

# Delivering a package of malaria interventions in Emergency Settings



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# UNICEF & Emergencies

- UNICEF strives to save lives and protect rights as defined in the Core Commitments for Children in Humanitarian Action in line with internationally accepted standards.
- UNICEF will focus its efforts on systematically reducing vulnerability to disasters and conflicts for effective prevention of and response to humanitarian crises to ensure rapid recovery and building community resilience to shocks that affect children.
- Key actions:
  - early identification of priorities and strategies,
  - rapid deployment of qualified staff and clear accountabilities for the response.

# Planning the response to an emergency



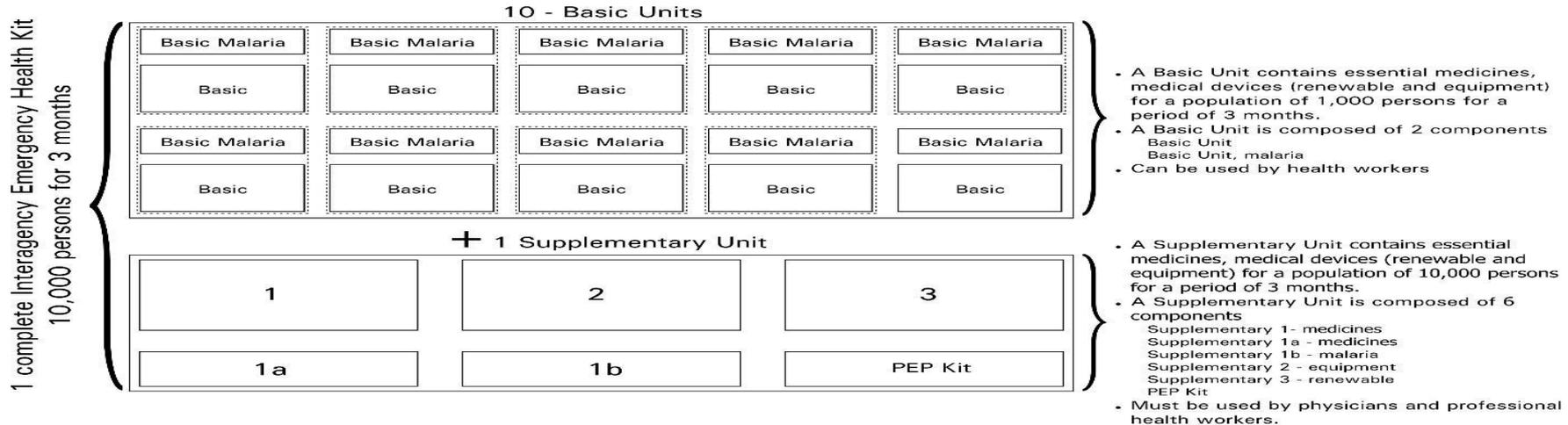
- **Situational Analysis**
  - Needs assessment to adequately plan the response
  - Prevention of epidemics (health) esp vaccination campaigns, WASH interventions & malaria prevention.
- **How do you access the population?**
  - Mobile teams? Or CHWs? Existing or quickly formed standing HFs?

## The major causes of child morbidity and mortality in emergencies are:

- diarrhoeal diseases
  - acute respiratory tract infections
  - measles
  - **malaria**
  - severe bacterial infections
  - malnutrition and micronutrient deficiencies
  - injuries
  - burns & poisoning
- In addition, there must be a focus on protection (esp prevention of rape, coercion and other acts of aggression.**

# Malaria Emergency Kit

- **The Inter-Agency Emergency Health Kit (IEHK2011)** is an integral part of UNICEF's immediate response to most emergencies.
  - A full IEHK contains enough supplies **to protect a population of 10,000 persons for 3 months.**
- The basic unit contains antimalarial medicines (for uncomplicated) & rapid diagnostic test kits for 1,000 persons for 3 months and is meant for use by healthcare workers with limited training. Injectable medicines can be ordered in a supplemental kit



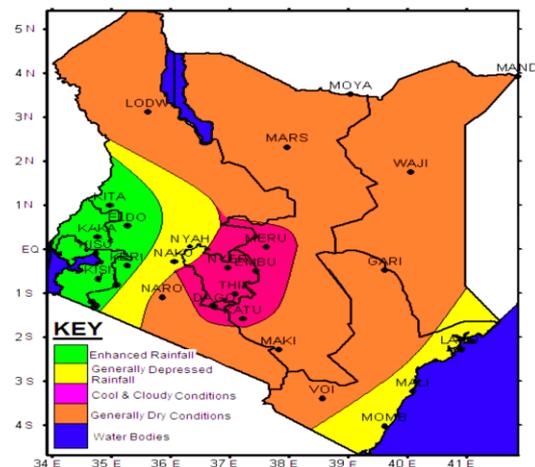
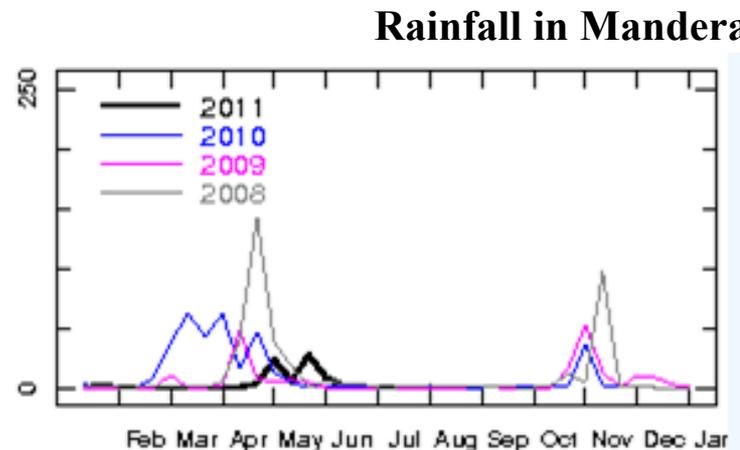
# Preparedness: Is an epidemic on the horizon?



**Surveillance is vital**

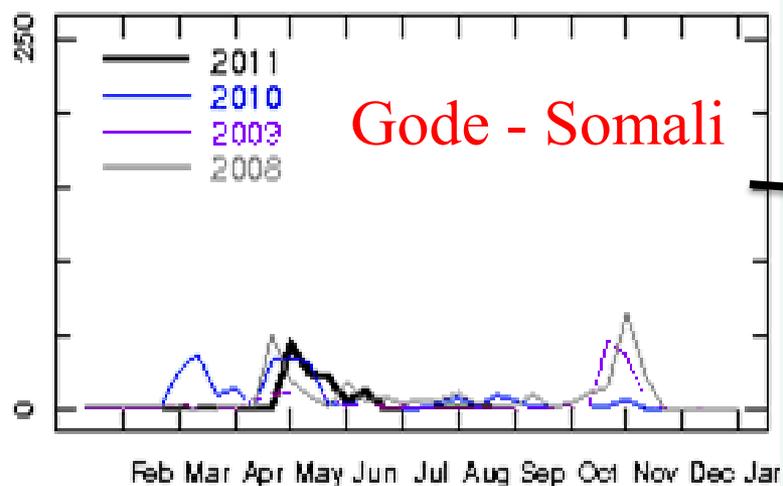
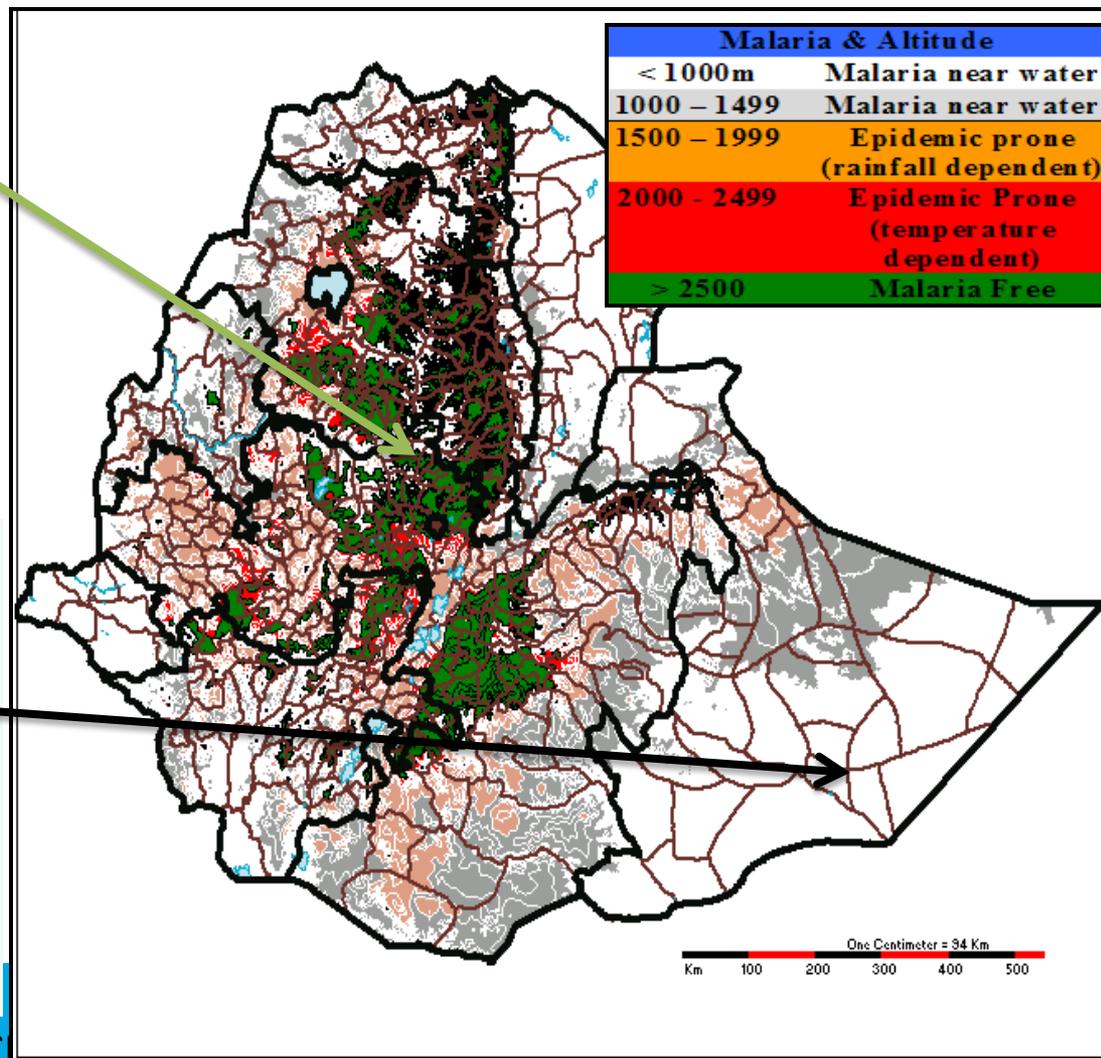
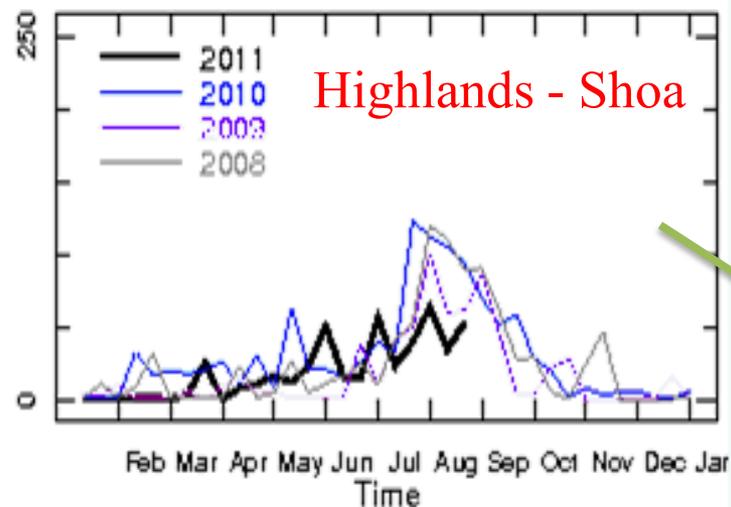
- Data and record keeping
  - What is normal prevalence?
  - Peaks in cases
  - SMS-reporting
  - Centralized databases
- Tracking population flows
- Floods, drought, heavier than expected rainfall and/or massive changes in the environment.

There is preparedness for an epidemic in high risk areas that is in addition to reducing excess morbidity and mortality in from endemic malaria.



**Figure 1: Rainfall Outlook for June, July and August 2011**

# Ethiopia



# Management of malaria through PHC



Effective and efficient management of outbreaks and emergency situations is entirely dependent on human resources – how well can they prevent situations, order enough and needed commodities, and ensure that those who need care are actually receiving it.

**\$ & people**

**Key to ensuring appropriate treatment and mitigation of outbreaks is determining when a fever is really malaria.**

It is therefore key to situate malaria response within the context of management of fever.

Additional commodities to provide:

- Vaccines
- Antibiotics
- Respiratory timers
- ORS/Zinc
- Chlorine tablets
- Nutritional supplements

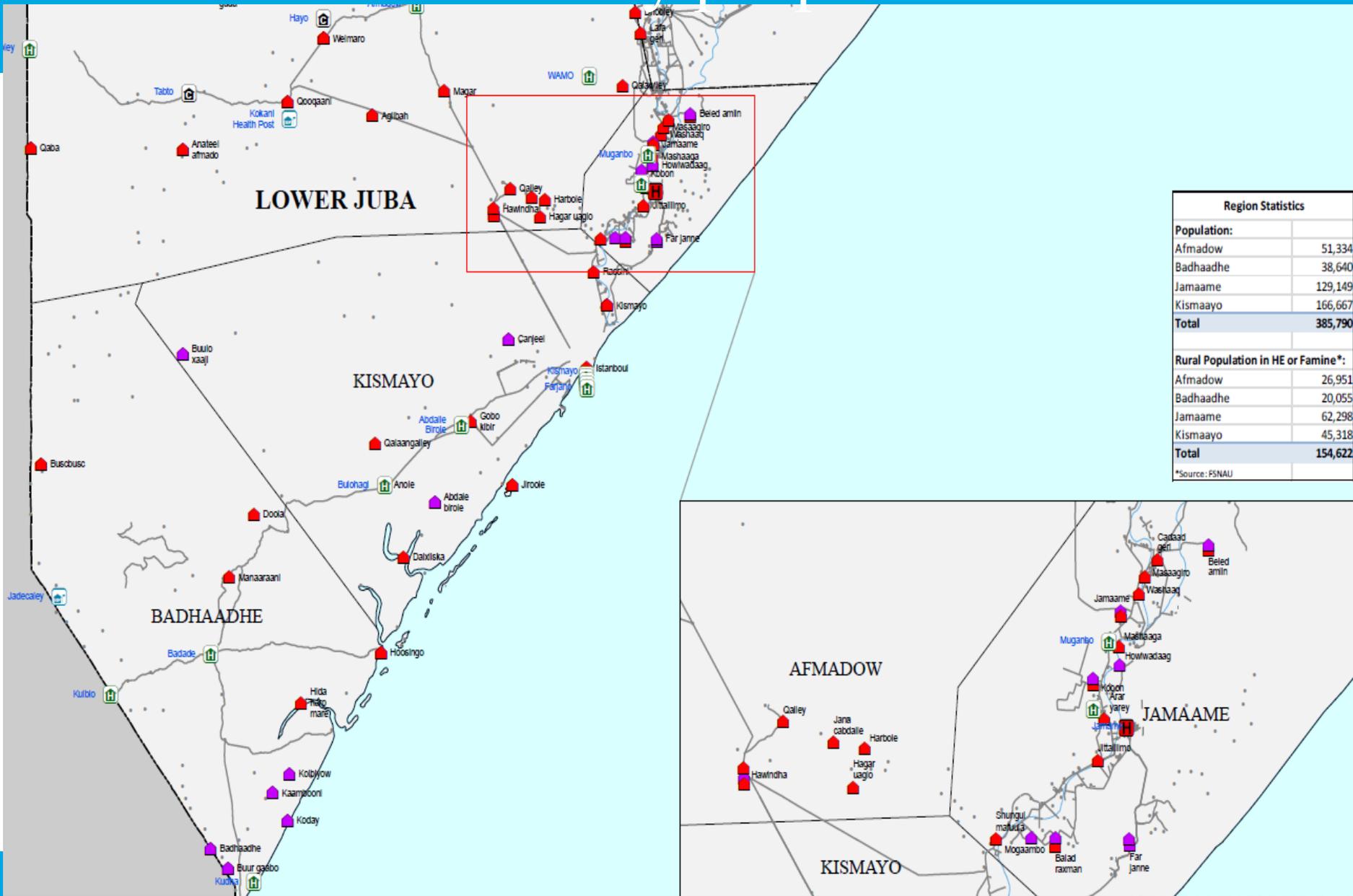
# Emergency settings: Exposure to the mosquito & characteristics of the population



- Breakdown of programs
  - What's the endemicity in the area?
  - Seasonality, flooding & timing of mosquito breeding
  - What is the population's immunity status?
    - where did they start from ?
    - where have they been ?
    - where have they landed?
    - What is their knowledge of LLIN use ?
- (movements from areas of low to low endemicity and vice-versa.)



# Where and how many people are affected ?



# Necessary Actions: Prevention

## Prevention – LLIN or other insecticide treated materials

- Quantify & plan #s of LLINs needed
- Procure or “borrow” LLINs
- Logistic & operational support for distribution of LLINs Technical assistance



## Prevention - IRS

- Quantify households with sprayable surfaces
- Procure insecticide, sprayers & protective equipment
- Ensure there are trained sprayers
- Technical assistance



# Necessary Actions: Case Management

## Diagnosis

- Procurement of RDT
- Ensure CHWs and health providers adequately use RDTs

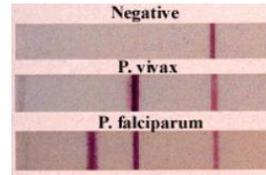
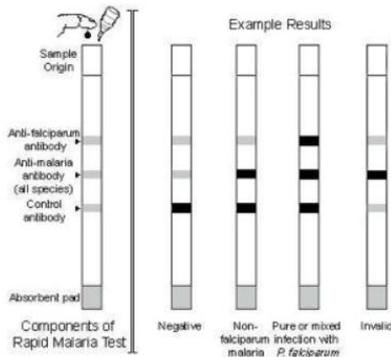
## Treatment

- Procure ACTs for *P.falciparum* cases
- Procure Chloroquine tab (tin of 1000 tab, 150 mg) for *P.vivax* cases
- Procure Chloroquine syrup (box of 200 bottle, 50 ml)
- Procure rectal artesunate for referral treatment
- Procure Quinine ampoule for severe malaria cases (Box of 100 ampoule, 300 mg)
- Procure Quinine tab for severe malaria cases (tin of 1000 tab, 300 mg)
- TA to support case management of malaria



# Necessary Actions: Capacity Building & BCC

- **Capacity building**
  - Training HEWs on epidemic detection and control
  - Training on severe case management for HC staff
  - Provide support for coordination of activities at various levels
  - Prepare emergency teams and response plans
  - If can't get supplies in on time then treat based on clinical symptoms
- **Advocacy, Communication and Social Mobilization (ACSM)**
  - Support for IEC/BCC
  - Global level information, eg. Accelerating funding from donors for procurement & response; prioritization of the country/area



# Malaria and EVD: Malaria MDA



- Targets were all children over 6 months.
- In Sierra Leone, over 9,300 community health workers were trained to go door-to-door to help administer AS + AQ combined tablets for over 2.4 million people
- A second round started on 16 Jan.
- It took an immense amount of planning to secure funding & arrival of drugs.
- There has also been development of guidance on LLIN distributions in EVD-affected countries & “no-touch” iCCM.

# Challenges

- **Access to the population**
  - **Local capacity**
  - **Supply systems**
  - **Global stocks**
    - Availability of stocks
  - **Financing (\$)**
  - **Strength of the health system**
  - **Resilience and response planning**
- **Social norms/cultural practices**
  - **Fears/Rumours**
  - **Availability of data**
  - **Socio-political context**



**Thank You  
Merci  
Obrigado  
Melesi  
Asante Sana  
Twasanta Mani  
Matondo  
Wasakidjila wa bunyi**

