

UNIVERSAL HEALTH COVERAGE AND MALARIA

INTRODUCTION

Implementing the new WHO *Global Technical Strategy for Malaria 2016–2030* will make a significant contribution to the achievement of the targets of the health-related Sustainable Development Goal (SDG3) through a 90% reduction in malaria mortality and incidence rates by 2030. *Action and Investment to defeat Malaria 2016–2030 (AIM) 2* describes how optimizing the delivery of malaria interventions will be central to progress towards universal health coverage, ensuring healthy lives and promoting well-being for those of all ages, particularly for vulnerable and marginalized populations.

As well as bringing benefits for other domains of development, at a cost of just US\$5–8 per case averted, malaria is an undisputed ‘best buy’ in global health. Since 2000, global malaria mortality rates have declined by 60% in all age groups. This equates to an estimated 6.2 million malaria deaths averted between 2000 and 2015, of which 5.9 million (95%) were in children aged under five years.³

However, malaria remains a deadly disease. It is a leading cause of childhood death worldwide and affects and kills those of all ages when it resurges. In particular, malaria is an important cause of anaemia, which dramatically compromises the health of children and pregnant women. In high transmission settings the disease is responsible for a high proportion of maternal and neonatal deaths. Contracting malaria in pregnancy can lead to haemorrhage, spontaneous abortion, neonatal death and low birth weight. In

sub-Saharan Africa, an estimated 10 000 women die annually as a result of malaria in pregnancy.⁴

Malaria in pregnancy interventions can cut severe maternal anaemia by 38%, reduce low birth weight in neonates by 31%, and decrease neonatal mortality rates by as much as 61%.⁵ This enables mothers to stay well and thus be able to care for their baby and other children, and strongly increases the newborn’s chances of survival.

Malaria interventions have slashed child mortality rates by as much as 20% in endemic countries.⁶ Where children do not suffer repeatedly from malaria, they have a better response to immunizations, meaning their health is better protected and childhood immunizations are more cost-effective.⁷

Reductions in child mortality have been associated with declines in fertility rates. As child deaths decline, parents often choose to have smaller families and to focus on supporting each child to realize its full potential.⁸ This investment in human capital is central to the creation of a more equitable world, and critical for improving health, household prosperity and sustainable development.⁹

The importance of malaria in maternal and child health is recognized by the 178 governments and over 600 civil society and private sector organizations that pledged to accelerate declines in preventable maternal, newborn and child deaths under the banner of “A

1 Global Technical Strategy for Malaria 2016–2030. Geneva: World Health Organization; 2015. (http://www.who.int/malaria/areas/global_technical_strategy)

2 Action and Investment to defeat Malaria 2016–2030. Geneva: Roll Back Malaria Partnership; 2015. (<http://www.rollbackmalaria.org/about/about-rbm/aim-2016-2030>)

3 Achieving the malaria MDG target: reversing the incidence of malaria 2000–2015. Geneva: World Health Organization/United Nations Children’s Fund; 2015.

4 Roll Back Malaria Partnership. The contribution of malaria control to maternal and newborn health (2014).

5 Menéndez, C. et al. Malaria prevention with IPTp during pregnancy reduces neonatal mortality. *PLoS ONE* 5, e9438 (2010).

6 World Health Organization. World Malaria Report 2013 (2013).

7 Malhotra, I. et al. Effect of antenatal parasitic infections on anti-vaccine IgG levels in children: a prospective birth cohort study in Kenya. *PLoS Negl. Trop. Dis.* 9, e0003466 (2015).

8 Atapattu, R., UNICEF & World Summit for Children. Children and development in the 1990s: a UNICEF sourcebook: on the occasion of the World Summit for Children, 29–30 September 1990, United Nations, New York. (1990).

9 Arrow, K. J., Dasgupta, P., Goulder, L. H., Mumford, K. J. & Oleson, K. Sustainability and the measurement of wealth. *Environ. Dev. Econ.* 17, 317–353 (2012).

Promise Renewed” and will be critical to advance the UN Secretary-General’s *Global Strategy for Women’s and Children’s Health*, and the “Every Woman Every Child” movement.

Malaria is also an important entry point for promoting universal health coverage (UHC): Achieving SDG3 and the 2030 malaria goal will depend upon the creation of a policy environment that facilitates people’s access to quality health and malaria services. It is critical that people can access malaria diagnostics upon the onset of fever without having to pay, making UHC and the strengthening of social protection mechanisms a lynchpin of future progress. In particular, UHC developments must be genuinely inclusive of informal populations such as slum dwellers and undocumented migrants, and strengthen mechanisms to exempt the poor from the payment of user fees for malaria services of any kind. To keep the movement of people safe in the context of elimination it is important to implement the 2008 World Health Assembly resolution (WHA61.17) on the Health of Migrants, and to promote intercountry agreements of reciprocal health care for migrants, and monitor migrants’ health and access to health services (including for malaria prevention, diagnosis and treatment). Important efforts are being made to expand the network of migrant-friendly health services. This involves training staff at public health facilities to recognize the particular health vulnerabilities of migrants, and to make it known that they will not ask patients for any form of identification or official papers.

CASE STUDIES

Health policy harmonization

Work conducted in **Malawi, Senegal and Zambia** identified obstacles to malaria in pregnancy interventions in eight key programme areas that included integration, policy, commodities, quality assurance, capacity building and community engagement, monitoring and evaluation and financing. These countries have taken impressive strides to strengthen partnerships between national reproductive health, malaria control and HIV and

tuberculosis programmes to effectively harmonize national level policies and documents and coordinate implementation. In all three countries active community engagement is sought, including behaviour change and communication to increase the uptake and frequency of ANC visits. In parallel, efforts to reduce stock outs in SP and LLIN must be maintained to ensure a continuous supply.¹⁰

A pregnant mother embraces malaria prevention

Nigeria has the highest malaria burden in the world, accounting for about one quarter of deaths due to the disease in Africa. Almost everyone is at risk of malaria but pregnant women and children under five years of age are particularly vulnerable to progression to severe disease. For pregnant women, sleeping under a long-lasting insecticidal net (LLIN) is a very effective preventive measure along with intermittent preventive treatment during pregnancy (IPTp).

Tosin Kareem of Nigeria, 25 and mother of a four year-old girl, had never taken malaria prevention

seriously until she visited her antenatal clinic in Lagos when four months’ pregnant with her second child. Tosin was prescribed IPTp at the clinic to make sure she did not get sick with malaria while she was pregnant, and has been taking part in discussion groups about malaria. She received direct and specific malaria prevention advice to minimize the chances of her, her daughter or the new baby contracting the disease. She said: “They also made sure I was using a net properly. Since then I have never been sick.”

Back home, every time she goes to sleep she makes sure she and the child are under the net. Now she is also more aware of the importance of keeping the environment clean to prevent mosquito breeding. “I know more what malaria is all about,” she says. She also talked to her husband to impart her better understanding and increased awareness of malaria. “So, now my husband also realizes malaria is a threat to us all and sleeps under the net. Our daughter has not been ill since using the net,” Tosin adds proudly. “In fact she has never had malaria again.”

¹⁰ The contribution of malaria control to maternal and newborn health. RBM Progress and Impact Series. (<http://archiverb.m.rollbackmalaria.org/ProgressImpactSeries/docs/report17-en.pdf>)

