

POLICY STATEMENT: Plan's Malaria Programming

[The purpose of this policy is to ensure that Plan has a consistent, global approach to our malaria work. The policy addresses how we promote our rights-based CCCD approach through our malaria programs – including child, youth and community participation -- and how we integrate malaria into the broader challenge of maternal health and health and development in early childhood. The full policy document provides specific guidance on malaria treatment and prevention issues relevant to Plan in its work and that of its partners. Regional Management Teams, Country Management Teams and Program Unit Managers are responsible for implementing the content of this global policy.]

The Issue:

Malaria affects between 350 and 500 million people every year, killing more than one million. Ninety percent of deaths associated with the disease occur in sub-Saharan Africa, where it is the number one killer of young children (3,000 child deaths per day). In total, 40% of the world's people are threatened by malaria. Poor families affected by malaria may spend up to 25% of their annual income on treatment and prevention, and costs associated with the infection can account for up to 40% of a country's public health spending.

Halting the spread of malaria is the third target of the sixth Millennium Development Goal. Preventing and treating the infection in the most vulnerable groups -- including children under five years of age and pregnant women -- also plays a major role in achieving MDG four (reducing child mortality) and MDG five (improving maternal health). Altogether, reversing the spread of malaria plays a significant role in realizing six of the eight MDGs: eradicating extreme poverty, achieving universal primary education, reducing child mortality, improving maternal health, combating malaria and ensuring environmental sustainability.

Debates about the best delivery methods for both malaria prevention and treatment continue. This document is intended to make programme choices easier for planners in the field and at the country and regional level.

Plan's Priorities:

Plan works in 43 of the world's 85 malaria endemic countries. We use programmatic synergies between health, early childhood development, water and sanitation, education and other areas to promote a holistic, multisectoral approach to malaria prevention and treatment. Plan's malaria programming is based on the integrated management of childhood illnesses (IMCI)¹ approach, which stresses children, family and community participation in every stage of the child's development and health.

Plan, through its malaria work and as part of the IMCI approach, works to ensure that we improve not just the health of the child, but the community health system as a whole--

¹ Integrated Management of Childhood Illnesses- an approach that focuses on the care of children under five, not only in terms of their overall health status but also on the diseases that may occasionally affect them. IMCI incorporates a strong component of prevention and health promotion as an integral part of care and involves participation of the community, the health-service sector and the family.

and ultimately the relationship between children, families and communities (the rights-holders) and the State (the duty-bearers).

Plan believes in applying a rights-based approach. States have an obligation -- in accordance with article 24.1 of the Convention on the Rights of the Child -- to provide children with the highest attainable standard of health. States thus carry an obligation -- to the highest extent possible based on available resources -- to prevent malaria infections and provide children infected with malaria access to health care. As such, Plan believes that children and youth, without discrimination, have a right to:

- *Health information and education*- Including malaria prevention and treatment methods, health promoting behaviours and information on misconceptions/causes of malaria that play an important role in reducing its incidence and burden;
- *Adequate housing* - Habitable housing helps to protect people from health threats, including some disease vectors (insects); and
- *Water and sanitation*- Inadequate water and sanitation provision sustains malaria transmission cycles and supports vector breeding.

Plan has a specific role to play in malaria control given the commitment to our rights-based *Child-Centered Community Development (CCCD)* approach. Child-centred programming should follow a development model that facilitates local solutions to problems that are both objectively identified by communities and that, through a process of negotiation and education, have been accepted as priorities by the children, youth and communities concerned. As such, we must ensure that we have the capacity to act according to priorities set by communities, including:

1. Assisting community groups, children's groups, youth groups and formal educational groups in promoting the use of long-lasting insecticide-treated nets (LLINs), overcoming resistance to the use of LLINs, gaining access to LLINs, and monitoring their equitable distribution, appropriate use and impact on health.
2. Assisting communities and local authorities to organize access to appropriate first-line anti-malarial treatment at the household level and involving children and youth in the promotion of and education about appropriate community recognition and treatment of malaria.
3. Assisting local education authorities to include malaria prevention and treatment messages in the school curriculum.
4. Working with health care staff and communities to increase access to and use of first-line and second-line malaria treatment² in health facilities.
5. Advocating for ante-natal care and intermittent preventive malaria treatment (IPT) for pregnant women.
6. Assisting community groups, children's groups and youth groups in realizing integrated vector management (IVM).³

² Second-line malaria treatments are drug combinations used when patients have shown resistance to first-line drug combinations.

³ Integrated Vector Management integrates all available and effective measures -- whether chemical, biological, or environmental -- to reduce vector populations (in this case, mosquitos). Methods may include reducing potential breeding sites by eliminating free-standing, small, open water sources, indoor residual insecticide spraying in homes and offices and using larvicides.

7. Conducting research and advocacy to ensure general and equitable access to LLINs and effective first-line anti-malarial treatment.

Plan fully supports all malaria programming recommendations and policies as laid out by Roll Back Malaria (RBM), United Nation's Children's Fund (UNICEF) and the World Health Organization (WHO) and will encourage all partners to operate to these standards. Plan respects government malaria policies and supports required alignment to international standards in every country.

What Plan Will and Will Not Do:

Prevention:

- Plan supports the move towards a more integrated vector management approach as captured in WHO's Global Strategic Framework. This approach integrates education and prevention activities from all sectors -- including health, water, solid waste and sewage disposal, housing and agriculture -- that have an impact on vector-borne diseases.
- Plan fully supports WHO's recommendation for no-cost or highly subsidized LLIN distribution via existing public health services. Additionally, Plan supports and actively works toward LLIN distribution at the time of birth registration and during birth registration campaigns.
- Plan will support community education activities to encourage appropriate and effective use of LLINs at the household level.
- Plan programmes in high HIV prevalence areas with stable and unstable malaria transmission will prioritize the availability and use of LLINs for adults (women and men) and children.
- In communities with a significant risk of malaria and high HIV prevalence, Plan will promote a modified schedule of Intermittent Preventive Treatment (IPT) for malaria during pregnancy in accordance with WHO guidelines (i.e. more frequent administration).
- Plan **will not** routinely procure or import nets but will work with UNICEF and other large importers who benefit from economies of scale. Plan may aid in the distribution of LLINs through its pre-established networks and community relations.

Treatment:

- Plan supports the use of Artemisinin-based Combination Therapies (ACT)⁴ where included in national malaria control programme policies and in accordance with WHO and RBM recommendations.
- Plan will support alternative village distribution mechanisms in order to increase community access to ACT and treatment at the household level.
- Plan supports the use of rapid diagnostic tests (RDTs) for malaria for children in line with national policies.
- Plan **does not** routinely procure or distribute antimalarial drugs. However, we will encourage our partners who are engaged in the procurement or distribution of antimalarial drugs to adhere to country- and region-specific procurement requirements and drug combinations as detailed by WHO.
- Plan **does not** routinely procure or distribute RDTs. We will encourage our partners to adhere to recommended standards for the procurement of RDTs, including strain-specific tests.

Advocacy:

- Plan will make conducting advocacy to assure general, equitable and affordable access to LLINs and to effective first-line anti-malaria treatment a core component of our CCCD-based malaria programming. Plan will aim to bring children, youth and community groups to the forefront of all advocacy campaigns in a meaningful and appropriate way.
- Plan advocates for the inclusion of the most marginalized pregnant women and children under five in no-cost LLIN distribution programmes. LLINs should be provided to pregnant women and children under five (both vulnerable groups) at no cost during antenatal care, routine immunization and other promotional services.
- Plan advocates for effective and community-owned approaches to vector control and a more integrated vector management approach as captured in WHO's *Global Strategic Framework for Integrated Vector Management*.
- Plan advocates for the appropriate use of chemicals and insecticides for indoor residual spraying (IRS) in line with national malaria control programmes and the *RBM Partnership Consensus Statement on Insecticide Treated Netting and Indoor Residual Spraying*.

⁴ The rapidly growing resistance of malaria to widely used, single-drug therapies has lead WHO to recommend artemisinin- based combination therapies (ACT) for first-line treatment in countries experiencing drug resistance. Drug-resistant strains of the malaria parasite are less likely to develop when multiple drugs are used in combination. Older, single-drug therapies such as Chloroquine are still used in a few areas that have not yet experienced wide-spread drug resistance.

- Plan advocates for no-cost malaria IPT⁵ integration into routine ante-natal care services in affected areas.
- Plan advocates for appropriate country malaria policy guidelines and standards aligned with international standards.

⁵ Intermittent Preventive Treatment