

Malaria

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Though eliminated in some parts of the world decades ago, malaria remains a significant public health problem threatening half the world's population. The availability of simple, cost-effective interventions to prevent and treat the disease, including long-lasting insecticidal nets (LLINs), has led to a 47 percent decrease in malaria mortality rates since 2000 (54 percent decrease in Africa). Malaria disproportionately affects the poor and most marginalized communities as they are high risk and have the least access to effective services. Due to more vulnerable immune systems, children under 5 years old, pregnant women, and people living with HIV and AIDS are more susceptible to malaria. According to the World Bank, malaria is also a major obstacle to economic development, causing \$12 billion of lost economic productivity in Africa annually, slowing GDP by as much as 1.3 percent per year.

The facts

-  An estimated 3.2 billion people are at risk of being infected with malaria and 1.2 billion are at high risk (>1 in 1000 chance of getting malaria in a year).
-  Malaria infected an estimated 198 million people and caused 584,000 deaths in 2013. The burden is heaviest in sub-Saharan Africa, where an estimated 90 percent of all malaria deaths occur, and in children under 5, who account for 78 percent of all deaths.
-  The highest malaria mortality rates are in countries that have the highest rates of extreme poverty (living on less than \$1.25 per day).
-  The malaria target under MDG 6 has been met, and 55 countries are on track to reduce their malaria burden by 75 percent, in line with the World Health Assembly's target for 2015.
Source: WHO 2014 World Malaria Report

World Vision's response

World Vision supports the Roll Back Malaria Partnership (RBM) targets of reducing global malaria deaths by the end of 2015 to near zero and reducing global malaria cases by 75 percent from the 2000 level. To achieve these targets, WV is supporting rapid scale-up for **universal coverage of LLINs** (defined as one net per two people) through its existing community networks using a community-based distribution model. WHO recommends full coverage of all people at risk of malaria through LLINs, which are particularly advantageous in rural areas where the logistical and monetary demands of indoor residual spraying render it an unrealistic strategy. Strong evidence shows that when community coverage of at least 80 percent is attained, LLINs can lower risk of infection by up to 50 percent through a reduced mosquito population and decreased transmission rate, benefiting even those

not sleeping under nets.

Volunteers are trained to distribute the nets through community meetings or household-to-household, demonstrating net hang-up and **providing information, education, and communication** (IEC) to ensure correct use of nets. In addition to training community volunteers, World Vision provides technical support for training local Ministry of Health clinic and government staff in pharmaceutical management and malaria case management for pregnant women and children.

World Vision is also **pressing the international community to do more** to combat malaria, recognizing that proper control, elimination, and eventual eradication of the disease is not possible without greater resources and stronger coordination between governments, private businesses, civil society organizations, non-governmental organizations, and local communities.

Approach, projects, and collaborations

Approach

World Vision operates in nearly 100 countries, 51 of which have ongoing malaria transmission, and 14 of which are among the 19 countries targeted in the U.S. President's Malaria Initiative (PMI). As a child-focused organization, WV has years of experience implementing malaria interventions at the community level, mainly in sub-Saharan Africa, including the distribution of long-lasting insecticidal nets (LLIN).

Selected recent projects

Zambia: USAID-funded STEPS OVC project, with funding from PMI, DFID and private donors, distributed 1 million LLINs in Luapula and two districts in Eastern Province in 2011; 800,000 in Western province, 310,000 in Kafue and Chongwe districts, and 152,100 in Lufwanyama and Kalulushi districts in 2013; and 1.2 million in Luapula province again in 2014. The highly successful door-to-door distribution method relies on mobilization of District Malaria Task Forces, community stakeholders, over 50,000 STEPS OVC volunteers, and others. In Kafue, Chongwe, Kalulushi and Lufwanyama, the end of project evaluation revealed an increase in children under 5 sleeping under a net from 39 percent to 95 percent and pregnant women sleeping under a net from 35 percent to 96 percent.

Malawi: privately funded Nkhoma and Chilenje Malaria Control Project and partners provide annual indoor residual spraying for nearly 30,000 households; support the distribution of 112,594 LLINs; conduct IEC activities on proper, consistent net utilization, prevention, and care-seeking behaviors; and facilitate increased access to testing, treatment, and intermittent preventive treatment in pregnancy (IPTp).

Kenya: distributed 332,650 nets to 679,192 people in North Rift Valley province in 2011 and 331,328 nets to 645,589 people in West Pokot County in 2014. The project has served as a capacity opportunity for the county government and community leaders, including village elders and local chiefs, who volunteered their services for distribution.

Uganda: worked with the Global Fund, PMI, and DFID to support Uganda's Universal Coverage Campaign for LLINs. WV distributed over 500,000 LLINs to 895,192 people in Soroti and Busia districts. Post distribution data showed a 47.5 percent and 94 percent increase in net utilization among children under 5 and pregnant women respectively, and preliminary findings indicate a 25 percent reduction in malaria parasitaemia in the community.

In **Angola**, the PMI-funded Kwanza Norte program aims to reduce by 70 percent the number of malaria cases and malaria-related mortality through evidence-based interventions, also decreasing the socio-economic burden imposed by malaria.

Mozambique: co-principal recipient of Global Fund-Malaria-Round 9. The program covers all 10 provinces and an estimated 20 million people with malaria education, prevention, and case management interventions. Over 5 million nets have been distributed and over 15,000 teachers and community volunteers have been trained on malaria Information, Education, and Communication materials. With private funding, distributed 200,000 nets to more than 417,000 people in Nampula province. Net utilization rates were 85 percent for children under 5 and 88 percent for pregnant women.

Mali: distributed 422,800 nets in Koulikoro region in 2012 to protect more than 792,000 people in over 60,000 households. In addition, rapid diagnostic tests for 7,000 people, treatment for 30,000 children under 5, and IPTp for 10,000 pregnant women were provided. Evaluation data show that thorough coverage was provided, and caregivers—primarily women—have an improved understanding of how nets can prevent malaria.

Collaborations

- Roll Back Malaria (NGO delegate to the board)
- Harmonization and Advocacy & Vector Control Working Groups for Roll Back Malaria Partnership
- Alliance for Malaria Prevention
- CORE Group's Malaria Working Group
- Malaria No More and Against Malaria Foundation
- Recipient of PMI and Global Fund grants
- Coalition for Child Survival
- Maternal, Neonatal, and Child Health Initiative

Contact

Gagik Karapetyan, M.D., M.P.H.

Infectious Diseases Senior Technical Advisor

Over 24 years' experience in infectious diseases field with a focus on pediatric infectious diseases (viral, bacterial, and parasitic), including vaccine-preventable diseases, pneumonia, malaria, TB, diarrheal diseases, hepatitis, and soil transmitted helminthes.

gkarapet@worldvision.org

World Vision is a Christian humanitarian organization dedicated to working with children, families, and their communities worldwide to reach their full potential by tackling the causes of poverty and injustice. World Vision serves all people, regardless of religion, race, ethnicity, or gender.

300 I Street NE, Washington, DC 20002 • 202.572.6300 • www.worldvision.org/ourimpact • www.endmalaria.org

