

Background

Though Zambia has made strides in malaria prevention and control in the last five years, it still kills more children under the age of five than any other disease or illness. Malaria affects more than 4 million Zambians annually, accounting for approximately 30 percent of outpatient visits and resulting in almost 8,000 deaths each year. Under five-year-old children and pregnant women are the most vulnerable, especially those in more remote and impoverished areas, with 35-50 percent of under-five mortality and 20 percent of maternal mortality attributable to malaria.

Combating malaria is vitally important in the battle to save young lives and protect children from losing their mothers.

Malaria is both preventable and treatable, but it is a complicated disease whose prevention and control requires multiple interventions. Preventing malaria requires creating a malaria-free environment, which means spraying the inner walls of populated structures (homes, schools, hospitals, businesses, and other institutions) with insecticides and always sleeping under insecticide-treated nets (ITNs). Other measures include environmental control to prevent the development of mosquito breeding grounds.

For those for whom prevention measures fail, prompt and effective treatment is imperative. Treatment begins with recognizing the symptoms of malaria, seeking treatment immediately at the onset of illness, and having access to community or facility based health care workers who have the knowledge to treat malaria at its various stages.

Issue

Malaria prevention and treatment is expensive. Only over the last 5 years, as a result of partnership between the Government of the Republic of Zambia (GRZ), UNICEF, the World Health Organization, the President's Malaria Initiative, the Bill and Melinda Gates Foundation, the World Bank, and other partners has affordable ITNs been made widely available. In the past, nets were financially out-of-reach for poor Zambians, costing upwards of US\$12 each. Free distribution and highly subsidized nets are now widely available, but need still outstrips supply. Currently 64 percent of households in Zambia own at least one ITN.

Drugs for the treatment of malaria are constantly evolving and improving. The new and improved medications are more costly and many hospitals and clinics face challenges in supply and logistics management. Despite having Global Fund and other approved resources for procurement of anti-malarial medications, occasional stock outs occur due to lapses in the supply chain. Further prior to 2006, most cases of malaria in Zambia didn't get a confirmed laboratory diagnosis, as the capacity for diagnosis was low. In the last five years, the Ministry of Health and partners have introduced new diagnostic technology-rapid diagnostic test (RDTs), which can be used in remote rural districts where microscopic diagnosis is impractical.

Poor health seeking behavior among communities is another challenge related to low awareness about malaria. Mothers and caregivers sometimes do not recognize the signs of malaria in infants or they seek other types of treatment from traditional healers. While user fees for basic health services have been removed in rural areas of Zambia where the poorest children and families live, communities still face the dilemma of indirect health costs such as for transportation among others and hence delays in seeking care.

Action

In partnership with the Government and under the National Malaria Control Programme, UNICEF supports a variety of interventions aimed at mitigating the impact of malaria on children and women. ITNs are

periodically mass distributed at no cost to recipient households, while highly subsidized low-cost ITNs (costing less than US\$1) are available at antenatal clinics for pregnant women and children under the age of five. Free nationwide provision of intermittent presumptive treatment (IPTp) allows pregnant women to receive at least three doses of Fansidar to protect them from malaria during pregnancy.

UNICEF also supports the Integrated Management of Childhood Illnesses (IMCI) programme, which aims to reduce child illnesses and deaths by focusing on the greatest threats to child survival. IMCI addresses the multiple layers of newborn and child health care by ensuring that common diseases like pneumonia, malaria, HIV, and malnutrition are treated at every level, from households to Government hospitals. IMCI stresses training for healthcare workers in the aggressive treatment of common childhood illnesses within the first 24 hours of its onset and helps train mothers and caregivers in household management of common childhood illnesses, malaria included.

Impact

- Significant progress has been made in malaria control with increases in access to treatment, ITN ownership and utilization, indoor spraying, and public education.
- Zambia passed the Roll Back Malaria target of reducing malaria mortality by half between 2000 to 2010.
- Zambia was among the first two countries in the region to programmatically introduce the new dispersible formulation of first-line anti-malarial drug Artemether-Lumefantrine (Coartem®) suitable for under five children in the weight range 5 to 35 kg.
- The percentage of households with at least one ITN increased from 38 percent to 64 percent between 2006 and 2010.
- Percentage of children ages 0–59 months who slept under ITNs increased from 24 percent in 2006 to 50 percent between 2006 and 2010.
- Percentage of pregnant women who sleep under an ITN increased from 24 percent in 2006 to 50 percent between 2006 and 2010.
- Further, 89 percent of pregnant women received at least one dose of malaria preventive medicine and more than 70 percent received two or more doses.

UNICEF's Country Programme 2011-15

UNICEF's country programme 2011-2015 will continue to support GRZ commitment to support malaria prevention and control in Zambia. Support will also include capacity development for duty bearers at all levels for the delivery of services. UNICEF support will strengthen national health systems, focusing on the implementation of key policies and strategic plans that provide the framework and direction for key health programmes.

Malaria prevention and control is under the programme result: "Children, mothers, and pregnant women benefit from high impact interventions contributing to the attainment of MDG targets for child and maternal survival and development." Addressing malaria prevention and treatment contributes to Millennium Development Goals 4, 5, and 6. Malaria prevention and control is a prominent sub-component of the Health, Water & Sanitation, HIV/AIDS of GRZ/UNICEF Country Programme 2011-2015.

Under the United Nations Development Assistance Framework, Malaria prevention and control contributes to achieving "Outcome 3: Vulnerable people living in Zambia have improved quality of life and well being by 2015."

Expected Results in 2011-15 UNICEF Zambia Country Programme – Malaria

1. By 2015, to have 100 percent of all suspected malaria cases at health facility and community levels receive parasitological diagnosis and effective treatment.

2. By 2015, to have universal ITN ownership and at least 80% use among under-five children and pregnant women.
3. By 2015, at least 90 percent of pregnant women receive 4 doses of intermittent presumptive treatment for malaria.

Source: [UNICEF](#)