

Invest in the future: Defeat malaria

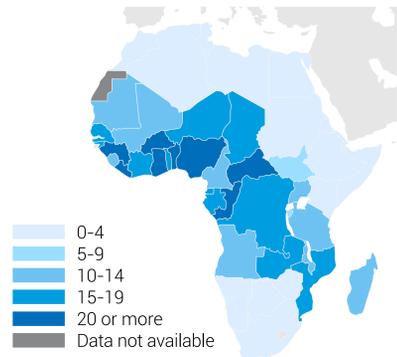
World Malaria Day 2015

#DefeatMalaria

Fighting to reduce the malaria burden

Malaria is devastating for women, children and health systems. It keeps children from going to school, prevents parents from engaging in productive activities, and decreases the likelihood of a healthy pregnancy outcome. Malaria is a leading killer of children under five, particularly in sub-Saharan Africa.

Percentage of deaths among children under age 5 attributable to malaria, 2013



The world has made great progress in reducing malaria deaths.

4.3 MILLION LIVES were saved between 2001-2013 through increased access to malaria prevention, diagnosis and treatment.

92% of those are children under 5

Malaria deaths in children under 5 years old have dropped by

40% SINCE 2000

Yet, roughly every minute a child under 5 dies of malaria.

1,200 every day.

INVESTMENT

in the malaria fight is one of the best buys in global health. The tools are cost-effective and the return on investment is high, with the world standing to gain an estimated

\$270 BILLION

through eliminating the disease in sub-Saharan Africa alone.



Malaria in pregnancy

Pregnant women and their babies are especially at risk, since malaria infection during pregnancy can lead to stillbirth, low birthweight and other complications.

In Africa, **10,000 women** and between **75,000 and 200,000 infants** under one year die annually as a result of malaria infection during pregnancy.



There are **effective and inexpensive** strategies available to prevent malaria in pregnancy, including Intermittent Preventive Treatment of Malaria in Pregnancy (IPTp) and insecticide treated bednets (ITNs).



Appropriate administration of medication (IPTp) during antenatal care can reduce:

NEONATAL MORTALITY (Babies up to 4 weeks of age)

31%

LOW BIRTHWEIGHT

43%

More than

3/4



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

This translates into about

28

MILLION LIVE BIRTHS in sub-Saharan Africa in 2014 that were not protected against malaria.

REASONS:

- > Confusion among health care providers about the IPTp policy
- > Weak healthcare systems
- > Lack of knowledge among pregnant women
- > Financial barriers to accessing antenatal care

Which pregnant women are especially disadvantaged?

Malaria in pregnancy is highly inequitable

Only

4 in 10

pregnant women in rural areas receive the recommended **four antenatal care visits** compared to almost

7 in 10

women living in urban areas.



In some countries, rural women are especially disadvantaged:

In **TOGO** for example,



2 in 3

urban women receive treatment



but only **1 in 3**

rural women receive treatment

Other countries where coverage of IPTp in rural areas is **half the level** in urban areas include:

- SENEGAL
- MOZAMBIQUE
- GUINEA
- BURKINA FASO
- CHAD

WEALTH IS A MAJOR FACTOR:

POOREST

17%

of women in the lowest wealth quintile receive IPTp

RICHEST

27%

of women in the highest wealth quintile receive IPTp

WHAT IS NEEDED?

We must sustain robust investment, including national resources, encourage political will, and scientific innovation to eliminate malaria.



Eliminating malaria is critical to achieving the broader development targets. Reaching all those at risk, especially pregnant women and young children is vital.



We must take action to increase coverage of antenatal care and take advantage of every contact with pregnant women to deliver bednets (ITN) and IPTp.



SOURCES:

UNICEF global malaria databases, 2015, based on MICS, DHS and MIS
WHO, World Malaria Report 2014
WHO-CHERG estimates for child causes of death 2000-2013
Roll Back Malaria, Progress and Impact Series, 2014
See more at: <http://www.data.unicef.org/child-health/malaria>

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