

# Annual report

 International Federation  
of Red Cross and Red Crescent Societies

## Global Malaria Initiative

Appeal No. MAA00031

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This report covers the period 01/01/2008 to 31/12/2008.



Volunteers from the Madagascar Red Cross participate in malaria behaviour change communication (BCC) training activities. In 2008, the Madagascar Red Cross trained 56 coaches and 1,700 volunteers to support malaria “Hang Up” activities. Malaria is a very serious disease that can quickly lead to death. Sleeping under Long-Lasting Insecticide Treated Nets (LLIN) is the most effective way of preventing malaria. **International Federation**

### In brief

**Programme purpose:** To reduce illness and death from malaria. The programme will prioritize funding to National Societies in countries with a high malaria burden and the capacity to successfully implement malaria-focused health programmes. Malaria-focused activities will be harmonized with Community-Based Health and First Aid in Action (CBHFA).

The programme will focus on four core activities:

1. Social mobilization pre, during, and post, mass malaria net distributions.
2. Hang Up and Keep Up activities designed to: achieve and maintain high malaria net usage rates; increase awareness of those most vulnerable to malaria (children under five and pregnant women); and recognize the danger signs of malaria and the need for immediate referral to health facilities when danger signs are present.
3. Reinforcing malaria technical capacity at the zone and regional level to better respond to National Society's technical requests. Support exchange visits between National Societies, as well as participate in regional/global malaria networks and the annual Red Cross Red Crescent malaria meeting.
4. Procurement and distribution of LLINs to cover populations without access to malaria nets due to the lack of financial resources; distance; non-functioning health services etc; and during emergency situations.

**Programme summary:** The International Federation supported the expansion of malaria activities in

2008. The programme will work in partnership towards the December 31<sup>st</sup> 2010 Roll Back Malaria (RBM) 2010 targets (80 per cent of people-at-risk from malaria are protected, 80 per cent of malaria patients are diagnosed and treated within one day, and malaria burden is reduced by 50 per cent compared with 2000). Data from national surveys conducted by the Health Bridge and Centres for Disease Control and Prevention financed by the Canadian Red Cross Society showed excellent results from Red Cross Red Crescent-supported LLIN distributions in Mali and Madagascar in late 2007.

The 2008 rainy season, LLIN coverage and usage survey conducted in Mali, showed 77 per cent of households had at least one malaria net hanging, with 96 per cent of the children under five (in households that owned a net) sleeping under a malaria net the night before. The Madagascar survey detailed similar success with 77 per cent of households owning at least one malaria net, and 95 per cent of the children under five (in households that owned a net) sleeping under a malaria net the night before.

Wealth quintile data from the Madagascar national survey showed the perfect equity between the poorest and the least poor households in districts where the Red Cross Society was involved in social mobilization activities and malaria net distribution.

Globally, the focus of the partners involved in malaria prevention activities shifted from the planning and logistics of LLIN distribution to activities, to ensure that nets are used once they have reached the household level. Red Cross Red Crescent is well positioned at the community level to respond to this new focus through ongoing Hang Up and Keep Up programmes.

There was limited success in reinforcing malaria technical capacity at the zone level in 2008. This activity will continue into 2009 with expanded support available to the zones from Geneva. The main challenge in 2009 will be ensuring that human resources are in place at the zone level, so the reinforcement of technical capacity can take place. During 2008, the majority of requests for technical support by National Societies were filled by Partner National Societies or through exchange visits between Operational National Societies (ONS).

The Nigeria Red Cross Society supported the mass distribution of 560,800 LLINs in Cross River State in December 2008. The programme received financial and technical support from the Canadian Red Cross Society. The Togo Red Cross Society supported the countrywide distribution of 1.2 million LLINs with financial and technical support from the Canadian Red Cross Society. Togo is the first country globally to conduct a countrywide malaria net redistribution activity. The International Federation's secretariat supported the mass distribution of malaria nets in the Kanyakumari district in India. Mass distributions planned for Burundi and Burkina Faso for late 2008 were delayed until early 2009.

**Financial situation:** The total 2008 budget is CHF 3,500,000 million (USD 3,333,333 million or EUR 2,333,333 million), of which 67 per cent covered. Expenditure overall was 47 per cent. Due in part to the funding cycle, the bulk of activities took place in the last quarter of the year, and will not be reflected in the 2008 Annual report.

[Click here to go directly to the attached financial report.](#)

**No. of people we help:** Malaria activities in Senegal, Sierra Leone, Liberia, Togo, Nigeria, Cameroon, Equatorial Guinea, Mali, Democratic Republic of the Congo (DRC), Sudan, Kenya, Malawi, Mozambique, Tanzania, Madagascar, India and Indonesia, directly supported 4.2 million people.

As a result of Red Cross Red Crescent net distributions, since 2002, more than 289,000 malaria deaths have been averted, while 17.5 million people have been protected. There were 13.5 million nets distributed since 2002. On an average 1.3 people slept under the net or  $13,500,000 \times 1.3 =$

17,550,000 people were protected.

Lives saved/deaths averted calculation:

- Figures based on the (Lengler Study) Cochrane Review state that for every 1,000 children sleeping under an insecticide-treated net, 5.5 lives will be saved each year at 70 per cent net usage (Red Cross Red Crescent programmes achieve 70 per cent net usage).
- Based on a total of 13,500,000 million nets distributed effective for three years, with an average of 1.3 people sleeping under each net, there were 289,575 lives saved over a three-year LLIN lifespan.

**Our partners:** The International Federation's secretariat chairs the Alliance for Malaria Prevention (AMP) work stream within the Harmonization Working Group of the Roll Back Malaria Partnership. The Alliance for Malaria Prevention is a partnership of more than thirty partners including government, private sector, faith-based organizations and humanitarian agencies. Principle partners include the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM), the United States Agency for International Development (USAID), the United Nations (UN) Foundation and the Centres for Disease Control and Prevention (CDC).

The AMP coordinates partner support to countries and tracks country progress towards the Roll Back Malaria 2010 targets. AMP works closely with the RBM subregional networks (SRN). These RBM SRN's mirror closely the Federation's zone structure with SRN's in West, Central, East, and Southern Africa.

## Context

Globally, donors, principally GFATM, World Bank, UNICEF, UNITAID (an international drug purchasing facility that will provide medicine and treatment against HIV/AIDS, malaria and tuberculosis for the poorest people of developing countries who otherwise could not afford them), and USAID, provided strong support to scale up malaria activities in 2008. Funding has been committed during the recent GFATM R8 approval to finance 200 million malaria nets in the twenty months before the December 31<sup>st</sup> 2010 targets. The need for activities immediately following a mass distribution to ensure malaria nets are hung and used was emphasized by the malaria community in 2008. The Red Cross Red Crescent is uniquely positioned with Hang Up and Keep Up activities to be a key global actor in the effort to reach the RBM 2010 targets.

## Progress towards outcomes

1. Social mobilization pre, during, and post, mass malaria net distributions.
2. Hang Up and Keep Up activities designed to: achieve and maintain high malaria net usage rates; increase awareness of those most vulnerable to malaria (children under five and pregnant women); and recognize the danger signs of malaria and the need for immediate referral to health facilities when danger signs are present.
3. Reinforcing malaria technical capacity at the zone and regional level to better respond to National Society's technical requests. Support exchange visits between National Societies, as well as participate in regional/global malaria networks and the annual Red Cross Red Crescent malaria meeting.
4. Procurement and distribution of LLINs to cover populations without access to malaria nets due to the lack of financial resources; distance; non-functioning health services etc; and during emergency situations.

## Outcome(s)/Expected result(s)

### **1. Social mobilization pre, during, and post, mass malaria net distributions.**

- Activities were supported in Senegal, Liberia, Togo, Nigeria, Cameroon, Equatorial Guinea, DRC, Mozambique, Tanzania, India, and Sudan.

### **2. Hang Up and Keep Up activities designed to: achieve and maintain high malaria net usage rates; increase awareness of those most vulnerable to malaria (children under five and pregnant women); and recognize the danger signs of malaria and the need for immediate referral to health facilities when danger signs are present.**

- Hang Up activities were supported in Madagascar, Tanzania, Mozambique, DRC, Togo, Senegal, and Indonesia.

### **3. Reinforcing malaria technical capacity at the zone and regional level to better respond to National Society's technical requests. Support exchange visits between National Societies, as well as participate in regional/global malaria networks and the annual Red Cross Red Crescent malaria meeting.**

- A malaria delegate was recruited in late 2008. The delegate will be based in Johannesburg and cover malaria technical request in the East and Southern Africa zones.
- East and West and Central Africa zones will advertise malaria delegate positions in early 2009.
- At the time of writing, a second Senior Health Officer-Malaria was being recruited for the Geneva secretariat. The person will focus 50 per cent of his/her time on building malaria technical capacity at the zone level.

### **4. Procurement and distribution of LLINs to cover populations without access to malaria nets due to the lack of financial resources; distance; non-functioning health services etc; and during emergency situations.**

- Ten thousand LLINs were distributed in the Kanyakumari district in India. This activity will be expanded in 2009 with the International Federation's secretariat supported distributions planned in Burundi, Burkina Faso, Senegal, Sierra Leone, Rwanda Madagascar and India.

## Achievements

National LLIN Coverage and Usage Survey's conducted in Mali and Madagascar by the CDC and Health Bridge showed excellent results of Red Cross Red Crescent-supported malaria net distributions in 2007. Key survey results from the Mali LLIN coverage and usage survey conducted by Health Bridge in August 2008 showed:

- Ninety six per cent of children under five (in households owning a net) slept under an insecticide-treated net the night before. This is the highest net utilization by children under five in any Red Cross Red Crescent supported survey.
- Seventy four per cent of pregnant women slept under an insecticide-treated net the night before.

- Eighty two per cent of all households had at least one net hanging.
- Net usage by children under five increased by nine percent (from seventy six to eighty five percent) following a visit from a community-based volunteer.

Key survey results from the Madagascar LLIN coverage and usage survey conducted by CDC and Health Bridge in May 2008 showed:

- Ninety five per cent of children under five (in households owning a net) slept under an insecticide-treated net the night before.
- Sixty eight per cent of pregnant women slept under an insecticide-treated net the night before.
- Seventy two per cent of all households had at least one net hanging.  
Net usage by children under five increased by eleven percent (from eighty two to ninety three percent) following a visit from a community-based volunteer.

### Constraints or Challenges

The main constraint faced during 2008 was the inability of the International Federation to respond appropriately to requests for technical support from Operational National Societies. An additional constraint was the lack of access to funding in the first quarter of 2008.

## Working in partnership

The International Federation's secretariat chairs the AMP work stream within the Harmonization Working group of the RBM Partnership. The AMP is a partnership of more than thirty partners including government, private sector, faith-based organizations and humanitarian agencies. Principle partners include WHO, UNICEF, GFATM, USAID, the UN Foundation and CDC.

## Contributing to longer-term impact

There is growing body of evidence on the impact of the combination of high levels of malaria net coverage and use with effective malaria treatment on dramatically reducing deaths and incidences of malaria. Ethiopia showed a 60 per cent reduction in the number of malaria cases at the health centre level, and a 50 per cent reduction in the number of deaths (under five 2007 vs 2005) following the scale up of LLIN coverage and the introduction of ACTs. In Rwanda, the reduction was even more dramatic with a 66 per cent reduction in malaria cases at the health centre level, and a 66 per cent reduction in death (under five 2005 vs. 2007). These dramatic drops in diseases and death free up the funds within the public health system and at the individual household level, allowing people to live longer healthier lives

## Looking ahead

Priorities for 2009 include scaling up the secretariat's technical support to respond in a timely and appropriate manner to Operational National Societies' requests for technical support. A rapid, inexpensive, accurate and easy to implement survey tool will allow National Societies to evaluate the coverage and effect of their malaria programmes to be rolled out in 2009. Finally, expanding the donor base to cover both unmet needs and to allow for more flexibility of funding also remains a priority.

## How we work

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

### Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

## Contact information

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