



# MALARIA CONSORTIUM ETHIOPIA



# WHO WE ARE

The principal aim of Malaria Consortium is the prevention and treatment of disease, particularly but not exclusively malaria, among the poorest and most at risk. Malaria Consortium staff work in a variety of settings across Africa and Asia, using innovative strategies and approaches.

The organisation works to improve not only the health of the individual, but also the capacity of national health systems and communities, which contributes towards poverty relief and improved economic prosperity.

The Malaria Consortium was established in Ethiopia in 2004 to complement the efforts of the government and other actors in the fight against malaria in Ethiopia.

At the national level the Ethiopia office provides technical support to the Federal Ministry of Health (FMOH) and Roll Back Malaria (RBM partners), and plays a lead role in coordinating the efforts of other civil society organisations present in Ethiopia. At the regional level, the office is engaged in strengthening the health systems to ensure equitable access to malaria prevention and control in Southern Nations Nationalities and Peoples Regional State (SNNPR).

In recent years,  
nearly 80% of suspected malaria cases  
were seen and tested (WHO)



# WHAT WE DO

## HEALTH SYSTEMS STRENGTHENING

In response to the need for health systems strengthening work in Ethiopia, Malaria Consortium supports the FMOH and SNNPRs in policy development, capacity building of health professionals, health financing and the establishment of drug supply management, health management information systems and external quality assurance for malaria microscopic diagnosis.

## ADVOCACY

The Coalition Against Malaria in Ethiopia (CAME) was established in 2006 by Malaria Consortium. The coalition has more than 80 active members working on malaria prevention and control in Ethiopia. Members come from a variety of backgrounds and are drawn from relevant government agencies, civil society, non-governmental and private organisations. They are joined by UN agencies, the African Union, institutes, faith-based

organisations, and networks of people living with HIV/AIDS.

The Coalition of Media Against Malaria in Ethiopia (CMAME) comprises a group of journalists, governmental and private agencies from all nine regions of the country.

Both coalitions are providing high level advocacy work on malaria prevention and control.

## RESEARCH TO OPERATIONS

Malaria Consortium Ethiopia conducts operational research in order to support the government and other developmental partners in evidence-based decision making and policy change around malaria control. Research includes malaria risk mapping, comparative studies of clinical performance of rapid diagnostic test, microscopic examination for malaria diagnosis and mosquito nets.

## BEHAVIOUR CHANGE COMMUNICATION (BCC)

Innovative BCC strategies have been developed by Malaria Consortium Ethiopia and are being adopted across the country. BCC strategies include the development and dissemination of key malaria messages to communities through a mix of electronic and print media. Posters and a film targeted at students were developed to raise awareness.

The office also works to build the capacity of health workers to better communicate and provides them with BCC materials to promote malaria interventions in the communities where they work.



# REBECCA'S STORY

Rebecca Amante is a Communicable Disease Control Officer in the Wolayita Zone, SNNPR. She recently took part in two rounds of training on health data management supported by Malaria Consortium, alongside colleagues from 12 other districts in Ethiopia.

Since the training, “there is a big difference regarding information on malaria in our Zone,” says Rebecca. “There was not even an epidemic monitoring chart, but now, we have data and information going back five years. This has helped us to regularly see the status of the disease.”

Rebecca has been preparing and disseminating information that she receives from the Districts concerning malaria prevalence, incidence, diagnosis and treatment, using a computer and printer given to her by Malaria Consortium.

The laboratory professionals Rebecca works alongside took part in Malaria Consortium’s pilot project to improve the quality of diagnosis and were in the first group to receive training. The new quality assurance system sees centres send 10 randomly selected slides to the zonal level laboratories for a second reading and to the regional laboratories for a third reading if there are discordances.

“Because of this system, our technicians have enhanced their skill and are motivated to do better,” Rebecca says. “The support from Malaria Consortium has gone on to sensitise the public on the disease and deliver educational messages on how to prevent malaria, how to use drugs properly and how to use mosquito nets, as well as indoor residual spraying.”



Malaria Consortium wishes to thank its donors and partners in Ethiopia who have included:

- Irish Aid
- Federal Democratic Republic of Ethiopia Ministry of Health
- The Global Fund to Fight AIDS, Tuberculosis and Malaria
- GlaxoSmithKline
- The Malaria Control and Evaluation Partnership in Africa/ PATH
- The President's Malaria Initiative/ United States Agency for International Development
- Sumitomo Chemical

IN ADDITION TO THE EXCELLENT SUPPORT MALARIA CONSORTIUM HAS RECEIVED FROM DONORS AND PARTNERS, MALARIA CONSORTIUM WOULD LIKE TO GIVE SPECIAL RECOGNITION TO THE HARD WORK AND CONTRIBUTIONS OF VOLUNTEERS AND STAFF WHO HAVE MADE OUR WORK SUCCESSFUL



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