

Investment needed to continue saving our children's lives...

For World Malaria Day, Malaria Consortium Country Directors write an open letter to the East African community



A community health worker in South Sudan, (known as a community drug distributor locally) provides treatment for one year old Athiang, suffering from malaria. Jenn Warren for Malaria Consortium

As the world celebrates World Malaria Day, it is important to note that malaria, a preventable disease, still remains a major cause of death in children under five years and adults throughout East Africa. As we approach 2015, The Republic of South Sudan and Uganda are still far from the Millennium Development Goal targets in child (Goal 4) and maternal health (Goal 5) as well as in the fight against malaria (Goal 6). Currently, in Uganda 99 children die before their fifth birthday for every 1,000 born; 40 percent of these deaths are caused by malaria, pneumonia and diarrhoea. In South Sudan, malaria accounts for more than 20% of mortality in all age groups.

Working to address the challenge

However, there are many reasons to be optimistic. Major progress has been made in prevention, diagnosis and treatment of malaria and we have many reasons to hope for a better, brighter future. Even if we are to see the amount of foreign aid decrease, the crucial involvement of communities and the commitment of political leaders at local, national and regional level is increasing every day.

As Malaria Consortium celebrates ten years of contributing to the fight against malaria in sub-Saharan Africa, we are proud of the multiple and varied approaches we use and the invaluable partnerships we have formed in order to reduce malaria related morbidity and mortality. For the past ten years we have worked closely with and supported the Ministries of Health (MoH), to update and disseminate policies and operational guidelines for malaria control and other childhood illnesses.

Our work has focused on activities such as increasing the number of households using long lasting insecticide treated nets (LLINs) and improving access to parasite-based diagnostics and appropriate malaria treatment, especially for children under the age of five, those most susceptible to malaria.

A Life saving intervention

Amongst our most effective interventions is the implementation of the Ministry of Health's Integrated Community Case Management (ICCM) strategy in 17 districts of Mid-western and Central Uganda and in Northern Bahr el Ghazal state in South Sudan. Through ICCM, Malaria Consortium is ensuring that children under five and newborns receive the most appropriate and cost effective treatment in good time. Malaria Consortium has supported the Uganda and South Sudan ministries to train two volunteer health workers per village (known as Village Health Team members in Uganda and community drug distributors in South Sudan) to diagnose and treat malaria, pneumonia and diarrhoea in children as well as to refer severe cases to the nearest health facility.

The proportion of children receiving appropriate treatment for these illnesses has seen a marked increase since the beginning of ICCM implementation. In Malaria Consortium supported districts in Uganda, appropriate treatment for malaria has increased from 16 to 62 percent between 2010 and 2012. In South Sudan, due to the high proportion of children who are underweight and to the inextricable link between malnutrition and childhood disease, the ICCM programme integrates screening for severe acute malnutrition and referral of identified cases for treatment. Volunteer health workers in both countries are provided with medicines to treat sick children and tools to record their work so that it can be tracked by the national health monitoring information systems, providing valuable information on health patterns at village level. They are fully integrated in the national health system and receive regular support supervision from health workers with more advanced training to ensure continuous motivation and provision of high quality of care.

We can all contribute

As donor funding for some of Malaria Consortium supported ICCM work comes to an end, it becomes crucial for all stakeholders to think

about how to sustain these activities and the gains achieved so far. We are working closely with the District Health Teams in Uganda and with the State Ministry of Health officials in South Sudan to develop solutions for district and sub-county governments to take over some of the necessary activities to sustain ICCM. In Kiboga District of Uganda, for example, efforts are being made to keep the programme running and activities have been included in the district strategic plan and budget.

Beyond the involvement of local governments, it is crucial for central government and development partners to commit to the continuation of this life saving intervention; it is the only way of sustaining the gains and continuously improving this programme. Using modelling, it is estimated that ICCM in Mid-western Uganda prevented between six and 19 percent of deaths in children from malaria, pneumonia and diarrhoea between 2009 and 2012. This reduction of childhood mortality suggests that if scaled up to other districts and states, ICCM could have a tremendous impact on child health outcomes in these two countries. In South Sudan, the MoH is supporting its partners to scale up ICCM and advocating for further funding.

ICCM represents a major step in the fight against malaria and is one of the reasons we are confident in our ability to defeat malaria. However, as the gains made are still fragile, further investment is vital for the achieved benefits to be maintained and for progress to continuously be made.

Just \$40 can pay for the training of six volunteer health workers, who will have a positive impact on the lives of children and families. You can raise awareness about the impact of ICCM and bring it to the forefront of the political health agenda. You can support the Ministries of Health to secure the investment they need to sustain and scale up the programme. We strongly believe investing in ICCM is investing in the future of our children, and you can be a key part of this.

Fighting malaria and childhood illnesses is not just a matter of doctors and nurses, it is not just a matter of mothers and children, it is our fight as a society. Communities, local governments, banks and insurance companies, religious institutions, civil society organisations, businesses of all sizes, MPs, media, ministers, all of us need to play a part and combine our efforts.

On this World Malaria Day, you can "Invest in the future, defeat malaria".

Yours Faithfully,

Dr. Godfrey Magumba,
Uganda Country Director
Ruth Allan,
South Sudan Country Director

Joyce, Empowered to care for the children in her village

Joyce has been selected by her community to be a Village Health Team member in Kiboga district, Uganda. She is a teacher, a mother of four and well respected in her village. Before being trained on diagnosing and treating malaria, pneumonia and diarrhoea she never believed she could play such an important part in saving the lives of young children.

"Children used to suffer a lot from malaria and many of them died not only because of malaria but also diarrhoea and pneumonia. In one month alone ten children would die because the mothers did not know what to do and even those who knew services were very far. Today, with the VHTs in our village, even two months can go by without a single child dying". Joyce is delighted in her current role as a VHT and adds "I am now even more respected in the community. The trainings I have attended since I joined have enriched me and empowered me so much".

For more information visit <http://www.malariaconsortium.org>



Solomon Spaya, a community health worker in Mid-western Uganda, known locally as a Village Health Team member, explains the results of a rapid diagnostic test for malaria to a mother and her young child. Tine Frank for Malaria Consortium