

**malaria  
consortium**

*disease control, better health*

**20  
years**

A young child with a joyful expression is holding a malaria rapid diagnostic test (RDT) card. The child is wearing a yellow patterned shirt over a dark grey top. The RDT card is white with red and blue markings, including a red arrow and the numbers 1, 2, and 3. The background is blurred, showing other people in a community setting.

**20 years of impact: Saving lives,  
transforming communities**

Malaria Consortium was founded by a small team of individuals committed to improving and saving lives. When they started this journey they had a vision, a mission, but they could not have known the significance of the foundations being laid for the future.

Seeded as a collaboration, a partnership to shape government policy on malaria as advisers to the UK Government's Department for International Development, the team soon sought a way to have more tangible impact. In 2003, we registered as a non-governmental organisation in the UK, transitioning from advisors to implementers. We drove forward the reduction of malaria by implementing high-quality research and focusing on evidence-based delivery and the integration of case management for multiple diseases.

The first five years of Malaria Consortium were spent building partnerships with countries and other implementers to scale up access to prevention and treatment services. At times, we paved the way where others said it wasn't feasible. In Uganda, Malaria Consortium was among the first to show that home management of malaria with community health workers could deliver malaria diagnosis and treatment — a delivery mechanism now used widely to overcome a lack of access to healthcare.

Approaching our 10-year anniversary, greater focus was placed on disease surveillance, supporting countries to conduct malaria indicator surveys and identify where interventions were needed most. At the same time, seasonal malaria chemoprevention (SMC) was approved by the World Health Organization for scale-up. This set the next 10 years in motion for the organisation, which is today the largest implementer of SMC. With a leap forward for malaria, we strategically expanded our portfolio to improve child and maternal health and reduce pneumonia and diarrhoea.

The last decade has been one of tremendous progress. We continue to make strides towards eliminating malaria in Cambodia and Thailand and have strengthened

relationships with governments and partners to progress towards universal health coverage. Our high-quality research has also been recognised and, in 2020, we were designated an Independent Research Organisation.

Progress has not been without the emergence of new challenges, including insecticide and drug resistance, working in complex environments, delivering services during a pandemic and adapting to extreme weather events. The funding landscape has become more challenging as countries look inwards during times of economic strain. But with new challenges, new technologies have emerged, helping us to target and optimise interventions, respond in real-time and do more with less.

Our funders have stepped in to help us continue to partner, research, evaluate, develop and deliver our work. Achieving GiveWell's top charity status for our SMC work has allowed us to expand our SMC programme in the Sahel and to new geographies. In 2023, we are set to deliver SMC to 25 million children in seven countries. Unrestricted funding, such as that from philanthropists, provides transformational funding to break new ground and tackle challenges of the future. Through bilateral and multilateral institutional funding, we have provided technical assistance and delivered programmes to reach communities at greatest risk of communicable diseases. Blended with domestic financing by national governments and the private sector, we can create sustained impact with our partners. Every contribution is precious to us, our partners and the communities with whom we work.

Our work reflects the tenacity of the staff that make up the organisation. For this publication, we asked our teams to reflect on the journey, sharing stories of their experiences. For some of our staff, the contribution made to this organisation has been a significant part of their life's work. Although the world looks different and the organisation has grown, our mission remains the same: to build partnerships to improve the lives of people in Africa and Asia. Together with you, we create, deepen and sustain impact.

# What are the challenges?



In many rural and remote areas, communities live more than five kilometres from the nearest health facility. When quality-assured medicines and services are not within easy reach, individuals may seek out alternatives whose quality cannot be guaranteed. Inadequate funding can also impact on the availability of commodities and services, with insufficient preventive and curative resources available to cover all of the people who need them.

Poor data capture and quality, and weak linkages between communities and health facilities, can obscure the bigger picture of the kind of support that communities need. And even where this information is available, the resulting interventions might not address their needs, particularly if communities have not been involved in the design and implementation of solutions. Community leadership and government ownership need to be front and centre for sustainable interventions to thrive.

# What is needed to reach everyone?

One in eight people live more than one hour from their local health centre and one in six live more than two hours from a hospital. For those living in rural areas, distances are often even greater, and they may face additional barriers to accessing the care they need, such as the cost of travel and the cost of the treatment itself.

For two decades, using malaria as an entry point, Malaria Consortium has strengthened knowledge, skills and resources across health systems and within communities. Our close partnerships with governments

and other key stakeholders have enabled us to foster national ownership and stewardship of health interventions, ensuring that appropriate services are embedded in health systems and available to communities. Through community engagement and pioneering social and behaviour change initiatives, we have increased equitable access to health services for remote, hard-to-reach and marginalised communities; promoted good nutrition, sanitation and hygiene; and supported families to prevent disease.

## CASE STUDY ETHIOPIA

### Engaging young people enhances knowledge and uptake of malaria interventions within their communities

School clubs provide a platform to engage young people on issues relating to their health. In Ethiopia, delivering messages on malaria prevention to students and school communities through anti-malaria school clubs has helped to enhance knowledge and uptake of malaria prevention and control measures within the community.

Malaria Consortium supported the establishment of anti-malaria school clubs in 119 schools of Boloso Sore, Damot Sore and Halaba districts of Southern Nations, Nationalities, and Peoples' Region. Additionally, 36 schools without access to electricity received solar power energy systems to allow them to run mini-media devices and to power light bulbs at schools during evening classes.

The school clubs were coordinated and guided by 244 school principals and teachers who had received training on the use of the equipment and on school club guidelines developed by Malaria Consortium.

For 13-year-old Addisalem Abraham, the school clubs have had a significant impact:

*"I have had malaria three times. The last time I was at school and didn't feel well, one of my teachers told me to go to the health centre to get tested. Since having the anti-malaria school club, I have learnt how to use a mosquito net properly, and how to prevent mosquito breeding sites near my home. Malaria is a huge problem in my community. One day I would like to be a doctor so that I can help people here."*

Schools are an effective gateway for children to disseminate messages to their parents and to the wider community, demonstrating the power of school children as agents of change. Students learning from anti-malaria school clubs spread messages about malaria prevention to their family and community.





## CASE STUDY SOUTH SUDAN

### Protecting neonatal and maternal health builds community resilience

In South Sudan, the Boma Health Initiative (BHI) has greatly improved skilled deliveries, leading to a continuous reduction of maternal and neonatal deaths in Aweil Centre County, Northern Bahr el Ghazal State.

The BHI has recruited and trained hundreds of *boma* (village) health workers (BHWs) and supervisors on integrated community case management of children under five with malaria, pneumonia and diarrhoea, as well as on referrals and health education. With Malaria Consortium's support on capacity strengthening and community engagement, this initiative has ensured that communities are better connected with local health services.

**“The biggest challenge is navigating the long distance, floods, which affect the BHWs during households visits, health education sessions and immunisation defaulters tracking. As the County Health Department, we have mitigated these challenges by procuring gumboots and bicycles for BHWs and conduct close support supervision on a monthly basis to address the gaps.”**

Dut John, County Medical Officer, Aweil Centre

The initiative has been a lifeline for women like Sarah from Udhaba in Aweil Centre. She recounts how, overnight, her one-year-old daughter developed a high fever and refused to breastfeed. With the nearest health facility over four hours' journey away, Sarah wondered how her daughter would make it through the night. She then recalled a BHW who had provided health education during a church service one Sunday morning. As soon as it was light, Sarah headed to the BHW's home, where her child was quickly seen to.

Thanks to the BHW in Udhaba, Sarah's child was stabilised within 30 minutes of receiving medication. She concluded that, without the support of Malaria Consortium's BHI project, she would have lost her daughter that day.

BHWs have been able to make a real difference in people's lives, despite challenges including limited resources among community health workers, which is exacerbated by underfunding in the health sector. Through routine on-the-job training and mentorship, the capacity of BHWs has greatly improved. District-level data indicate an upward trend in the number of skilled deliveries of babies by BHWs, which increased significantly from 1,422 in March 2020 to 7,577 in March 2023. In contrast, only 232 unskilled deliveries were registered in 2023.

## Community-based health services to reach marginalised communities

In Myanmar, promoting community-based health services is helping to improve access to essential health services among marginalised and hard-to-reach communities, and contributing to health sector resilience in remote, ethnic areas.

More than 70 percent of Myanmar's population lives in remote or rural areas, and these communities face challenges in accessing timely and quality-assured healthcare. Malaria Consortium has a long history of improving the reach and delivery of health services to these communities.

We are carrying out a range of activities including community-based maternal and child health training packages in both English and local languages for integrated community case management (iCCM) and community-based newborn care. We are also providing medicines and supplies to hospitals and health workers, as well as financial support for case referrals, mobile teams and outreach activities.

In the remote village of Hlaingbwe township, one mother explained how her neighbours had advised her to seek treatment from a village health worker when her son presented with fever and a cough:

**“I received some medicines and useful advice on how to take care of my son during and after illness. [The village health worker] said that my son was suffering from pneumonia. After one day taking medicines, my son's cough was relieved and his fever subsided. This is very helpful for us to receive hard-to-get basic healthcare services.”**

Through the technical assistance we provide, village health workers and committees in Myanmar are now better equipped to reach and engage remote and marginalised communities, strengthening their trust in health services. This is helping to reduce the geographical, cultural, financial and social barriers to accessing healthcare that hinder progress towards universal health coverage.

To date, thousands of children living in hard-to-reach areas of Myanmar have been screened, treated and received quality care through community-based healthcare services including iCCM and community-based newborn care. Through continuous engagement and training, we are also ensuring that our interventions are sustainable and have real impact.



# How can resources be used most effectively?

To sustain the gains made towards the elimination of key diseases including malaria, pneumonia and targeted neglected tropical diseases, we need to optimise the impact of our interventions. This could be through the latest digital tools for improved diagnosis, or stronger surveillance to identify disease hotspots for improved responsiveness.

We work closely with and provide technical advice to governments on implementing digital health strategies. We conduct operational research to build the evidence base for digital health development; and work with health facilities to improve surveillance data quality and enhance the use of data for decision-making.

Through new digital tools and solutions, we have gradually improved the quality of the data we collect. This has resulted in better, faster decision-making around how to use our resources to maximum effect, ensuring they get to where they are most needed, when they are needed.



## CASE STUDY TOGO

### **Integrated services make healthcare go further**

We have always been committed to expanding access to essential and basic health services for communities who need them most. Malaria Consortium is among the organisations leading the way in integrating health services to optimise interventions and maximise their impact.

Drawing on our track record of adapting to evolving guidance and generating evidence to support policy recommendations, we are responding to new World Health Organization (WHO) guidelines that stipulate that the delivery of seasonal malaria chemoprevention (SMC) should be adapted to the country context. While SMC has been shown to be effective in reducing malaria morbidity and mortality, evidence on the best delivery strategy is inconclusive.

In Togo, we conducted a formative study to explore the feasibility and acceptability of integrating SMC into the national community health system in the Savanes region. We wanted to understand the potential drivers and barriers to integrating SMC with integrated community case management, which has the potential to extend the reach of health services to children under five, who are most susceptible to illness.

Through interviews with key stakeholders and community leaders, and discussions with caregivers, community health workers and primary healthcare facility workers, we have found that integration is feasible and acceptable to communities. Most importantly, strong support from government and diverse stakeholders will ensure that integration is sustainable. As we work to optimise this integration and maximise its impact, we are collaborating with community leaders and other partners to co-develop an action plan.





## CASE STUDY BURKINA FASO

### **Efficient stock management improves responsiveness**

Seasonal malaria chemoprevention (SMC) was first trialled in Burkina Faso in 2014 and gradually scaled up, reaching 2.1 million children in 2022. The success of Burkina Faso's SMC campaign lies in efficient planning and solid management of the antimalarial medicines used: a combination of sulphadoxine-pyrimethamine and amodiaquine (SPAQ).

In 2017, the expiration of a large quantity of SPAQ shone a spotlight on the challenges around managing leftover stocks. In response, Malaria Consortium worked closely with Burkina Faso's National Malaria Control Programme, SMC implementing partners and CAMEG (the entity responsible for the storage and distribution of SPAQ) to build up a common stock of drugs for all SMC implementers, supported by stock-taking exercises in 29 health districts.

Implementing SMC requires timely availability of medicines, meaning that medication must be delivered down to the last mile at least 2–3 weeks before the campaign starts. Given the limited

number of suppliers, orders are placed early on, requiring full oversight of stocks.

Our careful planning exercises ensure that resources are used to optimal effect. We carry out annual SPAQ input analyses, taking into account the target population to be covered and including a safety margin of 10 percent. We also account for any leftover stock from the previous year, which helps to avoid the build-up of large stocks that might otherwise expire.

A reverse logistics system — the process of moving goods from their typical final destination to another point — allows us to find appropriate solutions for the best possible management of SPAQ. Our collective efforts have ensured that stocks are highly traceable and that we can demonstrate accountability to our donors. Most importantly, medication is readily available and can be rapidly redistributed to where the need is greatest, leading to greater protection from malaria and moving another step towards universal health coverage.



## CASE STUDY MOZAMBIQUE

### Digital solutions support better coverage and quality of care

The upSCALE project in Mozambique has an extraordinary trajectory that spans nearly 15 years. It began with a research project to improve the motivation, supervision and performance of community health workers (CHWs) and has evolved into a fully fledged digital health platform that is currently being integrated into the national surveillance system.

CHWs, known locally in Mozambique as *agentes polivalentes elementares* (APEs), are trained to carry out assessment, diagnosis and treatment of malaria, pneumonia, malnutrition and diarrhoea among children under five, as well as supporting women with antenatal and postnatal care. Recognising the immense value that APEs bring to their communities, Malaria Consortium provided technical assistance to Mozambique's Ministry of Health to develop the upSCALE application to improve the quality of care and coverage provided by APEs. Júlia from Boane district, Maputo, has been an APE for 12 years. She first received training in 2011:

**“The APE is an important professional in the control of diseases or pandemics. In the prevention of malaria or COVID-19, we are the first line of attack for disease prevention in the community. The app helps me to improve the planning and quality of my work, and guides me through all the steps, so there's less chance of making mistakes.”**

Data from the reports sent by the APEs via upSCALE provide real-time updates to the Boane District Services for Women's Health and Social Action on the health status of communities. The application has also improved the updates and management of stocks.

Owned and led by the Ministry of Health, upSCALE is successfully being implemented in seven of Mozambique's 11 provinces. Between 2017 and 2022, more than 200,000 households received healthcare supported by the upSCALE app.

Malaria Consortium is currently collaborating with the Ministry of Health and UNICEF to integrate upSCALE into the Ministry's national surveillance system. This will support the collection of disease-specific data to improve decision-making around community health interventions.

nearly  
**650,000**  
patients  
registered on the  
upSCALE app





## CASE STUDY MOZAMBIQUE

### Quality data improves decision-making

Malaria Consortium has been working in partnership with Mozambique's Ministry of Health since 2018 to strengthen the national surveillance system. We primarily use data discussion meetings as a key mechanism to foster decision-making, identifying problems related to malaria control activities, planning appropriate responses and monitoring the impact of implemented activities.

Through the Malaria Capacity Strengthening Program of the U.S. President's Malaria Initiative (PMI MCAPS), we are leading on the generation and use of high-quality data for improved decision-making to improve the delivery of quality malaria services and reduce malaria morbidity and mortality in Mozambique.

According to Rachide Adremane, M&E Malaria Program Officer, data discussion meetings are important to improve data quality and strategic orientation to the programme:

**"It helps in continuous and systematic surveillance of data; measuring the behaviour of the disease for disease control (outbreaks); analysing the trend of indicators together with programmes that triangulate data with the NMCP, as well as facilitating timely identification and correction of identified gaps."**

With Malaria Consortium's technical assistance, Mozambique has successfully improved data quality and the use of data for decision-making. This is made possible by the shared vision of all stakeholders involved in the discussions, clear meeting agendas, and a flexible format that allows participants to attend both in person and virtually.

Data discussion meetings enable decision-makers to act quickly. When malaria cases increased above 130 percent in Barué, Manica, Vanduzi, Machaze, Mussurize and Tambara districts, the district chief doctors and malaria focal points mobilised to map out priority areas and create a contingency plan to reduce malaria cases where outbreaks occur.

The PMI MCAPS project's data discussion meetings build on the success of Malaria Consortium's earlier surveillance strengthening project in the country (2019–2022), funded by the Bill & Melinda Gates Foundation. This project not only saw significant improvements in data quality, but subsequently helped to embed a culture of data-to-action through data quality assessments and discussion meetings.

# Can malaria and other diseases be eliminated?

Malaria remains one of the most important vector-borne diseases and is a global priority for elimination. Malaria claimed over 600,000 lives in 2021, despite being preventable and curable. Alongside the global health community, we are working tirelessly with communities and partners to eliminate this deadly disease. We have made remarkable progress in the countries in which we work through prevention and control measures that include surveillance, vector control, mass campaigns and the use of preventive chemotherapies.

We generate evidence to support governments to shape national research agendas and to implement targeted disease strategies that have impact. By taking on a leadership role in supporting global stakeholders improve their capacity to tackle malaria and other key diseases, we are contributing towards universal health coverage and accelerating progress towards elimination.

## CASE STUDY CAMBODIA

### Tailored approaches to detect the last malaria cases

In Cambodia, we are supporting the government's aim to eliminate all indigenous malaria cases by 2025 through tailored active case detection in remote and forested areas. The increased presence of local forest-goers, plantation workers, and other mobile and migrant populations contributes to sustained malaria transmission and threatens to reintroduce malaria in areas where elimination has been achieved.

Reaching mobile and migrant communities in remote and forested areas with conventional malaria approaches is challenging. People in these hard-to-reach communities have extremely limited access to healthcare and preventive tools, such as mosquito nets, which means their risk of infection is high.

Malaria Consortium supports a community network of 100 locally recruited and well-trained mobile malaria workers (MMWs) to reach unreached communities in Cambodia. MMWs offer quality mobile malaria services to hard-to-reach populations across six northern provinces along the international border with Thailand, Laos and Vietnam.

The success of this tailored approach can be summarised in one word: community. MMWs are respected and well-known community members, often belonging to an ethnic minority, or speaking the local language. They are selected by local community leaders, operational district staff, health centre staff and community members. All MMWs are trained to ensure robust data collection and reporting, and to perform health promotion activities, including delivering meaningful health education messages, distributing preventive tools and screening for malaria.

MMWs are relocated to newly identified areas as needed, according to the changing mobility of the population, to deliver early diagnosis and treatment services. The team incorporates geospatial modelling approaches into decision-making about the locations of mobile malaria posts and outreach activities to maximise resource efficiency and ensure no high-risk areas are left behind.



## CASE STUDY UGANDA

### Gender responsive programming reduces malaria incidence in Uganda

Malaria Action Program for Districts (MAPD) was a five-year USAID-funded project led by Malaria Consortium. USAID MAPD was implemented between 2016 and 2021 across 53 districts in three regions of Uganda, supporting the use of gender-responsive malaria action plans in conjunction with two proven malaria prevention measures: intermittent preventive treatment of malaria in pregnancy (IPTp) and long-lasting insecticidal nets (LLINs). The programme substantially contributed to a landmark reduction of malaria prevalence in Uganda from 19 percent in 2016 to 9 percent in 2021.

Malaria is the leading cause of morbidity and mortality in Uganda. While malaria affects both men and women of all ages, gender and youth dynamics and norms play a key role in determining health outcomes. We undertook an analysis to better understand gender and youth-related barriers that women and girls experience when accessing quality health facilities at the community level, and prioritised mainstreaming gender into our programming.

We promoted community discussions to help tackle issues of masculinity and highlight the negative effects of inequitable gender and youth practices on decision-making. We also advocated for better understanding and prioritisation of malaria in pregnancy (MiP) at all policy levels.

USAID MAPD helped to improve Uganda's provision and uptake of evidence-based interventions to prevent MiP. It also strengthened the capacity of communities and governments, including the National Malaria Control Division and district health management teams, to effectively manage malaria activities and sustain malaria gains. The use of IPTp and LLINs was key to the programme's success.

The experience of MAPD in Uganda demonstrates that a holistic, data-driven, community-engaged and adaptable approach, in conjunction with collaboration and sustained effort, can lead to significant reductions in malaria incidence. Other organisations, governments, countries and communities combating malaria can learn from these strategies and adapt them to their own contexts to make progress in malaria prevention and control.





## CASE STUDY SOUTH SUDAN

### Lifesaving medicines to tackle malaria

In Panthou payam in Aweil South, South Sudan, a mother and father spent almost two years battling malaria. Their son, Peter (not real name) had been diagnosed with the disease at birth. Despite receiving multiple courses of treatment, he would test positive for malaria again. Peter's illness took a toll not only on his health, but also on his parents, who were affected emotionally and financially.

Peter's story is, unfortunately, a common one in South Sudan, where malaria is the leading cause of death among children under five. However, thanks to lifesaving interventions such as seasonal malaria chemoprevention (SMC), delivered through Malaria Consortium and other global health partners, communities have seen markedly improved health outcomes. In 2022, we delivered SMC in South Sudan for the first time, testing the feasibility of SMC in the country. We reached 20,000 thousand children with antimalarial medicines.

Kuot Pel Pel, Aweil South's County Medical Officer, said,

**“[We] noticed a 53 percent decrease in malaria morbidity in 2022 during SMC implementation compared to the same period in 2021. South Sudan is a unique country and can be quite challenging since the health sector is underfunded and most of our cadres have capacity gaps.”**

We preceded SMC with community awareness-raising sessions that were instrumental in driving acceptability of antimalarial medicines and effective knowledge management for malaria. Engaging community opinion leaders, such as cultural and religious leaders and the Community Health Department, fostered ownership of the SMC programme.

Kuot Pel Pel went on to say,

**“SMC is vital for us in Aweil. In my conversations with health in-charges, they noticed reduced numbers of malaria cases compared to prior years with no SMC intervention. The communities too have embraced SMC, which is important for the government.”**

Our emphasis on monitoring and evaluation allows us to gather invaluable data to make quicker decisions about using SMC. We have used these data to support South Sudan's National Malaria Control Programme and other partners to make decisions on future deployment. This has been particularly important in the face of logistical challenges caused by insecurity and flooding. The SMC campaign in South Sudan has renewed hope among the community that malaria can be beaten in Aweil South.

Drawing on our track record of adapting to evolving guidance and generating evidence to support policy recommendations, we are responding to new WHO guidelines that stipulate that the delivery of SMC should be adapted to the country context. While SMC has been shown to be effective in reducing malaria morbidity and mortality, evidence on the best delivery strategy requires further research.





## CASE STUDY THAILAND

### **Leadership and strong partnerships for malaria elimination**

Malaria Consortium serves as the Asia-Pacific Malaria Elimination Network (APMEN) Vector Control Working Group (VCWG) co-chair and technical lead for capacity strengthening of medical entomologists. Our contribution to the APMEN VCWG is a long-term investment that demonstrates our commitment to the elimination of vector-borne diseases such as malaria and dengue. Through the VCWG, we are also able to build and maintain strong, meaningful partnerships that can be used to accelerate progress towards universal health coverage.

In Asia Pacific, the VCWG's TechTalk webinar series has shone a spotlight on the importance of training and maintaining the skills of medical entomologists in the region. The series launched in 2020 and was attended by almost 4,500 participants across five continents.

**“Entomologists play a key role in the national malaria programme in Papua New Guinea. Having entomologists who have been trained through the malaria vector surveillance for elimination (MVSE) programme means we have people in the National Department of Health who have the knowledge and skills to move our country towards the elimination of malaria and other vector-borne diseases. Those who have been trained through the MSVE course are also able to share their knowledge and highlight the importance of entomological information for reducing vector-borne diseases.”**

Naomi Vincent, Vector-borne Diseases Surveillance Officer, National Department of Health, Papua New Guinea (course participant)

In addition to the TechTalk series, key activities conducted under the APMEN VCWG include short virtual training sessions across 29 countries to mitigate COVID-19 challenges; comprehensive MVSE courses in Malaysia, Thailand, India and Indonesia; and capacity strengthening on the development of vector control strategies through specific training for National Malaria Control Programme managers.

Facilitated by Malaria Consortium's position as co-chair of the APMEN VCWG, national programmes in the Asia-Pacific region are benefitting from the improved capacity of existing medical entomologists and an increase in the number of trained medical entomologists.

# How can progress be sustained?

The gains that we have made are substantial, but there is still much to be done as we strive for a malaria-free world and relief from the burden of preventable, treatable diseases. Global upheavals such as the COVID-19 pandemic, natural disasters and political instability have often stalled — and, in many instances, even reversed — progress over the years. But progress can be sustained. Universal health coverage can be achieved.

We will continue our legacy of partnering with governments and communities to expand equitable access to health services through sustainable, context-appropriate interventions. We will continue to assess and adapt our interventions, responding to evolving contexts and what the data tell us, to improve the impact of our work. We will continue to champion local leadership, working with communities to build trust and co-create solutions that are responsive to their needs. We will continue to promote government stewardship of locally adapted interventions, generating the evidence needed to help shape and embed lasting health policies. Through innovation, collaboration and adaptation, we will continue to save lives.

## CASE STUDY ETHIOPIA

### Maintaining progress through policy

In Ethiopia, we're supporting the Ministry of Health to prioritise child survival in the national policy agenda by developing a dedicated action plan for pneumonia and diarrhoea — the leading causes of morbidity and mortality among children under five.

After conducting a formative assessment to determine how services for the integrated management of newborn and child illnesses (IMNCI) were being implemented in Ethiopia, we worked with the National Newborn and Child Health Technical Working Group (TWG) to identify thematic priorities and develop the first draft of the IMCNI action plan. We continue to provide technical and financial support to the Ministry of Health and other stakeholders to operationalise the action plan and to secure funding to address research gaps that have been identified.

**“The Ministry of Health’s commitment to strengthen interventions within facility- and community-based care, improve awareness of services among caregivers and promote positive, health-seeking behaviours to help prevent, assess and treat pneumonia and diarrhoea will improve equitable access to, and use of, pneumonia control services.”**

Dr Zelalem Kefene, Project Coordinator at Malaria Consortium Ethiopia.

The collaborative effort of all stakeholders involved shows that policy change does not happen in a vacuum, and that no single stakeholder can achieve change on their own. Malaria Consortium’s commitment to strong partnerships and our ability to mobilise stakeholders across sectors has supported the development of child survival strategies in Ethiopia and beyond, extending the reach and impact of our work to support those most at risk of disease.







## CASE STUDY NIGERIA

### **Flexibility and adaptation lead to responsive solutions with impact**

Responsiveness and adaptation are at the heart of Malaria Consortium's interventions. We evaluate what works and what needs to be improved, responding to challenges as needed to enhance the impact of our work.

In 2022, the seasonal malaria chemoprevention campaign, in Abuja Municipal Area Council (AMAC), Nigeria, saw low coverage of children 3–59 months with antimalarial medicines. Malaria Consortium recognised the need to adapt its implementation approach to ensure that all eligible children could be reached with SMC in the next campaign.

While the other area councils in the Federal Capital Territory (FCT) recorded average administrative coverage of 80 percent for the campaign, AMAC (which is mostly an urban setting) averaged 46 percent. From an economic and health perspective, any SMC round with less than 80 percent coverage can be considered as both ineffective and inefficient.

Recognising the need to adapt for greater coverage, we redesigned our delivery strategy, ensuring that it accounted for diverse settings in AMAC, including the city, towns and suburbs. We categorised AMAC into urban residential areas, urban non-residential areas/business districts, urban markets and rural settlements/suburbs, using different approaches for each category. The three main delivery approaches were a door-to-door approach, delivery from

a fixed distribution point and a mixed-methods distribution of SMC (both door-to-door and fixed post).

In non-urban/rural settings and established communities in urban residential areas, community distributors conducted door-to-door visits, distributing antimalarials, educating caregivers on proper administration, referring possible cases of fever and addressing any questions or concerns.

At strategically located urban areas such as markets, we established fixed distribution points at health facilities and some private facilities, where trained healthcare workers administered SMC medicines, ensuring correct dosage and communicating the importance of adherence to remaining doses.

We used the mixed-methods approach in selected parts of urban residential areas and mobile populations of rural settings. This combined the strengths of fixed-post and door-to-door approaches to maximise SMC coverage and adherence. Continuous engagement with the community through community leaders, religious institutions and other influential figures helped to maintain awareness and trust.

Early reports from cycles 1–3 of 2023 suggest that this implementation redesign has led to significant improvement in administrative coverage in AMAC.

## A vision for the future

We shall soon embark on developing our next five-year strategy. It is an opportunity to take stock of past achievements and learnings, and pivot towards priorities that complement our partnerships and enable us to create value in multiple dimensions – human, social and environmental. Looking ahead, it is *business unusual*. We need to think big and be bold, while fostering sustainability capacities amongst our national partners. With you, our partners, we will continue to support national governments and communities to build resilient health systems, to measure impact, to carry out context-relevant research and strive for an inclusive and equitable world bringing healthcare to everyone, wherever they are.





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Contact: [info@malariaconsortium.org](mailto:info@malariaconsortium.org)

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