



Malaria is not only a major cause of illness and death in developing countries but also a significant drain on their overstressed health systems and fragile economies.

Especially in Africa, malaria is linked to high rates of infant and maternal death, chronic anemia, and complications that increase the severity of other diseases. Despite recent increases in international funding, formidable challenges remain in malaria control and prevention.

How Is MSH Fighting Malaria?

Multiple challenges in the fight against malaria include lack of community awareness about prevention and treatment, a disproportionate impact on women and children, the emergence of drug-resistant malaria parasites, and the limited capacity of public and private institutions to use resources effectively. Because the consequences of malaria are complex and far-reaching for individuals, communities, and health organizations, MSH pursues multiple paths to its prevention and treatment, including the following.

Strengthening Technical Programs

MSH supports programs for key interventions such as community case management of malaria, intermittent preventive treatment of pregnant women, improved diagnostics, treatment of moderate to severe malaria, and distribution and use of insecticide-treated nets. MSH supports:

- improving policies and treatment guidelines;
- training and supervising healthcare providers;
- strengthening the capacity of health institutions;
- focusing on results achieved by implementing performance-based financing programs;
- facilitating public-private partnerships;
- strengthening diagnostic capabilities at all levels.

Making Appropriate Antimalarial Drugs Available

MSH helps to strengthen the supply chain of antimalarial drugs from international markets to village health posts and private drug sellers. MSH helps governments to successfully transition to first-line treatments with artemisinin-based combination therapies (ACTs) through support to drug policy design, effective procurement, and supply chain management.

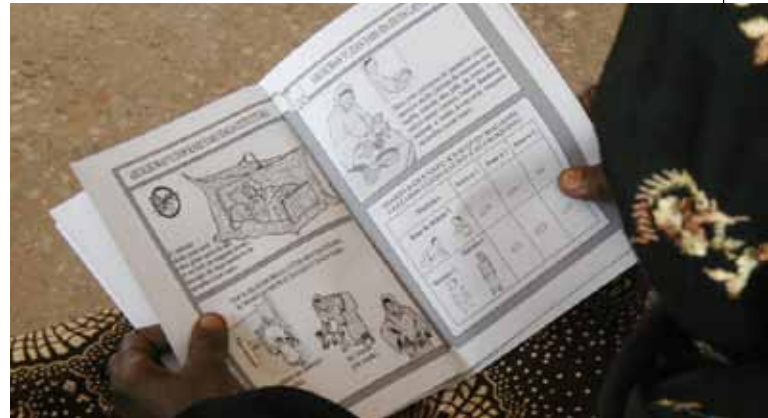
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Helping Global Agencies, National Governments, and Local Partners Make Best Use of Resources

MSH builds public- and private-sector capacity for accurate and transparent financial management through performance-based financing of malaria interventions. We help identify and resolve bottlenecks in financial and material resource flow and address issues of capacity in management and oversight of national malaria control programs and Global Fund projects.

Integrating Malaria Programming with Other Health Programs

MSH helps countries to integrate malaria prevention and treatment with programs already targeting children and pregnant women so that these vulnerable groups receive vital care and information. These existing programs are also enriched by the new resources and expansion of much-needed services.



HIGHLIGHTS

Recent examples of the kinds of results MSH has achieved as a partner in a number of national and USAID-funded projects include:

Uganda—MSH’s Rational Pharmaceutical Management (RPM) Plus Program supported distribution of 3.8 million doses of Coartem to 214 Ugandan health subdistricts in a three-week period. RPM Plus also provided pharmaceutical management support to the national rollout of the ACT strategy.

Nigeria—Working as a partner in the COMPASS project, MSH distributed more than 100,000 insecticide-treated nets in Lagos and Nasarawa states and trained more than 1,000 community-based providers in malaria case management and intermittent treatment during pregnancy.

Rwanda—Through BASICS III, MSH evaluated a Rwandan program’s home-based management of malaria intervention and made recommendations for scale-up and local standards, including advocating for the introduction of Coartem for combination-based therapy.

Democratic Republic of Congo—The MSH-led BASICS III team initiated 224 community case management sites in 30 health zones and trained more than 400 community health workers. As a result, more than 300 childhood malaria cases are treated each month, on average.

West Africa—Through the Action for West Africa Region/Reproductive Health program, in the Gambia and Sierra Leone nearly 900 peer educators were trained in effective youth response to malaria. Another 300 community health care workers were trained in disease prevention and control skills.

Where MSH Works on Malaria

Africa	Angola, Benin, Democratic Republic of Congo, Ethiopia, the Gambia, Ghana, Kenya, Madagascar, Malawi, Mali, Nigeria, Rwanda, Senegal, Sierra Leone, Sudan, Tanzania, Uganda, Zambia
Asia & Near East	Cambodia
Latin America & the Caribbean	Bolivia, Guyana

Engaging in Malaria Policy Dialogue

MSH works at global, regional, and local levels to support international initiatives, including Roll Back Malaria, the Global Fund to Fight AIDS, Tuberculosis and Malaria; and the US President’s Malaria Initiative.

Developing Sustainable Local Capacity

From policy development to community-level service delivery, MSH collaborates with public- and private-sector stakeholders. By working shoulder to shoulder with its partners, MSH ensures that malaria prevention and control programs function after projects and consultancies end, and that individuals get the skills, training, and tools to save lives and improve health throughout their communities and countries.

For additional information, go to www.msh.org, or contact Fred Hartman, Global Technical Lead, Communicable Diseases and Epidemic Preparedness, at +1.617.250.9303, or at fhartman@msh.org, or Maggie Partilla, Senior Technical Officer, at +1.617.250.9194, or at mpartilla@msh.org.