



Fact Sheet

Malaria: A Deadly Menace to Children



PHOTO: SAVE THE CHILDREN/MICHAEL BISCEGLIE

One of the most effective ways to control and prevent childhood malaria is to provide access to insecticide-treated bed nets.

United Republic of Tanzania: Preventing Child Deaths through Malaria Control¹¹

Of the 31 million people at risk for malaria in the United Republic of Tanzania, 5.5 million are children under the age of 5. This amounts to one-quarter of all child deaths within the country.

In the 1980s, mosquito bed nets in Tanzania were costly, ranging from \$10-\$15 each and as a result, much of the population did not invest in them. Research within a rural population of 60,000 found a 27 percent decrease in child deaths among children one month to 4 years of age when children slept under mosquito bed nets. When the community realized that mosquito bed nets could help protect them and their children from malaria, the Government of Tanzania took measures that would ultimately reduce and prevent child deaths from the life-threatening disease.

By removing national taxes and tariffs on mosquito bed nets, Tanzania turned the production of bed nets into a larger manufacturing industry, becoming the first African country to achieve this goal. From marketing bed nets at the local level in 1997 and expanding into an export trading company that sells bed nets both locally and globally, Tanzania has made a strong commitment in its fight against malaria. In 2002, the price of bed nets fell to \$3.50 and net usage increased to 37 percent of households. With support from the Global Fund to Fight AIDS, Tuberculosis, and Malaria, a national voucher plan was created that allows children and pregnant women to obtain insecticide-treated nets at a significantly reduced price, cutting the costs by two-thirds. Families with infants received free nets when they came in for routine immunizations.

Malaria, a disease transmitted by mosquitos to humans, kills one million people every year,¹ 800,000 of whom are children under 5.² Sub-Saharan Africa suffers the largest burden, compared to other malaria endemic areas in the world: one out of five childhood deaths occurs because of malaria.³

Malaria is a malady of poverty, costing Africa more than US \$12 million each year, depriving children of their education, decreasing worker productivity, and ultimately slowing economic growth.⁴ For children and infants, the disease inflicts damage during the most crucial stage of their development and growth, contributing to anemia and low birth weight.⁵ If left untreated in pregnant women, malaria causes low birth weight, cerebral palsy, cognitive deficits, and mental retardation, and can also increase the risk of newborn and infant deaths. In developing countries where access to treatment is inadequate, when the mother dies, the infant will most likely not survive.

The key to malaria control and preventing future childhood deaths from malaria is early and effective treatment using a combination of traditional low-cost methods and promising new drugs. Ensuring universal access to insecticidetreated bed nets (ITNs) and spraying indoor surfaces with long-lasting insecticides can reduce the number and rate of malarial transmission.⁶ Studies have shown an 18 percent reduction in child mortality and as much as a 50 percent reduction in malarial episodes in parts of Africa.⁷

Also, to protect pregnant women from malaria, intermittent preventive treatment should be administered to reduce maternal anemia and newborn deaths combined with greater use of insecticide-treated bed nets.⁸ By protecting pregnant women from malaria, infant deaths will also decline. Finally, efforts should be made to finance more effective drugs like artemisinin-based combination therapy (ACTs) to replace widely used ineffective drugs. These drugs should be constantly monitored for resistance so that treatment policies can be changed to ensure rapid prevention and interruption of malarial transmission.⁹

Malaria interventions are quite cost effective. Programs to promote indoor spraying and ITN use for children run from US \$2.80 to US \$4 per capita every year. Efforts need to be made to scale up both control and treatment programs, in addition to educating patients and their families regarding the critical need for prompt diagnosis, treatment, and referral.¹⁰

For more information, visit us at www.child-survival.org.

1 UNICEF. "Malaria." http://unicef.org/health/index_malaria.html, viewed on June 7, 2007.

2 Robalo, Magda, Josephine Namboze, Melanie Renshaw, Antoinette Ba-Nguz, and Antoine Scruffilira. "Malaria Control Programmes." *Opportunities for Africa's Newborns: Practical Data, Policy, and Programmatic Support for Newborn Care in Africa* (Cape Town: The Partnership for Maternal, Newborn, and Child Health, 2006): 127, 128.

3 UNICEF, 2006

4 Robalo, et al. 2006.

5 UNICEF, 2006.

6 Ibid.

7 Breman, J.G., A. Mills, R.W. Snow, J. Mulligan, C. Lengeler, K. Mendis, and others. 2006. "Conquering Malaria." In *Disease Control Priorities in Developing Countries*, 2nd ed., D.T. Jamison, J.G. Breman, A.R. Measham, G. Alleyne, M. Claeson, D.B. Evans, P. Jha, A. Mills, and P. Musgrove, 413-32. New York: Oxford University Press.

8 Ibid.

9 WHO, 2007.

10 Breman, et al. 2006.

11 UNICEF and Roll Back Malaria. 2004. "United Republic of Tanzania: Preventing Child Deaths from Malaria Control." http://www.unicef.org/publications/files/malaria_rev_5296_Eng.pdf, viewed on June 8, 2007.