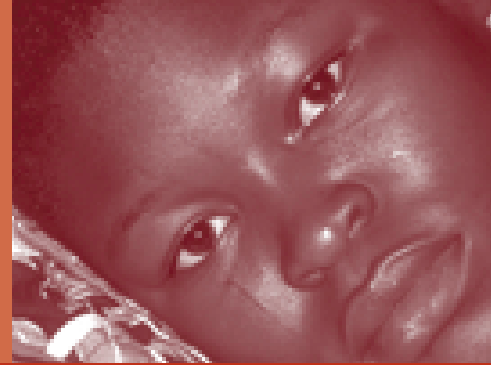


**REPORT  
ON  
MALARIA  
IS ALIVE AND  
WELL AND  
KILLING 3000  
AFRICAN  
CHILDREN  
EVERY DAY**

**Plans are in place to roll back malaria. But as it gains ground in Africa, it's move now – or watch another preventable disaster unfold. A 5-minute briefing on the 2003 *Africa Malaria Report* from WHO and UNICEF**



## 90% OF MALARIA DEATHS OCCUR IN AFRICA AND MOST OF THOSE KILLED ARE UNDER THE AGE OF FIVE

**24 SURVEILLANCE SITES ACROSS AFRICA MONITOR THE NUMBERS OF CHILDREN BEING KILLED BY MALARIA.**

**OVER THE LAST DECADE THEY HAVE BEEN RECORDING A RISE IN CHILD DEATH...**

The first comprehensive *Report* on malaria in a generation has revealed that chloroquine, the cheapest and most widely used anti-malarial drug, has lost its clinical effectiveness in most parts of Africa. Over the last decade, many of the worst affected regions have reported a significant increase in child deaths.

This finding comes as the *Roll Back Malaria* drive gets underway in 44 African countries. Since its launch in 1998, resources available to fight the disease have tripled to \$200 million a year. Over the next two years, this figure will double again as the new *Global Fund* to fight AIDS, TB, and malaria comes on stream. A range of low-cost strategies have been shown to work (see next page) and the target of halving the impact of malaria by 2010 has been adopted by every government in Africa south of the Sahara.

Africa has therefore arrived at a critical point in the struggle against a disease that saps its development and

kills some 3000 of its children every day. Left to its present course, malaria is a crisis that can only deepen. But if national commitments and global support for the *Roll Back Malaria* initiative can be translated into action on the ground, then the gains being made by malaria can be reversed.

This briefing is based on the *Africa Malaria Report* from WHO and UNICEF – the first continent-wide snapshot of the state of the struggle against the disease.

### Years of defeat

About 90% of all malaria deaths occur in Africa south of the Sahara. More than a million people in the region are killed by the disease every year and most of them are children under the age of five. Some suffer an acute attack of cerebral malaria that leads quickly to coma and death. Others succumb to the severe anaemia that follows repeated infections, or to the consequences of low birth weight caused by malarial

infection in pregnancy.

Death on this scale is not the only consequence. Malaria undermines the development of the children who survive and the nations that depend on them. In severe cases of cerebral malaria, surviving children can be left with epilepsy, spasticity, speech disorders and blindness. Even when the harm done to their minds and bodies is less evident, recurrent bouts of fever drain a child's energy for play and capacity to learn.

Malaria also costs Africa \$12 billion every year in lost GDP – even though it could be controlled for a fraction of that sum. And in endemic areas the disease is responsible for 40% of all outpatient visits to clinics and up to 50% of hospital admissions.

In other words, malaria is consuming a very significant proportion of the time, money, and human resources available to the health systems of Africa. It is a burden of damage and grief that

### 2003: The fear

Malaria. A disease so deadly it can kill within hours. And so prevalent that in parts of Africa there is barely a child who has not suffered by the time of its first birthday. Both of the drugs commonly used to treat these children are losing their power as the parasite mutates into resistance. And the next generation of anti-malarial treatment is beyond the reach of most African families.

The *Africa Malaria Report* alerts the global community and the governments of Africa to an impending crisis. They are urgently asked to focus on the funding and delivery of effective drug treatments to those most at risk. The figures show that Africa's parents do everything they can to get drugs to children with fever – it is now the responsibility of national leaders and the international community to make sure that the drugs available to them are effective and affordable.

### 2003: The hope

In the last five years malaria has become an international and domestic priority. African governments have allocated some \$80 million for malaria control and made a specific commitment to implement the strategies agreed by the *Roll Back Malaria* partners.

So far, 40 African countries have developed Strategic Plans designed to maximise the impact of new resources, and 25 are ready to implement these plans. 'Home Management of Malaria' schemes have been launched in Ghana, Nigeria, and Uganda, aimed at improving the availability of effective treatment. South Africa, Zambia, Zanzibar (Tanzania), and Burundi have already adopted powerful artemisinin-based combination treatments as first-line anti-malarial drugs. Malaria Early Warning Systems (MEWS) offer an opportunity to attack epidemics before they take hold. To date, 18 countries have cut taxes and tariffs on nets and insecticides.

# MALARIA INFLICTS A BURDEN OF DAMAGE AND GRIEF THAT AFRICA HAS CARRIED FOR TOO LONG

Africa's people – and Africa's economies – have carried for too long. A generation ago, after the elimination of malaria in the world's temperate areas, hopes were high that malaria would also be brought under control in the tropics and perhaps even in Africa. But rising resistance to insecticides and environmental concerns eventually ended hopes of beating malaria by chemical spraying. Determination and funds to fight the disease dried up. Disillusionment and apathy set in. In the words of Nigeria's Health Minister, malaria was "a disease that has come to stay".

## No magic bullet

Even in the years of defeat, scientific knowledge about malaria continued to advance. And in the 1990s, WHO and UNICEF began to prepare the ground for a new assault.

By 1998, the *Roll Back Malaria* initiative had been launched, bringing a formidable assembly of expertise,

infrastructure and funds into the fight against the infection. Together, the partners in *Roll Back Malaria* established the core strategies and began to gather the financial and political backing required.

Today, *Roll Back Malaria* has been translated into a specific global commitment: to halve malaria-associated death and disease by 2010. That was the target agreed by leaders of 44 African nations who met in the Nigerian city of Abuja in April 2000. It was also the basis for the UN Millennium Development Goal for malaria. To ensure that this ideal was anchored to reality, the *Abuja Declaration* set interim targets for implementing the strategies recommended by the *Roll Back Malaria* partners.

The Abuja targets:–

- At least 60% of those at risk from malaria, especially young children and pregnant women, to benefit

from the best use of insecticide treated nets

- At least 60% of those stricken by malaria to have access to effective and affordable treatment within 24 hours
- At least 60% of pregnant women at risk from malaria to have access to effective preventive treatments
- At least 60% of malaria epidemics to be detected within two weeks of onset and responded to within two weeks of detection

The Abuja declaration was signed in the knowledge that there is no magic bullet to fire at the problem of malaria. It cannot be sprayed into oblivion or banished by drugs alone. It will be defeated only by the combined application of the proven, cost-effective, under-used weapons now in our hands.

## The weapons

The core strategies (see below) that must be implemented in all malaria

# IT CAN BE BEATEN BY A SUSTAINED EFFORT TO BRING PROVEN INTERVENTIONS TO THOSE AT RISK

endemic regions of Africa include: the use of insecticide treated nets (ITNs) that can cut malaria transmission by more than half; special protection for pregnant women using both ITNs and anti-malarial drugs given as part of normal ante-natal care; rapid intervention with effective anti-malarial treatment for anyone suspected of having malaria; and improved early warning, detection and response to malaria epidemics.

This is the combination of strategies that – working together – can dramatically reduce the death and damage being visited on Africa every day. It is not an easy or an instant solution. But applied with determination and at scale, it is a solution that can roll back malaria.

## The progress

Since the launch of *Roll Back Malaria*, clear progress has been made.

The Abuja summit has helped make malaria an international and domestic

priority. Total spending on prevention and control has risen from \$60 million in 1998 to some \$200 million in 2002. The new *Global Fund* to fight AIDS, TB and malaria is expected to release a further \$256 million for malaria control over the next two years.

This surge in finance has been matched by the creation of a new political resolve to tackle the problem. Pushing back the disease is now a priority in most national poverty reduction plans, and most of the countries that signed the *Abuja Declaration* have already put in place strategic plans designed to maximise the impact of the *Roll Back Malaria* drive.

These plans are now going into action. Eighteen countries have reduced or eliminated taxes and tariffs on netting and insecticides in an effort to bring the key tools of malaria control within reach of the poorest. As the cost of ITNs falls, availability and use of the nets is starting to increase. At least five

countries are working to make subsidised ITNs available to young children and pregnant women.

'Home Management of Malaria' initiatives have been launched in Ghana, Nigeria, and Uganda, aimed at improving the availability of treatment. And some countries – South Africa, Zambia, Zanzibar (Tanzania), and Burundi – have already adopted effective artemisinin-based combination treatments (ACTs) as their first-line anti-malarial drug.

## The challenges

The effort to *Roll Back Malaria* was launched against a disease that was rapidly gaining ground – and the *Africa Malaria Report* makes it clear that greater resources of money and motivation are required to reverse that trend.

The *Report* also draws attention to the urgent need to make available effective anti-malarial treatment to those most at risk. With infections on the rise

## THE FOUR INTERVENTIONS THAT CAN ROLL BACK MALARIA...

### Promoting insecticide treated nets

One of the major breakthroughs of recent years is the realisation that mosquito nets treated with insecticide give a much higher degree of protection against malaria. As well as stopping the bite, the net is a chemical death-trap for the mosquitoes drawn to the bait of the sleeping person. It therefore protects others living in the same house, and even in the same street or village.

Properly used, insecticide treated nets (ITNs) can cut malaria transmission by at least 60% and child deaths by a fifth.

But in 2003 fewer than 5% of Africa's children are sleeping under ITNs. And fewer than 15% sleep under any net at all. It is therefore clear that much of Africa is not moving at the speed required to hit the Abuja target.

The principal problem is the gap between what nets cost and what families can and will pay for them. Demand must be driven up by health information and social marketing. And prices must be driven down by increasing competition, cutting taxes and tariffs, and targeting subsidies to the poorest and most vulnerable.

### Protecting pregnant women

Malaria in pregnancy kills up to 200,000 new-born babies each year.

It raises the chances of spontaneous abortion, stillbirth, premature delivery and low birth weight – leading causes of child death. In addition, infection during pregnancy exposes women to the risk of anaemia so severe that the muscles – including the muscles of the heart – can fail.

The problem has long been ignored. But two strategies have been shown to be effective.

Insecticide treated nets can protect pregnant women, and the same net can be used to guard the life of the new-born baby. In 2003 fewer than 10% of women sleep under any kind of mosquito net.

Secondly, Intermittent Preventive Treatment (IPT) – a dose of an anti-malarial given twice during pregnancy – is a proven, cost-effective, and under-used means of preventing malaria. It can be administered via the ante-natal clinics that are already attended by two-thirds of African women. The availability of both the treatment and a means of delivery is an opportunity to protect the 30 million at-risk women who become pregnant each year.

### Providing the right drugs at the right time

Malaria can kill a child within hours of the first fever. And in many areas, levels of infection are high and rising.

Against a background of such intense threat, rapid access to effective anti-malarial drugs is a matter of life and death for millions of families.

For decades chloroquine (CQ) has been the drug they have used; but parasitic resistance has now rendered CQ ineffective in most parts of Africa. Many countries have seen a significant rise in malaria deaths, and some have already turned to the other low cost alternative, sulphadoxine-pyrimethamine (SP). Already there are signs that SP, too, is losing its power.

The next generation of anti-malarial drugs (artemisinin-based combination treatments or ACTs) has been developed, but the cost – between \$1 and \$3 per treatment – puts them beyond the reach of most families. The conclusion is alarming: Africa's first line of defence is giving out. And for the majority, there is no second line.

The funding and delivery of effective drugs, especially to the women and children most at risk, is now a matter of urgency across Africa.

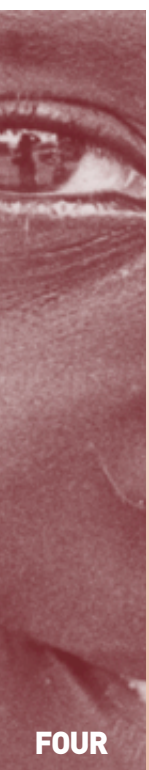
### Pre-empting epidemics

Sudden malaria epidemics kill approximately 100,000 Africans each year – mainly among populations with little or no immunity to the disease. Climate change, natural disasters, and the chaos and displacement caused by wars and civil strife can all contribute to a sudden, sharp rise in the incidence of infection. Devastating epidemics have recently been reported from Zimbabwe, Botswana, Mozambique, Swaziland and South Africa.

If such epidemics could be foreseen, the number of malaria victims could be dramatically cut.

They can. The technologies for prediction and detection of epidemics, including the use of weather forecasts and the regular collection of data from epidemic-prone districts, are already in place across much of Africa. Malaria Early Warning Systems (MEWS) are established in South Africa and field studies are underway in Ethiopia, Kenya, the Sudan, Tanzania, Uganda, and some Sahelian countries.

The challenge now is to make sure the information is frequently analysed for signs of crisis – and to support this progress by the focused provision of the tools and treatments required to avert catastrophe.



# THE TASK AHEAD IS CLEAR – TO TRANSLATE THE MONEY, THE PLANS, AND THE PROMISES INTO ACTION ON THE GROUND

# MALARIA IS ON THE MARCH – BUT ROLL BACK MALARIA PLANS ARE IN PLACE – WHICH WILL IT BE?

and the only widely available drugs fast losing their power, the importance of moving towards a new generation of treatments cannot be overstated. Artemisinin-based combination treatments (ACTs) cost more than conventional anti-malarials; but they have been shown to be effective and are expected to work for much longer than single drug treatments. Almost half of children with fever are already treated with some form of anti-malarial drug – a fact that demonstrates parental commitment to seeking out and buying the treatments needed by their children. That commitment offers an opportunity for reducing child mortality. And it demands a corresponding effort on the part of governments to ensure that the treatments available are effective and affordable.

The *Report* also reveals the difficulties in driving up the use of insecticide treated nets. Latest figures suggest that although progress has been made the proportion of under-fives protected by

any kind of mosquito net is still low – about 15% in the 28 countries for which data is available. If only insecticide-treated nets are counted, the proportion drops below 5%.

### The way ahead

The *Africa Malaria Report* specifies that “a significantly greater investment is needed to support those fighting malaria on the ground.” It urges further allocation of national and community resources to the prevention and control of the disease, backed up by increased international support where domestic expenditure can be stretched no further. It recommends that governments do more to create an economic environment which will encourage the private sector’s participation in the provision of commodities for malaria control. And it stresses that they must act to strengthen the mechanisms – the health systems, the organisational capacity, the infrastructure for supply and delivery of products and services –

through which existing resources can be translated into effective programs that reach those most in need.

The African leaders who met in Abuja accepted the difficulties involved in the drive to *Roll Back Malaria* – knowing that it would be a long, hard slog to take a proven combination of strategies to scale. Three years on, the *Africa Malaria Report* documents the growing dangers of malaria. But it also catalogues the present opportunity – the new knowledge, the new funds, and the new commitments – now being ranged against the disease.

The task ahead is clear: to translate the money, the plans and the promises into action on the ground.

### Tanzania takes a lead

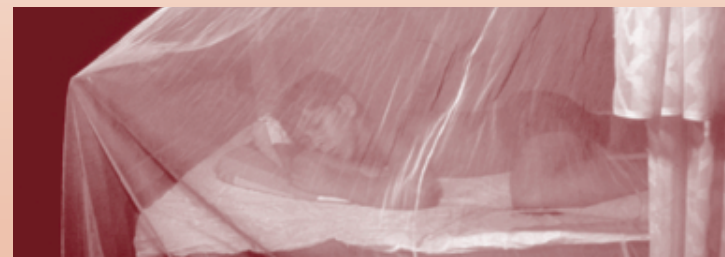
Tanzania – where 100 children were dying every day from malaria – is now taking a lead in the fight to roll back the disease through the use of insecticide treated nets (ITNs). In two rural districts, a three year pilot campaign to promote the use of ITNs has seen the proportion of infants sleeping under the nets rise from 10% to more than 50%. Over the same period, the child death rate has fallen by more than a quarter and the proportion suffering from anaemia by almost two-thirds.

Tanzania has now taken up the challenge of going to scale and was the first African country to remove taxes on mosquito nets – a move which has encouraged the commercial manufacture of more than four million nets a year. Tanzania is now exporting ITNs to other African countries. The initiative is backed up by a nation-wide marketing campaign to stimulate demand for the nets.

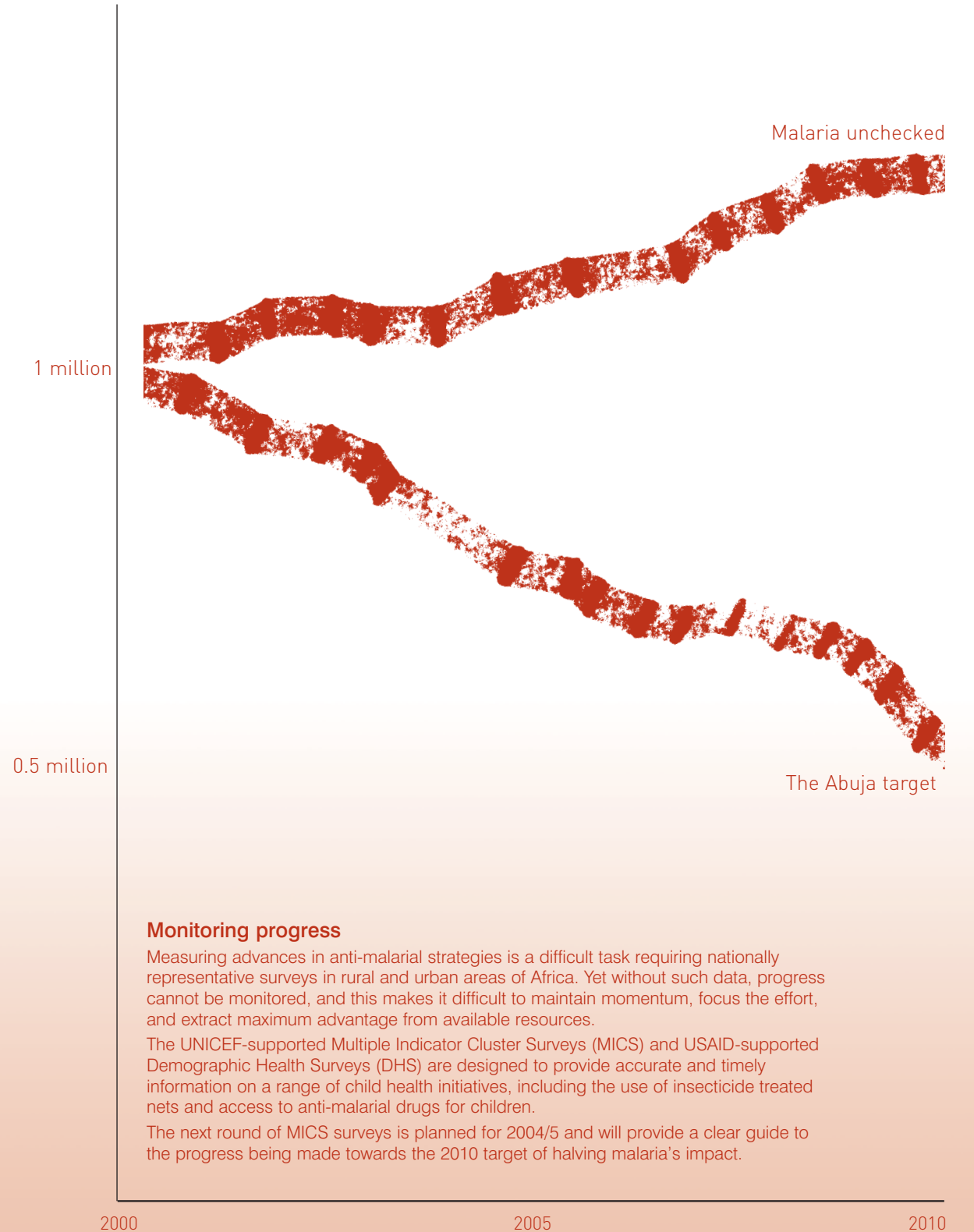
In support of these efforts, Tanzania will receive almost \$20 million over the next three years from the new *Global Fund*. This comes on top of the \$10 million already allocated by the government for malaria control in 2003.

The country is now making significant progress in getting nets and insecticides to the poorest and most vulnerable families – and especially pregnant women – across the country. Ownership of nets, though not necessarily insecticide-treated nets, has so far reached about 60% in the towns and almost 30% in rural areas.

This progress is not limited to Tanzania. Eritrea’s commitment to malaria control has already brought it half way towards the Abuja targets for ITN coverage. In country after country, nets and insecticide can now be found in small shops, in markets, and on street corners. The cost of ITNs is falling; and in at least five African nations a concerted effort is being made to get subsidised ITNs to young children and pregnant women.



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### Monitoring progress

Measuring advances in anti-malarial strategies is a difficult task requiring nationally representative surveys in rural and urban areas of Africa. Yet without such data, progress cannot be monitored, and this makes it difficult to maintain momentum, focus the effort, and extract maximum advantage from available resources.

The UNICEF-supported Multiple Indicator Cluster Surveys (MICS) and USAID-supported Demographic Health Surveys (DHS) are designed to provide accurate and timely information on a range of child health initiatives, including the use of insecticide treated nets and access to anti-malarial drugs for children.

The next round of MICS surveys is planned for 2004/5 and will provide a clear guide to the progress being made towards the 2010 target of halving malaria’s impact.

**The *Africa Malaria Report* is the first attempt in a generation to take stock of where the world stands in relation to one of its most devastating diseases.**

**It reveals that over the last decade malaria has tightened its grip on Africa. But it also documents the gathering support – including a trebling of resources – for the ‘roll back malaria’ drive now underway. At this critical juncture the report brings together, for the first time, the knowledge and data without which the war against malaria cannot be won. It sets out clearly what needs to be done, and it establishes the benchmarks by which future progress – or the lack of it – can be measured. The full report will be available from 25 April 2003. For further details, please visit the roll back malaria web site ([www.rbm.who.int](http://www.rbm.who.int)).**

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