



## Protecting vulnerable groups in malaria-endemic areas in Africa through accelerated deployment of insecticide-treated nets

Children aged under five years and pregnant women are the people most vulnerable to dying of malaria or suffering serious consequences of the disease, especially in regions where transmission is intense. Many studies have shown that sleeping under insecticide-treated mosquito nets reduces their risk dramatically.

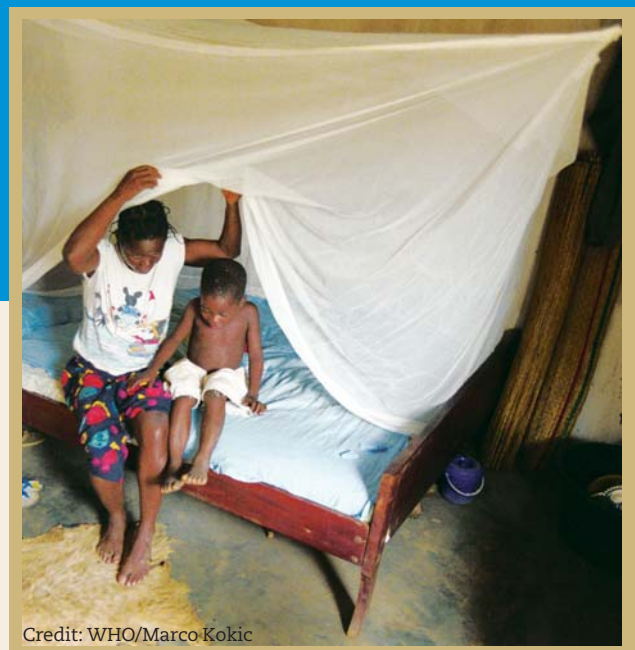
### Introduction

National health systems in regions endemic for malaria must take rapid steps to make the use of insecticide-treated nets universal for young children and pregnant women. These efforts must take into account differences between currently available nets. People using nets that require re-treatment with insecticides need access to these insecticides and instruction about proper techniques.

At the same time, efforts must be made to increase access to WHO-approved long-lasting insecticidal nets, which should gradually take the place of most nets that need re-treatment.

**Cost should not be a barrier to making insecticide-treated nets available to all young children and pregnant women in need.**

Wide-scale implementation of insecticide-treated nets is one of the four main strategies of Roll Back Malaria to reduce debilitating illness and death from malaria.<sup>1</sup> This strategy has been adopted



Credit: WHO/Marco Kokic

by most malaria-endemic countries in Africa, but achieving sustainable universal coverage requires intensified financial and technical commitments as well as complementary approaches to distribution of the nets.<sup>2</sup>

The priority for the short term is to protect all young children and pregnant women at risk. In general, rapid scale-up can be achieved most efficiently through distribution of free insecticide-treated nets. Some governments, however, have embarked on distribution strategies involving purchase by individuals of highly subsidized nets. There is room for this strategy, where it has been shown to be effective at reaching those in need, including the poorest.

<sup>1</sup> The Africa malaria report. Geneva, World Health Organization, 2003 (WHO/CDS/MAL/2003.1093).

<sup>2</sup> Roll Back Malaria. Scaling-up insecticide-treated netting programmes in Africa. A strategic framework for coordinated national action. Geneva, World Health Organization, 2002 (WHO/CDS/RBM/2002.43).

There is an urgent need for free distribution of insecticide-treated nets targeting young children and pregnant women, and it must be met now. Research has shown that nets distributed free of charge are valued, retained and properly used by the target group.<sup>3</sup> In the long term, countries and their partners must work together to develop sustainable marketing of subsidized nets at prices people in need can afford.

### Using every opportunity to reach young children and pregnant women

A variety of delivery mechanisms can be explored to accelerate delivery of insecticide-treated nets to vulnerable groups. The most viable approach is to distribute the nets to young children and pregnant women in concert with other public health initiatives targeting the two groups.

The Expanded Programme on Immunization and Antenatal Care Services reach a substantial proportion of the target groups and provide free services. The immunization programme, in particular, has long advocated attracting its constituents by combining measles vaccination campaigns with other health-promoting activities.

Pilot projects have shown that insecticide-treated net distribution (by way of the net itself or a voucher) can be successfully integrated into antenatal care or immunization campaigns and routine services, and that the dual effort can achieve high coverage for both. "Child health days," which some countries are adopting, represent another opportunity. Complex emergencies also provide opportunities for free distribution of the nets to vulnerable groups, such as those living in refugee camps.

Countries can reach their short-term targets for insecticide-treated net coverage<sup>4</sup> through such integrated approaches. Combined efforts may have a synergistic effect. Experience to date indicates that net distribution stimulates demand and increases coverage for vital immunization<sup>5,6</sup> and antenatal care services.

Free distribution of insecticide treatments should also be offered in parallel with other public health initiatives to people already in possession of nets that require regular re-treatment.

## Conclusions

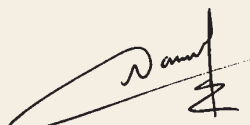
1. UNICEF and WHO strongly encourage the RBM Partnership to take up the challenge of rapidly increasing the distribution of free or highly subsidized insecticide-treated nets to achieve high levels of coverage for young children and pregnant women in malaria-endemic areas in Africa.
2. Every effort should be made to increase the production and distribution of approved long-lasting insecticidal nets. Other long-lasting technologies that are under development have the potential to further enhance malaria prevention in Africa.
3. UNICEF and WHO commit to continue working with partners to ensure that full targeted subsidies are compatible with existing strategies and can be applied in national malaria control programmes, in order to allow distribution of free or highly subsidized insecticide-treated nets to vulnerable groups.
4. UNICEF and WHO recommend that funding partners and national programmes direct the necessary financial and human resources for combining distribution of insecticide-treated nets and re-treatment delivery with immunization and antenatal care services.

<sup>3</sup> Guyatt H, Ochoa S. Use of bednets given free to pregnant women in Kenya. *Lancet*, 2003, 362:1549-1550.

<sup>4</sup> Abuja targets, Nigeria (2000) – at least 60% of those at risk of malaria, particularly children under five years of age and pregnant women, benefit from the most suitable combination of personal and community protective measures such as insecticide-treated mosquito nets.

<sup>5</sup> *Accelerating child survival and development in high under-five mortality areas in the context of health reform and poverty reduction: a results-based approach*. New York, UNICEF, May 2004.

<sup>6</sup> Grabowsky M. Linking distribution of insecticide-treated nets to a measles vaccination campaign achieves high, equitable and rapid coverage at low cost (*Bulletin of the World Health Organization*, March 2005, 83(3)).



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