malaria consortium
disease control, better health

CAPACITY STATEMENT

# Malaria Consortium Asia

Malaria Consortium has been engaged in disease control in Asia since 2003. We work mainly in the Greater Mekong Subregion (GMS) of southeast Asia, with offices in Thailand, Cambodia and Myanmar. We also have a presence in Bangladesh and Nepal. Historically, our activities have extended to Laos, Vietnam, and Yunnan Province, China.

Within Asia, we target key health burdens, including malaria, pneumonia, diarrhoea, dengue and neglected tropical diseases, along with other factors that impact on child and maternal health. We excel in cutting-edge operational and implementation research, working with communities, government and non-governmental agencies, academic institutions, and civil society organisations.

We provide technical assistance and consulting services that shape and strengthen national and international health policies, strategies and systems, and develop local capacity — particularly regarding the control and elimination of vector-borne diseases.

As the Implementing Agent of the Asia-Pacific Malaria Elimination Network (APMEN) Vector Control Working Group, we provide capacity development to APMEN's 21 member states through our Thailand office by way of online and physical courses, webinars and a web-based information-sharing platform.


## Malaria burden reduction to elimination

Malaria Consortium plays a significant role in malaria elimination efforts in the GMS, which has pledged to eliminate malaria by 2030. We work with national and international stakeholders to achieve rapid elimination and tackle the growing threat of malaria drug resistance.

### Providing malaria services to hard-to-reach populations

Through several successful projects under the Regional Artemisinin-resistance Initiative (RAI) Fund, we have expanded the delivery of malaria services in the most remote areas of northern Cambodia. Using strategically placed malaria posts at entry points to hard-to-access forests, we can reach forest goers and mobile and migrant populations. These groups are at greatest risk of contracting malaria, thereby contributing to its sustained transmission.

We support the capacity development of mobile malaria workers — trusted members of the target population — to engage and educate their communities on malaria prevention, distribute long lasting insecticidal nets (LLINs), provide early testing and treatment and investigate all positive cases. By continually reviewing quantitative data, operational experience, and local knowledge and behaviour, we swiftly respond to residents' movement patterns and deliver the most targeted, tailored interventions in these areas. With Cambodia on track to eliminate malaria by 2025, we have been asked to support the country in efforts to prevent reintroduction after elimination. We will do so by facilitating the adaptation of the national surveillance system.

Further reading: bit.ly/388UtBe, bit.ly/2m5LWcW and bit.ly/2mcGbdP

### Tackling residual malaria transmission in Myanmar

To support Myanmar to overcome residual malaria transmission — the final hurdle to malaria elimination — we have supported the use of LLINs, monitoring of net distribution, qualitative assessment of personal protection measures and the behaviours of at-risk populations. We are also exploring the development of alternative tools to reduce outdoor transmission, such as insecticide-treated clothing (ITC) among mobile and migrant populations and night-time workers, who often miss out on core malaria interventions. Our 2014–2016 study showed that ITC is acceptable to rubber tappers as a complementary vector control measure, and assisted policy makers in tackling outdoor transmission.

Further reading: bit.ly/3fYDd46

## Data-informed decision-making

Adaptive surveillance systems are essential to achieving malaria elimination. We support governments in the systematic and ongoing collection, reporting, analysis and interpretation of data, and its timely dissemination to decision makers.

### Building robust surveillance systems

To support national programmes to transition further along the elimination continuum, we engage in the creation and development of malaria information systems (MIS) and support governments to carry out national Malaria Indicator Surveys.

In Myanmar, we supported the National Malaria Control Programme (NMCP) in 2016 to conduct the country's only Malaria Indicator Survey. We later launched an MIS that supports case-based surveillance in over 95 percent of the country's malaria-endemic townships. We led comprehensive training to develop staff capacity to cope with the new technology and data platforms. The new system has become a fundamental mechanism for malaria surveillance, monitoring and evaluation. It contributes to measuring programme outputs, outcomes and impact; ensures that data quality and feedback mechanisms are in place; and generates learning for programme management and decision-making. Use of real-time data at the township level has enabled rapid case investigation and control of malaria foci, driving the process of elimination.

In Cambodia, we facilitated five Malaria Indicator Surveys over 2004–2017. We also supported the Ministry of Health to transition from an offline to a web-based reporting system to simplify capturing elimination-focused, case-based data. The MIS integrates automated dashboards into the existing user interface, enabling rapid, up-to-date data visualisation. It also obtains data from, and communicates it through, a variety of information sources and platforms. The MIS now processes case-based data from all levels of service provision and allows health staff to respond to malaria outbreaks and individual cases.

Further reading: bit.ly/33wWQvl and bit.ly/2MS1rj7

## Policy and practice

We carry out high-quality operational and implementation research and evaluations to support new, evidence-based interventions. We document and share this learning to inform programme improvement and promote uptake into national policies.

### Reducing the spread of dengue

Working with communities and health systems, we focus on innovative and cost-effective control methods to reduce the prevalence of infection of vector-borne diseases. Within the GMS, our Thailand office provides research support for malaria and dengue transmission reduction through vector control. In Cambodia, we implemented a socio-ecological vector control strategy that encouraged communities to produce affordable mosquito traps using recycled plastic water bottles. We also facilitated the set-up of community-managed guppy fish nurseries supplying households to target mosquito larvae. Together with research partners, we showed that this approach was highly effective in reducing entomological indicators for dengue. Promising results from a large-scale study evaluating the outcomes of community-driven vector control interventions in the province led to the launch a similar project in Myanmar — had it continued, this intervention package would have been invaluable for potential scale-up.

Further reading: bit.ly/MJ7mNM and bit.ly/3qKwHC9

## Collaborations and partnerships

We have forged close ties with Ministries of Health, provincial health departments and government bodies including Myanmar's NMCP and Cambodia's Center for Parasitology, Entomology and Malaria Control, and regional bodies such as the Asia-Pacific Leaders Malaria Alliance.

We have achieved huge gains throughout the region with support from the ARK Foundation, Comic Relief, the Global Fund to Fight AIDS, Tuberculosis and Malaria, GlaxoSmithKline, Norwegian University of Life Sciences, Sumitomo Chemicals, UK aid from the UK government, University of California Malaria Elimination Initiative, U.S. Centers for Disease Control and Prevention, the U.S. President's Malaria Initiative and the World Health Organization's Tropical Diseases Research Unit; as well as private sector donors such as the Vitol Foundation.

We have developed partnerships with Bournemouth University, the Global Health Asia Institute at Mahidol University, HERD International, the International Centre for Diarrhoeal Disease Research, the Institute of Tropical Medicine Antwerp, the Institute Pasteur du Cambodge, the Karolinska Institutet, University of California (San Francisco), Population Services International, the University of Leeds, the United Nations Office for Project Services, APMEN, the Asia-Pacific Leaders Malaria Alliance, and several civil society organisations (including the Malaria Civil Society Organization Platform, of which we are a member). Further, we are a partner of the global RBM Partnership to End Malaria and work with the GMS Regional Steering Committee.

Health worker using a breath counter to detect pneumonia, Nat Gyu Kone village, Myanmar

## Health systems resilience

We work with communities and health systems, with a focus on capacity development and innovative community engagement approaches to strengthen resilience at all levels.

### Promoting the One Health approach to curb antimicrobial resistance

The inappropriate use of antibiotics is considered to be a key driver of antibiotic-resistant infections. A study we conducted in rural Bangladesh highlighted the need for context-adapted interventions at both at the community and health systems levels to reduce inappropriate antibiotic use in relation to households and their domestic animals.

We are now working to engage communities to identify and implement sustainable, community-led solutions to antimicrobial resistance (AMR). We are supporting project partners in Bangladesh and Nepal to implement and evaluate an intervention aimed at tackling AMR at the community level. We will assess its effectiveness in improving knowledge, attitudes and practices relating to the drivers of AMR; its cost-effectiveness and the cost of scale-up; and the extent to which it is equitable, gender sensitive and participatory.

Further reading: bit.ly/37Cb96y and bit.ly/3Ph6EzR

Women participating in ARIDA field trials, Nepal

**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.**

### Capacity development in primary healthcare

We have expanded integrated community case management (iCCM) in Myanmar, developing the skills of the country's malaria volunteers to diagnose and treat common, but potentially fatal, childhood illnesses — including malaria, pneumonia and diarrhoea — in under-fives. Volunteers receive training to screen for malnutrition, to improve supervision by basic health staff, and to enhance supply chain management of rapid diagnostic tests and medicines. We support staff to conduct participatory sessions in the form of community dialogues, which allow communities to explore health issues and identify the most appropriate potential solutions.

Improved training and supervision have effectively and substantially reduced the service gap for the most susceptible communities and eased the burden on health systems. At the policy level, our work has informed the development of the community-based health workers policy in Myanmar, a monumental achievement towards universal health coverage goals.

Further reading: bit.ly/2Jz7N8r



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**Cover image**: A local woman sits in her kitchen at Siam Pang commune, Cambodia

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