Malaria Consortium at 10
Linking the Community to Health Systems

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Introduction

Inequitable geographical distribution of resources and health workforces is a recurring challenge – weak systems particularly at peripheral level

- Health system strengthening has been a core principle for Malaria Consortium since our foundation
- Extending support and services to community level to increase the coverage of quality healthcare to the hardest-to-reach
Health systems strengthening approach

CLOVER PROJECT
- Capacity building
- Project management and planning
- Supply chain management
- Monitoring and evaluation
- Data management
- Quality assurance systems
- Private sector support
- Community ownership
- Strengthened by operational research

DRUGMAN
Support to Malaria Programme

SuNMap
Support to National Malaria Programme

COMDIS
Support to National Malaria Programme

PREVENTION | DIAGNOSIS | TREATMENT | RESEARCH
Linking to the community

Case management

Integrated community case management

Home management of malaria

LLINs campaigns and continuous distribution systems through communities

Seasonal malaria chemoprevention

Mass drug administration for neglected tropical diseases

Prevention and control

- Community engagement
- Monitoring and evaluation/operational research
- mHealth

iCCM +
LEARNINGS
Connections Strengthen Delivery

Support MoH to map activities and partners for a harmonised approach

Involvement of peripheral health facilities to support community-based initiatives
One size does NOT fit all

Understanding of context to inform activity design

Materials adapted to local context and field tested
The community needs to lead

Invest in discussion and explanation before implementation to promote ownership

Promote and support capacity of communities to manage their own health
Maintaining quality is a long term commitment

Training is the first step, needs sustained follow-up

Supervision that is supportive and supervisors that are supported

Seeing is believing – developing the evidence base
New innovations don’t really work “off-the-shelf”

Need to assess how to introduce into context for most impact:

Diagnostic tools for pneumonia

Nutrition in iCCM

mHealth

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Changing the landscape

National examples:
- Uganda – consensus workshops for national policy on RDTs
- Nigeria and Uganda – experience informed national iCCM guidelines
- South Sudan – largescale funding to include nutrition in iCCM

Global examples:
- WHO manual on universal access to malaria diagnostic testing
- UNICEF-led global iCCM evidence review including impact
- Global CCM Task Force/CCM operational research group
- Pneumonia Innovations Team (MDG Health Alliance)
- Role of mobile and village malaria workers in expanding reach to populations most at risk of artemisinin resistant malaria - Asia
- WHO recommendations on universal coverage of LLINs
Looking ahead at key priorities coming up

- Integration of community based care across illnesses including maternal and newborn health, nutrition and NTDs
- Use of technology to strengthen healthcare delivery at all levels of service delivery
- How to deliver healthcare to the hardest-to-reach?
- How to achieve high quality at all levels?
- Long-term role and scope of community level health services?
- Understanding the economics of health service delivery through various channels
www.malariaconsortium.org

Thank you