

WORLD MALARIA REPORT 2005 – Country Examples

MALAWI: Scaling up coverage of insecticide-treated nets (ITN)

Malawi now has Africa's largest public sector ITN distribution system, specifically targeting pregnant women and young children. In 2000, around three per cent of children below age five were sleeping under an ITN; by 2004, this proportion had increased to 33 per cent of children in rural areas and 63 per cent in urban areas. Households owning at least one ITN increased from five per cent overall to 41 per cent in rural areas and 75 per cent in urban areas in the same period.

ERITREA: Reducing malaria deaths

Eritrea cut reported malaria cases from nearly 180,000 in 1999 to 65,000 in 2003 (a 63 per cent decline), and lowered the number of deaths due to malaria from 176 to 78 in the same timeframe. Eritrea's malaria control and treatment strategy includes early diagnosis and treatment, an effective referral system, expanded access to ITNs, reduced mosquito density through household spraying and other measures. Today, 76 per cent of households in malaria-prone areas own at least two ITNs. Health workers play a major role at the community level, providing early treatment, ITNs and other interventions.

TANZANIA: Subsidies for vulnerable groups

In Tanzania, a national voucher scheme is making ITNs available to vulnerable groups, and boosting its domestic ITN market. Preliminary results from UNICEF-funded programmes in two districts suggest that 80 per cent of pregnant women used their vouchers to obtain an ITN, and that more women received ante-natal care in the process. Under UNICEF programmes, free insecticide for re-treating ITNs is given out when young children receive immunization treatments.

TOGO: Integrated health campaign in Togo

The integration of ITN distribution with national immunization campaigns allowed for an unprecedented scaling up ITN coverage within a handful of days. Before the integrated campaign in 2004, only eight per cent of households owned an ITN. A survey conducted through thousands of household interviews showed that around 96 per cent of eligible children participated in the campaign; that 94 per cent of those attending had received a long lasting LLIN; and that 43.5 per cent of young children had slept under an ITN the previous night.

MALI: Accelerated child survival and development

In 2002, UNICEF piloted "Accelerated Child Survival and Development" (ACSD) packages in six districts characterized by extreme poverty, geographical remoteness and a heavy disease burdens. ACSD included extra funding, equipment and training for health workers and community volunteers, and health interventions such as ITNs and vaccines, and creates linkages across health programmes. Over a two-year period, ITN coverage among children and pregnant women rose from 6 to 71 per cent. Child death rates in comparable regions remained the same, while the six ACSD districts saw an estimated drop of over 20 per cent in under-five mortality, directly attributable to increased coverage of interventions contained in the ACSD package.

Further information on other countries can be found in the World Malaria Report