

# MALARIA

## The Relevant Millennium Development Goals (MDGs)

The likelihood of attainment at current implementation rates is:

Goal #6: Combating HIV and AIDS, malaria and other diseases - by 2015 halt and begin to reverse the incidence of malaria and other major diseases - unlikely.

## OVERVIEW

**M**alaria remains the leading cause of childhood morbidity and mortality in Liberia. On average, a Liberian child under five years of age experiences two episodes of fever a year due to malaria. Data from the 2007 Demographic and Health Survey (DHS) found that 31% of children had fever two weeks prior to the survey, an indication of high malaria prevalence. Malaria accounts for up to 38% of out-patient consultations and 42% of mortality in under-fives.

Three interventions are essential for reducing malaria-related morbidity and mortality:

- Intermittent presumptive treatment (IPT) of malaria in pregnant women and;
- Treatment of simple malaria with effective first-line medicines
- Sleeping under insecticide-treated bed nets (ITNs);

The use of ITNs has been proven to be effective in reducing deaths in under-fives by up to 20%. The cost to procure and deliver a life-saving long lasting ITN is only eight US dollars.

## Accomplishments

UNICEF in Liberia has been supporting both preventive and curative treatment of malaria.

- Liberia adopted artemisinin-based combination therapy (ACT) in 2003 as first line treatment for malaria. UNICEF together with other partners distributed ACT to all health facilities, however, coverage remains low and supplies are frequently out of stock.
- Distribution of close to 300,000 long-lasting ITNs to children and pregnant women. The distribution is integrated with measles immunization and maternal and neonatal tetanus elimination campaigns through the community health worker system.

- Development of a national malaria policy and strategic plan, 2009 - 2013.

## Challenges

Coverage of the required three interventions remains extremely low in Liberia. Only 30% of households own at least one bed net, with a mere 10% having more than one. Very few pregnant women (12%) are covered by the recommended IPT of malaria programme and only 58% receive appropriate first line treatment for malaria.

The national malaria policy and strategic plan was developed for 2009-2013 and aims to increase coverage of ITNs to 85% for under-fives and pregnant women and to achieve a target of 25% reduction in morbidity and mortality from malaria by 2010. A 50% reduction is sought by 2013. Considerable efforts have been made in recent years in Liberia to increase coverage of bed-nets, but much remains to be done to increase their availability and use nationwide. A total of 1.5 million nets are required to reach targets and put the nation on track for the MDG.

## FOCUS AREAS 2008-2012

- Procurement and distribution of long lasting ITNs to household members coupled with effective communication to ensure their effective use.
- Procurement and distribution of anti-malaria medicines for the prevention and treatment of simple malaria in pregnant women and children.
- Development of effective partnerships to ensure at least 80% of ITN coverage nationwide.

## Other strategic contributors to the national malaria control programme:

UNDP, UNESCO, UNFPA, UN-HABITAT, UNHCR, UNIFEM, UNMIL, UNOPS, WB, WFP, WHO, international and national NGOs.