malaria consortium

disease control, better health

Unlocking universal health coverage

Impact report 2022

A community dialogue meeting near Masaka, Uganda where members discuss health issues affecting their community. Credit:Edward Echwalu/Malaria Consortium

Foreword

As we look back on 2022, we acknowledge the importance of resilient health systems in reducing the burden of disease and improving access to quality healthcare for all. In collaboration with partners, we have undertaken ambitious and innovative work this year, shaped by our understanding of what resilience really means.

Despite the devastation caused by the COVID-19 pandemic and health system constraints, we continued to deliver seasonal malaria chemoprevention at scale and expanded that scale, reaching 24 million children across seven countries. We identified opportunities to respond to the pandemic, recording the highest COVID-19 vaccination coverage rates in South Sudan as part of support for the Ministry of Health's rollout of the vaccine. This month, we have begun supporting mass drug administrations in Ebola-affected areas of Uganda.

Our learning and evidence continue to guide the delivery of our strategy, which promotes the vision of a world progressing towards universal health coverage (UHC), with a marked and sustained reduction in malaria and other communicable diseases.

Achieving UHC requires sustained commitment and investment. This year, we have begun work that will support governments to prioritise and shape their roadmaps to UHC and to continue rebuilding resilience. We have collaborated to drive change and our achievements and outcomes are the result of a collective effort by many — including the communities in which we work, our agile teams across the world and our respected partners. We strive for technical excellence and quality and always look to learn from our experiences, knowing that where we fall short is an opportunity to do better next time.

This report highlights how Malaria Consortium is contributing towards UHC through the lens of the World Health Organization's health systems building blocks.[1] Malaria elimination is only possible alongside the achievement of UHC and we believe that all governments and their partners should commit to attaining it — a powerful goal and pathway that will ensure that investment in impact is truly transformative.

Dr James Tibenderana, Malaria Consortium Chief Executive

Leadership and governance

Working together to create lasting impact

Partnerships are powerful drivers for optimising impact. Whether through delivering interventions at scale, or testing new innovations, working together behind a common goal accelerates change.

At Malaria Consortium, we work alongside ministries of health and other partners on complex issues, continually improving and adapting our approach, and responding to what the data tell us. We work within existing governance structures and coordination platforms to build equitable partnerships with respect for national decision-making. This sometimes means taking the time to achieve consensus around potential gaps and solutions, generating the evidence required for effective decision-making at all levels of the health system.

We collaborate with and support national research institutes to lead their own agendas, helping to generate investment and advance improvements in global health. We value our work with academic institutions in Africa and Asia, as well as other regions of the world, and see these partnerships as transformational. Our collective expertise helps us to design and optimise complex health interventions to strengthen health systems and create the foundations for universal health coverage (UHC).

In 2022, we developed a UHC framework and tool that have been designed to support ministries of health to ensure alignment with UHC principles. As part of this, we are currently working with ministries of health in Ethiopia and Chad to ensure that national strategies and plans consider the pillars of UHC to identify gaps in equitable pneumonia service delivery. Our experience has shown that aligning with national priorities, working within existing structures, sharing knowledge and learning, and strengthening capacity at all levels helps to ensure communities are connected to quality, affordable, inclusive and comprehensive healthcare.

Beyond working with national governments, we establish strong, relevant partnerships with implementing partners, the private sector, communities and wider civil society to create an environment where each can bring their own unique expertise to strengthen the whole. Partnerships such as these often drive change — especially where the needs of a particular geography or community are not fully understood. With a common goal, mutual understanding, commitment and trust, our partnerships ensure that we can respond effectively to these needs.

We support institutional capacity and leadership development, and align with existing decision-making structures (including national technical working groups) to promote evidence uptake into national and global policies. Recognised for our capacity and expertise in vector control, Malaria Consortium hosts the Vector Control Working Group (VCWG), one of three working groups in the Asia Pacific Malaria Elimination Network (APMEN). APMEN is a key platform in the region and works closely with the Asia Pacific Leaders Malaria Alliance (APLMA) to enhance and streamline the Asia Pacific's regional response to malaria. This partnership has strengthened malaria elimination efforts by combining APLMA's political advocacy and multisectoral access with APMEN's technical support and engagement with national malaria control programmes.

> **We know that, as part of its work in Ethiopia, Malaria Consortium has successfully supported health system strengthening at all levels. Malaria intervention activities have been implemented in an integrated approach at the zonal health departments, district health office and at health facilities. This has laid a firm foundation. We will own new initiatives and work for their sustainability. Thanks to the emphasis on an integrated approach and capacity building, we have made some big learnings as a department, especially working together on seasonal environmental management campaigns. Now, we have a plan to continue the campaigns in these districts and to replicate best practices and scale up into other districts, so as to sustain these remarkable achievements.**
>
> Anbessaw Woldie, leader of the malaria prevention team and Deputy Head of Wolaita Zone Health Department, Ethiopia

> **Most importantly, Malaria Consortium brings significant expertise to the VCWG. Since taking lead of the group, there has been increased activity in the form of information exchange and trainings [and] significant engagement with malaria programmes in the region. The APMEN VCWG has been a vehicle for sharing best practices and identifying challenges.**
>
> Jeff Smith, Chief Operating Officer of APLMA

Financing

Each year, 100 million people are pushed into poverty and 150 million people suffer financial catastrophe due to out-of-pocket expenditure on health services.[2] No one should be forced into greater vulnerability or develop detrimental coping mechanisms to access healthcare. For us, it is crucial to ensure that the communities we work with feel heard, and that their dignity is upheld.

Maintaining a comprehensive health system, particularly one that is affordable to patients, requires investment and lasting commitment from governments. We support governments to use different financial mechanisms to achieve this aim, while maximising the efficiency and effectiveness of health systems.

In Nigeria, we collaborated with the National Malaria Elimination Programme to introduce two subsidy schemes for antimalarial medicines to subsidise the cost of quality-assured artemisinin-based combination therapy (ACT) — the recommended drug for uncomplicated malaria. The subsidy schemes significantly improved availability and affordability of ACTs. In 2022, we supported the Global Fund malaria project to procure and distribute nearly five million ACTs.

The availability of rapid diagnostic tests is crucial to ensuring effective treatment of malaria

We are advocating for similar subsidies for malaria rapid diagnostic tests (mRDTs). Addressing the lack of mRDT provision and use in Nigeria in both the public and private health sectors is crucial for ensuring that ACTs are used appropriately, and that quality healthcare is provided. This year, we supported procurement and use of over seven million mRDTs, contributing to improved malaria diagnosis and, in combination with ACTs, affordable treatment.

Integrating health services can also lower delivery costs and costs to the patient. In Nigeria, we are integrating the delivery of vitamin A supplementation (VAS) with the SMC campaign to ensure that children under five receive protection from malaria and malnutrition. Vitamin A deficiency — which affects 190 million children globally each year[2] — increases the risk of childhood deaths when present alongside common illnesses like pneumonia. This year, we reached over 170,000 children with the integrated campaign, increasing access to VAS from 1.2 percent to 82.3 percent at a cost of around $1.18 per child reached.

7 million
mRDTs procured/used

5 million
ACTs procured/distributed

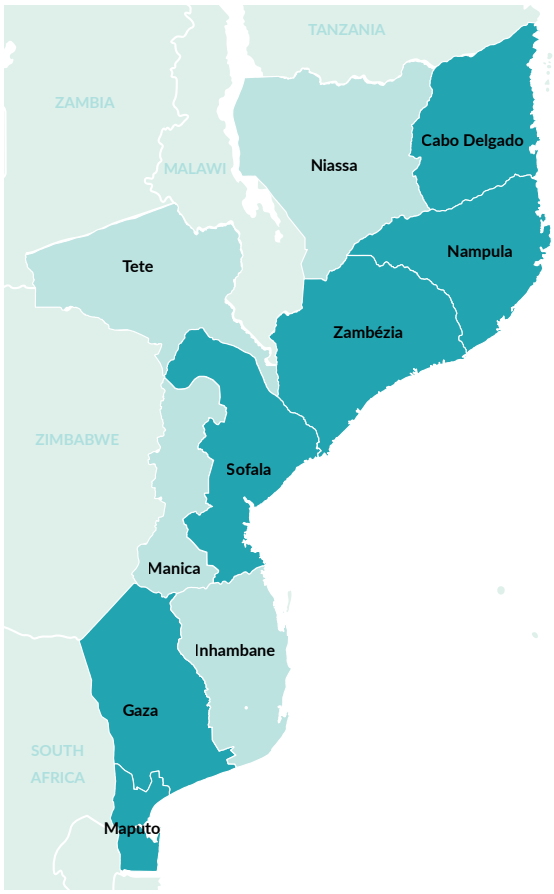
170,000
children reached

Health information systems

According to the WHO, while demand for data and evidence has increased, the existing health information systems in many countries are inadequate to interpret these data and translate them into policy changes.[3]

Lack of routine data collection and inadequate monitoring and evaluation can lead to poor-quality data. A lack of quality-assured diagnostics across service delivery points can result in misdiagnosis, which can further compromise data quality. High-quality data are required for timely and reliable use of data at all levels of the health system, especially at the frontline, where the data are generated in the first place. Sub-optimal use of data adversely affects programme implementation quality and, ultimately, health outcomes. Scaling up interventions that increase access to timely and appropriate treatment at the community level could prevent more than 60 percent of child deaths.[4]

Digitising health programmes strengthens equitable access to such services through stronger enumeration, planning and monitoring. In Mozambique, our upSCALE digital platform is being used to connect community health workers (CHWs) to the national health information system, ensuring better collection and reporting of data and a more accurate overall picture of community health. These data can be used to inform decision-making around malaria programming, such as which areas to target with medicines and where disease outbreaks are occurring. In 2022, 70 percent of provinces are using upSCALE and compared with 2021, there has been an 88 percent increase in users.



A child receives SMC medicines to protect them from malaria during the rainy season in Nigeria

In Mozambique, we are also making huge strides in surveillance and data-informed response through our Strengthening Malaria Surveillance project.

One hundred percent of project districts can identify malaria outbreaks. This is the result of 88 percent of health facilities and 94 percent of project districts reporting accurate data, and all project districts conducting annual planning based on existing data.

100%
of project districts
can identify malaria outbreaks

94%
of project districts
report accurate data

A mother and child rest under the protection of a mosquito net in Kyun Su, Myanmar

Health workforce

A health worker tests a community member for malaria, Cambodia

“In remote areas, it is hard for people in the community to get health services from the public health facilities because it is far. I can provide a free service to my own people and community because we do malaria test and treatments for free. I believe that community members are more trusting of their own people – when they have a health problem they can come and talk more freely.

After I was selected to be a mobile malaria worker, I received training and support from Malaria Consortium. I do malaria testing for the people in Keo Seima; if there are positive cases, then I refer the patient for treatment at the health centre. I also deliver health education sessions to the people in the community related to malaria and we distribute long-lasting insecticidal nets. These sessions often occur at farms where people are living together, or at construction sites, where people come to provide labour for the road construction. Sometimes we deliver the sessions on the roadside when we meet a group going to collect mushrooms or resin from the forest. Some places are up to 50 kilometres away and can take a full morning to get there by motorbike, depending on the condition of the road.

Uy Mao, a mobile malaria worker in Keo Seima district, Modulkiri province, Cambodia

The WHO estimates a projected shortfall of 15 million health workers by 2030, mostly in low- and lower-middle income countries.[5]

We are working with healthcare professionals at all levels of the health system, from national to local, to embed and strengthen data systems. We are also supporting healthcare workers to increase their capacity to use these systems, which, in turn, enhances health worker performance and strengthens the quality of services.

To maximise the long-term success of our approaches, we place a great deal of importance on strengthening the capacity CHWs to engage with, diagnose and treat members of their communities, so that these services are accepted and adopted. Acceptance is only possible when healthcare workers have built trust with their communities, which stems from shared values of dignity and integrity. Trust and engagement also foster feedback from communities to their CHWs, and the broader health workforce.

People and communities are central to the performance of the health system building blocks.[6] Together, these building blocks ensure the provision of essential and quality-assured health services that effectively prevent diseases and minimise avoidable deaths along the pathways to UHC. Establishing appropriately tailored service delivery points with trained, supervised health workers can reduce some of the inequities created by physical, cultural and other barriers.

Over
14,000
lead mothers
engaging communities

196,000 people
trained in SMC

Our SMC programme is an example of the breadth of the workforce involved in providing essential, high-quality health services. In Nigeria alone this year, we trained almost 196,000 people in SMC including over 132,000 community distributors recruited and trained by Malaria Consortium in collaboration with national and state health authorities.

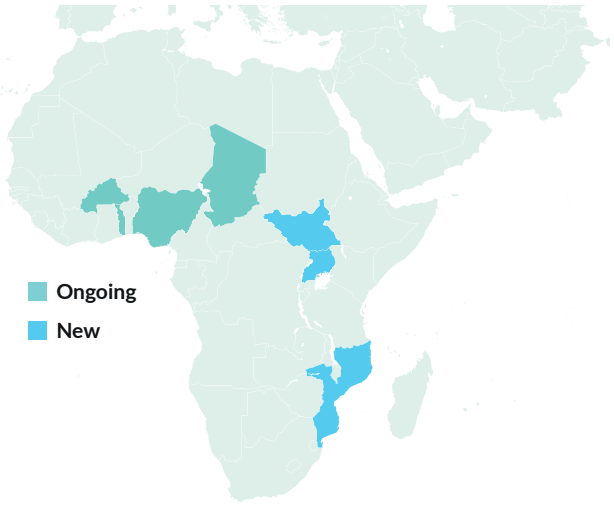
In addition, through the SMC programme, we are evaluating the use of 'lead mothers': female members of the community who conduct health promotion activities, including reminding caregivers to administer SMC medicines to their children at the right time. Over 14,000 lead mothers have been included in this activity and play a vital role in engaging their communities. Results from this evaluation will be available in 2023.

A community distributor in Burkina Faso provides SMC medicines to a child. Credit: Sophie Garcia/Malaria Consortium

Access to essential medicines, vaccines and technologies

One-third of the world lacks access to essential medicines. This figure increases to half the population in the most impoverished parts of Africa and Asia.[7] Most common (childhood) illnesses, such as malaria, pneumonia, diarrhoea and malnutrition are preventable and treatable. By providing communities with access to appropriate, high-quality medicines, healthcare services and technologies, we could avert such unnecessary deaths each year.

The WHO has recommended SMC as a malaria prevention strategy for children 3–59 months since 2012. To ensure children under five have access to lifesaving antimalarials through our SMC portfolio, we procured 78 million blister packs. We manage the transport of those drugs from the manufacturer to local health facilities in the countries we support, ensuring that the right quantity of medicines is available when and where they are needed.

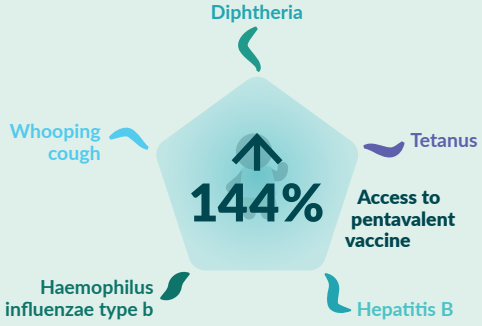


78 million

blister packs procured for SMC

We've also carried out initial studies Mozambique and Uganda to explore the expansion of SMC to new geographies outside of the Sahel. Early results from those studies have found SMC to be feasible, acceptable, safe and effective in preventing malaria in children under five in both countries.

In South Sudan, where maternal, infant and under-five mortality rates are high, we are ensuring access to essential basic healthcare services. In 2022, our efforts saw a 144 percent increase in the number of infants who received three doses of pentavalent vaccine compared to 2021. This vaccine protects against five life-threatening diseases to children: diphtheria, tetanus, whooping cough, hepatitis B and haemophilus influenzae type b.



A community health worker uses a specially designed scale to assess a child for malnutrition

Community health workers in Cambodia use motorbikes to reach remote areas

Service delivery

Increasing equitable access to primary healthcare — where all people, at all ages have access to care in their community — is a top priority across many low- and middle-income countries. Through our research and evidence-led programmes, we help to advocate for increased financing for the resources needed to deliver essential primary healthcare services to all demographics of a population.

We're committed to accelerating the reduction in the burden of targeted diseases — such as malaria, pneumonia, diarrhoea, dengue and neglected tropical diseases, as well as malnutrition — among those who are most at risk to these diseases, including children under five, mothers, mobile and migrant populations, and communities in hard-to-reach locations. In our research, we are giving increasing attention to populations who are consistently unable to access healthcare services or, if they have access, who are not using formal health services due to multiple inequities.

In South Sudan, where 44 percent of the population lives within five kilometres of a health facility,[10] our project funded by the Health Pooled Fund is addressing access and quality-of-care issues among the community. Our support to the Ministry of Health's COVID-19 vaccination rollout ensured 27,000 of those most at risk received a vaccine. From December 2021 to June 2022:

279% increase
in the treatment of uncomplicated malaria

78% increase
in treatments to children under five for diarrhoea, malaria and pneumonia

126% increase
in community members reached for family health sessions

Pneumonia is the leading infectious cause of death in children under five, globally. According to the Global Burden of Disease estimates, 672,000 children under five died of pneumonia in 2019 — the equivalent of almost two deaths each minute.[9]

Through our Supporting Uganda's Malaria Reduction and Elimination Strategy project, we are partnering to institutionalise integrated community case management — case management for two or more diseases in areas where healthcare access is limited — across 11 districts.

97%
of childhood pneumonia cases treated
with antibiotics within 24 hours

94% of children under five treated for diarrhoea
with oral rehydration salts and zinc within 24 hours

99%
treated confirmed malaria cases

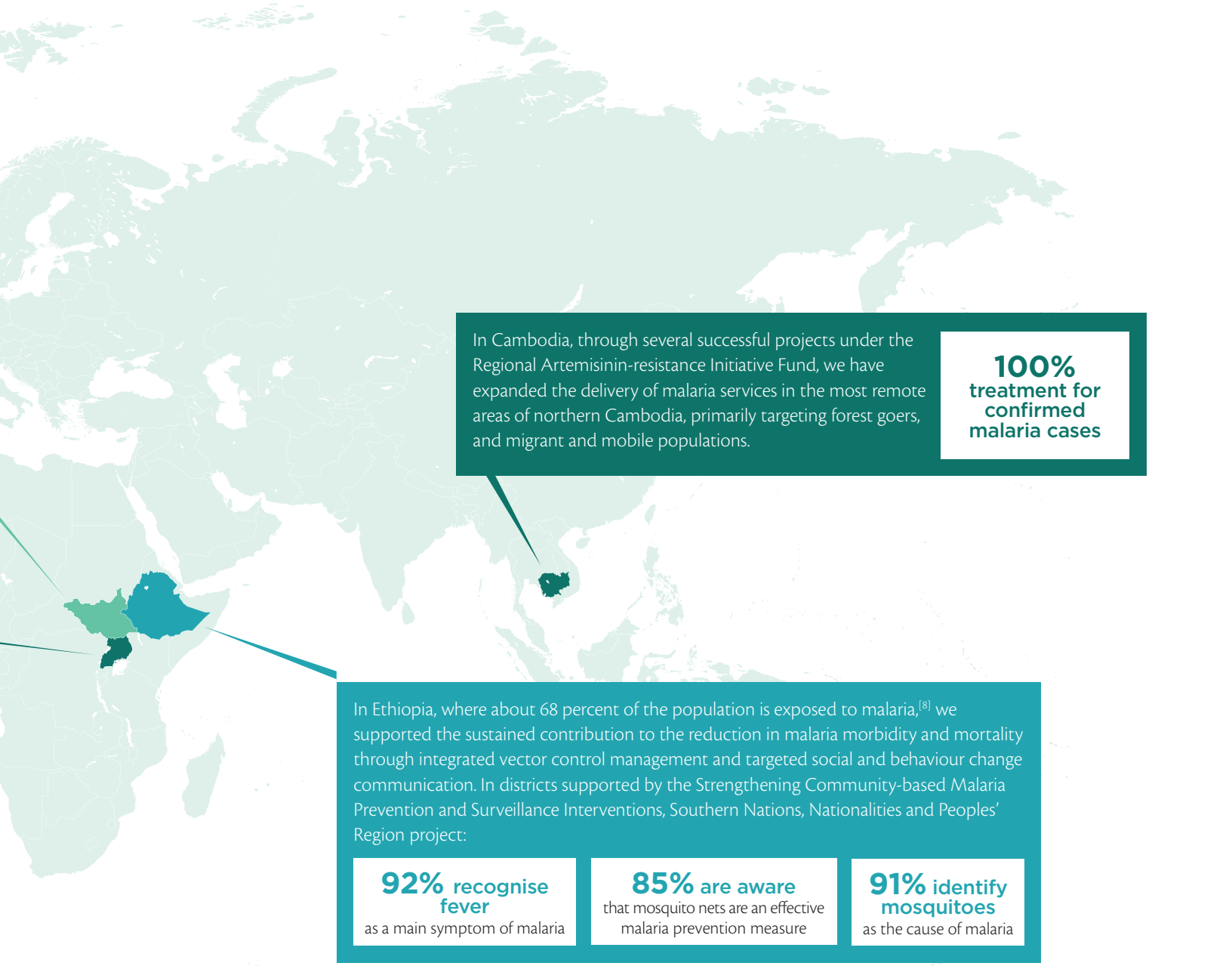
Seasonal malaria chemoprevention

In seven countries, we have supported the delivery of SMC – community-based, intermittent administration of full courses of antimalarial medicines during the malaria season. In 2022, we supported SMC delivery to 24 million children.

Delivering this service involves a range of components including the procurement of medicines, community engagement, training of health workers, pharmacovigilance, supervision, and monitoring and evaluation.

SMC has been implemented in a range of contexts, from hard-to-reach, remote communities across the Sahel to urban areas around capital cities like Abuja and Ouagadougou.

This year, we also trialled the co-implementation of SMC with vitamin A supplementation in Nigeria, utilising the structure and reach of the SMC campaign to provide another important health service. The introduction of malaria vaccines and other innovations could pave the way for further SMC co-implementation in the future.



In Cambodia, through several successful projects under the Regional Artemisinin-resistance Initiative Fund, we have expanded the delivery of malaria services in the most remote areas of northern Cambodia, primarily targeting forest goers, and migrant and mobile populations.

100% treatment for confirmed malaria cases

In Ethiopia, where about 68 percent of the population is exposed to malaria,[8] we supported the sustained contribution to the reduction in malaria morbidity and mortality through integrated vector control management and targeted social and behaviour change communication. In districts supported by the Strengthening Community-based Malaria Prevention and Surveillance Interventions, Southern Nations, Nationalities and Peoples' Region project:

92% recognise fever as a main symptom of malaria

85% are aware that mosquito nets are an effective malaria prevention measure

91% identify mosquitoes as the cause of malaria

Looking forward

Huge progress has been made in reducing the burden of preventable diseases like malaria on communities and health systems, but our work is far from over. Challenges continue to arise, such as new disease outbreaks, antimicrobial resistance, insecticide resistance, the impact of climatic changes on communicable diseases and the conflict that is forcing populations to move away from areas with established health systems.

In the face of such challenges, we need to continually re-evaluate solutions, tools and innovations and optimise their impact, and to document and share what we have found to work. However, these challenges also give rise to opportunities, such as the rollout of malaria vaccines, the global recommitment to developing resilience in health systems, greater emphasis on public-private partnerships and philanthropy, and greater recognition that communities should be involved in decisions affecting their health and wellbeing.

We are committed to upholding the Sustainable Development Goals and to transforming health through our strategy, our mission, and our values of accountability, integrity, respect and equity.

We urge the global community to think big, collaborate and be ambitious. We believe passionately that diseases like malaria, diarrhoea and pneumonia can be eliminated, that resilient health systems are possible and universal health coverage is achievable. Together we can!

Village health teams in Uganda move between communities on bicycles

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