

Fighting Malaria with High-Impact Interventions



According to the World Health Organization, there were about 212 million cases of malaria and about 429,000 malaria deaths in 2015, 90 percent of which were in Africa. Abt Associates works in more than 15 African countries to introduce and sustain “**high-impact**” interventions to combat malaria, thereby promoting health, education, and economic growth.

Experience in High-Impact Malaria Interventions

Conducting Indoor Residual Spraying (IRS)

Abt Associates is leading IRS projects that protect millions of people from malaria in the short term and build long-term capacity of ministries of health, national malaria control programs (NMCP), health facilities, NGOs, and community and business leaders in activities needed for successful IRS:

- Planning and forecasting for IRS programming
- Managing the supply chain for all insecticides and spray equipment/materials
- Conducting community sensitization on IRS benefits and mobilizing community support for IRS
- Carrying out spray campaigns in targeted areas in collaboration with district health offices and NMCPs
- Ensuring environmental compliance and safety of IRS materials and spray procedures
- Monitoring and evaluating IRS effectiveness
- Conducting entomological monitoring and surveillance to inform decision making on type of insecticide and geographic area to cover

Abt is leading IRS in 12 countries under the USAID-funded President’s Malaria Initiative Africa Indoor Residual Spraying (PMI AIRS) project, which has protected more than 56 million people from malaria since 2011. PMI AIRS also conducts integrated vector management work in Angola, Burundi, Democratic Republic of Congo, Liberia, and Nigeria. In Uganda under a separate USAID contract, Abt turned around a struggling IRS program and, from July 2012 until the end of calendar year 2016, protected more than 6.3 million people in northern and eastern Uganda from malaria transmission. This includes more than 1.3 million children under five.



Photo Credit: Erin Schiavone

Improving Case Management

In Mali, Nigeria, Senegal, Zambia, and other high malaria burden countries, Abt helped governments develop health policies, guidelines, manuals, and supervision strategies for case management, including diagnostics, and trained facility-based and community health workers. By expanding the number of trained providers at community levels, early care seeking for fever is expected to rise and mortality rates to fall in hard-to-reach populations.

- In Ethiopia, through the Private Health Sector Program, Abt expanded access to malaria services by supporting training of private sector providers.
- In Nigeria, through the USAID-funded Strengthening Health Outcomes through the Private Sector (SHOPs) Project, Abt worked closely with the Pharmacists Council of Nigeria and the Clinton Health Access Initiative to develop and deliver a training-of-trainers guide and curriculum to train proprietary patent medicine vendors on case management and treatment of malaria and other childhood illnesses. Also in Nigeria, Abt trained health workers in 283 facilities in case management and improved quality of service delivery by reconstituting moribund health facility committees and by working to address gaps in health information systems and supply chain management.
- In Mali, Abt partnered with the NMCP and other stakeholders to conduct health provider training of trainers on new malaria case management guidelines.
- In Zimbabwe, through the PMI-funded Zimbabwe Assistance Program in Malaria (ZAPIM), Abt trained 1,105 facility-based health workers and 590 village health workers in malaria case management.

Providing Intermittent Preventive Treatment for Pregnant Women (IPTp)

Abt helps countries develop and implement a comprehensive package of services for pregnant women, including IPTp, during their regular antenatal clinic visits. In Zimbabwe, Abt

ensures women receive preventive treatment from health facilities during pregnancy and, in Mali, Abt helped the NMCP refine treatment and prevention policies, a critical step in introducing sulfadoxine-pyrimethamine for IPTp.

Increasing Use of Long-Lasting Insecticide-Treated Nets (LLINs)

Abt is working to increase the use of LLINs. In Zimbabwe, ZAPIM supported the NMCP to conduct mass distribution of LLINs, including village-based distribution to hard-to-reach areas, and trained over 300 distribution supervisors and 1,000 LLIN providers. The project also supported routine distribution in four districts in two provinces. Through support for communications campaigns in Mali, Abt helped ensure that the LLINs distributed through campaigns are used nightly.

Improving Social and Behavior Change

Abt worked with the NMCP and other partners in Zimbabwe to update the malaria communications strategy so that it aligns with the national standards for performance. The project also engages with communities to assess their knowledge of malaria, risk factors that may predispose them to malaria infection, and identify barriers to malaria prevention uptake.

Building Local Capacity and Sharing Best Practices

To facilitate the transition to full country ownership of national IRS programs, The PMI AIRS project developed Country Capacity Assessments to help countries identify strengths and improve on weaknesses in their IRS programs. They also developed country-specific Capacity Building Action Plans to guide countries in their path to full country ownership of IRS. In Uganda, Abt worked with Gulu University to renovate an insectary for entomological monitoring and officially handed it over to the university. The insectary supports the university's undergraduate and master's degree programs in biological studies and increases the country's capacity to carry out entomological monitoring. In Mali, Abt built the capacity of health managers to monitor malaria control activities and evaluate if they are being carried out according to international best practices. District health managers were trained to monitor the distribution of LLINs and sulfadoxine-pyrimethamine for IPTp.

Contributing to Global Efforts

Abt works in concert with international experts to accelerate progress in malaria control. In 2014, Abt's Dereje Dengela was selected to be Co-Chair of the IRS Work Stream of the Vector Control Working Group of Roll Back Malaria (RBM). Abt is a member of the RBM Malaria in Pregnancy Working Group. Abt has previously held board membership with RBM and membership in the Global Fund to Fight AIDS, Tuberculosis and Malaria's (GFATM) Finance and Operational Performance Committee.

Tackling Malaria through Health Systems Strengthening

Capacity building includes working with ministries of health to improve forecasting, planning, financing, and management of health programs. With support, Mozambique's Ministry of Health unclogged a massive pipeline of GFATM disbursements, allowing the country to meet strict deadlines for the first time.

Through system-wide interventions, such as development of community-based health insurance, Abt has increased access to malaria prevention and treatment. In Ghana, through the SHOPS project, Abt improved licensed chemical sellers' access to accreditation with the National Health Insurance Authority (NHIA), thereby increasing availability of NHIA-supported malaria services in rural areas. The National Health Insurance Scheme (NHIS) has been scaled up in Ghana with NHIS coverage, leading to a 65.5 percentage point increase in the likelihood of seeking formal medical treatment for a child with a fever or a cough, and an almost 72 percentage point increase in the likelihood of receiving malaria medication.

While significant evidence exists on the impact of malaria control strategies on prevention and treatment, there is less evidence of their broader impact on the health system, particularly on service utilization, resource use, and costs incurred. Abt assessed the impact of scaled-up malaria control activities on two health facilities in Zambia, finding that as malaria was better controlled in the hospitals' catchment areas, facility-level resources used for malaria treatment declined, potentially freeing resources for treatment of other conditions.

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