



malaria
consortium

disease control, better health

MALARIA CONSORTIUM IMPACT REPORT 2024

Improving healthcare access for
equitable health outcomes



Family taking part in seasonal malaria chemoprevention (SMC) programme in Nampula, Mozambique

Our year in numbers

3m+

insecticide-treated
nets distributed

70,000+

people reached with
community dialogues

200,000+

community members
trained to deliver the
SMC programme to
children under five

25M

children reached
with seasonal malaria
chemoprevention

8M

people reached with
health messages
through mass media

8.1M

malaria tests distributed

78M

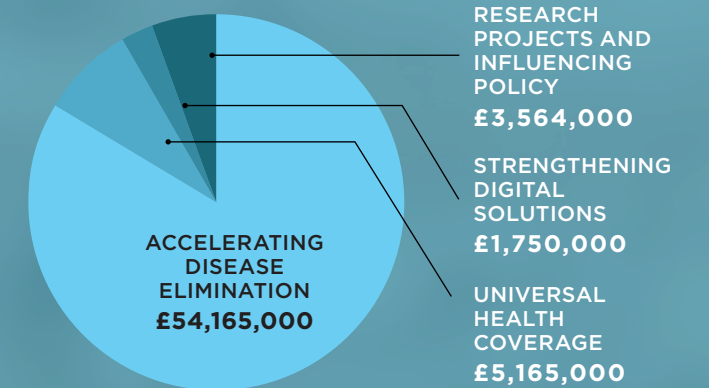
blister packs of SMC
medicines distributed

21%

of projects promoting
women's health

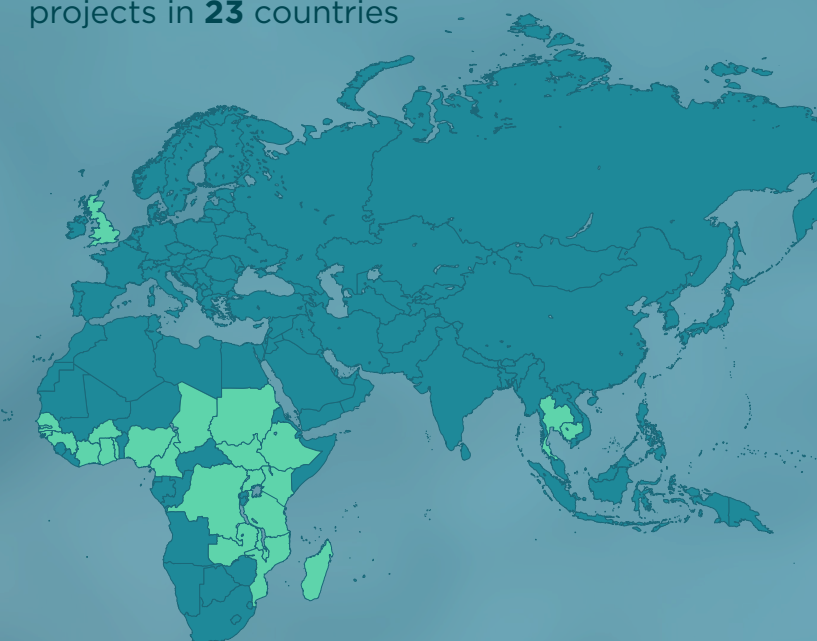
£64.6M

Operational programme
expenditure on strategic
focus areas



43

projects in 23 countries



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James Tibenderana



Katherine Theiss-Nyland

Message from the Chief Executive

It is a privilege to share our key achievements in the past year with you — a year in which Malaria Consortium marked its 20th anniversary as a UK-registered international charity. We are grateful to be bolstered by the passion and commitment of amazing colleagues and stakeholders to our organisational mission who help us achieve our successes and translate them into impact for the communities with whom we work. As a global NGO, our true strength lies in working closely with diverse stakeholders that help us to learn, adapt and deliver lasting value.

A common thread in the report are the linkages between quality, access and equity in the work that we do. We strive for positive and sustained impact by maximising these and see the pathways where extending our core competences in malaria control and elimination can inform other aspects in global health — such as antimicrobial resistance (AMR), climate change, cervical cancer, vaccination, and sexual and reproductive health. Our proximity to communities and national stakeholders requires us to adapt to the changing public health needs they face, comprising both current and emerging health risks including insecticide and drug resistance, direct and indirect effects of climate change on health, and arboviral diseases. These and other challenges make achieving optimal and sustained impact easier said than done.

Nonetheless, we continually seek and see important opportunities to do more with the capabilities we have, the funding that we can secure, the partners and stakeholders with whom we work, and the communities who place their trust in us to deliver cost-effective programmes. We envisage opportunities to co-deliver synergistic health interventions, leveraging economies of scale and/or scope, getting better at adapting to our operating environment and strengthening our capacity to deliver value for communities most at risk of communicable diseases or who are hard to reach due to barriers such as geographical location.

We are hugely grateful to all those who make it possible for us to secure funding for our programmes, to national governments and their development partners who value our capabilities and the communities we work alongside. As we come to the end of our current organisational strategy in 2025, we are excited about launching our next strategy because we see the role we can play to address the current and emerging gaps for equitable access to quality health services. I would like to personally acknowledge and thank my colleagues at Malaria Consortium who work tirelessly to achieve our mission.

Message from the Global Technical Director

As I reflect on the remarkable progress we've made this year in advancing malaria and public health programmes, it is clear that the quality and effectiveness of our programmes remains at the forefront of our mission. At Malaria Consortium, our commitment to delivering high-quality, evidence-based interventions has driven innovative approaches that continue to make significant impacts in the communities we work alongside.

This year, we have continued to strengthen programme quality, ensuring that our interventions not only adhere to the highest standards but are also adaptable to the evolving landscape of malaria control and health systems strengthening. The effectiveness of our interventions directly impacts the health outcomes of families and of individuals who otherwise do not have access to the services they need. Through rigorous evaluation and continuous improvement, we have enhanced our strategies to ensure they are not only evidence-based but also culturally sensitive and sustainable. From scaling up the use of digital tools for real-time data collection to improving integrated services, we've embraced innovation to enhance efficiency and outcomes.

A cornerstone of our work has been the deepening of local partnerships. By collaborating closely with governments, local health authorities, and local organisations, we've fostered sustainable approaches that empower individuals, families, and communities to more effectively influence their own health outcomes. These collaborative partnerships are critical to achieving success in malaria elimination efforts and is key to fostering resilient health systems for the long-term.

Our commitment to delivering equitable solutions means we are using this collective approach to implement innovative, contextualised solutions that address the unique challenges and needs of the most vulnerable populations, including remote communities, children under five, and pregnant women. We have also increased our integrated programming and focus to better ensure services provide a whole-health approach to quality improvement.

Together, we move forward toward a healthier, malaria-free future.

Partnerships for progress to end preventable disease

TechTalks

Through the APMEN VCWG, we are providing the opportunity for critical discussions on vector control and malaria elimination by way of the APMEN TechTalks webinars. This platform for sharing knowledge and discussion is moving global conversations towards strengthened vector control response, tailored to regional and country contexts.

WEBINARS AND VIRTUAL COURSES 2019-2023



4,474

attendees from

109

countries across
5 continents



7

virtual courses

5

in-person training courses



1,400

field medical
entomologists/vector
control staff trained

Ending malaria and other preventable, treatable diseases requires collective action — we can't do it alone. The outcomes we can achieve are improved by strategic collaborations with partners, community members, national governments, donors and the private sector, adding to our technical expertise and helping resources go further.

Together, we are reaching those who lack access to essential health services and therefore have a higher risk of contracting illness. We're protecting women and pregnant women, children under five, remote and hard-to-reach communities, refugees and internally displaced communities, and mobile and migrant populations.

“We extend our heartfelt appreciation to our esteemed partners for their invaluable support in our mission to conquer malaria. Together, we are making a lasting impact in the lives of countless individuals.”

Dr. Denis Mubiru, Country Director South Sudan

With our partners, we are addressing critical skills gaps, including in disease surveillance, diagnosis and case management. By pooling our resources and sharing our expertise, we are strengthening health system resilience to future threats and moving the dial close to the elimination of malaria and other diseases.

Strengthening entomological capacity in Asia Pacific

Malaria and other vector-borne disease programmes across the world are suffering serious shortfalls in entomological capacity. This has a direct impact on reducing cases of disease and reaching elimination milestones. We work with the Asia-Pacific Malaria Elimination Network (APMEN) Vector Control Working Group (VCWG), which we have co-chaired since 2014, to identify and address critical capacity gaps in vector surveillance and control.

In July 2023, we successfully concluded the fourth Malaria Vector Surveillance for Elimination (MVSE) course, held in Indonesia, which focused on strengthening capacity in vector surveillance techniques through training provided to 25 delegates from five countries in the region. This essential training is facilitating rich peer-to-peer learning and contributing to more effective and sustainable malaria control and elimination strategies in Asia Pacific.

“Entomologists play a key role in the national malaria programme in Papua New Guinea. Having entomologists who have been trained through the MVSE programme means we have people in the National Department of Health who have the knowledge and skills to move our country towards the elimination of malaria and other vector-borne diseases.”

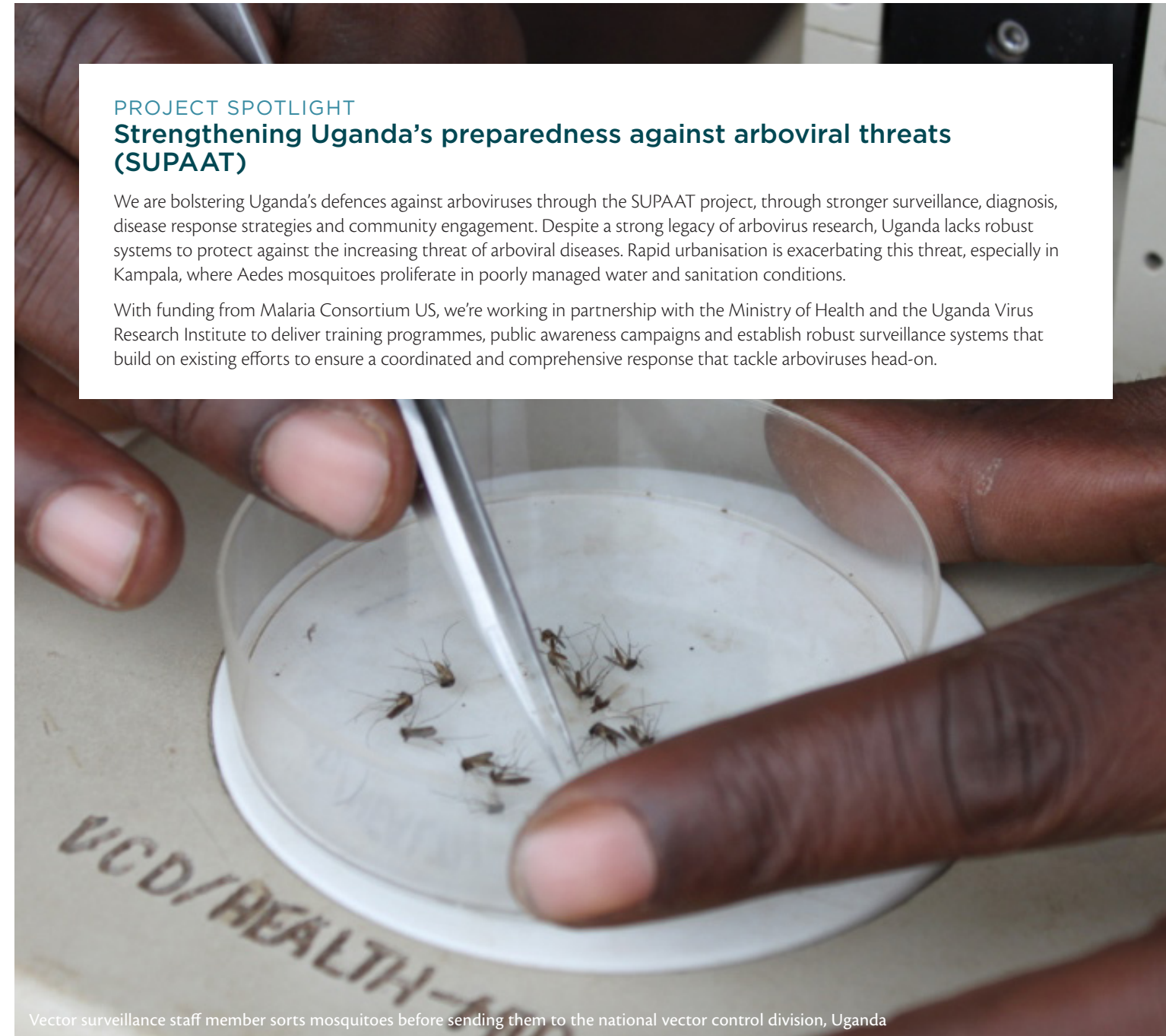
Naomi Vincent, Vector-borne Diseases Surveillance Officer, National Department of Health, Papua New Guinea

PROJECT SPOTLIGHT

Strengthening Uganda's preparedness against arboviral threats (SUPAAT)

We are bolstering Uganda's defences against arboviruses through the SUPAAT project, through stronger surveillance, diagnosis, disease response strategies and community engagement. Despite a strong legacy of arbovirus research, Uganda lacks robust systems to protect against the increasing threat of arboviral diseases. Rapid urbanisation is exacerbating this threat, especially in Kampala, where Aedes mosquitoes proliferate in poorly managed water and sanitation conditions.

With funding from Malaria Consortium US, we're working in partnership with the Ministry of Health and the Uganda Virus Research Institute to deliver training programmes, public awareness campaigns and establish robust surveillance systems that build on existing efforts to ensure a coordinated and comprehensive response that tackle arboviruses head-on.



Vector surveillance staff member sorts mosquitoes before sending them to the national vector control division, Uganda



Sylvia Meek, co-founder of Malaria Consortium

Nurturing the next generation of entomologists: Dr Sylvia Meek Scholarship for Entomology

We continue our bespoke commitment to the next generation of entomologists through our Dr Sylvia Meek Scholarship for Entomology, established in 2016 in memory of one of Malaria Consortium's founders. Now in its fifth year, the scholarship supports aspiring entomologists from across the world to study at universities in Nigeria, South Africa and Thailand. This programme is nurturing next-generation leaders in this highly important field to advance evidence and thinking on disease prevention, control and elimination.

South-South Exchanges: Partnerships for preparedness

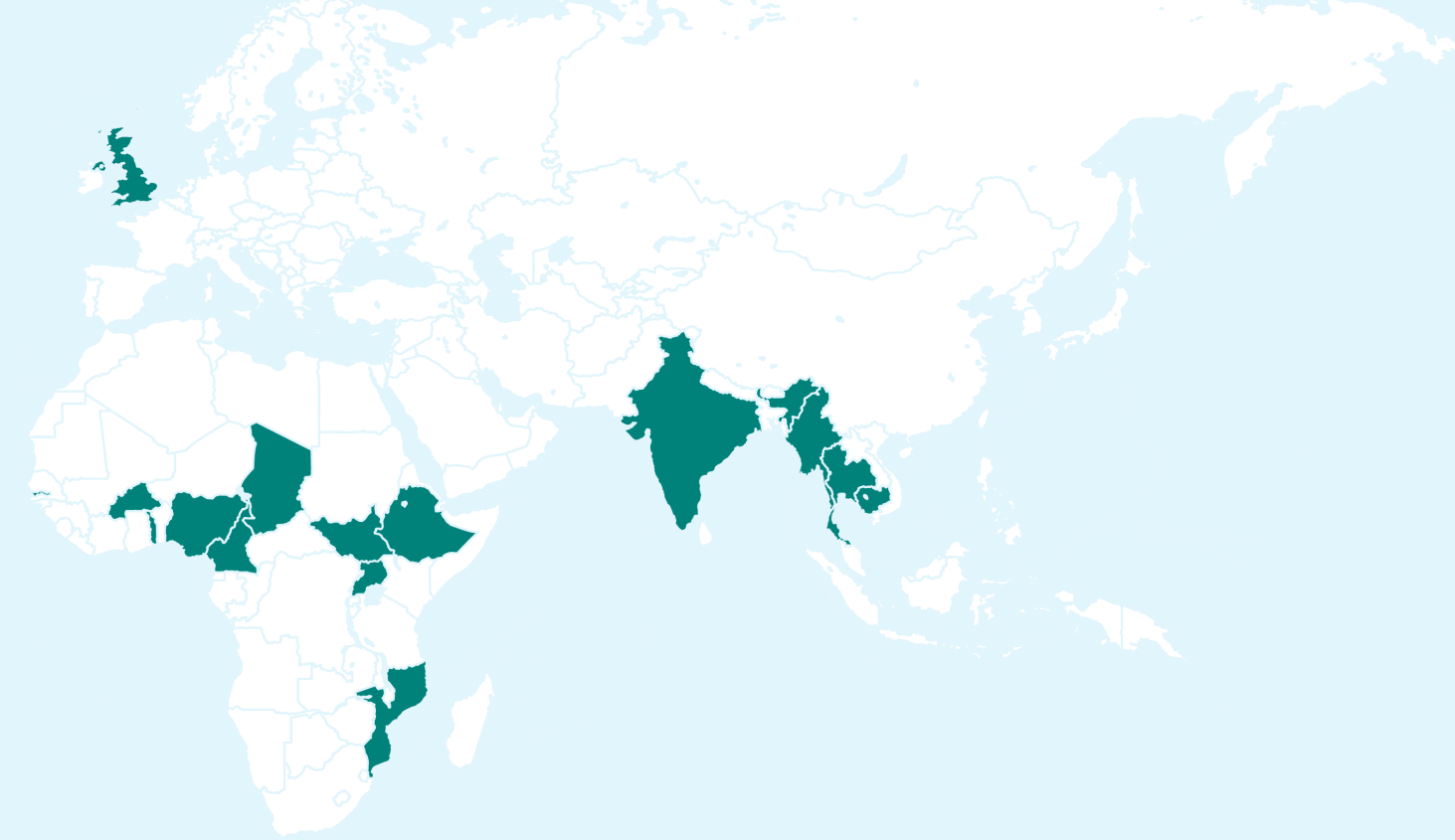
We are strengthening institutional capacity to address the most pressing challenges in the control of *Aedes*-borne arboviruses, malaria elimination and insecticide resistance. Malaria Consortium is working with London School of Hygiene and Tropical Medicine and the RBM Partnership to End Malaria to organise South-South learning exchanges. Through these exchanges, national vector control programmes and leading researchers are sharing critical technical expertise and exploring replicable strategies for their own contexts.

As part of LSHTM's Resilience Against Future Threats through Vector Control (RAFT) Research Programme Consortium, funded by UK aid from the UK government, Malaria Consortium organised a South-South exchange in Cameroon in November 2023. (This is the second exchange to take place, following an initial successful exchange in Thailand in 2022.) The exchange harnessed the expertise of vector control specialists from Africa, Asia and Latin America to share critical learning and insights from their own contexts, enabling African countries to optimise limited resources to achieve the greatest impact in the surveillance and control of arboviruses.

In March 2024, Malaria Consortium organised a South-South exchange focused on strengthening malaria surveillance and response, under our role as the secretariat of RBM Partnership's Surveillance, Monitoring and Evaluation (SME) Working Group's Surveillance Practice and Data Quality (SP&DQ) Committee. National malaria programme representatives from 11 African and Middle Eastern countries learned about Cambodia's incredible progress towards malaria elimination. Participants saw first-hand how last-mile approaches can be adapted to remote and mobile populations. This exchange of knowledge and technical expertise is equipping malaria programmes to move their own countries from malaria control towards elimination.



Attendees at the Cameroon South-South exchange look at mosquito larvae



15 countries
where Malaria Consortium conducted research

56%
of first authors from the country where research was conducted

50:50
equal gender split between men and women authors

36 articles
Papers published by Malaria Consortium and affiliated authors in 2023-2024

Research and policy impact

Strengthening evidence-based strategies for more effective health service delivery

Recognised by UK Research and Innovation for our high-quality research, we are strengthening evidence-based strategies for more effective health service delivery. Our research explores barriers to accessing quality healthcare in low- and middle-income countries across Africa and Asia, as well as the unique cultural and social factors that affect health outcomes in specific populations. With this invaluable evidence, ministries of health are able to tailor interventions and devise strategies that address the needs of their communities. This evidence informs healthcare policies that represent local needs and contexts, ensuring health services are not only accessible, but also taken up by communities.

OUR DONORS (FOR ALL PROJECTS ACTIVE IN 2023-2024)

Malaria Consortium US	UNICEF
Expertise France/L'initiative	Institut de Recherche en Sciences de La Sante Burkina Faso
Arctech Innovation-Africa Power	Bill & Melinda Gates Foundation
GiveWell	Global Fund
National Institute for Health and Care Research	Foreign, Commonwealth and Development Office
US Agency for International Development	UK Research and Innovation

Groundbreaking research in action: Perennial malaria chemoprevention

PROJECT SPOTLIGHT

PMC Effect Study, Osun state, Nigeria

With funding from the Bill & Melinda Gates Foundation, Malaria Consortium is collaborating with the National Malaria Elimination Programme to conduct the PMC Effect study in Osun state, Nigeria. PMC, or perennial malaria chemoprevention, involves administering antimalarial medicines to children to protect against year-round malaria transmission.



12,463

children reached with
PMC treatment dose

42,367

PMC treatments
distributed

The PMC Effect study will catalyse decision-making in Nigeria around PMC policy adoption and will help to determine the potential value of scale-up in settings that do not implement seasonal malaria chemoprevention. This study is showcasing how the integration of the innovative PMC programme with outreach programmes can pave the way for a successful rollout and reduce the malaria burden among children.

“In my community malaria cases have really reduced. In fact, some private health facilities close to us confirmed that malaria cases have reduced in the community as they don’t have much cases of under-two-year-old clients in their facilities since we started administering PMC.”

Health worker at Ede, Osun state, Nigeria



Community health worker holds 13-month-old boy receiving perennial malaria chemoprevention at Iragberi Health Centre, Osun State, Nigeria

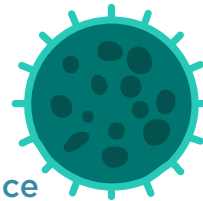
EVOLUTION AND APPLICATIONS OF THE COMMUNITY DIALOGUE APPROACH (CDA)

2009
CDA designed



2012–2013
Pilot — Mozambique, Uganda and Zambia — integrated community case management

2014–2016 and 2017–2019
Mozambique — mass drug administration for neglected tropical diseases



2017–2018
Bangladesh — antibiotic resistance (AMR) and Mozambique — mobile health

2020–2023
Cameroon — Community Health Participatory Action approach

2021–2023
Bangladesh and Nepal — AMR



2023
National policy — adopted into Bangladesh National Adaptation Plan



Fatema, a community dialogue facilitator, raises awareness of antimicrobial resistance, Cumilla district, Bangladesh

RESEARCH TRAJECTORY

Community dialogues leading to sustainable impact

Malaria Consortium pioneered the Community Dialogue Approach in 2009. Community dialogues create a safe space for communities to discuss their health concerns and the best solutions to address them. We have since successfully applied this flexible approach in multiple settings, adapting dialogues to suit local contexts. The communities select their dialogue facilitators, who are all local volunteers and are well known by community members. Because dialogues are built on trust, they achieve the greatest impact for individuals. By involving communities in the design, planning and implementation of projects, we are ensuring that health solutions are community-led and, therefore, sustainable.

“[The Breaking Barriers] project has taught me that, anytime I and my family sleep under a bed net, we’re safe from malaria. And for the past one year, I have not been sick of malaria. My children don’t fall sick again as before because we’ve been implementing all the lessons we’ve learnt during our CoHPA meetings.”

Community member, Breaking Barriers project, Cameroon

208%

increase in identification and treatment of malaria cases in the community

SPOTLIGHT: Fatema’s story

In Bangladesh, community engagement is empowering women to address the contextual drivers of antimicrobial resistance (AMR). Fatema is a facilitator from Nilokhi, Cumilla district, Bangladesh. Since 2023, she has led dialogues with members of her local community to establish a community-wide approach for raising awareness about AMR and infection prevention, and the control and appropriate use of antibiotics.

“I have been able to bring positive changes into my life. I used to buy antibiotics for all sorts of random diseases. I would not complete the full course. I have changed this practice now. I have also raised awareness of this in my surroundings. Everyone is changing for the better.

Through this project...my awareness has been raised. Many people didn’t know before, they used to take antibiotics randomly. Now, they have understood their mistake. They will no longer buy antibiotics from the pharmacy without a proper prescription.

People wouldn’t wash their hands after feeding their livestock. Bacteria from those animals would then spread to humans. People didn’t know that they would have to wash their hands with antibacterial soap before touching food items. Now, they are very sincere about this.

It’s not possible for a single person to ensure these positive changes in the community. We have to help each other raise awareness. It’s only possible through discussions and interactions with each other.”

Fatema, Community Dialogue Facilitator



Child receiving seasonal malaria chemoprevention medication, Nigeria

What your support has helped us to achieve

Your support saves lives and improves health, reaching communities with the care they need to thrive. Thanks to philanthropic donations, we've delivered essential medicines and health commodities to people particularly vulnerable to disease and to those with limited access to healthcare services.

Your generosity has also helped us train health workers, improve disease diagnostics and surveillance, and expand access to regular, high-quality healthcare. By empowering communities through education and engagement, we not only prevent illness but also address the social and economic burdens of disease, ensuring no one is left behind. Thank you for helping us build healthier, more resilient societies.

Preventing malaria in children: Seasonal malaria chemoprevention

Malaria Consortium has been recognised as a GiveWell Top Charity since 2017, as an organisation that delivers maximum impact through our seasonal malaria chemoprevention (SMC) programme. Our SMC work is based on strong evidence and demonstrates high cost-effectiveness, and we play a leading role in supporting large-scale SMC programmes in Burkina Faso, Chad, Mozambique, Nigeria, South Sudan, Togo and Uganda. In 2024, we are providing technical assistance to Côte d'Ivoire to implement SMC, and continue to undertake and publish new research to inform SMC policy and practice.

“As health workers, we've witnessed the transformative impact of this initiative. It has not only reduced the queues at our facility but also rewritten our success story. In the past...we were inundated with malaria cases, predominantly in children under five. However, over the past two years, there's been a significant reduction. ... One look at the reports, and you'll be convinced that a real change has occurred.”

In-charge PCU, Aweil South county, South Sudan

25 million children

reached with SMC in 2023

“SMC's transformative strength has been a revolutionary force in our fight against malaria. Its impact has been so profound that malaria, once a common illness among our children in our community, has now become a rarity.”

Clinical Officer, Primary Healthcare Unit, Aweil South county, South Sudan

Reaching Karamoja's nomadic populations

Malaria Consortium's work in Karamoja subregion, Uganda, serves as a model for malaria prevention in nomadic and hard-to-reach populations globally, who often struggle to access fixed-point healthcare delivery. To address the logistically complex challenge of delivering SMC to predominantly nomadic pastoralist populations, we adapted the door-to-door SMC delivery models to suit the nomadic lifestyle of the Karamojong people, illustrating how adaptable, community-centric approaches can overcome the complex and context-specific challenges.

We mobilised trained community health workers supported by local health authorities and cultural leaders — also known as manyata leaders. Their familiarity with nomadic migration patterns and skill in navigating the challenging landscapes enabled them to work alongside the nomadic population to inform and administer SMC medicines.

Over 90%
coverage achieved

“I have never seen any child of mine suffer from malaria since the VHTs [village health teams] started giving our children SMC drugs.”

Janet, mother from Kakoliye village, Moroto district, Karamoja, Uganda

Increasing access to essential childhood vaccines

To ensure that life-saving vaccines are reaching as many children as possible, we're leveraging the strengths of the SMC programme, which consistently reaches a substantial number of children in their households each year.

In Togo, we are identifying unvaccinated children (known as 'zero-dose' children) and catching up under-vaccinated children with missing vaccine doses during SMC distribution. Working with national malaria programmes and the Essential Programme on Immunisation, we are delivering targeted strategies to increase access to essential childhood vaccines that protect against preventable diseases, including diphtheria, pertussis and tetanus. We will use the evidence to advocate for political attention and resources, which could have a profound positive impact on child survival.

40% of children receiving SMC were under-vaccinated

and connected to vaccine services for follow-up



Community health worker, Uganda

Digitalisation

Digital tools can transform the way that mass health campaigns like SMC and insecticide-treated nets are delivered, reaching more people with essential care and services.

In Mozambique, we've partnered with the National Malaria Control Programme, Bill & Melinda Gates Foundation and eGovernments (eGov) Foundation to develop a digital SMC tool using eGov's DIGIT health campaign management platform in Mozambique. This free, open-source product uses configurable building blocks, which means it can be adapted and scaled for campaigns across multiple diseases. This platform, known locally as Salama, was deployed from February 2024, with all community distributors across Nampula using the platform for data collection throughout the SMC campaign. This digitised approach enabled us to capture, record and analyse data more efficiently and effectively, and enabled supervisors to monitor and support community distributors' progress during SMC campaigns.

Octavio, a district supervisor for SMC in Ilha de Mocimboa do Castelo district, Mozambique, used the Salama app during the 2024 SMC rounds.

“This is my second year as a supervisor on the SMC campaign here. But this has been the first year we are using an app to understand how the work is going.

Last year, we worked with paper and we would stay behind at the end of the day to see the totals of households reached. This year, we can see the number all the time and make decisions based on the data.”

In Nigeria, we tested a digital solution during SMC delivery in the Federal Capital Territory and Oyo state, in which community distributors and health workers used their personal mobile devices to digitally record registration of households and individuals, and antimalarial administration data. Overall, the approach promises to be cost-effective and sustainable, eliminating the need to procure and maintain large quantities of mobile devices — though there are challenges to consider. The learning generated from this and other digitalisation initiatives will inform future health campaign digitalisation efforts in Nigeria.

Combining research and innovation to scale up SMC in Mozambique

Based on Malaria Consortium's rigorous research and technical guidance, Mozambique, South Sudan and Uganda led the way in conducting SMC implementation studies outside of the Sahel, to evaluate the acceptability, feasibility and effectiveness of SMC with a view to scaling up. In January 2023, Mozambique became the first country outside of the Sahel to implement SMC, with Malaria Consortium supporting the scale-up to all 23 districts in Nampula province and reaching 1.48 million children — including internally displaced persons from neighbouring Cabo Delgado province. This scale was maintained during the 2023/24 SMC round.



SMC administration in Nampula, Mozambique

5,198,685

SMC treatments distributed in round 1 of SMC

1.5 million

children reached in round 1

Holistic wellness: Making a difference to mental health and wellbeing

PROJECT SPOTLIGHT Happy Feet

Mental health and wellbeing are integral components of overall health outcomes, influencing emotional and psychological resilience as well as physical health and quality of life.

Through Happy Feet, led by Malaria Consortium and funded by philanthropic funding through Malaria Consortium US, communities and health workers are seeing the benefits of targeted advocacy and community engagement to tackle podoconiosis. This neglected tropical disease affects resource-limited individuals who lack access to shoes. Over time, exposure of their bare feet to irritants found in red clay soils leads to disabling swelling of the lower leg. We are addressing severe physical, economic and psychological implications for those affected.

Aberash a public health officer working in the Sodo Zuria district, now feels she can improve the quality of life of her patients who have podoconiosis.



“We were unable to provide psychosocial and economic rehabilitation due to a lack of technical knowledge and skills...Fortunately, thanks to Malaria Consortium, I was able to receive [this] training. I learned about informational gaps, psychological problems, social relationship problems, and economic gaps, as well as how to provide solutions for each gap based on the capabilities of health centres and health experts. As a result, this programme improved my knowledge and skills in counselling, listening, problem identification, and problem-solving discussions.”

Aberash, Public Health Officer, Sodo Zuria district



Health extension worker, Metekae Dema, visits Metekae Dema, podoconiosis patient, in Southern Ethiopia regional state, Ethiopia

“My leg started to itch and became red and swollen. I put it near the fire to reduce the itching pain but it continued to itch. My skin became crusty and started to fall off. My social life has suffered because of this issue. I used to envy other people walking around. I am happy because I am using the towels, shoes, Vaseline (petroleum jelly) and soap that I got from the organisation. After the treatment, I was able to walk unassisted. Now, I can go to the market and social gatherings. Because I learned that the disease is caused by walking barefoot on red soil, I educate everyone to always wear shoes.”

Lenkere Lema, podoconiosis patient

Perspectives from Africa and Asia: Our impact on communities

One in eight people lives more than an hour from their local health centre, and one in six is more than two hours from a hospital. For those living in rural areas, distances are often even greater, and people face additional barriers to accessing the care they need, such as travel costs and the cost of the treatment itself.

We train people living within hard-to-reach and remote communities to diagnose and treat common diseases. Often the first point of contact many families will have when facing ill-health, community health workers are known and trusted by their communities and can provide advice and treatment at no cost. They are the first line of defence in ensuring those most vulnerable to disease, especially women, children, mobile and migrant communities, and those living in conflict-affected settings don't become another statistic.

Collaborating with mobile, migrant and forest-going workers to tackle malaria

In Cambodia and Ethiopia, we are reaching mobile and migrant communities with essential malaria services in remote and forested areas. They have extremely limited access to regular healthcare and preventive tools due to their mobility and work, which means their risk of infection is high.

In Cambodia, under the Regional Artemisinin-resistance Initiative 4 Elimination project (RAI4E), funded by the Global Fund, we are working with a community network of locally recruited and well-trained mobile malaria workers (MMWs) to offer quality malaria services to remote, mobile and migrant populations across six northern provinces along the international border with Thailand, Laos and Vietnam. Thanks to MMWs' knowledge of local population movements, we are rapidly identifying and treat remaining pockets of malaria cases and prevent cross-border re-introduction.



Testing forest-going workers for malaria, Cambodia

PROJECT SPOTLIGHT Sennay

In Ethiopia, Sennay is the first-ever at-scale implementation project to target malaria services to the specific contextual needs of seasonal mobile workers. We are implementing Sennay with the Health, Development and Anti Malaria Association, with funding from Expertise France/L'Initiative.

“The Sennay project is a game-changer in our fight against malaria. By focusing on seasonal mobile workers... we are addressing a critical gap in malaria prevention and control. This initiative not only aims to reduce the malaria burden but also empowers these workers by involving them in shaping the solutions. We are creating sustainable health improvements and ensuring that no one is left behind in this critical fight.”

Dr Chalachew Sisay, Malaria Consortium Ethiopia, Project Manager for Sennay

San's story:
A tailored approach to detecting the last malaria cases in Cambodia

“Before I was asked to become a mobile malaria worker, I did not know at all that malaria was transmitted by mosquito bites. Also, nobody else in my village knew about this. After I was selected, I received training at the Siem Pang Health Center. This was not easy at all. I didn't know anything about malaria and the nurse used so many difficult words — words I had never ever heard before. I asked them to speak a bit slower and explain to me again and again.

Now, I know very well how to test and treat people. I also have to write down all the names in a book. And I even use a phone to register all people who have malaria. When I started, I found so many malaria cases, mainly *Plasmodium falciparum*.

I can smile. The tests of people in my community do not show malaria anymore as before. People have learned a lot and understand better about malaria. They also use the nets that we distribute to protect themselves. I am so thankful for the malaria project and the support from the Malaria Consortium team. It made me so brave and knowledgeable. I am so proud.”



Using motorbikes to reach remote locations, Cambodia

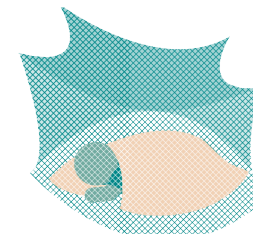
Extending primary health services in conflict and humanitarian settings

Everyone deserves access to quality healthcare. They shouldn't be left behind simply because conflict, persecution, flooding due to extreme weather events, or food insecurity have forced them from their homes. We're providing life-saving primary healthcare to thousands of internally displaced people (IDPs), refugees and returnees, host communities and other at-risk populations with essential health services, through networks of trained local community health workers and alternative delivery methods, such as mobile clinics.

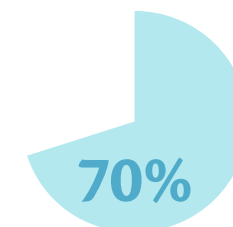
Reaching displaced communities in South Sudan

In South Sudan, an unprecedented humanitarian crisis arising from disruptions, including extreme weather events and conflict, has displaced more than two million people. More than half of the population also lives more than five kilometres from the nearest health facility.

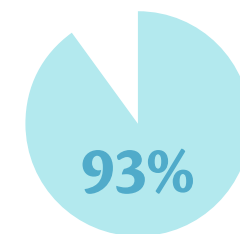
Working with the Ministry of Health, the Health Pooled Fund and UNICEF, we have successfully expanded the coverage and delivery of community health services to remote and hard-to-reach communities through the Boma Health Initiative (BHI), with funding from UK Development and the Global Fund to Fight AIDS, Tuberculosis and Malaria. This seven-year nationwide community health programme has strengthened health services delivery to communities, with a particular focus on pregnant women and children. In 2023, we began 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 resources where the greatest needs are identified.



Over 8,000
mosquito nets
delivered to internally
displaced people



70%
increase in individuals
receiving mental
health services



93%
increase in curative
consultations



Over 20,000
women seen in
antenatal care clinics

Implementing SMC in an IDP camp

We go the extra mile to ensure that no one is left behind. In 2023, South Sudan saw an influx of refugees from neighbouring Sudan, including 500 children living in an IDP camp in one of the SMC-implementing counties. We made several adaptations to the SMC delivery model to ensure that these children were able to receive life-saving antimalarial medicines being distributed as part of the SMC round.

Implemented stringent security measures and operational protocols during SMC delivery, we worked closely with the National Malaria Control Programme to engaged a wide array of stakeholders, including the United Nations High Commissioner for Refugees, camp management committees and the State Ministry of Health. Our team also established direct communication channels with local leaders from the refugee community. Using this proactive approach, we were able to respond quickly to emerging issues, enhance community trust, and ensure the safety of staff and the refugee community alike.

Strengthening our commitment to women in marginalised and remote populations

HPV Catch-up to tackle cervical cancer in Cambodia

Despite being preventable and treatable, cervical cancer killed 350,000 women in 2022 and remains the fourth most common cancer in women worldwide, disproportionately affecting those in low- and middle-income countries. This means that women in communities at risk of malaria might also be at risk of cervical cancer. This disease can be prevented with effective vaccines that target its primary cause, human papilloma virus (HPV). If diagnosed early and managed effectively, it is also one of the most successfully treated forms of cancer.

In 2024, we launched a pioneering cervical cancer project in Thma Pouk district, Banteay Meanchey province in Cambodia — a region often overlooked for health services due to its remote location. Cambodia has one of the highest rates of cervical cancer disease and death in the world, despite being easily prevented and treated if detected early. More than 1,500 women develop cervical cancer each year in Cambodia as a result of lack of access to health services.

Programme Manager Ratanakvisal Chean shares his experience of meeting with the district officials during the project launch:



Community dialogue on human papilloma virus, Banteay Meanchey, Cambodia

“When we met with district governors, they asked a question that resonated deeply with me: “Are we the last district you targeted?” It was a poignant reminder of how often this community had been left behind.

One governor offered to personally assist with community engagement, highlighting the district’s readiness to take action: “If you need help with raising awareness on cervical cancer, I’m more than happy to join you in the villages and encourage participation.”

Another governor expressed her concern about the HPV Catch-up project ending in December 2024. “Would you be able to extend the project here? Cervical cancer is such a crucial topic, and it has never been addressed in this district before.”

The experience in Thma Pouk district was a call to action, a shared commitment to ensuring that cervical cancer awareness and prevention reach every corner of Cambodia. With the support of the local leaders and the determination of our team, we are confident that this project will make a lasting impact, bringing much-needed change to a district that has long awaited its turn.”

Promoting sexual and reproductive health in South Sudan

In humanitarian and conflict settings, women and girls are at a greater risk of experiencing gender-based violence (GBV). Survivors of GBV are also more likely to experience mental health concerns and might also be living with a disability, often struggling to access the healthcare they need due to unstable conditions. Our expertise in delivering malaria services and community-based health services in South Sudan enables us to extend access to other vital services including for sexual and reproductive health, psychosocial support and disability.

To improve access to sexual health and reproductive services among women and girls, Malaria Consortium introduced a gender equality and social inclusion programme in Aweil Centre and Aweil South, Northern Bahr El Ghazal state as part of the Health Pooled Fund project. The programme trained healthcare workers on gender-based violence, clinical management of rape, mental health conditions, disability inclusion and adolescent sexual reproductive health rights.

We identified influential women and religious leaders to engage marginalised women and girls, like Adut, to become adolescent sexual and reproductive health rights champions.



Adut, Adolescent Sexual and Reproductive Health Rights Champion, Northern Bahr el Ghazal, South Sudan

“I became involved with the project through discussions organised at the Sexual Reproductive Health Centre at Aweil Civil hospital.

Because of this project, the stigma surrounding sexual health is slowly reducing. Girls, including young mothers, can come to the health centre to access essential services without fear. Sharing sexual and reproductive health information works especially well to reduce pregnancy rates within girls and adolescents in schools, as there are a high number of girls enrolled within local schools who are informed of the family planning commodities available at their nearest health facility.

In the future, we hope to continue to increase the number of awareness sessions within the community, training community mobilisers and counsellors to...reach everyone.”

Adut, Adolescent Sexual and Reproductive Health Rights Champion

4,558

community members reached with sexual and reproductive health rights messages

6,700

school students reached with health talks and debates

Event highlights



Malaria Consortium's 20 year celebrations, Togo

Thought leadership in action at the Multilateral Initiative on Malaria: Philanthropy panel discussion

At the 8th Multilateral Initiative on Malaria Conference, Malaria Consortium convened a high-level discussion, bringing together panelists from Africa Centers for Disease Control and Prevention, Impact Santé Afrique, the Rwanda Ministry of Health, GiveWell and Bill & Melinda Gates Foundation to discuss how philanthropic partnerships can bring us closer to a malaria elimination.

Philanthropy plays a critical role in driving down the burden of malaria in Africa, but it has significant untapped potential. Alongside multilateral and bilateral funding, philanthropy's unique ability to take risks, mobilise flexible financing and foster innovative partnerships can complement traditional development assistance and help us achieve the goal of malaria elimination.

“The moral imperative to end malaria could not be stronger, with multiple threats such as critical financial gaps and climate change. Philanthropy presents unique opportunities to identify new funding to create additional and sustained impact to end the malaria scourge.”

Dr James Tibenderana, Chief Executive, Malaria Consortium

Celebrating Malaria Consortium's 20-year anniversary at ASTMH 2023

For two decades, using malaria as an entry point, Malaria Consortium has strengthened knowledge, skills and resources across health systems and within communities.

In 2023, we celebrated our 20th anniversary and legacy of commitment to health for all. We held celebrations across our country offices, with a special launch event held at the 2023 American Society for Tropical Medicine and Hygiene (ASTMH) Conference in Chicago.

“Twenty years of relentless dedication have shown us that the fight against malaria is not just a battle against a disease, but a journey towards stronger communities, empowered by knowledge and innovation.”

Dr. Godfrey Magumba, Director of East and Southern Africa Programmes



Asunta Ageng, boma health worker, conducts community sensitisation and mobilisation on malaria, Northern Bahr el Ghazal, South Sudan

More than 22,000

community distributors and Ministry of Health staff trained in Mozambique

Safeguarding

Malaria Consortium is committed to the principle of Protection from Sexual Exploitation, Abuse and Harassment (PSEAH) and the safeguarding of children and vulnerable adults. As well as ensuring our Safeguarding Principles are lived by our staff and embedded within our organisational culture, we also seek ways in which we can develop safeguarding capacity amongst the partners we work alongside. In 2024, in Chad, Togo and Burkina Faso, Malaria Consortium has provided technical guidance to Ministry of Health partners to cascade safeguarding and PSEAH training to all their staff working in partnership with Malaria Consortium on SMC activities.

In 2024 in Ethiopia, we are developing the safeguarding and PSEAH capacity of local organisations, such as the Health, Development and Anti Malaria Association (HDAMA), with the goal of co-developing and strengthening their 'safe programming' practices.

In Uganda and in Nigeria, we have developed in-depth training tailored to research activities in the project 'Be in a Net', additionally providing leaflets to the communities to sensitise them on accessible reporting mechanisms. In 2024, Thailand is piloting new training for the Malaria Vector Surveillance Course in Indonesia, available to epidemiologists and other similar experts across ASEAN countries.



Dr Leo Braack, Senior Vector Control Specialist, receives a token of appreciation on behalf of Malaria Consortium from the Thailand Division of Vector Borne Diseases for collaborating to combat neglected tropical diseases



All-Party Parliamentary Group on Malaria and NTDs visit to Ethiopia



R21 malaria vaccine rollout, South Sudan



James Tibenderana, Chief Executive, talks at MIM philanthropy panel event



James Tibenderana is interviewed on France 24



Shobiechah Wulandhari, Technical Officer, speaks at the second South-South exchange in 2023



Seasonal malaria chemoprevention launch event in Mozambique



Malaria Consortium's philanthropy panel event at the 8th Multilateral Initiative on Malaria (MIM) Conference

World Malaria Day 2024 and Malaria Consortium's 20th anniversary



Jossias Machava, Knowledge and Communications Specialist, talks to Minister of Health, Armindo Tiago, about Malaria Consortium's work, World Malaria Day, Mozambique



Malaria Consortium Cambodia's 20-year celebrations



Nigeria 20th anniversary celebrations



Malaria Consortium Burkina Faso's 20th anniversary celebrations



Slam show on malaria during the Chad 20-year celebrations



Uganda's World Malaria Day walk

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Cover image: Caregiver with her children, Iragberi, Osun State, Nigeria. Credit: Light Oriye

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