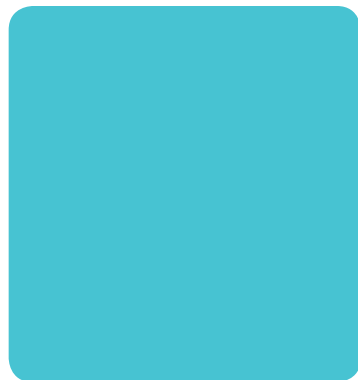


Malaria & children

Progress in
intervention
coverage



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Foreword

The launch of the Roll Back Malaria Partnership nearly a decade ago began a new phase in the fight against malaria—one that focused on a coordinated global approach to tackling a disease that had been neglected by the world community for too long.

Since then, the world has heeded the call. Global funding has increased more than tenfold over the past decade. Reducing malaria is now a major international target included in the Millennium Development Goals as well as the Roll Back Malaria targets, and governments have committed to reducing the malaria burden.

This report, prepared by UNICEF on behalf of the Roll Back Malaria Partnership, uses recent data to provide a new and more comprehensive assessment of how countries are making key interventions available to meet these commitments.

Since 2000 there has been real progress in scaling up the use of insecticide-treated nets across sub-Saharan Africa. In 16 of the 20 countries for which there are trend data, there has been at least a three-fold increase during this time, although overall levels of use still fall short of global targets.

Challenges to expanding the coverage of antimalarial treatments that have arisen

since 2000 are now being overcome. Over the past three years many countries have rapidly shifted their drug policies to the use of more effective treatment courses, and as a result there has recently been a rise in the purchasing of the newer drugs. These actions, combined with investments in improved distribution systems within countries, make it likely that there will soon be progress in expanding anti-malarial treatment coverage as well.

This is a period of rapid transition in the fight against malaria, particularly for sub-Saharan Africa. The new, more effective tools that have recently become available, such as long-lasting insecticidal nets and artemisinin-based combination therapy, are now making their way to people most in need. Many countries have recently scaled up their malaria control activities or are in the process of doing so as new funding sources are found. Ethiopia, for example, has distributed more than 18 million nets since 2005 and is expected to show much higher coverage rates in its next household survey.

The global commitment to address malaria must be sustained if the Millennium Development Goals malaria targets are to be reached. We remain firmly committed to working together, and with our partners, in order to accelerate progress in the fight against malaria.



Ann M. Veneman
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Executive summary

An estimated 3 billion people, almost half the world's population, live in areas where malaria transmission occurs. Malaria is endemic in 107 countries and territories in tropical and subtropical regions, with sub-Saharan Africa hardest hit. Between 350 million and 500 million cases of clinical malaria occur each year, leading to an estimated 1 million deaths. Over 80 per cent of these deaths—or around 800,000 a year—occur among African children under age five.

Attention and funding to combat malaria have significantly increased in recent years. International funding for malaria control has risen more than tenfold over the past decade. At the same time malaria has been included among major international development targets, notably the Millennium Development Goals and the targets set at the 2000 African Summit on Roll Back Malaria in Abuja, Nigeria. For example, one of the eight Millennium Development Goals specifically relates to malaria, AIDS and other infectious diseases, and many of the other Millennium Development Goals, including the goal of reducing child mortality, will be difficult to achieve in malaria-endemic countries without substantially reducing the malaria burden.

This report assesses progress in malaria control and analyses how well countries are making available key interventions that reduce the malaria burden. A particular emphasis is progress across sub-Saharan Africa—whose countries face the greatest malaria burden.

Much progress has been made across sub-Saharan Africa in quickly scaling up insecticide-treated net coverage. All sub-Saharan countries with trend data available showed major progress in expanding insecticide-treated net use among children under age five, with 16 of 20 countries at least tripling coverage since 2000 (figure 1). Despite this progress, though, overall insecticide-treated net use still falls short of global targets.

Since 2004 the number of insecticide-treated mosquito nets produced worldwide has more than doubled—from 30 million to 63 million in 2006, with another large increase expected in 2007. Still, an estimated 130 million to 264 million insecticide-treated nets are currently needed to achieve Roll Back Malaria's 80 per cent coverage target for pregnant women and children under age five at risk of malaria in Africa.

The increase in the production of nets and in resources available has led to a rapid rise in the number of nets procured and distributed within countries. For example,

UNICEF—one of the largest procurers of insecticide-treated nets worldwide—has significantly increased its procurement and distribution in recent years as part of its integrated strategy to improve child survival through accelerated programming efforts. The number of nets procured by UNICEF has more than tripled in only two years—from around 7 million in 2004 to nearly 25 million in 2006 (figure 2). And UNICEF's net procurement is 20 times greater today than in 2000. The Global Fund to Fight AIDS, Tuberculosis and Malaria—a major source of funding for net procurement and distribution—has also greatly

increased support for insecticide-treated nets, with its distribution of nets increasing around thirteenfold in only two years (from 1.35 million in 2004 to 18 million in 2006).

Treatment of malaria among children is moderately high across sub-Saharan Africa, though few countries have expanded treatment coverage since 2000 and many children are still being treated with less effective medicines. But the groundwork has been laid to greatly scale up coverage rates with more effective malaria treatment in the coming years. Nearly all sub-Saharan countries have rapidly shifted their national drug policies to promote more effective treatment with artemisinin-based combination therapies (map 1), with financing and procurement significantly increasing since 2005. These actions, coupled with investments in stronger distribution mechanisms within countries, suggest that many more febrile children will receive prompt and effective malaria treatment in the coming years.

Low artemisinin-based combination therapy coverage is the result of several factors. First, such therapy is more expensive—about 10 times more—than traditional monotherapy, and countries were slow to roll out new medicines until additional resources were secured. Second, a global shortage in the production and supply of artemisinin-based combination therapies restricted countries' ability to quickly implement new national drug policies. Since around 2005, however, both production and funding have been rapidly scaled up (figure 3). The next round of surveys is thus expected to show higher treatment coverage with artemisinin-based combination therapies.

Figure 1 Rapid progress in scaling up insecticide-treated net use across all sub-Saharan African countries with trend data

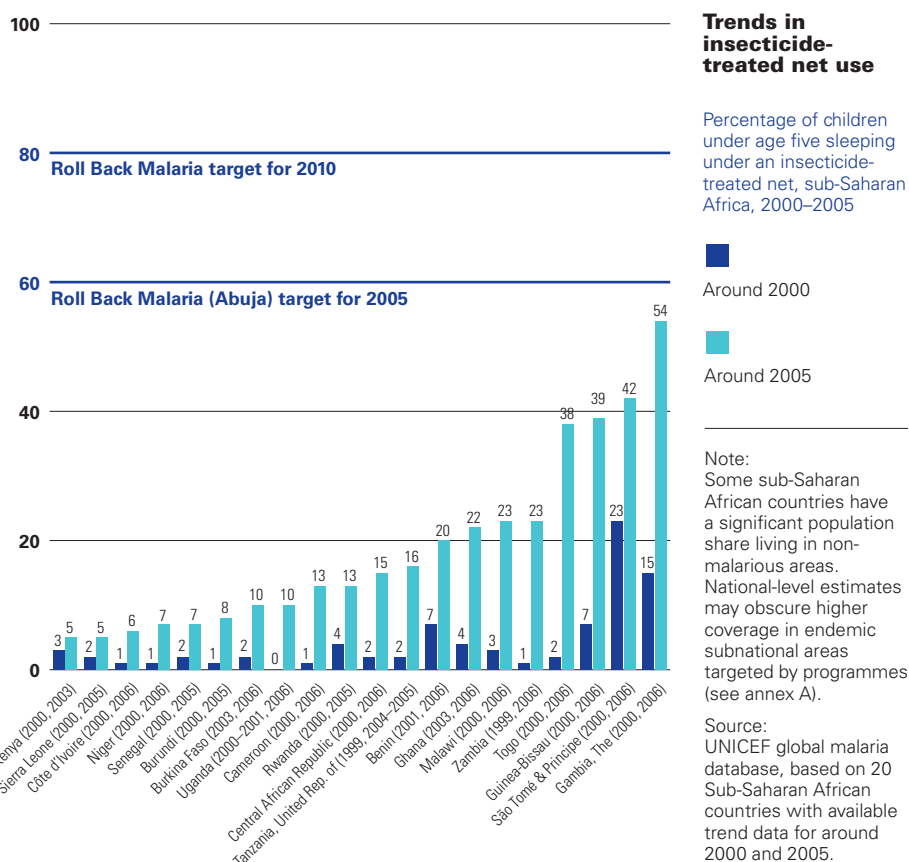


Figure 2 Global mosquito net procurement has been rapidly scaled up

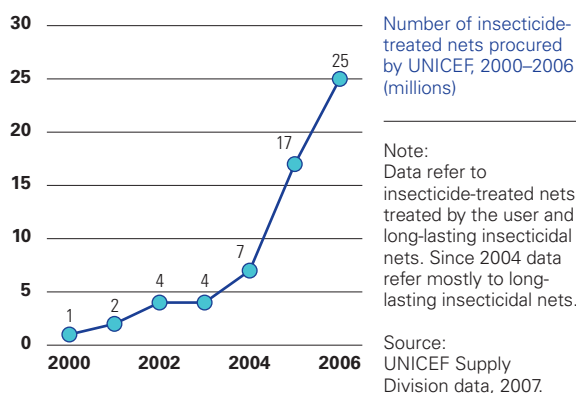
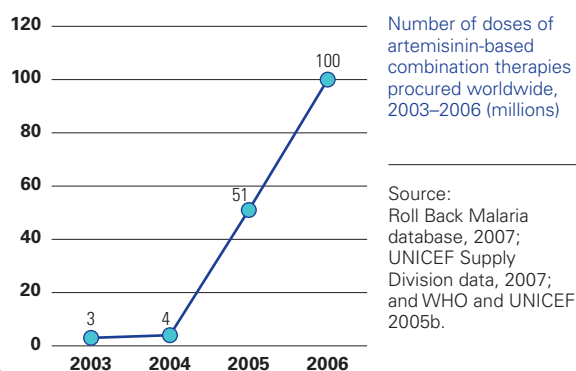


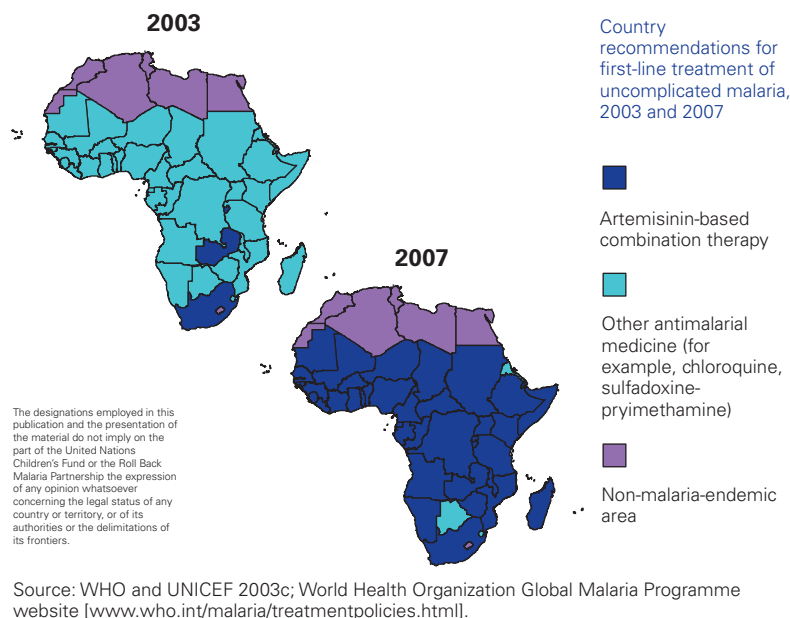
Figure 3 Recent and rapid scale-up in the global procurement of artemisinin-based combination therapies



This report's findings are based on new malaria data that allow for a more comprehensive assessment of progress in malaria control intervention coverage across a large number of countries. In addition, this report comes during a rapid transition in the fight against malaria, when many sub-Saharan countries have only recently scaled up intervention coverage or are in the process of doing so. Therefore, data for some countries may not yet reflect higher coverage rates. (For example, Ethiopia has distributed more than 18 million nets since its last household survey in 2005.) The data in this report should be viewed in the rapidly changing context of efforts to scale up malaria control intervention coverage.

The impressive gains in the fight against malaria across numerous sub-Saharan African countries show that major progress can be achieved—and in a short period of time. Many countries have quickly absorbed sizeable additional resources directed towards combating malaria to accelerate their national malaria programmes. Additional resources have supported new and more effective malaria control interventions, such as long-lasting

Map 1 African countries have rapidly changed drug policies to include more effective drugs



insecticidal nets, and have helped reduce bottlenecks in the supply of key malaria control commodities.

These recent gains create a strong foundation from which countries can work towards achieving global malaria goals and targets. But enhanced commitments and bolder efforts are needed to meet these

ambitious targets. Keys to success include scaling-up malaria intervention coverage through accelerated community-based programming efforts and integrating malaria programming into existing service delivery mechanisms such as the Expanded Programme on Immunisation, child health days and antenatal care services.

