



**malaria  
consortium**

*disease control, better health*

Saving lives and improving health in Africa and Asia through evidence-based programmes that combat targeted diseases and promote Universal Health Coverage

## Malaria Consortium Strategy 2021-2025

The Malaria Consortium Strategy 2021-2025 draws on our understanding of the global commitment to the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC), the direction of the Global Malaria Strategy (GTS 2016–2030), the renewed focus of WHO's High Burden to High Impact response, the current status of the COVID-19 pandemic on funding and programme priorities and the pace at which virtual learning and digital approaches will likely be developed and adopted. At the same time, it acknowledges the differential realities of the political, security, funding, regulatory and health system development circumstances of our host countries.



## Malaria Consortium offer

### Quality delivery at scale

Malaria Consortium is a recognised implementer at scale of evidence-based programmes to the communities we work with. We consistently demonstrate our capacity to take interventions from proof of concept to scale and provide a high quality of programme delivery, training, supervision and data capture in multiple countries in all levels of endemicity, and diverse operational contexts. Examples from recent years include:

- Implementing seasonal malaria chemoprevention (SMC) to reach more than 12 million children directly in 2020, training more than 100,000 community health workers and supervisors
- Delivering more than 140 million long-lasting insecticide treated nets over the previous five years
- Facilitating access to healthcare services in remote communities through integrated community case management (iCCM) and supporting delivery of services for uncomplicated and severe malaria in health facilities for more than five million people over the same period
- Simultaneously serving nearly all districts across Uganda and between 11 and 19 states in Nigeria.

### Technical excellence

We bring a technical thoroughness to our programmes, projects and research through: an uncompromising commitment to the safety of the communities we work with; the application of the right expertise, tools and learning to decision-making; and rigour in our publications and communication to key stakeholders. This is demonstrated by:

- The recent receipt of Independent Research Organisation Status by UK Research and Innovation
- Our partnerships with academia, globally and at national level
- Expertise, developed over decades, in all aspects of malaria control and elimination
- Significant expertise in the design, implementation and evaluation of iCCM and involvement in its institutionalisation into primary health care
- Wide experience in the design and implementation of community-engagement approaches, such as the community dialogue approach and village health clubs
- Carrying out relevant evaluations and capturing learning from the field to provide, document and communicate insights that support programme quality improvement and policy change
- Our technical advocacy driven from our solid understanding of what works on the ground.

## Responsiveness and innovation

We are willing to work on complex issues, in complex places. We know that one size does not fit all and adapt to local circumstance. We bring a constant desire to research, improve, adapt and refine, accepting that no one has a monopoly on good ideas. We respond rapidly to what the data tell us. Examples include:

- Working in locations with refugees and migrant/mobile populations affected by conflict, environmental change and climate instability
- Developing approaches for control of dengue in southeast Asia
- Rapidly adapting guidelines for safe ongoing delivery of programmes during the height of the COVID-19 pandemic
- Developing a malaria 'risk-prioritisation' model to guide targeted intervention(s) at a subnational level in Uganda and Nigeria
- Innovating and adapting Upscale in Mozambique. This smartphone/tablet-based tool for community health workers and their supervisors supports data-informed decision-making by providing protocols, patient data capture and follow-up planning, connection to the national health management information system, messaging and feedback on performance.

## Catalytic solution building

We bring evidence and experience, and become the 'voice in the room', to enable stakeholders to understand and own issues and their solutions, work together to make progress across boundaries, find practical, acceptable ways forward, and intermediate deals where relevant. We demonstrate this by:

- Operating within the national health system, avoiding parallel systems except when absolutely necessary (for instance, some complex emergencies) and putting national programmes in the lead
- Working at all levels of government and describing new ways of working in and between those levels
- Maintaining close, functional working relationships with national programmes and regional/technical networks, such as The Asia Pacific Malaria Elimination Network
- Empowering national programmes by supporting institutional capacity and leadership development and operating within existing decision-making structures, such as national technical working groups
- Establishing agreements with private sector actors so as to maximise the value of the 'Private Sector for Public Health Good'.



# Strategic focus

## Accelerating burden reduction to elimination

To accelerate the reduction of targeted disease burdens (such as malaria, pneumonia and dengue), malnutrition and diarrhoea along the elimination continuum — adjusted for safe operation through the COVID-19 pandemic and increased clarity on how our programmes address issues of gender, equity and mental health — we will:

- Seek to maintain leadership in chemoprevention, as well as prominence in other effective interventions where applicable
- Develop, evaluate and implement community engagement approaches to promote social accountability and improve demand for and use of primary health care services
- Guide vector control strategies in light of insecticide resistance, climate variability, invasive vectors such as *An. stephensi* and new innovations, and selectively deliver established interventions
- Increase access to and quality of differential diagnosis for — and management of — uncomplicated and life-threatening cases of fever, and manage co-morbidities in vulnerable groups
- Continue our work with forest workers and other mobile and migrant populations, building new approaches to emerging urban threats
- Work with suppliers to support the development, evaluation and introduction of child-friendly medicines for childhood illnesses and environmentally friendly technologies for communicable disease control.

## Strengthening data-informed decision-making and digital approaches

To strengthen data-informed decision-making along information chains and digital approaches to community engagement, we will:

- Model risk at more granular levels to better prioritise and target interventions and the efficient use of resources
- Promote public health surveillance (of disease, vector, genome and molecular markers) as a core intervention(s) in targeting responses and adaptive programming, and including the adoption of integrated disease surveillance and response
- Improve timeliness and quality in case-level data capture at the community level, in both public and private sectors, with Malaria Consortium-led and other digital tools linked to national health information systems
- Improve the quality and accessibility of routine health information from programmes we support
- Enhance local capabilities to interpret and use available data along information chains and deepen a culture of data-informed decision-making
- Rapidly adopt and expand virtual capacity development to enhance skills and good practices.



## Supporting health sector resilience to achieve Universal Health Coverage by 2030

To support health sector resilience to achieve Universal Health Coverage by 2030 in the countries we work in, we will:

- Actively support governments to recover from the impact of COVID-19, with plans to introduce surveillance models, diagnostics, vaccines and treatments as they become available
- Actively support national programmes to develop their roadmaps to UHC, articulate their contribution to the global health security agenda, tailor their strategic plans based on context-specific evidence (including changing population dynamics and urbanisation), enhance care quality and link to the wider multi-sectoral agenda
- Create an enabling environment for dialogue and coordination between public, private and philanthropic stakeholders, globally and nationally, to deliver ‘Public Health Good’
- Help transition and integrate sustainable programmes into wider health systems and intervention approaches by demonstrating cost-effectiveness and benchmarking quality of delivery and care
- Seek opportunities to provide technical assistance to countries and regional platforms that impact on strategies for controlling key communicable diseases, including responding to outliers and outbreaks
- Provide evidence for impact and value-for-money to support effective prioritisation of domestic funding and strengthening of national institutional capacity to argue effectively for in-country resources
- Support selectively innovations that can enhance the effectiveness of existing and new technologies including, for example, transitions to cashless payment.

## Influencing policy and practice

To influence policy and practice at national and global levels, we will:

- Carry out high quality operational and implementation research and evaluations to continuously improve existing interventions and approaches, and support of new evidence-based interventions
- Supporting the Global Malaria Programme with technical operational guidance to national programmes and coordination platforms in their adaptation of normative guidance, using context-specific evidence
- Work with national programmes and academic institutions to prioritise country-led research agendas
- Promote evidence uptake into national and global policies
- Carry out technical advocacy and strategic communications
- Document experiential and lessons learning from the field and share with key national, regional and global stakeholders to inform programme improvement and promote adaptive management.





## Our enablers

### Our team's expertise

We will maintain expertise in selected key health burdens, including malaria, pneumonia, malnutrition and dengue, and focus our efforts towards neglected tropical diseases that are least well covered in the communities we work with. We will build our expertise in how COVID-19 impacts/correlates with other infectious diseases and explore opportunities to engage in non-communicable diseases triggered by infectious diseases (e.g. HPV and cervical cancers). We will continue to build our breadth of capacity to engage in health system consulting and technical advocacy, both organically and through strategic relationships.

### Engagement at all levels

We engage in-country with all levels of government both on our targeted diseases and their pathway to UHC. In addition, we will actively advocate for continued /enhanced funding for target diseases and to engage with domestic and international funders on their specific approach to supporting UHC. We will focus on quality, intervention optimisation, programme effectiveness, relevant innovations and policy influence. We plan to be a leading organisation with governments, donors and civil society for designing and optimising complex health interventions; informing policy at national, regional and global levels; being represented at key external events and organising Malaria Consortium-hosted events to bring together influencers, decision makers and donors; and publishing findings, learnings and approaches consistently and in a timely manner across all audiences.

### Strong, relevant partnerships

Malaria Consortium's approach is always to work in partnership with all levels and departments of government. We will expand our relationships with local civil society, private sector actors and key international implementation partners. We will build on new and existing partnerships with selected academic institutions for implementation and operational research and actively pursue partnerships for supporting health system resilience and to develop/refine remote learning.

### Effective use of technology

We believe digital platforms will play a key role in driving the pace at which opportunities will be realised for improving data access and quality, enhancing skill shifting, supporting surveillance and outbreak response, and delivering sustainability on the pathway to UHC. We will make the most of existing platforms where possible and plan to play a leading role in direct engagement with communities. We will make ongoing investment in experiential learning and platforms/software to support data capture and analysis, adding tools to reduce manual interventions to finance systems and improve reporting efficiency.

### Safeguarded operations


We will maintain an unrelenting focus on safeguarding of those that are in vulnerable circumstances; invest in the required security advice and training to maintain duty of care in complex situations; and continue to do what is necessary to protect our IT systems and data.

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