

FACT SHEET - MALARIA

MALARIA KILLS over 30,000 Indonesians and causes between 10 and 12 million more people to fall ill each year. It is a parasitic and mosquito born disease.

CHILDREN WITH MALARIA typically develop fever, vomit and have headache and flu-like symptoms. If untreated, it can progress rapidly to convulsions, coma and death. Those who survive an episode of severe malaria can suffer from learning impairments and brain damage. Repeated episodes of malaria lead to anaemia, lethargy and poor childhood development.

PREGNANT MOTHERS and their unborn children face particular risks from malaria, as it can cause maternal anaemia, placental infection and low infant birth weight, which is the single greatest risk factor during an infant's earliest weeks.

ABOUT 50 PER CENT of Indonesia's population is at risk of malaria, mostly in rural, poor communities. Most affected areas are outside of Java, in particular the eastern part of Indonesia, from Nusa Tenggara Timur to Maluku and Papua. The areas covering Sumatra, Kalimantan and Sulawesi is considered to have medium level of malaria transmission, although the level is variable with some areas being low in transmission. Jakarta and Bali have zero to low level of malaria transmission. In Indonesia, malaria is resistant to traditional treatments such as chloroquine and sulphadoxine-pyrimethamine. A more effective therapy, artemisinin-containing combination therapy (ACTs), costs 10 times more at 1 USD per adult dosage. Since 2004, ACT has been the standard treatment for malaria in Indonesia.

BED NETS WORK: The use of insecticide-treated bed nets in areas of high transmission can reduce child deaths from all causes by over 13 per cent and malaria illness by 50 per cent. At the end of 2008, fewer than 10 per cent of Indonesian children in malaria endemic areas slept under a net. Many households cannot afford the 5 USD it costs.

COSTS OF TREATING MALARIA: Malaria, together with HIV/AIDS and TB, is one of the major public health challenges undermining development in Indonesia, particularly affecting rural, isolated communities. About 400 million USD year is needed for a universal coverage in prevention and treatment in Indonesia, with 100 million USD of the amount going to operational and health system support. In 2008, spending on malaria was 40 million USD or 10 per cent of the total need. Impoverished areas make up some of malaria-endemic areas in Indonesia. But apart from being a consequence of poverty, malaria is also a major cause of poverty. An afflicted family spends an average of over one quarter of its income on malaria treatment, aside from paying prevention costs and suffering loss of income. Therefore malaria prevention is an important part of poverty alleviation.

STRENGTHENING AND INTEGRATING HEALTH SERVICES for young children and pregnant women with malaria prevention program is an effective intervention. UNICEF supports programs that integrate Antenatal Care (ANC) with malaria treatment by training midwives to diagnose and treat the disease. They are supplied with Rapid Diagnostic Test, and malaria medications. Women going for their first ANC visit will also be given mosquito nets. In addition, UNICEF has piloted a program that integrates the provision of long-lasting insecticide treated mosquito net (LLIN) with routine immunization programmes. The use of LLIN eliminates the need for retreatment of the net, and keeps it effective for at least three years.

COMMUNITY MOBILIZATION can raise awareness on malaria and improve knowledge on the prevention and appropriate treatment. UNICEF has modelled a program of community mobilization to empower the community to learn what they can do to help themselves and what the government can do to help them.