Malaria Consortium in South Sudan

The disease burden across South Sudan - in an environment with little health infrastructure and extremely remote populations - is very complex.

The impact of communicable diseases on young children is exacerbated by poor nutrition and a lack of access to basic health services. The infant mortality rate is one of the highest, standing at 102 per 1,000 live births, while the under-five mortality rate is 250 per 1,000 live births¹.

**Malaria**

Approximately 95% of South Sudan is endemic of malaria, with high transmission in the country throughout the year. This means there are currently 2,300,000 people at risk of malaria across the country.

Malaria accounts for 20-40% of all health facility visits, 30% of all hospital admissions, and is a leading cause of death².

Malaria is the leading cause of illness and death in children under five years in Southern Sudan. It also contributes to anaemia in children and is a common cause of absenteeism from school.

¹ Sudan Household Health Survey 2006
² UNICEF Operation Lifeline Sudan 2005-2009

The Malaria Indicator Survey 2009 shows that 35% of children had signs and symptoms of malaria in the two weeks prior to the survey. In addition, one in three patients treated in a health facility had malaria.

**Malaria Consortium**

Malaria Consortium has been operational in South Sudan since 2003 and has a profound level of knowledge and expertise in the control and treatment of communicable and neglected tropical diseases in the country. The organisation works in Central Equitoria, Northern Bahr al Ghazal, Unity and Upper Nile States.

Main areas of focus are:

- the provision of community level treatment and care for childhood diseases: diarrhoea, pneumonia and malaria
- nutrition for under fives including emergency nutrition
- health systems strengthening, monitoring and evaluation
- operational research and support for mass drug administration on neglected tropical diseases.
Malaria Consortium advocates a mixed model approach to health service provision, collaborating with a wide range of partners – government, community, international and private sector - to ensure interventions are as effective and sustainable as possible.

In addition to working with the Ministry of Health, Malaria Consortium’s partnerships in South Sudan currently include:

- Common Humanitarian Fund
- Canadian International Development Agency (CIDA)
- UK Department for International Development (DFID)
- US Agency for International Development (USAID)
- Global Fund to Fight AIDS, Tuberculosis and Malaria
- Medair
- United Nations Development Program (UNDP)
- United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA)
- The International Trachoma Initiative
- World Health Organisation
- African Programme for Onchocerciasis Control.

**Key Projects**

With funding from CIDA and the Global Fund, Malaria Consortium is managing a widespread integrated community case management (ICCM) initiative in South Sudan. This supports the training of community drug distributors to carry out basic diagnosis and treatment for diarrhoea, pneumonia and malaria.

Malaria Consortium has also been engaged in operational research around the disease burden for neglected tropical diseases in South Sudan in order to establish which administrative areas require mass drug administration for these illnesses.

The UNDP is providing support for the organisation to carry out a child survival project, which incorporates water/sanitation and nutrition interventions with the management of disease.

Malaria Consortium is one of the world’s leading non-profit organisations dedicated to the comprehensive control of malaria and other communicable diseases. The organisation works across Africa and Asia to improve not only the health of the individual, but also the capacity of national health systems, which helps relieve poverty and support improved economic prosperity. Malaria Consortium innovates to expand the impact of health programmes so that people can benefit even in the most challenging environments.