

**malaria
consortium**

disease control, better health



Malaria Consortium

Expertise and technical leadership that deliver sustainable health programmes benefiting those most in need

Malaria Consortium is one of the world's leading specialist non-profit organisations. Our mission is to improve lives in Africa and Asia through sustainable, evidence-based programmes that combat targeted diseases and promote child and maternal health.

Why we are unique

Our uniqueness is in our ability to consistently design and apply tailored, technically excellent, evidence-based solutions, fit for effective implementation, with impact on the wider health system and economy.

Our approach

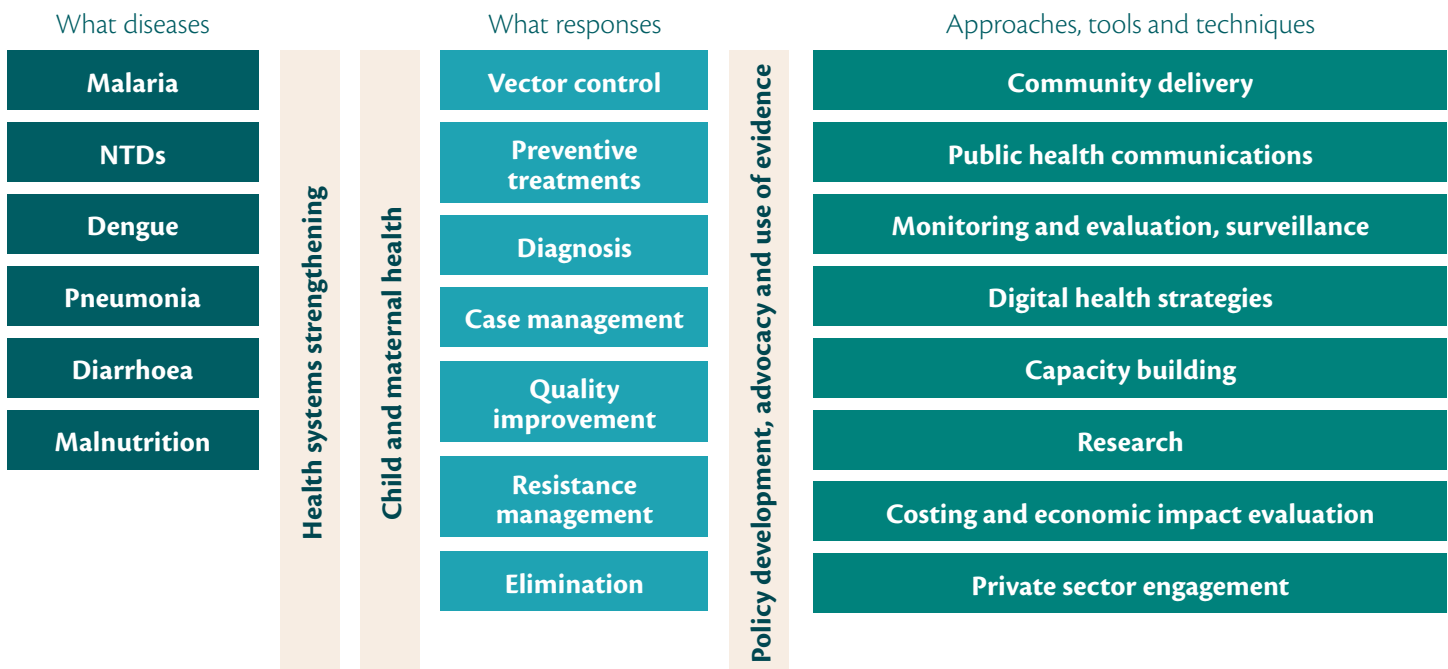
Malaria Consortium works with partners, including all levels of government, to improve the lives of all, especially the poorest and marginalised, in Africa and Asia. We target key health burdens, including malaria, pneumonia, diarrhoea, dengue and neglected tropical diseases (NTDs), along with other factors that affect child and maternal health. We achieve our goals by:

- designing and conducting cutting edge implementation research and monitoring and evaluation
- selectively scaling up and delivering sustainable, evidence-based health programmes and surveillance
- providing technical assistance and consulting services that shape and strengthen national and international health policies, strategies and systems and build local capacity
- seeking to ensure our experience, thought leadership, practical findings and research results are effectively communicated and contribute to the coordinated improvement of access to and quality of healthcare.

Our main business areas

- Preventive treatment focusing on drug and vaccine-based interventions
- Vector control focusing on physical interventions on the transmission vectors to prevent transmission
- Case management (diagnosis and treatment), access and service delivery focusing on ensuring quality of management of patients once they reach health services
- Health system effectiveness and efficiency bringing together the mechanisms needed to improve the functionality, level of integration and responsiveness of the health system

Our expertise



The way we work

Response areas

Preventive treatments

For malaria, we focus on chemoprevention strategies most appropriate for the settings in countries where we work. These strategies include seasonal malaria chemoprevention for children and intermittent preventive treatment in pregnant women. We also have significant experience in mass drug administrations for NTDs in the African countries where we work, including Ethiopia, South Sudan and Uganda, and we are seeking to integrate NTD management with existing community-based health initiatives. Our experience in long lasting insecticidal net (LLIN) distribution and seasonal malaria chemoprevention administration is being used to improve mass drug administration for NTDs.

Vector control

Limiting the ability of mosquitoes or other insects to spread disease is one of the core strategies to controlling and eliminating malaria and other vector-borne diseases, such as dengue and lymphatic filariasis, in endemic areas. LLINs are one of the most effective interventions to prevent malaria. We are developing context-specific models for continuous distribution of LLINs through routine channels such as antenatal care clinics, routine immunisation, schools and community-based delivery systems, and the engagement of the commercial sector. In addition to strengthening access to and use of nets, we work to reduce malaria and dengue transmission outside human dwellings (outdoor transmission), such as the use of insecticide treated clothing for those who work at night and through the use of larvae eating guppy fish in water jars.

Diagnosis

We focus on accurate diagnosis as critically important for the quality of care. We are committed to supporting confirmatory diagnosis of malaria and pneumonia — often through the use of rapid diagnostic tests (RDTs) — and providing training for community health workers and at lower level health facilities. We are also applying innovative approaches to expand use of RDTs by private healthcare providers. Our innovative work is supporting detection and management of malaria in the community through specially developed tools and 'job aids'. We have also been instrumental in the introduction of more accurate and easy to use equipment for pneumonia diagnosis at health facilities.

Case management

Community-based healthcare delivery, particularly through integrated community case management is a high priority for us. This involves building skills and support for community level health workers to be able to recognise, diagnose, treat and refer children under five suffering from the three most common childhood killers: pneumonia, diarrhoea and malaria. Increasingly, we are integrating the management of severe malnutrition at this level. We also work closely with district and local level health systems to strengthen referral systems from community to facility for priority cases. Additionally, we provide training for facility-based health workers and their supervisors to strengthen linkages between the two and ensure adherence to processes.

Quality improvement

We work with ministries of health in a wide range of activities to help improve the quality of clinical processes. This may be through direct training of health personnel, through development of tools and guides to support decision making by health workers, or through the introduction of improved data and commodity management systems. We are also using clinical mentoring to strengthen the skills base of health personnel. At facility level we are supporting and improving quality assurance for parasite-based diagnosis.

Resistance management

We have focused on helping to strengthen monitoring, evaluation and surveillance systems to support efforts to control emerging resistance to artemisinin in Southeast Asia — particularly among vulnerable and hard-to-reach populations. We have a strong record of implementing successful projects across the region. We are recognised as being among the foremost experts on the development of resistance response strategies in the region. For example, in Myanmar we are building up the role of the village-based malaria volunteers to ensure they are continuing to watch for malaria cases despite there being fewer and fewer. This is essential as the country heads towards elimination and as resistance to antimalarial drugs grows.



Cambodia: testing a family after a neighbour was found to be positive for malaria

Elimination

We are supporting the governments of Thailand and Cambodia in developing strategies for elimination as well as partnering with the Asia Pacific Malaria Elimination Network. Our drug resistance control activities in Southeast Asia have informed global policy and best practice not only for containment, but also for malaria elimination.

Child and maternal health

We actively seek opportunities to integrate maternal and neonatal care services into our extensive work in support of design, rollout and improvement of integrated community case management across Africa, bringing care to the point of need. Our maternal and child health (MCH) activities revolve around supporting health ministries in the development of policy and implementation of MCH strategy, strengthening the capacity of health officials and workers to improve services at all levels, providing training and building skills in planning and

data management and undertaking research to improve malaria control in pregnancy. We integrate with antenatal care service delivery to ensure maternal and neonatal malaria prevention through distribution of LLINs and delivery of intermittent preventive treatment for malaria in pregnancy. This also serves as an incentive to mothers to attend antenatal care centres.

Public health communications

Malaria Consortium employs a participatory design process to develop tailored strategic communication and social and behaviour change interventions. Health authorities, technical working groups, civil society, academia and communities are all engaged from the start so that we can explore the effectiveness of recommended practices and the uptake of health services and products. Through this process, communities define and map their constituents to ensure equitable access and inclusion. This ensures community members are empowered to take action to improve their health and to advocate for the provision of quality health care services.

Cross cutting expertise

Health system strengthening

We use the control and management of malaria as an entry point for broader health systems strengthening. We embed our efforts into existing health systems and, when it is feasible and cost effective to do so, we integrate our activities with other disease control efforts. We seek opportunities to strengthen existing capacity and support processes towards improved resource management. We also play a facilitating role to create an enabling commercial sector environment to help enable effective health systems in the distribution and use of RDTs for malaria, to increase uptake of injectable artesunate, and to stimulate and stabilise the market for the drugs needed for seasonal malaria chemoprevention. In addition, we focus on strengthening routine health information systems, providing guidance and strategic inputs to support effective monitoring and evaluation, and surveillance to ensure quality and timely use of data.

Policy development, advocacy and use of evidence

Malaria Consortium is committed to raising awareness of the global burden of malaria and other diseases. We work with international donors, stakeholders and networks, including World Health Organization (WHO) and Roll Back Malaria Partnership technical working groups, to maintain policy engagement in malaria and other communicable diseases. Our Technical Director is an observer on the WHO Malaria Policy Advisory Committee, and we also have senior staff on WHO's Technical Expert Group for Vector Control and Technical Expert Group on Surveillance, Monitoring and Evaluation. We engage with governments and partners at a national level to ensure the political commitment to support control efforts, and with international policymakers to provide advice. Our operational experience ensures we are able to provide sound evidence to support our recommendations for policy change and development.

Surveillance

Much of our work in Southeast Asia has focused on supporting strategies for the rapid elimination of malaria in areas where there are high levels of artemisinin resistance. Projects such as our Thai-Cambodia border surveillance project are critical for providing information about malaria for at-risk mobile populations and rapid responses to case detection. There is a great deal we still need to learn about malaria transmission

in this and other regions if we are to drive forward effective elimination strategies. We ensure we align our project design with national elimination. In Mozambique, for example, we are building the foundation of a comprehensive malaria surveillance system to support their elimination agenda.

Digital health strategies

In Mozambique and Uganda, we are implementing innovative approaches using mobile health (mHealth) technology to improve case management of children with pneumonia, diarrhoea and malaria. mHealth technology is also being used to improve supervision and data flow, and uniquely, as a way of improving motivation, retention and performance of community-based health workers. We also use mobile phones for malaria surveillance. In Cambodia, we have trained village malaria workers, health facility staff and private sector pharmacists to send SMS reports to a central information unit for each case of confirmed malaria. We are continuing to investigate new technology opportunities to ensure they are applied, tested and scaled up where appropriate.

Making a sustainable contribution

The sustainability of our interventions is a priority. Our programmes emphasise national ownership, harmonisation, cost-effectiveness and integration at all levels. Wherever possible, we use existing institutional systems, strengthening them when we can, and mobilise domestic resources to help ensure long-term sustainability.

Research

Research is central to our work and essential to improving health and healthcare delivery. We conduct research in a range of locations, transmission settings and health systems to develop and test new approaches and products, learn from and improve our projects and programmes. We use what we learn from our operations to ensure that our practical findings and research results are effectively communicated and contribute to the coordinated improvement of access to, and quality of, healthcare.

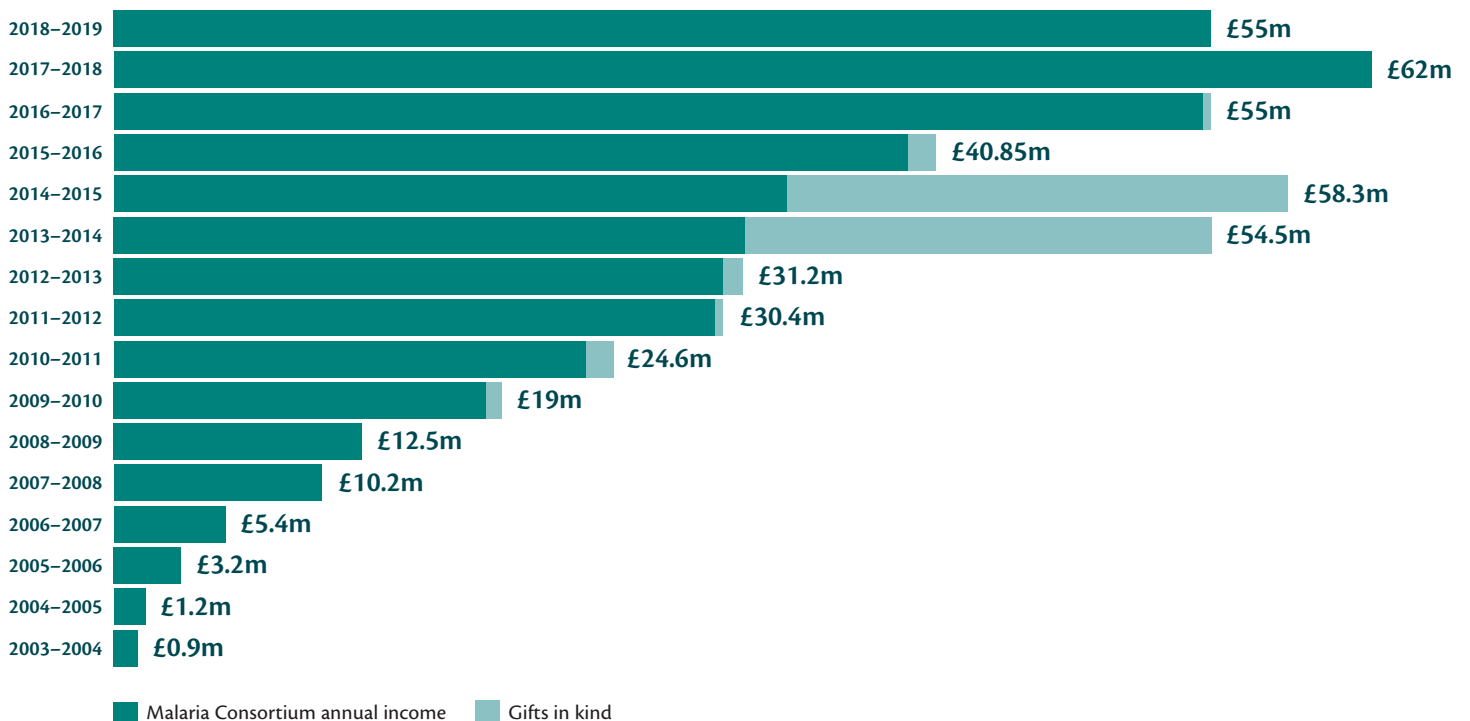
Sharing learning and evidence

The best results come from approaches that are underpinned by solid evidence, based on research, and entail regular monitoring and evaluation. Only with these elements in place can positive and lasting results be achieved and scaled up, leading to systemic change. We share new knowledge on public health developments that will influence and advance both policy and practice. We produce peer-reviewed papers in eminent journals, publish learning briefs and papers, and our expert staff are regular presenters at global and regional conferences symposia and events.

Partnerships

We provide consistent and reliable support at a local level to governments, national malaria and other disease control programmes and to the Global Fund mechanisms and other civil society organisations. We harmonise strategies with other partners and donors to avoid duplication and fill gaps in the rollout of interventions. We are always looking for opportunities to make new partnerships and to maintain old ones and, where possible, we work with other non-governmental organisations that complement our capabilities and add value to our implementation activities.

Malaria Consortium income



* Figures include gifts in kind for Uganda net distribution: £20.5m (2014-15) and £22.4m (2013-14).

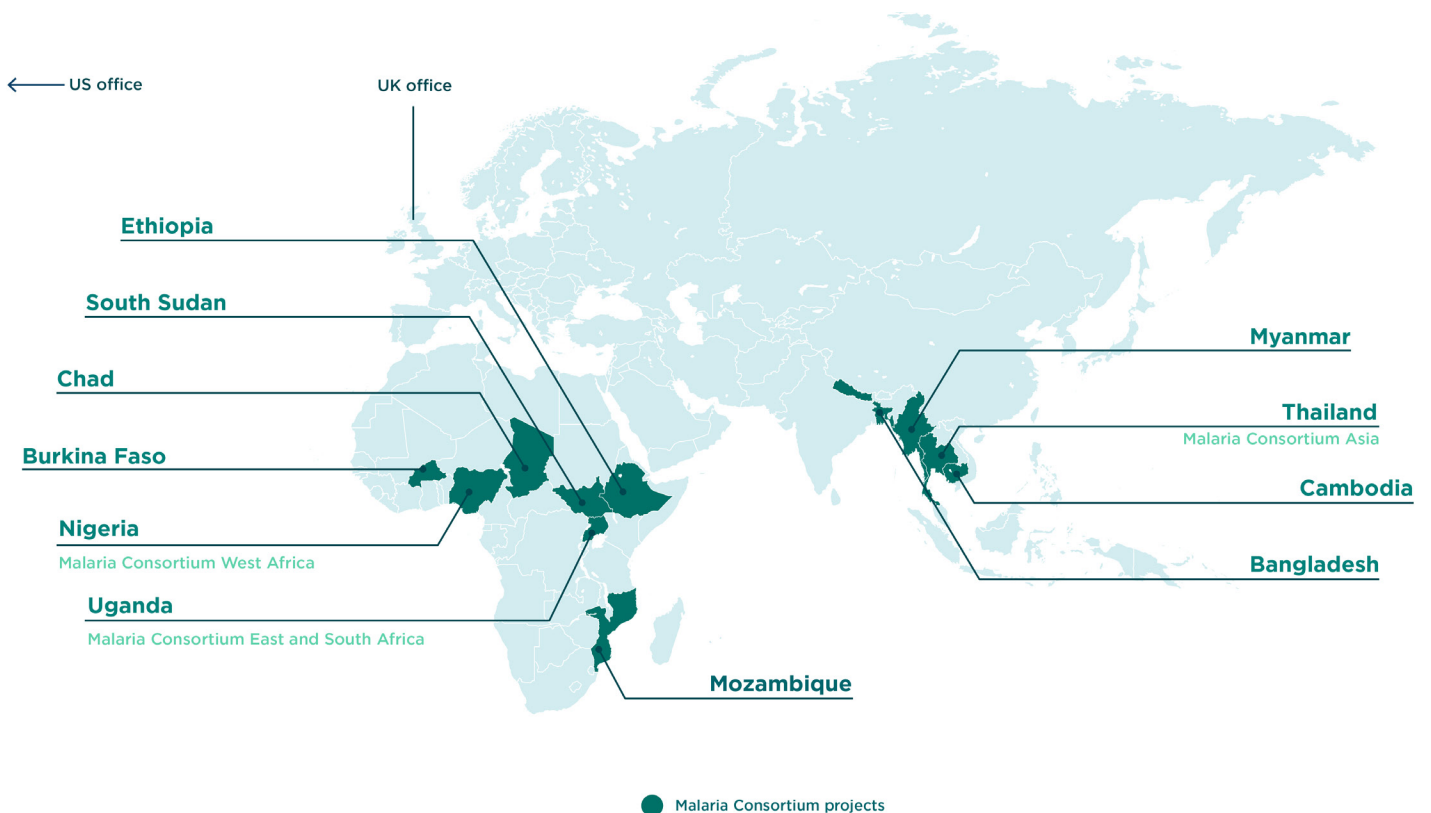
Our core donors include the Bill & Melinda Gates Foundation, Canadian Department of Foreign Affairs, Trade and Development, Comic Relief, GiveWell, the Global Fund to Fight AIDS, Malaria and Tuberculosis, James Percy Foundation, UK aid, UNICEF, UNITAID, and USAID/U.S. President's Malaria Initiative.

Recent examples of major funding we have received are: USAID/PMI to manage a US\$40m malaria control programme in Uganda (MAPD), UK aid to lead their US\$50m five year health systems strengthening programme in Nigeria (SuNMaP 2), and UNITAID to manage a US\$80m seasonal malaria chemoprevention programme in the Sahel region (continued through annual GiveWell donations).

Our history

Malaria Consortium began as a malaria focused non-profit organisation in 2003 and since then we have built a strong reputation for malaria control. In that time we have increasingly found that efforts to control malaria can, and should, be linked with other similar or integrated approaches in public health interventions for greater impact on disease control. As a result, we rapidly expanded our remit to include community-based health delivery to support the case management of other childhood diseases — pneumonia and diarrhoea, as well as management of malnutrition and control of certain NTDs.

Our 450 employees work across Africa and Southeast Asia with communities, government and non-government agencies, academic institutions, local and international organisations, to ensure good evidence is used to improve delivery of effective services.



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Cover image: Seasonal malaria chemoprevention programme, Burkina Faso

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