

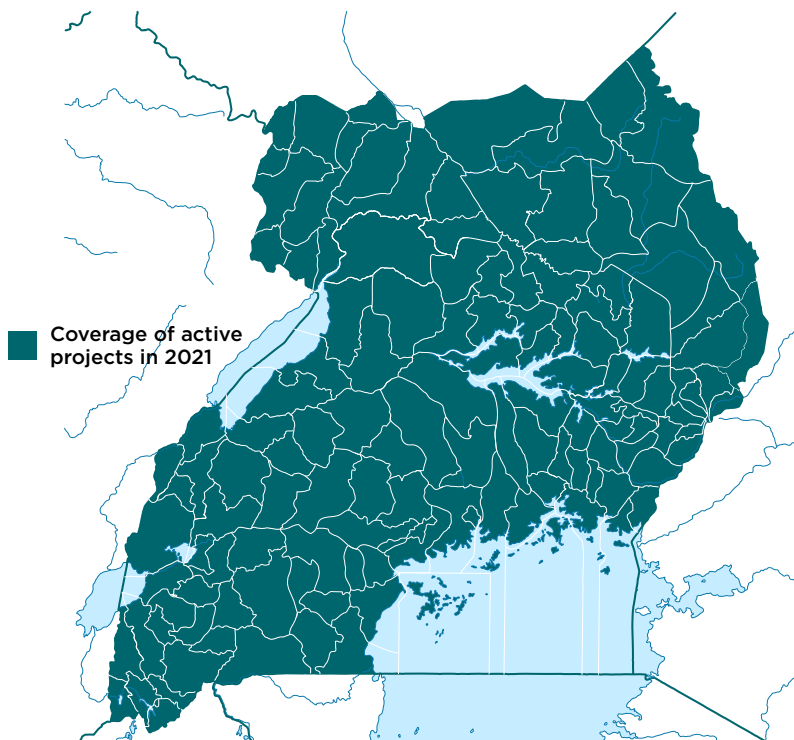
Malaria Consortium Uganda

Since 2003, Malaria Consortium Uganda has established itself as a leading technical research and implementing organisation, working closely with the Uganda Ministry of Health (MoH) at national and sub-national levels to support the management of malaria and other childhood diseases.

We regularly deliver cutting-edge and technically sound research through our implementation activities, providing evidence of innovative approaches that can work at scale. Our research plays a key role in informing policy and practice, and promoting the development of national strategy and policy.

We demonstrate pioneering work in integrated community case management (iCCM), social behaviour change (SBC) and community engagement. We further support the MoH to trial new interventions such as seasonal malaria chemoprevention (SMC) and iCCM data improvement through mobile health (m-health), and actively participate in resource mobilisation.

In addition, we focus on strengthening routine health information systems, providing guidance and strategic inputs to support effective monitoring and evaluation, as well as supporting entomological and surveillance activities to ensure quality and timely use of data.



Implementing seasonal malaria chemoprevention

We are a leading global implementer of seasonal malaria chemoprevention (SMC), which is recommended by WHO for children 3–59 months in areas with highly seasonal malaria transmission. While its efficacy has been proved in regions in the Sahel with low resistance to the antimalarials administered, it has not been evaluated in areas with high resistance.

Together with the National Malaria Control Division (NMCD), we started a phased implementation study in three districts in the Karamoja region in 2021 to evaluate the acceptability, feasibility and impact of SMC. Results so far demonstrate that SMC is safe, feasible and acceptable in the local context. In districts that received SMC, children were 92 percent less likely to develop clinical malaria during peak transmission, highlighting the intervention’s effectiveness in this new setting.

Further reading: <https://bit.ly/MJ7jBA> and <bit.ly/3KOZglz>

Areas of focus

Malaria burden reduction and elimination

Malaria Consortium provides key technical support to the Government of Uganda on the design, implementation and monitoring of effective malaria services, to advance the country’s goal of achieving malaria elimination.

Supporting malaria elimination efforts

We advise government and national programmes on setting up responsive malaria systems that promote the sustained reduction in malaria morbidity and mortality. During development of Uganda’s 2021–2025 Malaria Reduction and Elimination Strategic Plan, we supported the stratification of Uganda into different service strata based on malaria prevalence. Drawing on our experience of supporting elimination in the Greater Mekong Subregion, we included elimination zones among the strata in Kigezi sub-region. In 2017, we funded a visit of key MoH officials, including the Minister of Health, to southeast Asia to learn from their malaria elimination strategies.

Among the projects in which we are applying these strategies is Supporting Uganda’s Malaria Reduction and Elimination Strategy. We are ensuring comprehensive capacity development to improve prevention, diagnosis and treatment of malaria; increased healthcare access via improved iCCM; and stronger malaria surveillance systems for improved data quality and use for decision-making.

Further reading: <bit.ly/2QKeB40> and <bit.ly/33OWHH6>

Social and behaviour change

We strengthen health service delivery at the health facility and community levels, engaging communities to collaboratively find solutions that are appropriate to local contexts.

Working with women, men and young people to lead behaviour change

We use community engagement approaches to encourage the uptake of positive behaviours. We ensure these approaches integrate gender-aware, inclusive solutions in malaria programming. Under USAID’s Malaria Action Program for Districts, we were the leading implementer of innovative SBC targeting men, women and young people. Using community dialogues, role plays and edutainment, we encouraged communities to improve their knowledge of malaria measures and commit to achieving sustained positive behavior change.

Together with programme partners, we provided young people with the skills, knowledge and resources to drive discussions on malaria prevention and control, working collaboratively to identify solutions to address the impact of inequitable gender and youth practices on decision-making. We further targeted men and key influencers in communities via novel approaches such as the ‘zooming-in’ approach, to advocate for the use of malaria preventive measures in households.

Further reading: <bit.ly/3mlHRg5>, <bit.ly/3KSbOQK> and <bit.ly/32B41oW>

Health sector resilience

We strengthen health sector resilience by supporting the delivery of the best possible services and maximising the use of available resources to advance universal health coverage.

Strengthening healthcare through integrated community case management

We actively promote and facilitate access to high-quality healthcare services throughout Uganda, particularly in remote areas, through improved iCCM. We provide technical support, training and supervision to village health teams (VHTs) and community health workers (CHWs) — over 40,000 since 2015 — to better diagnose and treat common childhood illnesses including pneumonia, malaria and diarrhoea, and to refer children with warning signs and symptoms to nearby health facilities. We also work with districts and local level health structures to strengthen referral systems for priority cases.

In tandem, we ensure that iCCM activities are streamlined and cost effective. To enable the real-time monitoring of supply chains among CHWs, we worked with partners to update an existing digital health platform. Working with the NMCD, we used this platform to address the low uptake of intermittent preventive treatment in pregnancy by designing and implementing an intervention that sends educational text messages to health workers. This intervention's success saw its integration into the MoH national malaria in pregnancy training strategy.

Further reading: bit.ly/JErXuL and bit.ly/2PqtL0z



During the delivery of SMC, each caregiver is provided with a child health card completed with the child's name, village, VHT member's name and details of each SMC cycle

Collaborations and partnerships

We have developed close working relationships with the Ugandan MoH and NMCD, as well as with local health authorities. We are grateful for fruitful collaborations with our many partners, such as Banyan Global, Communication for Development Foundation Uganda, IntraHealth International, Living Goods, John Hopkins University/Center for Communication Programs, Medic Mobile, The AIDS Support Organisation, UNICEF, Vitamin Angels, and WHO. Malaria Consortium has successfully managed grants from donors including: the Against Malaria Foundation; the Bill & Melinda Gates Foundation; the Canadian International Development Agency; Comic Relief; the Global Fund to fight AIDS, Tuberculosis and Malaria; Grand Challenge Canada; Irish Aid; Malaria Consortium U.S.; UK aid from the UK Government; Unitaid; and USAID/U.S. President's Malaria Initiative.

Maternal, newborn and child health

We have supported the implementation of malaria and child health programmes in over 95 percent of districts in Uganda. We facilitate integrated care plans and training to prevent and treat childhood illnesses, including through surveillance and mass immunisation.



Parents practising kangaroo care as part of the iCCM-MaCS project

Tackling common childhood illnesses

Drawing on our vast experience of delivering intermittent preventive treatment in infants, we work across national, district, health facility and community levels to integrate ante- and postnatal services into community health structures.

Since 2015, we have expanded maternal and newborn care by integrating these services into the MoH's existing community health programme, treating more than 7,000 premature babies and almost 360,000 pregnant women. Between 2019 and 2020 alone, we helped strengthen referral systems for under-fives, training more than 200 health workers and over 900 CHWs on how to monitor newborn growth; educate mothers on breastfeeding and umbilical cord care; encourage expectant mothers to attend check-ups; promote delivery at health facilities; and encourage newborn immunisation.

Further reading: bit.ly/3rAuQQA and bit.ly/2OafhKT

Surveillance and digital health

We support governments and health facilities to improve data quality, collection and analysis to better understand transmission dynamics — and improve health systems resilience.

Championing mobile health initiatives

Through the inSCALE project, supported by the Bill & Melinda Gates Foundation, Malaria Consortium Uganda pioneered a method of malaria reporting via mobile phones over a decade ago. Together with project partners, we rolled out m-health as part of our iCCM programme, sharing our combined learning from these initiatives with the MoH. We believe digital platforms will continue to play a key role in driving the pace at which opportunities will be realised to improve data access and quality, enhance skills development, support surveillance and response, and deliver sustainability to achieve universal health coverage.

Improving data quality and use

Building on surveillance insights from Cambodia, we have created sub-county geospatial maps that combine temporal and spatial information with traditional data to build data visualisations. These allow the MoH to identify areas with high malaria incidence and test-positivity rates, and to design appropriate responses. Simultaneously, we are developing the capacity of health facility staff to actively monitor malaria trends through routine data gathering, enabling them to predict malaria upsurges and pinpoint hotspots for targeted interventions. At the community level, we have trained VHTs on the use of data collection tools and on data-guided service delivery.

We are also strengthening entomological surveillance, integrating it into the district health information system to continuously evaluate vector control interventions, in line with similar efforts in Ethiopia.

Emergency response

We are committed to tackling public health emergencies while ensuring the continued, safe delivery of essential, life-saving interventions.

Malaria Consortium is one of the world's leading non-profit organisations specialising in the prevention, control and treatment of malaria and other communicable diseases among vulnerable populations.

Our mission is to save lives and improve health in Africa and Asia through evidence-based programmes that combat targeted diseases and promote universal health coverage.

Responding to COVID-19

In Uganda, we developed the capacity of more than 30,000 frontline health workers to identify, treat and refer cases of COVID-19. We also guaranteed access to essential personal protective equipment. To help the MoH slow the spread of the virus, we disseminated information and education materials — such as posters and pamphlets — via house visits, radio broadcasts, social media and SMS to inform and sensitise communities about COVID-19 and appropriate health-seeking behaviours.

Further reading: bit.ly/2QObDOA

Understanding COVID-19 through operational research

Research is central to our work and essential to improving healthcare delivery. To understand the burden of malaria, tuberculosis and HIV/AIDS among patients with COVID-19 and assess the clinical consequences of potential interactions, we worked with the MoH to conduct a descriptive clinical study at eight COVID-19 treatment centres in Uganda. The results of this cutting-edge research will add value to the literature on SARS-CoV-2 epidemiology, inform ongoing clinical assessment and care administered to COVID-19 patients, and enhance case management approaches in similar settings in sub-Saharan Africa.

Further reading: bit.ly/3rDdgvf and bit.ly/3GwwAlz

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Cover image: Child being administered SMC medication



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