



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

Malaria control policy

Introduction

Malaria is a devastating global public health problem accounting for 300 to 500 million cases per year resulting in well over 1,000,000 deaths. Ninety per cent (90%) of the malaria mortality occurs in sub-Saharan Africa, and almost all the deaths are children under five years of age.

In response to the increasing malaria burden and the opportunities presented by new tools, the Roll Back Malaria (RBM) Partnership¹ was launched in 1998, with the aim of reducing the malaria burden by at least 50% by the year 2010. In 2000, African heads of state committed to implement WHO's key malaria control interventions² and to meet specified targets to reduce malaria disease. Insecticide treated bednets (ITNs) are a low-cost and highly effective way of reducing malaria particularly among pregnant women and children under 5 years who sleep under them. One Abuja target³ aims at raising ITN usage levels from less than 20% in 2000 to >60% by 2005. The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) was established in 2002, giving malaria-endemic countries access to additional external funding for malaria control.

National Societies are increasingly responding to the needs of the "most vulnerable" in their communities through participation in large scale community public health efforts (HIV/AIDS, polio, measles, insecticide treated bednets – ITNs). The global Measles Partnership spearheaded by the American Red Cross, CDC, and the UN Foundation with support from the Federation, WHO and UNICEF, is working with Ministries of Health and national governments. Using these vaccination campaigns as a platform, several countries with strong participation of Red Cross National Societies have successfully demonstrated ITN coverage of >90% in the districts where RC volunteers integrated ITN distribution with vaccinations. Similar results are possible if ITN distribution is associated with other ongoing RC interventions including measles or routine vaccination, Community Based First Aid, HIV Home Based Care, Mothers Clubs, and other community health efforts. Recognizing the success of these pilot efforts, UNICEF and WHO have published a joint statement recommending that malaria control can be effectively integrated with vaccination programmes as one option⁴ and invited NGOs and other public health actors to support and implement integrated approaches.

Scope

This policy is based on:

¹ A World Health Organization partnership including civil society organizations

² The WHO recommended strategies include: 1. Use of ITNs, 2. early treatment of fevers in children, 3) intermittent preventive treatment (IPT) of pregnant women.

³ 2000 – African heads of state met in historic summit in Abuja, Nigeria to commit to tackling malaria and to set targets (Abuja Targets)

⁴ UNICEF-WHO Joint statement, February 2004, "Malaria Control and Immunization: a sound partnership with great potential"

The Federation's Strategy 2010, ARCHI 2010⁵, and on the Health Commission's previous decision⁶ defining malaria among six priority public health areas.

The achievement of the UN Millennium Development Goals⁷ as an essential part of the health agenda of the Federation and individual National Red Cross and Red Crescent Societies to reduce the unacceptably high burden of malaria disease.

The commitments of the April 2000, UN African summit on Roll Back Malaria (RMB), in Abuja, Nigeria. Governments committed to working together with partners to achieve the ambitious Abuja targets.

Recent Red Cross ITN distribution efforts in communities where high coverage at a low delivery cost⁸ was achieved.

These decisions and the Federation's health and care goals to enable communities to reduce vulnerability to disease and injury, to care for their people, and to prepare for and respond to public health crises, are the basis for the following statement.

Statement

The International Federation and individual National Societies⁹ shall:

1. As auxiliaries to their governments, advocate for and support malaria control as an integral part of their community health programmes as a way to respond to the needs of the most vulnerable segments of the population and achieve high coverage without duplicating government efforts.
2. Within the context of the malaria country plans, identify the special "niche" for National Society interventions focusing on the RC's specific advantages of its volunteer networks and community mobilisation resources.
3. Ensure that RC efforts are additive and not duplicative of any country programme efforts.
4. Participate actively in the development of country plans through the "Country Coordinating Mechanism" (CCM), the National Malaria Programme, and through the Ministry of Health's "Interagency Coordinating Committee" (ICC).
5. Work with partners to ensure the availability of technical, financial, material and high quality human resources for the implementation of malaria activities.
6. Integrate malaria interventions whenever possible with well conceived and structured partnerships which have the potential to achieve greater impact on a wider scale.

⁵ African Red Cross/Red Crescent Health Initiative 2010, a strategy and plan of action based on a commitment from 51 African National Societies following the 5th Pan African Conference, Ouagadougou, Burkina Faso, September 2000.

⁶ 12th General Assembly, October 1999

⁷ In September 2000 the United Nations unanimously adopted the Millennium Declaration. Following consultations among international agencies, including the World Bank, the IMF, the OECD, and the specialized agencies of the United Nations, the General Assembly adopted the goals, targets, and indicators making up the Millennium Development Goals leading to eradication of extreme poverty and hunger and improve health, education, and environment. Goal 4, Target 5 aims at reducing child mortality by two-thirds by 2015. Goal 6, Target 8 aims at halting and reducing malaria mortality by 2015.

⁸ Study results from the measles/ITN distribution in Ghana in 2002 and in Zambia in 2003

⁹ National Societies in malaria endemic countries

7. Strengthen the National Society's volunteer management system, giving special emphasis to community-based social mobilization and behaviour change in vulnerable populations.
8. Support national and subnational efforts that promote and implement malaria interventions either singly or as an integrated effort within RC health activities at the community level. These can include vaccination campaigns and other ongoing activities such as "Community Based First Aid" (CBFA), HIV/AIDS Home Based Care, Water/Sanitation, Mother's Clubs,¹⁰ and youth programmes.
9. Advocate for and identify partners and resources to support long term routine efforts to maintain high post campaign coverage among newborns, newly pregnant women, and newcomers in communities with vulnerable populations.¹¹ These efforts are consistent with ARCHI 2010 and other Federation strategies for health and care.
10. Ensure that malaria interventions are part of the health care services provided in refugee settings and in emergencies.
11. Ensure that services provided in any prolonged emergency will develop into sustainable integrated community based health activities.

Responsibilities

National Societies and the International Federation have a responsibility to ensure that all health programmes adhere to the disease prevention, treatment, and control protocols officially promulgated by the Ministry of Health and recommended by WHO and are in compliance with this policy; that all staff and volunteers participating in such programmes are aware of the rationale and details of this policy; and that, to the extent possible, all governmental, intergovernmental and non-governmental partners are adequately informed of this policy.

National Societies have the responsibility to ensure that their practices are in conformity with the prevailing standard as set by WHO and to encourage their governments to adopt the policies adopted by the said organisation.

National Societies have the responsibility to identify their role in an overall country programme with regard to health while adhering to the Federation's strategies and policies.

The International Federation will build on its experiences and continue to identify opportunities to combine its traditional support to individual National Society country projects with multi-country partnership based sectoral initiatives.

National Societies and the International Federation have the responsibility to develop, introduce and implement a mechanism for monitoring and verification of compliance with this policy.

Reference

This policy was adopted by the 11th Session of the Governing Board, 27–29 April 2005.

¹⁰ ARCHI 2010 toolkits provide guidelines for ongoing community level malaria interventions

¹¹ Maintaining high routine levels for the long term will build on the successes of campaigns and ensure long term disease reduction.