Malaria Consortium at 10
Disease Control: Malaria and NTDs

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Why we do what we do: our beneficiaries
Malaria Consortium values

Technical excellence
- Not good enough is simply ‘not good enough’
- Evidence matters

Responsiveness
- Willing to work in most contexts
- Being flexible – not believing that ‘one-size fits all’

Innovation
- There has to be a better way of doing this…
- No one has a monopoly on good ideas…

Results orientation
- Results matter…they really do
- Equity matters too…

Collaboration
- Being good at being a partner…
- Being good at being a colleague…
Malaria Consortium summary

Where we started

Health systems and malaria control
- National Malaria Control Programme and sub-national institutional capacity
- Health worker capacity building
- Commodity logistics and stock management

Malaria prevention
- Free distribution of Insecticide Treated Nets (ITN)
- ITN mass retreatment campaigns
- Engagement of the private sector

Case management
- Home management of malaria
- West Africa Network II for Monitoring Antimalarial Treatment
# Malaria Consortium in transition

Malaria as an entry point to other aspects of communicable diseases control

<table>
<thead>
<tr>
<th>Malaria entry point</th>
<th>Why?</th>
<th>How we extend beyond malaria</th>
<th>Examples</th>
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</thead>
<tbody>
<tr>
<td>• Improve health worker performance in assessing and treating febrile illness</td>
<td>• Improve targeting of malaria treatment</td>
<td>• Case management of other major childhood illnesses, pneumonia, diarrhoea (Uganda, Zambia, Mozambique, South Sudan, Nigeria, Cambodia)</td>
<td>• iCCM–CIDA, iCCM Central, RAcE, iCCM in South Sudan</td>
</tr>
<tr>
<td>• Increase universal access to parasite-based diagnosis</td>
<td>• Improve overall quality of care</td>
<td>• Improved diagnostic tools/capacity for pneumonia</td>
<td>• inSCALE</td>
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<td></td>
<td></td>
<td>• Quality assurance systems (tuberculosis)</td>
<td>• Test and Treat campaign with SMP in Uganda</td>
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<td>• SuNMaP capacity building</td>
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<td>• PPA in Uganda to certify laboratorians on microscopy</td>
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<td>• PPA in Ethiopia linking with TB programme</td>
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| Increase access to services by extending health care delivery through integrated community-based platforms | Develop feasible and effective service delivery platforms    | Integration with nutritional rehabilitation | iCCM+  
USAID in South Sudan,  
iCCM DFID and Global Fund South Sudan  
CHWs in Mozambique, Uganda also trained in health promotion (CIDA/RAcE)  
inSCALE  
SMC in Nigeria  
iCCM guidelines to include nutrition in Nigeria  
Integrated vector control (dengue- Cambodia and Myanmar) |
|                     | Design integrated and affordable delivery packages | Integration with Neglected Tropical Diseases (NTDs) mass drug administration | |
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<td>- Strengthen support systems for effective delivery of malaria related interventions resulting in beneficial effect on health systems</td>
<td>- Sustain programme benefits and impact</td>
<td>- Health systems strengthening such as health worker performance improvement, commodity management, diseases surveillance, evaluation of interventions, health information systems and use of data, and operational research</td>
<td>- Clover (multi-country), - Harmonisation and OR in SuNMaP - mHealth, data collection and supervision (inSCALE), real-time reporting, day-3 SMS (SE Asia) - Capacity building in MAPS (Nigeria) and SMP (Uganda) - UNITAID Defeat (Nigeria and Uganda) - PPA QA systems (4 countries)</td>
</tr>
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<td>Effective vector control</td>
<td>Reduce transmission</td>
<td>Dengue control</td>
<td>Large scale LLIN distribution in Uganda, Nigeria, South Sudan</td>
</tr>
<tr>
<td></td>
<td>Provide personal protection</td>
<td>Control of lymphatic filariasis with long lasting insecticidal nets (LLINs)</td>
<td>NetWorks - with PMI and JHUCCP</td>
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<tr>
<td></td>
<td></td>
<td>Control of leishmaniasis</td>
<td>Beyond Garki data</td>
</tr>
<tr>
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<td>Integrated vector control management in SE Asia</td>
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## Malaria as an entry point to other aspects of communicable diseases control

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| • Prevent malaria in pregnancy | • Pregnant women are especially vulnerable to malaria  
• Malaria can be prevented in pregnancy resulting in healthier women and healthier neonates | • Improvements in ante-natal care  
• Adoption of focused ante-natal care | • Distribution of LLINs through ante-natal clinics (ANC) encourages ANC attendance and use  
• Distribution of SP and LLINs and promotion of Focused ANC  
• Performance of health workers at ANC  
• Malaria in pregnancy report in Greater Mekong Sub-region and promotion of better care for pregnant women in Myanmar, Thailand and Cambodia using intermittent screening and treatment |
What we have learned

**Long lasting insecticidal net (LLIN) coverage**

- Stand alone mass distribution campaigns are feasible on a large scale and can rapidly achieve moderate coverage
- Continuous distribution (through channels such as routine immunisation, ante-natal clinics, schools, community, private sector) are essential from the outset to extend the access frontier and maintain coverage – model coverage to select the most effective channel/s
- Mixed distribution model is necessary
Retention of nets as a function of time

Credit: Albert Kilian
Many countries have now reached the 60% Abuja target and some even the 80% RBM target.
Campaigns only

![Graph showing the percentage of households with at least one ITN over the years for types 1 and 2.](Credit: Albert Kilian)
Routine (continuous only)

![Graph showing the percentage of households with at least 1 ITN over years.

- Type 1 and Type 2 curves.

ANC & EPI 85%]

Credit: Albert Kilian
Mixed distribution model

[Graph showing the distribution of households with at least 1 ITN over years for different campaigns: ANC 85% & 20% hh, ANC 85% & 40% hh, Single campaign, Type 1, Type 2.]

PREVENTION | DIAGNOSIS | TREATMENT | RESEARCH
What we have learned

Universal access to parasite-based diagnosis

- Adoption and use is possible at facility and community levels
- Essential to have practical hands on training
- Clear guidance on how to handle parasite-negative cases promotes adherence
- “Expert microscopy” in routine settings is a myth
- Quality assurance systems are critical and promote confidence in the results
What we have learned

Case management of malaria with Artemisinin-based combination therapy (ACT)

- Difficult to displace chloroquine; but possible
- Adoption and use of ACT is not linear; early adopters, early majority, late majority
- Confidence in the efficacy and effectiveness of ACT promotes adoption and use
- “Test before treat” is feasible and acceptable but management of non-malaria fevers is challenging and needs urgent attention
What we have learned

Health worker performance improvement

- “Capacity building” is mis-used
- “Training” is not purposive enough, difficult to measure outcomes
- Adults learn better with methods tailored to their capabilities
- Being a trainer is not just about knowing content (a subject matter expert) but about how to deliver content
- On-the-job capacity building can be linked to integrated “supportive” supervision
What we have learned

**Neglected Tropical Diseases (NTD) control**

- Integrated disease mapping is feasible – both field surveys and collaborations with academia on predictive risk mapping/simulations
- Disease mapping should inform NTD strategic plan development (e.g. work done in Ethiopia and South Sudan)
- Careful consideration when “integrating”
What we have learned

Containment of **artemisinin resistance**

- For a successful containment of artemisinin resistance, a combination of intensified surveillance, monitoring and evaluation, implementation research, behaviour change communication and advocacy is needed

- mHealth and innovative tools can result in enhanced surveillance capable of timely responses when used appropriately and adapted to a given context
Changing the landscape

**NetCALC** modelling and use

![NetCALC screenshot](image)

*Supporting Universal Coverage with Long-Lasting Insecticidal Nets*

Before you start you need to enter the core population data for the country, province, district etc.

- **Year of census or estimate**
- **Population**
- **Avg. Household size (persons)**
- **Annual population growth rate (%)**

Proportion of population at risk of malaria: **100.0%**

After filling the core population data select the module you want to use:

- Estimate current net coverage from distributions since last survey
- Calculate need to sustain universal ownership coverage
- Test different approaches for continuous distributions
- Free modelling of ownership coverage

**User instructions**

- How this tool works
- View net decay functions
- View output summary

**Export settings**

- Export outputs

This file is read only!

If you want to save your results you need to save the file under a new name

Description of model:

NetCALC © 2012 by Albert Killian is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Unported License.
Changing the landscape

**Health worker performance improvement** approaches and tools in Nigeria:

- Adult learning as part of capacity building modules (on service delivery and programme management)

- Harmonised modules accepted and used by national programme and its partners, at scale
Changing the landscape

“Malaria as entry point for health systems strengthening”
Looking ahead

► **Role of seasonal malaria chemoprevention**: part of an integrated malaria control package, sub-national and regional control

► Cross continent learning for **malaria pre-elimination in Southeast Asia and Africa**: from aspiration to reality

► **Role of RTS,S**: after the research, what next?

► **Integrating NTD control**: “how to (or not to)”

► **Involving the private sector**: think markets and do public health
Looking ahead

- Approaches to health worker performance management: measure and monitor changes; smarter targeting of relevant (and not just supportive) supervision

- Role of electronic systems for information and logistics management: relevant to those at the bottom of the chain

- Drivers of community acceptance and continued use of proven malaria interventions: understand adoption and use

- Innovations in financing: explore other mechanisms from within country and beyond
Appreciation and gratitude

Our work would not be possible without

- The commitment and efforts of our staff, the Malaria Consortium family, past and present
- The support and stewardship of national governments
- The funding from our development partners
- The efforts of collaborating organisations and institutions
- The cooperation of our beneficiaries
- The foresight and stewardship of our leaders and Board of Trustees
- The inputs and contributions of many others

We thank you all!