Reducing severe malaria deaths in Zambia





Access to Rectal Artesunate at Community Level Reduced Severe Malaria Deaths Amona Children Under 6



Severe Malaria Case Fatality Rate

2 Demonstration Districts

From 3.1% to 0.5%

DECREASE

8 Scale-up Districts

From 6.2% to 0.6%

DECREASE

Rural intervention communities accessed quality assured rectal artesunate (RAS) from trained community health workers and follow-on treatment for severe malaria from the health facility.

Based on formal data from the health management information system, reported deaths from severe malaria reduced significantly.

Districts 10 **Communities** 1,272 **Population Coverage** 900,000 **Health Facilities** 217

Community-managed emergency transport systems supported timely referral

RAS recipients transferred to health facility by bicycle ambulances in demonstration districts 34%



Of 11,486 children identified with severe malaria

Received rapid diagnostic

test for malaria

96.6% (1

Administered RAS

...and of 11,095 **RAS** recipients

Referred to health facility

Followed up at least once after discharge

"This integrated, community-based programme is an important best practice example. Learnings from the experience in Zambia are being applied in other countries."

Hans Rietveld, Director, Access and Product Management, Medicines for Malaria Venture

















