

Latitude

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Six countries to benefit from Affordable Medicines Facility malaria (AMFm) support.

Six African countries – Ghana, Kenya, Madagascar, Niger, Nigeria and Tanzania (Mainland and Zanzibar) – are set to benefit from support to be provided by the Affordable Medicines Facility – malaria (AMFm), a recently introduced innovative financing mechanism designed to expand access to artemisinin-based combination therapies (ACTs), currently the most effective form of treatment for uncomplicated *P. falciparum* malaria.

According to a 28 May update from AMFm, the facility's coordinating committee has met to review applications from the six countries to enable them expand access to affordable ACTs through public, private and NGO sectors.

Under this arrangement, the Global Fund which hosts AMFm negotiates a lower price for ACTs and pays a large portion of this directly to the manufacturer on behalf of buyers. Financial support for the initiative will come from UNITAID, the UK Department for International Development (DFID) and other donors,

The mechanism is expected to result in a significant reduction in the price of ACTs for patients from about US\$6 – 10 per treatment to between US\$0.20 and US\$0.50

Another objective of AMFm is reduce the use of inappropriate treatments to which malaria parasites are resistant; it will also reduce the use of artemisinin as a single treatment (or monotherapy), thereby delaying the onset of resistance to the artemisinin based combination therapies (ACTs) and preserving their effectiveness.

(Source: AMFm Update – 28 May 2010)

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Tanzania Hosts World Malaria Day for Africa



Winners of under 14 years football competition after being awarded their prize during WMD2010 commemorations.

This year, Tanzania hosted World Malaria Day for Africa with the organization of week-long activities around a campaign locally known as *Zinduka! Malaria Haikubaliki* (meaning "Wake Up! Malaria is unacceptable" in Swahili).

The *Zinduka!* campaign led by the government and supported by partners is a bold on-the-ground initiative that harnesses the energies of entertainment, government, and the business and health sectors to fight malaria.

The global goal of the campaign is to achieve universal bed net coverage and eliminate malaria deaths by urging all Tanzanians to *Zinduka!* ("Wake Up") to the threat of malaria and protect themselves against the disease.

The World malaria Day celebration in Dar Es Salaam was graced with the presence of personalities including Tanzanian President Dr Jakaya Kikwete, the Minister of Health and Social Welfare of Tanzania Mainland, Prof. David Homell; the Minister of Health and Social Welfare of Zanzibar, Hon. Sultan Mugheiry, the Executive Director of Roll Back Malaria, Dr Awa Coll-Seck; the WHO Representative in Tanzania, Dr Rufaro Chatora, the United States Ambassador to Tanzania, Mr. Alfonso Lenhardt and representatives of multilateral and bilateral organizations and various local and internal partners active in malaria prevention and control efforts.

In his speech, the Tanzania President spoke of his country's achievements in malaria prevention and control, making reference to the Island of Zanzibar which has reduced malaria deaths to near-zero in the last decade.

"Malaria is unacceptable" said RBM's Dr Coll-Seck, who commended Tanzania for involving artists and the local football association in creating awareness about the threat posed by malaria.

WHO Representative Dr Chatora delivered the message of the WHO Regional Director which emphasized the importance of engaging communities to prevent and control malaria.

A wide range of awareness-creating activities was undertaken in other WHO Member States in the African Region.

African countries report progress in tackling malaria

Countries across Africa reported progress in counting malaria out as the Region joined the rest of the international community in celebrating World Malaria Day (WMD) 2010.

Below are snap shots of progress made and ongoing initiatives in some Member States:

Angola: Efforts by the Angolan government to prevent and control malaria in the country has resulted in more than halving death due to the disease within a decade. The number of deaths related to malaria was reduced from 25,572 in 1999 to 10,505 in 2009, according to a report from the country. The proportion of malaria cases in the country treated with artemisinin-based combination therapies (ACTs) is also rapidly increasing.

Measures contributing to malaria control in Angola include the distribution of long-lasting insecticide bed nets (LLINs) to four million people; intermittent preventive treatment (IPT) for pregnant women; the use of indoor residual spraying (IRS) in 500,000 homes in at-risk epidemic-prone areas particularly in the south of the country, and improved diagnosis and treatment of simple or uncomplicated malaria.

Improved funding has also been a success factor: grants from Round 7 disbursements of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and \$32 million provided by the United States President's Malaria Initiative have been critical in improving access to essential commodities and services.

Chad: In a message broadcast on national television on the eve WMD 2010, Chadian President Idriss Deby announced that by the end of 2011, all women and children would get free malaria diagnosis, treatment and insecticide treated nets (ITNs). Also, the government would underwrite case management expenses for mothers and children under five.



President Dr. Jakaya Kikwete, addressing the nation during WMD 2010 in Dar Es Salaam.

Congo: The Congolese government has adopted three strategies to confront the menace posed by malaria. These are the distribution of insecticide treated nets, the use of ACTs and intermittent preventive treatment for pregnant women.

In 2007, the Congolese Head of State launched an initiative for free treatment of pregnant women and children up to 15 years of age.

Measures taken by the government have resulted in the distribution of more than one million nets; access to intermittent preventive treatment for 50,000 pregnant women; and free medication for 300,000 people suffering from uncomplicated malaria. In March 2010, the Government introduced free treatment for complicated malaria in 16 hospitals across the country.

Guinée-Conakry: To commemorate WMD 2010, the government mounted a country-wide sensitization campaign and distributed LLINs. Celebrations marking the Day were flagged off in the town of Mamou (350 kilometers north-east of Conakry) where more than 1,000 LLINs were distributed to pregnant women and children. Malaria is the primary cause of hospital admissions and death in the West African country.

Mali: Actions being taken by Government of Mali to count malaria out include: distribution of insecticide bed nets to pregnant women and children under five; chemoprophylaxis for pregnant women, destruction of mosquito larvae in breeding sites and promotion of behaviour change communication.

Niger: In Niger, the main launch of WMD 2010 took place in Sakoara, a rural village in the country's Tillberly Region, located 145 kilometres from Niamey, with a message from the Prime Minister calling for increased community engagement in malaria prevention and control efforts.

The Governor of Tillberly Region illustrated progress made in malaria progress with the latest morbidity and mortality figures in the area. He stated that malaria cases and deaths in Tillberly Region had fallen from 384, 962 and 10,007 respectively in 2007 to 311, 530 (cases) and 49 (deaths) in 2009.

Rwanda: In Rwanda, it was a double celebration as WHD 2010 was observed at the same time as the Mother and Child Week was launched. Insecticide treated nets were distributed nation-wide to children aged between 0 and 5 years.

Namibia: Namibia, with support from WHO and other partners, commemorated World Malaria Day 2010 with the launch of a national elimination campaign titled *Wipe Out Malaria*, and the unveiling of a logo to unite and scale-up Namibia's malaria elimination efforts in the coming years.

The Hon. Minister of Health and Social Services, Dr Richard Nchabi Kamwi, officially unveiled the logo of the elimination campaign, after a keynote address.

In his speech, Minister Kamwi noted that Namibia was making progress, saying The *Wipe out Malaria Campaign* would promote four key malaria prevention and control measures, namely, nightly use of insecticide treated nets (ITNs), intermittent preventive malaria treatment (IPT) for pregnant women, indoor residual spraying (IRS) as well as prompt and appropriate treatment for all malaria cases.

In Namibia, malaria deaths have dropped by 90% between 2001 and 2008. The number of malaria cases treated in hospitals has also fallen by 77%, from 41,100 to 5,200, during the same period. Also, the country is exceeding the targets set out in the Abuja Declaration to cut malaria deaths by 50%. Furthermore, the number of recorded malaria deaths has fallen from 1,700 in 2001, to 170 deaths in 2008 – a reduction of 90 percent, far surpassing the Abuja targets.

African countries report progress in tackling malaria

Uganda: “The focus now is on counting malaria out of the country”, said Hon Richard Nduhura, the Minister of State for General Duties of Uganda where a massive exercise has been launched targeting pregnant women and all children under five,

At the end of the initial phase of the distribution exercise, 7.2 million LLINs will have been distributed to pregnant women and children under five years of age; an additional 10.4 million nets are expected to be given out during the second distribution wave, after which universal coverage (one net/2 people) will have been reached by 31 December 2010.

Hon. Nduhura also spoke of Uganda's intensification of its multi-pronged attack on the disease: use of ITNs; Indoor Residual Spraying; effective case management including parasitological confirmation of cases; Intermittent Preventive Treatment of malaria in pregnancy; early detection and response to epidemics, and community social mobilization. Community participation in malaria prevention and treatment interventions especially through the engagement of Village Health Teams will be given special attention, he said.



The Honourable Minister Dr Richard Nchabi Kamwi with dignitaries from the Ohangwena region unveil the national elimination “Wipe Out Malaria” logo.

Zambia: In Zambia, the Health Minister Hon. Kapembwa Simbao delivered a message in which he said that malaria control had been prioritized in the National Malaria Strategic Plan, and that significant progress in malaria prevention and control had been achieved. In 2009 WHO reported that malaria deaths in Zambia had declined by 66%, surpassing the Abuja targets of 50%. Surveillance data indicated a 55% decrease in the number of inpatient cases, and a 79% decrease in the number of deaths in children under

five compared to the average baseline for 2002 – 2003. A 30% reduction in malaria prevalence between 2006 – 2008 was also reported. This success is due to a broadened Roll Back Malaria partnership and the engagement of communities

To date 62% of the households own at least one LLIN ; Indoor Residual Spraying has been scaled up to about 36 districts in high incidence areas reaching about 1,2 million homes and protecting about 4,4 million people at risk; and 66% of pregnant women receive preventive medicines.

The national commemoration of WMD 2010 was held in Mpongwe, a rural town in the Copper belt Province in order to emphasize the importance of reaching the most vulnerable populations with key interventions.

Zimbabwe: In his statement to mark WMD 2010, Zimbabwe's Minister of Health and Child Welfare, Dr H. Madzorera, said “This year Zimbabwe will strive to attain the target of universal coverage of long lasting insecticidal nets through procurement and distribution of close to two million nets before December 2010”.

“My Ministry has scaled up all the interventions aimed at achieving universal coverage in order to maximize our chances of attaining the Abuja Targets and the set Millennium Development Goals”.

The Zimbabwe Ministry of Health & Child Welfare has a functional national program of malaria prevention and control whose goal is to prevent deaths and reduce malaria illness, and to minimize social and economic losses due to malaria through: (a) Planning and implementing selective and sustainable prevention measures including vector control

(b) Provision of early diagnosis and prompt treatment (c) Early prevention, detection and containment of epidemics. (d) Strengthening of local capacities in basic operational research (e) Advocacy, social mobilization and programme communication to enhance involvement of communities in malaria control initiatives

More information on the celebration of WMD 2010 in the African Region can be found at <http://www.afro.who.int/en/divisions-a-programmes/atm/malaria/world-malaria-day/world-malaria-day-2010.html>

Nigeria uses text messages to facilitate mosquito net distribution

Nigeria has launched a campaign using rapid Short Message Service (SMS) text messages to help track the distribution of about 63 million mosquito nets.

The campaign, a joint effort by the National Malaria Control Programme and Roll Back Malaria partners in Nigeria, has already resulted in the delivery of 19 million nets in 11 of the country's 36 states.

The goal of the campaign is to scale up coverage of Long Lasting Insecticide Treated Nets (LLINs) by the end of 2010 in order to reduce Nigeria's malaria burden by half in line with the Abuja Declaration. Powerful information chains, activated by SMS text messages are intended to streamline the distribution effort.

At the warehouse where the nets are stored, a stock manager dispatches a truckload to a main distribution centre and sends a coded text message to a remote server, reporting the number of nets on their way. The server then forwards an automatic message to the distribution centre.

When the truck arrives at the warehouse, a manager unloads the nets and uses another SMS text to report all inventory received. Yet another message alerts each local distribution point that bales of nets are on their way. After the nets are handed out locally, distribution team leaders submit text messages reporting the number of villages, households and individuals reached. (Source: UNICEF)



WHO releases new guidelines for treatment of malaria and procurement of medicines

United Nations Secretary General's Envoy for Malaria calls for withdrawal of oral artemisinin-based monotherapies



The UN Secretary General's Special Envoy for Malaria, Mr Ray Chambers, has added his voice to the call for the discontinuation of oral artemisinin-based **monotherapies** for the treatment of malaria.

“These monotherapies are the **primary force** behind the development of resistance by the malaria parasite”, Mr Chambers told the recently concluded 63rd session of the World Health Assembly in Geneva. “It is imperative that oral artemisinin-based **monotherapies** be rapidly removed from the market as was called for in the 2007 World Health Assembly resolution”

Mr Chambers noted that at least 37 pharmaceutical companies were still involved in the production and marketing of oral artemisinin **monotherapies** while 29 countries continued to allow the marketing of these compounds.

“The time has come for all nations to band together and halt this practice once and for all before it is too late”, he said.

The World Health Organization has released new guidelines for the treatment of malaria, and the first ever guidance on procuring safe and efficacious anti-malarial medicines.

Following the failure of previous treatment regimen, artemisinin-based combination therapy (ACTs) has transformed the treatment of malaria, but if not used properly the medicine could become ineffective.

The Guidelines for the Treatment of Malaria

(second edition) provides evidence-based and current recommendations for countries on malaria diagnosis and treatment. The main changes from the first edition of the guidelines (published in 2006) are the emphasis on testing before treating and the addition of a new ACT -dihydroartemisinin plus piperazine - to the list of recommended treatments.

“These guidelines will help countries select and procure effective medicines of good quality and save lives by improving the way patients are diagnosed and treated,” says Dr. George Ki-Zerbo, Malaria Programme Manager at the WHO Regional Office for Africa in Brazzaville.

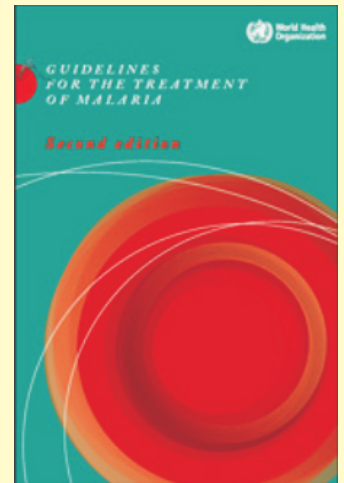
The move towards universal diagnostic testing of malaria is a critical step forward in the fight against malaria as it will allow for the targeted use of ACTs for those who actually have malaria. The aim is to reduce the emergence and spread of drug resistance and to help identify patients who have fever, but do not have malaria, so that alternative diagnoses can be made and appropriate treatment provided.

Therefore, better management of malaria has a positive impact on management of other childhood illness and overall child survival.

In 2008, just 22% of suspected malaria cases were tested in 18 of 35 African countries reporting. The recent development of quality-assured Rapid Diagnostic Tests (RDTs) using a dip stick and a drop of blood means a policy change is possible by using microscopy and rapid diagnostic tests. The malaria rapid diagnostic tests can reliably demonstrate the presence or absence of malaria parasites in the blood and can be performed at all levels of the health system, including community settings.

WHO is providing normative guidance and supporting malaria endemic countries to improve the quality of their diagnostic services using both microscopy and RDTs, and urging the manufacturers of RDTs to continue improving the accuracy and quality of these critically important diagnostic tests.

Half of the world's population is at risk from malaria. Each year almost 250 million cases occur, causing 860,000 deaths. Approximately 85% of these deaths are among children, and 90% occur in Africa.



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<http://www.afro.who.int/en/divisions-a-programmes/atm/malaria.htm>