
Up to one third of malaria deaths in Africa occur in countries affected by complex emergencies

Estimates from the World Health Organization show that up to 30% of the 960 000 people who die each year from malaria in Africa come from countries affected by complex emergencies. Serious conflict, war or natural disasters may result in large displacements of populations as people have no choice but to abandon their homes. This greatly increases the chances of individuals contracting malaria.

Dr Awash Teklehaimanot, of the Roll Back Malaria Programme, remarked: "Poor nutrition, multiple infections and high stress levels are common amongst displaced populations and leave people more vulnerable to disease. During most complex emergencies people are often forced from their homes, many sleeping without shelter, which leaves them susceptible to mosquito bites and malaria infection."

The Roll Back Malaria Programme intends to address these problems urgently. Richard Allan, Complex Emergencies focal person for the Programme at the World Health Organization said: "We need to combine malaria control expertise with the skills of groups which take immediate action on the ground during an emergency. This enables us to avert the disease taking hold and will make a significant contribution to the overall Roll Back Malaria goal of halving the malaria burden by 2010."

To discuss improvements to the activities of its partner groups during such emergencies, the Global Partnership to Roll Back Malaria held a meeting in Geneva on 30 June. Representatives from the founding members of the Roll Back Malaria Programme, which include the World Bank, WHO, the United Nations Children's Fund, and the United Nations Development Programme, met with other partner groups to discuss ways in which cooperation could be improved.

At the meeting, the nongovernmental organizations and donor agencies clearly identified the need for WHO/Roll Back Malaria and the Roll Back Malaria Technical Support Network for Complex Emergencies to develop improved standardized advice, information and direct technical assistance to support the agencies operating in emergencies. The need for permanent field-level support to coordinate technical support and provide relevant field-based training for partner group emergency teams was repeatedly stressed.

All those attending the meeting welcomed ongoing Roll Back Malaria initiatives to develop an *Interagency Handbook for Malaria Control in Emergencies*, and essential malaria profiles of 22 countries affected by complex emergencies which will be posted on the Roll Back Malaria web site later this summer (http://mosquito.who.int/cgi-bin/rbm/login_rbm.jsp).

Richard Allan commented: "The atmosphere of this meeting was open, realistic and highly constructive and resulted in a real commitment from all partners to work to scaling up effective response to roll back malaria in complex emergencies given appropriate resources."

He added: "The challenge now is to take the enormous opportunity for developing significant action at ground level with this dynamic new partnership." ■

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