THE CONIC RELIEF GSK PARTAERSHP Driving progress towards Universal Health Coverage

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COMIC RELIEF

1. FIGHTING MALARIA, IMPROVING HEALTH

Fighting Malaria, Improving Health is a five-year partnership programme funded by Comic Relief and GSK. It aims to reduce the impact of malaria and strengthen health systems in several malaria endemic countries across sub-Saharan Africa and the Greater Mekong sub-Region. Comic Relief and GSK believe that strengthening local and national health services is one of the most effective ways to combat malaria and offers the added benefit of increasing the overall resilience of the health system.

By tackling malaria through health systems strengthening, the Comic Relief-GSK Fighting Malaria, Improving Health partnership is helping to drive progress towards achieving universal health coverage (UHC) and the wider agenda of the Global Goals.



2. THE COMIC RELIEF-GSK PARTNERSHIP, UNIVERSAL HEALTH COVERAGE AND GLOBAL GOALS

Fighting Malaria, Improving Health aims to achieve better health outcomes by improving malaria control through health svstem strengthening. The programme contributes to building the health system by improving the supply of quality healthcare, raising awareness and promoting preventative and health-seeking behaviours, and building strong surveillance and data management systems. We also support and encourage civil society to hold their governments to account and campaign for greater multi-sectoral investments in malaria and health systems at the national, regional and global levels to drive sustainability. Our approach is underpinned by an ambition to target delivery in the hardest-to-reach communities and leave no one behind.

Countries and the global health community agree that developing and strengthening primary health care systems is the cornerstone of achieving UHC. Through a deeper dive into the impact of Fighting Malaria, Improving Health, this briefing aims to demonstrate how our programme exemplifies some of the key principles of the UHC agenda:

- Ensuring no one is left behind and reaching 'the furthest behind first'
- Upholding quality health care through a strengthened workforce
- Building better surveillance and information systems
- Political leadership within and beyond health
- Working in partnership and moving together

KEY MILESTONES AND TARGETS FOR MALARIA AND UNIVERSAL Health Coverage

2015	The United Nations launches the Global Goals for Sustainable
2016	Development, which include commitments to end the epidemic of malaria (SDG 3.3) and achieve Universal Health Coverage by 2030 (SDG 3.8)
2017	The World Health Organisation The World Health Assembly adopts the WHO Global Technical Strategy for Malaria 2016–2030, which aims to reduce malaria deaths and cases by 90% by 2030
2018	The Commonwealth Commonwealth Heads of Government committed to halve malaria in the Commonwealth by 2023
2019	
2020	The World Health Organisation Reduce malaria deaths and cases by 40% globally
2021	
2022	
2023	The Commonwealth Halve malaria deaths and cases in the Commonwealth
2024	The World Health Organisation Increase the number of people covered by Universal Health Coverage by 1 billion
2025	The World Health Organisation Reduce malaria deaths and cases by 75% globally
2026	
2027	
2028	
2029	
2030	The United Nations Achieve Universal Health Coverage (SDG 3.8)
	The World Health Organisation Reduce malaria deaths and cases by 90%







UNIVERSAL HEALTH COVERAGE







3. ENSURING NO ONE IS LEFT BEHIND AND REACHING 'THE FURTHEST BEHIND FIRST'

Ensuring no one is left behind and reaching the 'furthest behind first' is a guiding principle of UHC. Extending geographical coverage and reaching the most marginalised and hard-to-reach populations are critical for achieving positive health outcomes -in malaria and to achieving the wider UHC vision. Taking an equity-focused approach to tackling malaria can, in turn, reduce poverty, inequality and unlock the human and economic potential for communities to thrive.

Fighting Malaria, Improving Health is present in some of the hardest-to-reach communities across its focus countries. We aim to strengthen the capacity of the primary health system to provide quality care to parts of the population that have, for too long, been left behind. This includes a strong focus on pregnant women, rural populations, vulnerable adolescents and people living in extreme poverty.

- In Sierra Leone, Restless Development is empowering young people to increase malaria awareness and access to services, specifically working with pregnant teenagers and unmarried mothers who are often stigmatised and isolated in their communities. In total, over 50 young people from marginalised groups have been trained as community researchers
- In Mozambique, Nweti Health Communication is using community radios and Inter-Personal Communication techniques to raise awareness in rural communities about the dangers of malaria

and other febrile illnesses, how to prevent it and where to get treatment. The programme specifically targets women and so far 53% of those reached by the project are female.

In Laos and Cambodia, Health Poverty Action are ensuring that the local, mobile and migrant people in forest areas along the Cambodia-Laos border have access to malaria services. The programme aims to address gaps in both demand and supply of healthcare with these atrisk populations.



CASE STUDY

Mohamed, 27, Sierra Leone

Mohamed is a young man born into a poor community in Freetown. At the age of three he became disabled after contracting polio from playing in dirty stagnant water. Now 27, Mohammed sees the next generation of children running around in the same environment, which he knows is a breeding ground for malaria the country's biggest killer.

He has been chosen to join a project run by On Our Radar. The project supports young people across Sierra Leone to train in citizen journalism so that they can find and share powerful, human stories about how malaria affects theirs and other people's lives. Mohamed is proud that he is being given this chance to be 'the voice of the voiceless' and play his part in educating people and bringing awareness of how to prevent and treat malaria more effectively.



4. UPHOLDING QUALITY HEALTH CARE THROUGH A STRENGTHENED WORKFORCE

Quality primary health care is the backbone of UHC and essential for building quality health systems that people, and communities, can trust. Access to a broad spectrum of safe, quality services and products in their community, delivered by well-trained health workers, will be critical to making an impact in malaria.

In turn, the quality of a country's malaria response can also be seen as a marker of UHC. Malaria interventions often serve as an entry point to the health system or other health services in many of the world's poorest countries who have the furthest to go on the route to UHC.

Fighting Malaria, Improving Health places people and communities at the centre of efforts to improve the supply of quality primary health care. The programme is training health staff in both the public and private sectors and supporting over 2000 community health workers to engage with the hardto-reach communities.

- In Myanmar, Malaria Consortium are training a network of community health volunteers who can detect and treat malaria, pneumonia, diarrhoea and malnutrition in rural communities poorly served by the public health system. Since 2015, through training about the danger signs of pneumonia, diarrhoea, malaria and malnutrition volunteers' knowledge has increased by an average of 41%, leading to increased case management.
- In Northern Ghana, the Anglican Diocese Development and Relief Organisation are training Ghana Health Service staff and private health care providers for malaria case management and

treatment in line with the National Test, Treat and Track (T3) policy. They support a network of 280 community health volunteers and have successfully implemented new referral systems to better coordinate case management between different levels of the health system.

2,241 NUMBER OF COMMUNITY HEALTH WORKERS TRAINED

2,765 NUMBER OF PRIVATE SECTOR HEALTH CARE PROVIDERS TRAINED

1,461 NUMBER OF PRIMARY LEVEL GOVERNMENT HEALTH STAFF TRAINED

CASE STUDY

Proscovia became a midwife because she wanted to support her community in Tanzania and support the people who live there. Her work at the clinic includes providing care and treatment for children with malaria and, along with her colleagues, Proscovia has worked collaboratively with Comic Relief and GSK, through TCDC, who are equipping health centres and midwives with the skills they need to combat malaria -including malaria prevention and treatment.

Although malaria is the leading disease in her community, things have improved over the last two years, and people are now much more aware of the signs of symptoms of the disease. Parents now know that when they see symptoms of malaria, they should go to a health facility like Proscovia's for testing, treatment and support.



5. STRENGTHENING SURVEILLANCE AND INFORMATION SYSTEMS

Ensuring health information systems can collect timely, reliable, good quality data is critical for building strong health systems and achieving UHC. So too is ensuring data is properly analysed to identify areas of weakness, develop innovative solutions and track progress towards equity targets to leave no one behind. A targeted and informed response remains fundamental to maintain the progress achieved to date in tackling malaria and avoiding the risk of resurgence.

Fighting Malaria, Improving Health is investing in health surveillance and information management systems across all its focus countries. It seeks to build the capacity of the primary health care workforce to collect and analyse data, but also to integrate data between levels of the health system, and between the private and public sectors.

- In Tanzania, the Clinton Health Access Initiative have developed a surveillance system for private dispensaries and labs so that data from the private sector can be captured and integrated with the public management information system. Harmonising this private sector system across health programs and partners is helping the Ministry of Health to make more informed decisions.
- In Tanzania, the African Leaders Malaria Alliance have developed an app so that local health officials, parliamentarians and other decision makers can better analyse and act on the data in a

given region. Workshops have been delivered in the four highest burden regions for malaria to ensure that officials are able to use the data to effectively adapt their strategies.



NUMBER OF HEALTH SERVICE PROVIDERS WITH IMPROVED QUALITY OF DATA REPORTING

CASE STUDY

In Sierra Leone, King's College London are working in the country's busiest public hospital to improve information management systems through training in simple electronic data collection. A package of data collection tools has been developed and the hospital is now implementing 4 weekly reporting forms for different service delivery points. The process has improved the quality of data from A&E, pharmacy and laboratory, increasing departments' capacity to record complete and accurate data regularly.

Mr Hussein, Surveillance Officer at Connaught Hospital, Sierra Leone said,

"I used to get all this information, after the implementation of these forms from Kings I have seen improvement in data quality...the forms have helped, it makes my work easier. This has a positive impact on the patients and helps improve care at the hospital as well as decision making at the national level"



6. POLITICAL LEADERSHIP WITHIN AND BEYOND HEALTH

Achieving UHC will require sustained political leadership, both within and beyond the health sector. While a strong health system remains the core goal of UHC, governments must also address the social and environmental determinants of health, which requires coordinated action at the highest levels of government and at the municipal level. Malaria, as a vector-borne infection, is particularly impacted by social and environmental factors such as climate and, as such, addressing it will require inter-sectoral cooperation.

Fighting Malaria, Improving Health is connecting work at the community level with national-level efforts needed to drive progress towards UHC, and bringing in a variety of sectors. We are supporting local change makers efforts to raise malaria and UHC to the top of political agendas at all levels in society and among all stakeholders:

- In Mozambique, following the launch of the President's End Malaria Council, we are supporting non-governmental partners to help establish the Council, engage its members and ensure that it is truly multi-sectoral. We are also supporting partners to mobilise resources for a new End Malaria Fund.
- We are helping mobilise and strengthen nationallevel advocacy that promotes action to tackle malaria and build health systems. Examples include building the advocacy and campaigning capabilities of 25 youth advocates from Across Africa, as well as working with Speak Up Africa,

the African Leaders Malaria Alliance and the RBM Partnership to End Malaria to support Zero Malaria Starts with Me campaigns in 3 countries.



ZERO MALARIA STARTS WITH ME CAMPAIGNS SUPPORTED

Zero Malaria Starts with Me is an African-wide campaign to eliminate malaria, endorsed by the African Union. The campaign sparks grassroots movements in which all stakeholders; political leaders, the National Malaria Control Programme, the private sector, communities, and other members of society commit to the fight against malaria.

CASE STUDY

In 2019, Comic Relief and GSK supported the Mayor of Freetown, Yvonne Aki-Sawyerr OBE, to attend the 'Zero Malaria Starts with Me!' Conference in Paris, alongside the 2019 World Malaria Day celebrations. Mayor Aki-Sawyerr joined leaders from malaria endemic countries, international partners and other decision makers to share her success tackling malaria in Freetown. The city's Transform Freetown Agenda and Cleanest Zone Competition is driving an integrated, beyond-health approach to improve sanitation, which is key to controlling the breeding of the mosquitoes that transmit malaria. Mayor Aki-Sawyerr also used the platform to announce the launch of the Zero Malaria Starts with Me campaigns in Ghana and Sierra Leone, urging leaders to address the environmental factors that contribute to malaria and to empower citizens to take action too.



7. WORKING IN PARTNERSHIP AND MOVING TOGETHER

Achieving UHC and delivering on the ambitious agenda of the Global Goals, including the ambition to end the malaria epidemic by 2030, demands that organisations come together and work in partnership. In this spirit, Fighting Malaria, Improving Health seeks to bring stakeholders together in new and innovative ways to tackle malaria and strengthen health systems. This work is done in partnership and with the ownership of the National Malaria Control Programme.

Our partnership, by its very nature, combines the business and NGO sectors, and creates networks across global, regional and local partners, in order to catalyse collective impact. We have financially supported civil society and community groups as key contributors to health systems development, and advocate for vulnerable and marginalised populations to be at the centre of efforts to deliver UHC.

In Ghana, the Alliance for Reproductive Health Rights' Community Scorecard process brings together local communities, local authorities, and health staff to explore how to improve the quality of health services, both at a health facility and systemic level. The process captures the voices of health service users in relation to malaria and other health issues.

- In partnership with the Liverpool School of Tropical Medicine, Coffey, and several the programmes' grantees, our partnership is producing peer reviewed research to determine exactly how and to what extent our programmes are strengthening the health systems across our focus countries.
- In all our focus countries, collective learning networks have been established to facilitate and support collective learning among grantees and the partnership. Partner organisations have worked together, with support from a Learning Coordinator, to distil learning, conduct research, engage with governments and undertake advocacy.

CASE STUDY

Richard Silumbe Clinton Health Access Initiative, Tanzania

Through the Collective Learning initiative in Tanzania, Richard is working in partnership with the National Malaria Control Programme, Coffey, Partnership grantees, the network of private dispensaries, and others to improve the quality of surveillance and data collection in Tanzania. The purpose of the collective learning effort is to develop an integrated surveillance system which can capture the data generated by of all of the Tanzania based projects, ensuring better implementation of the projects and more sustainable change.



For further information about the Comic Relief-GSK Fighting Malaria, Improving Health partnership, please contact:

Ben Sadek, b.sadek@comicrelief.com Samantha Johnson, samantha.x.johnson@gsk.com

