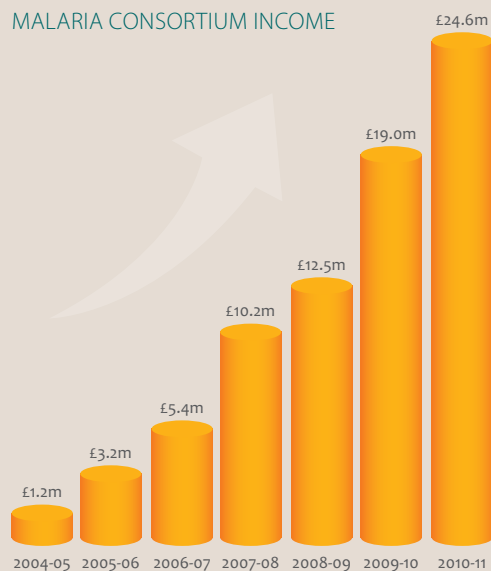
**Richard Page**  
*Treasurer*

STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 MARCH 2011

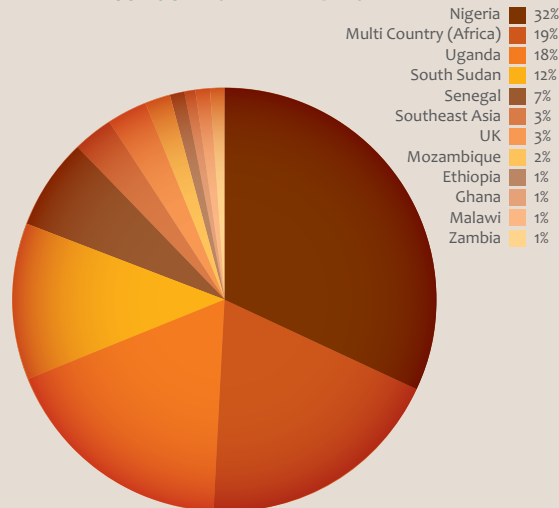
	2011 £	2010 £
<b>Incoming resources</b>		
Donations in cash	140,189	116,741
Gifts in Kind	272,527	143,839
Interest received	61,656	5,865
Office Rental Income	21,675	30,610
Foreign Exchange Gain	135,070	-
Grants, contracts & consultancy income	24,018,810	18,735,973
<b>Total Incoming Resources</b>	<b>24,649,927</b>	<b>19,033,028</b>
<b>Resources Expended</b>		
Cost of generating funds	321,676	192,039
Charitable activities	24,024,721	19,569,569
Governance costs	172,371	102,755
<b>Total Resources Expended</b>	<b>24,518,768</b>	<b>19,864,363</b>
<b>Net resources expended before transfers</b>	<b>131,159</b>	<b>(831,335)</b>
Fund balances at start of year	4,611,251	5,442,586
<b>Fund balances at end of year</b>	<b>£4,742,410</b>	<b>£4,611,251</b>

The Statement of Financial Activities includes all recognised gains and losses in the current and preceding year. All operations are continuing.

MALARIA CONSORTIUM INCOME



MALARIA CONSORTIUM EXPENDITURE



BALANCE SHEET AS AT 31 MARCH 2011

	2011 £	2010 £
<b>Fixed Assets</b>		
Tangible Assets	945,465	622,596
Investments	1	1
	<b>945,466</b>	<b>622,597</b>
<b>Current Assets</b>		
Debtors	4,935,512	4,527,181
Bank and cash balances	10,775,414	10,631,050
	<b>15,710,926</b>	<b>15,158,231</b>
<b>Creditors</b>		
Amounts falling due within one year	11,913,982	11,169,577
<b>Net Assets</b>	<b>£4,742,410</b>	<b>£4,611,251</b>
<b>Represented by:</b>		
Unrestricted funds	3,673,468	3,043,455
Restricted funds	1,068,942	1,567,796
	<b>£4,742,410</b>	<b>£4,611,251</b>

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF MALARIA CONSORTIUM

We have examined the summarised financial statements for the year ended 31 March 2011.

RESPECTIVE RESPONSIBILITIES OF TRUSTEES AND AUDITORS

The trustees are responsible for preparing the summarized financial statements in accordance with the with applicable United Kingdom law. Our responsibility is to report to you our opinion on the consistency of the summarised financial statements with the full financial statements and Trustees' Annual Report and its compliance with the relevant requirements of section 427 of the Companies Act 2006 and the regulations made thereafter.

BASIS OF OPINION

We conducted our work in accordance with Bulletin 2008/03 issued by the Auditing Practices Board. Our report on the company's full annual financial statements describes the basis of our opinion on those financial statements and the Trustees' Report.

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 2011 and complies with the requirements of section 427 of the Companies Act 2006, and the regulations made thereafter.

**Kingston Smith LLP** Chartered Accounts and Registered Auditors  
Devonshire House, 60 Goswell Road, London EC1M 7AD

## THE FIGHT GOES ON...



Renewal and birth are all part of the past year as we experienced, amidst our efforts, the birth of a new nation, South Sudan, and the promise it holds for all its people. Let's hope that the building blocks of tomorrow will be the ploughshares, mosquito nets, rapid diagnostic tests and effective anti-malarials. The young nation needs all support to realise its dreams.

We have travelled far in the fight against malaria as the Roll Back Malaria global review for the last 10 years has recently reported. The world community has come together for this common purpose and there have been tremendous achievements in the last decade. Along the way we encountered and will continue to face impediments, which halt or deflect our progress, but ambitions are difficult to put to rest. They charge our purpose and stoke our resolve to pursue our goal of a world free of malaria deaths and suffering.

Last year, a milestone year, is behind us and the world malaria community has

much to celebrate and much to think about. We still have many vulnerable communities and families to reach with a promise to provide continuous and consistent prevention and care. Last year we emphasised that this is not the time to slow down but to pick up the momentum to reach those we have not and save those we can.

We also stated that integration in delivery of services would be one of our important themes going forward for the longer term sustainability of malaria and disease control efforts. The important foundations laid by us have led to many donors supporting our work into the future leading to expansion both in scale and scope. We have also persisted with our work and call for integration of delivery platforms of public, private and civil society and we aim to extend the reach of our pragmatic approaches that build bridges between these as our work in mixed models of delivery is further mainstreamed into global, donor and national level policy and strategies.

Our commitment to deliver better value requires that we push boundaries and others in transparency and accountability, be they at international or national levels, for profit or not-for-profit development agencies, bilateral or multilateral, and internally at levels of governance and management, technical or operations. Without commitment to delivery of better value, we undermine the basic covenant to tax payers in economically difficult

times and to recipients who depend on us to deliver the best.

This annual review celebrates different partnerships: from government to communities, academic and research institutions to health facilities, from civil society partners to the private sector – all helping themselves, us and others and all planting important seeds for future development efforts.

I want to add to this a more fundamental partnership that has enabled us to do what we do today and become what we aspire to be tomorrow; that is the strong and resilient internal partnership that has delivered so much in such a short time. Today, looking ahead confidently requires that we look back and acknowledge the belief, vision and achievement of those who laid the foundation for our future. In the short history of Malaria Consortium we have come far and many people have dedicated their lives and abilities to get us to this launch pad for the next 10 years.

First and foremost, two other remarkable founders – Sylvia Meek and Graham Root, who, in their commitment to our shared vision, have given everything to build our successful, respected and viable organisation.

In this, we were supported by early pioneers who laid the groundwork and partnerships for our operations in countries where we have succeeded in delivering results: Andrew Collins, Ian Gavin and James Tibenderana in Uganda;

Agonafer Tekalegne in Ethiopia; Kate Brownlow in Mozambique; Adrienne Rashford in Sudan; Stephen Moore in South Sudan, Caroline Vanderick in Nigeria and David Sintasath in Thailand.

Our experiences and results would not have been as well documented and applied, or noticed in the world, if it was not for the work of Albert Kilian, who built our evidence gathering capability and reputation.

I would like to dedicate our future to these early and selfless builders and hope we can inspire the new generation with the same vision and commitment. Now, this new generation is helping in building our future.

Although I have focused my attention on our staff I would also like to specifically acknowledge Pene Key, our founding trustee, who provided both the early faith and impetus to get us started and going; and Stephen O'Brien who led us to approach the world pragmatically, with a focus on results.

Thank you for building effective partnerships both within and outside the organisation and, in the process, making us successful. With the strength of our partnerships the fight against malaria and other diseases goes on.

**Sunil Mehra**  
Executive Director, Malaria Consortium

## OUR FUNDING PARTNERS

We rely on donors and supporters to help us carry out our work across the world. Thanks to these partnerships, we are able to protect and save lives in the fight against malaria and other childhood illnesses, as well as tackle some of the most neglected tropical diseases. Together we are able to provide some of the world's most vulnerable people with better health care and look towards a future free from disease.

- Basic Services Fund / Medair
- Bill & Melinda Gates Foundation
- Canadian International Development Agency
- Center for Disease Control and Prevention
- Comic Relief
- Crown Agents
- Department for International Development, UK
- Federal Ministry of Health Ethiopia / Global Fund
- National Center for Parasitology, Entomology and Malaria Control Cambodia / Global Fund
- Global Fund / Population Services International, South Sudan
- Imperial College of Science
- Irish Aid
- Minnesota International Health Volunteers
- United Nations Children's Fund
- United Nations Office for the Coordination of Humanitarian Affairs
- USAID / Ethiopia
- USAID / Johns Hopkins University USAID / Academy for Educational Development
- USAID / Adventist Development and Relief Agency International
- USAID / Chemonics
- USAID / Research Triangle Institute
- USAID / University Research Co-operation
- World Health Organization

Back cover photo: community drug distributor with her job aid for diagnosis and treatment, South Sudan  
Photo: Jenn Warren



Agita Armando with baby Edson, who was treated by a Community Health Worker for a chest infection, Mozambique. Photo: Ruth Ayisi



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Bangkok 10400, Thailand

[www.malariaconsortium.org](http://www.malariaconsortium.org)

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**malaria  
consortium**

disease control, better health