

## Chemonics' Work in Malaria

Founded in 1975, Chemonics is an international development consulting firm that has led global health program development for more than 15 years. In 150 locations around the globe, our network of 5,000 professionals shares a simple belief: Those who have the least deserve our best. We work hand in hand with clients, partners, and beneficiaries to pursue a higher standard every day to achieve long-lasting results.

We envision a world without malaria. Chemonics seeks to contribute to its control and elimination through innovative and proven approaches that prevent, detect, and treat malaria infections, and prevent malaria-related deaths in the countries where we work. We develop strategic local and international partnerships, invest in health and information systems, and establish a culture of data use to strengthen communities to implement and scale up high-impact interventions for vector control, malaria diagnostics, and case management. Chemonics builds capacity and enables stakeholders at all levels of the health system to design, plan, implement, and monitor evidence-driven malaria control activities. An overview of some of our work in malaria is below.



*Photo Credit: Zambia's Catalyzing Behavioral Change (CSH) Project*

### **Democratic Republic of the Congo End Malaria Project (2021-2026)**

In the Democratic Republic of the Congo, Chemonics supports the National Malaria Control Program (NMCP) to expand malaria prevention through mass and school-based distributions of insecticide-treated nets (ITNs); build capacity of the NMCP to implement, monitor, and standardize distribution of ITNs through school-based and mass campaigns; integrate GIS and high-level analysis to monitor intervention coverage and malaria morbidity and mortality outcomes; and address gender and behavioral challenges related to access and utilization of ITNs. The first three distribution campaigns will take place between August and September 2021: 6 million ITNs will be distributed in three provinces — Kwango, Lualaba, and Lomami — with the goal of achieving ITN coverages of 90% of households and 95% of school children in grades 1 through 6.

### **Human Resources for Health In 2030 — Capacity Building for Malaria (2016-2021)**

Since 2016, the Human Resources for Health in 2030 — Capacity Building for Malaria (CBM) project has supported the development of high-functioning health systems that are equipped to lead nationwide malaria activities in 10 countries across West and Central Africa. Through our long-term, embedded advisors' model, we have provided strategic support to NMCPs since 2016, strengthening their institutional capacity, leadership, health workforce, procurement, and supply management skills to help them best use of their Global Fund grants and President's Malaria Initiative (PMI) resources. We also increased their technical knowledge and expertise to

ensure effective implementation of high-quality malaria control services at all levels and to improve their Global Fund Malaria Grants. As a result, access to and use of ITNs has increased exponentially. More than 72 million nets have been distributed, with all 10 CBM countries demonstrating reduced malaria-related mortality rates of children under five years. Results from the 2021 Capability Maturity Model — which assesses NMCPs' organizational maturity in monitoring and evaluation; strategic planning; supply chain; human resources for health; and leadership, management, and governance — showed marked organizational capacity improvement, from an average of 3.1 to 3.7 (scale 0-5). Confidence assessments across all CBM countries showed an average increase in NMCP staff confidence of 38% (from a score of 4.4 to 5.6 of 7), and most NCMP staff believe the advisors had some influence (35%) or significant influence (52%) in their overall confidence. In Togo's NMCP Global Fund grant, the NMCP's performance rating increased from a B1 (before the embedded advisor) in 2015 to B2 in 2021.

### **Mozambique Integrated Malaria Program (2018-2022)**

The Integrated Malaria Program in Mozambique (IMaP) aims to reduce malaria morbidity and mortality across four provinces — Nampula, Zambezia, Tete, and Cabo Delgado) — by supporting the implementation of proven malaria interventions at community and facility levels; strengthening management capacity of provincial and district Ministry of Health personnel to provide oversight and supervision of malaria interventions; and improving health management information system data reporting, analysis, and use at provincial and district levels. As of July 2021, IMaP has trained 12,001 health workers in malaria case management, and intermittent preventive treatment of malaria for pregnant women, and malaria monitoring and evaluation. It also trained an additional 8,021 in malaria laboratory diagnostics (rapid diagnostic tests [RDTs] or microscopy); distributed nearly 15,000 educational materials to health centers and communities; and mentored more than 400 supervisors to improve the quality of the malaria-related services at their health centers. Malaria case incidence in the supported provinces has increased by an average of 2.5% (Range = -30% - 30%) from 350 to 360 per 1,000 population, comparing 2018 (pre-IMaP period) and 2020 (during IMaP), an indicator of potential improvement in health-seeking behavior and case detection rates. In contrast, during the same period, the malaria mortality rate decreased from 3.3 to 1.7 per 100,000 population, an indicator of improved malaria case management. This translated to a decline of 48% in malaria mortality cases in the four provinces, compared to a national decline of 45%.

### **Global Health Supply Chain Program-Technical Assistance Francophone Task Order (2017-2023)**

To ensure timely access to quality essential health products and services, including for Long Lasting Insecticide-Treated Bed Nets (LLINs), Rapid Diagnostic Tests (RPTs), and antimalarial therapies, the Global Health Supply Chain-Technical Assistance Francophone Task Order (GHSC-TA Francophone TO) provides specialized support to strengthen in-country supply chains for select francophone countries of West and Central Africa including: Benin, Burkina Faso, the Democratic Republic of the Congo (DRC), Niger, Togo, as well as Haiti. The project improves supply chain governance, stakeholder coordination, strategic plan development, forecasting and supply planning, procurement, distribution, warehousing and inventory management, management information systems, data visibility and monitoring, and capacity building at all levels to ensure continuous availability of quality malaria commodities at the last mile. Key project achievements that have improved the availability of malaria related commodities include: the distribution of 2,785,223 LLINs to over 5M beneficiaries in Kasai Oriental in the DRC; and the recruitment and training of 30 young logistics professionals (YLPs), 10 of whom assisted the National Malaria Control Program (NMCP) plan the 2020 National LLIN campaign in four departments across Benin, namely Alibori, Atacora, Donga and Oueme. The YLP's contributions ensured that 13.5 million Beninese, close to the entire population of over 14 million, were protected with more than 7.6 million LLINs distributed ahead of the high transmission malaria season.

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## **Global Health Supply Chain Program-Procurement and Supply Management Project (2016-2023)**

The purpose of the Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project is to ensure an uninterrupted supply of health commodities to prevent suffering, save lives, and create a brighter future for families around the world. The project's malaria task order (TO), TO2, is responsible for procuring malaria commodities — such as RDTs for diagnosing malaria and artemisinin-based combination therapy (ACT) for treating it — as well as strengthening the larger malaria commodity market and mitigating security and quality risks through improved strategies and coordination with global partners. To date, TO2 has procured malaria medicines and commodities for 30 countries, delivering anti-malarial medicine to treat 320.3 million infections. It also has delivered more than 178 million long-lasting ITNs, enough to protect more than 356 million people from malaria. The project also provides technical support in strengthening supply chain systems in more than 20 PMI-supported countries in strategic plan development, forecasting and supply planning, logistics and warehousing, LMIS, data visibility and monitoring, and capacity building. Key accomplishments include introducing global standards across all malaria commodities and applying innovative technologies — such as TransIT to ensure reliable delivery tracking and using the Internet of Things sensors to monitor storeroom temperatures — to improve supply chain management. In 2021, TO2 is launching a new initiative to reduce stockout rates of critical malaria commodities and to ensure these supplies are consistently available to health care workers and patients. TO2, in partnership with PMI, aspires to reduce stockout rates for all malaria commodities from 30% to 5-10% in each PMI-supported country over the next two to three years.

## **Global Health Supply Chain — Afya Ugavi Activity in Kenya (2017-2021)**

In Kenya, ensuring the continuous availability of lifesaving malaria commodities — like RDTs and ACT drugs — is a major concern for many health facilities. To address this issue, Afya Ugavi — an activity under the GHSC-PSM project — developed a web-based platform hosted in Microsoft Azure to analyze commodity data from Kenya's district health information system 2 (DHIS2). The tool has several dashboards that enable the comparison of stock data across health facilities in eight target counties, provide visualization on reporting rates performance, enable identification of data quality issues, and more. This innovation has simplified commodity managers' ability to make data-driven decisions, improving supply chain performance at facility, sub-county, and county levels. As a result, the reporting rates of health facilities across these eight counties improved from 81% to 100%, and on-time reporting to DHIS2 improved from 62% to 99% since the tool was rolled out in April 2017. The proportion of facilities stocked out of malaria commodities also reduced significantly, from 9% to 3% for ACTs, and from 25% to 14% for RDTs.