

WHO programme to prevent 10,000 malaria deaths in Nigeria

The World Health Organisation (WHO) estimates that around 8,500 people are infected with malaria in the conflict-ravaged Borno state of Nigeria every week.



WHO Nigeria/L. Ozor

The organisation estimates more than half of deaths recorded are currently due to malaria, more than all other causes of death combined, including cholera, measles and hepatitis E. A highly vulnerable population, consisting largely of children (58.8%), is at risk of disease outbreaks. With the high transmission season for malaria lasting through October, WHO expects these numbers will increase.

With more than 60% of health facilities only partially functioning, many people have not had access to regular health services, including routine vaccinations and basic medicines, for years. In addition to security concerns, acute malnutrition caused by food insecurity is rising in parts of the state. Between malnutrition and death is virtually always disease, and malaria often turns cases of malnourishment deadly.

Health emergencies and malaria

“Malaria, malnutrition, fragile states and civil strife often feed each other,” says Dr Pedro Alonso, director of WHO’s Global Malaria Programme. “Wherever we have a humanitarian crisis in a malaria endemic country, we can almost always be sure that malaria is the number one killer.”

In 2015, there were more than 200-million cases of malaria and 437 000 deaths globally, and more than 90% of malaria deaths occur in Africa.

However, malaria is preventable and curable. Increased efforts over the last 15 years have drastically reduced malaria deaths and cases - malaria mortality rates dropped by more than 60%, averting 6-million deaths.

“The most effective way to reduce deaths in emergencies in fragile states, especially those facing malnutrition, is by boosting malaria prevention and control, however, this is often not viewed as the top priority during an emergency response,” says Alonso. “We are working with our WHO colleagues and many partners to change this.”

Following a recent visit to Borno state, WHO malaria experts commissioned a modelling exercise to estimate malaria cases as well as how many deaths could be prevented if a basic set of initiatives were undertaken. The report concluded that with the right joint actions, up to 10,000 deaths could be prevented in Borno state alone.

Turning scientific evidence into life-saving action

WHO and health sector partners are taking steps in four areas recommended in the report:

- strengthening surveillance systems to monitor cases and outbreaks of malaria;
- increasing people's access to care in clinics and to health facilities;
- spraying insecticides and distributing bed nets as part of vector control; and
- administering malaria drugs to children under five every month (July to October).

“Like never before, WHO is on the frontlines in camps of displaced people delivering real health programmes helping people in a complex emergency,” says Alonso. “Seeing the translation of our work into action is phenomenally rewarding.”

In early July, the first of four monthly rounds of mass drug administration reached more than 880,000 of the 1.1-million children under-five who were targeted. WHO and partners are planning monthly rounds through to October. WHO hopes that the \$2.5m needed for this emergency intervention can be mobilised in time to have a significant impact. WHO is relying on the existing infrastructure of thousands of polio vaccinators to carry out this complex, logistically challenging operation in areas still facing security threats from Boko Haram.

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