Malaria in Africa: a cycle of death and debilitation

**UNHCR interventions**

**Prevention**
- distribution of long-lasting pyrethum-impregnated bednets.
- Indoor Residual Spraying (IRS) of refugee shelters before rains commence.
- preventative treatments administered to vulnerable groups – children under 5 years, pregnant women, severely malnourished, HIV+ etc.
- community education programs to provide instruction on bednet use and reduce environmental risks.
- refugee camp site selection upwind of potential breeding sites.
- adequate site drainage.
- established supply chain or stockpiles of anti-malarial treatments (mostly Artemisinin-based Combination Therapies (ACT) to overcome parasite resistance).

**Diagnosis**
- in emergency settings: routine screening for P. Falciparum malaria only, using rapid diagnostic tests (Paracheck). Weekly screening of severely malnourished refugees.
- in stable settings: laboratory testing established.
- negotiation for refugee access to host community health services.
- monitoring and control of malaria outbreaks (slide positivity rates).

**Treatment**
- administration of Artemisinin-based Combination Therapy (ACT), currently the most effective frontline treatment for non-complicated malaria.
- clinical case management of severe malaria.
- distribution of long-lasting impregnated bednets to all refugees returning to endemic areas.
- community education on seeking treatment and effective bednet use.
- negotiation for returnee access to community health services.

**During the wet season, the malaria mosquito (Anopheles) breeds in pools of still water.**

**The adult mosquito feeds on the blood of an infected human being and becomes a carrier of the malaria parasite.**

**The mosquito bites a second person, injecting infected saliva to prevent coagulation while feeding. The malaria plasmodia invades another human body - average incubation period 9-13 days.**

**Rising concentrations of parasite in the blood bring on a malaria crisis with high fever, headache, nausea and other flu-like symptoms. In vulnerable groups, the untreated disease can quickly progress to coma and death.**

**In survivors, the parasites retreat to the liver to begin a new lifecycle. Acute symptoms may recur over several years, coinciding with the parasite’s active adult phase. Prolonged infection can lead to anaemia, spleen rupture and kidney failure.**
One million annual deaths worldwide are due to malaria, 90% of them happen in sub-saharan Africa, of which 30% in complex settings (where UNHCR populations of concern lives).

### UNHCR Malaria-specific interventions

#### Emergency situations
Access to effective treatment (ACT)
Rapid tests (Paracheck)

#### Stable settings
- **ACT** + high coverage community vector control
- **LLINs**: long lasting insecticidal nets (at least 60% of population use)
- **IRS**: indoor residual spraying (at least 85% of households)
- **IPT**: intermittent preventive treatment during pregnancy (antenatal consultations)

#### Urban settings
Access to prevention / treatment equivalent to that of host population

#### Returnee settings: At least LLIN

![Malaria protection in children ward](image-url)