

## **WORLD MALARIA REPORT 2005 – UNICEF’s Role**

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UNICEF is working with national governments and partners in over 40 countries, the majority in sub-Saharan Africa, to protect and treat the most vulnerable from malarial disease. Support focuses on: promoting long-lasting insecticide treated nets (LLINs), which could prevent about a million deaths and cut malaria cases among under-fives by half; providing prompt access to effective antimalarial treatment, including ACTs; and support for intermittent preventive treatment (IPT) during pregnancy, which significantly reduces the proportion of low-birthweight infants and maternal morbidity.

### **Quadrupling the Supply of ACTs**

To massively increase the supply of artemisinin - the active pharmaceutical ingredient in ACTs - UNICEF advocated with major manufacturers to produce at least 100 tonnes of in 2005, four times the supply available in 2004. Manufacturers have additionally promised to produce 150-180 million ACT treatments in 2006, enough to meet predicted demand. In 2004, UNICEF supplied 11.6 million ACT treatments to Ethiopia, Burundi, Sudan, Cote d'Ivoire, Indonesia, Sierra Leone and Liberia.

### **Doubling the Supply of Long-Lasting Mosquito Nets**

Between 30 to 40 million insecticide-treated nets are needed each year to protect all young children and pregnant women in Africa from malaria. In 2004, less than 15 million nets were produced.

UNICEF is the world’s leading buyer of mosquito nets. We procured 7.3 million mosquito nets in 2004, including 4.3 million LLINs. UNICEF will procure 8-10 million mosquito nets, the majority of them LLINs, in 2005.

Grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria allow for 20 million mosquito nets per year over the next five years. Vestergaard Frandsen in Thailand and Vietnam, Sumitomo Chemical Company of Japan and A to Z Textile Mills in Tanzania will more than double production this year to over 30 million.

### **Policies to Protect the Most Vulnerable**

In countries where traditional antimalarial treatments have become ineffective, including Kenya, Ethiopia and Sudan, UNICEF has actively supported drug policy changes to ACTs.

UNICEF recommends intermittent preventive treatment (IPT) – administering at least two doses of antimalarial treatment to pregnant mothers – to significantly reduce the risk of anaemia in the mother, placental infection and low birth weight in the newborn, which is the greatest risk factor for death during an infant’s first weeks. With support from UNICEF and partners, the majority of East African countries and 12 West African countries are incorporating IPT along with ITNs into antenatal care programmes.

To accelerate ITN use among vulnerable groups, UNICEF continues to advocate for nets to be provided at no cost to pregnant women and young children. UNICEF distributes ITNs through multiple channels, including immunization, child health days and through antenatal care programmes. Linking LLIN distribution to measles campaigns has proven a highly efficient and cost-effective strategy to dramatically increase net coverage within a short period of time.

UNICEF promotes community education programmes to support families in proper use of nets, in recognizing malaria symptoms, and in seeking appropriate treatment.