

25 April 2009

Counting **Malaria** Out

**WORLD
MALARIA
DAY**



Working together to Count Malaria Out for Refugees

Statement of the UN High Commissioner for Refugees and the Executive Director of the Roll Back Malaria Partnership commemorating World Malaria Day

25 April 2009



The UN Refugee Agency and the Roll Back Malaria Partnership are jointly committed to the elimination and eventual eradication of malaria. The world community shares this goal, which is reflected in the twenty fold increase in funding for anti-malarial efforts over the last ten years. In addition more than USD3 billion was made available in 2008 to pursue the goals of the Global Malaria Action Plan, including universal coverage for effective malaria interventions by 2010 and near-zero deaths from malaria by 2015.

The Roll Back Malaria Partnership, which provides the global framework for coordinated action against malaria, together with UNHCR recognise malaria control as a priority for the protection of refugees and other persons of concern. Delivered within a human rights framework, UNHCR's malaria prevention and control activities are guided by the principles of effective intervention in complex emergency settings. In 2007 and 2008 significant additional resources were provided to 15 countries to intensify malaria control efforts. These efforts were complemented last year by UNHCR, the United Nations Foundation and other partners in the *Nothing But Nets* campaign, providing life-saving nets to refugee populations in Africa. Between 2005 and 2008, UNHCR's focus on improved diagnostics and combination-drug therapy resulted in reductions of both morbidity and mortality in three quarters of UNHCR's operations in those countries where malaria is endemic.

UNHCR is mandated to protect more than twenty five million refugees, asylum seekers, internally displaced persons, stateless persons and other persons of concern. Almost two thirds of all persons of concern to UNHCR live in areas where malaria is endemic. Malaria remains an important cause of illness and death among refugee and other displaced populations. Many factors contribute to the vulnerability to malaria illness and death among refugees. Pregnant women and young children are particularly at risk of severe illness and death. Refugees may be malnourished, particularly in the phase immediately following their flight. Refugee camps are often congested and situated on marginal lands that promote the breeding and spread of malaria. Control programmes may have broken down or may not be accessible to refugees.

Refugees and other persons of concern are still too frequently left out of national interventions for malaria control. On this World Malaria Day, the Roll Back Malaria Partnership and UNHCR jointly urge States to ensure refugees and other persons of concern are included in national anti-malaria strategies and to ensure appropriate funds are made available for malaria control interventions for populations in complex emergencies.

António Guterres
High Commissioner
UNHCR

Awa Marie Coll-Seck
Executive Director
Roll Back Malaria Partnership



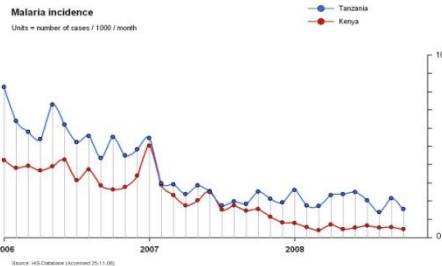
Malaria and Refugees

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WORLD MALARIA DAY

Malaria Facts

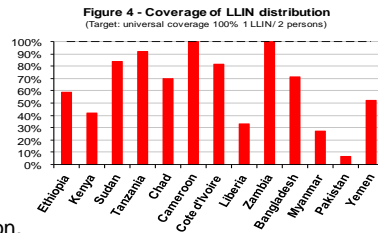
- In Africa, on average 180 out of 1000 consultations for children under-five are for malaria.



- The case load of malaria has notably reduced in Tanzania, Ethiopia, Kenya, Uganda and the DRC between 2005 and 2007.

- Between 2005 and 2007, UNHCR's focus on improved diagnostics and effective combination therapy resulted in reductions in morbidity and mortality in 75% of UNHCR's operations in those countries where the disease is endemic.

- Between 2005 and 2008, UNHCR procured and distributed 2.1 million long-lasting insecticide-treated nets (LLINs) to refugees worldwide. Of these, UNHCR purchased 1,960,000 nets at a cost of \$9.8 million.



- In addition to UNHCR's on-going efforts to reduce malaria, in 2008 the *Nothing But Nets* Campaign contributed \$ 2.2 million to UNHCR. In 2009, we expect well over \$ 3 million will be provided from the campaign.

UNHCR's Strategic Malaria Plan 2008-12

for Malaria Control
2008 - 2012



Malaria prevention services include site selection and planning, distribution of long-lasting insecticide-treated bed nets (LLIN), intermittent preventive treatment during pregnancy, and indoor residual spraying (IRS).

Well organized implementation plans ahead of rainy seasons are ensuring impact and sustainability.

PREVENTION



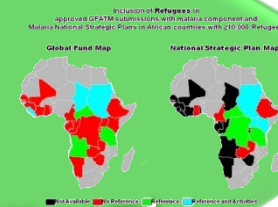
DIAGNOSIS & TREATMENT

Highly effective new treatment options with artemisinin-based combination therapy (ACT), first introduced in 2005, have been implemented as first-line treatment in 2006 throughout UNHCR's operation.

This approach to treatment and diagnosis has most been harmonized with National Malaria Control Programmes if its policy is based on efficacious anti malarial drugs.

UNHCR advocates for Persons of Concern (PoCs) to have access to affordable and effective malaria prevention and control activities.

The Refugee Agency works with Roll Back Malaria, The Global Fund, governments and other partners to ensure refugees and other PoCs are included in national malaria programmes and benefit from funds being made available to fight malaria.



ADVOCACY