For a smarter way to beat malaria in Africa we need a data revolution

Malaria at a cross roads

- Global funding has plateaued at $2.7 billion in 2016, roughly the same as in 2010
- Drug and insecticide resistance continues to grow
- Progress has slowed and now shows signs of reversing – with the first global increase of malaria cases in over a decade reported in 2016
- Least progress has been made in the highest burden countries, particularly in Sub-Saharan Africa, which still accounts for 90% of cases and deaths
- As a result, at the current rate, the SDG target for malaria in 2030 will be missed

We need a smarter approach

To get back on track, we need a smarter approach to fighting malaria. Smarter means:

- A better understanding of malaria burdens and trends in endemic countries to inform planning
- Utilising malaria data to target appropriate interventions where they are needed most, to increase the rational use of resources and improve the impact of interventions
- Using real-time surveillance to empower Ministries of Health to identify and react to malaria upsurges and outbreaks earlier, making responses more effective

A data revolution in Africa

To facilitate a smarter approach to fighting malaria, we need a data revolution in Africa in order to build the capabilities and capacity of malaria-endemic countries to collect, collate and use data. Malaria Consortium recommends four critical actions that are needed to achieve this:
1. **Invest in surveillance systems**

Malaria surveillance is critically important but has been under-funded and deprioritised in many countries. Innovative digital strategies that can improve the quality and cost-effectiveness of data collection should be invested in.

Malaria Consortium’s upSCALE project is implementing a digital health platform for community service delivery in Mozambique, which can generate the vital data to support malaria elimination.

2. **Improve the quality of collected data**

Improving disease surveillance is not just about increasing the quantity of data; the quality of data is important too.

The UpSCALE project has also introduced data validation rules in the mobile app used by community health workers, to improve the quality and completeness of the data collected.

3. **Strengthen the capacity of staff to collect, analyse and use data**

Staff capacity should be built with training and the introduction of digital strategies and other supportive tools.

Malaria Consortium trained health facility staff in data management in Niger State, as part of the RAcE project in Nigeria.

4. **Increase WHO stewardship to help countries build sustainable surveillance systems**

WHO stewardship will be especially important as we move towards the integration of malaria surveillance data and other disease and health data.

In Southeast Asia, Malaria Consortium is providing the WHO with technical assistance to develop malaria surveillance tools and processes in support of malaria elimination.
Malaria Consortium is one of the world’s leading international non-governmental organisations dedicated to comprehensive malaria control in Africa and Asia. While malaria control is at the heart of our strategy, we also undertake complementary work on child health including integrated community case management of childhood illness, severe acute malnutrition and the control of neglected tropical diseases. Our mission is to improve the lives of the poorest and most marginalised in society by delivering sustainable, evidence-based health programmes that combat communicable tropical diseases.

For more information about the issues raised in this briefing, or to find out more about how Malaria Consortium is contributing to the fight against malaria, please contact:

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