Business Engagement on Malaria in Africa

- Business Case
- Action on Malaria
- Case Studies
- Recommendations
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We are greatly indebted to those companies that so generously allowed us to access company data, some of which has been extensively cited in this publication. We appreciate their dedication and commitment towards a lasting solution for the malaria challenge in Africa and the world.
About the Organizations

The World Economic Forum (The Forum) is a global multi-stakeholder organization with proven experience in catalyzing and supporting health-oriented partnerships. Through the Forum’s health initiatives, including Health@the Forum, the organization has long been distinguished as an effective link between business and other stakeholders that are working towards malaria elimination.

Leveraging this key competency, the Global Health Initiative (GHI) of the World Economic Forum has been at the heart of forming partnerships between private businesses and the public sector to tackle various population health challenges such as malaria. This work was made possible through effective collaboration with an array of partners drawn from, among others, the business sector, government and civil society. The Forum and its partners continue to engage in areas that are of strategic relevance to malaria control such as health systems strengthening, innovation and delivery, and health information systems support.

The Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC) brings business capabilities and influence to the fight to defeat disease and brings business, governments and civil society together to find the best ways to take joint-action. It is an essential part of how the global health community is going to get the job done.

GBC’s strategically smart network includes more than 200 member companies and critical partners, such as the US government, UNAIDS, the Global Fund and Friends of the Fund.

The Coalition’s strategy is built around collaboration: applying business’ capabilities, influence and other assets to the work of other sectors so that these diseases will be defeated sooner. GBC creates spaces for joint problem solving and collective action, such as through the Bed Net Industry Dialogue, which is focused on relieving bottlenecks in the global bed net procurement process.

The Corporate Alliance on Malaria in Africa (CAMA), formed by 12 multinational companies with operations in Africa, offers a forum for companies to work with governments, multilaterals and civil society in malaria endemic countries to reduce the impact of malaria by saving lives and facilitating economic development. GBC serves as the secretariat for CAMA.

Glossary of Terms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>ACT</td>
<td>Artemisinin-based Combination Therapies</td>
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<td>BCC</td>
<td>Behavior Change Communication</td>
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<td>CAMA</td>
<td>Corporate Alliance on Malaria in Africa</td>
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<td>CCM</td>
<td>Country Coordination Mechanism (of the Global Fund)</td>
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<td>GBC</td>
<td>Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria</td>
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<td>GHI</td>
<td>Global Health Initiative of the World Economic Forum</td>
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<td>GFATM</td>
<td>Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<td>GMAP</td>
<td>Global Malaria Action Plan</td>
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<tr>
<td>IEC</td>
<td>Information, education and communication</td>
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<td>ITN</td>
<td>Insecticide-treated net</td>
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<td>LLIN</td>
<td>Long-lasting insecticidal net</td>
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<td>NMCP</td>
<td>National Malaria Control Program</td>
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<td>PPP</td>
<td>Public-private partnership</td>
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<td>RBM</td>
<td>Roll Back Malaria Partnership</td>
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<td>The Forum</td>
<td>World Economic Forum</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WHO AFRO</td>
<td>World Health Organization Regional Office for Africa</td>
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* The World Economic Forum in its drive for a holistic health response combined both the Global Health Initiative (GHI) and the Health Industry Team into a single unit; Health@the Forum. This builds upon the previous work streams, such as malaria, which were previously done by GHI.
Executive Summary

The majority of new malaria cases and deaths occur in sub-Saharan Africa. Stakeholders from private, public and governmental sectors are coordinating their efforts to address the disease—evidenced by increased global advocacy and funding for malaria control interventions. The Roll Back Malaria Partnership, a collection of key stakeholders, has defined ambitious goals towards malaria control and elimination. However, many roadblocks at the local level thwart effective malaria control efforts; these roadblocks include inadequate human resource capacity, weak health systems, and inefficiencies in procurement and distribution of malaria control commodities.

Individuals get sick from malaria, but its disastrous effects are felt by households, communities, businesses and entire economies. Sustainable malaria control and elimination requires multi-level, multi-sectored collaboration. In response to the malaria challenge, the private sector has partnered with other actors and is an increasingly important provider of malaria control services and commodities—particularly to those populations who live beyond the reach of public health services.

Malaria also affects businesses’ bottom lines. When employees miss work to care for themselves or their families’ illnesses, bottom lines suffer the effects of absenteeism and reduced productivity; the community’s buying power is reduced; and socioeconomic hardships, like reduced incomes, endure. Thus fighting malaria is both a social and a financial obligation for the private sector in sub-Saharan Africa.

Forty-one companies operating in malaria endemic areas of Africa participated in this survey. The survey aimed to identify challenges and opportunities in scaling-up malaria interventions, in order to inform and guide expansion of private sector engagement on malaria in Africa. Respondents represent national and multi-national companies, and industries as diverse as banking, agribusiness, mining, oil and gas, and manufacturing. More than half of the survey respondents work for mid-sized or small businesses. A majority of companies reported working with business coalitions and with public and private sector organizations. Only a minority reported collaboration with nongovernmental or multilateral organizations.

Companies engaged in a variety of malaria control activities, including behavior change communication (BCC), treatment and vector control. Some cover employees and their beneficiaries, while others expand coverage to larger communities. Irrespective of the program design, companies reported three major challenges to implementing their programs: funding constraints; limited human resource capacity (specifically technical and programming knowledge); and inadequate partnership and harmonization at multiple levels. Respondents most commonly cited support in these three areas as necessary to their efforts to scale-up malaria control programs.

Despite the challenges they face, 81% of respondent companies plan to scale-up interventions. To achieve the goal of universal malaria elimination, businesses must scale-up their existing malaria control interventions, leverage core competencies, and advocate for even further private sector engagement. Based on our analysis of the survey results, we recommend three areas of focus for expanded and effective business engagement on malaria in Africa:

1. **Create a conducive environment for multi-level business engagement**
   Business action is most effective when it is part of a collective effort by companies and other stakeholders at international, national, regional, as well as local levels. Company programs should be harmonized with national policies and strategies, including, but not limited to, coordinated data collection. Impactful coordinated efforts require active participation from the private and public sectors, governments, and coordinating partners such as the Global Business Coalition, the World Economic Forum, and national and regional business coalitions.

2. **Increase emphasis on co-investment**
   Co-investment multiplies the effectiveness of investments against malaria. The Global Fund provides several examples of impactful co-investment, such as its funding of private sector-led malaria control programs in Africa. Businesses and their prospective partners should study these examples, and donors should consider private sector programs as vehicles for achieving their objectives. Co-investments with other partners could maximize public sector resources, multiply coverage and create large scale impact.

3. **Utilize core competencies**
   Limited human resource capacity, especially technical and programming capacity, constrains the effectiveness of malaria control efforts and health systems in sub-Saharan Africa. Companies can address these deficits through leveraging their core competencies in financial management, research and development, quality assurance, management and procurement, healthcare and diagnostics, human resources, information and communication technology development, procurement and supply-chain management, marketing and public relations, monitoring and evaluation, and strategic planning to enhance local human resource capacity.

The diverse industries represented in this survey alone, demonstrate the breadth of expertise available in the private sector. In endemic countries where weak health systems limit effective delivery of products and services, private sector contributions are crucial. We recommend that stakeholders leverage specific competencies and complimentary abilities of all partners to strengthen national malaria control programs and health systems.
1. Introduction

Stakeholders, including government, business, civil society, and affected communities, must coordinate their efforts in order to identify and implement sustainable solutions to the malaria challenge. The Roll Back Malaria Partnership (RBM) recognizes this need in its Global Malaria Action Plan (GMAP), which provides a road map for malaria control and eventual elimination. The private sector in particular is identified as an essential partner in the effort to enhance and expand health coverage and financing in resource-constrained settings such as sub-Saharan Africa.1,2-4

Business Engagement on Malaria in Africa presents evidence for the effectiveness of existing partnerships between business and other key stakeholders and makes the case for expanded private sector involvement in malaria control efforts. This publication builds on previous work that has been done by both GBC and the Forum describing private sector engagement in malaria control.

In its 2006 report Business and Malaria: A neglected threat, the Forum revealed that malaria had a significant economic impact on business. Among respondent companies, 72% reported current economic impacts from malaria, and 39% of these perceived the threats as serious to their operations and were willing to respond to the challenge.5 Similarly, a 2008 GBC survey showed that 33% of GBC member companies surveyed had implemented workplace and/or community education and awareness campaigns on malaria; 23% had provided access to treatment and distributed long-lasting insecticidal nets (LLINs).6

This report examines the sub-set of businesses that have implemented malaria control programs in Africa. The results outlined here demonstrate the major contribution that businesses can and do make towards the attainment of GMAP’s ultimate goal of complete malaria eradication. In addition, we identify existing gaps in malaria control and make the case for development of new partnerships to address those gaps.

1.1 THE MALARIA CHALLENGE IN AFRICA

Most of the estimated 1.2 billion people at high risk for malaria live in sub-Saharan Africa and Southeast Asia.7 Globally, sub-Saharan Africa is home to the highest rates of malaria morbidity and mortality, and the region suffers from serious negative socioeconomic consequences of malaria epidemics.1,7-9 According to the World Health Organization (WHO), 86% of the 247 million malaria episodes reported in 2006 occurred in the African region, and 80% of those African cases were concentrated in sub-Saharan countries.7,8 Nine in ten of the estimated 881,000 global malaria deaths in 2006 occurred in Africa.7

1.2 EFFECTIVE INTERVENTIONS AGAINST MALARIA

These key interventions are critical to effective malaria control:1,7,10

1. Vector control (including integrated vector management, appropriate use of insecticide-treated nets (ITNs), indoor residual spraying (IRS), environmental management and/or larviciding, and personal protection)
2. Early diagnosis and effective treatment (including intermittent preventive therapy (IPT) for pregnant women, infants, and children under age 5)
3. Awareness and public education

Recognizing that the global threat of malaria requires urgent and coordinated action, the RBM Strategic Plan (2002-2015) set an ambitious interim target for 2010: to reach 80% of the population through these key interventions. The ultimate goal is universal coverage.1

Achieving the 80% coverage targets by 2010 is crucial to malaria control, but most countries in Africa are falling short of these targets.1,7-9 Few African countries have the resources or capacity to provide enough bed nets (ITNs or LLINs) to cover all at-risk age groups.7,9,10 Reports demonstrate that access to effective treatment is also limited. National surveys conducted in 18 African countries between 2006 and 2007 showed that only an average of 38% of households surveyed had access to anti-malarial drugs. No country had achieved the 80% target.7 At the same time, the global health community and governments have demonstrated their commitment to the goal of universal coverage through increased advocacy, funding and political commitment.1 These have resulted in increased access to preventive commodities, diagnostics and drugs, and new research and measurement tools.7-9
Participants at the Special Ministerial Session at the 16th RBM Partnership Board Meeting in May 2009 discussed the many roadblocks to achieving the Strategic Plan’s coverage goals. Participants identified weak health systems as a key challenge to malaria control efforts in endemic countries. Crucial components of the health system that were singled out in this discussion include inadequate health information systems, poor procurement and supply chain management, and low levels of human resource capacity. Participants also cited limited capacity for monitoring and evaluation (M&E) as a major programmatic constraint. Finally, the discussion also raised the emergence of both drug and insecticide resistance as a major challenge.

1.3 THE CASE FOR BUSINESS ACTION

Malaria is not only a health challenge, but also constrains economic development. The relationships between malaria and poverty are clear and cyclical, and malaria’s effects impact all levels of society, including households, communities, the private sector and governments, both in the short term and the long term.

Direct costs to society come from increased expenditure on prevention and treatment, and indirect costs include reduced productivity, incomes, purchasing power and educational attainment. Companies absorb the costs of malaria when employees miss work to tend to their own or a family member’s illness. This absenteeism not only translates directly into lost business productivity, but also results in reduced household incomes. Families earning lower incomes often cannot access health services critical to prevention and treatment of malaria, thus increasing their vulnerability to the disease and deepening the cycle.

On a broader scale, a population deeply affected by malaria will also have diminished purchasing power. The cycle continues when malaria in children causes high absenteeism from school, which results in poor scholastic performance and may lead children to drop out of school. This results in diminished future productivity, which negatively impacts both families and businesses.

Companies’ efforts to fight malaria in the communities where they operate reflect their commitment to invest in the health and well being of the communities they work in. Making an effective contribution boosts their reputation as corporate citizens and can enhance their ability to attract and retain talent.

Businesses have successfully partnered with other stakeholders to make a positive and lasting difference in malaria control. This publication aims to build on these successes and identify avenues to even more effective private sector engagement in malaria control.
2. Business Action on Malaria

2.1 SURVEY INTRODUCTION AND RESPONDENT PROFILE

To characterize business engagement on malaria in Africa we conducted a survey of business enterprises that are currently involved in malaria work in Africa. The survey garnered responses from 41 companies spanning 16 industries which ranged from specialized service providers, such as financial institutions, to large employers in the mining and agribusiness sector. Figure 1 shows the spread of companies involved in combating malaria by industry—indicating that the three leading sectors are energy, mining and metals, and agribusiness and forestry. Health-care/medical, financial services and industrial manufacturing form the next tier of industries actively engaging in malaria control.

The majority (68%) of companies responding to the survey reported international operations (see Figure 2). Respondent companies ranged in size (see Figure 3) from fewer than 10,000 employees (58%) to greater than 100,000 workers (13%).

The diversity of industries fighting the malaria challenge in Africa makes clear all sectors are affected and business rationales for investing in malaria control apply across all industries. While conventional wisdom holds that large multinationals (such as oil and mining concerns) have the most comprehensively-developed intervention programs, local medium-size enterprises and companies from service sectors also play a key part (see Case Study: Local and Impactful).

2.2 WHY, AND HOW MUCH, BUSINESSES INVEST IN MALARIA CONTROL

In answering the question, “Why does your company do malaria control?”, companies most frequently cited sickness of employees (81%) and company policy (72%), followed by community relations (25%) and risk to expatriate workers (13%).

For details on survey methodology and limitations please refer to Annex 3.
relationships (56%) (see Figure 4; multiple responses allowed).

Nine out of ten companies (87%) reported that investment in malaria control is a high (or very high) priority objective in their overall mission (see Figure 5). Notably, only one-fifth cited government policy as a driver for their efforts.

Case Study: Local and Impactful

MAGADI SODA COMPANY

Although the majority of survey respondents are multinational corporations, it is not necessary to have global operations to have an impact on malaria. Magadi Soda Company is based on Lake Magadi in Kenya and operates with approximately 450 employees. Years ago, Magadi Soda recognized the threat of disease, absenteeism from work and death posed by malaria. In response, the company established an ongoing malaria control program that includes community education, mosquito density reduction, provision of LLINs, presumptive treatment for pregnant mothers, chemoprophylaxis for expatriate workers and early diagnosis with prompt treatment for all.

This program protects Magadi Soda’s employees, their dependents and the surrounding community, populated by approximately 40,000 individuals. As a result, malaria prevalence in pregnant mothers and children under 5 (who get free LLINs) has dropped. Increased levels of community awareness along with early diagnosis and treatment have been credited with reduction in the number of reported cases of severe malaria and resultant deaths.

Going forward, Magadi Soda intends to scale-up its malaria control activities with particular focus on educating the community about prevention and treatment strategies.

KEY OUTCOMES:

• Increased levels of community awareness
• 47% decrease in hospital admissions of pregnant mothers for malaria from 2003 to 2008
• 19% decrease in admissions of children under 5 years of age over the same period

Companies reported a wide range of financial investment in malaria control (see Figure 6). About half reported spending less than US$25,000 on malaria control in 2008. Nearly one-quarter fell in the tier of US$25,000-US$100,000, while about one-third spent US$500,000 or more.

It should be noted that companies’ health-related investments are not limited to malaria control. For example, all survey respondents reported having HIV/AIDS control programs in addition to their malaria control programs.

2.3 PARTNERSHIPS FUELING MALARIA ACTION

Most companies reported partnership with both the public (88%) and private (65%) sectors (see Figure 7; multiple responses allowed). A smaller proportion reported engagement with multilateral or nongovernmental/community-based organizations. Considering that NGOs are active in malaria control, this gap in collaboration might lead to uncoordinated or duplicative interventions.

Companies identified global and national business coalitions as
partners in malaria control. Companies often seek out forums to network and learn from the experiences of other companies (see Figure 8). GBC, The Forum, the Pan African Business Coalition and national-level business coalitions offer many such opportunities. These forums connect businesses directly to other businesses, governments, and implementing partners. Such connections encourage companies to try new program interventions and scale-up their existing programs.

For example, in May and October 2009, GBC convened workshops in Nairobi and Accra to bring companies together with these other stakeholders. The explicit purpose was to help companies strengthen their malaria control efforts and identify entry points for private sector engagement. Similarly, GHI organized a session entitled “Completing the Malaria Mission” at the World Economic Forum Annual Meeting at Davos. This session sought to explore scale-up opportunities at the intersection of private-public collaboration as a means to achieve universal coverage for malaria, as outlined in the Global Malaria Action Plan.

A legion of public-private partnerships is actively developing innovative approaches to combating malaria. The Gates Foundation funded Malaria Vaccine Initiative is bringing stakeholders from industry — most prominently GlaxoSmithKline — together with academic and government partners to accelerate malaria vaccine development. Medicines for Malaria Venture (MMV) is bringing together public private and philanthropic partners, including GlaxoSmithKline, Genzyme, Novartis, Sanofi-aventis and Exxon Mobil, to fund and manage the discovery, development and delivery of new, effective and affordable antimalarial drugs. The Innovative Vector Control Consortium joins public and private partners to develop new insecticide formulations, as well as information systems and tools to utilize new and existing pesticides to greater effect.

The Alliance for Malaria Prevention brings together governments, businesses, public sector organizations, faith-based organizations, and humanitarian organizations to increase LLIN coverage. United Against Malaria is a collaboration of soccer/football players, non-governmental organizations, foundations, governments, and corporations leveraging the excitement surrounding the 2010 World Cup in South Africa to build support for the 2010 GMAP targets. Malaria No More has developed multiple impactful partnerships with a variety of business, government, and other stakeholders to implement malaria control interventions.

The private sector is also engaged at the policy level through membership in both the Global Fund and RBM boards. These are but a few examples of such partnership.

### 2.4 MALARIA CONTROL PROGRAM BENEFICIARIES

Companies most commonly reported employees and their dependents as beneficiary groups of their malaria control programs. Two-thirds of companies also reported communities as beneficiaries of their malaria control programs. This proactive programming is likely driven by recognition that malaria prevention is most effective when it covers all (or most) of the at-risk population.

The survey results show that most companies engaged in malaria control recognize the importance of interventions targeting vulnerable groups, pregnant women and infants (see Figure 9). Information, education and communication (84%) as well as distribution of mosquito nets (61%) were the most commonly reported elements of this kind of programming. Additionally, 45% of companies reported providing intermittent preventive therapy to pregnant women.

### 2.5 MALARIA CONTROL INTERVENTIONS

Businesses reported providing a range of interventions from advocacy and prevention to malaria treatment and vector control services. A majority of companies also reported offering health insurance to their beneficiaries for purposes of accessing malaria treatment.
The majority (84%) of respondents offer information, education and communication (IEC) interventions (see Figure 10), alongside treatment of adults (78%) and pregnant women and infants (69%), and distribution of mosquito nets (66%). Indoor residual spraying (38%) and fogging (19%) are not as widespread.

In order to ensure that employee beneficiaries have access to malaria control services, 67% of the companies offer company health insurance plans (see Figure 11). A smaller percentage offer either out-of-pocket reimbursements (7%) or other forms of insurance (13%). Only 13% reported no health insurance provisions for their beneficiaries.

Beneficiaries receive treatment (see Figure 12) primarily through the company’s own clinic (71%), or via private (65%) or public sector (61%) providers. The significant fraction of companies reporting provision of treatment through their own clinics may present an opportunity to use business sector delivery infrastructure to reach populations that are not currently covered.

The use of rapid diagnostic tests and/or microscopy was widely reported. Only a small minority (7%) reported using other methods such as clinical judgment.

Similarly, 84% of companies reported the use of artemisinin-based combination therapies (ACTs) as first line treatment for malaria in their settings (see Figure 13). Continued use of monotherapies, chloroquine and sulfadoxine-pyrimethamine, was reported in a small minority of settings. Mefloquine and doxycycline — important drugs for malaria chemoprophylaxis — are also reportedly being used as first-line treatment. Follow-up with companies indicated that chloroquine is being used in settings where its use is in line with national treatment guidelines, and sulfadoxine-pyrimethamine as intermittent preventive therapy for pregnant women.

It is evident from the survey results, however, that not all businesses provide a comprehensive malaria response on their own. The CAMA/GBC Company Management Guide and the GHI’s Guidelines for Employer-Based Malaria Control Programmes provide experience-based guidance on key program elements and processes to build an integrated malaria control program that will deepen the impact of businesses’ malaria control programs.3,4

The survey responses indicate an assortment of engagement approaches that vary by level of investment and type of interventions. This diversity offers the opportunity for an array of collaboration opportunities. It is important to integrate the supplemental efforts of other stakeholders (public, private and civil society) to form an integrated multi-stakeholder malaria response. Such an
BUSINESS ACTION ON MALARIA

2.6 CHALLENGES TO MALARIA ENGAGEMENT

Despite demonstrable willingness by business to engage in malaria control, the survey results show a number of hurdles. Reported challenges (see Figure 14) can be summarized as follows:

1. Limited access to donor funds
2. Gaps in human resource capacity (specifically technical and programmatic knowledge)
3. Inadequate partnerships and limited harmonization at multiple levels

Businesses have invested significant resources into their malaria control efforts. The return on these investments could multiply with increased access to donor funds through co-investments. Additionally, malaria control program effectiveness is often hindered by weak technical and programming support resulting from inadequate human resource capacity. This fact is often reflected across health systems in endemic countries and calls for multi-sectored action.1,7,10

Figure 14: Challenges to Implementation

- Access to donor funds: 55%
- Limited partnerships and limited harmonization at multiple levels: 48%
- Lack of human resource capacity: 45%
- Limited harmonization with NMCP and CCM plans: 43%
- Community mobilization and coordination: 39%
- Inadequate partnership with other stakeholders: 29%
- Lack of/Inadequate equipment: 29%
- Community actors: 26%
- Low access to malaria commodities: 10%

Businesses reported low harmonization between their efforts and the NMCP and CCM plans (42%). There is also lack of effective partnership with other stakeholders, including the private sector itself (48%). As previously mentioned, there is an increasing recognition that no actor can singly tackle the challenges posed by malaria. This realization is reflected in the multi-stakeholder composition of the RBM partnership, the leading global voice in malaria control.

No effort should be spared in building effective partnership for malaria control at the local level, where implementation challenges are numerous.1,4,10 This would not only increase the resource base for malaria control but also serve as a positive step towards addressing the challenge of limited harmonization and coordination among different stakeholders at the local level.1,10

2.7 BUSINESS ACTION ON MALARIA: SCALING-UP

Despite the reported challenges, 81% of responding companies indicated their intention to scale-up malaria control activities beyond their current scope. This included companies that already have interventions covering their local communities and intend to extend those services further. Seventy-seven percent of surveyed companies either reported they already cover their surrounding community or have plans to scale-up their malaria activities to cover them. This will play a critical role in meeting the universal coverage goals outlined in the Global Malaria Action Plan.

Businesses reported intent to scale-up a variety of interventions (see Figure 15), with the majority reporting plans to scale-up in the following key areas: informational and educational communication (88%), distribution of mosquito nets (67%), environmental management (54%), anti-malarial treatment (54%), as well as indoor residual spraying (50%).

As companies face challenges to implementing malaria control programs, they welcome support in their scale-up efforts. The areas of support that businesses reported finding the most valu-
able (see Figure 16) fall into the following categories:
1. Access to donor funds
2. Technical support and human resource strengthening
3. Effective partnership with other stakeholders

These areas for scale-up support are nearly identical to the top challenges to malaria control program implementation discussed above (see Figure 14).

**Access to donor funds**
Most respondent companies (68%) cited access to donor funds as a welcome support in scaling-up their malaria control activities. It is often reported that despite increased global funding for malaria control, there are limitations that constrain scaling-up at various levels. The public sector reportedly lacks adequate absorptive capacity in some countries to utilize available funds. Proactive donors should recognize this as an opportunity to work more closely with the private sector to strengthen and expand coverage for malaria control.

**Technical support and human resource strengthening**
Targeted technical and programming support within the broader framework of health system strengthening would ensure effective delivery and sustainability of the gains. Recognition that different stakeholders have different comparative advantages that could be leveraged to benefit others within the joint partnership would be a first positive step towards this objective. Complementary action and support — involving, public, private and civil society organizations — would translate into shared learning among stakeholders; a catalyst towards quality programs.

**Effective partnership with other stakeholders**
Many respondents (61%) cited the value they placed on partnerships with National Malaria Control Programs (NMCPs). Strong partnerships with respective NMCPs are an imperative for the success of any malaria control intervention. Indeed, given the increasing importance of business enterprises in health there is space for not only public-private partnerships, but also private-private partnerships.

With the evolving global health landscape, the need for neutral platforms for dialogue and partnership building will become ever more important. The Global Business Coalition and the World Economic Forum have long identified this need and have continually demonstrated their readiness to respond to the dynamic needs of their partners and stakeholders.
3. Recommendations

Based on the findings of this assessment and on examining existing corporate initiatives against malaria, we propose three areas for coordinated private sector action: effective partnerships that engage the private sector in malaria control on the international, regional, national, and local levels; increased utilization of co-investment; and increased utilization of private sector core competencies to overcome technical and programmatic barriers.

3.1 CREATE A CONDUCIVE ENVIRONMENT FOR MULTI-LEVEL BUSINESS ENGAGEMENT

Effective malaria control requires a coordinated effort between the private sector and other key stakeholder organizations. The objectives of such partnerships should be to prevent the further spread of malaria, scale-up coverage and, ultimately, strengthen the local health systems' capacity to fight malaria.

For example, the mandate of each national malaria control program is to set standards and guidelines for malaria programming at the country level. Ideally, the NMCP will formulate national malaria control strategies with input from the private sector as well as other relevant stakeholders. Such engagement can serve as an opportunity to review national malaria control strategies and identify gaps where the private sector can be mobilized to strengthen programs.

The private sector should then align corporate initiatives with the NMCP's national strategy against malaria. For example, companies and governments should work together to integrate impact data and other results from company programs with national data collection systems. To facilitate such collaboration, the NMCP should provide an enabling environment. As a step in that direction, the Government of Ghana has established a private sector unit to engage the private sector.

The Global Fund provides a good example of proactive engagement of the private sector in implementing programs, at the policy level and through the provision of technical support. In some countries, private sector entities have undertaken various crucial functions in the fight against malaria with the Fund's support. For instance, both multinational corporations and small and medium enterprises have served as grant recipients or sub-recipients, implementers, or monitoring and evaluation experts. Furthermore, approximately three-quarters of Global Fund Country Coordinating Mechanisms (CCMs) feature private sector representation, and 10 CCMs are chaired or vice chaired by representatives from the private sector. With this level of engagement businesses can leverage their expertise with streamlining processes and creating efficiencies.

3.2 INCREASE EMPHASIS ON CO-INVESTMENT

Co-investment is the harmonized and coordinated joint investment of public and private resources with a common objective; in this case, malaria control and eventual elimination. The Global Fund and GBC have promoted the use of co-investment, and results thus far have been positive. An excellent co-investment example is Marathon Oil Corporation’s partnership with Equatorial Guinea (see Case Study: Co-investment).

Another is BHP Billiton’s Lubombo Spatial Development Initiative, which required coordinated efforts between partners and the

### Case Study: Co-investment

**MARATHON OIL CORPORATION**

Marathon and its business partners have worked with the Government of Equatorial Guinea to combat Malaria on Bioko Island since the 2003 launch of an initial five-year, US$16 million, program for malaria control. In 2008, the program was extended for an additional five years, US$28 million, with the goal of using this second phase to develop the capacity and project management skills within Equatorial Guinea’s National Malaria Control Program to sustain the program beyond 2013.

Marathon also supported the development of a proposal for a multi-year US$27 million grant secured from The Global Fund (including a US$1 million contribution from Marathon Oil) through which the program is being expanded to encompass the entire country.

This level of success in establishing, sustaining and growing an effective Malaria control program is due to close collaboration and co-investment with the government of Equatorial Guinea. The monitoring and evaluation (M&E) program, which has confirmed the effectiveness of the program, was based on Equatorial Guinea’s own M&E processes. There has been budget coordination throughout and country nationals are being trained to ultimately take over any roles in the program currently held by expatriates.

**KEY OUTCOMES:**

- 63% decrease in all-cause mortality for children, less than 5 years of age, over the first 4 years of the project.
- 95% decrease in the number of infected mosquitoes caught in homes/100 nights on Bioko Island
- 49% decrease in percentage of children on Bioko Island with malaria parasites in their blood
- Total funding, including Global Fund grant (US$26 million), of US$71 million over 10 years
governments of Mozambique, South Africa, and Swaziland on prevention, education, and treatment efforts. The first two years of this effort were funded entirely by BHP Billiton and other private sector partners. In subsequent years the private sector, governments, and The Global Fund have jointly funded the program.

In 2006, the Pilipinas Shell Foundation served as the principal recipient of a US$14.3 million malaria grant from The Global Fund, and used it to expand malaria coverage to the top five endemic areas in the Philippines.

Such corporate-led initiatives have resulted in a steady decline of malaria-related morbidity and mortality in their respective geographic areas. In total, the private sector serves as the principal recipient of roughly 6% of Global Fund financing.

Businesses and their prospective partners should consider these examples when forming partnerships and applying for donor funding. Likewise, donor organizations should consider the advantages of public-private partnerships when developing funding guidelines.

Transparency and accountability mechanisms are critical to the sustainability of such partnerships. Partners should make provisions for prevention and mitigation of conflicts of interest by establishing clear commitments to gather, analyze and share information, and to monitor and evaluate outcomes. These commitments underscore the important role of neutral platforms for dialogue, such as business coalitions and partnership associations like GBC, the Forum and CAMA.

3.3 UTILIZE CORE COMPETENCIES

In many malaria-endemic countries of sub-Saharan Africa, insufficient human resource capacity and weak health systems constrain malaria control efforts; countries lack the technical and programming capacity required to implement malaria control programs. Private sector core competencies are what companies do best. Core competencies to employ in malaria control programs include those related to financial management, research and development, quality assurance, management and procurement, healthcare and diagnostics, human resources, information and communication technology development, procurement and supply-chain management, marketing and public relations, monitoring and evaluation, and strategic planning.

Standard Bank’s agreement with the Global Fund to provide pro bono financial and management assistance to grant recipients in four African countries serves as an example of core competency utilization (see Case Study: Financial Management Core Competence). Through leveraging their core competencies and complementary strengths, partners are able to coordinate efforts and make a greater contribution towards malaria control and eventual elimination.2-4,6

**Case Study: Financial Management Core Competence**

**STANDARD BANK**

Standard Bank, through an agreement with The Global Fund, is providing pro bono financial management support to assist Global Fund implementers in four countries. This agreement is a shining example of a company leveraging its core competencies to strengthen financial management of Global Fund grants and build in-country capacity.

A board decision that allows the Global Fund to broker offers of service donations to recipients paved the way for the agreement that was signed in December 2008. An initial pilot exercise was agreed upon and is underway in Swaziland, Lesotho, Nigeria and Uganda. Each of these countries has had issues that have prevented prompt release of funding to grant recipients.

Under the agreement, the bank provides financial and management expertise to primary and sub-recipients in these countries to ensure that funds are distributed inside the countries in a timely manner and Global Fund reporting requirements are met. Individuals directly involved with grants from The Global Fund receive various forms of support, including training on bookkeeping, regular filing of account statements and report writing.

The support is available to countries who request it and is tailored via needs assessments to fit with the requesting countries’ needs and requirements. The program is so successful that Standard Bank has received requests for similar programs with other donor organizations.

**KEY EXPECTED OUTCOMES:**

- Ensure grant funds are distributed in target countries in a timely manner, thus improving grant efficiency and effectiveness
- Increased in-country financial and management human resource capacity
- A testament to Standard Bank’s commitment to good corporate citizenship
FOCUS ON SUPPLIERS

Utilizing Core Competencies
Manufacturers and suppliers are vital stakeholders in the fight to control malaria. Their contributions through the development of novel chemistry to combat resistance and innovative treatments and prevention strategies are good examples of core competencies that can be tapped by country programs. Other core competencies of the private sector, such as different and more effective distribution models, supply chain management improvements, and education and training skills could be further utilized.

Here we also see the value of coordinated action:

- As part of their CSR mandate to ensure access to safe and affordable drugs, drug makers Sanofi-aventis and Novartis will supply ACTs not-for-profit through The Global Fund’s Affordable Medicines Facility – malaria (AMFm).
- Novartis has partnered with Medicines for Malaria Venture to develop Coartem Dispersible, an affordable quality pediatric ACT, to meet the needs of babies and infants suffering of malaria in endemic countries.
- Bayer and Syngenta are partnering with the Innovative Vector Control Consortium to develop new active ingredients and smarter insecticide formulations to strengthen resistance prevention and management.
- Bed-net manufacturer Sumitomo Chemical’s collaboration with A to Z Textile Mills in Tanzania, initiated via a royalty free technology transfer, made A to Z the first manufacturer of LLINs in Africa. New factories in Malawi and Ethiopia have further increased African production of Sumitomo’s Olyset net.
- Bayer is rolling out the technology to produce bed nets locally to Africa, India and Latin America. Companies in Tanzania, Nigeria and India are already currently producing and distributing nets locally, with expansion expected to Rwanda and Ethiopia. In Rwanda this Bayer technology transfer will happen with the support of Heineken which has committed to purchase 140,000 nets over 3 years.
- Vestergaard Frandsen has taken a leadership role in studying resistance among pyrethroid-resistant malaria vectors. To more fully develop its scientific capabilities in Africa, Vestergaard Frandsen will soon open a research laboratory in Abidjan, Cote d’Ivoire to assist governments and academic researchers in their exploration and understanding of the emerging field of insecticide resistance.
- Through the Bed Net Industry Dialogue, GBC is bringing together companies engaged in manufacturing WHO-recommended insecticide-treated mosquito nets and retreatment kits, with non-corporate partners and major stakeholders to jointly create an efficient and transparent LLIN procurement system, to help ensure the sustainability of bed net production and distribution.
Although the results of this survey demonstrate that the private sector is engaged in the fight against malaria in Africa, they also indicate that businesses must strengthen their efforts to effect deeper change. Malaria impacts all areas of society, either directly or indirectly, 1 but the disease’s ill effects on business are quantifiable. When employees or their family members become sick with malaria, the private sector is likely to suffer the effects of increased absenteeism, reduced productivity, increased costs of doing business and general macroeconomic malaise.2-4 Therefore, implementing or scaling-up malaria control programs is a sound social and financial strategy for the private sector in Africa.1,2,4

This document aims to complement previous publications and studies on business action on malaria in Africa. It examines corporate malaria control programs and suggests further contributions by business in support of accelerating progress towards RBM’s universal coverage and the Millennium Development Goals. These include the creation of a conducive environment for coordinated private sector action at all levels, increased use of co-investment and private sector core competencies to overcome technical and programmatic barriers. To this end, we recommend the following key action steps:

- Develop private-public partnership forums to identify entry points for multi-level business engagement to scale-up malaria control efforts and strengthen health systems
- Align business action and corporate investments with existing global and national initiatives
- Utilize core competencies within the private sector to address technical and programming capacity gaps
- Integrate business engagement in malaria control within the workplace and communities; with other HIV/AIDS, Tuberculosis and wellness programs
- Increase business to business sharing of best practices to broaden corporate engagement and leverage government resources to ensure country ownership and sustainability
- Increase emphasis on co-investment with other partners (including government and other key stakeholders) to multiply impact
5. References


Annex 1: Geographical Spread of Companies Surveyed

[Map of Africa showing the geographical spread of companies surveyed.

Represents Company In Country Presence]
Annex 2: Companies Surveyed

Several Companies are represented by multiple regional subsidiaries with separate operations

Barclays Bank
Barrick Gold Corporation
Bayer Environmental Science SAS
Becton Dickinson and Company
BP
DT Dobie and Company
Chevron Corporation
De La Rue Currency and Security Print Limited
East African Breweries Limited
Exxon Mobil Corporation
First Quantum Minerals Limited
Ghana Bauxite Company Limited
Halliburton
Heineken International
Kipkebe Limited
Lafarge
Lilongwe Water Board
Magadi Soda Company Limited
Malawi Broadcasting Corporation
Marathon Oil Company
MCC Limited
Mufinidi Tea and Coffee Limited
Nomad Tanzania Ltd
Noremco AB
Novartis
Premier Medical Corporation Limited
Ranbaxy Laboratories Limited
Standard Chartered Bank
Tanzania Portland Cement Company Limited
Tanzania Ports Authority
UAP Insurance
Unilever
Wakulima Tea Company Limited
Rio Tinto Alcan
Tenke Fungurume Mining
Total SA
Annex 3: Detailed Survey Methodology and Limitations

METHODOLOGY

To create a sampling frame we generated a listing of companies implementing malaria control programs in Africa based on information from key stakeholders, such as GBC, WHO AFRO and NMCP. Whenever possible, company involvement was verified through multiple sources.

Companies that had implemented malaria control programs in any part of Africa were included in this survey. We also included businesses that had been contracted (outsourced) by other companies, as well as international development organizations that provide malaria control services. We excluded businesses whose core business lay in providing health services for a fee, such as hospitals, clinics and pharmacies.

We collected data using a self-administered questionnaire sent via e-mail and accessed through an online data base link, Survey Monkey (www.surveymonkey.com). The database had appropriate checks built-in at the design phase to ensure quality and consistency at data entry stages.

The key respondents were senior and/or technical level officials within the company who are conversant with their respective malaria programs. In settings where it was impossible to send electronic data, print copies of the questionnaire were mailed to respondents. Prior to data collection, this questionnaire was pre-tested on a selection of potential eligible companies in order to ensure its validity and reliability. The questionnaire was available in both English and French.

The information collected covered various thematic areas such as business type, type of malaria control service provided and coverage (geographical and population), as well as strengths and opportunities for scaling-up. Where possible, we also encouraged respondents to provide us with case studies that described their projects in detail.

Data was downloaded into Microsoft Excel spreadsheets and analyzed using Stata Version 10 and Microsoft Excel. Missing data was excluded from analysis. Frequencies and proportions of various variables were calculated and reported. Qualitative data was transcribed and coded into emergent themes for manual analysis.

The survey adhered to the highest standards of research ethics. All identifiers linking specific findings to individual companies/business were removed (apart from the case studies description where approval was expressly requested from the companies). Data collected was treated confidentially and key findings and recommendations were freely disseminated.

One hundred business enterprises were invited to participate in this survey, and 41 responded. A response rate of 41% is considered satisfactory for an e-mail questionnaire.

LIMITATIONS

The survey had several limitations. First, because the sampling frame consisted of companies known or thought to be involved in malaria control efforts, this survey cannot be used to draw conclusions about the proportion of companies overall that engage in malaria control. The questionnaire was available in English and French languages only, which might have excluded some companies, considering the continent’s linguistic diversity. Employing a self-administered questionnaire is a convenient way of collecting data, but it also poses challenges in terms of response rate and validity.

However, a 41% response rate is good for this methodology and this may be attributed to the active sensitization and rigorous pre-testing of the tool on potential eligible respondents. There is a potential selection bias as those companies more active in malaria control could be more likely to participate in the survey.

The authors also acknowledge that this survey does not claim to cover the full range of interventions offered by the private sector, particularly those offered by small and medium-size enterprises. The purpose of this publication is to foster information-sharing among stakeholders in order to foster partnership building.
Annex 4: Useful Contact Information

Corporate Alliance on Malaria in Africa (CAMA)

CAMA is hosted by the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC)
Tel: +1 212 584 1610
Fax: +1 212 584 1699
Contact: Anna Thompson-Quaye
E-mail: athompson-quaye@gbcimpact.org
Website: www.gbcimpact.org/cama

Chair: Adel Chaouch (Marathon Oil)
Vice-Chair: Richard Wilkins (Chevron)

Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC)

Global Business Coalition
110 William Street, Suite 1800
New York, New York 10038
Tel: +1 212 584 1610
Fax: +1 212 584 1699
Contact: Anna Thompson-Quaye
E-mail: athompson-quaye@gbcimpact.org
Website: www.gbcimpact.org/

Nairobi Office
Rosami Court, Office suite # 1
Muringa Road, off Elgeyo Marakwet Road
Kilimani, Nairobi
KENYA
Tel: +254 20 386 2160/1/2
Fax: +254 20 354 7359 or +1 646 219 3173
Contact: Patricia Mugambi Ndegwa
E-mail: pmugambi@gbcimpact.org

Johannesburg Office
47 Main Street, 2nd Floor
Johannesburg 2001 South Africa
Tel: +27 11 638 2508
Fax: +27 11 638 2130
Contact: Adjo Mfodwo
E-mail: amfodwo@gbcimpact.org

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Geneva Secretariat
Chemin de Blandonnet 8, 1214 Vernier
Geneva, Switzerland
Tel: +41 58 791 1700
Fax: +41 58 791 1701
E-mail: info@theglobalfund.org
Website: www.theglobalfund.org/en/

Roll Back Malaria Partnership

The RBM Partnership
Secretariat hosted at WHO
20, Avenue Appia
1211 Geneva 27
Switzerland
Tel: +41 (0)22 791 5869
Fax: +41 (0)22 791 1587
Website: www.rollbackmalaria.org

Focal Point for Eastern Africa Regional Network
Hosted by WHO
P.O. Box 24578 Kampala, Uganda
Corner Shimoni/Kintu Roads, Nakasero
Tel: +256 414 335542
Contact: Peter Mbabazi Kwehangana
E-mail: mbabazip@ug.afro.who.int

Focal Point for Central-African Regional Network
Hosted by WHO
B.P. 820-Libreville, Gabon
Tel: +241 74-01-40/41
Contact: Leonel Pontes
E-mail: pontesl@ga.afro.who.int

Focal Point for West-African Regional Network
Hosted by UNICEF – WCARO
B.P. 29720 Dakar Yoff – Senegal
Tel: +221 33869 5865
Contact: Claude-Emile Rwagacondo
E-mail: cerwagacondo@unicef.org

Southern-African Regional Network
Hosted by SADC Secretariat
Private Bag 0095
Gaborone, Botswana
Tel: +267 3951863 Ext. 5087
Contact: Boitumelo Lesaso
Email: blesaso@sadc.int
World Economic Forum

World Economic Forum
91-93 route de la Capite
CH-1223 Cologny/Geneva
Switzerland
Tel: +41 (0)22 869 1212
Fax: +41 (0)22 786 2744
E-mail: contact@weforum.org
Website: www.weforum.org

World Health Organization

HIV, TB and Malaria (ATM) Division
WHO AFRO
P.O. Box 6 Brazzaville. Republic of Congo
Tel: +242 583 5080
Cell: +242 583 5080
Fax: +242 583 5080
Contact: Dr. Georges A. Ki-Zerbo
E-mail: kizerbog@afro.who.int
Website: www.afro.who.int/malaria

You can contact your local WHO office directly for technical assistance. The Ministry of Health in the country usually has a relationship with WHO.
Annex 5: Useful Links

- ACT Watch: http://www.actwatch.info/home/home.asp
- Centers for Disease Control and Prevention (CDC) on malaria: http://www.cdc.gov/malaria/
- Malaria Consortium: http://www.malariaconsortium.org/
- NetMark: http://www.netmarkafrica.org/
- Nets for Life: http://www.netsforlifeafrica.org/
- Population Services International Malaria Control: http://www.psimalaria.org/
- Roll Back Malaria Partnership: http://www.rollbackmalaria.org/
- Rotarians Eliminating Malaria: http://www.remarag.org/
- World Economic Forum: http://www.weforum.org/
- World Health Organization (WHO) Global Malaria Program: http://apps.who.int/malaria/
- WHO Regional Office for Africa: http://afro.who.int/