

Integrated approach to disease control in Nigeria

Malaria Consortium's capabilities and commitment to malaria prevention, control and elimination



Around a quarter of all malaria cases and deaths in the world – and the highest number of malaria related deaths – occur in Nigeria. Therefore, Malaria Consortium's programme in the country is an essential element in the achievement of our mission. In early 2008, the organisation had contributed significantly to the Roll Back Malaria needs assessment and our involvement in Nigeria grew from our appointment by the Department for International Development/UKaid to manage the £89 million Support to National Malaria Programme (SuNMaP) to help reduce the overwhelming burden of malaria and to support delivery of the National Malaria Elimination Programme. Thanks to this experience and the relationships we have built in Nigeria, we are now running many other important projects, making it one of Malaria Consortium's most effective and successful country portfolio of programmes and projects.

Malaria Consortium's mission is to improve lives in Africa and Asia through sustainable, evidence-based programmes that combat targeted diseases and promote child and maternal health.

Our work in Nigeria

SuNMaP

Malaria Consortium's lead role on the SuNMaP project resulted in the organisation starting operations in Nigeria in 2008. Since then, 11 offices have been working to implement the SuNMaP project: one in the capital Abuja and one in each of the ten supported states – namely Anambra, Enugu, Jigawa, Kaduna, Kano, Katsina, Lagos, Niger, Ogun, Yobe states.

The programme brings the technical expertise and experience required to fight malaria. In addition to strengthening government capacity to lead and manage malaria control interventions, the project is also preparing the Nigerian commercial sector and civil society for their long-term role in tackling malaria in the country. The programme relies on a strong and inclusive mix of partners led by Malaria Consortium, including Health Partners International, GRID Consulting, Johns Hopkins University Center for Communications Programs, London School of Hygiene & Tropical Medicine, Health Reform Foundation of Nigeria, Federation of Muslim Women Associations in Nigeria, Christian Health Association of Nigeria, CHAN-MediPharm, University of Nigeria, Enugu Campus, Centre for Communication Programme Nigeria and Pharmaceutical Manufacturers Group.

MAPS

The MAPS project, funded by USAID through the President's Malaria Initiative, is designed to support state level management, prevention and treatment of malaria, as well as create demand for commodities and services. The programme is providing a unique opportunity to extend reach from federal to community level. The project is managed by a consortium of partners led by FHI 360, Malaria Consortium and Health Partners International.

Malaria Consortium manages the prevention and treatment project outputs through supporting the routine and campaign distribution of long lasting insecticidal nets (LLINs) and the provision of intermittent preventive treatment for pregnant women. The organisation is also working with the private sector and on supporting parasitological diagnosis and accurate treatment for malaria. The project is supporting nine states: Zamfara, Kogi, Oyo, Cross River, Ebonyi, Nasarawa, Benue, Kebbi and Akwa Ibom.

NetWorks

Malaria Consortium in Nigeria is also the lead implementing partner of the USAID-funded NetWorks project, which aims to build sustainable LLIN systems that bridge the key technical areas of advocacy, policy, distribution, monitoring, and communications in malaria-endemic countries. The project which is coming to an end in 2014, set out to increase demand for and use of LLINs to promote sustainable and high levels of LLIN ownership and use.

Long lasting insecticidal nets:

- 9.8 million direct distribution (through campaigns, routine channels and commercial sector)
- 53.2 million supported distribution through nationwide standalone campaigns

Distributed through public health facilities:

- 5 million doses of sulphadoxine-pyrimethamine
- 2.5 million doses of artemisinin-based combination therapies
- 2.5 million RDTs

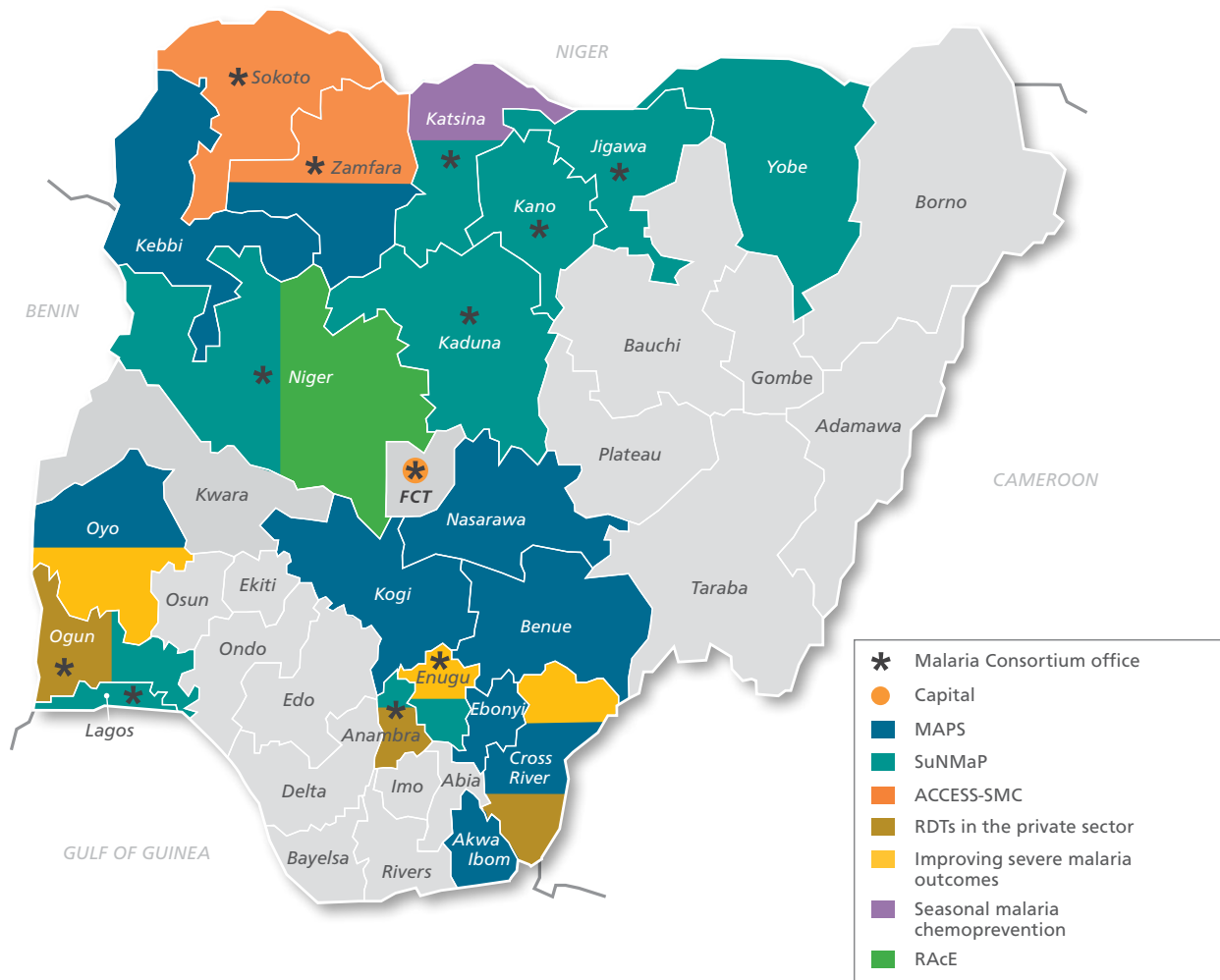


Medicine vendors receive training to improve their abilities to prescribe antimalaria drugs appropriately. Photo: Susan Schulman



Women receive free nets and preventative treatment for malaria in antenatal clinics in Nigeria. Photo: Susan Schulman

Current projects in Nigeria



Trained health personnel:

- 4,000 on malaria programme management
- 25,000 in malaria case management
- 4,000 on the use of RDTs for malaria
- 3,500 on malaria in pregnancy
- 250 on severe malaria case management with injectable artesunate
- 350 laboratory technicians on malaria microscopy
- Numerous National Malaria Elimination Programme staff, partners, community members and market players on continuous distribution strategy design

Distributed through private (retail) sector:

- 13,000 RDTs
- 2.8 million doses of artemisinin-based combination therapies

Technical support for development of:

- National Malaria Strategic Plans (2009-2013 and 2014-2020)
- Malaria annual operational plans for National Malaria Elimination Programme, state malaria elimination programmes and activity plan for local government areas
- Capacity building curriculum and tools on service delivery and programme management
- National strategy, methodology and plan to distribute 53 million LLINs through campaigns
- Implementation frameworks (e.g. coordination, harmonisation, procurement and supply chain management, advocacy, communication and social mobilisation and operational research)
- National guidelines for implementation of iCCM for childhood illness
- National guidelines for malaria and lymphatic filariasis co-implementation



Children under five are given medicine to help protect them during the malaria season in Nigeria



Health workers are trained to use rapid diagnostic tests for diagnosis of malaria

Seasonal malaria chemoprevention

Malaria Consortium is leading the introduction of seasonal malaria chemoprevention (SMC) in Nigeria. With funding from the Bill & Melinda Gates Foundation, SMC was introduced in Katsina state and in 2014 it is being introduced in Jigawa state through SuNMaP. In 2013, over 150,000 children were protected from malaria during the transmission season with monthly doses of amodiaquine+sulphadoxine-pyrimethamine (a total of four doses). Over 487,000 doses of SP+3AQ were distributed in three cycles during the transmission season with average coverage of 85 percent. The project also successfully leveraged additional resources from the Department for International Development/UKaid to cover the cost of medicines, rapid diagnostic tests and training of health facility staff on parasite based diagnosis of malaria within facilities in the catchment area to allow for appropriate treatment of fever cases discovered during the SMC intervention. Implementation research conducted as part of the project has provided important lessons that has informed national strategic approach and guidance in the implementation of SMC in Nigeria.

Improving severe malaria outcomes

Improving severe malaria outcomes is a UNITAID-funded project to reduce mortality from severe malaria through the accelerated global adoption of injectable artesunate (Inj-AS), which will result in the creation of a stable and sustainable market for quality-assured Inj-AS. This will guarantee access to high-quality Inj-AS for the treatment of severe malaria and will lead to its increased use over quinine. The project is working in Cross River, Oyo and Enugu states.

RDTs in the private sector

The UNITAID rapid diagnostic tests (RDTs) in the private sector project is supporting private facilities in Anambra,

Cross River and Ogun states to create an enabling environment for widespread availability of RDTs in the private sector. Contributions of the project include the review of existing national policies and regulatory frameworks, regular interaction with key stakeholders and project experience to develop recommendations and a 'road map' for public-private engagement on RDT use in the private sector.

RACe

The RACe project – funded by the Canadian Department of Foreign Affairs, Trade and Development and the World Health Organization – is supporting the rollout of integrated community case management (iCCM) in Nigeria. The project is also aimed at using the outcomes to stimulate policy review and regulatory updates on disease case management. Malaria Consortium is the lead implementing partner in Niger state in collaboration with the Centre for Communications Programme Nigeria and the Federation of Muslim Women Associations of Nigeria.

Strategic partnerships

Malaria Consortium in Nigeria is also supported by Programme Partnership Arrangement funding from the the Department for International Development/UKaid. Activities provide technical and financial support to the Federal Ministry of Health to establish a committee to develop national guidelines for instituting lymphatic filariasis and malaria co-interventions so that both parasitic agents are controlled together (for example using LLINs). The guidelines describe the various areas of synergy, methods of implementation and the role of stakeholders in the different spheres of operations.

Malaria Consortium is committed to the government's vision to eliminate malaria in Nigeria. We appreciate that the benefits of the current tools need to be maximised and that new ones will need to be introduced and used.

Malaria prevention

Malaria Consortium continues to play an important role in the distribution and promotion of the use of long lasting insecticidal nets (LLINs), one of the most effective interventions to prevent malaria. We are developing context-specific models for continuous distribution of LLINs through routine channels such as antenatal care clinics, routine immunisation, and through schools and community-based delivery systems, and through the engagement of the commercial sector.

Malaria control and elimination

We are currently carrying out comprehensive malaria control measures at scale in several countries, such as Nigeria and Uganda, to achieve both high and sustained impact. We are also supporting Thailand and Cambodia in developing strategies for elimination as well as partnering with the Asia Pacific Malaria Elimination Network. Our drug resistance containment activities in Southeast Asia have informed global policy and best practice not only for containment but also for malaria elimination.

Case management

We are committed to supporting confirmatory diagnosis of malaria – often through the use of rapid diagnostic tests – and providing training for community health workers and at lower level health facilities. Our innovative work is supporting detection and management of malaria in the community through specially developed tools and ‘job aids’. At facility level we are supporting and improving quality assurance for parasite-based diagnosis.

Community delivery

Community-level healthcare delivery, particularly through integrated community case management (iCCM) is a key area of focus for us. This involves building capacity and support for community level health workers to be able to recognise, diagnose, treat and refer children under five suffering from the three most common childhood killers: pneumonia, diarrhoea and malaria. This can also mean integrating the management of severe malnutrition.

Neglected tropical diseases

As part of our NTD control efforts, we evaluate the efficiency of health systems and support stakeholders to co-implement malaria and lymphatic filariasis interventions. Our experience in LLIN distribution and seasonal malaria chemoprevention administration is being used to improve mass drug administration for NTDs. We are also seeking to integrate NTD management with initiatives that benefit from our primary expertise in malaria and the promotion of child health.

Research and learning

The best results come from approaches which are underpinned by solid evidence, based on research, monitoring and evaluation that is embedded across our work. Only with these elements in place can positive and lasting results be achieved and scaled up, leading to systemic change. We endeavour to provide new knowledge on public health developments that will influence and advance both policy and practice.

Systems and capacity strengthening

We frequently use communicable diseases as an entry point for broader health systems strengthening. We embed our efforts into existing health systems and, when it is feasible and cost effective to do so, we integrate our activities with other disease control efforts.

Developing market systems for malaria commodities

Malaria Consortium works with various stakeholders to develop market systems for malaria commodities. We play a facilitating role to create an enabling environment for their involvement in improving access to LLINs, in the distribution and use of rapid diagnostic tests for malaria, to increase uptake of injectable artesunate, and to stimulate and stabilise the market for the drugs needed for seasonal malaria chemoprevention.

Advocacy and policy change

Malaria Consortium is committed to raising awareness of the global burden of malaria and other diseases. We work with international donors, stakeholders and networks, including the Roll Back Malaria Partnership, to maintain political engagement in malaria and other communicable diseases. We also engage with governments and partners at a national level to ensure the political commitment to support control efforts.

Strategic partnerships

We provide consistent and reliable support to governments, national malaria and other disease control programmes and, in some instances, to the Global Fund mechanisms and other civil society organisations. We harmonise strategies with other partners and donors to avoid duplication and fill gaps in the rollout of interventions. We work with local partners, building their capabilities while delivering activities.

Sustainability

The sustainability of our interventions is a priority. Our programmes emphasise national ownership, harmonisation, cost-effectiveness, integration and capacity building at all levels. Wherever possible, we use existing institutional systems, strengthening them when we can and mobilise domestic resources to help ensure long-term sustainability.

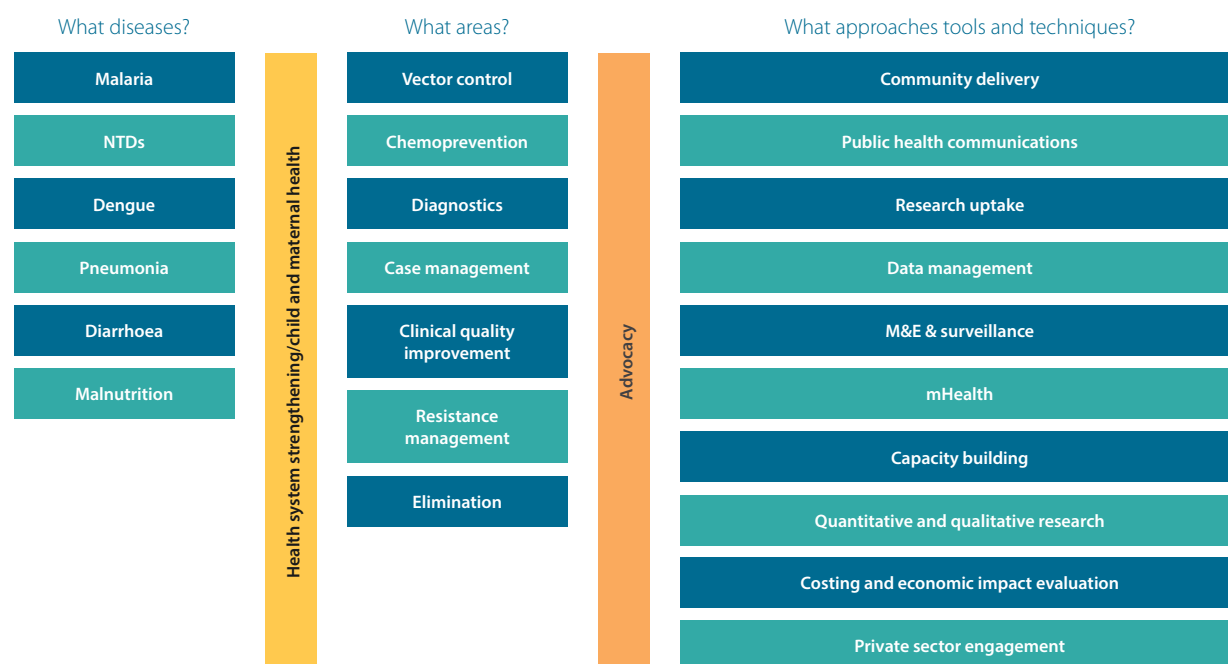
Malaria Consortium is one of the world’s leading non-profit organisations specialising in the comprehensive control of malaria and other communicable diseases particularly those affecting children aged under five years. Our uniqueness is found in our demonstrated ability to consistently design and apply tailored, technically excellent, evidence-based solutions, targeted at the immediacy of the need and fit for effective implementation, with known impact on the wider health system and economy.

Our approach

Malaria Consortium works with partners, including all levels of government, to improve the lives of all, especially the poorest and marginalised, in Africa and Asia. We target key health burdens, including malaria, pneumonia, dengue and neglected tropical diseases, along with other factors that impact child and maternal health. To do this we design and conduct cutting edge implementation research, surveillance and monitoring and evaluation that will:

- Determine and validate the scale, nature and urgency of need
- Measure the effectiveness of existing and innovative approaches, products and delivery systems against target illnesses
- Identify and help to contain the spread of relevant drug resistant organisms and insecticide resistant vectors
- Monitor and demonstrate the impact of interventions more widely on the community, health system (public and private) and economy
- Selectively scale up and deliver sustainable, evidence-based health programmes
- Provide technical assistance and consulting services that shape and strengthen national and international health policies, strategies and systems and build local capacity
- Seek to ensure our experience, thought leadership, practical findings and research results are effectively communicated and contribute to the coordinated improvement of access to and quality of healthcare

Our expertise



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