

UNICEF Executive Board
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Item 9 of the provisional agenda: UNICEF oral response to malaria

Background information

1. **Malaria as the major cause of childhood mortality in Africa.** Reducing malaria morbidity will reduce overall childhood mortality by 20 per cent in high endemic countries. This reduction will make a major contribution to achieving the MDGs. In absolute numbers up to 500,000 child lives could be saved annually if the malaria goal and targets are met.

Opportunities: Malaria prevention and control is a key strategy for poverty reduction in Africa. Health Sector Reforms/ Sector Wide Approaches (SWAPs) and Poverty Reduction Strategy Programmes (PRSPs) can provide needed political and financial support for scaling up "Roll Back Malaria" efforts in a way that strengthens national health systems.

Challenges: Sustaining long term resource commitments for malaria control programmes; ensuring timely release of funds from the Global Fund for AIDS, Tuberculosis and Malaria (GFATM); and creating links with the New Partnership for African Development (NEPAD).

2. **High impact interventions to roll back malaria are available:** They include use of insecticide treated nets (ITNs), early treatment of malaria at home, and intermittent preventive treatment (IPT) of malaria during pregnancy. Scaling up use of these interventions is the strategy of the Roll Back Malaria (RBM) Partnership.

Opportunities: The RBM Partnership Board Working Groups together with four Interagency Regional Support Teams are assisting countries to scale up. Innovative service delivery modalities are being tested in a number of countries, such as linking Intermittent Preventive Treatment (IPT) of malaria in pregnancy and distribution of Insecticide Treated Nets (ITNs) with antenatal visits.

Challenges: Scaling up will require continued improvement of RBM partnership coordination and strengthening the leadership of national malaria control programmes in Ministries of Health and with community and local government leaders.

3. **Integrating malaria control with other child health programmes.** A number of countries are now demonstrating the increased synergy of malaria interventions combined with other child health interventions. One such programme covers 11 West African countries with financial support from the Canadian International Development Agency (CIDA). The Accelerated Child Survival and Development (ACSD) programme introduces a package of high impact, cost effective interventions including immunization, antenatal care, and insecticide treated nets (ITNs) through community outreach. Increasing coverage with cost effective interventions is already beginning to show impact in reducing child mortality.

Opportunity. Other countries are introducing similar integrated approaches such as IMCI and the India basic services programme.

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Challenge: Not all malaria endemic countries are taking advantage of integrating malaria control with other child health programmes. Where they are, sustainability is a concern.

4. Promoting equity: Making Insecticide Treated Nets (ITNs) and effective anti-malaria drug treatment accessible and affordable to the most vulnerable groups.

Opportunity: Many malaria endemic countries are making ITNs and anti-malaria drugs more accessible and affordable to children under five years of age and to pregnant women. Each child and pregnant woman in a malaria endemic country should be entitled to an insecticide treated net and to free treatment of malaria.

Challenges: Sustaining the provision of free /subsidized ITNs and anti-malaria drug treatment to the most vulnerable groups while encouraging the private sector to provide low cost ITNs to the public.

5. Promoting public/private partnerships to encourage commercial sector involvement to increase the production and distribution of Insecticide Treated Nets (ITNs) and anti-malaria drugs.

Opportunity: Eighteen African governments have reduced taxes and tariffs on ITNs. This has led to private sector involvement in the production and marketing of ITNs at affordable prices as in Tanzania, Zambia and several other countries. Potential for increased production of Long Lasting Insecticide Treated Nets (LLINs).

Challenges: Removing taxes and tariffs and better targeting of subsidies to vulnerable groups will encourage more private sector participation. The transfer of technology on Long Lasting Insecticide Treated Nets to Tanzania from Sumitomo Chemical Company in Japan and to other mosquito net manufacturing countries in Africa.

6. Monitoring achievements of Abuja targets and MDGs:

Opportunity: Using national Demographic Health Surveys (DHS), special surveys, Multiple Indicator Cluster Surveys (MICS), and DevInfo. will contribute significantly to the measurement of progress in reaching the Abuja targets and MDGs. The Multiple Indicator Cluster Survey data collected in 2000/1 provided baseline data on the use of Insecticide Treated nets and on malaria drug treatment. This will be repeated in 2004/5 to assess progress made.

Challenge: At global, country, and local levels the data will need to be simplified to encourage better analysis and use.

7. Malaria control in countries with chronic emergencies, natural disasters, and/or with malaria epidemics.

Opportunities: Presence of many agencies and NGOs working in countries affected by emergencies brings together valuable resources and expertise.

Challenges: Need for emergency preparedness with rapid delivery of anti malaria commodities. Better coordination among agencies will ensure synergy and avoid duplication of resources.
