SARN MISSION REPORT TO MALAWI

ON THE LANCH OF PROGRESS AND IMPACT SERIES REPORT ON MALARIA AND COMMEMORATION WORLD MALARIA DAY

LILONGWE, MALAWI

3 MAY 2013

SARN
Gaborone, Botswana
1.0 BACKGROUND

The Malawi Progress and Impact Series report on malaria was launched by Right Honourable Khumbo Hastings Kachali, Vice President of the Republic of Malawi at Bingu International Conference Centre, Lilongwe, Malawi on 3rd May 2013. During the launch of the report, World Malaria Day (WMD) was also commemorated with a Theme: “Invest in the Future, Defeat Malaria”. As part of report launch and WMD commemoration, the Vice President toured pavilions which were mounted by the private sector and NGOs showcasing malaria products and technologies available on the market. There were poem recital and performances by State House and Area 23 Primary Schools pupils and Kamuzu Central Hospital Cultural Troupe.

The Launch and World Malaria Day commemoration were attended by Honourable Catherine Gotani Hara, Minister of Health and Ministry of Health officials, Mr Felix Mkandawire, Lilongwe District Commissioner, Mr. Richard Hara, Chief executive Officer, Lilongwe City Council, representatives from WHO, USAID, PMI, UNICEF, private sector, NGOs, Research and Academia, SARN Knowledge and Information Management Officer representing SARN and RBM Secretariats and other partners.

Hon. Khumbo Hastings Kachali, Vice President of the Republic of Malawi (Centre) and partners during Report Launch and WMD Commemoration

2.0 STATEMENTS DURING REPORT LAUNCH AND WMD COMMERATION

In his statement, the Vice President said that RBM partners unite to commemorate World Malaria Day and pointed out that malaria remains a major health problem. He said that in Malawi 15 people died of malaria every day in 2012 and this was not good since treatment was available and stressed on the need to defeat malaria.
The Vice President highlighted achievements made in the past 10 years as follows:

- A significant reduction in malaria parasite prevalence among children (aged 6–35 months) occurred between 2001 and 2009 from 61% to 20%, as measured in surveys conducted during the low transmission season. Surveys conducted in the high transmission season in 2010 and 2012 also showed a decline in prevalence from 43% to 28% respectively among children aged 6–59 months.

- LLINs use among vulnerable populations has increased steadily between 2000 and 2012—from less than 3% among children under five years of age and pregnant women to 56% and 51%, respectively.

- The percentage of pregnant women receiving at least two doses of intermittent preventive treatment during pregnancy (IPTp2) in 2012 was 54%, nearly twice that recorded in 2000 and one of the highest coverage rates in sub-Saharan Africa.

- Most pregnant women are receiving at least two doses of sulfadoxine-pyrimethamine (SP), which is protecting them and their new-born from the ill effects of malaria.

- IRS has expanded from one district to seven districts over the period 2007–2010, protecting nearly 2 million residents.

- In 2012, half of all children with fever sought treatment from a health facility, provider, or pharmacy—a significant increase over the past decade.

- Malawi was the first country in sub-Saharan Africa to implement IPTp using SP in 1993, ahead of the initial recommendation issued by WHO in 2002.

- Increased financial support in Malawi which has come mainly from four sources: the Government of Malawi, the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund), the United States President's Malaria Initiative (US-PMI), and household level expenditures.

- 5.6 million LLINs were distributed in 2012 nationwide during mass campaign to protect all people at risk of malaria. But he decried, the use of nets for fishing and other uses than the intended purpose.
Honourable Catherine Gotani Hara, Minister of Health said that Malawi has recorded progress in health, and among others, has decreased child mortality. She echoed that Malawi commissioned distribution of 5.6 million nets in 2011 and this ensured 1 net to 2 people as recommended by WHO. She was delighted to say that Malawi was on the right track but should not lose focus. She called upon all partners to support Malawi by continuing investing in Malaria. The Minister recognised support made by GF, PMI, RBM, Standard Diagnostic and other partners.

Dr Kamija Phiri, member of the Malaria Advisory Committee outlined progress made in the fight against malaria and said that since the creation of the NMCP in 1984, malaria control activities in Malawi have benefited from strong leadership and coordination.

He further said that Malawi has successfully garnered the support of external donors and since 2006, funding for malaria control has increased tremendously: from 2006 to 2010, external partners committed more than US$ 121 million in funding for Malawi’s malaria control efforts. This has contributed and ensured Malawi to achieve registered results in addition to the resources provided by Malawi Government.

While outlining progress made in the control of malaria, he said, among other achievements, morbidity and mortality among children has been reduced. Under-five mortality dropped by 41% from 188 to 112 deaths per 1000 live births over the period 1996 to 2010. As a result, approximately 21 600 deaths among children under five
years of age were prevented by malaria vector control interventions and the prevention of malaria in pregnancy in Malawi between 2000 and 2010.

He stressed that it was paramount for these investments to continue to reach the ambitious goal of reducing malaria morbidity and mortality by half over the period 2010–2015.

In her remarks, Ms. Lilly Banda, representative of USAID, said that President’s Malaria Initiative (PMI) has made significant investment in the fight against malaria. PMI has invested over US$100 million with additional US$23 million for the upcoming year to support the NMCP in the in IPTp, RDTs, IRS, LLINs, M&E and other activities. She said that by September 2011, PMI had procured 7.2 million LLINs which were distributed to most at risk and pregnant women, 3 million RDTs, 23 million treatments and carried out IRS in two districts. She applauded Malawi for the achievements but cautioned that malaria still remained a public health problem.

On behalf of WHO Regional Director for Africa, Dr Luis Gomes Sambo, the WHO Resident Representative Dr Felicitas Zawaira, said that 75% of countries will meet 2015 MDGs 4, 5 and 6 target. She encouraged partners to join the fight against malaria for those who are not involved and said that the Global Malaria Action Plan (GMAP) guides partners to fight malaria. Dr Zawaira said that in March 2010, RBM launched Progress and Impact Series and this is a 6th report in the series that makes a case for investment. She went on to say that nobody can give money unless we can demonstrate impact. She further said that malaria can be eliminated and that WHO will continue with resource mobilization to support Malawi and urged Malawi to sustain the gains.

3.0 CONCLUSSION

It is worth commending Malawi for the achievements made so far and it is important for Government and partners to continue investing in the fight against malaria in order to sustain gains and eventually eliminate Malaria in Malawi.