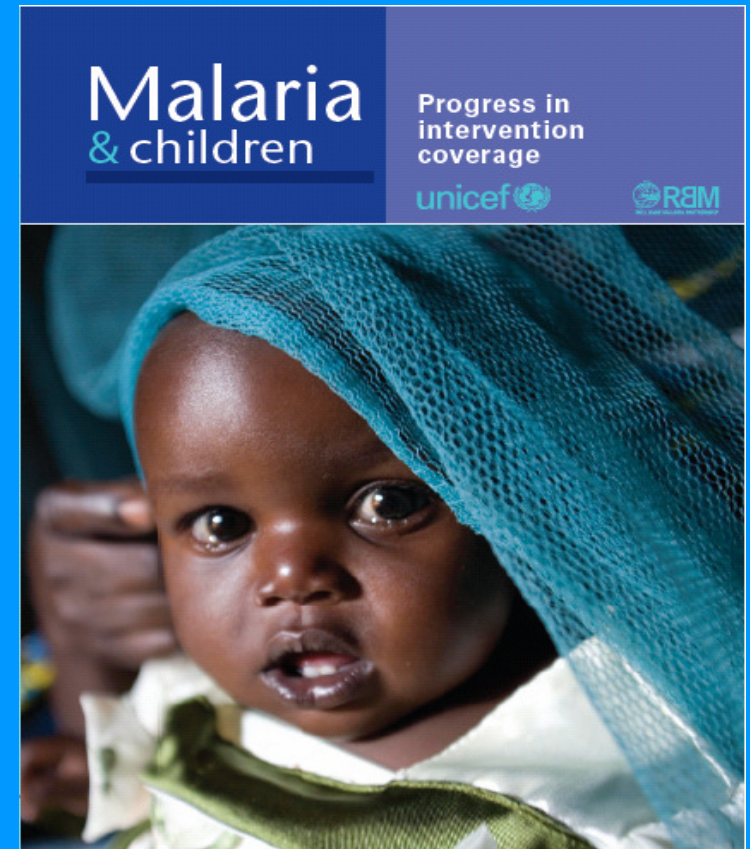


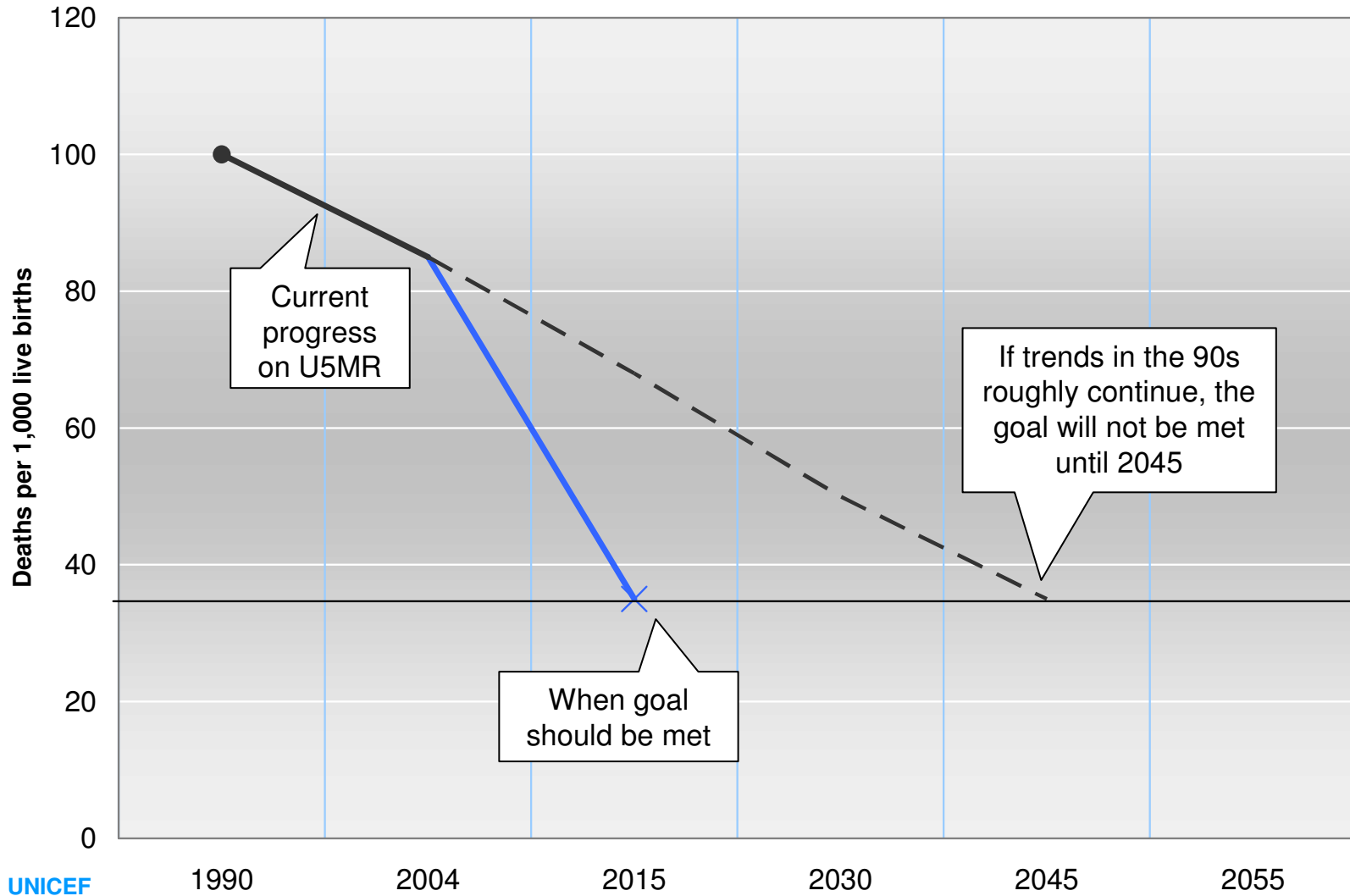
# Malaria and Children: Progress in Intervention Coverage: ITNs



For every child  
Health, Education, Equality, Protection  
ADVANCE HUMANITY

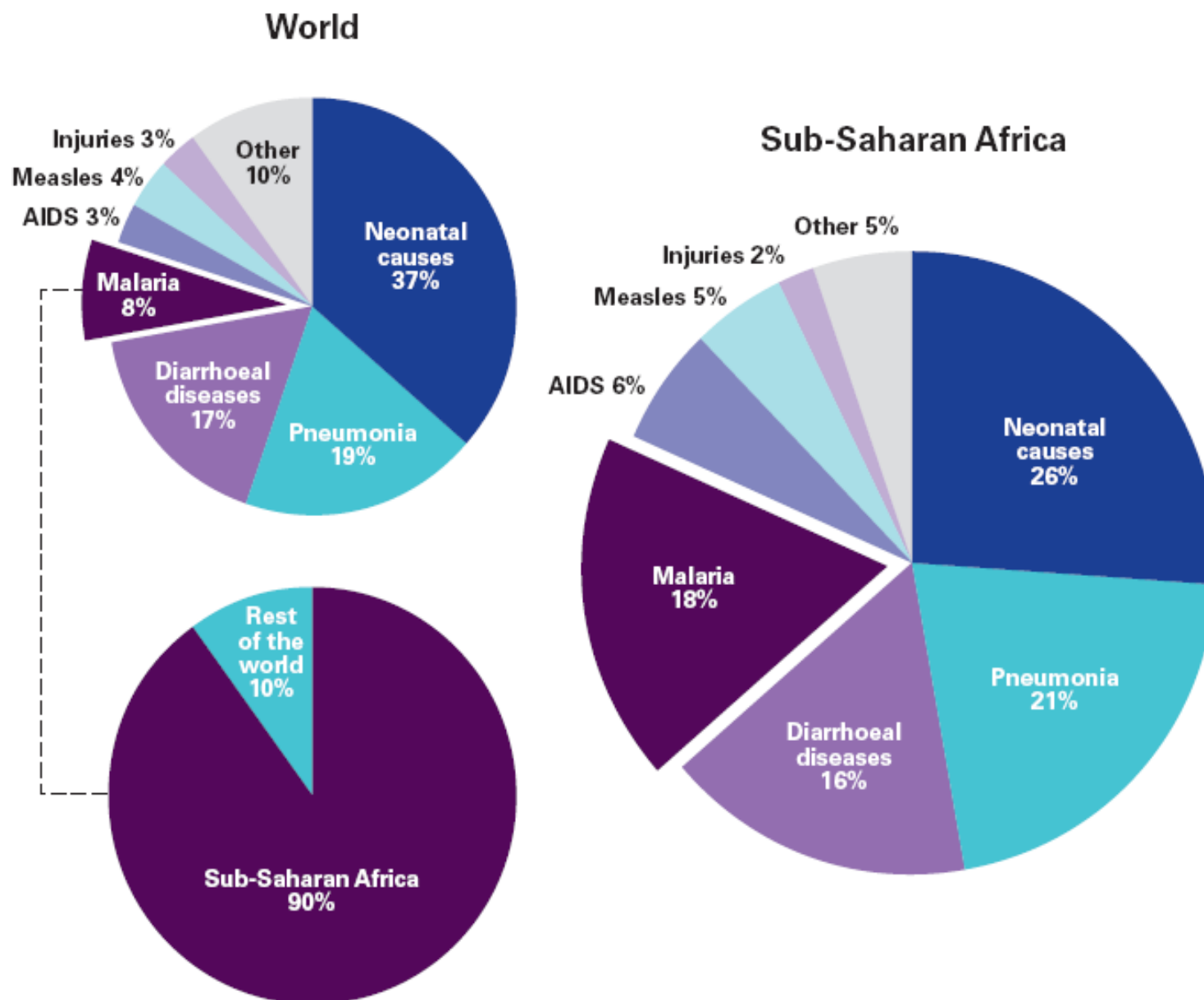
unicef 

# MDG targets. At current rates of progress the goal to reduce U5 mortality will be reached 30 years later



Source: The Status of the World's Children 2006

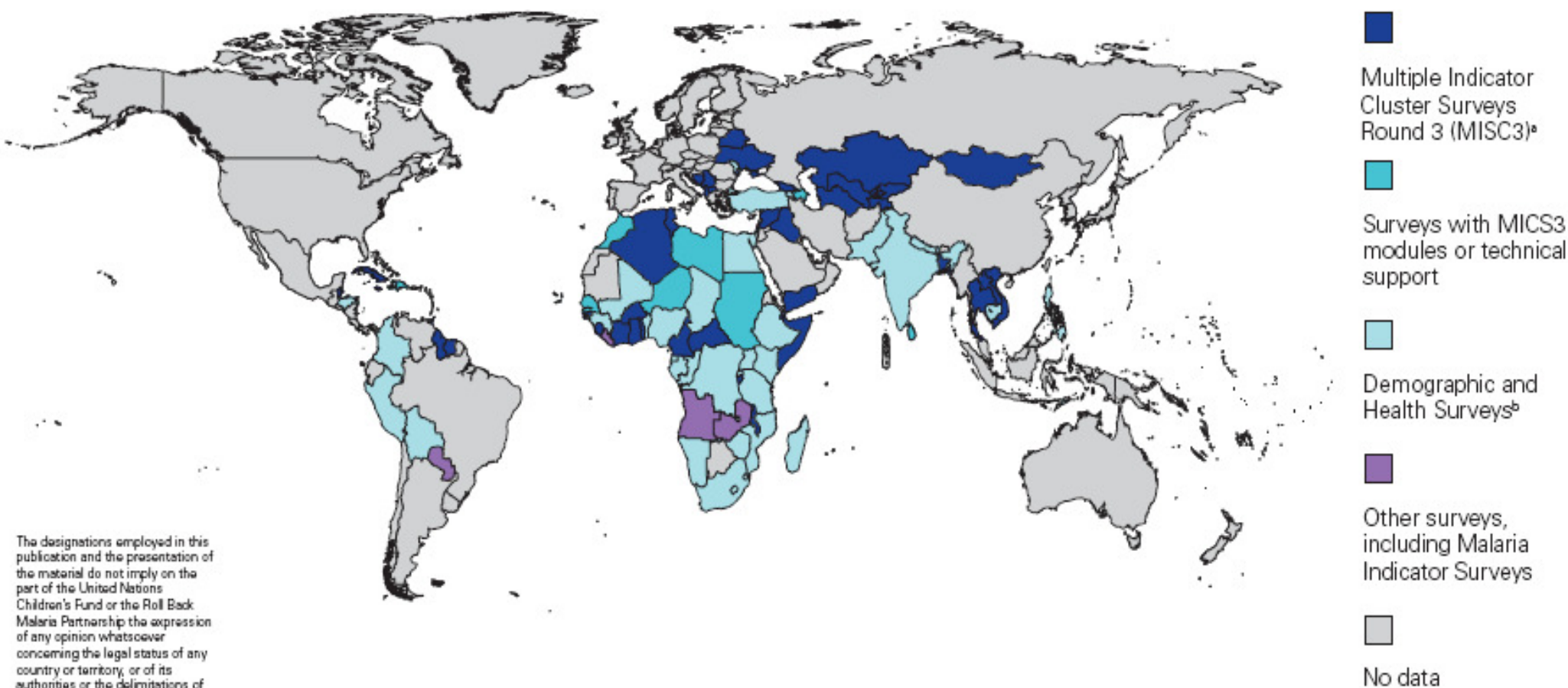
# MALARIA BURDEN GREATEST IN AFRICA, AND AMONG CHILDREN UNDER FIVE



Distribution of deaths among children under age five by cause, sub-Saharan Africa, 2000-2003

# WEALTH OF NEW MALARIA DATA

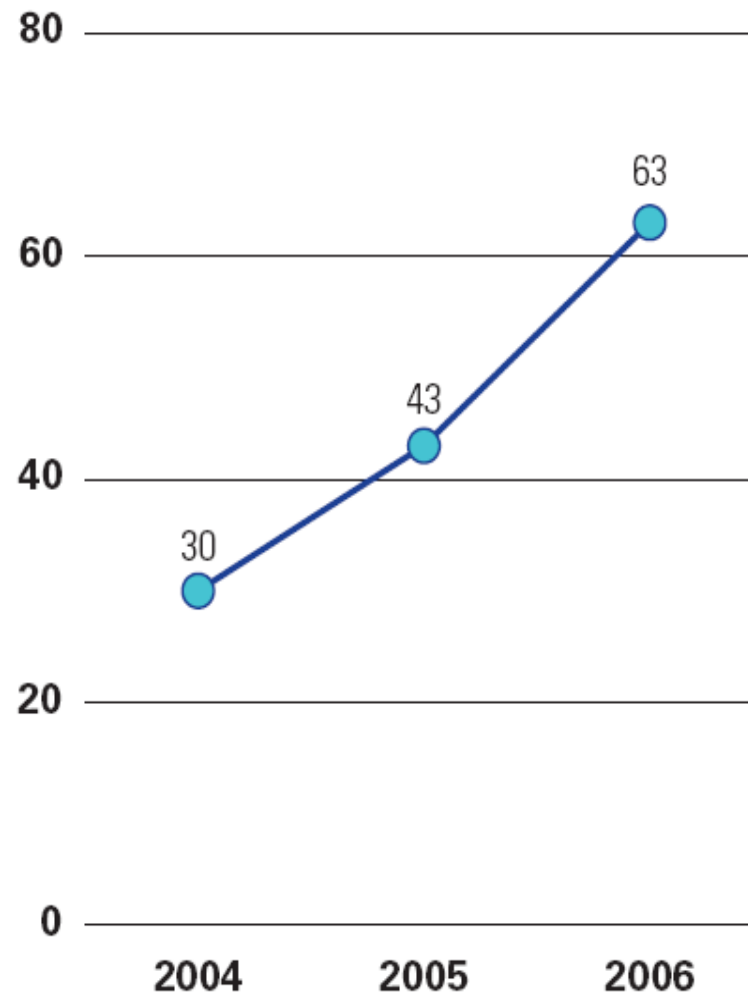
- Report presents new and more comprehensive assessment of progress in malaria control intervention coverage
- Household survey activity (2003-2006)



The designations employed in this publication and the presentation of the material do not imply on the part of the United Nations Children's Fund or the Roll Back Malaria Partnership the expression of any opinion whatsoever concerning the legal status of any country or territory, or of its authorities or the delimitations of its frontiers.

# ITN GLOBAL PRODUCTION

- Global production of nets doubled from 30 to 63 million in only 2 years (2004-2006)
- Expanded number of suppliers
- LLIN technology transfer to Africa and Asia
- Increased financing available
- Increasingly accurate demand forecasting



Number of insecticide-treated nets produced worldwide, 2004–2006 (millions)

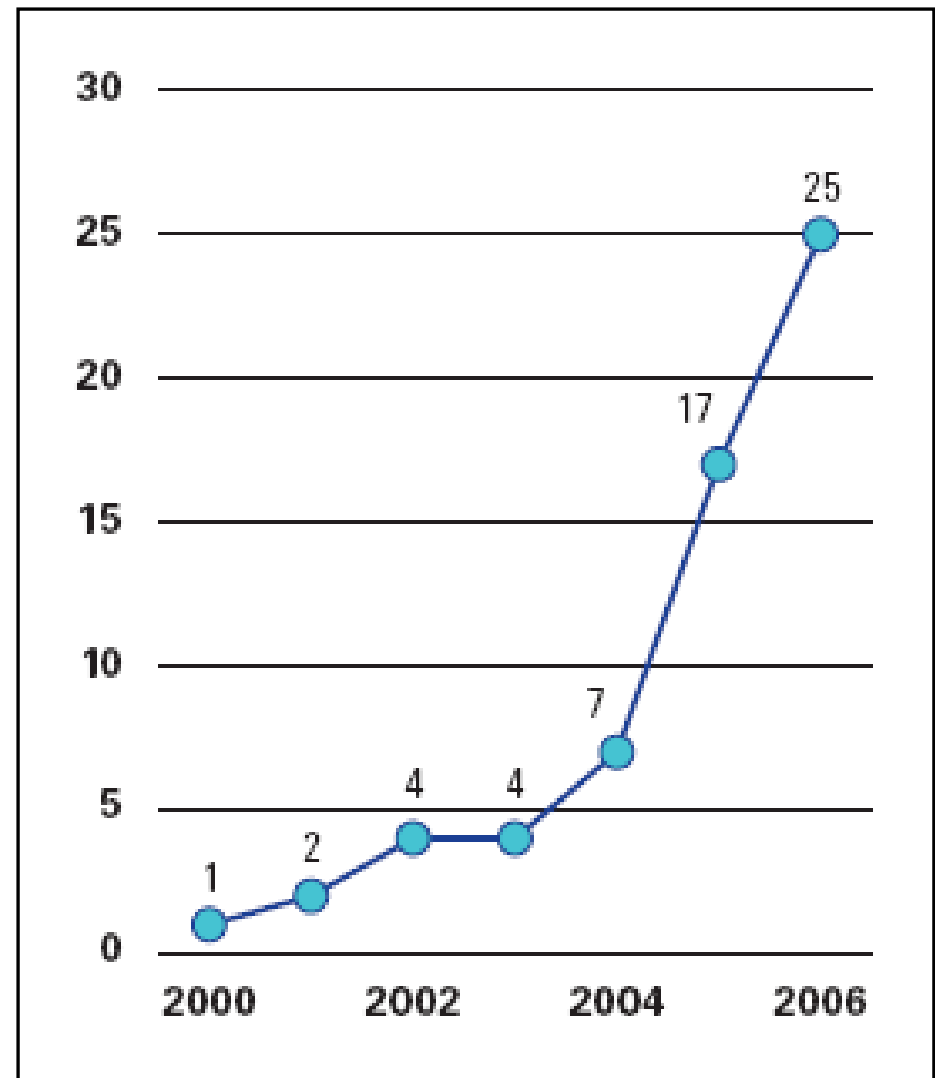
Source: UNICEF Supply Division data, 2007, based on estimates from insecticide-treated net manufacturers.

# RAPID SCALE-UP IN GLOBAL ITN PROCUREMENT AND DISTRIBUTION

- UNICEF increased ITN procurement from 7 million in 2004 to nearly 25 million in 2006
- Global Fund increased net distribution from 1.4 m in 2004 to 18 m in 2006
- Majority of nets distributed are now Long-Lasting Insecticidal Nets (LLINs)
- Estimated 130 to 264 million ITNs required to meet RBM target of 80% coverage by 2010

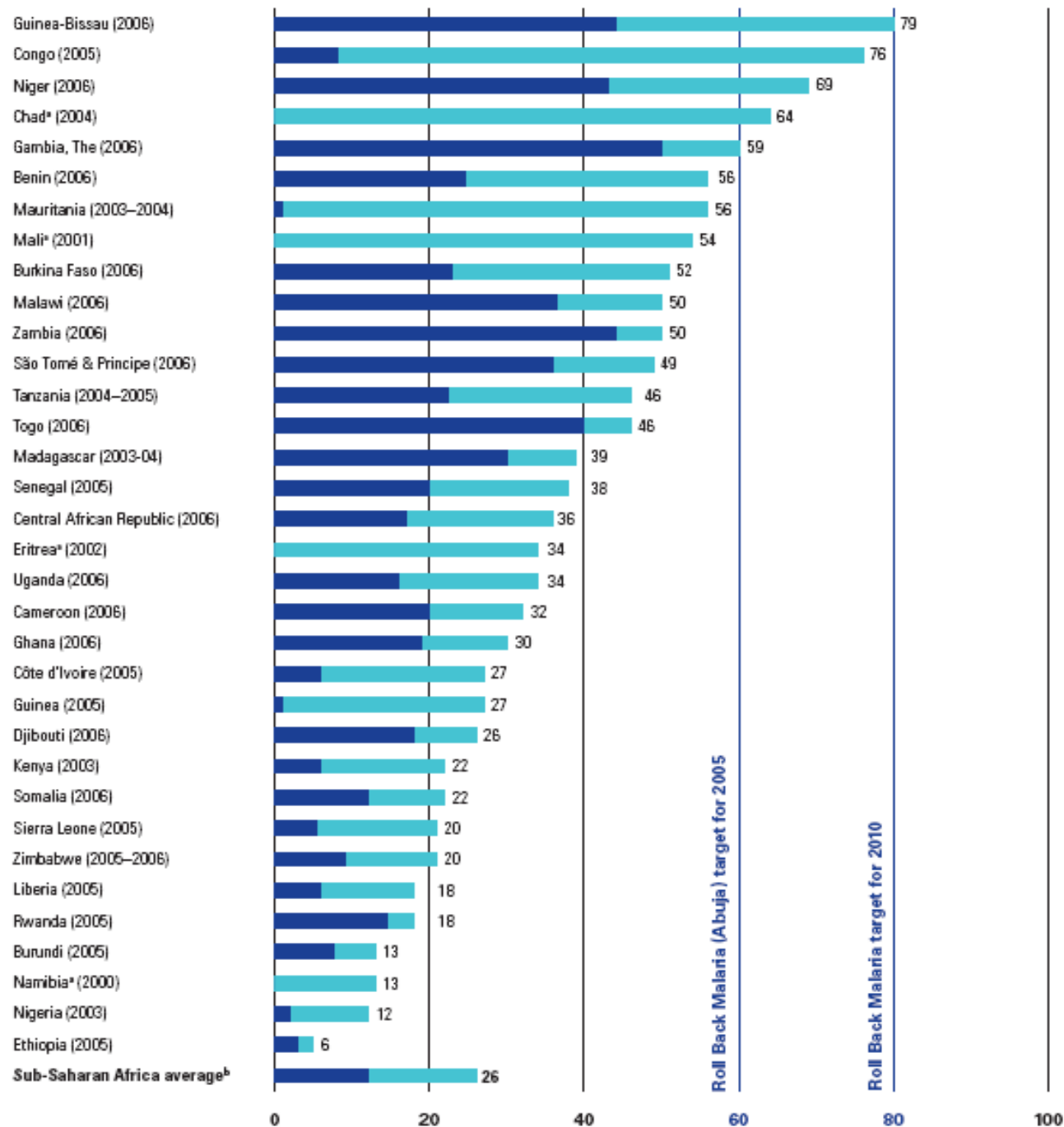
UNICEF

Number of insecticide-treated nets procured by UNICEF, 2000-2006 (millions)



# HOUSEHOLD ITN OWNERSHIP

UNICEF



## Household ownership of mosquito nets

Percentage of households that own any type of net and insecticide-treated nets, sub-Saharan Africa, 2000–2006



Households with at least one insecticide-treated net



Households with at least one mosquito net of any type

### Note:

Some sub-Saharan African countries have a significant population share living in non-malarious areas. National-level estimates may obscure higher subnational coverage in endemic subnational areas targeted by programmes (see annex A).

a. Data on availability of insecticide-treated net not available.

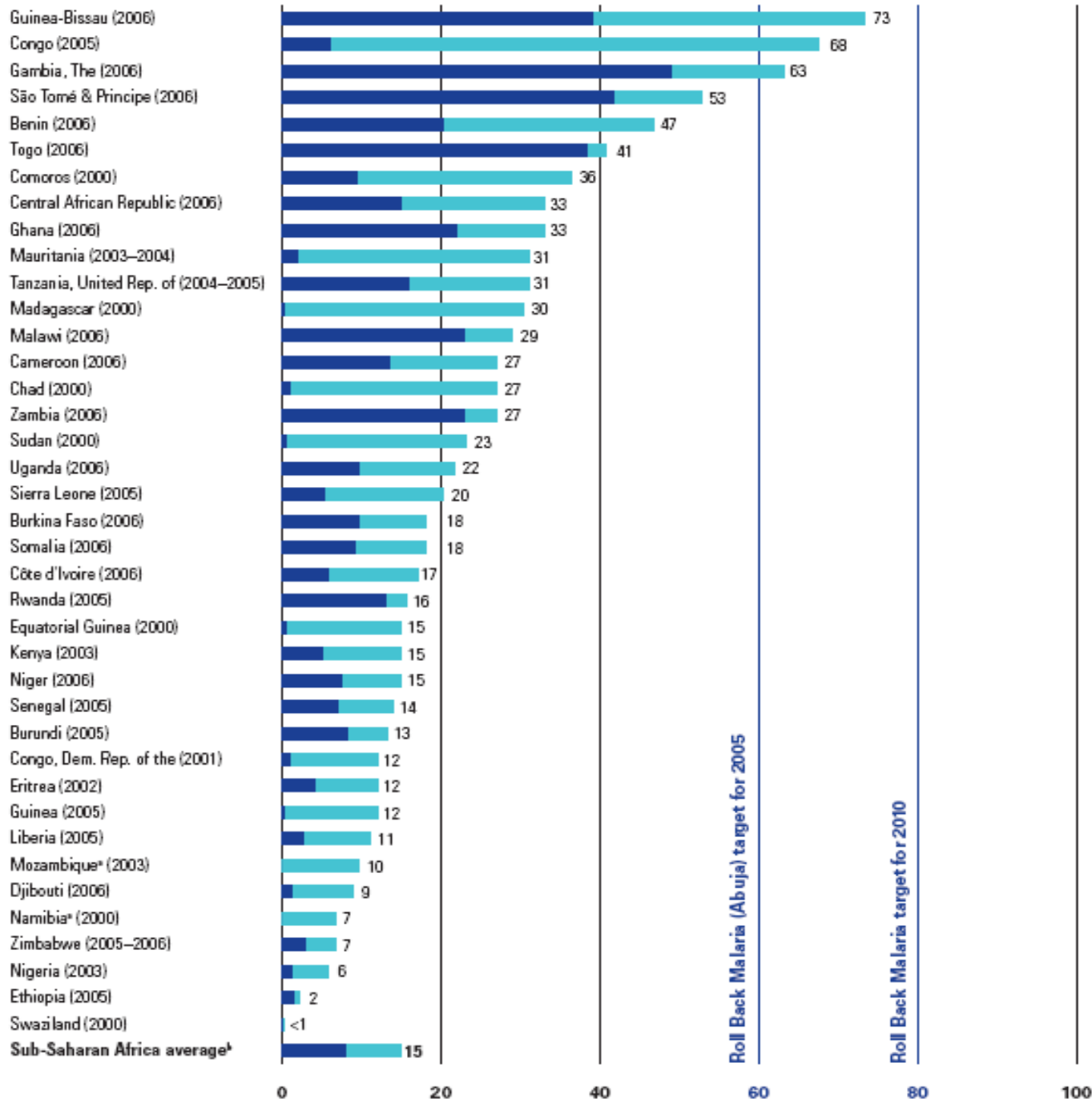
b. Includes only countries with data for 2003–2006.

Source: UNICEF global malaria database, based on 34 Multiple Indicator Cluster Surveys, Demographic and Health Surveys and Malaria Indicator Surveys for 2000–2006.

# HOUSEHOLD ITN OWNERSHIP

- Across sub-Saharan Africa about one-quarter (26%) of households own at least one mosquito net of any type
- Many countries, particularly those with more recent data, have much higher coverage levels
  - *Guinea-Bissau (79% in 2006)*
  - *Congo (76% in 2005)*
  - *Niger (69% in 2006)*
- Overall proportion of households with at least one ITN lower at 12%
  - *The Gambia (50% in 2006)*
  - *Zambia (44% in 2006)*
  - *Guinea-Bissau (44% in 2006)*
  - *Niger (43% in 2006)*
  - *Togo (40% in 2006)*

# ITN USE BY AFRICAN CHILDREN STILL FALLS SHORT OF GLOBAL GOALS...



## Children using mosquito nets

Percentage of children under age five sleeping under any type of net and insecticide-treated nets, sub-Saharan Africa, 2000–2006

- Children under age five sleeping under an insecticide-treated net
- Children under age five sleeping under any net

Note:  
Some sub-Saharan African countries have a significant population share living in non-malarious areas. National-level estimates may obscure higher coverage in endemic subnational areas targeted by programmes (see annex A).

a. Data on insecticide-treated net use not available.

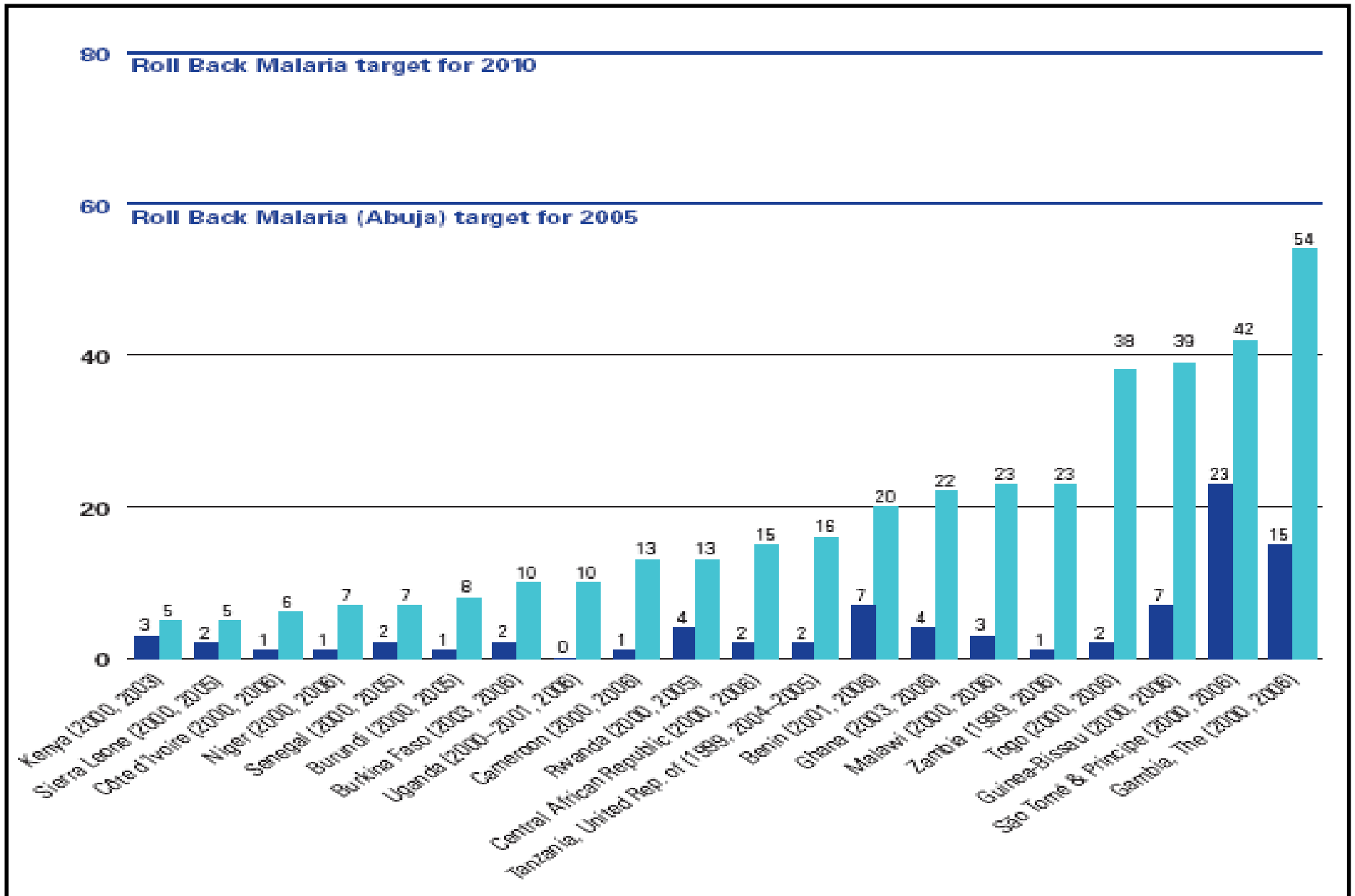
b. Includes only countries with data for 2003–2006.

Source:  
UNICEF global malaria database, based on 39 Multiple Indicator Cluster Surveys, Demographic and Health Surveys and Malaria Indicator Surveys for 2000–2006.

# ...BUT RAPID PROGRESS MADE ACROSS SUB-SAHARAN AFRICA SINCE 2000

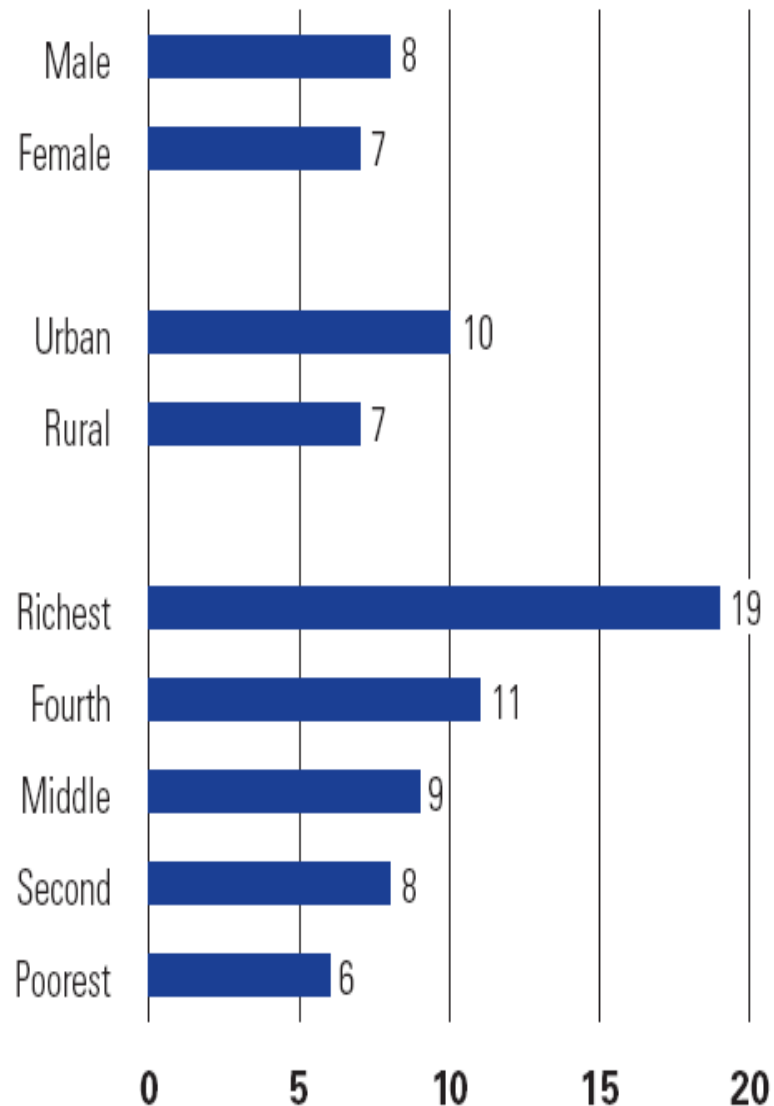
- All sub-Saharan African countries with trend data show major progress in increasing ITN use among children, with 16 of these 20 countries at least tripling coverage since 2000
- ITN scale-up in most countries only began in 2003-2004, largely through integrated programmes for child and maternal health such as immunisation and antenatal care
- Some countries only recently scaled-up ITN coverage, and latest survey data does not capture these major gains
  - *Ethiopia – 18 million nets distributed since last survey in 2005*
  - *Kenya – more than 10 million nets distributed since last survey in 2003*

# RAPID PROGRESS IN SCALING-UP ITN USE AMONG AFRICAN CHILDREN



# EQUITY IN ITN USE

- Across sub-Saharan Africa children living in urban areas ~1.5 times as likely to be sleeping under an ITN than those living in rural areas
- Children living in wealthiest households ~3 times as likely as their poorest counterparts
- Equity increased through integrated campaigns (e.g. Togo)



Percentage of children under age five sleeping under insecticide-treated nets, sub-Saharan Africa, by gender, residence and wealth index quintiles, 2003–2006

Source: UNICEF global malaria database, based on 24 (gender), 27 (residence) and 23 (wealth) Multiple Indicator Cluster Surveys, Demographic and Health Surveys and Malaria Indicator Surveys for 2003–2006.

# NOTES ON DATA

- Survey data reflect NATIONAL coverage, which in several eastern and southern African countries, includes significant populations in non-malarious areas that are not targeted with ITNs, etc
- Overall data disproportionately affected by a few populous countries that had low coverage at time of last survey (e.g. Nigeria, Kenya, Ethiopia)

# SUCCESS FACTORS

- Increased global financing (GFATM, PMI, WB Booster, etc)
- Increased political commitment globally and nationally
- Enhanced partnership and improved harmonisation of support
- New technologies (LLINs, ACTs)
- Integration of malaria interventions into existing health delivery systems
- ITNs increasingly being delivered free of charge to end-users
- Increasing public awareness of and demand for malaria prevention and treatment services

# COUNTRY SUCCESSES: ETHIOPIA

- Ethiopia distributed 18 million LLINs in 2 years and introduced ACTs countrywide including at community level through:
  - *Using a comprehensive and integrated Health Systems Extension Programme and Expanded Outreach Services approach to scale up*
  - *Strong political support from highest level and strong in-country partnership*
  - *Human resources strengthening including 20,000 Health Extension Workers trained in prevention, diagnosis, case management and inter-personal communication for an integrated service provision*
  - *Procurement and Supply Management strengthening*
  - *Programme monitoring and evaluation strengthening*

# COUNTRY SUCCESSES: TOGO

- In 2004, 900,000 ITNs were delivered free of charge during Africa's first national integrated measles vaccination campaign, achieving high ITN coverage of children
- Partnership and communication were key elements of the success of the campaign:
  - *Red cross volunteers conducted door to door and community mobilisation before and after the campaign to advise families on proper use of ITNs*
  - *A number of in-country partners contributed to the success of this campaign including WHO, UNICEF, Red Cross and others*

# LOOKING FORWARD TO ACHIEVING GLOBAL GOALS

- What is still needed?
  - *Further strengthening and sustaining political and financial commitments*
  - *Expanding and strengthening the use of integrated approaches (integrated vaccination campaigns, routine EPI, antenatal care services, child health days, etc) to scale-up more rapidly*
  - *Providing clear and timely policy guidance*
  - *Expanding national and global partnerships*
  - *Expanding social and behaviour change communication and strengthening community involvement*
  - *Strengthening monitoring systems for evidence-based programming*
  - *Developing and implementing new technologies*