malaria consortium
disease control, better health

CAPACITY STATEMENT

Universal health coverage

The goal of universal health coverage (UHC) is that all individuals and communities can enjoy health and well-being without facing financial hardship when accessing healthcare services. This can only be achieved in partnership with sustainable, resilient health systems delivering UHC. While many countries have made progress in terms of healthcare delivery and reach over the past decades, at least 400 million people still lack access to one or more essential health services. And, every year, 100 million people are pushed into poverty and 150 million people suffer financial catastrophe due to out-of-pocket expenditure on health services.[1]

While UHC is embedded in the Sustainable Development Goals (SDGs), which include the specific health goal of 'ensuring healthy lives and promoting well-being for all at all ages', there is still much to be done if we are to meet the requirements of the SDGs and UHC targets by 2030.

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.

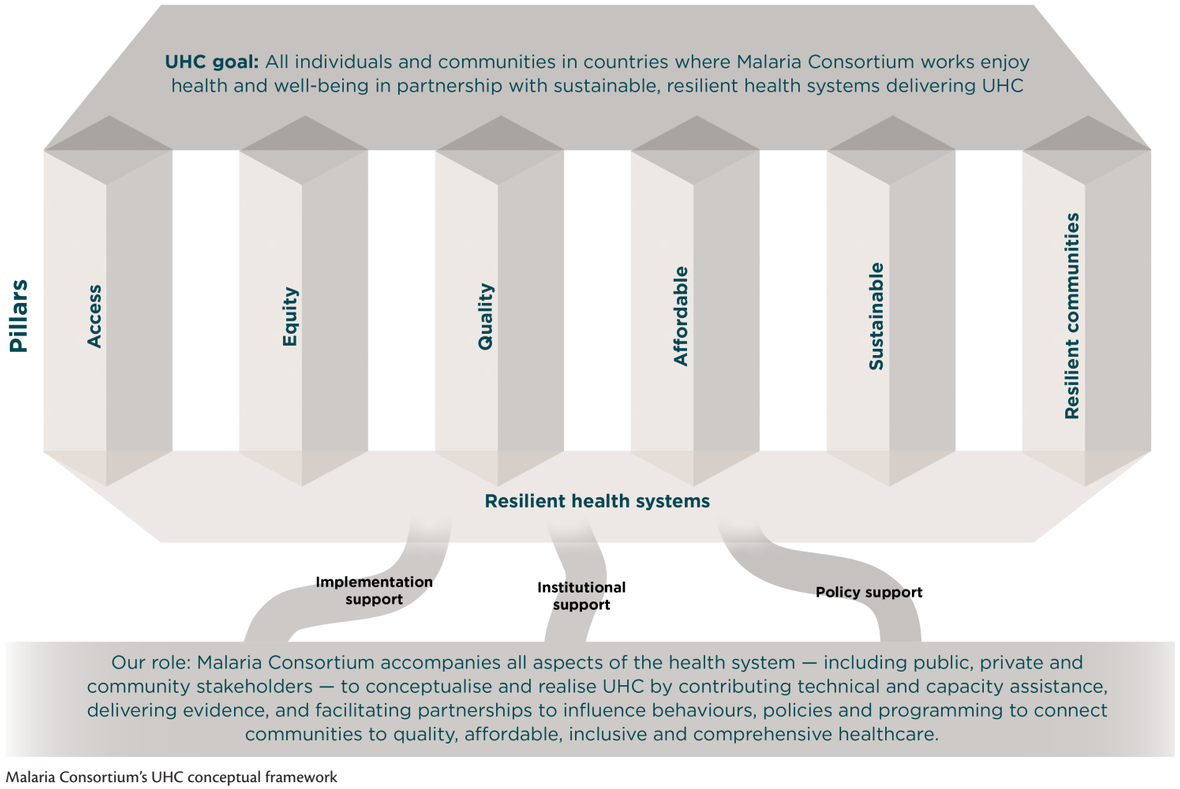
Our mission is to save lives and improve health in Africa and Asia through evidence-based programmes that combat targeted diseases and promote universal health coverage.

Our approach and scope

UHC has always been an important consideration in our work and is a central theme in our 2021–2025 strategy, which draws on our understanding of the SDGs and prioritises health sector and community resilience to achieve UHC.[2]

UHC is fundamental to the design and implementation of our programmes, and we focus on three entry points through which we offer support: implementation, institutions and policies. We support all aspects of the health system — including public, private and community stakeholders — to conceptualise and realise UHC. We contribute technical and capacity assistance, deliver evidence and facilitate partnerships to influence behaviours, policies and programming. In this way, we are able to connect communities to quality, affordable, inclusive and comprehensive healthcare.

We believe there are six key aspects that are important to achieve if we are to consider UHC truly universal, and that are supportive of our goal.



Malaria Consortium's UHC conceptual framework

Our expertise

1. Access

Bringing services to communities is the best way to reach as many people as possible. We advocate for overcoming geographic, physical, financial, administrative or cultural barriers that could impede people's access to healthcare. A critical aspect of health service access is that necessary services and commodities are actually available, and that people can physically reach these services.

Using culturally adapted strategies to reach communities in remote areas

In Cambodia, forest goers and migrant populations contribute to sustained malaria transmission because their high mobility and seasonal cross-border migration limits their opportunity to access healthcare services. Forest goers have a greater malaria infection risk as their movements tend to coincide with *Anopheles* mosquitoes' active biting times.

We collaborate closely with the Cambodian government — specifically with the Ministry of Health; the National Center for Parasitology, Entomology and Malaria Control; and provincial health departments — to contribute towards Cambodia's goal of eliminating *P. falciparum* by 2023 and *P. vivax* by 2025. As part of the Regional Artemisinin Resistance Initiative 3 Elimination (RAI3E) project, we are delivering early malaria detection and treatment interventions in hard-to-reach locations through a flexible and culturally tailored approach that provides appropriate infrastructure, human resources and supplies where they are needed.

Malaria posts have been set up strategically at entry/exit points of forest areas, providing malaria services to passers-by who live and work nearby. Alongside, we are recruiting and training mobile malaria workers (MMWs) — respected and trusted members of the target population who speak local languages, and who have knowledge of population mobility patterns and the forest. At these posts, MMWs provide malaria case detection services to at-risk individuals using malaria rapid diagnostic tests (RDTs). They are also equipped to conduct health promotion activities to raise community awareness of malaria transmission and use of effective personal protection, such as long-lasting insecticidal nets, testing and treatment.

Further reading: bit.ly/_RAI3E

2. Equity

Healthcare must be available to all individuals, regardless of age, gender, sexual orientation, gender identity, ability, origin, affiliation, location or behaviour that may put them at risk or result in marginalisation. We seek to identify and remove any barriers facing groups or individuals to ensure fair access and health outcomes. Access to health services should not only be equitable, but these services should also be used.

Focusing on gender-responsive approaches in health-seeking behaviour

In Bangladesh and Nepal, we are engaging both women and men in antimicrobial resistance (AMR) discussions. AMR is a major global health threat — the World Health Organization estimates it contributes to more than 700,000 deaths globally each year — driven in part by the misuse and overuse of antimicrobial drugs in humans and animals, especially in low- and middle-income countries.[3] Gender roles can mean that women and men do not have the same access to opportunities and knowledge, or are not afforded the same right to make decisions relating to behaviour that is affecting their health.

As part of the Community Solutions to Antimicrobial Resistance (COSTAR) research project, we are using community dialogues — a community engagement approach developed and pioneered by our organisation — to discuss health issues and develop action plans that enable communities to make and sustain healthy choices about antibiotic use. In collaboration with the University of Leeds and other project partners, including ARK Foundation Bangladesh and HERD International, Nepal, we support the training of local individuals as workshop facilitators. The training equips them to promote and share healthcare knowledge. Workshop participants identify locally relevant solutions to prevent and control AMR, and the trainers ensure that members who may need extra help to attend the discussions or to interact with the information are included.

To conduct workshops and train community dialogue facilitators, we recruited an equal proportion of women and men trainers; we carefully selected creative and participatory methods (including visual methods, creative diagrams, ranking and social mapping) designed to engage all people in our interviews and discussions. Additionally, we included gender-sensitive language in community dialogue materials, research tools and related publications.

Further reading: bit.ly/_Costar

A health assistant inspects the patient register books of a VHT in Kole district, northern Uganda. VHTs have been successful in reducing morbidity and mortality due to malaria and other common illnesses in a population of approximately 2.8 million people. They work directly with district structures and health facilities and increase access to services where they are needed the most

3. Quality

Healthcare delivery must be effective, safe, people centred, timely, integrated and efficient. We support the delivery of high-quality healthcare, where quality is determined both by best practice standards and in the eyes of the individuals who are seeking treatment. Quality not only encompasses the skills of the workforce, diagnostics and drugs, and data used for decision-making; it also acknowledges the community's trust in services, which encourages positive treatment-seeking behaviour.

Embedding quality healthcare into community case management

In Uganda, malaria continues to be the leading cause of morbidity and mortality, especially in children under five. To reduce malaria prevalence and tackle common illnesses like diarrhoea and pneumonia, Uganda's 2021–2025 National Malaria Reduction and Elimination Strategic Plan recommends that integrated community case management (iCCM) and other vector control measures be implemented at scale to achieve malaria-free districts, where social and economic transformations can lead to longer and improved quality of life for the population.

Through the Supporting Uganda's Malaria Reduction and Elimination Strategy (SUMRES) project, we are establishing a functional iCCM programme in Lango and Acholi sub-regions. With our partners, including the Ministry of Health (National Malaria Control and Child Health Divisions), we are providing training and mentorship to village health teams (VHTs) to improve the quality of health services they deliver within their communities. The project aims to increase the proportion of trained VHTs who can correctly diagnose and treat malaria in under-fives from 80 to 95 percent. We also aim to achieve timely and correct treatment of at least 90 percent of malaria cases at the public, private and community level as per national treatment guidelines through the use of improved surveillance data quality.

Further reading: bit.ly/2f1SNC4

4. Affordability

Healthcare must be affordable to the patient. While we recognise that 'affordable' might not necessarily mean 'free', households should not be forced into poverty, greater vulnerability or develop detrimental coping mechanisms to access healthcare. Sometimes, it may be possible to bundle or integrate health services to lower both the cost of delivery and the cost to the patient. In some contexts, a form of subsidised healthcare may be appropriate.

Stimulating markets to provide affordable malaria commodities

In Nigeria, the private, for-profit healthcare sector plays a significant role in malaria case management, but can be difficult to monitor and regulate. Diagnosis is one of many crucial components in tackling malaria and, in low-income settings, RDTs are the best tools available. However, access to appropriate, high-quality and affordable treatments and diagnostics in line with current recommendations remains a challenge.

We collaborated with the National Malaria Elimination Programme (NMEP) to introduce two subsidy schemes for antimalarial medicines. The Affordable Medicines Facility malaria (AMFm) and the Private Sector Co-payment Mechanism (PSCM) subsidised the cost of quality-assured artemisinin-based combination therapy (ACT) — the recommended antimalarial drug in the private sector for uncomplicated malaria.

Following a market survey conducted at the end of the PSCM to assess how the price reductions had affected the malaria commodities market, we found that availability of ACTs increased significantly over the intervention period and was almost universal at the time of the survey. The subsidy schemes had significantly improved availability and affordability of ACTs, which increased consumer demand for malaria treatment from private outlets and promoted the effective treatment of malaria.

Further reading: bit.ly/Mgq6UD and bit.ly/2fb3nXu

Health workers in Nigeria update patient registers. Data and evidence are needed to inform decisions on strategic interventions that are targeted and effective to combat malaria

5. Sustainability

Long-term dependence on external funding reduces the sustainability of healthcare provision. Governments can use different financial mechanisms, while also ensuring the efficiency and effectiveness of health services. Maintaining a comprehensive health system, particularly one that is affordable to patients, requires investment and lasting commitment from governments. We believe that along with financial sustainability, institutional sustainability is key.

Working with governments to promote contextually appropriate digital health

In Mozambique, we have been supporting the development of the digital health tool upSCALE for local community health workers — known as *agentes polivalentes elementaries* (APEs) — to improve the quality, coverage and management of community-based primary healthcare. upSCALE consists of a multimedia mobile phone app that APEs use to support patient management.

We are supporting the government to secure nationwide coverage of upSCALE by 2023 and embed it into the new national community strategy for APEs. Key to upSCALE's sustainability will be the integration of upSCALE data into the national health management information system. This will support not only community health, but also other health sectors that would benefit from such data sharing.

Thanks to its collecting data in real time, and geographic information system locations to identify where challenges are taking place, upSCALE supports subnational and national-level stakeholders with data-informed decision-making. Not only has upSCALE allowed us to digitise the APE training programme, but it also supports the collection and aggregation of data from different programme activities and systems, making it a sustainable tool for the future.

Further reading: bit.ly/2fb3nqs

In Cambodia, through the provision of essential malaria services in remote regions, we support community and health system resilience. Malaria volunteers are better equipped to diagnose and treat communities, who, in turn, have a stronger understanding of the services available to them and the importance of treatment seeking

6. Resilience

Resilience refers to the ability of both health systems and communities to mitigate, adapt to and recover from shocks and stresses, in a way that reduces chronic vulnerability, promotes inclusive growth, and transforms the environment through collective action. Resilience is increasingly important as health systems adapt to the growing health impacts of climate change and biodiversity loss.

Supporting communities to practise preventive and health-promoting behaviours

In South Sudan, conflict and flooding have resulted in the displacement of more than a million people. In 2021, devastating floods in Aweil South County led to the further temporary internal displacement of thousands of people. The floods have destroyed infrastructure, reducing the number of functioning health facilities operating in the region, and have made it more difficult for individuals to access these remaining health facilities.

Partnering with Aweil South County Health Department and others, we are working with communities to expand the reach of integrated health services through mobile and static health clinics. Our aim is to reach 95 percent of the target population in need of medical services in Aweil South. Connecting community structures with the formal health system will facilitate two-way information sharing, inform decisions, and support the co-design of appropriate solutions.

To strengthen resilience, we are also recruiting and training clinical and support staff, equipping them to refer complicated cases to health facilities and to share information and distribute materials to raise awareness of key health issues. Additionally, we are supporting community surveillance systems and engaging community structures, such as the local *Boma* chiefs, *Boma* Health workers and health facility committees, to make patients aware of their nearest healthcare points.

Further reading: bit.ly/2fb3mCU

References

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Cover image: Child receiving seasonal malaria chemoprevention medication, Burkina Faso

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