



a decade in communicable disease control and child health

Malaria Consortium at 10

Disease Control: Malaria and NTDs

James Tibenderana
25th February 2014



PREVENTION



DIAGNOSIS



TREATMENT



RESEARCH

Why we do what we do: our beneficiaries



PREVENTION

DIAGNOSIS

TREATMENT

RESEARCH

Malaria Consortium values

Technical excellence

- Not good enough is simply 'not good enough'
- Evidence matters

Responsiveness

- Willing to work in most contexts
- Being flexible – not believing that 'one-size fits all'

Innovation

- There has to be a better way of doing this...
- No one has a monopoly on good ideas...

Results orientation

- Results matter...they really do
- Equity matters too...

Collaboration

- Being good at being a partner...
- Being good at being a colleague...

Malaria Consortium summary

Where we started

Health systems and malaria control

- National Malaria Control Programme and sub-national institutional capacity
- Health worker capacity building
- Commodity logistics and stock management

Malaria prevention

- Free distribution of Insecticide Treated Nets (ITN)
- ITN mass retreatment campaigns
- Engagement of the private sector

Case management

- Home management of malaria
- West Africa Network II for Monitoring Antimalarial Treatment



Malaria Consortium in transition

Malaria as an entry point to other aspects of communicable diseases control

Malaria entry point	Why?	How we extend beyond malaria	Examples
<ul style="list-style-type: none">• Improve health worker performance in assessing and treating febrile illness• Increase universal access to parasite-based diagnosis	<ul style="list-style-type: none">• Improve targeting of malaria treatment• Improve overall quality of care	<ul style="list-style-type: none">• Case management of other major childhood illnesses, pneumonia, diarrhoea (Uganda, Zambia, Mozambique, South Sudan, Nigeria, Cambodia)• Improved diagnostic tools/capacity for pneumonia• Quality assurance systems (tuberculosis)	<ul style="list-style-type: none">• iCCM-CIDA, iCCM Central, RAcE, iCCM in South Sudan• inSCALE• Test and Treat campaign with SMP in Uganda• SuNMaP capacity building• PPA in Uganda to certify laboratorians on microscopy• PPA in Ethiopia linking with TB programme

PREVENTION

DIAGNOSIS

TREATMENT

RESEARCH

Malaria Consortium in transition

Malaria as an entry point to other aspects of communicable diseases control

Malaria entry point	Why?	How we extend beyond malaria	Examples
<ul style="list-style-type: none">• Increase access to services by extending health care delivery through integrated community-based platforms	<ul style="list-style-type: none">• Develop feasible and effective service delivery platforms• Design integrated and affordable delivery packages	<ul style="list-style-type: none">• Integration with nutritional rehabilitation• Integration with Neglected Tropical Diseases (NTDs) mass drug administration• Integration with neonatal care (limited)• General health promotion/disease prevention activities	<ul style="list-style-type: none">• iCCM+• USAID in South Sudan,• iCCM DFID and Global Fund South Sudan• CHWs in Mozambique, Uganda also trained in health promotion (CIDA/RAcE)• inSCALE• SMC in Nigeria• iCCM guidelines to include nutrition in Nigeria• Integrated vector control (dengue- Cambodia and Myanmar)

PREVENTION

DIAGNOSIS

TREATMENT

RESEARCH

Malaria Consortium in transition

Malaria as an entry point to other aspects of communicable diseases control

Malaria entry point	Why?	How we extend beyond malaria	Examples
<ul style="list-style-type: none">Strengthen support systems for effective delivery of malaria related interventions resulting in beneficial effect on health systems	<ul style="list-style-type: none">Sustain programme benefits and impact	<ul style="list-style-type: none">Health systems strengthening such as health worker performance improvement, commodity management, diseases surveillance, evaluation of interventions, health information systems and use of data, and operational research	<ul style="list-style-type: none">Clover (multi-country),Harmonisation and OR in SuNMaPmHealth, data collection and supervision (inSCALE), real-time reporting, day-3 SMS (SE Asia)Capacity building in MAPS (Nigeria) and SMP (Uganda)UNITAID Defeat (Nigeria and Uganda)PPA QA systems (4 countries)

PREVENTION

DIAGNOSIS

TREATMENT

RESEARCH

Malaria Consortium summary

Malaria as an entry point to other aspects of communicable diseases control

Malaria entry point	Why?	How we extend beyond malaria	Examples
<ul style="list-style-type: none">• Effective vector control	<ul style="list-style-type: none">• Reduce transmission• Provide personal protection	<ul style="list-style-type: none">• Dengue control• Control of lymphatic filariasis with long lasting insecticidal nets (LLINs)• Control of leishmaniasis• Integrated vector control management in SE Asia	<ul style="list-style-type: none">• Large scale LLIN distribution in Uganda, Nigeria, South Sudan• NetWorks - with PMI and JHUCCP• Beyond Garki data

PREVENTION

DIAGNOSIS

TREATMENT

RESEARCH

Malaria Consortium in transition

Malaria as an entry point to other aspects of communicable diseases control

Malaria entry point	Why?	How we extend beyond malaria	Examples
<ul style="list-style-type: none">Prevent malaria in pregnancy	<ul style="list-style-type: none">Pregnant women are especially vulnerable to malariaMalaria can be prevented in pregnancy resulting in healthier women and healthier neonates	<ul style="list-style-type: none">Improvements in ante-natal careAdoption of focused ante-natal care	<ul style="list-style-type: none">Distribution of LLINs through ante-natal clinics (ANC) encourages ANC attendance and useDistribution of SP and LLINs and promotion of Focused ANCPerformance of health workers at ANCMalaria in pregnancy report in Greater Mekong Sub-region and promotion of better care for pregnant women in Myanmar, Thailand and Cambodia using intermittent screening and treatment

PREVENTION

DIAGNOSIS

TREATMENT

RESEARCH

LEARNING PAPER

Insecticide treated nets: The role of the commercial

Case study of three countries in sub-Saharan Africa

LEARNING PAPER

BUILDING CAPACITY FOR DIVERSIFIED INTERVENTIONS

LEARNING PAPER

DEVELOPING INTERVENTION STRATEGIES

LEARNING PAPER

COMMUNITY DIALOGUES FOR HEALTHY CHILDREN

LEARNING PAPER

Integrating severe acute malnutrition

into the management of childhood diseases at community level in South Sudan

LEARNING PAPER

Malaria rapid diagnostic tests

Preparing health workers for its integration into routine health services



LEARNING PAPER

Moving towards malaria elimination

Developing innovative tools for malaria surveillance



LEARNING PAPER

Building capacity for demand creation

in support of malaria prevention and control



PREVENTION

DIAGNOSIS

TREATMENT

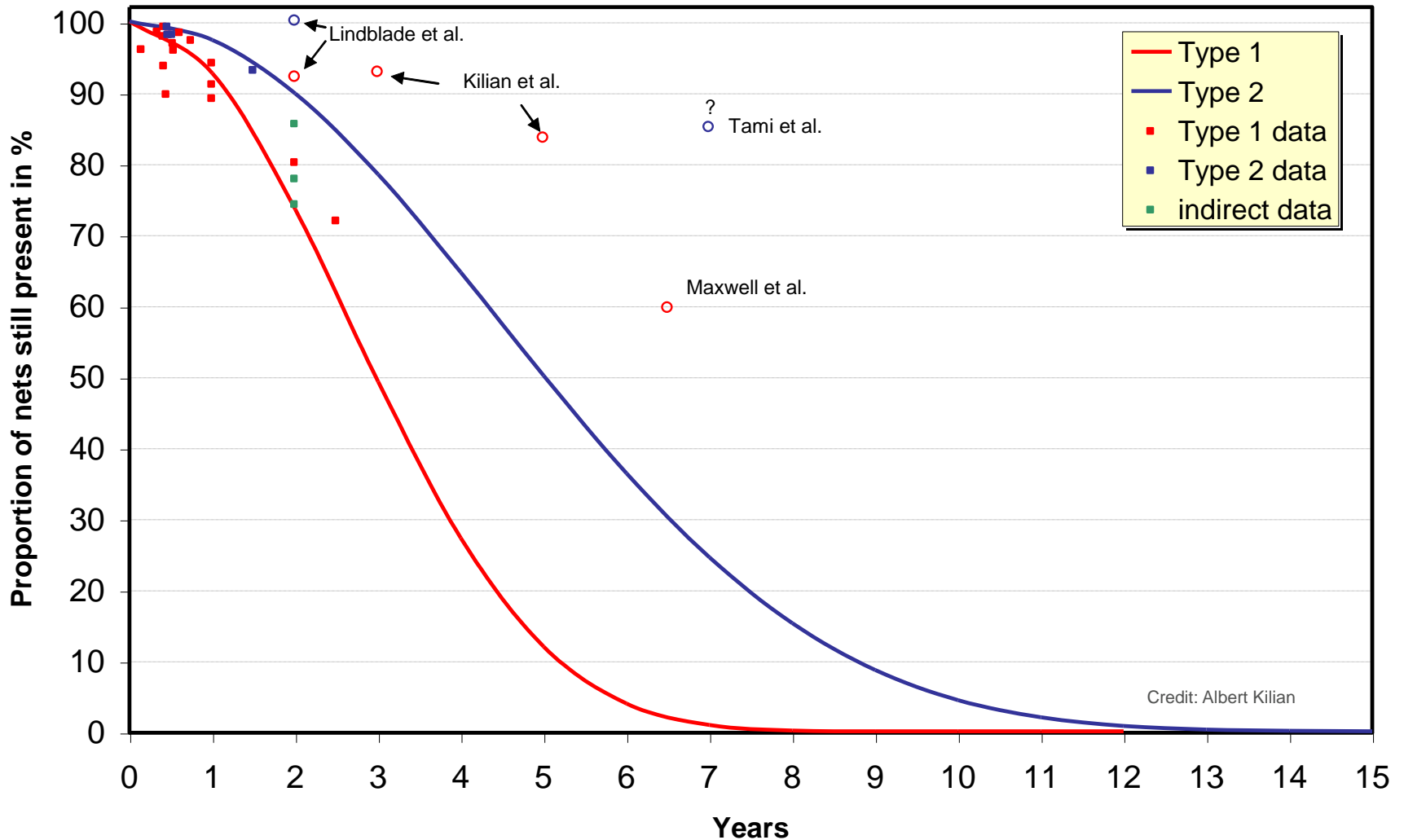
RESEARCH

What we have learned

Long lasting insecticidal net (LLIN) coverage

- ▶ Stand alone mass distribution campaigns are feasible on a large scale and can rapidly achieve moderate coverage
- ▶ Continuous distribution (through channels such as routine immunisation, ante-natal clinics, schools, community, private sector) are essential from the outset to extend the access frontier and maintain coverage – model coverage to select the most effective channel/s
- ▶ Mixed distribution model is necessary

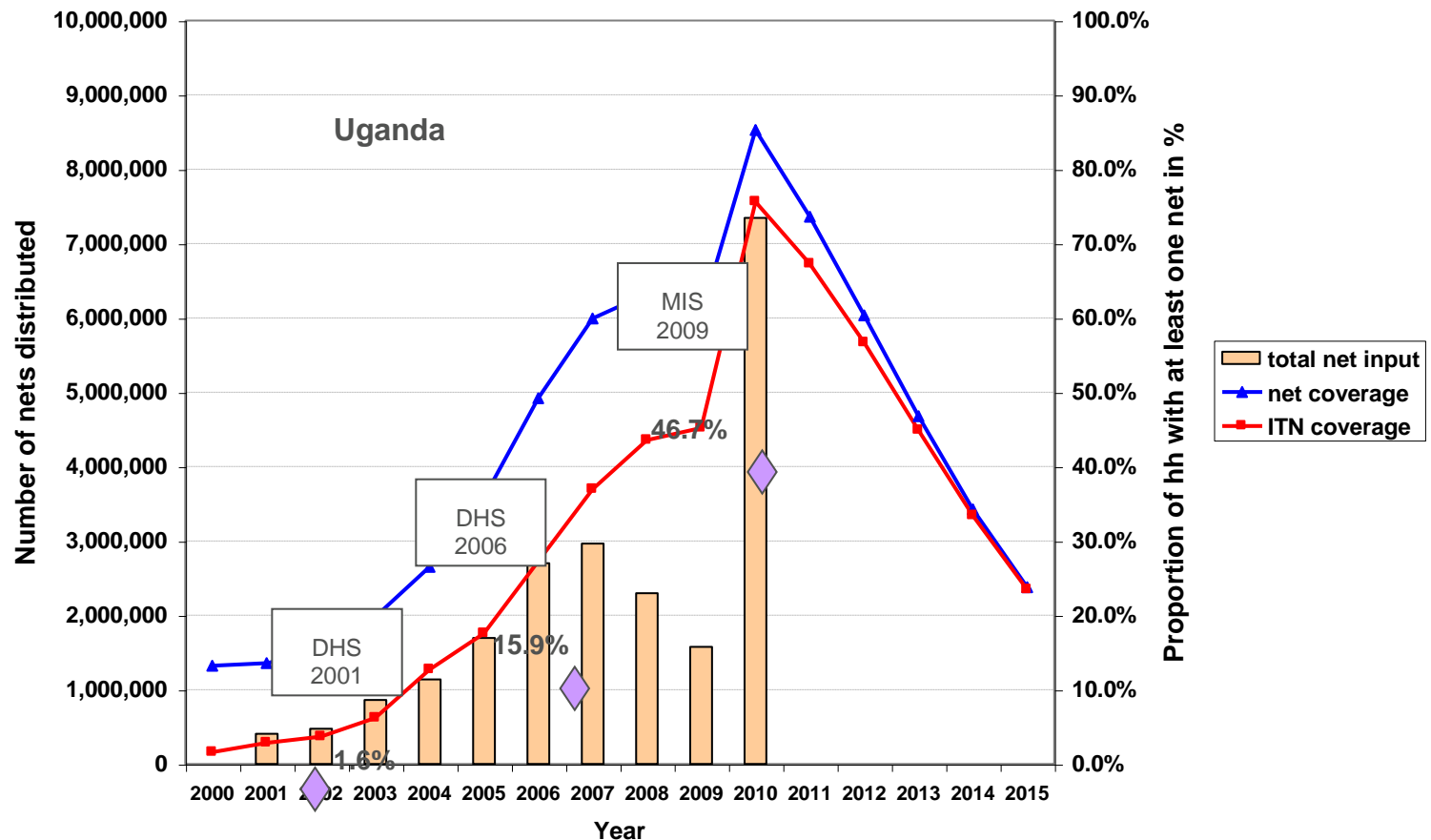
Retention of nets as a function of time



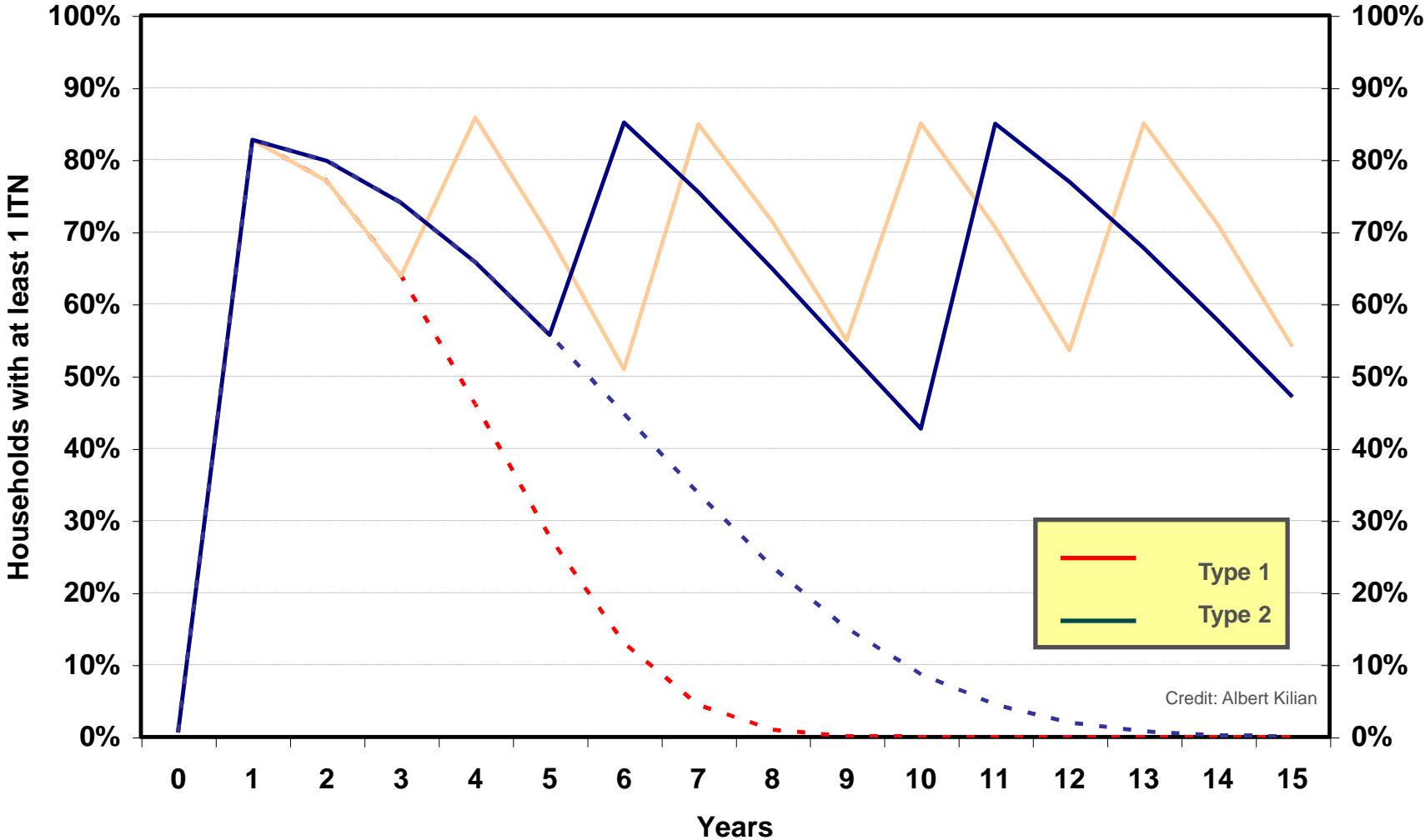
Credit: Albert Kilian

Campaigns only

Many countries have now reached the 60% Abuja target and some even the 80% RBM target



Campaigns only



Credit: Albert Kilian

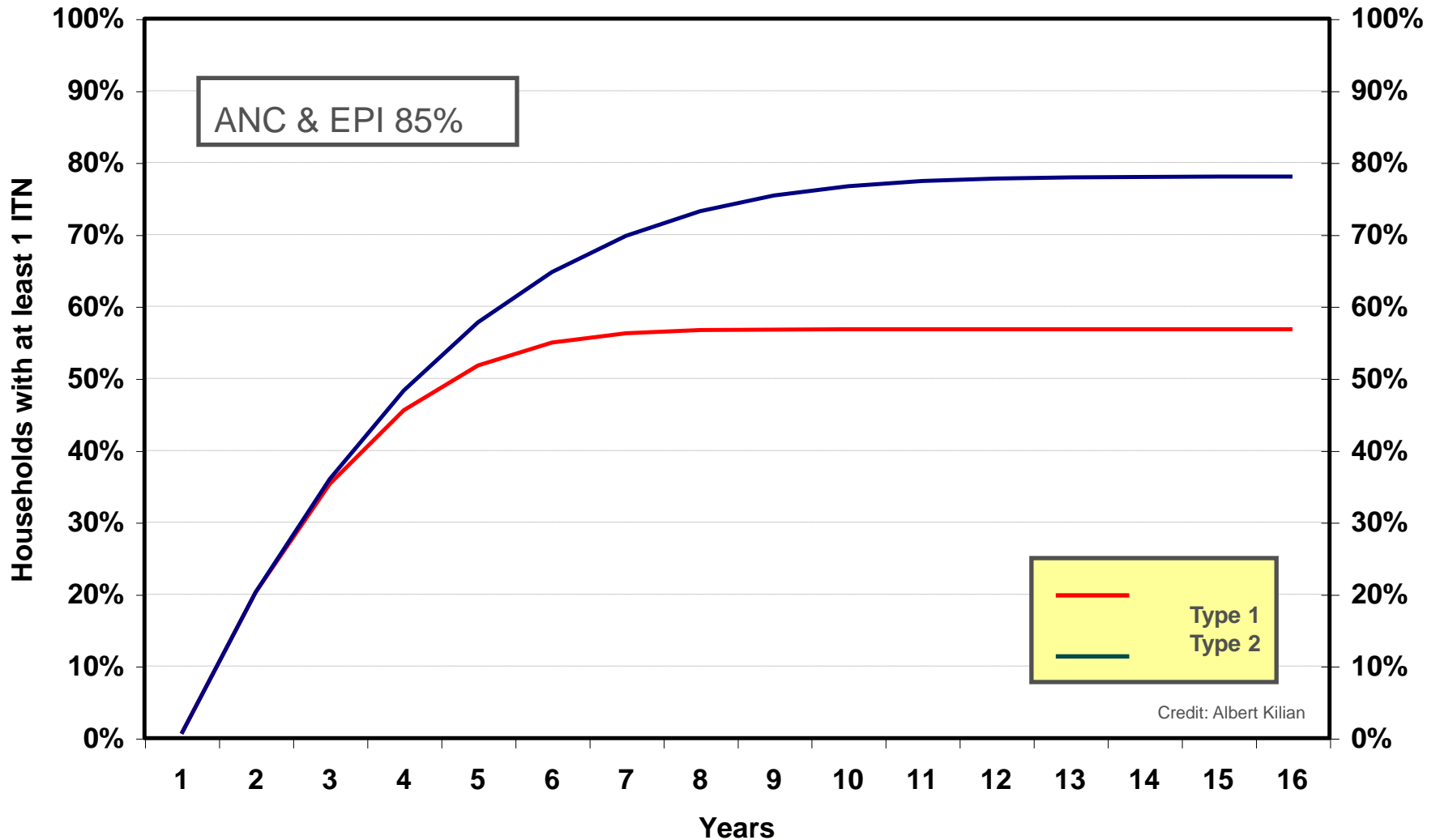
PREVENTION

DIAGNOSIS

TREATMENT

RESEARCH

Routine (continuous only)



Credit: Albert Kilian

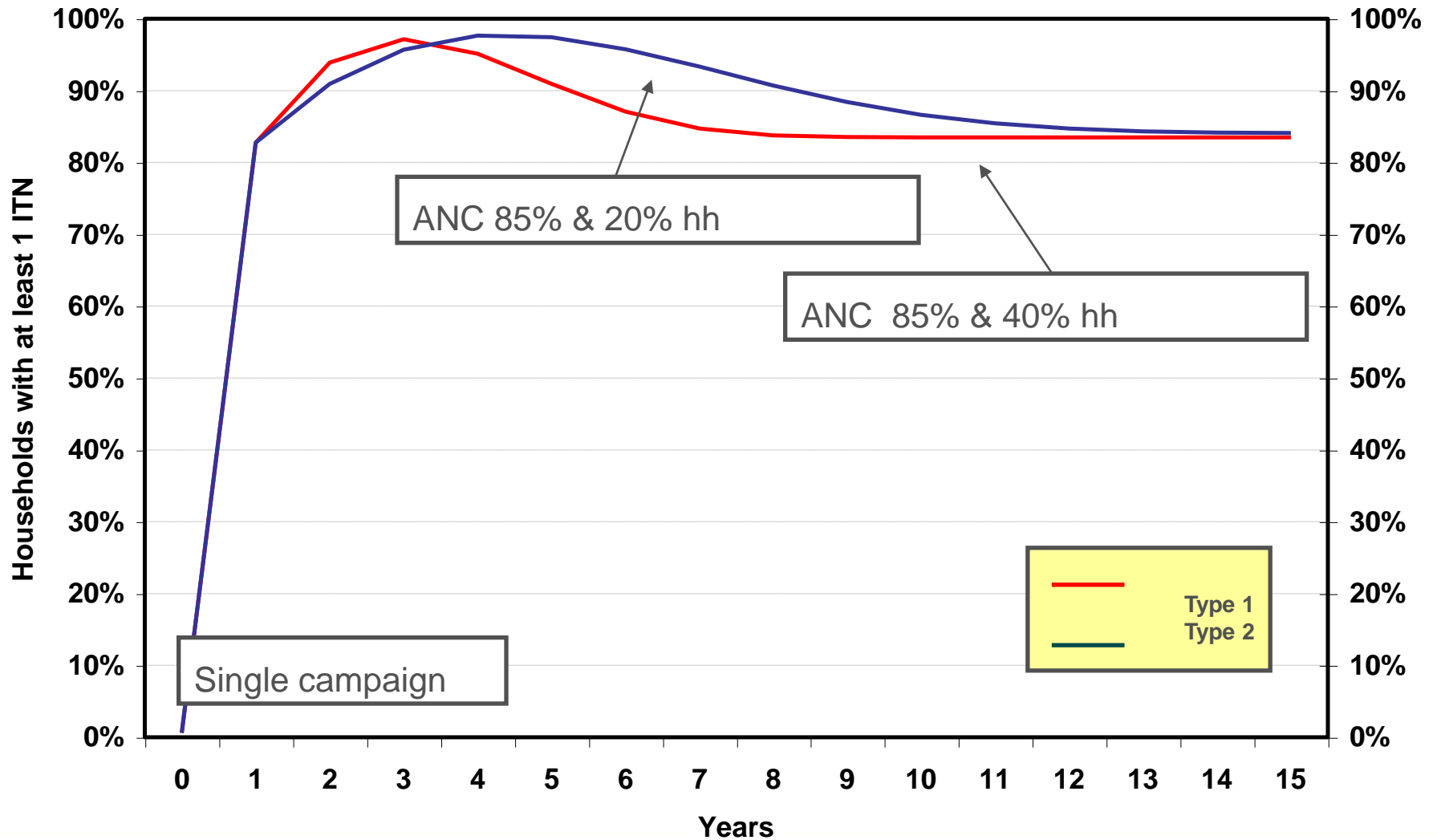
PREVENTION

DIAGNOSIS

TREATMENT

RESEARCH

Mixed distribution model



PREVENTION

DIAGNOSIS

TREATMENT

RESEARCH

What we have learned

Universal access to **parasite-based diagnosis**

- ▶ Adoption and use is possible at facility and community levels
- ▶ Essential to have practical hands on training
- ▶ Clear guidance on how to handle parasite-negative cases promotes adherence
- ▶ “Expert microscopy” in routine settings is a myth
- ▶ Quality assurance systems are critical and promote confidence in the results

What we have learned

Case management of malaria with Artemisinin-based combination therapy (ACT)

- ▶ Difficult to displace chloroquine; but possible
- ▶ Adoption and use of ACT is not linear; early adopters, early majority, late majority
- ▶ Confidence in the efficacy and effectiveness of ACT promotes adoption and use
- ▶ “Test before treat” is feasible and acceptable but management of non-malaria fevers is challenging and needs urgent attention

What we have learned

Health worker performance improvement

- ▶ “Capacity building” is mis-used
- ▶ “Training” is not purposive enough, difficult to measure outcomes
- ▶ Adults learn better with methods tailored to their capabilities
- ▶ Being a trainer is not just about knowing content (a subject matter expert) but about how to deliver content
- ▶ On-the-job capacity building can be linked to integrated “supportive” supervision

What we have learned

Neglected Tropical Diseases (NTD) control

- ▶ Integrated disease mapping is feasible – both field surveys and collaborations with academia on predictive risk mapping/simulations
- ▶ Disease mapping should inform NTD strategic plan development (e.g. work done in Ethiopia and South Sudan)
- ▶ Careful consideration when “integrating”

What we have learned

Containment of **artemisinin resistance**

- ▶ For a successful containment of artemisinin resistance, a combination of intensified surveillance, monitoring and evaluation, implementation research, behaviour change communication and advocacy is needed
- ▶ mHealth and innovative tools can result in enhanced surveillance capable of timely responses when used appropriately and adapted to a given context

Changing the landscape

NetCALC modelling and use

Microsoft Excel - NetCALC 2.0 [Read-Only]

NetCALC Version 2.0

Supporting Universal Coverage with Long-Lasting Insecticidal Nets

Before you start you need to enter the core population data for the country, province, district etc

Year of census or estimate	<input type="text"/>	Proportion of population at risk of malaria	<input type="text" value="100.0%"/>
Population	<input type="text"/>		
Avg. Household size (pers/hh)	<input type="text"/>		
Annual population growth rate (%)	<input type="text"/>		

After filling the core population data select the module you want to use

- Estimate current net coverage from distributions since last survey
- Calculate need to sustain universal ownership coverage
- Test different approaches for continuous distributions
- Free modelling of ownership coverage

Buttons: User instructions, How this tool works, View net decay functions, View output summary, Export settings, Export outputs

Logos: NetWorks, Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs, malaria consortium

This tool was developed as part of the NetWorks Project with funding from USAID

USAID FROM THE AMERICAN PEOPLE

NetCALC © 2012 by Albert Kilian is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Unported License.

CC BY-NC-SA

This file is read only!
If you want to save your results you need to save the file under a new name

Description of model:

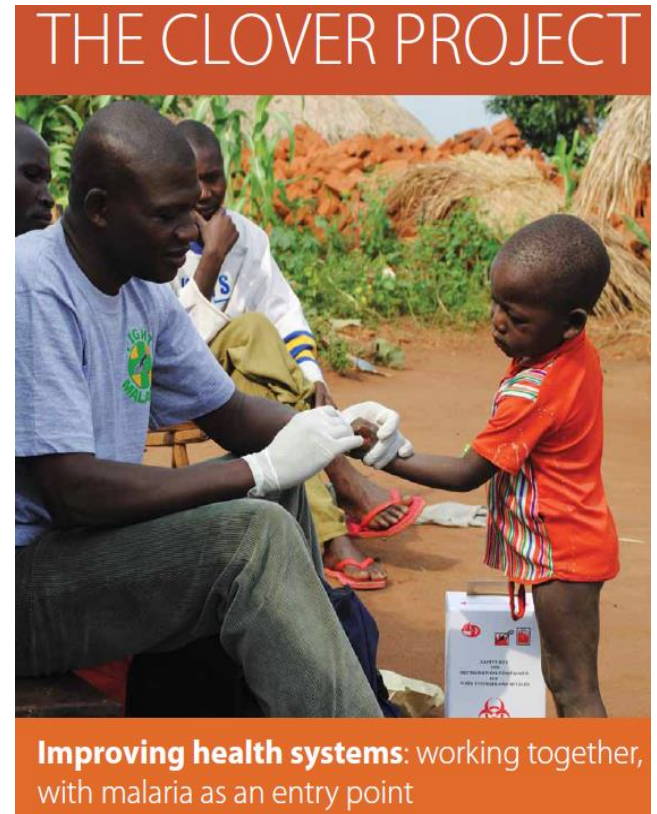
Changing the landscape

Health worker performance improvement approaches and tools in Nigeria:

- ▶ Adult learning as part of capacity building modules (on service delivery and programme management)
- ▶ Harmonised modules accepted and used by national programme and its partners, at scale

Changing the landscape

- ▶ “Malaria as entry point for health systems strengthening”



Looking ahead

- ▶ **Role of seasonal malaria chemoprevention:** part of an integrated malaria control package, sub-national and regional control
- ▶ Cross continent learning for **malaria pre-elimination in Southeast Asia and Africa:** from aspiration to reality
- ▶ **Role of RTS,S:** after the research, what next?
- ▶ **Integrating NTD control:** “how to (or not to)”
- ▶ **Involving the private sector:** think markets and do public health

Looking ahead

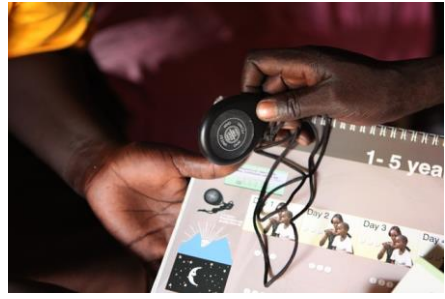
- ▶ Approaches to **health worker performance management**: measure and monitor changes; smarter targeting of relevant (and not just supportive) supervision
- ▶ Role of **electronic systems** for information and logistics management: relevant to those at the bottom of the chain
- ▶ Drivers of **community acceptance and continued use** of proven malaria interventions: understand adoption and use
- ▶ Innovations in **financing**: explore other mechanisms from within country and beyond

Appreciation and gratitude

Our work would not be possible without

- ▶ The commitment and efforts of our staff, the Malaria Consortium family, past and present
- ▶ The support and stewardship of national governments
- ▶ The funding from our development partners
- ▶ The efforts of collaborating organisations and institutions
- ▶ The cooperation of our beneficiaries
- ▶ The foresight and stewardship of our leaders and Board of Trustees
- ▶ The inputs and contributions of many others

We thank you all!





a decade in communicable disease control and child health

www.malariaconsortium.org

Thank you



PREVENTION



DIAGNOSIS



TREATMENT



RESEARCH