

This year, people across Africa and the world will celebrate Africa Malaria Day on and around 25 April.

The theme for this year's Africa Malaria Day is

A Malaria-Free Future

and the slogan is

Children for Children to Roll Back Malaria.

In sub Saharan Africa almost a quarter of deaths in children under five years is estimated to be caused by malaria, so it is right and fitting that the focus of this year's Africa Malaria Day is children.

We should not forget though that malaria is a problem for children even before they are born. Although several studies have found that there was no direct association between maternal malaria and infant death, if the mother has a malaria-infected placenta her baby is twice as likely to be born with a low birth weight, and infant mortality in these babies is estimated to be three times higher than in normal weight babies.

Malaria infection during pregnancy also puts significant risk on the mother, who is 1.5 – 2.5 times more likely to develop moderate to severe anaemia, increasing the chances of an adverse delivery outcome for both herself and her child. A study in Tanzania showed that infant mortality was more than three times higher in babies born to anaemic mothers than in those born to non-anaemic mothers.

Also morbidity risk is higher in babies whose mothers had malaria during pregnancy as they are at an increased risk of developing severe anaemia during infancy. This is not only a consequence of inadequate iron stores resulting from the low birthweight, but also independently due to the maternal malaria.

It is therefore important that measures to prevent malaria start before the child is born, whilst it is still in the womb, to protect both mother and child.

We know that insecticide-treated nets (ITNs) are highly efficacious in reducing all-cause post-neonatal mortality (up to 20%) and should therefore be a key component in malaria control programmes throughout malaria-endemic Africa. But ITNs alone will not be sufficient as malaria infection can occur before women go to bed. A safe and effective antimalarial drug needs to be made available for both treatment and prevention of malaria in pregnancy. It is of great global concern that there is no alternative drug yet available to replace sulfadoxine/pyrimethamine (SP), the drug currently being used in many sub Saharan countries for pregnancy-malaria, which faces alarming levels of resistance, particularly in East Africa.

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