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MINISTERE DE LA SANTE DIRECTION NATIONALE DE LA SANTE

REPUBLIQUE DU MALI UN PEUPLE UN BUT UNE FOI







Eight in ten Malian households with children protected by Life-saving mosquito nets, following Ministry of Health national child health campaign

April 25, 2008 – Bamako, Mali: In Mali today, 80 percent of households with children under five have a long lasting insecticide treated net (LLIN) in the house, following a national campaign to deliver Measles and Polio vaccinations, Vitamin A supplementation, Albendazole (for deworming), as well as LLINs. Malaria is the leading killer of children in Mali. It is spread through the bite of mosquitoes and, when children sleep under LLINs, they are protected against mosquito bites and malaria.

According to survey results announced by the Malian Ministry of Health, 88 percent of households in Mali and 80 percent of children received an LLIN during the campaign.

Usage of LLINs by vulnerable groups is also high. Some 63 percent of households surveyed declared using LLINs the previous night. Some 51 percent of all under fives included in the survey were reported to have slept under an LLIN the previous night. This is a significant increase from 27 percent of children under five reported to have slept under a treated net from the 2006 DHS survey in Mali.

These results are all the more encouraging as the survey was done during the dry season and mosquito net use is expected to increase with the onset of the rainy season.

The campaign, which was organized from December 13-19 2007 by the Malian government, in partnership with technical and financial partners, offered protection from measles, malaria, polio, Vitamin A deficiency, and intestinal worms to more than 2.8 million children under five years old.

The Malian Ministry of Health led the campaign in collaboration with numerous national and international partners, including Assistance Technique Nationale Santé/USAID (ATN), Canadian

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and Malian Red Cross (CRC/MRC), Groupe Pivot Santé Population (GPSP), Micronutrient Initiative Helen Keller International (MI/HKI), World Health Organization (WHO/Mali), Population Services International (PSI), UNICEF/Mali, USAID/Mali, Canadian International Development Agency (CIDA), International Federation of Red Cross and Red Crescent Societies (IFRC), Global Fund to fight AIDS, Tuberculosis, and Malaria, President's Malaria Initiative (PMI), International Development Agency, Centers for Disease Control and Prevention (CDC), Measles Initiative, American Red Cross, United Nations Foundation and Nothing But Nets, Malaria No More, and the Roll Back Malaria Partnership (RBM).

The integrated campaign was a rewarding experience for Mali, with simultaneous delivery of 5 life-saving interventions to roughly 2.8 million children, with an aim to drop infant and child mortality and morbidity caused by polio, malaria and measles. Partnership was key to the successful delivery of these interventions, and collaboration and complementarity were trademarks of this enormous operation. Any future campaigns will benefit from the lessons learned over the course of the campaign as the teams responded to hurdles encountered, declared **Prof Toumani Sidibe, National Director of Health for Mali.**

He added, Huge turnout and high success rates were due to unprecedented social mobilization, motivated by engaged leadership. World Malaria Day is a wonderful opportunity to thank all of the partners that provided support to the Ministry of Health in this important campaign.

The study, conducted in February by the Ministry of Health and partners, sampled 800 people from 500 households throughout the country to measure LLIN coverage during the campaign.

The results from the campaign are particularly encouraging for countries like Mali, who are aiming to meet the 2010 Abuja targets of protecting 80 percent of pregnant women and children under five through the use of LLINs.

The delivery of LLINs during integrated campaigns is a proven, cost effective way to rapidly increase coverage, reduce the terrible burden of malaria and save lives, said Prof Awa Marie Coll-Seck, Executive Director of the Roll Back Malaria Partnership, By rapidly building on these successes, countries are moving towards the goal of universal coverage.

Background information on the Alliance for Malaria Prevention

Malaria is the leading cause of death for children under five in Africa, and kills approximately 1 million people a year. Sleeping under a mosquito net treated with insecticide provides protection from malaria-carrying mosquitoes. The nets are non-toxic to humans.

Since 2003, bednet campaigns in Africa have delivered tens of millions of long lasting insecticide treated mosquito nets under the leadership of African Ministries of Health, and in partnership with National Malaria Control Programs.

Many other campaigns are being planned by Ministries of Health across Africa for 2008, but resources still need to be mobilized to reach all vulnerable groups during the campaigns.

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Taking on this challenge is the **Alliance for Malaria Prevention**, a subgroup of the **Roll Back Malaria Partnership**, which includes more than 20 partners, including government, business, faith-based and humanitarian organizations. AMP's goal is to expand ownership and use of LLINs, which have been shown to reduce malaria incidence by 50 percent and reduce all cause child mortality by 20 percent.

Local and international partners are coming together under the AMP umbrella to deliver LLINs to vulnerable groups via mass delivery in conjunction with other child survival campaigns. These include vaccination campaigns for measles or polio, Vitamin A supplementation, de-worming, and bi-annual mother child health weeks.

Recognizing that multiple approaches are needed simultaneously to drive up and maintain long-term coverage of LLINs, campaigns will compliment routine systems, such as delivery of LLINs to pregnant women during ante natal visits, to deliver mosquito nets. Partners are building on common service delivery platforms, local capacity, leveraging resources and carry out monitoring and evaluation of programs.

The origins of this approach have a long history. For many years, public health and development partners have packaged and integrated health services to provide children under five years old with a measles vaccination, Vitamin A and de-worming medicine to strengthen immune systems. One of the leading partners in expanding coverage is the **Measles Initiative**, which was launched by the American Red Cross, Centers for Disease Control and Prevention, UNICEF, United Nations Foundation and the World Health Organization.

In 2002, a national measles campaign organized in partnership with the Measles Initiative included distribution of mosquito nets in the health intervention package in one district of northern Ghana. Results of a study examining this pilot effort showed both the cost-effectiveness of piggybacking mosquito net distribution on to the measles vaccination platform, and the ability of this platform to reach even the most remote communities. This initiative in Ghana and the results of the study helped to turn the tide with major international donor agencies and key implementing partners backing integrated delivery of mosquito nets into these child health campaigns, and the partnership that led to AMP was born.

It is now broadly acknowledged that the campaign package of high-impact interventions will help save lives and give children a better chance to develop and thrive. And in countries where on average one out of five infants do not survive and two out five children do not make their fifth birthday, integrated child health campaigns make a great contribution to child survival.

In addition to the **Measles Initiative** partners listed above, Alliance for Malaria Prevention partners include the Academy for Educational Development (AED), Canadian Red Cross (CRC); Canadian International Development Agency (CIDA), European Alliance Against Malaria (EAAM), Nets for Life, International Federation of Red Cross and Red Crescent Societies (IFRC), The Global Fund to Fight AIDS, Tuberculosis, and Malaria ("The Global Fund"), Johns Hopkins University Center for Communication Programs, Malaria No More; MCDI, Population Services International (PSI); President's Malaria Initiative, USAID, and LLIN manufacturers.

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