

A woman in a red dress with white polka dots is walking on a dirt path. She is carrying a large, rectangular bundle of white mosquito nets tied with white string. She also has a brown leather shoulder bag with a decorative row of small stones or beads. In the background, another person is walking away, also carrying a white bag. The setting appears to be a rural, arid area with sparse vegetation and a clear sky.

**malaria
consortium**

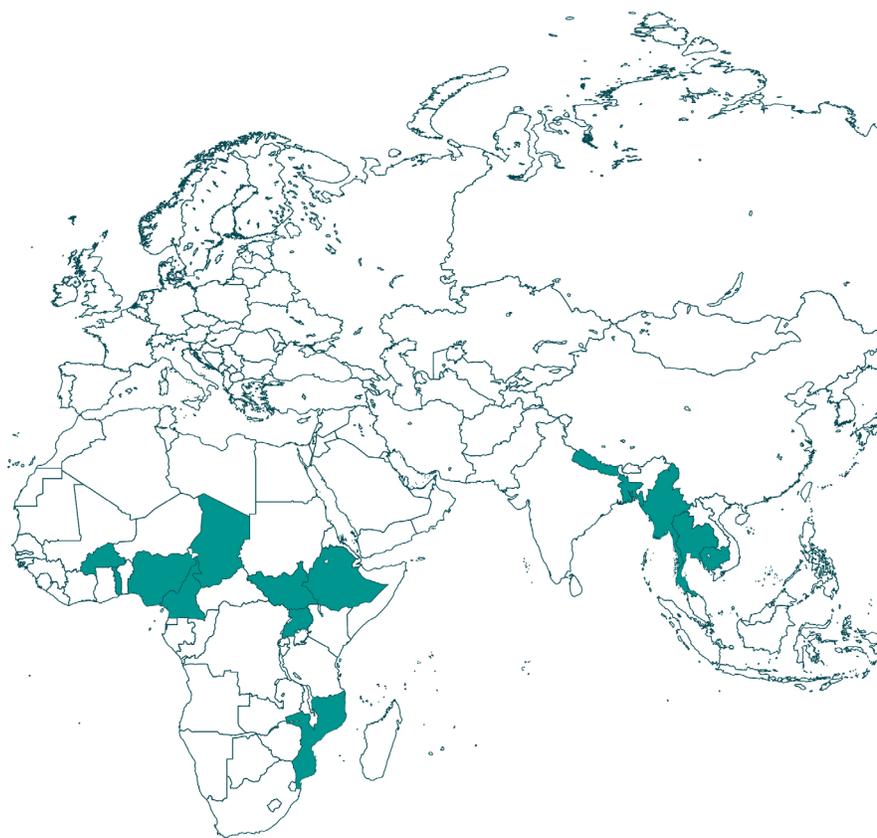
disease control, better health

CAPACITY STATEMENT

Malaria Consortium

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.

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.



For two decades, using malaria as an entry point, Malaria Consortium has strengthened knowledge, skills and resources across health systems and within communities to reduce the burden of preventable and treatable diseases and increase equitable access to healthcare, particularly for hard-to-reach and marginalised groups. We are a trusted implementer of evidence-based health programmes at scale, working alongside and advising national governments and partners to implement solutions that are grounded in sustainable delivery, evidence generation and cost-effectiveness. As a learning-led organisation with a track record of pioneering initiatives, Malaria Consortium has been granted the prestigious status of Independent Research Organisation by UK Research and Innovation since 2020, in recognition of our reputation for technical excellence and research expertise.

Our key strategic objectives

Developing a portfolio of operational research projects to contribute to policy and practice

Supporting governments to shape their roadmaps to universal health coverage and build resilience

Contributing to the targeted delivery of preventive and case management interventions for disease control and elimination

Leading the delivery of life-saving seasonal malaria chemoprevention

Establishing and integrating surveillance data into decision-making and adaptive management

Expanding digital solutions in support of community-level programmes

Our expertise

Generating evidence to influence policy and practice

Recognised by UK Research and Innovation for our high-quality implementation and operations research, we use our findings to provide evidence for programme staff, ministries of health and partner organisations to make informed decisions that improve programme performance and the quality of implementation.

Our research explores barriers to accessing quality healthcare in low- and middle-income countries across Africa and Asia. We undertake studies to identify evidence gaps, strategies for strengthening service delivery at all levels of the health system, and financing mechanisms; we also carry out clinical studies and other research to gather evidence for (new) drug regimens and protocols across new geographies.

We are leaders in building local capacity and expertise; developing digital technologies for disease case management; and strengthening engagement between national research institutions, policy makers and healthcare providers.

Our approach is centred on collaboration, working with our partners to understand the unique cultural and social factors that affect health outcomes in specific populations. Through this collaboration, ministries of health can tailor interventions and devise strategies in response to the needs of communities, such as scaling up mass campaigns for long-lasting insecticidal nets (LLINs), perennial malaria chemoprevention (PMC) and seasonal malaria chemoprevention (SMC), as well as non-malaria interventions such as for podoconiosis and iCCM (integrated community case management).

OUR IMPACT

In [Ethiopia](#) and [Chad](#), we are strengthening evidence-based strategies for child survival and, through our PneumoTransform project, supporting both ministries of health to develop action plans that include pneumonia and diarrhoea on the policy agenda and will contribute to national policy guidance to improve case management of these illnesses.

In [Ethiopia](#) and [Uganda](#), we have been undertaking sample collections as part of a groundbreaking project that seeks to establish the relationship between long COVID and malaria. This research is exploring the potential risk of contracting malaria and developing long-term complications following COVID-19 (SARS-CoV-2) infection, in the first study of its kind in East Africa.



Scientists analyse blood slides, Ethiopia

Supporting universal health coverage to build resilience

Achieving universal health coverage (UHC) is fundamental to fostering healthier, more equitable societies and paving the way for global sustainable development. We design and implement all our programmes through a UHC lens, leading the way in reaching unreached and marginalised populations and using primary healthcare and tailored interventions to close the equity gap and bring healthcare to communities.

To make the most relevant and effective contributions to UHC, Malaria Consortium is developing tools that support ministries of health to develop national UHC strategies. By aligning with national priorities, working within existing structures, sharing knowledge and learning, and strengthening capacity at all levels of the health system, we are able to connect communities with quality, affordable, inclusive and comprehensive healthcare.

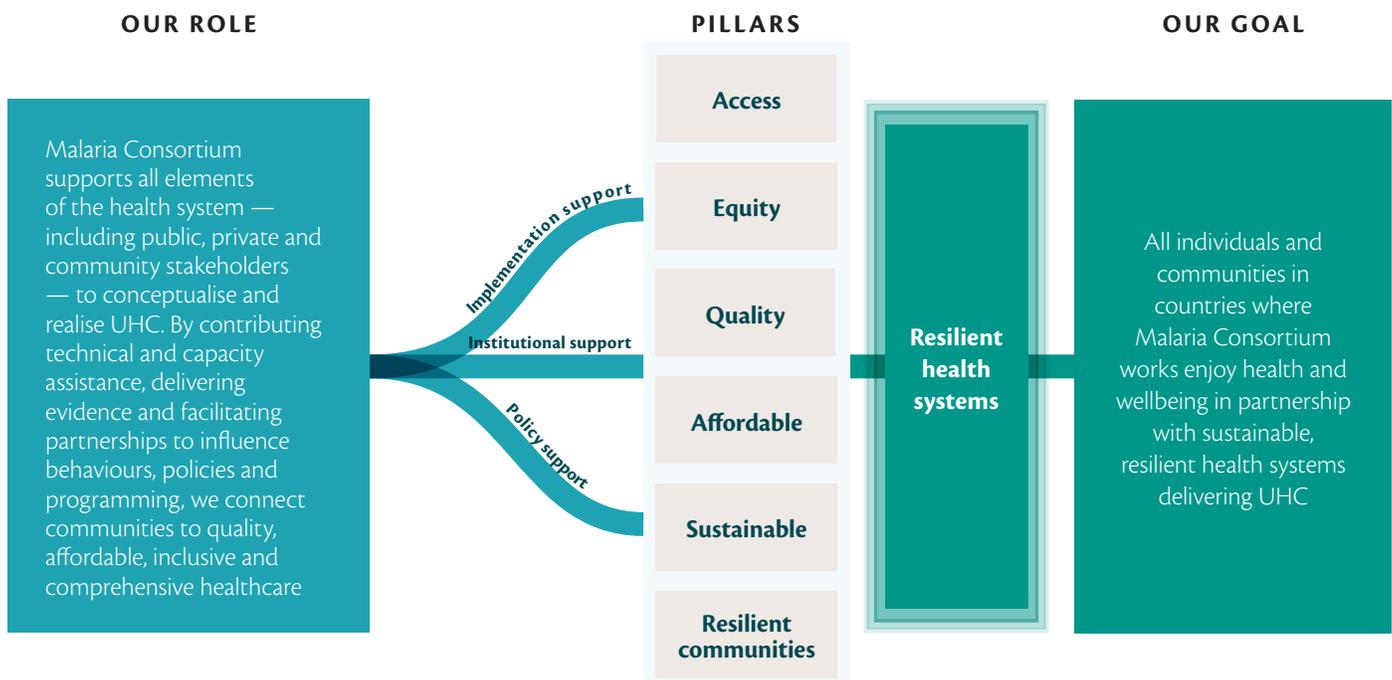
Our [UHC Country Tool](#) — a checklist designed for use during the formative phases of projects — provides a structure to describe and analyse projects at the organisational and national level, encouraging alignment with UHC principles. This tool has helped to ensure that projects better support national UHC goals, identifying and addressing programmatic gaps and their possible solutions. Figure 1 outlines our approach to UHC.

OUR IMPACT

In South Sudan, our contributions to the [Boma Health Initiative \(BHI\)](#) demonstrate Malaria Consortium's leadership and expertise in supporting governments to take community health programmes from concept to scale, extending the reach of services to communities who need them most. Our recommendations from a pilot study to implement iCCM in Twic state were pivotal in developing guidelines for the government's flagship BHI programme and informing its scale-up. Seven years on, our combined efforts have successfully expanded coverage and delivery of community health services to remote and hard-to-reach communities through a network of local community health workers. We are now co-developing a [digital tool](#) with the Ministry of Health to improve the collection, reporting and use of BHI data. This means we can more accurately and effectively target our resources where the greatest needs are identified.

Drawing on our experience and partnerships developed from almost two decades of working on health initiatives in South Sudan, we collaborated with community-level partners to assist with the Ministry of Health's roll-out of [COVID-19 vaccination](#), overcoming the shocks and stresses affecting the country's health system. The project has achieved the highest COVID-19 vaccination coverage in the country.

Figure 1: Malaria Consortium's approach to universal health coverage



Eliminating disease through prevention and case management

Malaria Consortium is a leader in interventions focused on the control, management and the eventual elimination of targeted diseases. These include malaria, dengue and other arboviruses, pneumonia, and targeted neglected tropical diseases. We see the importance of context in disease transmission and in health system capacities and adapt approaches to national and subnational settings, along with experiential and other learning for quality improvement. We have championed the improved management of cases of disease and illness through community-based healthcare delivery. We work closely with public and private health structures to improve accurate diagnosis of diseases and strengthen referral systems from community to facility level for life-threatening cases.

Our goal is to see an end to malaria, ensuring that children and susceptible communities do not die as a result of this preventable disease. We are ensuring that we can reach everyone with the necessary treatments and preventive tools — particularly communities who unwittingly contribute to sustained malaria case numbers — moving the dial closer to eliminating malaria. In pursuit of this goal, we work with governments, national and international partners, and communities to develop and implement a variety

of vector control interventions including LLINs, indoor residual spraying, larviciding and environmental management, as well as chemoprevention interventions, such as PMC and SMC.

We adapt integrated vector control strategies to climatic and epidemiological settings. Our research in this area explores the impact of vector control and improves the evidence-based selection and distribution of effective interventions. To amplify our vector control efforts, we make use of key social and behaviour change approaches, including community dialogues and role model behaviours, to encourage the uptake of interventions that will accelerate the reduction of the malaria burden towards elimination.

OUR IMPACT

To control malaria in an elimination context, we pioneered the role model approach in [Cambodia](#), [Myanmar](#) and [Thailand](#). This innovative approach, which is scalable and applicable across geographies, identifies and amplifies positive behaviours relating to malaria prevention, control and treatment to promote behaviour change within communities. We are currently applying this approach in [Burkina Faso](#), [Chad](#) and [Togo](#) as part of our SMC portfolio, as well as in Ethiopia, where awareness and uptake of malaria interventions have improved significantly.

Within the Greater Mekong Subregion, our Thailand office provides research support for malaria and dengue transmission reduction through vector control. As part of the Resistance Against Future Threats through Vector Control project, funded by UK aid, we have hosted two South-South learning exchanges bringing together arboviral experts from Africa, Latin America and southeast Asia to strengthen institutional capacity and resilience to respond to future threats. We also act as the implementing agent for the Asia Pacific Malaria Elimination Network (APMEN) Vector Control Working Group. In this role, we provide capacity to member states, sharing knowledge through online and face-to-face courses, webinars and a web-based information-sharing platform.



Mobile malaria workers deliver clothing spray, topical repellent and spatial repellent sheets to communities, Cambodia

Leading the delivery of life-saving seasonal malaria chemoprevention

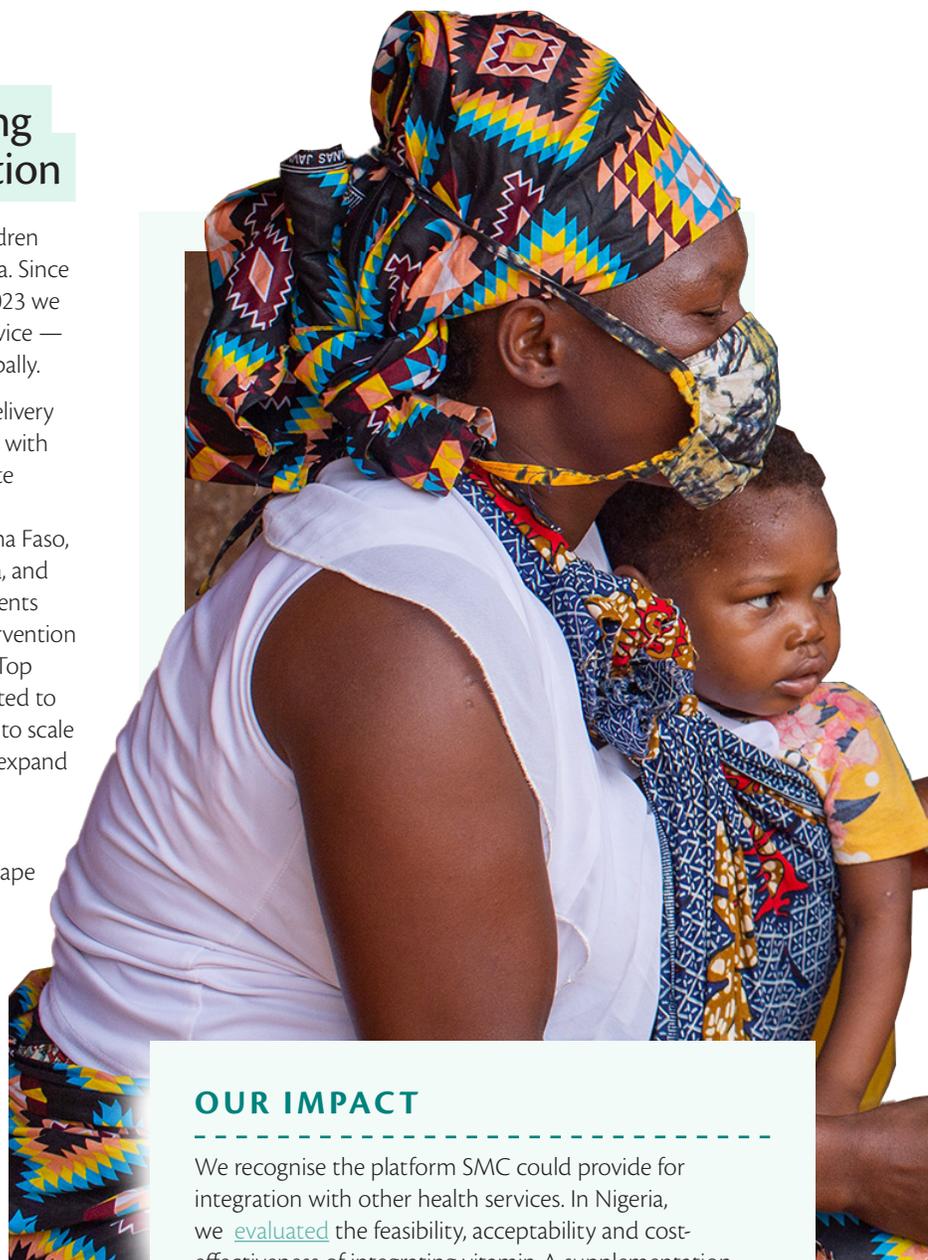
Our SMC programme focuses on preventing malaria in children under the age of five who are the most vulnerable to malaria. Since 2012, we have led the scale-up of the intervention, and in 2023 we ensured that 25 million children were able to access this service — nearly half of the 53 million children who received SMC globally.

We have used our experience and expertise in leading the delivery of this intervention to support national malaria programmes with technical and operational support, enabling them to integrate the programme into their national health systems. Our SMC programme currently operates across seven countries: Burkina Faso, Chad, Mozambique, Nigeria, South Sudan, Togo and Uganda, and we work alongside national governments on all the components that together make up SMC as a complex public health intervention (see Figure 2). As a result of our programme being awarded 'Top Charity' status by GiveWell, a non-profit organisation dedicated to finding outstanding giving opportunities, we have been able to scale up SMC within countries in West and Central Africa and to expand to new geographies in East and southern Africa.

We have continued to pioneer research with the aims of strengthening the quality of SMC delivery and helping to shape the future of SMC. An important component of our work to strengthen the quality of delivery includes developing trust with communities, and training and education to improve coverage and uptake of SMC. In many of our countries of operation, we are increasingly digitalising SMC campaigns, which has improved our ability to use real-time data for decision-making and to adapt activities to local contexts. The scale and reach of the SMC activities that we conduct with our partners gives us a major platform from which to improve the health of the communities, through integration with other health interventions.

25 million children reached in 2023

Figure 2: SMC Intervention components



OUR IMPACT

We recognise the platform SMC could provide for integration with other health services. In Nigeria, we [evaluated](#) the feasibility, acceptability and cost-effectiveness of integrating vitamin A supplementation (VAS) with SMC. The evidence presents a strong case for integrating VAS into Nigeria's SMC strategy. We are also researching the integration of SMC into Togo's routine community health service delivery, to ensure the intervention's sustainability in the longer term.

Together with the national malaria programmes in [Mozambique](#), [South Sudan](#) and [Uganda](#), we conducted implementation studies to explore if SMC can be a viable malaria prevention strategy in these countries, despite known resistance to the antimalarial medicines used in SMC. The results enabled us to scale up activities in both Mozambique and Uganda. We are working with national malaria programmes in the region to identify areas that are suitable for SMC, enabling ministries of health to make decisions on the inclusion and scale-up of SMC in their national strategies. In 2024, we are also expanding our technical SMC support to Côte d'Ivoire.

Surveillance data for decision-making and adaptive management

A core component of our work is in gathering disease intelligence that can empower decision-makers to lead and manage their health programmes more effectively, help determine the need for interventions and directly measure the effects of these interventions. We work with existing community structures to improve both passive and active case detection strategies and to reach mobile and hard-to-reach populations with surveillance activities. We strengthen capacity within communities to diagnose and treat diseases quickly and effectively, and aid all health system levels to visualise and interpret data for timely, data-informed decision-making.

Malaria Consortium carries out [entomological surveillance](#), which informs the distribution and evaluation of vector control interventions, and we support [genomic surveillance](#) to strengthen routine data on diagnostic and drug resistance markers, as well as circulation of parasites. We support governments to optimise their surveillance systems through integration of essential data related to epidemiology, entomology and environment, and to aid their decision-making on this basis while accounting for available resourcing, technologies, value for money and impact predictions from applied modelling. Our goal is to champion nationally owned, resilient systems and tools that are applicable and useful for ministries of health, and that are tailored to meet the needs of different transmission strata in the countries within which we work.



OUR IMPACT

In Cambodia, we are reaching remote and hard-to-reach mobile and migrant populations through [active case detection](#). We use responsive monitoring systems, build strong relationships with local communities, and implement close supervision practices. By continually reviewing quantitative data, operational experience, and local knowledge and behaviour, we are swiftly responding to residents' movement patterns to deliver targeted, tailored interventions in these areas.

In Mozambique, as part of our Strengthening Malaria Surveillance for Data-driven Decision-making project, we collaborated with partners to develop an [integrated malaria information storage system](#), which has been fully integrated with the national health management information system. This has strengthened data quality and established a [data-use and data-to-action culture](#). We also assessed the feasibility and cost-effectiveness of reactive surveillance activities, and carried out entomological investigations that allowed us to tailor vector control interventions to the individual contexts of local malaria hotspots.

Digital solutions for community-level programmes

Digital health can transform health outcomes and support the path towards UHC. We have been exploring opportunities to integrate digital tools that can transform the delivery of health campaigns — such as SMC and LLIN distribution — by strengthening their quality, efficiency, accountability, equity and cost-effectiveness.

Digital tools and approaches that improve data access and quality, enhance skills development and support surveillance and outbreak response have been a focus for Malaria Consortium's work in this area. Starting with phased implementation projects to create the evidence, we have successfully scaled digital health solutions, designed with sustainability and local ownership at their core. We collaborate with governments and a broad range of partners to ensure that we bring the right mix of knowledge and expertise to each digital health initiative on which we work.

OUR IMPACT

We endorse an open approach to digital development, and support open standards, open data, open source and open innovation to support the successful implementation of malaria programmes. We recently partnered with [Akros](#) to explore the use of Reveal — an open-source geospatial platform with open standards — to support the planning, delivery and tracking of our 2020 and 2021 SMC campaigns in Nigeria.

In Mozambique, we co-developed a government-owned and -led digital health platform called [upSCALE](#), which has been adapted for use in both Nigeria and Uganda. upSCALE supports data collection on all community health worker activities and facilitates swift review of data, ensuring that information can be used for timely and targeted decision-making. With our support, the Ministry of Health has embedded upSCALE into the community health worker national strategy and is working towards national expansion. Thanks to upSCALE, we were able to respond rapidly to the [COVID-19 pandemic](#) by adapting the platform with COVID-specific algorithms and data that improved community health workers' ability to identify and manage COVID-19 cases.

In Uganda's [Buikwe district](#), we are providing technical assistance to the government to update and introduce the iCCM module of the community health toolkit and are collaborating with government partners to support village health teams to use digital health reporting systems and guidance tools for iCCM provision.

To find out more about the projects mentioned in this publication, scan below



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Cover image: Registrars distribute mosquito nets door-to-door in Mayom Akoon village, South Sudan.

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