

## Progress of Malaria Control in the African Region.

The African Region is the most affected by malaria accounting for 86% of the estimated 247 million malaria episodes and 91 % of the malaria related deaths worldwide in 2006. Malaria accounts for on average 25% to 45% of all outpatient clinic attendances and between 20% and 45% of all hospital admissions. Furthermore, it is estimated that malaria represents 17% of under five mortality in the region.

The launch of the RBM movement in 1998, building on earlier initiatives by AFRO to put malaria back on the public health agenda, was catalytic in the scaling up of malaria control in Africa. In 2000, the African Heads of State and Government committed themselves to acceleration of malaria control when they signed the Abuja Declaration of 2000. This commitment was renewed in the Abuja declarations of 2001 and 2006. In addition the UN Secretary General and key malaria partners have called for universal access to malaria control and prevention services by all at risk by the end of 2010 have galvanized into action all key stakeholders in malaria control to meet these lofty targets. .

Some progress has been made in malaria control in AFRO countries with regard to the implementation of key malaria control interventions that include prompt and effective treatment, malaria prevention through use of insecticide treated nets and indoor residual spraying, as well as prevention of malaria in pregnancy. This has in part been made possible through increased funding for malaria control by governments, multi-laterals, bi-laterals and funding initiatives such as the Global Fund, US Presidents Malaria Initiative and the World Bank Booster Programme, among others.

Since WHO recommended the use of Artemisinin-based Combination Therapy (ACT) in 2001, all countries except 2 in the African region have adopted the ACT treatment policy with most scaling up to the national level. However use of ACTs is still very low; data from the same 18 countries show that on average, only 3% of children under five years with fever received an ACT.

With respect to prevention, the number of Insecticide Treated Nets (ITNs) distributed has increased 10-fold during the past 3 years in more than 14 African countries. Subsidized or free-of-charge Long Lasting Insecticide Nets (LLIN) distribution has proved successful in increasing coverage of the most vulnerable populations. This is often linked to antenatal care, child immunization services and national child immunization campaigns. During the biennium 2006-2007, over 33 million ITNs were distributed through integration with different programs. About 25% of households own at least one mosquito net of any type, while 12 % own at least one ITN. By 2007, 7 countries had achieved more than 40% household owning at least 1 ITN. On average, 8% of children under-five sleep under an ITN. However, ITN use by children under five has exceeded 40% in Rwanda, the Gambia, Guinea Bissau, Sao Tome and Principe and Guinea Bissau. On average, use of ITNs by pregnant women is even lower at 5%.

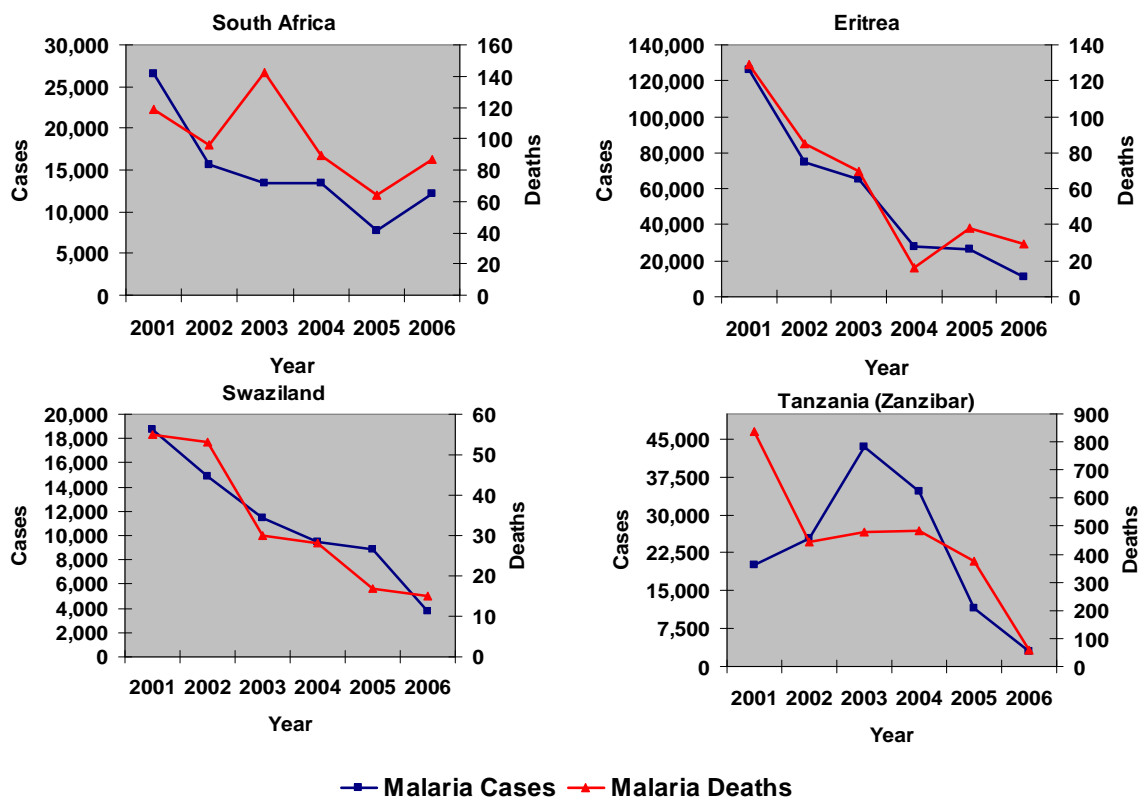
The Intermittent Preventive Treatment during pregnancy (IPTp) strategy has now been adopted in all the 35 endemic countries where it is recommended. Of these countries, 20 are already implementing it country-wide. However coverage with IPT 2 is less than 10% in most countries,

though countries like Zambia (61%), Malawi (45%) and the Gambia (33%) had reasonable IPT 2 coverage.

By end of 2007, 25 out of the 42 malaria endemic countries in the region had included IRS in their national strategy. Of these, 17 routinely implement IRS as a key malaria control intervention while six are piloting IRS in a few districts. In the 2006-2007 malaria season a total of about 5 million units/structures were sprayed with an operational coverage in target areas of about 83%, protecting about 21 million people.

Rapid decline in malaria cases and deaths is possible when a comprehensive package of malaria prevention and control interventions is implemented at the same time. Already, data from Botswana, Eritrea, Ethiopia, Kenya, Rwanda Sao Tome and Principe, South Africa, Swaziland and show a decline in malaria cases as shown in figure 1.

**Figure 1: Examples of countries with declining malaria cases at health facility level 2001 - 2006**



Source: WHO Reports received from Member states.

Despite the progress made, the coverage of key malaria interventions as well as the decline in cases and deaths are far below the targets for universal coverage and reduction of morbidity and mortality. Clearly there is a need to accelerate malaria control towards universal coverage in the sub-region through strengthening malaria control programmes, increasing funding for malaria control and ensuring correct and consistent implementation of the cost-effective interventions.

