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**Health Feature**  
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## **Malaria Outbreak in drought affected regions UNICEF provides urgently needed anti-malaria drugs**

"What can I do to prevent malaria?" asks Bizunesh Tekom, lying on a thin mattress on the floor at Dilla Hospital with a quinine drip attached to her arm. Next to her lay one of her daughters, a pink scarf wrapped around her head to keep the warmth in and minimise the bounding headaches the malaria causes. "My husband has died. I have four children. What can a wife and children do alone?" Her voice gets more agitated as tears well in her eyes and she begins to cry. All her children are suffering from malaria during an epidemic that broke out in Dilla town in the Southern Nations and Nationalities People's Region in early July.

Mattresses line the corridors. Makes-shift beds are made on the wooden benches and people share whatever space they can find. The wards are all full. It is the rainy season, and already hundreds of people have been diagnosed with the disease and been hospitalised. With chloroquine drug resistance high, the large majority needs to be treated with quinine, and put on drips, stretching already overburdened services and exhausted staff. Dilla Hospital, the main hospital in the district caters to the estimated 70,000 in the town and nearby villages, and is the main referral centre for a population of more than a million people.



Malaria affects 4 to 5 million Ethiopians every year and is prevalent in 75% of the country, putting over 40 million people at risk. The disease accounts for 7% percent of outpatient visits to health clinics and represents the third largest cause of morbidity.

Even worse, reports of malaria epidemics are increasing due to irregular weather patterns in many parts of the country and malarious mosquitoes breeding in even higher altitudes. Parts of the SNNPR for example, once considered malaria free and above 2300 meters are now infected, leaving all districts potentially at risk. More than 150,000 people were treated for malaria between the period May to July, according to the Regional Health Bureau (RHB).

Bizunesh Tekom simply can not afford to be sick. Raising her four children alone she is dependent on trading in small grocery items and growing food on her small plot of land. Lying in hospital, she hopes to be able to go home in a day or two, but she is worried how she will manage while all the children are still weak from the disease. Her small savings have vanished and she no longer knows how she will continue to feed them, let alone keep them healthy.

"Malaria is one of the deadly diseases that affects people living at the periphery part of this region. Those that are most disadvantaged are at greatest risk," explains Dr. Shifferaw Teklemariam, head of the SNNP Regional Health Bureau. "It really disrupts their lives and hinders their ability to farm or work.

Outside the main ward in the corridor, a young woman burns sweet smelling incense but the putrid smell of sickness still permeates the air. On another bed, a grandmother lies with her grandson,



their eyes dull as they wait for the quinine to take affect. Normally after two or three days on the drip, they should be able to return to their homes, weak but on the road to recovery.

Bedilu Gedecho brought his ten year old son, Akilo in for treatment a few days ago. His daughter is also sick but does not yet need to be hospitalised. They both sit with him for company, help him go to the bathroom and bring him food. With staff barely able to keep up with the workload, they rely on relatives to assist with cleaning and bringing in their patient's daily meals.

To cope with the increased threat of malaria epidemics, UNICEF has procured \$740, 000 worth of anti malarial drugs. They will be distributed through the Regional Health Bureaus primarily in Amhara, Oromia and SNNPR to the high-risk woredas to make sure that in case of an outbreak, they have plenty of stock on hand for mass treatment. The medicines, like all donated drugs, will be given for free to those affected. With Chlorquine resistance high,

the bulk of the consignment is made up of Sulphadoxine-pyrimethamine (fansidar), and Quinine tablets and injections.

“We know that in a good year malaria is a major childhood killer, but with so many children and mothers weak and malnourished from the drought emergency, the added danger of malaria without treatment could be disastrous,” said Bjorn Ljungqvist, UNICEF Representative. “It is imperative that we act now to save children’s lives.”

UNICEF, with financial support of \$1.6 million from OFDA, is working closely with the Ministry of Health and the Regional Health Bureaus to carry out a comprehensive strategy to combat the threat of increased epidemics and prevent more deaths. In addition to providing anti-malaria drugs, UNICEF is working with partners and communities to better manage their environments, including indoor residual spraying of homesteads in high-risk areas, strengthening the early detection and response ability of the health system, especially at a woreda level, and distributing impregnated bed nets. Already, 253,000 have been issued to drought-affected malaria-prone regions in late 2002 and early 2003, while an additional 674,000 have been issued to other malarious areas as part of the routine revolving fund programme. Priority for free emergency distribution of ITNs is being given to those most in need, including to all parents and children discharged from therapeutic feeding centres, where they take the nets home with them and also to those in flood and resettlement sites. In addition, a million impregnated nets are expected to arrive as part of a grant from the Global Fund for AIDS, Malaria and Tuberculosis.



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