



Malaria Consortium and the Sustainable Development Goals



At Malaria Consortium, we strive to ensure our work contributes to achieving the Global Goals for Sustainable Development (SDGs) by 2030. Our [2021-2025 strategy](#) draws on our understanding of the global commitment to the SDGs and prioritises accelerating burden reduction to elimination, strengthening data-informed decision-making, supporting health sector resilience, and influencing policy and practice.

Our efforts to address key health issues in Africa and Asia reflect the interconnected nature of the SDGs. While our activities focus primarily on goal three (good health and wellbeing), they also support the attainment of 10 others. For instance, our dengue control programmes encourage communities to adopt safe water storage and sanitation practices in order to reduce transmission rates. This contributes to progress towards realising goals three and six (clean water and sanitation).

In addition to implementing cross-cutting and integrated programmes, Malaria Consortium seeks to improve equity and ensure appropriate power relations; this is crucial if we are to improve health for all. To this end, we have helped establish village health clubs and the community dialogue approach to enable community members to discuss and find solutions to their own healthcare concerns.

We are guided by the SDGs' principle of leaving no one behind. We actively support governments to deliver health services to hard-to-reach communities, and work with communities to co-create sustainable solutions to healthcare concerns. We are also developing, trialling and scaling up novel approaches, including digital health strategies and tools, that contribute to the reduction of the burden of malaria and other diseases as we work towards elimination.

This brochure highlights some of the key ways Malaria Consortium is contributing to the SDGs and, in particular, illustrates the importance of using a multifaceted approach to improve health outcomes globally.



1 NO POVERTY



Fewer working hours are lost and economic productivity improves when less money is spent travelling to health facilities and

treating illness.^[1] Therefore, many of our programmes seek to improve access to affordable healthcare for poor and remote communities. For instance, in Nigeria we [trained CHWs](#) to diagnose and treat life-threatening illnesses in some of the country's most impoverished and isolated villages.

2 ZERO HUNGER



Malnutrition — the cause of half of all child deaths globally^[2] — is a significant problem in a number of the countries

in which we operate. To tackle this, we have trained CHWs in Nigeria and South Sudan to [rapidly identify and refer malnourished children to feeding centres](#), integrating nutrition checks into pre-existing community case management programmes where possible.

3 GOOD HEALTH AND WELL-BEING



Achieving goal three is at the heart of our work. To help improve maternal and child health, we distribute long lasting

insecticidal nets that protect against malaria throughout Africa, and [develop community case management systems](#) to ensure common childhood illnesses are treated quickly and efficiently in remote communities. We also [deliver seasonal malaria chemoprevention \(SMC\)](#) to under-fives in the Sahel and East and southern Africa to prevent and control the spread of malaria in the rainy season, and have provided Ugandan health facilities with incubators and guidance on [implementing cost-effective and high-impact neonatal care techniques](#).

4 QUALITY EDUCATION



In communities affected by malaria and other infectious diseases, frequent bouts of illness adversely impact

children's education.^[3] Our programmes help keep children in school and build health-related knowledge. For example, by incorporating health into primary schools' curricula, our [malaria awareness classes and net distributions](#) in Mozambique increased teachers' and pupils' understanding of how to spot, treat and prevent malaria and reduced school absenteeism.

5 GENDER EQUALITY



Gender norms and relations impact on access to, and uptake of, health services and also affect individuals' opportunities to work

within the healthcare system.^[4] We promote a gender-sensitive workforce, advocating for equal opportunities for health workers at community and facility levels as part of our programmes across Africa and Asia. Our health messaging is also gender-aware and avoids reinforcing gender-based health inequalities. For instance, knowing that Nigerian women tend to be less literate than men, [our SMC promotional materials are designed to be accessible](#) to individuals with all levels of literacy.

6 CLEAN WATER AND SANITATION



As safe water, sanitation and hygiene (WASH) practices are key to achieving good health and wellbeing for

all,^[5] our community-based primary healthcare programmes often promote WASH-related behaviour change. For instance, [the community dialogues and health clubs we have established](#) in Mozambique enable people to discuss local WASH concerns and formulate culturally-relevant solutions that will help prevent and control the spread of diarrhoea and neglected tropical diseases.

9 INDUSTRY, INNOVATION AND INFRASTRUCTURE



As an evidence-led organisation, we regularly trial innovative approaches and embed research and lessons learnt

into the design of our programmes. For example, we [tested a mobile health platform](#) to support CHWs in Mozambique and [carried out cross-border malaria surveillance](#) to address malaria and artemisinin resistance in the Greater Mekong Subregion.

10 REDUCED INEQUALITIES



It is well known that unequal access to health services further exacerbates the impact of poor health, especially on those in

low-income settings who are already at higher risk of poor health and often face being driven further into poverty when seeking care.^[6] Therefore, we aim to promote and support universal health coverage in the countries in which we work. Our [community-based primary healthcare programme in Myanmar aimed to improve access](#) to quality health services among marginalised and remote communities. Likewise, in addition to [supporting the Nigerian government's mass net distribution campaigns](#), we also helped to build a sustainable culture of net use and provision in the country, which included strengthening local private-sector manufacturing.

12 RESPONSIBLE CONSUMPTION AND PRODUCTION



Cognisant of the growing threat posed by antimicrobial resistance (AMR), we endeavour to reduce the misdiagnosis and unnecessary

prescribing of medicines. For example, we [trialed innovative automated respiratory rate timing devices](#) in Ethiopia and Nepal to improve the accuracy of pneumonia diagnosis. We also used a One Health approach to [identify the drivers and map the prevalence of AMR](#) in rural Cambodia, and to develop training guides to improve health, agricultural, and veterinary personnel's use of antibiotics. We are additionally [implementing community engagement interventions in Bangladesh and Nepal](#) to address the contextual drivers of AMR through a One Health approach.

13 CLIMATE ACTION



Climate change and variability can impact the transmission of vector-borne diseases through effects on the life cycles of

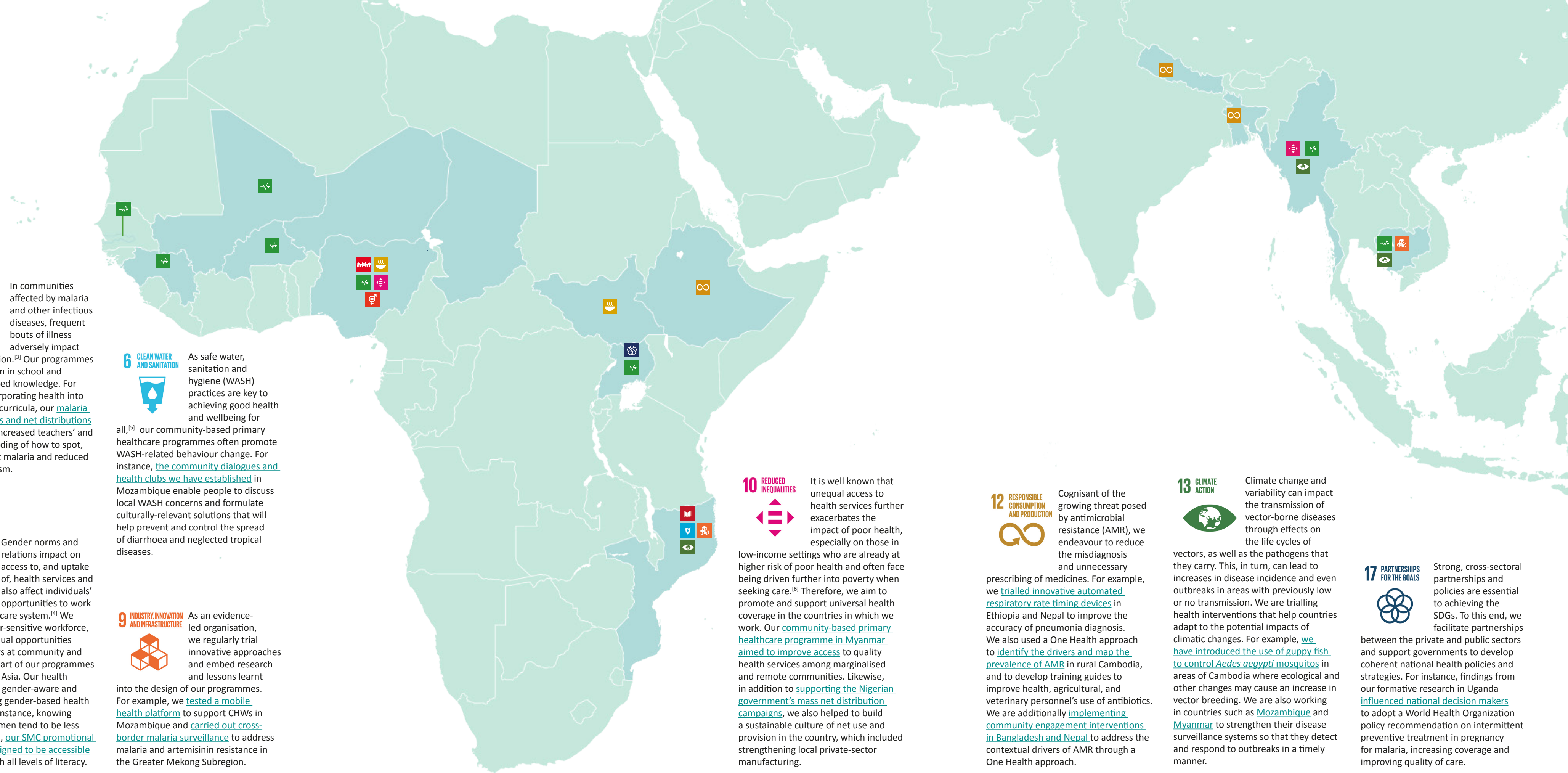
vectors, as well as the pathogens that they carry. This, in turn, can lead to increases in disease incidence and even outbreaks in areas with previously low or no transmission. We are trialling health interventions that help countries adapt to the potential impacts of climatic changes. For example, [we have introduced the use of guppy fish to control Aedes aegypti mosquitoes](#) in areas of Cambodia where ecological and other changes may cause an increase in vector breeding. We are also working in countries such as [Mozambique](#) and [Myanmar](#) to strengthen their disease surveillance systems so that they detect and respond to outbreaks in a timely manner.

17 PARTNERSHIPS FOR THE GOALS



Strong, cross-sectoral partnerships and policies are essential to achieving the SDGs. To this end, we facilitate partnerships

between the private and public sectors and support governments to develop coherent national health policies and strategies. For instance, findings from our formative research in Uganda [influenced national decision makers](#) to adopt a World Health Organization policy recommendation on intermittent preventive treatment in pregnancy for malaria, increasing coverage and improving quality of care.



References

1. Centers for Disease Control and Prevention. [Malaria's Impact Worldwide](#). [May 2018; cited September 2018].
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3. Klejnstrup NR, Buhl-Wiggers J, Jones S, Rand J. Early life malaria exposure and academic performance. PLOS, 2018. 23(6).
4. WHO. [Gender, equity and human rights](#). Geneva: WHO; 2017.
5. Mills JE, Cumming O. [The impact of water, sanitation and hygiene on health and social outcomes: Review of evidence](#). London: SHARE; 2016.
6. WHO. [10 facts on health inequalities and their causes](#). [April 2017; cited July 2018].
7. Whiting, A. [Doctors must check weather forecasts to stop epidemics in their tracks](#). Reuters. 7 April 2017. [Cited Spetember 2018].

About Malaria Consortium

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 disease and promote universal health coverage.