The Malaria Matchbox

A person-centred approach to fighting malaria

The Malaria Matchbox is an assessment tool designed to improve the quality of malaria responses, by bringing into perspective how social, economic, cultural and gender-related barriers shape malaria epidemics in a country or region.

It brings countries’ stakeholders together to identify which populations and subgroups of populations - disaggregated by age, sex, income status, household location, and occupation - are at increased risk of developing severe disease and, at the same time, most deprived of malaria services.
The Malaria Matchbox assists national programs to recognize that certain population groups face increased hardship caused by malaria, both due to their higher vulnerability to developing severe disease, as well as due to the barriers that they face in accessing services. The World Health Organization (WHO) describes as high-risk groups for malaria, those groups carrying biological conditions resulting in reduced immunity to the parasite, and/or those having behaviours leading to higher exposure to the vector. Pregnant women, infants, children under 5 years of age, people living with HIV/AIDS, non-immune migrants, mobile populations and travellers are examples of high-risk groups for malaria.

Combined with biological and behaviour determinants, poverty, social exclusion and gender norms may also exacerbate the risk and the vulnerability to malaria. In endemic regions, where those determinants are prominent, not only those already considered to be at high-risk, but any marginalized group will disproportionally face barriers to accessing basic prevention and healthcare services. Language, gender, age, legal status, ethnicity, as well as physical barriers are often factors driving malaria incidence among certain populations. For instance:

- Migrants, refugees, and internally displaced people are likely to carry reduced immunity against malaria because of their living conditions, while also having higher exposure to the vector. At the same time, they are often excluded from health systems, as they face inadequate access to information, language barriers, discriminatory practices and, sometimes, ineligibility to free health services due to their legal status.

- Pregnant women, particularly adolescent girls, are more vulnerable to developing severe disease because of their reduced immunity. However, gender norms, fear of intimidation by male health professionals or simply inability to make decisions within the household, result in increased hardship faced by women in the context of malaria.

The fight against malaria is one of the biggest public health successes of the 21st century. Global malaria death rates have dropped by 60 percent since 2000 – translating to millions of lives saved. However, after an unprecedented period of success, progress in malaria control has stalled. According to the World Malaria Report 2017, many countries, particularly the high-burden ones, have been reporting significant increases in malaria cases, as per figure 1.

Combined with effective vector control interventions, the Malaria Matchbox can help the countries to get back on track of their fight against the disease, specially by:

**Reaching the last mile in malaria elimination settings:** In elimination settings, the Malaria Matchbox can help countries to better target specific regions or groups, in order to reach the last mile of elimination. Ensuring that “last mile populations” are able to access basic services is essential to prevent malaria resurgence and/or resistance in low-transmission settings. Besides, the Matchbox can also facilitate the engagement of affected communities in policy-making, ensuring that malaria prevention remains prioritized by the government and implementing partners.

**Refining the programmatic approach in malaria control settings:** In countries that are still in the control phase or facing malaria resurgence, the Matchbox will help Malaria National Programs, impacted communities and other partners to improve the outreach and use of prevention tools, by refining their programmatic approach. Furthermore, by making prevention and health care services more adequate to the cultural norms and behaviours of specific groups, the Matchbox will potentially improve the provision of primary health services towards a more patient-centred approach.

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### FIGURE 1.
Malaria trends, World Malaria Report 2017

| Difference in malaria cases of more than 50,000 in 2015 and 2016 in countries with more than 300,000 cases in 2015. Positive values indicate an increase, and negative values indicate a decrease. |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Increase        | Decrease        | Increase        | Decrease        | Increase      | Decrease      | Increase        | Decrease        | Increase       | Decrease        | Increase       | Decrease        | Increase        | Decrease        | Decrease       | Increase       | Decrease       | Decrease       | Decrease       | Increase       | Decrease       | Increase       | Decrease       | Increase       | Decrease       | Decrease       | Decrease       | Decrease       |

Source: WHO estimates
3. How is the Malaria Matchbox structured?

The Malaria Matchbox provides resources and structured guidance to assess which populations and subgroups of populations - disaggregated by age, sex, income status, household location, and occupation - carry higher vulnerability to developing severe disease, while also face the most significant barriers to access healthcare. The tool is organized in the following modules:

- **Module 1**: Identifying the women, men, girls and boys in all their diversity most affected by malaria and those without access to malaria services;
- **Module 2**: Understanding how biological, environmental, social, cultural and gender-related factors affects malaria outcomes; and
- **Module 3**: Understanding barriers to access malaria services, including financial and information barriers.
- **Module 4**: Analysing, validating and formulating responses to the findings of the previous modules, through a country-owned inclusive and participatory approach.

The Matchbox also provides a number of resources on key data sources, methodologies for capturing relevant information on malaria indicators, examples of high-risk groups for malaria, risk factors encountered in malaria endemic countries, policy and technical guidance and other reference material from malaria technical partners.

3.1 Tool implementation: Bringing country stakeholders together with communities at the centre of the policy discussion

The implementation of the Malaria Matchbox is country-owned, and should bring together government, civil society, affected communities and technical partners involved in the malaria response. Each of the steps below must be based on strong participation of each of the main country stakeholders, and especially ensure meaningful participation of communities most impacted by the disease, both in the assessment, as in the formulation of subsequent strategies to improve program quality.

FIGURE 2. Simplified process map for the implementation of the matchbox

- Stakeholders engagement + Community participation
- A. Preparing the assessment
  - Definition of the scope
  - Policy framework
  - Planning and operationalisation
  - Engaging malaria stakeholders
- B. Gathering and analysing the data
  - Desk review
  - Stakeholders consultation
  - Data collection
- C. Assessing and taking action
  - Data validation
  - Stakeholders meeting
  - Response planning

4. How is the Global Fund investing in the tool?

The Global Fund is supporting the piloting of the Malaria Matchbox in a number of countries, in order to assess how best to operationalize it, while also seeking to better understand how to maximize the tool’s relevance to national programs. In 2018, the tool was piloted in India and Niger, in partnership with Malaria No More, together with the National Malaria Control Programmes, civil society and community actors in those countries.

4.1 Using the Matchbox to support the design of an IEC/BCC strategy in Meghalaya, India

In India, Malaria No More, in collaboration with the State of Meghalaya, carried out the Malaria Matchbox assessment from March to June 2018. Meghalaya is a high malaria endemic state in the Northeast region of India, where the number of malaria cases has nearly doubled since 2015. The assessment revealed the need for specific strategies to reach populations living remotely, migrant workers, urban slum dwellers and tea garden workers. The study also highlighted the lack of knowledge among communities about the role of community health workers, in regions where a high percentage of community members still rely on traditional healers and local ill-equipped pharmacists as the primary source of care.

The findings of the matchbox will inform the IEC/BCC State strategies targeting the high-risk groups for malaria, on effective prevention and access to services. Better training of community health workers towards a stronger sensitization of communities will also improve the uptake of services, and enable early diagnosis of cases.
4.2 Using the Matchbox to improve the quality of programs for high-risk populations in Niger

FIGURE 4. Focus group discussion in Niamey, Niger

Malaria is a major public health issue in Niger, where around 3.9 million cases are reported every year. In Niger, the Malaria Matchbox has been piloted by Malaria No More West Africa in collaboration with the Programe National de Lutte contre le Paludisme, Plan International, Catholic Service Relief and other country stakeholders. The assessment will support the country to refine their strategies to address gender-related barriers affecting access to services, particularly for pregnant women, as well as in responding to the dynamic nature of mobile populations, including refugees, internally displaced people (IDPs) and nomadic groups.

5. Moving forward

The Global Fund will continue to support the consolidation of the Malaria Matchbox until its official release, at the World Malaria Day, on 25 April 2019. Through the end of 2018, the Global Fund will support the use of the matchbox in Guinea Bissau, with a view of informing the design of a gender responsive malaria plan; and in Somalia, to inform the country Malaria Review Process.

FIGURE 5. Upcoming milestones to the official release of the matchbox

- NOVEMBER TO DECEMBER 2018
  - Final pilots
- GUINEA BISSAU
  - Support the design of gender-responsive malaria programs
- SOMALIA
  - Support to the Malaria Review Process
- JANUARY 2019
  - Final revision of the tool
- 25 APRIL 2019
  - WORLD MALARIA DAY
  - OFFICIAL RELEASE OF THE MALARIA MATCHBOX

The Global Fund will also strengthen the work with technical partners, governments and civil society to ensure that key conditions to make the tool relevant for country programs are in place. This includes placing the matchbox in a broader policy framework within the country response to malaria, ensuring community participation in the formulation of innovative and adaptive responses, and gathering evidence for further policy planning and advocacy.

If you want to receive a copy of the Malaria Matchbox, please contact the CRG Department via e-mail: CRGTA@theglobalfund.org

About the Global Fund

The Global Fund is a 21st-century partnership designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. As a partnership between governments, civil society, the private sector and people affected by the diseases, the Global Fund mobilizes and invests nearly US$4 billion a year to support programs run by local experts in more than 100 countries. By challenging barriers and embracing innovative approaches, we are working together to better serve people affected by the diseases.

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