

# Reducing Malaria Prevalence in Sokoto State

**M**alaria is the most significant public health problem in Nigeria today. The disease is a major cause of maternal mortality and poor child development. According to the Federal Ministry of Health, malaria was responsible for 30% of childhood deaths; 25% of deaths in children under one year of age; and 11% of maternal deaths. Malaria during pregnancy may result in stillbirths, preterm or low weight babies. The economic cost of malaria, arising from the cost of treatment and loss of productivity and earnings due to days lost to illness is staggering. The total cost associated with malaria in 2011 was estimated to be 2.2 billion Naira, which represents 7.3% of the country's gross domestic product.

A weak health system, misdiagnosis, ineffective treatment, and unavailability of long-lasting mosquito nets contribute to the high number of malaria cases in Sokoto State.

This is worsened by the extremely high poverty levels in the state. Additionally, low antenatal care attendance limits the number of women who are reached with preventive treatment of malaria during pregnancy. This poses substantial risks for the pregnant woman and her child.

The United States Government's investments in Sokoto have contributed to a reduction of malaria prevalence in children under five, from 9.7% in 2008 to 6.2% in 2013. This was accomplished by a three-pronged strategy of expanded household access to long-lasting insecticide-treated nets and increased use of better malaria diagnostics and effective antimalarial medicines. Through a strategic collaboration with key partners led by Sokoto State, household ownership of at least one treated bed net rose from 6.1% in 2008 to an impressive 56% in 2013.

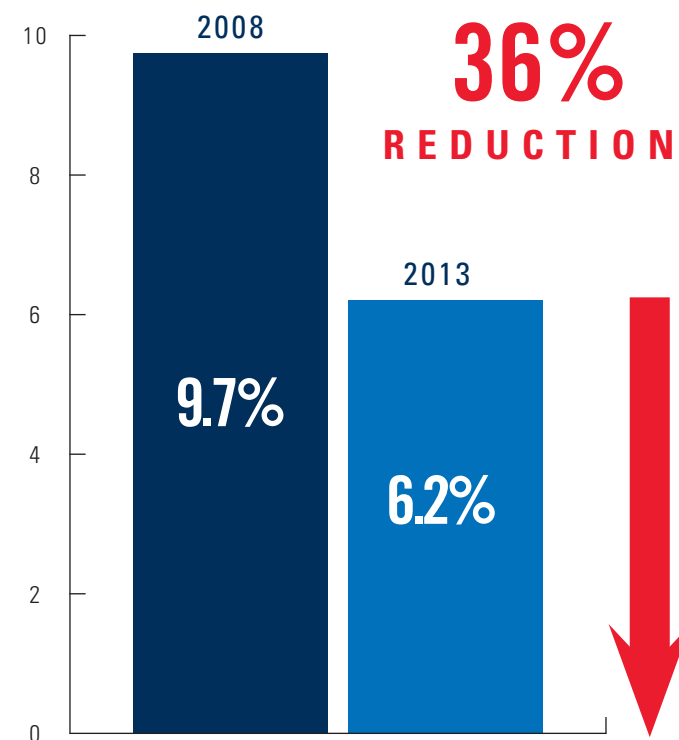
Furthermore, close to 300 health care providers and patent medicine sellers in the state were trained to diagnose malaria correctly.

With TSHIP's support, Sokoto showed an almost three-fold percentage increase in the number of children diagnosed with malaria, from 20% in 2011 to 56% in 2014.

Similarly, there was increase in access to artemisinin-based combination therapy in treatment of children with fever, from 48% in 2011 to 66% in 2013. In the past five years, more than 8,300 community and health facility workers have been trained to provide malaria-related services. Also, advocacy and mass media campaigns helped ensure that malaria commodities were available and that messages on effective bed net use reached the target audience.



## REDUCTION OF MALARIA PREVALENCE IN CHILDREN UNDER 5 IN SOKOTO



<sup>1</sup>NDHS 2008 and 2013.