#### **Transparency and Accountability Network**

#### **IMMC**

Integrated Mosquito and Malaria Control

- UNICEF, and other organizations have published a lot about malaria.
- But rather little of this is management information that serves to help make the best decisions.
- The following is from a UNICEF fact sheet about malaria titled: "World Malaria Report 2005"
- Conclusion: Good, but not really very helpful

MALARIA KILLS over one million people and sickens between 350 and 500 million more people each year. Nine out of 10 deaths are among sub-Saharan children below age five; malaria kills an African child every 30 seconds.

CHILDREN WITH MALARIA, a parasitic, mosquito-borne disease, typically develop fever, vomiting, headache and flu-like symptoms. When untreated, malaria can progress rapidly to convulsions, coma and death. Children who survive an episode of severe malaria can suffer from learning impairments and brain damage. Repeated episodes of malaria lead to anaemia, lethargy and poor childhood development.

PREGNANT MOTHERS and their unborn children face particular risks from malaria, which can cause maternal anemia, placental infection and low infant birth weight, which is the single greatest risk factor during an infant's earliest weeks.

WHERE MALARIA FESTERS: While the disease has been eliminated from temperate climates, it still affects tropical and sub-tropical regions. Approximately 40 per cent of the world's population is at risk of malaria.

AFRICA IS HARDEST HIT, followed by Southeast Asia, the eastern Mediterranean region and Western Pacific. In many parts of Africa, one in two people will contract malaria this year. And of the 270-400 million annual cases of *falciparum* malaria – the most severe form of the disease – more than 70 percent occurs in Africa.

MALARIA IMPOVERISHES: Many African families spend a quarter of their annual income on malaria treatment. At national level, malaria control and treatment can cut aggregate growth by about 1.3 per cent per year.

DRUG RESISTANCE: In many parts of Africa and most of Asia, malaria has become increasingly resistant to traditional treatments such as chloroquine and sulphadoxine-pyrimethamine. A more effective therapy, artemisinin-containing combination therapy (ACTs), costs 10 times more at US\$ 2-3 per adult dosage. By end-2004, 42 countries had adopted ACTs as a first line treatment.

BED NETS WORK: The use of insecticide-treated bed-nets in areas of high transmission can reduce child deaths from all causes by over 20 per cent and malaria illness by 50 per cent. At end-2004, fewer than five per cent of African children were sleeping under a net; the US\$ 2-5 that it costs is beyond the reach of poor households.

COSTS OF TREATING MALARIA: Malaria, together with HIV/AIDS and TB, is one of the major public health challenges undermining development in the poorest countries in the world. A rough estimate of total costs for universal coverage in both prevention and treatment in Africa is US\$ 3.2 billion per year, with US\$ 850 million going to operational and health system support costs. IN 2004, spending on malaria was US\$ 600 million, or 20 per cent of the total needed.

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UNICEF on Malaria

#### CONCLUSION

UNICEF has a big impact on global health, and especially health for children... but when it comes to malaria, for some reason, UNICEF seems to have dropped the ball.

In a book about UNICEF published in 1987 by Maggie Black, some of the history of combating malaria is described (Chapter 4). There and been tremendous success ... but not total success, and very little done in Africa.

It would be great if UNICEF would again become meaningfully engaged in the challenge of malaria.

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#### **Questions?**

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