Bridging the Access Gap:
Preparing to ensure prompt access to new antimalarials

Symposium 100
Rapid policy adoption of highly effective antimalarial drugs in Africa

AS OF JANUARY 2003

AS OF APRIL 2007

- **ACT**
- Other anti-malarial medicine (e.g. CQ, SP)
- Not malaria endemic
Proportion of children (<5yrs) receiving antimalarials, Africa 2000-2006

- % under fives with fever receiving antimalarials promptly (within 24 hours)
- % under fives with fever receiving antimalarials

Countries and Proportions:
- Comoros (2000): 63
- Tanzania (2004-05): 58
- Cameroon (2006): 58
- CAR (2006): 57
- Benin (2006): 54
- Eritrea (2002): 52
- Zimbabwe (2005-06): 52
- Somalia (2006): 52
- Rwanda (2005): 50
- Namibia (2000): 49
- Malawi (2006): 49
- Equatorial Guinea (2000): 49
- Congo (2005): 48
- Burkina Faso (2006): 48
- Togo (2006): 48
- Guinea-Bissau (2006): 46
- Guinea (2005): 44
- Côte d'Ivoire (2006): 44
- Nigeria (2003): 34
- Mauritania (2003-04): 34
- Niger (2006): 33
- Chad (2000): 33
- Burundi (2005): 32
- Senegal (2005): 32
- Kenya (2003): 30
- Swaziland (2000): 27
- Malawi (2006): 26
- Namibia (2000): 25
- Rwanda (2005): 25
- Djibouti (2006): 24
- Somalia (2006): 24
- Zimbabwe (2005-06): 24
- Eritrea (2002): 24
- Ethiopia (2005): 24

Other:
- % under fives with fever receiving antimalarials.
- % under fives with fever receiving antimalarials promptly (within 24 hours).

Graph shows data from 2000 to 2006 for various African countries, indicating the proportion of children (under 5 years) receiving antimalarial treatment.
Artemisinin-based combination therapies (ACT) just starting to take hold
Proportion of febrile children under five years of age taking ACTs
sub-Saharan Africa, 2004-06

<table>
<thead>
<tr>
<th>Countries</th>
<th>Proportion of febrile children under five years of age receiving:</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Any anti-malarial medicine</td>
<td>ACT</td>
</tr>
<tr>
<td>Burundi</td>
<td>30</td>
<td>3</td>
</tr>
<tr>
<td>Cameroon</td>
<td>58</td>
<td>2</td>
</tr>
<tr>
<td>CAR</td>
<td>57</td>
<td>3</td>
</tr>
<tr>
<td>Cote d’Ivoire</td>
<td>36</td>
<td>3</td>
</tr>
<tr>
<td>Djibouti</td>
<td>10</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Gambia</td>
<td>63</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Ghana</td>
<td>61</td>
<td>4</td>
</tr>
<tr>
<td>Malawi</td>
<td>24</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Sao Tome/Principe</td>
<td>25</td>
<td>6</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>52</td>
<td>1</td>
</tr>
<tr>
<td>Somalia</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Tanzania</td>
<td>58</td>
<td>2</td>
</tr>
<tr>
<td>Togo</td>
<td>48</td>
<td>1</td>
</tr>
<tr>
<td>Zambia</td>
<td>58</td>
<td>13</td>
</tr>
</tbody>
</table>

Source: UNICEF global malaria databases. Based on 14 MICS, DHS and MIS surveys, sub-Saharan Africa, 2004-06
Notes: (1) Some sub-Saharan African countries have a significant proportion of their population living in non-malarious areas. National-level estimates, as presented above, may therefore obscure higher coverage levels in endemic sub-national areas that have been targeted by national malaria control programs. These countries include Botswana, Burundi, Djibouti, Ethiopia, Kenya, Mauritania, Namibia, Rwanda, Sao Tome and Principe, Somalia, South Africa and Sudan (see box 8).
Recent and rapid scale up in the global procurement of ACTs
Total number of ACTs procured worldwide (in millions), 2001-2006
Presenters and Format

- Christian Lengeler: Barriers to prompt and effective malaria treatment – what matters!
  - Questions for clarification
- Pascalina Chanda: Beyond the public sector: lessons learned through early deployment in Zambia
  - Questions for clarification
- Ambrose Talisuna: Pulling in the private informal sector in Uganda
  - Questions for clarification
- Q&A session
- Christopher Henschel: Science in the face of access
  - Questions for clarification
- Q&A session