

UNICEF's Malaria Strategy & Activities *Leaving no one behind*



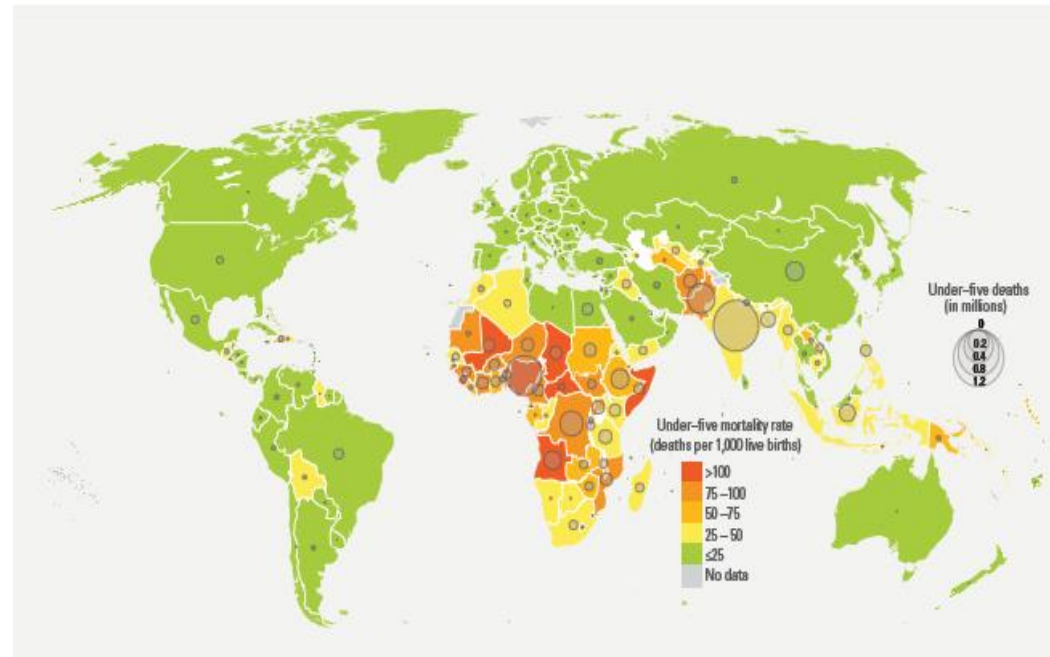
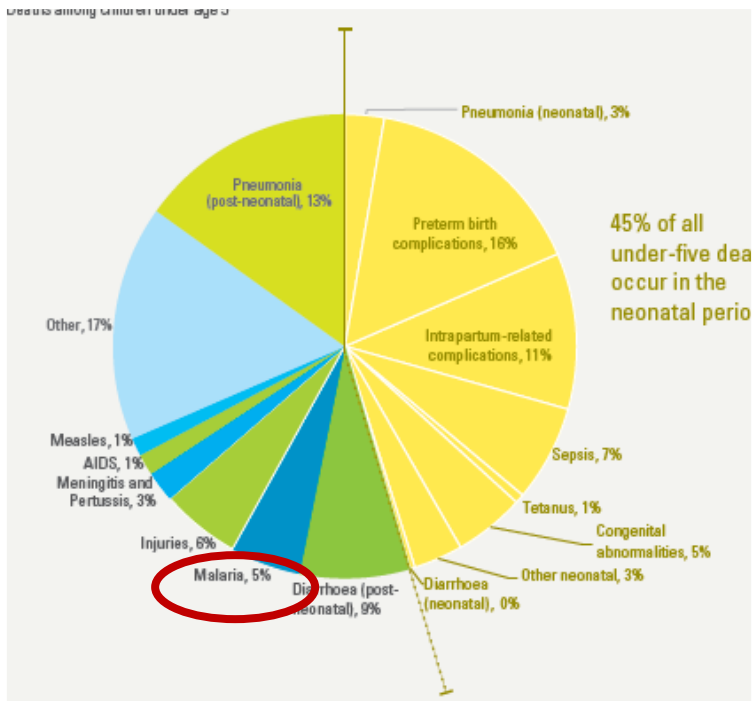
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**RBM Multisectoral Working Group
07 Feb 2020**

What are children under-5 dying of ?

Worldwide: Malaria accounts for 5% of global deaths in under-fives

Malaria deaths account for 10% of deaths in children under-five in sub-Saharan Africa



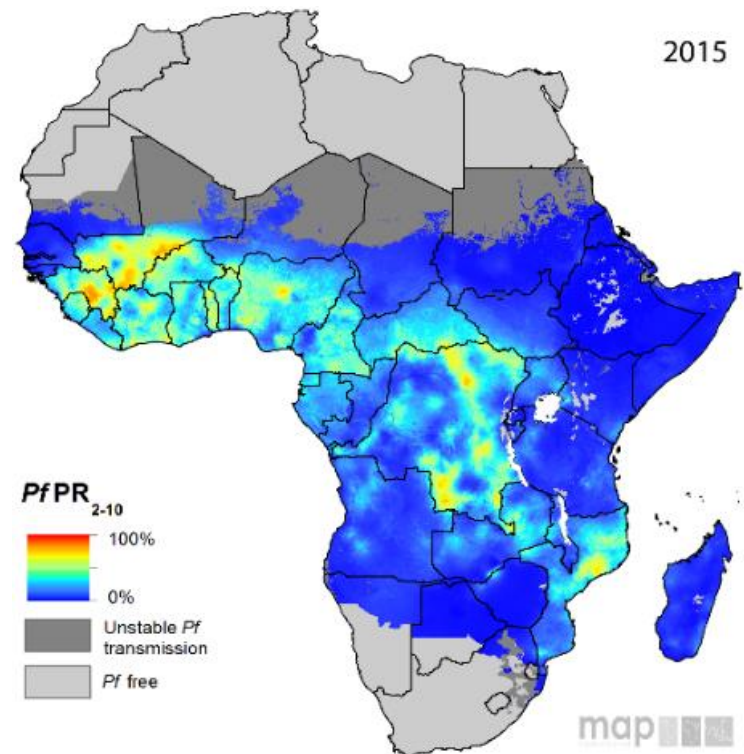
Under five mortality rate & under five deaths, per country, 2015

More than one third of child deaths are attributable to undernutrition

Fifteen countries are responsible for 80% of the total malaria cases worldwide...

- **3.2 billion people globally are at risk of disease.**
- To achieve the 2030 targets, achieving malaria control goals in the following countries is essential **(90% of mortality burden is in Africa)**:
- **10 most affected countries in Africa: Nigeria, DRC, Mozambique, Ghana, Mali, Burkina Faso, Niger, Uganda, Tanzania, and Cameroun**
- **1 countries in Asia-Pacific: India**

The modelled parasite rate for *Plasmodium falciparum* in SSA, 2015. The map shows the percentage of 2-10 year olds infected by the parasite. Source: Malaria Atlas Project

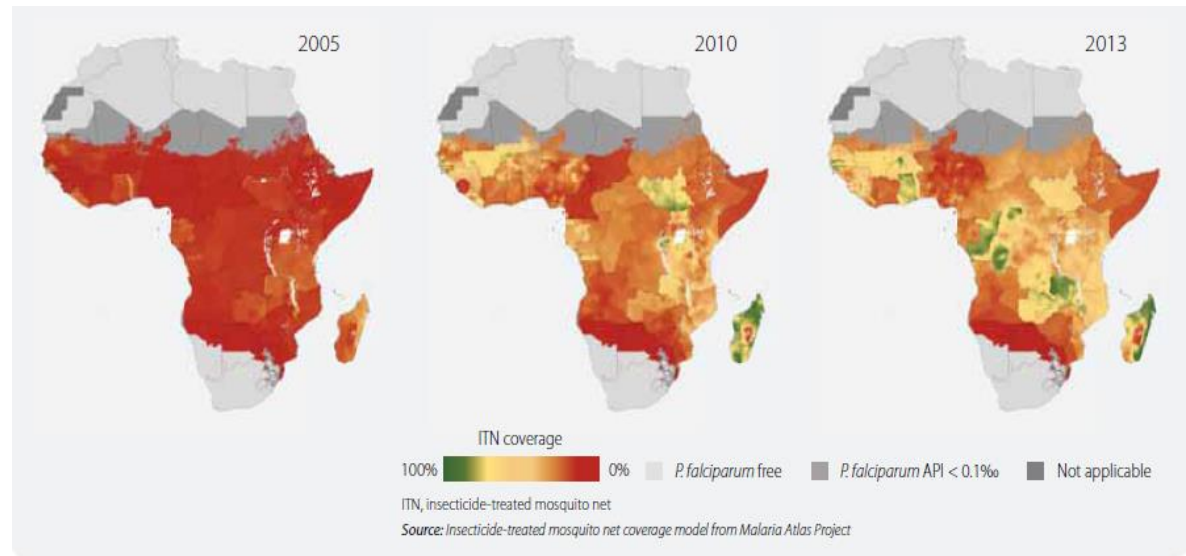


Large Increases: 49% of at risk population in sub-Saharan Africa had access to an ITN in 2013 & 44% were sleeping under an ITN. But still below the target of universal coverage

ITNs are estimated to reduce mortality rates by 55% in U5s in SSA

However, less than 40% of pregnant women are sleeping under ITNs. Only a few countries have achieved coverage levels of over 70 percent.

Proportion of population sleeping under an ITN, sub-Saharan Africa



Sustainability: Progress achieved during the last decade is very fragile. International funding for malaria control has leveled off below annual requirements to achieve universal coverage of malaria interventions and without replacement of LLINs we put countries at risk of **malaria resurgence**.

Prevention: UNICEF LLIN Procurement & Delivery:

PROCUREMENT

- Since 2000, UNICEF has procured and helped to distribute over 363 million mosquito nets in over 50 countries.
- UNICEF acts as procurement agent for countries and donors and also funds LLINs from its own programmatic funds



BCC

UNICEF supports training of community health workers, reaching out to PW and children at ANC & EPI contact points to increase use of nets, & working with community and faith-based leaders for the promulgation of healthy behaviours – including sleeping under an LLIN every night.

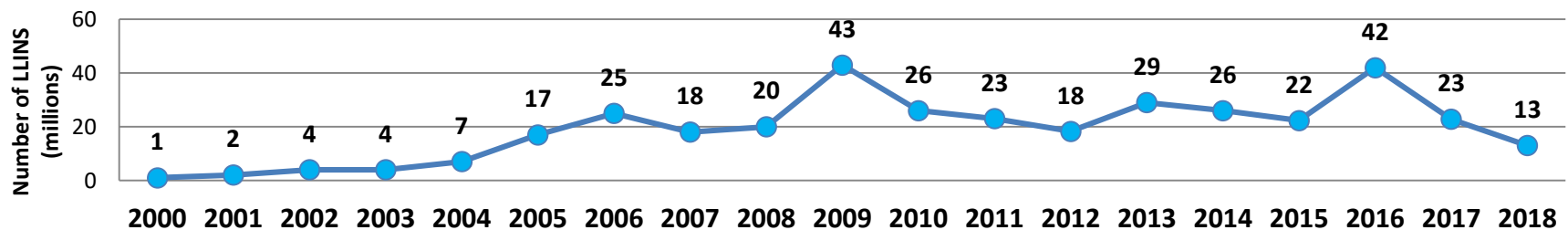
DISTRIBUTION

UNICEF nets supports the distribution of nets through ROUTINE systems such as ANC & EPI and also contributes to mass campaigns – this includes strengthening countries' supply chains



And support of in country M&E (post-campaign surveys, etc

Number of insecticide treated nets procured by UNICEF, 2000-2018



Malaria in Pregnancy (IPTp & LLINs)

- Each year, approximately 125 million women living in malaria-endemic countries throughout the world become pregnant.
 - An estimated 10,000 of these women and 200,000 of their infants die as a result of malaria infection during pregnancy, and severe malarial anaemia contributes to more than half of these deaths.
- Malaria in pregnancy increases the risk of: maternal anaemia, stillbirth, spontaneous abortion, low birth weight, neonatal death
 - Autopsy study in Mozambique suggests malaria as a non-obstetrical cause in 10% of maternal deaths
- HIV increases the risk of malaria & its adverse effects
 - Proportional increase estimated to be 5.5% and 18.8% for areas with an HIV prevalence of 10% and 40% respectively.
 - HIV-infected women at greater risk of severe anemia and death



Missed opportunities: Low coverage of malaria IPTp even when coverage of antenatal care is high

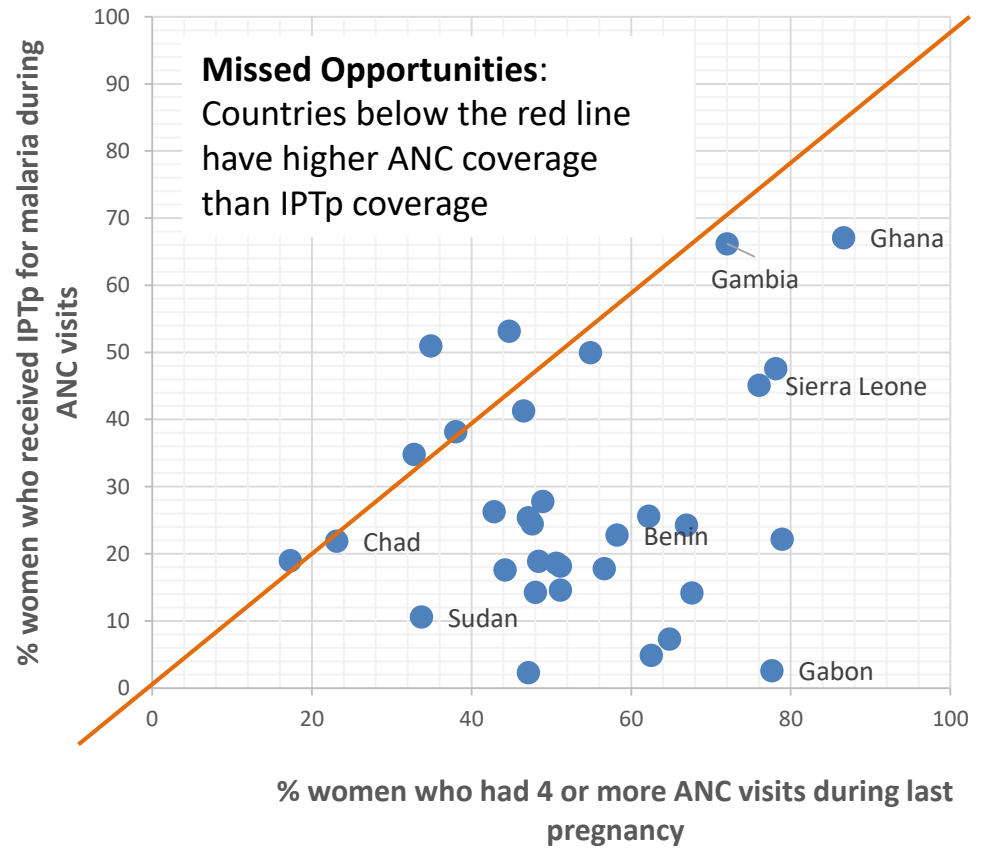
- **IPTp coverage** is below 30%.

More than
3/4
of pregnant women in endemic countries in sub-Saharan Africa don't receive this preventive treatment (IPTp).



UNICEF supports the provision of SP and training of practitioners to administer IPTp at each scheduled ANC visit after quickening.

Percentage of women who received IPTp for malaria during ANC visits during their last pregnancy and percentage of women who attended four or more ANC visits by any provider, African countries, 2010–2014



Source: UNICEF global databases 2015 based on MICS, MIS and DHS.

Scaling up an appropriate & focused antenatal care package

- In Africa, over $\frac{2}{3}$ ^{rds} of pregnant women have at least one ANC contact – however to achieve full life saving potential at least four visits are recommended
- UNICEF advocates for and supports the roll-out of the full ANC package (at the 1st, referral and community levels as appropriate) which includes:
 - ❑ Screening for maternal illness, hypertensive disorders, STIs and anemia (obstetric complications)
 - ❑ Provision of iron, folic acid, tetanus immunization, ARVs (where indicated), deworming, LLINs and anti-malarials (IPTp & ACTs if infected)
 - ❑ Counseling on family planning, birth, emergency preparedness and smoking cessation
- ❑ ANC is also an opportunity to promote the use of skilled attendance at birth and post-partum healthy behaviours



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UNICEF considers low coverage of malaria IPTp even when coverage of antenatal care is high as a missed opportunity

Diagnosis: the key first step



Quality microscopy: requires appropriate training, supervision, retention of the microscopist & constant supply of reagents and care for the microscope

- To ensure children are receiving the appropriate medication they must first have a confirmatory diagnosis (either microscopy or RDT) for malaria, with effective treatment for malaria being provided if the test is positive and further diagnostic tests if the test is negative.
- Approximately 40% of children with fever in SSA do not present for treatment
 - Of those who do: ~20% see attention the informal private sector (with low testing rates and low availability of ACTs).
 - *This puts pressure on ACTs (drug resistance) and leads to children being treated incorrectly.*
 - The testing rate in the public sector in SSA rose from 20% in 2005 to 62% in 2013

It is estimated that every child <5 has 6 febrile episodes every year and 1 per adult in SSA

In many parts of Africa, fever is equivalent to malaria, leading to incorrect treatment.

There needs to be enough RDTs (or access to quality microscopy) to test all suspected cases of fever

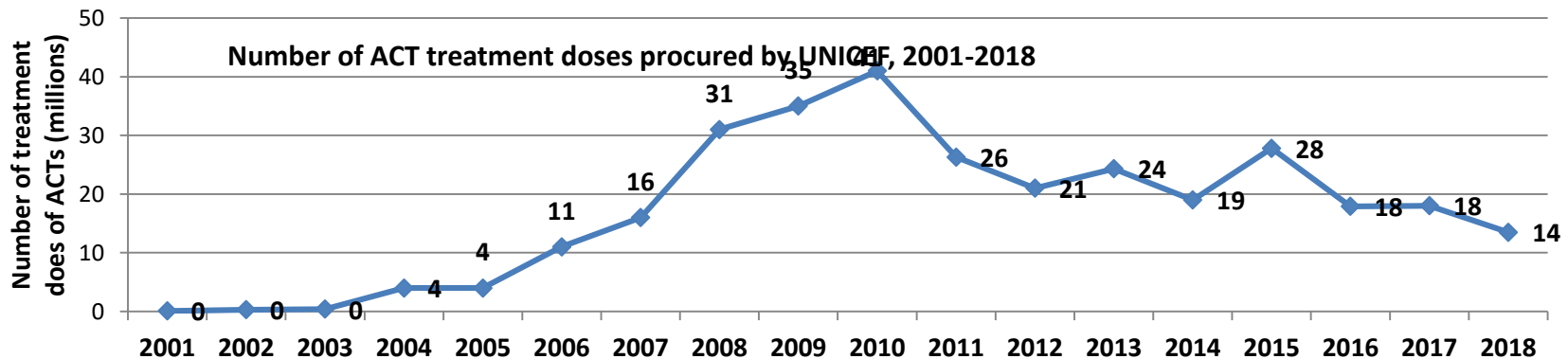


UNICEF Scaling-Up anti-malaria Treatment

- UNICEF uses a forecast and updated information sourced from countries and partners to establish high visibility procurement through its LTA (long-term agreement) holders
 - UNICEF and WHO conduct a joint annual tender for antimalarial medicines based on current WHO malaria treatment guidelines.
 - UNICEF's policy is wherever possible WHO-prequalified products but where none are available UNICEF & WHO will carry out a detailed technical evaluation of other antimalarial products available in the global market, in cooperation with relevant partners and regulatory agencies.
- UNICEF also provides in-country support for quantification and forecasting; quality assurance; shipping; inventory management and support for distribution as well as M&E.



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UNICEF's Focus on integrated Community Case Management (iCCM)

- A strategy enabling assessment, classification, treatment and referral of pneumonia, malaria, diarrhea and SAM in children (2 months to 5 years) at community level.
- iCCM provides opportunities for malaria elimination:
 - CHWs can identify parasite focus areas and conduct case investigations
 - CHWs can help clear parasite populations through intensive community based malaria diagnosis and treatment
- Channels for CCM include the public health system and through the private sector (CHWs and NGOs)
- The greatest gap in potential mortality reduction is the unmet need for treatment :
 - Only 35% of children receive correct treatment for diarrhea
 - Only 31% of children with suspected pneumonia receive an antibiotic
 - On average less than 40% of children with fever (suspected malaria) receive the appropriate antimalarial



RDT for fever diagnosis



ACT malaria drug



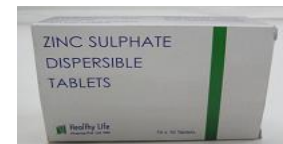
Antibiotics for pneumonia



Timer for pneumonia



RUTF for SAM



Zinc for diarrhea



ORS for diarrhea

UNICEF Comparative Advantage is support for Malaria control Across Sectors



Immunization

- IPTi (lessons learnt)
- Malaria Vaccine (future)

Communication & C4D

- WMD
- Advocacy



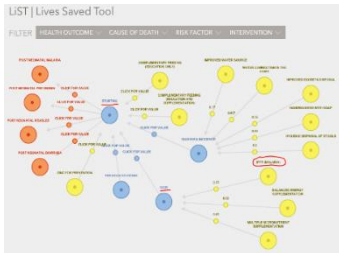
Nutrition

- Sahel Famine Response
- Stunting Taskforce
- Folic Acid



WASH

- Environmental interventions
- Vector elimination strategies



Health Systems Strengthening

- Integration
- Community health workers
- Primary Health care delivery



Education

- Sensitization
- Continuous LLIN distribution

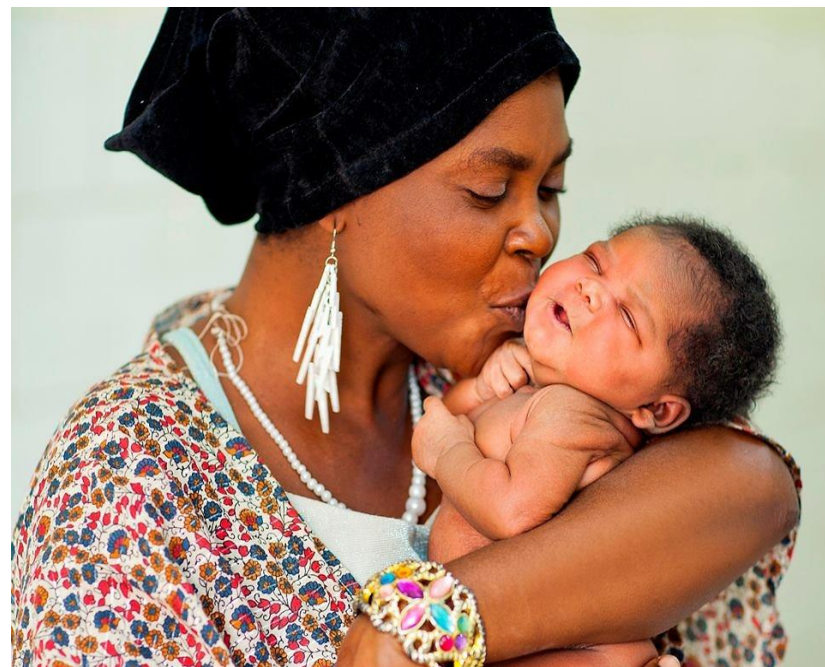
Early Childhood Development & Adolescents

- Severe malaria
- Adolescent pregnancies



Tremendous progress between 2000 and 2015

- Since 2000, global malaria mortality rates have declined by 60% and global malaria incidence (the rate of new malaria cases) has fallen by 37%.
- Over the same period, an estimated 6.2 million lives have been saved as a result of scale-up of malaria interventions – especially LLINs.
- Among children U5 years of age, malaria death rates have fallen by 65%.



However, ***malaria is still the fourth highest cause of death in children under 5 years of age and accounts for 10% of child deaths in sub-Saharan Africa.***

Malaria still takes the life of a child every 2 minutes.

A quickly changing context



- **Two new documents in 2015** – the WHO Global Technical Strategy for Malaria (GTS) and the Roll Back Malaria (RBM) Action and Investment to Defeat Malaria (AIM).
Both set ambitious, obtainable malaria elimination goals for 2016-2030
 - Pendulum swing from “vertical” programs to **“horizontal” integration**
 - Complexity of SDG platform highlights **interdependencies** of development, including Health Systems Strengthening
 - **Full Global Fund replenishment** 2016 is especially critical
- **The costs of achieving the 2030 malaria goals will be ~\$102.3 billion (+\$673 million per year for R&D) *not including the wider development and HSS investments***
 - US\$ 6.5 billion/year by 2020 to meet the first milestone of 40% reduction
 - US\$ 8 billion/year by 2025 to meet the second milestone of a 75% reduction
 - US\$ 9 billion/year by 2030 90% to meet the third reduction goal
- **Current annual spending is ~\$ 2.5 billion**
- ***SDG 3.3: “by 2030 end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases.”***

UNICEF's Malaria Strategy: Alignment with GTS & AIM (2016-2030)

- **Increasing investment and resource mobilization**
 - Domestic resources, alignment w/ GFF & GFATM
- **Integrating malaria into health systems**
 - Alignment w/ UNICEF HSS & PSM efforts, including community-based systems
 - Support & use of MNCH platforms (ANC, EPI, CHWs)
- **Advocacy** – aligning with EWEC/APR
- **Targeting vulnerable/marginalized populations as part of UNICEF's equity agenda**
- **Improving quality and use of data, and monitoring results**
 - EQUIST, DHSS, MICS, APR scorecards, m-health/RapidPro etc



- **Strengthening and facilitating cross-sectoral engagement in the malaria response (e.g. nutrition, WASH, education)**
- **Strengthening social/BCC & community engagement: C4D**

UNICEF priority areas: Increasing **access** to life-saving commodities

UNICEF works with industry and partners to achieve substantial savings, market expansion, and new products for children via:

Market influencing

Supply chain optimisation

Innovation

UNICEF's focus is on extending provision of care to the last mile

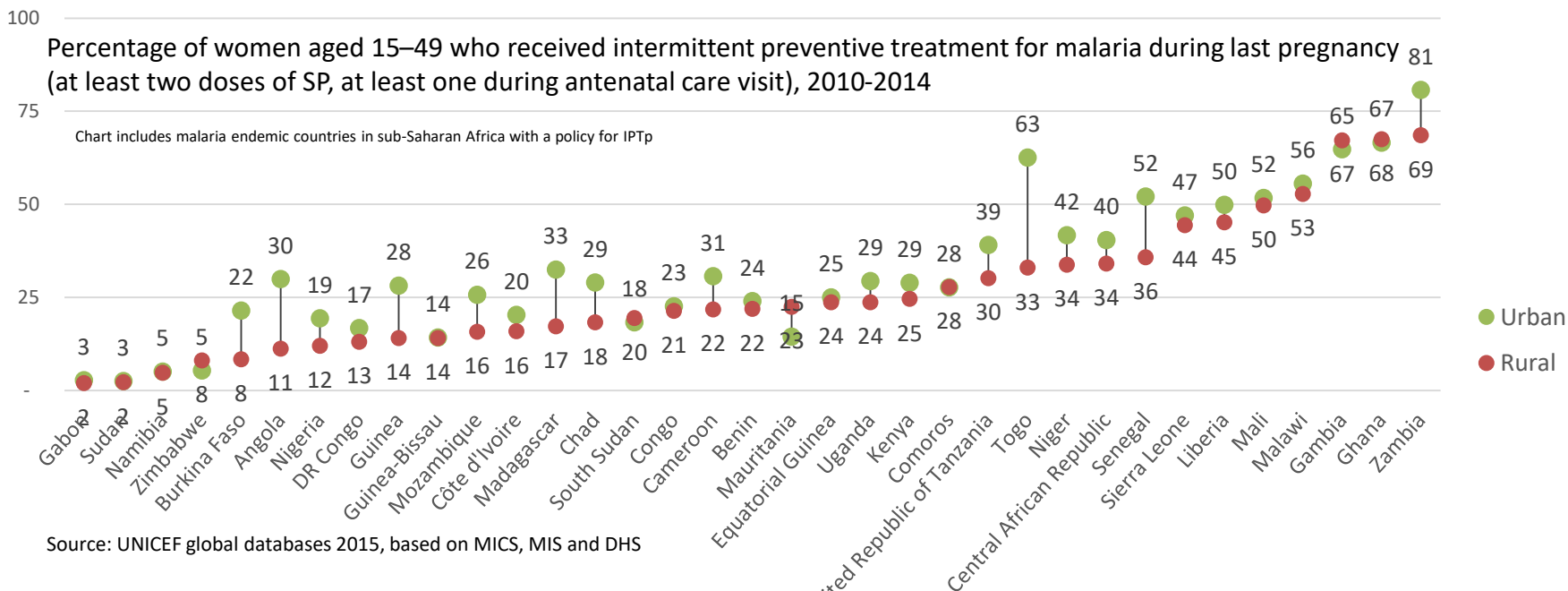
- **Reduced pricing**
- **Increased competitive supplier bases**
- **Sustained quality and availability**
- **Setting quality standards**

Via:

- **Partnerships with expertise (e.g. , GFATM, BMGF, GAVI, UNITAID, MSF, WHO, CHAI, WB)**
- **Market analyses**
- **Risk assessments**
- **Commercial expertise**
- **Negotiated terms with suppliers**
- **Financing mechanisms**

UNICEF priority areas: Equity

- Improving the quality of service provision means paying close attention to equity and **advancing policies that help reduce disparities** between advantaged and more vulnerable people. **Poorer, less educated, and rural women have been shown to have lower coverage and access to malaria control** and experience more **discrimination and disrespect in facilities** as well.



- Reducing barriers to access, including distance and cost, are imperative.**

Sustaining Gains: What is working

- UNICEF has **strong policy influence** at all levels, particularly at country level
- UNICEF is also working on **Market influencing; Supply chain optimization; and Innovation**
- **Technical support**
 - UNICEF's ability to deliver malaria commodities, especially to the most vulnerable, is globally recognized
- **Coordination** among donors, especially the Global Fund, World Bank and US-PMI and implementers to accelerate scale-up



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- **Resource Mobilization**
 - Develop strategies for human resource training and retention
 - Effective mobilization for technical assistance to countries
- **Procurement and supply chain strengthening**
- **Improving data quality & gathering (M&E)**
- **Integration** of malaria control into health systems, particularly at district level
 - Focus on the integration of malaria with EPI for commodity distribution and malaria programme supervision
 - Child & Maternal Health Days/weeks
 - Harmonized funding (GF NFM, IHP+, GFF, RMNCH, etc)
 - UNICEF-GF MOU focused on child and maternal care

Needs: Still need to push through to Universal Coverage



- In 2015, at least 41 M children under 5 in sub-Saharan Africa (over 25% of those at risk) neither slept under an ITN nor benefited from IRS
- Only 13% of children with fever are estimated to have received an ACT.
- In addition, only 23% of pregnant women are receiving the indicated doses of intermittent preventive treatment to protect themselves and their babies from malaria.

Countries estimate that ~US\$10 billion (*of which 60% is not financed*) is required through 2020 to fully implement their national strategic plans.

WE can be the
generation
to defeat
malaria



“Malaria control has proven to be one of the smartest investments in health we can make. This is why it is one of my priorities. When we target our funds in proven malaria control interventions, we create healthier communities and more robust economies. Now more than ever, partnership will be crucial to ensure we can build on our successes and leave no one behind.”

United Nations Secretary-General Ban Ki-moon

21 April 2015

**Thank You
Merci
Obrigado
Melesi
Asante Sana
Twasanta Mani
Matondo
Wasakidjila wa bunyi**



**Questions? Comments ?
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