

## **Malaria Control**

### **Context**

Malaria mortality is estimated at over 1 million people per year, disproportionately affecting pregnant women, children and the poor in sub-Saharan Africa. It costs African economies an estimated \$12bn/year. The Millennium Development Goals include a target for malaria and the Abuja Declaration represents a commitment from African Governments to tackle the disease. At a country level there has been renewed emphasis on strengthening malaria control programmes, increasing utilisation of more effective control tools and rapid scale up of key interventions. Yet huge challenges remain in:

- Delivering interventions effectively and efficiently
- Scaling-up interventions and sustaining coverage
- Reaching vulnerable groups
- Demonstrating measurable impact
- Monitoring and managing the development of insecticide and drug resistance

Even with increased resources for tackling malaria, broader health system constraints such as limited human resource capacity, weak planning and competing priorities, are barriers to effective malaria control.

### **What We Offer**

LATH has extensive expertise in a wide range of disciplines relevant to supporting malaria control programmes. For example LATH is supporting the President's Malaria Initiative (PMI) efforts to scale up of indoor residual spraying (IRS) in 15 African countries. We are using our pioneering expertise to help National Malaria Control Programmes monitor and manage insecticide resistance and carry out cost effectiveness analysis of IRS programmes. In Nigeria we have supported malaria diagnostics capacity development as part of the DFID funded PATHS programme. We have also worked with corporate malaria control partners to develop effective programmes to protect employees, their families and the local community from malaria. We are committed to helping countries tackle the major challenges in delivering effective interventions by ensuring sustainable and integrated capacity development with national partners, using evidence based policies and strategies and addressing malaria within the wider health systems context.

We can provide support and services at all levels of the health system and in the following technical areas:

- Strategy development and review
- Vector control and personal protection
- Curative and prophylactic treatment
- Laboratory and point of care diagnostics
- Reaching vulnerable groups
- Epidemics and emergencies
- Economics, policy, planning and financing
- Monitoring and evaluation
- Operational research
- Partnership and consensus building
- Malaria control for travellers and employees
- Tailor-made LSTM approved training courses

### Selected Examples of Experience:

Location	Client	Date	Programme/Project
Africa	USAID	2004-09	<p><b>Indoor Residual Spraying Programme</b></p> <p>The goal of PMI is to reduce malaria deaths by 50% in target countries after three years of full implementation by achieving 85% coverage of artemisinin-based combination therapies (ACTs), insecticide treated nets (ITNs), intermittent preventive treatment for all pregnant women (IPT), and indoor residual spraying (IRS). LATH's roles include:</p> <ul style="list-style-type: none"> <li>▪ Monitoring and management of pesticide resistance</li> <li>▪ Providing strategic advice to national governments on the rational choice of pesticides</li> <li>▪ Undertaking cost-effectiveness analyses of different types of pesticide usage</li> </ul> <p>LATH will also provide more comprehensive support in countries where we have particular depth and capacity, for example Malawi and Kenya.</p>
Africa	USAID	2006-07	<p><b>Larval Source Management</b></p> <p>At present, funds are being programmed through PMI to support large-scale use of two mosquito control methods: insecticide-treated nets (ITNs) and indoor residual spraying (IRS). A third method – larval source management (LSM), is widely used for mosquito control in developed and middle-income countries. LATH was contracted to carry out a cost analysis on large scale use of larval source management in malaria control in Africa. The analysis revealed that malaria control through LSM would cost between US\$0.79-2.50 per person protected per year which is comparable with other malaria control interventions. The results were presented to policy makers in order to help them decide whether PMI should support LSM interventions.</p>
UK	DFID	2007	<p><b>Desk review of ITN Strategies</b></p> <p>We completed a desk review for DFID of its ITN Programmes conducted from 2002-07 in relation to the broad best practice guidance and markers of success highlighted in the latest academic literature. The review examined success of different approaches to ITN delivery in a variety of contexts. It identified key potential trade-offs between markers of success including equity and efficiency, and rapid coverage and sustainability and provided guidance on how to balance these trade-offs effectively. One key finding was that even a fledgling commercial market can be developed, the demand side of markets can grow relatively successfully and even the poor are willing to pay a small amount for an ITN. More complex and longer term supply side strategies are however, required</p>
Mozambique	Malaria Consortium/	2007	<p><b>Support to NMCP 2008 Operational Plan</b></p> <p>The main objective of this work is to develop a</p>

	<b>National Malaria Control Programme</b>		comprehensive and detailed plan which presents internally and externally funded activities to be carried out in 2008 in the fight against malaria in Mozambique. The assignment has also been designed to build capacity in the NMCP for the design of operational plans.
<b>UK</b>	<b>Malaria in Pregnancy Research Consortium</b>	<b>2006</b>	<b>Economics of Malaria in Pregnancy</b> LATH provided lead technical input and coordination for a review paper on the Economics of Malaria in Pregnancy (MIP) for the Lancet Infectious Diseases Special issue on Malaria in Pregnancy. The aim of this series of MIP reviews was to outline the current status of knowledge on MIP, highlight knowledge gaps and prioritise areas for future research. These papers also informed the development of a MIP research strategy which was at the heart of a £30million successful funding application to the Bill and Melinda Gates Foundation for the Liverpool based Malaria in Pregnancy Research Consortium.
<b>Ethiopia</b>	<b>AMREF</b>	<b>2006</b>	<b>Participatory Malaria Prevention and Treatment (PMPT) toolkit</b> Malaria is the leading public health problem throughout Ethiopia and poses a serious threat to the nomadic pastoralist communities of the disadvantaged Afar Region. Whilst malaria health education materials are available for certain regions of the country, materials have not previously been developed for nomadic pastoral communities. During this consultancy LATH developed a comprehensive Participatory Malaria Prevention and Treatment (PMPT) toolkit for deployment in the Afar region of north-eastern Ethiopia.
<b>Nigeria</b>	<b>Nigeria Natural Gas Limited</b>	<b>2006</b>	<b>Strategy for Prevention and Treatment of Malaria</b> This project reviewed and updated Nigeria Liquefied Natural Gas Ltd (NLNG) strategy for the prevention and treatment of malaria in Bonny Island, Nigeria. LATH carried out a desk review of current malaria strategy and documentation. On-site visits were made with medical staff and an open forum for staff and dependents was conducted. The outputs informed revisions to NLNGs malaria strategy to ensure that its staff and dependents understand and are protected from malaria.
<b>Global</b>	<b>DFID</b>	<b>1995-2004</b>	<b>The Malaria Consortium Resource Centre</b> This was a partnership between Liverpool School of Tropical Medicine (LSTM) and London School of Hygiene and Tropical Medicine (LSHTM), working to reduce the global burden of malaria. The unique strengths included providing an effective interface of research with policy and practice, and between health systems and technical issues, which are essential for effective malaria control. The Malaria Consortium provided technical assistance to meet a wide

			<p>variety of needs including:</p> <ul style="list-style-type: none"> <li>▪ Developing, implementing and monitoring malaria services for vulnerable groups in Uganda</li> <li>▪ Supporting countries develop funding proposals</li> <li>▪ Institutional and human resources (HR) analysis of the National Malaria Control Programme in Tanzania</li> <li>▪ Development of a HR planning needs and assessment tool for WHO</li> <li>▪ Internal review and external evaluation of Roll Back Malaria</li> <li>▪ Output to purpose review of DFID support to malaria in Kenya</li> <li>▪ Policy analysis on taxes and tariff reductions on insecticide treated nets (ITNs)</li> <li>▪ Implementation and sensitisation plan for malaria drug policy change in Uganda</li> </ul>
<b>Pakistan</b>	<b>DFID</b>	<b>2004-07</b>	<p><b>TAMA Programme</b></p> <p>The programme sourced and managed national and international consultants in Pakistan with the aim of tackling federal, provincial and district level problems in Pakistan that limit the effectiveness of the health and population programmes. LATH's role was to provide technical expertise in the areas of Malaria (and TB). A long term malaria technical adviser was recruited to support the Directorate of Malaria Control on the implementation of the RBM strategies in Pakistan.</p>