

Bed net usage increases, but 90 million African children still exposed to malaria

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The use of insecticide-treated bed nets (ITNs) to protect children from malaria has risen six-fold in the past seven years, according to research funded by the Wellcome Trust. Despite this success, however, 90 million children still do not have access to this simple protective tool, and remain at risk from the life-threatening disease.

Malaria kills nearly a million people in Africa every year. For over 15 years it has been known that sleeping under a net treated with an insecticide can substantially reduce the chances of a young African child dying. When African heads of state met in 2000, the Abuja Declaration stated that they would work towards protecting 60% of their vulnerable populations with insecticide treated nets. Now, a study published online in the *Lancet* today highlights what has been achieved since this historic declaration.

Kenyan and British scientists have published data from 40 African countries which shows that at the time of the Abuja meeting in 2000 just over 3% of Africa's young children were protected by a treated mosquito net. Seven years later this increased to only 18.5%. In 2007 90 million children have not yet received this simple protective tool, and remain at risk from life-threatening malaria. Most of these children live in only seven African countries; one country in particular stands out – a quarter of all African children living without nets are Nigerian.

The authors report that bed net use increases faster in countries that distribute them free of charge compared to countries that make people



to pay for them. Usage rises to an average of 25% when they are given free, but is much lower at 4% when people have to pay for them.

The research was conducted by Dr Abdisalan Noor, from the Kenyan Medical Research Institute in Nairobi, who says: "Our analysis clearly shows that countries that provide insecticide treated mosquito nets free to their rural populations have achieved the highest levels of coverage in Africa in 2007. Making poor people pay the full costs of life-saving interventions like treated nets doesn't increase coverage."

The success of ITN coverage in a few countries, including Kenya, shows what can be achieved in a few short years, with adequate funding, political will, and a good distribution network. The researchers believe this success can be replicated in other places, and the research shows that attention increasingly needs to turn to areas where progress has been minimal.

Professor Bob Snow from the University of Oxford, who heads the group in Kenya, is working with colleagues to develop the Malaria Atlas Project (MAP), which aims to identify areas where malaria risk is greatest.

"Maps of where people live in relation to risk and current coverage of interventions are powerful tools to guide future public health investment," says Professor Snow. "What is clear is that despite 20 years of scientific evidence the challenge for donors and governments to protect children with a bed net is a battle only just beginning. New donor money must be targeted to areas where needs are greatest."

One of the UN's Millennium Development Goals aims to ensure that at least 80% of vulnerable children sleep under ITN within 6 years. Recently, however, even more ambitious malaria targets were announced. Last month the UN agencies pledged to renew commitments



to malaria eradication worldwide. Given that our progress on extending net coverage so far has been modest, this target appears unimaginable for much of Africa.

However, Dr Melanie Renshaw of UNICEF's health section malaria department in New York, says: "We now have a stronger commitment backed by more funding to universally protect Africa's children with treated nets and hopefully the map of net coverage in Africa will look very different by 2015."

Source: Wellcome Trust

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