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 in the last decade. URC’s work spans all aspects of malaria prevention and control, from distribution of insecticide treated nets (ITNs) to intermittent preventive treatment during pregnancy (IPTp) and use of social and behavior change communication and operations research.

Our programs:

- Strengthen surveillance systems and enhance procurement and logistics to ensure a reliable supply of high-quality drugs and diagnostics, including rapid diagnostic tests (RDTs);
- Ensure providers – including the private sector – have the necessary skills, medicines, and equipment for malaria services;
- Work with all levels of government and community-based organizations to follow global guidance for the promotion, distribution, and utilization of ITNs; and
- Strengthen communities’ – including marginalized populations’ – ability to access and utilize quality malaria services.

**STRENGTHENING UGANDA’S HEALTH SYSTEM TO DEFEAT MALARIA**

Malaria incidence – and deaths due to severe infections – remain high in sub-Saharan Africa as COVID-19 disrupts services and puts strain on existing health resources. The recent spread of artemisinin drug resistance in the region threatens gains made averting malaria deaths on the continent, particularly in children under five.

URC currently implements two projects in Uganda with malaria components:

- Regional Health Integration to Enhance Services (RHITES-EC) Activity implemented in 12 districts in East Central Uganda
- Regional Health Integration to Enhance Services – North, Acholi (RHITES-N, Acholi) Activity working in eight districts in the Acholi Region.
**Facility:** In Uganda’s North Acholi region, URC’s quality improvement (QI) methodology helped providers understand the benefits of testing before initiating malaria treatment. An increased proportion of malaria cases have since been treated based on positive malaria results versus presumptive treatment – from 56% at project start to 99% by the end of September 2021. The proportion of RDT- or microscopy-confirmed cases similarly improved from 77% to 99% in the same time period. Both Activities have increased adherence to the government’s test, track, and track policy guidelines.

The Activities provide a package of preventive care to pregnant women. The RHITES-N, Acholi Activity has improved the uptake of IPTp to 98% in target areas. RHITES-EC has provided LLINs to more than 208,000 pregnant women during their first antenatal care visit, increased IPTp, and decreased stockouts of Fansidar for IPTp.

**Community:** The Activities support gender-sensitive outreach activities to improve malaria knowledge, and increase prevention, demand for and uptake of services, particularly in families with children under the age of five.

The RHITES-N, Acholi Activity trained 116 cultural leaders and 120 village health teams to sensitize community members on malaria prevention and control. The Activity distributed more than 140,000 LLINs to pregnant women and children under five, mentoring recipients to ensure LLIN effectiveness. Similarly, RHITES-EC conducted community outreach, including promotion of proper bednet use to 10,000 households of pregnant and lactating women.

**MALARIA ELIMINATION, CAMBODIA**

Much of the world’s strides in malaria control have occurred in the Greater Mekong Subregion. Cambodia began moving from malaria control to elimination in 2015 after nearly a decade of progress against the disease and is now on track to eliminate *Plasmodium falciparum* malaria by 2023. URC has been a partner in Cambodia’s malaria control and elimination efforts for two decades. The URC-led Cambodia Malaria Elimination Project (CMEP) developed a scalable, evidence-based malaria elimination model to implement in target areas and replicate across Cambodia.

CMEP 2 builds on URC’s legacy implementing PMI’s malaria programs in Cambodia, working closely with Cambodia’s National Malaria Control Program to eliminate malaria across Cambodia, strengthen surveillance and case management, and prevent re-introduction in target provinces, especially among hard-to-reach populations.

**ENGAGING THE PRIVATE SECTOR, MYANMAR**

In Myanmar, URC’s Defeat Malaria Activity – funded by USAID and PMI - works to ensure marginalized populations have access to preventive interventions and treatment and to identify innovative ways to find, test, and treat malaria cases.

Defeat Malaria builds capacity in early diagnosis and treatment, program management, and logistics, and provides policy support for an enabling environment to eliminate malaria. The Activity is introducing innovations to accelerate successful treatment of drug-resistant malaria cases, integrated community case management, and real-time data reporting.

The Activity has engaged private health providers to expand malaria services, training more than 143 private providers on malaria diagnosis, case management, interpersonal communication, stock management, and data collection and reporting.

Also in Myanmar, the USAID President’s Malaria Initiative (PMI) Eliminate Malaria Activity (PMI-EM) works in regions with high malaria incidence and hard-to-reach migrant groups to scale up proven malaria prevention, treatment, and control interventions and identification of cases of drug-resistant malaria. The Activity is contributing to the elimination of the indigenous transmission of *Plasmodium falciparum* malaria by 2025 and helping to put Myanmar on the path to eliminate all human malaria by 2030.

Learn more about URC’s work at www.urc-chs.com