

Though eliminated in some parts of the world years ago, malaria remains a significant public health problem threatening half the world's population. Despite the availability of simple, cost-effective interventions to prevent and treat the disease, including long-lasting insecticidal nets (LLINs), malaria is a leading cause of death in children under 5 years old, with more than 2,000 children dying from malaria every day. Malaria disproportionately affects the poor—sub-Saharan Africa bears the heaviest burden with 91 percent of all deaths. 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 annually as the infected are unable to go to work.



The facts

- ✈ Approximately 50 percent of the world's population (3.3 billion) is at risk of malaria.
- ✈ Malaria infected an estimated 250 million people in 2006.
- ✈ Malaria kills nearly 1 million people each year; 85 percent are children under 5 years old for whom malaria is a leading cause of death, accounting for almost one in five deaths in sub-Saharan Africa.
- ✈ Malaria in Africa is estimated to cause as many as 10,000 maternal deaths each year and up to 14 percent of all low birth weight babies.
- ✈ High community coverage with LLINs in sub-Saharan Africa can reduce mortality of children under 5 years old by 20 percent, clinical malaria cases by 50 percent, and low birth weight babies by 23 percent.

Source: WHO

World Vision's response

World Vision (WV) supports the Roll Back Malaria (RBM) targets of reducing global malaria cases 50 percent by 2010 and 75 percent by 2015; and reducing global malaria deaths 50 percent by 2010 and to near zero by 2015. To achieve these targets, WV is supporting rapid scale-up for **universal coverage of LLINs** (defined as one net per two people) by expanding distribution through WV's existing community networks, which enables a village-by-village distribution model. WHO endorses LLINs as one of the most cost-effective mechanisms for controlling malaria, but only 3-5 percent of the sub-Saharan African population had nets in 2005. To achieve universal coverage, 300 million nets are needed there in the next two years. Target countries in 2009 and 2010 for WV's distribution of 8 million LLINs include Zambia, Mozambique, Kenya, Mali, Rwanda, Uganda, Senegal,

Tanzania, Ethiopia, and Ghana.

Achieving universal coverage is a challenge. WV's distribution model will ensure vulnerable populations have access to LLINs, achieve rapid scale-up of community coverage, and make certain LLINs are used correctly and consistently. 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 increase demand for and proper usage of LLINs.

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

Projects and partners

World Vision operates in 63 of the 109 countries where malaria is endemic, and in 12 of the 15 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).

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. LLINs provide personal protection to those who sleep under them, as the insecticide kills mosquitoes and serves as a repellent to decrease the number of mosquitoes in the household. 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.

Selected current projects

In **Zambia**, the USAID-funded RAPIDS consortium partnered with the Global Business Coalition on HIV/AIDS, Tuberculosis, and Malaria to distribute almost 500,000 bed nets to more than 122,000 households in 60 of Zambia's 72 districts along with IEC. This was

done through community meetings and a network of 15,000 volunteer Zambian caregivers. A post-distribution evaluation found that 99 percent of households surveyed had at least one LLIN, and 75 percent of beneficiaries were using them.

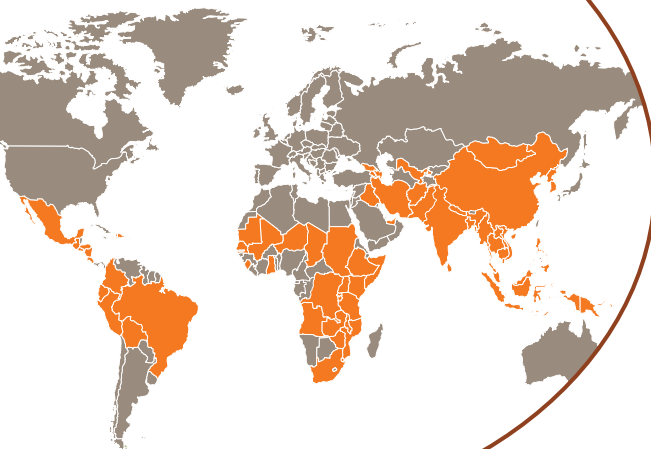
In **Tanzania**, the Global Fund and PMI-funded Malaria Control project provides training, supervision, and technical support to health staff to implement a voucher system for LLINs in 21 regions, benefiting 6.9 million infants and pregnant women.

In **Senegal**, WV is distributing LLINs and implementing IEC activities through an NGO consortium funded by PMI. The IEC activities inform communities on correct usage of LLINs, causes and prevention of malaria, and symptoms and correct treatment, and encourages early care seeking and prevention/management of malaria during pregnancy.

Collaborations and partnerships

- Roll Back Malaria (NGO delegate to the board)
- Harmonization Working Group (RBM)
- 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

Malaria endemic countries with World Vision presence



Technical specialists

Mark Maire, D.O., M.P.H., Infectious Diseases Sector Specialist

Focuses on malaria, with years of experience as a PMI adviser in Africa, in addition to experience in child survival and primary health care.

mmaire@worldvision.org

Dennis Cherian, M.H.A., M.S., B.H.M.S.

More than 16 years of experience in design, implementation, and evaluation of child survival, malaria, and TB and HIV programming, including PMI and Global Fund projects, with specific focus on integrated programming.

Carolyn Kruger, Ph.D., M.P.H.

More than 30 years of global experience in technical design, management, and monitoring of maternal, newborn, and child health programs in addition to child survival, nutrition, and HIV and AIDS.

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 • www.endmalaria.org

