Annual Review 2007-08

Malaria is preventable and curable

Controlling childhood illnesses dramatically reduces the number of children under the age of five that die each year

A new focus on treating and preventing neglected tropical diseases is providing hope for millions of affected people

malaria
consortium
disease control, better health

the challenge of malaria

In the two years since I have had the privilege of serving as Chairman of the Malaria Consortium, I have visited our operations in Mozambique, Uganda, Nigeria and Southern Sudan. These visits reinforce and sharpen the reality of the scourge that is malaria in the daily lives of people around most parts of the world outside Europe and North America, most often the poorest in the remotest, hard to reach regions of sub-Saharan Africa. The challenges in delivering effective interventions to people who need them, and the successes we have experienced, are a testament to the skill, experience and dedicated work brought by the Malaria Consortium. This last year has been one of real achievement and growth.

I have seen the Malaria Consortium grow year on year on the basis of its technical leadership and competence, its ability to improve access and delivery of interventions pragmatically to fit and adapt to the local contexts, and its skill and willingness to forge partnerships with donor agencies, recipient Ministries of Health, civil society and the private sector – every way which works!

Today we aspire to ensure that all those at risk from malaria can be protected and all those who suffer from malaria can be treated as part of our global goals on the pathway to eventual eradication of this terrible disease in the recently launched Global Malaria Action Plan. Defeating malaria today is not only humane, it provides one of the best returns on investment in social and economic terms; it can be the 'democratic dividend' for politicians at all levels. Today, with the effective tools we have available, the international will and local support, and the level of funding being mobilised – we can all believe that it is do-able and will be done. Malaria Consortium is a part of the global partnership to help achieve this.

I thank all those who have supported the Malaria Consortium at local level, national malaria programmes and Ministries of Health, regional and global partners, our donors, trustees on the Board and most importantly hundreds of staff who have dedicated their lives to disease control, not least the leaders of our charitable organisation Sunil Mehra, Executive Director, Dr Graham Root, Africa Director, and Dr Sylvia Meek, Technical Director. Everyone in the Malaria Consortium has a strong story to tell and we are all dedicated to enhancing our reach to those in need even further in the next five years.

I pay particular tribute to HE Gilbert Bukenya, the Vice-President of Uganda for his expertise and dedication as a Trustee for the full first five years and I am delighted he has agreed to maintain his support by being a Patron.

I am very pleased to report the Board is focused on ensuring the good governance commensurate with our phenomenal growth. I am confident that behind the growth of our organisation we maintain our spirit of dedication to fighting malaria and neglected tropical diseases on the ground, in every household and in each family by practical, sustainable effective measures in saving lives and relieving suffering.

Stephen O'Brien MP

Chairman, Malaria Consortium

photo: William Daniels

leading the response

Malaria Consortium is a unique global technical resource for the control of malaria and other communicable diseases

We can improve and save the lives of millions of people. Our commitment is to deliver interventions, build capacity, research and develop solutions and use our voice to advocate a better future

Programmes and systems strengthening

Led national programme assessments in Africa and Asia, baseline and indicator surveys in Cambodia and Mozambique. First national needs assessment tested in Ethiopia

Strengthened health systems for communicable disease control in Zambia, Mozambique, Uganda and Ethiopia

Ensured new treatment policies and better access to treatment by strengthening supply systems

Developed innovative training for health workers for disease control in Southeast Asia, Southern Sudan, Uganda, Ethiopia and Mozambique

Supported development of national strategic plans and Global Fund proposals in several countries

Prevention

Implemented mixed models to maximise and sustain coverage and use of Long Lasting Insecticidal Nets (LLINs)

Tested residual life of insecticide on LLINs and long-lasting treatments in normal home use

Diagnosis and treatment

Assessed packages for training community health workers to use rapid diagnostic tests in Zambia

Trained private providers in Uganda in implementation of new drug policy

Supported drug efficacy monitoring in West Africa

Childhood illnesses

Designed models for treatment of common childhood illnesses at community level

Improved case detection and treatment of childhood tuberculosis in districts of Karamoja, Uganda

Committed to increase community-based management of childhood illnesses in Southern Sudan, Ethiopia and Mozambique

our highlights for the year

Emergencies and conflict situations

Implemented malaria prevention in Darfur, and after severe flooding in Sudan

Carried out tuberculosis control among internally displaced people in Northern Uganda

Neglected tropical diseases

Synthesised country information on neglected tropical diseases

Supported health authorities to design neglected tropical disease control in Southern Sudan

Collected evidence for prevention of lymphatic filariasis in Uganda

Research, monitoring and evaluation

Continued to develop our leadership role in monitoring and evaluation

Embedded research into operational programmes, and developed tools for monitoring prevention programmes

Research contributed to the development of Uganda's national policy for Rapid Diagnostic Tests (RDTs)

Built monitoring and evaluation capacity in Southern Sudan and Mozambique

Advocacy and communications

Designed communications strategies to promote use of mosquito nets and access to effective treatment in Ethiopia, Uganda, Mozambique, Northern Sudan and Southern Sudan

Advocated for malaria, targeting parliamentarians, media and civil society in Europe and in Africa

Established and maintained Malaria and Communicable Diseases Resource Centres in Uganda, Mozambique and Ethiopia

Malaria Consortium works to improve and save the lives of the most vulnerable people

All our work is underpinned by monitoring and evaluation for continuous improvement of approaches

90% of Malaria Consortium income is spent on our programmes and activities in endemic countries

practical support...

Our priorities this year have been to contribute to global efforts to scale up malaria control, to expand our work on neglected tropical diseases.

Improved prevention

Malaria Consortium works to find sustainable methods of distributing LLINs to the people who need them, especially those most vulnerable to communicable diseases. We have also developed innovative strategies to reach poorer households and train people to use LLINs properly.

In Uganda around 130,000 LLINs were distributed to pregnant women through antenatal care. The incentive of a free net has also increased clinic attendance levels to an estimated 90%, impressively high for a developing country. This programme now operates across 23 districts in Uganda and has significantly raised the level of protection of this vulnerable group. A further 600,000 nets were distributed through campaigns at community level.

Other communicable disease prevention work in Uganda has included carrying out multiple surveys on lymphatic filariasis and follow-up vector control approaches, such as the use of LLINs in areas where malaria is also prevalent.

In Mozambique, Malaria Consortium is implementing an £8m project financed by DFID to develop sustainable national LLIN delivery systems. The project has two main components: supporting the distribution of nets through antenatal clinics to pregnant women, and supporting the development of commercial sector trade in LLINs. The project is underpinned by a strong communications component – providing information and educational tools for health workers and communities. Special educational materials have also been developed to involve school children in malaria prevention.

Better access to diagnosis and treatment

We helped Ministries of Health introduce drug policy change nationally, training health workers in the public and private sectors. We implemented innovative commercial strategies such as encouraging direct private sector distribution to increase access to artemisinin-based combination therapy (ACT) among rural populations. We also assessed the use of ACT in home-based management of fever (HBMF) and how to improve diagnosis at community level. We managed documentation and procurement whilst also developing guidelines and standards of care, providing training to healthcare providers in order to improve adherence and use of effective drugs.

In Uganda, Malaria Consortium has continued to provide key support to the Ministry of Health in the implementation of its national drug policy. The recommended ACT for uncomplicated malaria was reclassified as an over-the-counter medicine. Malaria Consortium has provided significant support in exploring the feasibility, acceptability and safety of deploying ACTs in this way, using our previous experience of introducing the HBMF strategy. Malaria Consortium has helped develop materials for the training of public and private health workers, and directly delivered training and support in the development of data collection, as well as guidelines and monitoring the results of these interventions.

We are supporting the maintenance of a sentinel surveillance system to monitor the efficacy of anti-malarial drugs and provide evidence to support policy change.

Photos from left: Insecticide treated plastic sheet over market stall in Jebel Aulia camp, Northern Sudan; children queue with samples for schistosomiasis mapping in Northern Sudan; a truck is loaded with LLINs for free distribution in Uganda – photo by William Daniels; a local health worker takes case notes in Uganda; microscopy training as part of health system strengthening in Uganda.

effective action

Hard-to-reach populations

Malaria Consortium works with countries affected by conflict and complex humanitarian emergencies. We develop and implement evidence-based policies and strategies for effective disease control in these challenging settings. We work in Internally Displaced Persons (IDP) camps to provide HBMF, deliver LLINs, and improve existing antenatal services and other health delivery systems.

In Sudan Malaria Consortium has been working to reach displaced populations in Darfur with LLINs and RDTs for malaria. We have also completed a net re-treatment programme in Nyala. In the Khartoum IDP camps we are conducting vector borne disease control activities. In total 1700 latrines have been covered with Insecticide Treated Plastic Sheeting (ITPS), and we have conducted pre and post installation monitoring of the fly population.

Research, monitoring and evaluation

Our research is vital to effective implementation, providing evidence to strengthen the quality of programme activities whilst contributing to wider international understanding.

In this area we test new technologies, particularly in the field of vector control.

We undertake a range of operational research studies with a number of partners. We also implement national baseline and malaria indicator surveys, and national external reviews of malaria control programmes and strategies.

We conduct knowledge, perceptions and behaviour surveys in relation to the use of malaria interventions in local communities.

We also engage in policy dialogue, analysis and development at global and regional level, based on evidence and experience gained from country programmes.

In Uganda, for instance, we have introduced a central database and net tracking system, provided training for health workers and developed a feedback mechanism that increased distribution efficiency.

We have conducted trials on treatment combinations for uncomplicated malaria among children; piloted approaches to severe malaria treatment; reviewed the effectiveness of the Village Health Team model and assessed the management of malaria in pregnancy.

We have also played a key role in evaluating the performance of RDTs for malaria in preparation for the nationwide scale up of their use, and we continue to monitor and explore LLIN retention and use.

In Mozambique, a joint exercise undertaken with the provincial health authority has assessed and measured the challenges and impact of malaria within the health system. Based on this knowledge, a practical guide has been developed for training a provincial supervision and in-service trainers' team who provide refresher courses and regular follow-up support and supervision. This process will also provide vital information for designing behaviour-based programming.

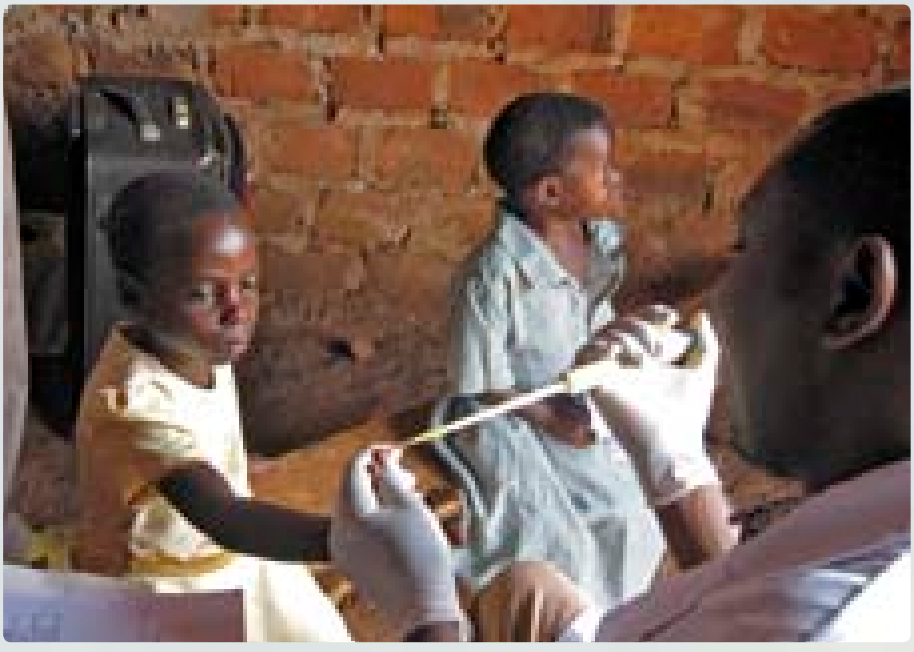
Through Malaria Consortium's work as a partner in the DFID-funded Communicable Disease Research Programme Consortium (COMDIS), operational research continues to improve access to effective malaria interventions in Africa. Knowledge is rapidly incorporated into policy and practice at scale in partner countries, reaching the most vulnerable people.

Strengthening local capacity

Malaria Consortium supports capacity development through health systems strengthening.

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

practical support, effective action



In Uganda this year, we oversaw the revision of training materials to increase quality control and build capacity of Community Medicine Distributors (CMDs) and Civil Society Organisations (CSOs). An important factor for success lies in health education and behaviour change activities that encourage effective maintenance and use of the LLIN at household level. We have recently started a project that will build the capacity of a network of CSOs in malaria control at local level.

In Mozambique the tools, monitoring techniques and logistics jointly developed with the Ministry of Health are being fully integrated into the health service at different delivery levels.

We have established and currently maintain resource centres for communicable diseases, and work closely with countries to assist in the development of national malaria control strategies.

Childhood illnesses

In 2007, 9.2 million children died before their fifth birthday. Nearly half of these deaths occurred in Sub-Saharan Africa. These deaths are mainly caused by four diseases, namely pneumonia, diarrhoeal diseases, malaria and measles – all of which are preventable and treatable. Malaria causes 881,000 deaths per year, 85% of which were children under 5[1].

Malaria Consortium works to secure access to prevention, care and treatment for children most at risk. Improvements in public health services and education at community level have been shown to increase child survival, therefore we strive to incorporate these activities into our regular programming.

Tuberculosis (TB) presents a particular challenge. In addition, childhood TB is a neglected component/factor of the TB response, largely because diagnosis in children is much more difficult to make; thus many cases go undetected and untreated.

1 World Malaria report 2008

Neglected Tropical Diseases

NTDs exclusively affect the most vulnerable and, until recently, received little attention or funding. They include three vector-borne protozoan infections – leishmaniasis, human African trypanosomiasis and Chagas disease; three bacterial infections – trachoma, leprosy and Buruli ulcer; and seven parasitic worm infections – hookworm, ascariasis, trichuriasis, lymphatic filariasis, onchocerciasis, guinea worm and schistosomiasis.

These diseases kill up to 500,000 people per year, although mortality figures alone fail to capture their huge impact on families and communities. Chronic disability, often coupled with stigma and trauma, can destroy individual lives and family support systems.

In an effort to control or eliminate NTDs, a number of global initiatives have been established. Since 2004, there has been increased understanding of the economic benefits of preventive treatment, and for the development of new control measures where needed. As a result of international advocacy there is a dramatic increase in interest and funding, although more resources are still required.

In recognition of our unique combination of high quality technical expertise and ability to implement large-scale programmes, the Ministries of Health in Uganda, Southern Sudan and Ethiopia invited Malaria Consortium to conduct national situation analyses of NTDs. All of these assessments have led to further programmes in each country.

A major expansion of Malaria Consortium's work on NTDs is foreseen for 2009.

Advocate and mobilise against malaria

Malaria Consortium's advocacy programmes aim to highlight the human and economic burden of malaria and other communicable diseases by influencing policy and action both in developed and developing countries.

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

An innovative programme called Mobilising4Malaria (M4M), funded by Glaxo Smith Kline (GSK), allows Malaria Consortium to engage non-governmental and community-based organisations to create a new generation of well-resourced malaria champions and activists.

In Mozambique, Malaria Consortium is currently chairing NAIMA+, the network of international NGOs working in health and HIV/AIDS, and in this capacity has worked with the Ministry of Health, NGOs and other partners to develop a joint Code of Conduct and the requisite tools to support its successful implementation and monitoring.

Also in Mozambique, involvement in malaria advocacy through partnership with Johns Hopkins University and the 'Voices for a malaria-free future' project has enabled us to play an important role in promoting and supporting a Mozambican Advocacy Group which now has 26 member organisations. Some members, most of whom work in HIV/AIDS, also represent national networks with provincial delegations; the focus is on including malaria messages into existing activities, and moving towards an integrated approach to both diseases.

At the same time Malaria Consortium works on UK advocacy issues, particularly through supporting the work of the All Party Parliamentary Group on Malaria and Neglected Tropical Diseases.

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

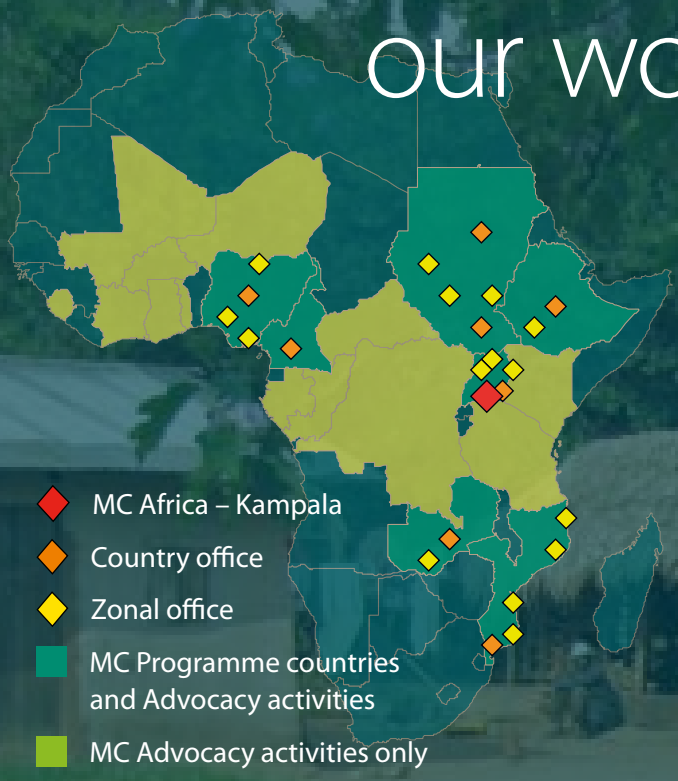
LLIN **Long Lasting Insecticidal Nets** effective for up to five years, these nets protect without requiring laborious retreatment needed by traditional nets.

ACT **Artemisinin-based Combination Therapy** malaria treatment using combination of artemisinin derivative with other drugs to provide an effective cure and delay resistance.

RDT **Rapid Diagnostic Tests** quickly detect presence or absence of malaria parasites from a drop of blood.

Photos from left: Community Medicine Distributor conducts diagnostic blood tests; Chairman Stephen O'Brien talks to mothers at an antenatal clinic in Kano, Nigeria; demonstrating a rapid diagnostic test in Mozambique; mothers are given free LLINs in Mozambique.

our work in the field



Malaria is a devastating disease, yet we have the tools to prevent and treat it. In the following pages we provide a snapshot of our work.

Malaria Consortium implements more than 30 projects across Africa ranging from those that address specific technical issues related to communicable disease control to those supporting countries to implement national scale interventions and programmes. In early 2008 we also opened our Asia-Pacific office.

We have a network of 20 offices in Africa that provide technical support and direct implementation of interventions. We work in a range of settings but our focus is very much on high burden countries irrespective of how challenging the implementation environment is.

The Community Medicine Distributor talks to villagers about health concerns.

The new breed of village 'doctor'

These days the roads no longer have pedestrians rushing sick children to the hospital 10km away. This can be credited to the recent arrival of free anti-malarial drugs in the neighbourhood through the Community Medicine Distributors (CMDs) and the free Long Lasting Insecticidal Nets (LLINs) that cover and protect the children as they sleep at night.

Rita Namugga in Wakiso district, Uganda, welcomes us to her house. She kneels respectfully to greet Alice, her CMD, thanking her for the LLIN and for treating her children. As a mother of six Rita has already lost one child to malaria and was previously in and out of hospital regularly. Now she can hardly recall when she last went to hospital because malaria in her household has reduced so dramatically. She attributes this to mosquito nets and the availability of anti-malarial drugs near her home.

Home treatment with shop-bought drugs, particularly in areas where health centres are some distance away, is now recognised as an important means of malaria control in Uganda. Communities and families are becoming knowledgeable in seeking and giving prompt and effective treatment, and many lives are being saved.

In addition to the distribution of drugs, a key part of Alice's role is the prevention of malaria through teaching people about the benefits of LLINs. She explains the importance of using them, how to look after them and dispels any myths around the nets.

Buwanuka sub-county in Wakiso district is one of the areas where Malaria Consortium recently distributed nets to every household. At the local health centre, the doctor in charge notes that while malaria is still the main cause of death at the centre, malaria cases from areas where free nets were distributed have reduced significantly.

There is no doubt that Alice and other CMDs like her are the new breed of 'village doctor', working for better health in their community. With good training and support they play a vital role at the front line in the fight against malaria.

By Brenda Ruharo

Agnes Suubi

Senior Operations Officer

Agnes has been working in malaria control and prevention since 2004. Her achievements include involvement in the mass campaigns to re-treat nets in Uganda, designing a mosquito net re-treatment campaign, coordinating the Malaria No More nets distribution campaign to pregnant women and children under five in Uganda as well as supporting Malaria Consortium to pilot the first mass free mosquito nets distribution in Aweil County, Southern Sudan as part of the Global Fund to Fight AIDS, TB and Malaria (GFATM) .

"Malaria Consortium always trusts me with important projects. This has built my confidence over the years and given me a chance to prove myself."

photo: William Daniels

our work in Africa

Uganda

We have continued to strengthen and broaden the scope of our operations in Uganda this year. Additional offices were established in West Nile and Karamoja; two of the most remote parts of Uganda and those scoring lowest in many key health and development indicators, with the aim of Malaria Consortium operating in almost every district in the country.

In addition to malaria treatment, Malaria Consortium has expanded its portfolio of TB control activities. Building on experience gained in Northern Uganda, we began a new TB control project in the relatively neglected Karamoja region. We are now planning to expand this programme to also address challenges relating to water, sanitation, hygiene and wider health system issues.

Malaria Consortium was also involved in emergency response work this year, through the distribution of non-food item kits to populations affected by natural disasters.

Sudan

Sudan is a vast country, and one of the largest in Africa. The challenges posed by international sanctions, internal conflicts and local bureaucracy are immense. Despite this, we have successfully implemented projects in a diverse range of settings, achieving real results in terms of lives improved and saved.

Northern Sudan

In Northern Sudan, Malaria Consortium works across five states ranging from Darfur in the West to Blue Nile, Gedaref and Kassala in the East. We are also running programmes in the Internally Displaced People (IDP) camps in Khartoum.

This year we assisted the State and Federal Leishmaniasis and Schistosomiasis Programmes, in addition to supporting the Malaria Programme. We implemented a programme of fever surveillance in the hospitals in five states, providing clinical mentoring on diagnosis. Mentoring and training is also provided to improve skills in the hospital laboratories.

In Darfur, Malaria Consortium has supported partners on the ground to reach IDPs and worked closely with the South Darfur Malaria Control programme.

Southern Sudan

Having emerged in 2005 from continuous civil war, the health infrastructure of Southern Sudan is very weak. Over the last three years the Ministry of Health has transformed from a skeletal staff working out of tents to a formal Ministry whose capacity is rapidly increasing. In light of this period of rapid growth non-governmental organisations (NGOs) have been asked to provide a range of health support.

Malaria Consortium has provided assistance through two broad foci – high level technical support for health systems strengthening, and implementation support for service delivery.

Malaria Consortium has also made contributions to systems strengthening at more practical levels, such as by mapping health facilities and their capacity, and developing storage facilities for medicines. With the rapid scale up of support to Southern Sudan following the signing of the Comprehensive Peace Agreement (CPA) Malaria Consortium has committed to filling the gaps in coordination at a variety of levels. We have also assisted the Ministry of Health in the implementation of its Basic Package of Health Services, offering extensive support which ranges from training health workers to risk mapping of Trachoma, to the distribution of LLINs and the support of treatment.

Ethiopia

In Ethiopia, Malaria Consortium is successfully working across national, regional and woreda (district) levels to strengthen and improve the delivery of health care in the prevention and control of malaria.

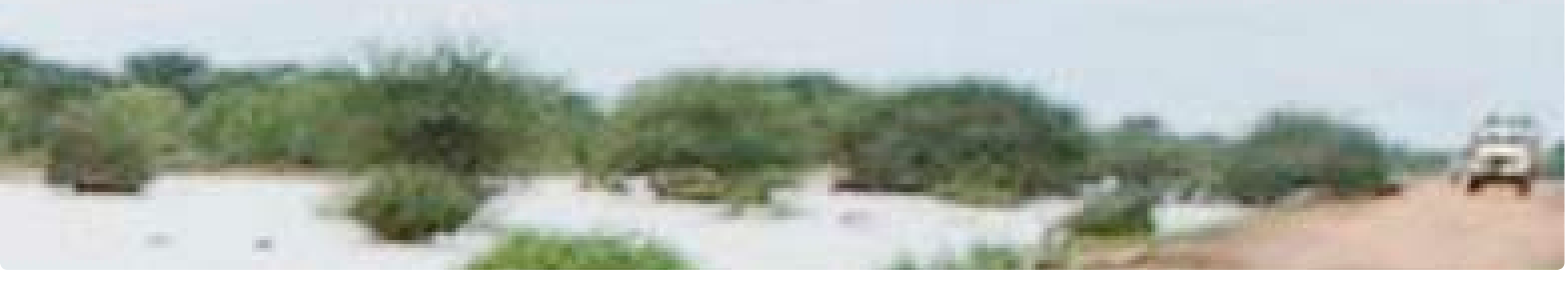
Working directly with the Federal Ministry of Health, our activities include the provision of support and technical expertise to the National Malaria Control Programme (NMCP), training of health workers, assistance in the establishment of regional support systems and participation in the 2007 Malaria Indicator Survey.

We have worked with partners to mobilise against malaria by creating a joint forum for media and regional health bureaux, building the capacity of partners, contributing to media coverage at national and regional levels and establishing and strengthening malaria resource facilities.

We have increased the number of people reached by extending access to malaria prevention and control programmes to four zones and 27 woredas. This has been facilitated by providing health workers with motorcycles and computers, developing specific teaching tools, providing malaria management training for health workers and developing drug supply systems.

Nigeria

Malaria Consortium has begun the implementation of our recently-awarded five-year £50 million DFID-funded project to support the National Malaria Programme in Nigeria (SuNMaP), launched in June 2008. The project will be implemented in eight states, including Kano, Lagos and Anambra. It is implemented by an international and national partnership.



our work in Africa

Afework Hailemariam Tekle MD, MPH
Health systems Coordinator, Malaria Consortium Ethiopia

Before joining Malaria Consortium in 2007, Afework worked for a decade for FMoH as epidemiology expert to the National Coordinator of Onchocerciasis before becoming acting Head of Malaria and other vector borne diseases. He is now primarily responsible for the coordination of the health system strengthening project Clover that is being implemented in Southern Region of the country.

"I am very happy to be involved in this project as it was my major concern while working for the Ministry – I believe these pilot health facilities will be model sites for effective malaria prevention and control efforts in the country."

SuNMaP will closely support key stakeholders such as the National Malaria Control Programme (NMCP), State and Local Government Malaria Programmes, commercial partners and others, in their efforts to control malaria in Nigeria.

Zambia

As an established member of the malaria community in Zambia, we have formed strong ties with key partners which allow us to work at provincial, district and health facility levels. We are currently operating in all 11 districts of Southern Province, with plans underway to expand our work into Eastern Province.

The formation of District Malaria Task Forces has helped to coordinate malaria control activities by bringing together different organisations to provide improved health care.

Key successes include our support to the Community Malaria Booster (COMBOR) programme and our support to the National Malaria Control Centre (NMCC) at various events to advocate for malaria. We have also been active in the roll out of HBMF which includes training of community health workers in the use of RDTs and ACTs.

Mozambique

Malaria Consortium began working in Maputo City and Inhambane province in late 2005, extended its reach to Nampula and Cabo Delgado provinces in the north, and in 2006 to Sofala and Manica provinces in central Mozambique.

Working in collaboration with the Ministry of Health, Malaria Consortium, together with other partners, supports the National Malaria Control Programme and Provincial Health Authorities to roll out national policies and strategies in pursuit of the Millennium Development Goals. We are currently supporting the development of key strategies including an LLIN policy, costed five-year strategic plan, monitoring and evaluation framework and a programme review. Malaria Consortium has also assisted in preparing submissions for the Global Fund.

The Irish-funded Clover project focuses on Inhambane province in support of strengthening provincial level expertise in malaria control through training and implementation support, with an emphasis on case management and communications.

In 2007 Mozambique implemented its first national Malaria Indicator Survey, with technical management support from Malaria Consortium. This survey, which was funded by the United States President's Malaria Initiative (PMI) and DFID, will measure progress towards achievement of Abuja and Millennium Development Goal targets.

In 2008 Malaria Consortium succeeded in its bid for a partnership role in the PMI-funded Bassopa Malaria project, with responsibility for ensuring its technical quality. Drawing on our experience we will work closely with the Ministry of Health to increase national capacity in case management and diagnosis; malaria prevention in pregnant women; and strengthen the National Malaria Control Programme.

Fatima's fight for survival

Over 16.6% of Mozambique's adult population is living with HIV/AIDS. Young women are three times more likely to be HIV positive than young men. They have a 30% chance of passing on the HIV virus to their unborn or newborn baby. More than half of the HIV positive babies will die before they celebrate their first birthday.

Sitting on her hospital bed, a young mother expresses her breast milk into a teaspoon, desperately trying to feed her emaciated baby. By her side is the grandmother, offering help and comfort. They listen attentively to Tomé João, the medical technician who has just examined Fatima, but they are unable to hide the fear in their eyes.

Twenty-day old Fatima arrived at the hospital two days ago with chronic diarrhoea and fever. She has been diagnosed with malaria and is HIV positive.

Both malaria and HIV are preventable, but fighting these diseases is particularly difficult in a country where quality health care is only available to 50 per cent of the population. The rural hospital in Mocimboa de Praia, where Fatima is sick, shows the challenges health care workers face in the remote areas where the majority of the country's 19 million people live.

The hospital, which serves a district of over 94,000 people, has one doctor and three medical technicians, and only four hours of electricity a day. Its 60 beds are full during the rainy season when malaria is at its peak, from November until March.

Most of the young children are extremely sick. With no public transport, no telephones and most areas outside the cell phone network, they often arrive at the hospital late when the malaria infection has progressed. If left untreated, a young child can die within 24 hours of showing the first symptoms.

Despite these challenges, combating malaria and HIV is a priority for the Government. As Fatima fights for her life, pregnant women are being given a chance in the antenatal consultations in a nearby clinic to protect their unborn babies against HIV and malaria.

Sadly it is too late for some. That day two babies, one five days old and the other eight months old, died of malaria complicated with HIV. And Fatima´s battle for life did not look promising.

By Ruth Ansah Ayisi

Cláudia Tinela João Manjate

Advocacy Officer, Mozambique Country Office

Cláudia's key achievement has been to increase the visibility of Malaria Consortium's activities, including encouraging more malaria-related articles to be covered by radio and television programmes – which has led to a group of journalists setting up a Malaria Media Network. Malaria Consortium has achieved high-level recognition for its expertise, while the project works as an umbrella for dissemination of good practice.

*"**I have great job satisfaction! The biggest reward of my work is to know I am contributing to the creation of the shoulders for others to stand on.**"*

photo: William Daniels

our work in Asia

Since its inception Malaria Consortium has always maintained engagement with malaria control in Asia. This engagement grew out of long-term collaborations with the region, together with a commitment to working on the particular challenges faced in Asia. One such challenge lies in organising malaria control programmes in contexts where malaria is declining from its earlier position of major health burden, with the consequent need to decentralise and integrate malaria activities with other health programme priorities. Strong information and monitoring are needed to deal with a disease that is in decline but could re-emerge at any time.

In addition, re-stratification of risk is important. Lessons learned in this region will be particularly valuable, as malaria declines in parts of Africa. Other key features include the inaccessibility of the most at-risk mobile and migrant populations or marginalised ethnic minorities, for whom innovative ways of providing services are needed. In some parts of the region there is a largely unregulated private sector, a major problem with fake and substandard antimalarial treatments and rapid development of resistance to most new antimalarials. There is now real concern regarding the presence of artemisinin tolerant *Plasmodium falciparum*, whose spread could undermine progress achieved so far in Asia and beyond.

The main focus of our activities is in the Greater Mekong subregion including Cambodia, China – Yunnan Province, Lao PDR, Myanmar, Thailand and Vietnam. This year we established a new regional office in Thailand to assist this subregion.

We assisted WHO's South East Asia Regional Office and partners in the development, publication and dissemination of the regional strategy which was endorsed by Ministers of Health from all 14 member countries.

We also supported a second national level malariometric (parasite prevalence by microscopy and PCR, seroprevalence) and intervention coverage survey in Cambodia. We continued support to curriculum development and planning for the Asian Collaborative Training Network for Malaria (ACTMalaria), and joined the USAID-funded, WHO-led Mekong Malaria Partnership as the monitoring and evaluation partner.

We worked with the Cambodian and Thai malaria programmes and partners to develop a strategy and mobilise resources for artemisinin tolerance containment.

Photos from left: Early diagnosis and treatment is offered through malaria clinics;
A patient is interviewed with the help of a translator.

monitoring and evaluation

Monitoring and evaluation are given high priority in the Malaria Consortium, not only to improve our own programmes but also to promote evidence based implementation and policy/strategy development, improve systems, tools and indicators that are used by ourselves and other partners and building capacity in their use.

As active participants in the Roll Back Malaria (RBM) Monitoring and Evaluation Reference Group (MERG) Malaria Consortium has contributed to revising core RBM indicators in the light of changing interventions and epidemiology; supporting development of monitoring and evaluation plans for the Affordable Medicines Facility for malaria (AMFm) and making recommendations on potential alternative methods to assess outcomes of control efforts using Lot Quality Assurance Sampling (LQAS) or the Expanded Programme in Immunization (EPI) contact method.

Partnerships

As part of a partnership in the Greater Mekong subregion in Southeast Asia, Malaria Consortium is reviewing indicators and supporting countries to develop monitoring and evaluation systems that will specifically help in their GFATM grant management as well as their overall programmes. In close collaboration with National Programmes, Central Statistics Offices and other RBM partners, Malaria Consortium has successfully undertaken or supported nationally representative Malaria Indicator Surveys in Cambodia and Mozambique.

Since large surveys such as Malaria Indicator Surveys can only be carried out every few years, many programmes struggle to obtain short term progress data. Building on its long-term experience of following ITN distributions in Uganda and operational research on mosquito net longevity, Malaria Consortium has developed an ITN Projection Model that translates the number of nets distributed in a specific country or region into an estimated household coverage rate accounting for population growth, intra-household net accumulation and wear and tear. The model can estimate the number of nets needed to achieve a specific target, and has been used for such strategic planning purposes in Mozambique, Uganda and Southern Sudan.

Rapid scale-up

With rapid scale-up of LLIN distributions in most of Sub-Saharan Africa it has become increasingly important to know whether the LLINs have actually reached the targeted populations and been retained and used by recipients. Malaria Consortium has developed a methodology called net tracking that allows us to capture this information in a standardised way across districts or countries. The approach varies for campaign and routine health facility based distributions, and can be applied as a one-time larger survey or as a more continuous quarterly monitoring activity. After first field experiences in Uganda and Mozambique all necessary tools for planning, implementation, data management and analysis are being compiled as a package that will be ready for public distribution by the end of 2008.

For case management Malaria Consortium has assisted the National Malaria Programme in Uganda to monitor drug availability through the introduction of new registers and to use these data to start changing from a morbidity-based to consumption-based system to estimate drug needs.

Building capacity

To build capacity for monitoring and evaluation among national, provincial and district programme staff, Malaria Consortium has focused on quality of data collection, and interpretation and use of data for decision-making, by designing effective tools that can automate data processing as much as is feasible in the differing circumstances. Such tools have been successfully applied for monitoring LLIN output in the public and commercial sectors.

advocacy work

Malaria Consortium is at the forefront and leads a series of malaria advocacy initiatives that are transforming the landscape in the UK, Europe and many African countries. Initiatives focus on mobilising parliamentarians, media and civil society in the fight against malaria. Malaria Consortium does this through two advocacy programmes, both of which started in 2006 and will run for three years. They are M4M, funded by GSK, and the European Alliance Against Malaria (EAAM), funded by the Bill and Melinda Gates Foundation. Malaria Consortium works closely with the UK's All Party Parliamentary Group for Malaria (APPMG) regarding these initiatives.

Mobilising4Malaria

Our M4M programme supports African and European Coalitions Against Malaria, in the UK, France, Cameroon, Ethiopia and Mozambique. Many of the coalitions include alliances of parliamentarians and media coalitions (UK, Ethiopia, Cameroon and Mozambique); and Malaria Consortium provides tools, information and training, in addition to setting up resource centres to aid member capacity.

The programme also encourages collaboration between North-South/South-South partners. For example both the Cameroon and Ethiopian coalitions hosted parliamentary and media tours from the north in 2007 and 2008, with Cameroon subsequently establishing its parliamentary working group as a result. The programme has also broadened partnerships by including, within the coalitions, a range of members: HIV organisations, faith based organisations, UN, African Union, research institutes, multilateral and bilateral organisations and the private sector.

The second facet of M4M is the Malaria Advocacy Innovation Grants, launched May 2007. The Grants aim to boost advocacy efforts to improve Africa-to-Africa accountability for response to malaria suffering. Seven projects are currently supported by the Grants, ranging in scope from engaging parliamentarians in Tanzania, to a media campaign and system of alert on malaria in 10 countries by HIV advocates who wish to strengthen their capacity, to the creation of a magazine on malaria by a nine country project based out of Ghana. The grants have focused on encouraging malaria advocacy in francophone Africa, which until now was significantly under resourced, and M4M is now the lead programme in this area. Overall M4M now covers projects in over 20 countries.

European Alliance Against Malaria

Our second advocacy programme is the EAAM. The programme is based in five European countries and Malaria Consortium is the lead UK partner. Within the UK we undertake a variety of awareness raising activities related to our key target groups, which include for example working with the All Party Parliamentary Group on Malaria. We also work with partners such as businesses, trade unions and other NGOs. In addition, the programme also works with partners in the south such as the African coalitions, and links up with other malaria initiatives worldwide such as Action for Global Health, Roll Back Malaria Partnership, and VOICES.

The Guardian

Malaria Consortium (along with several other NGOs) participated in GSK's and the Guardian's International Development Journalism Competition. The resulting articles were published in two supplements in the Guardian.

Malaria Consortium advocates to raise the the profile of malaria and other diseases so that they receive the attention and the resources they deserve

global policy and strategy

Malaria Consortium continues its active engagement in global policy and strategy networks. Our approach combines:

advocating for sustainable and adequate financing;

contributing to technically sound approaches, so funds are well spent; and

ensuring countries benefit from current opportunities to finance their malaria control efforts realistically.

As one of the longest serving contributors to the RBM partnership, Malaria Consortium has taken up the role of Northern NGO representative on the RBM Board. We have also participated actively in several of the RBM partnership working groups including the Monitoring and Evaluation Reference Group (MERG), Scalable Vector Control (WIN), Malaria Advocacy Working Group (MAWG) and Harmonisation Working Group (HWG). In addition we are in the core teams of the West and East Africa subregional RBM networks. We contributed to the development and drafting of the Global Malaria Action Plan which is derived from and updates the Global Malaria Strategic Plan.

Improving health systems

In order to develop strategies for better delivery of disease control programmes, we engage in health systems strengthening fora, including discussions on the International Health Partnership and models for scaling-up case management beyond the formal sector. We have also worked with WHO on the global strategy for Integrated Vector Management. Our expanding portfolio of work on neglected tropical diseases draws on the experience we have had with malaria control.

Addressing the long term

Our long term data collection on tracking use and longevity of LLINs and testing strategies to reach and maintain high coverage is feeding into global thinking on net deployment.

The risk of development of resistance to ACT remains a major threat to the effectiveness of malaria control programmes. During this last year we have contributed to the development of the World Antimalarial Resistance Network, emphasising the importance of developing subregional and country capacity to monitor drug efficacy; we have also worked with the national malaria control programmes and WHO in Southeast Asia to develop strategies and mobilise resources to contain identified artemisinin tolerance before it can spread further.

Sustained funding support

We have supported the UK All Party Parliamentary Malaria Group by synthesising its consultations on Financing Mechanisms for Malaria and on the Affordable Medicines Facility for malaria (AMFm), and have participated in the AMFm Task Force, particularly contributing to the development of the country implementation and monitoring and evaluation components of its design.

In order to ensure access to resources, we have regularly supported GFATM proposal development, monitoring and implementation in a number of countries. We have also assisted the World Bank to develop its strategy for Phase II of the Booster Programme.

Malaria Consortium has been a Roll Back Malaria project partner from day one

We engage in those areas where our experience can contribute significantly to better health, thus improving and saving lives

our structure

Trustees and organisational structure

The Malaria Consortium was established under a Memorandum of Association which set out the objects and powers of the charitable company, and is governed under its Articles of Association. The charity is governed by a Board of Trustees, which meets quarterly and for its Annual General Meeting (AGM). A Finance and Audit sub-committee monitors the finances of the organisation, meeting at least quarterly, and makes recommendations to the Board of Trustees.

The Board of Trustees takes the major strategic decisions for the organisation. Every year Trustees are invited to visit programmes in the field to ensure they are fully informed about Malaria Consortium's activities at country level. Day-to-day operational decision-making is delegated to the Executive Director, who, with the Senior Management Team, runs the organisation. The Senior Management Team consists of six Directors with responsibilities for overseeing and managing the technical, management and finance functions, as well as programmes at regional and county level.

Malaria Consortium's head office is in London, UK. The regional office for Africa, based in Kampala, Uganda coordinates and supervises programmes and projects at country level throughout Africa. Work conducted in other parts of the world is directed through the head office in the UK. During this reporting period, country offices in Africa were operating out of Kampala, Uganda; Khartoum, Sudan and Juba for South Sudan; Addis Ababa, Ethiopia; Maputo, Mozambique; Lusaka, Zambia. In addition we also run several provincial offices in these six countries. Our Asia office was opened in Bangkok, Thailand. The Uganda Malaria Research Centre continues its activities in Kampala; and staffing capacity has been strengthened in the project office in Yaoundé, Cameroon.

Risk Management

Malaria Consortium maintains a dynamic and active approach to risk management. Responsibility for overseeing the management of risk has been delegated by the Trustees to the Finance and Audit Committee. The Risk Assessment and Risk Management processes are regularly reviewed and updated. The major risks, to which the charity is exposed, as identified by the Trustees, have been reviewed and systems have been established to manage those risks. The Finance and Audit Committee has prepared a Risk Assessment Register which is updated and reviewed regularly.

Working in partnership

The Malaria Consortium's partners at the global and regional level include: Roll Back Malaria, Global Malaria Programme of the World Health Organisation, DFID, Irish Aid, US President's Malaria Initiative, World Bank's Booster Programme, the Global Fund to fight AIDS/HIV, TB and Malaria, UNICEF, WHO's Tropical Diseases Research, Red Cross at the European level, and in Germany and Spain, Friends of the Global Fund in Europe based in France. In the UK, the All Party Parliamentary Malaria and Neglected Tropical Diseases Group, RESULTS UK, AMREF, Action for Global Health, the Trade Union Congress, the International Business Leaders Coalition, among many others. Malaria Consortium has strengthened its advocacy programmes such as its own programme 'Mobilising for Malaria' covering two European and over 20 African countries. In addition, the organisation has continued to work with and support other advocacy initiatives in Europe such as European Alliance against Malaria.

At country level, our partners include Ministries of Health and their National Malaria Control Programmes ; local and regional UN offices; regional organisations in west, east, and southern Africa, bilateral donors; international foundations; academic institutions; non-governmental and 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 and Tropical Medicine in the UK; Johns Hopkins University in the USA; Makerere University, Uganda; Centre Muraz, Burkina Faso; Kwame Nkrumah University of Science and Technology, Ghana; Institut de Recherche et Développement, France; and the University of Nigeria.

accounts summary

Statement of Financial Activities for the year ended 31 March 2008

	2008	2007
	£	£
Incoming resources		
Donations	4,037	546
Bank Interest received	19,470	20,367
Other income	25,336	—
Grants, contracts & consultancy income	10,178,164	5,353,138
Total Incoming Resources	**10,227,007**	**5,374,051**
Resources Expended		
Charitable activities	8,562,708	4,823,724
Governance costs	11,096	10,232
Total Resources Expended	**8,573,804**	**4,833,956**
Net income resources	**1,653,203**	**540,095**
Fund balances at 1 April 2007	1,885,357	1,345,262
Fund balances at 31 March 2008	**3,538,560**	**1,885,357**

Balance Sheet as at 31 March 2008

	2008	2007
	£	£
Fixed Assets		
Tangible Assets	**185,525**	**105,684**
Current Assets		
Debtors	1,959,487	810,529
Bank and cash balances	2,360,096	1,249,331
	4,319,583	**2,059,860**
Creditors		
Amounts falling due within one year	**966,548**	**280,187**
	3,353,035	**1,779,673**
Represented by:		
Unrestricted funds	1,078,625	684,156
Restricted funds	2,459,935	1,201,201
	3,538,560	**1,885,357**

Our Board of Trustees are:

Stephen O'Brien MP *Chairman*
Roger Cousins OBE FCMI *Vice Chairman*
Derek Reynolds *Treasurer*
Patricia Scutt *Company Secretary*
Tim Armstrong
Prof. Fred Binka
HE Prof. Gilbert Bukenya
Dr. Brian Doberstyn
Prof. John Horton
Dr. Penelope Key OBE
Clive Nettleton
Richard Barnett
Dr. Garth Glentworth
Prof. Whitney Addington
Dr. Geoffrey Butcher

Trustees statement

The Statement of Financial Activities and Balance Sheet are not the full accounts but a summary of the information that appears in the full accounts which have been audited and given an unqualified opinion. The full accounts were approved on 16th October 2008. Copies of the full accounts have been submitted to the Charity Commission and Register of Companies.

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

Stephen O'Brien MP, FCIS,
Trustee and Chairman

Independent Auditor's statement to the members of Malaria Consortium

We have examined the summary financial statements for the year ended 31 March 2008.

Respective responsibilities of the directors and the auditor

The trustees are responsible for preparing the summarized financial statements in accordance with the recommendations of the charities SORP. 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. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summarised financial statements.

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

Opinion

In our opinion the summarised financial statements are consistent with the full financial statements and the Trustees' Annual Report of Malaria Consortium for the year ended 31 March 2008.

Kingston Smith LLP

Chartered Accountants and Registered Auditors

Devonshire House, 60 Goswell Road, London EC1M 7AD

Date: 16 October 2008

looking forward

The last five years have witnessed a dramatic change in the fight against malaria both in response and levels of funding. The increase in both augurs well in our efforts to tackle and defeat malaria but demands greater cohesiveness. We have experienced the challenges in delivering effective prevention and treatment, especially to populations suffering the most and receiving the least – this must continue to improve. One common theme stands out – malaria is both preventable and treatable. Results from addressing malaria are immediate and tangible – not only for health but also in social and economic terms.

We need to work together and make the best use of resources if we are to meet the targets for both RBM 2010 and MDGs 2015. We need to think beyond keeping this disease under check, and aspire to eliminate it from our midst. In the short-term, we need to focus on scaling-up the access and use of effective interventions; but this should not be done by overlooking systems and capacity needs. For the long-term, we need to invest in capacity at the local level with local partners to respond effectively as malaria transmission wanes, and greater diversity requires tailor-made responses. For the long-term we also need to mobilise beyond the health sector, we need to enable local civil society to deliver interventions and also to become the eyes and ears; governments at local and national level to elevate malaria as part of good governance and effective public health, and finally for it to become an integral part of local budgets at all levels.

Our emphasis on evidence-based delivery and integration of interventions for different diseases has led to the rapid growth of Malaria Consortium.

Guided by our experiences to date our plans for the next generation of our work will include:

Influence policy and programme implementation based on large scale validated models of delivery of interventions that ensure improved access and sustainability.

Expand our innovative programmes that combine public and private sectors and civil society to ensure prevention and treatment reaches vulnerable populations.

Explore and deliver combined interventions for child health for greater impact.

Strengthen health systems and improve the integrated delivery of interventions for communicable disease management.

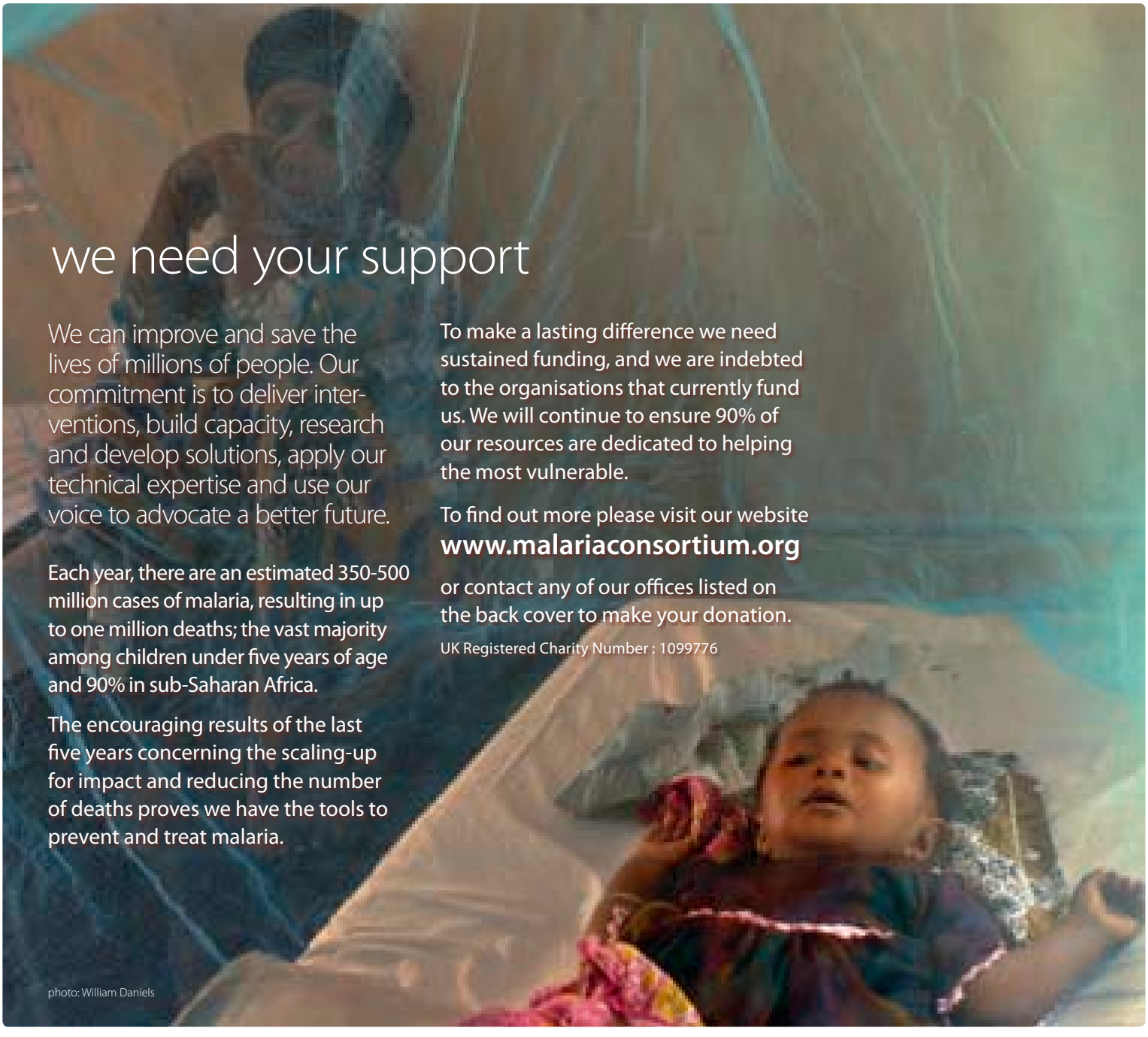
Use our experience with malaria control to address other neglected tropical diseases.

Expand our presence in high burden countries in West and Central Africa such as Sierra Leone and Congo, and in malarious countries in Asia.

Advocate for ensuring resources available for control of malaria and communicable diseases are effectively used at local and national levels.

Today, we need to match the need and response at local and country levels with the tremendous rallying call of eliminating malaria as a public health threat over the next few decades. A few years ago we would have thought that this was a fanciful dream. Today, we need to believe that it can and will be done. We should all be proud to be part of a generation that not only dreamed about but also made it possible to place us on the path of freeing the world from this disease that has been devastating our communities for millennia.

Sunil Mehra
Executive Director, Malaria Consortium



we need your support

We can improve and save the lives of millions of people. Our commitment is to deliver interventions, build capacity, research and develop solutions, apply our technical expertise and use our voice to advocate a better future.

Each year, there are an estimated 350-500 million cases of malaria, resulting in up to one million deaths; the vast majority among children under five years of age and 90% in sub-Saharan Africa.

The encouraging results of the last five years concerning the scaling-up for impact and reducing the number of deaths proves we have the tools to prevent and treat malaria.

To make a lasting difference we need sustained funding, and we are indebted to the organisations that currently fund us. We will continue to ensure 90% of our resources are dedicated to helping the most vulnerable.

To find out more please visit our website **www.malariaconsortium.org**

or contact any of our offices listed on the back cover to make your donation.

UK Registered Charity Number : 1099776

photo: William Daniels

with thanks to our funders and donors:

DFID Department for International Development

USAID United States Agency for International Development

Irish Aid

Bill and Melinda Gates Foundation

GSK GlaxoSmithKline

ECHO European Community Humanitarian Office

WB World Bank

UNICEF United Nations Children's Fund

WHO World Health Organization

UNDP United Nations Development Programme

Global Fund for Aids, Tuberculosis and Malaria

NORAD Norwegian Agency for Development Co-Operation

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

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malaria
consortium

disease control, better health

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www.malariaconsortium.org