Since 2003, URC has been leading projects to reduce the impact and spread of malaria in more than 20 countries in Latin America, the Caribbean, Africa, and Asia. Our activities have contributed to the halving of global annual malaria deaths between 2000 and 2018, which declined to 400,000, according to the World Health Organization statistics.

However, in recent years, progress in combatting the disease has slowed. Urgent action is needed and URC remains part of the continuing effort to reduce malaria transmission.

Our programs:
- Strengthen surveillance systems and enhance procurement and logistics to ensure a reliable supply of high-quality drugs and diagnostics;
- Ensure providers – including the private sector – have the necessary skills, medicines, and equipment for intermittent preventive treatment (IPT) during pregnancy and that malaria services are accessible for all vulnerable groups;
- Work with all levels of government and community-based organizations to follow global guidance for the promotion, distribution, and utilization of long-lasting insecticide-treated nets (LLINs); and
- Strengthen communities’ ability to access and utilize quality malaria services, especially for vulnerable groups.

“At URC, we continue to implement malaria interventions that have proven successful, despite adjustments required by the COVID-19 pandemic,” said URC President Earl Gast. “It’s important not to lose momentum in efforts to prevent, test, treat, and track malaria.”

STRENGTHENING UGANDA’S HEALTH SYSTEM TO DEFEAT MALARIA

Many African countries still have growing high incidences of malaria, but not evenly so. Uganda, for example – a country with a high malaria burden and impact – saw 1.5 million fewer malaria cases in 2018 versus 2017.
URC is working to continue this momentum through implementing two malaria-related projects in Uganda working at the community, facility, and systems levels:

- The Regional Health Integration to Enhance Services (RHITES-EC) Activity in 12 districts in East Central Uganda; and
- The Regional Health Integration to Enhance Services in Northern Uganda (RHITES-N, Acholi) Activity in eight districts in the Acholi Region.

**Facility:** One challenge URC has helped the Uganda Ministry of Health (MOH) to overcome is presumptive treatment for malaria, a tradition in Uganda and other African countries from when rapid test kits were not available. URC’s quality improvement (QI) methodology has helped providers understand the benefits of testing before treatment and has led to an increase in the proportion of malaria cases treated based on positive malaria results – from 60% at the start of the RHITES-EC in October 2016 to 93.7% in March 2020.

Equally important, however, is that providers avoid treating people without malaria. This behavior has been difficult to change, partly because patients have come to expect malaria treatment when visiting providers. URC’s QI approach strengthens providers’ counseling skills and community understanding of malaria and treatment expectations.

As a result, RHITES-EC has helped the number of patients with negative malaria being wrongly treated for malaria using artemisinin-based combination therapy (ACT) decrease by nearly 66% in less than four years, reaching 3.6% in March 2020. This both reduces waste of ACT medicines and helps to ensure that providers test these patients for other possible illnesses.

Overall, RHITES-EC’s support has helped to increase adherence to the MOH malaria test, treat, and track policy guidelines (3T Policy) from 55% at the start of the project in October 2016 to 98% in March 2020. Similarly, RHITES-N, Acholi strengthened the 3T Policy at both the health facility and community levels to ensure a 3T rate of 97% for malaria cases.

**Community:** These projects support local community-based organizations to conduct outreach activities and increase demand for services. For example, both fathers and mothers receive targeted messaging so they will seek care for children under age five with malaria symptoms. Gender-sensitive communication strategies are effective in changing behavior.

RHITES-N, Acholi has made significant contributions to malaria prevention and control by strengthening community participation in and ownership of efforts to eliminate malaria. Achievements include testing 242,000 people for malaria during community outreach efforts.
in six months, with an 80% positivity rate – all of whom received treatment – and improving uptake of IPT of malaria during pregnancy to 98% by establishing directly observed treatment at 57% of supported health facilities.

RHITES-N, Acholi trained 116 cultural leaders and 120 village health teams to sensitize community members on malaria prevention and control at the household level. The Activity also has distributed more than 140,000 LLINs to pregnant women and children under 5 years old and mentored recipients to ensure LLIN effectiveness. RHITES-EC has provided LLINS to more than 208,000 pregnant women during their 1st antenatal care visit.

**Systems:** Due to supply chain improvements supported by RHITES-EC, the rate of pregnant women receiving two or more doses of Fansidar for IPT of malaria doubled from 30% at the start of the project in October 2016 to 60% in March 2020.

**HEALTH WORKER SUPERVISION IN GHANA REDUCES CHILDHOOD MALARIA DEATHS**

In Ghana, the USAID Systems for Health Project worked with the Ghana Ministry of Health and Ghana Health Service to scale up evidence-based, high-impact interventions at the national level and in five regions. Systems for Health’s malaria programming focused on prevention (malaria in pregnancy) and treatment (case management).

Through trainings, supportive supervision visits, and other on-the-job coaching visits, Systems for Health built health workers’ capacity to provide quality services. An important component of malaria prevention and treatment is access to supplies such as rapid diagnostic tests and artemisinin-based combination therapies. Therefore, Systems for Health incorporated guidance on supply chain management into project activities.

The project also supported shared learning sessions for high malaria burden facilities. This provides a platform for facilities to discuss challenges and successes and to learn quality improvement methods for implementing changes and measuring results.

The 11 hospitals in the Northern Region and four hospitals in the Western Region that used sharing learning experienced drastic drops in under-5 malaria case fatality rates: beginning at 0.77%, they declined to 0.17% in four years. The number of under-5 malaria deaths at the hospitals decreased from 273 to 29.

And during the same four-year period, in 21 districts with shared learning, the number of women receiving three doses of IPTp-SP – intermittent preventive treatment of malaria in pregnancy using sulfadoxine-pyrimethamine – increased from 34% to 52%.

**BUILDING TOWARD MALARIA ELIMINATION IN CAMBODIA**

Much of the world’s greatest gains against malaria are happening in the Greater Mekong Subregion in Southeast Asia. Cambodia, for example, began moving from malaria control to elimination in 2015 after nearly a decade of tremendous progress against the disease, including zero reported malaria deaths in 2018.

URC has been a partner in Cambodia’s efforts against malaria for more than a decade. Since 2016, the URC-led Cambodia Malaria Elimination Project (CMEP) has been developing a scalable, evidence-based malaria elimination model to implement in target areas and replicate across Cambodia. CMEP is helping the country’s National Malaria Control Program manage, intensify, and sustain malaria control and elimination efforts and strengthen national malaria surveillance systems.
CMEP successfully implemented 1-3-7 surveillance strategy activities in five of the project’s nine target elimination districts. The 1-3-7 strategy calls for reporting of malaria cases within one day, confirming and investigating them within three days, and providing the appropriate public health response to prevent further transmission within seven days.

CMEP also distributes LLINs and conducts interpersonal outreach to hundreds of thousands of vulnerable, hard-to-reach people.

ENGAGING THE PRIVATE SECTOR IN MYANMAR

In Myanmar, the Defeat Malaria Activity – funded by the U.S. President’s Malaria Initiative and led by URC – works to ensure migrants, refugees, and mobile populations have adequate access to preventive interventions and treatment and to identify innovative ways to sustainably find, diagnose, and treat more individuals with malaria to bring the country closer to its malaria elimination goal. The project works with the public health system, village-based malaria workers, and private providers.

Defeat Malaria uses innovative approaches to build capacity in early diagnosis and treatment, program management, and logistics, and provides policy support to ensure an enabling environment to develop a model for eliminating malaria completely. The Activity also is introducing innovations to accelerate successful treatment of drug-resistant malaria cases, integrated community case management, and real-time data reporting.

One Defeat Malaria strategy is engaging private health providers to expand access to malaria services. The activity organized advocacy meetings with private companies and work sites, such as rubber and palm oil plantations, brickmakers, fisheries, and road construction companies. During Defeat Malaria’s first three-and-a-half years, the project trained 143 private providers on malaria diagnosis, case management, interpersonal communication, stock management, and data collection and reporting.

Defeat Malaria also distributed more than 570,000 LLINs, tested more than 650,000 people, and reached almost as many via health talks on malaria prevention during its first three years.

Also in Myanmar, the URC-led Malaria Surveillance and Laboratory Quality Assurance Program worked to strengthen Ministry of Health data management systems for malaria surveillance and laboratory quality assurance systems for malaria diagnosis. URC worked with both the National Malaria Control Program (NMCP) and National Health Laboratory (NHL) to develop a Quality Assurance and Quality Control Manual for Malaria Microscopy and Standard Operating Procedures (SOPs) for Malaria Microscopy. Both documents were rolled out nationally. The project distributed 1,500 SOPs to hospitals and 500 manuals to state/region vector borne disease control staff and pathologists, the township and station hospitals, the NMCP, and NHL.