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CONTROLLING MALARIA IN AFRICA – UNICEF’S KEY ACTIONS

Now, perhaps more than at any time in recent history, there’s hope of reducing malaria’s enormous human toll in Africa. Some one million deaths occur each year from the disease, primarily among children. With the widespread use of insecticide-treated mosquito nets, however, child mortality from the disease drops by 20 per cent and prompt access to effective anti-malaria treatment lowers mortality further.

UNICEF, which supports malaria control programmes in over 30 countries in Africa, procured almost 5 million mosquito nets last year, as well as insecticides for net re-treatment, with a total value of about \$17 million. These were distributed through health facilities and at community level, targeting mainly children under five and pregnant women. So far this year, UNICEF has bought around 8 million nets, half of which are long-lasting insecticidal nets (LLINs).

In addition UNICEF supports community education programmes to empower families and communities by improving their knowledge on the importance of malaria prevention and proper use of ITNs, as well as recognition of malaria symptoms and the importance of beginning malaria treatment as early as possible.

Poverty is a major barrier to net ownership in Africa, where the average retail price of a long lasting insecticidal net (\$5) is beyond the reach of poor households. Given this context, and the need to scale up ITN coverage rapidly in the coming months, UNICEF continues to advocate for nets to be provided at no cost to vulnerable groups as part of “sustained equity provision”, a component of the RBM Framework for Scaling up ITNs.

Chloroquine, the least expensive and most widely used anti-malarial drug, has lost its effectiveness in most parts of Africa, leading, over the last decade, to increased child deaths. The other low cost alternative, sulphadoxine-pyrimethamine (Fansidar), is also showing signs of losing its power.

Artemisinin-based combination therapy (ACT) is a new treatment regimen that is highly effective against the deadly malaria parasite *plasmodium falciparum*. This WHO endorsed treatment has been adopted by UNICEF and other RBM partners for areas of chloroquine resistance. UNICEF has been actively involved in supporting the drug policy change to ACTs in Kenya, Ethiopia, Burundi, Uganda, Somalia and Sudan. In addition, UNICEF is playing a major role in procuring and supplying ACTs in Burundi, Ethiopia and Sudan.

Not all countries where the level of drug resistance requires ACTs will be able to adopt ACTs rapidly due to logistical and financial issues, and the processes involved (it can take 2 to 3 years for a country to change its national malaria drug policy). UNICEF is providing technical assistance for the transition to ACTs.

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