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WHO/AFRO welcomes preliminary results of malaria vaccine trials

The World Health Organization's Regional Office for Africa has welcomed the announcement that trials of a malaria candidate vaccine show promising results by providing protection against clinical malaria in children.

The results were announced at the Global Malaria Forum hosted by the Bill & Melinda Gates Foundation in Seattle, USA and published in the New England Journal of Medicine.

Between May 2009 and January 2011, 15460 children from seven countries in Africa, namely, Burkina Faso, Gabon, Ghana, Kenya, Malawi, Mozambique and Tanzania took part in the clinical

trials. The trials showed that administration of the malaria candidate vaccine called RTS,S was able to prevent about 56% of children from developing clinical malaria. The incidence of severe malaria was reduced by about 35% in vaccinated children. The RTS,S candidate vaccine trial is ongoing and is scheduled for completion in 2014.

"The preliminary outcome of these ongoing clinical trials marks a significant milestone in research efforts to control malaria worldwide and in Africa in particular. We look forward to the end product and expect it to be cost-effective. We commend the partnership between GlaxoSmithKline (GSK), PATH Malaria Vaccine Initiative; Bill and Melinda Gates Foundation and also congratulate the research teams operating in the different sites within the countries involved", said Dr Luis Sambo, WHO Regional Director for Africa.

Through the Joint Technical Expert Group (JTEG), WHO will review data emerging from the RTS,S trial and other trials of malaria vaccines.



Dr Luis Gomes Sambo, WHO Regional Director for Africa

The WHO 2010 World Malaria Report estimated that 250 million cases of malaria occur worldwide with 781 000 deaths. Sub-Saharan Africa is the most affected with 86% of cases and 90% of deaths, mostly in children. The mortality tends to be higher in people living with HIV. Malaria also fuels mortality in pregnant women.



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Sixty-first session of WHO Regional Committee for Africa adopts progress report on malaria control

A progress report on Acceleration of Malaria Control in the African Region was adopted by the Sixty-first session of the WHO Regional Committee for Africa held from 29 August to 2 September 2011 in Yamoussoukro, Côte d'Ivoire.

The progress report documented more than a 50% reduction in malaria cases and deaths at health facilities in 12 Member States — *Algeria, Botswana, Cape Verde, Eritrea, Madagascar, Namibia, Rwanda, Sao Tome and Principe, South Africa, Swaziland, Zambia and Zanzibar Islands in the United Republic of Tanzania* -- and recognized the significant progress being made in several other countries of the Region.

The WHO/AFRO RC61 progress report drew the attention of Member States to the fact that progress is fragile where epidemiological and programme-related conditions for resurgence exist.

The following next steps were adopted as a way forward in accelerating malaria control, and guiding programme transition to pre-elimination and eventual elimination of malaria where feasible:

- ⇒ Member States should conduct regular malaria programme performance reviews to inform strategic direction and planning.
- ⇒ Member States and their health and development partners should continue to mobilize adequate public and private resources to sustain acceleration of malaria control and prepare evidence-based and sustainable programme transitions.
- ⇒ Member States should enforce policies and regulations to remove taxes and tariffs on essential medicines and commodities, ban oral artemisinin monotherapies and ensure free or highly subsidized access to essential

services by the poor and the most vulnerable groups.

- ⇒ Capacity of the malaria programmes should be expanded including decentralization of key functions to district level and development of community-based health promotion and malaria prevention, diagnosis and treatment services in order to achieve and sustain control.
- ⇒ Where appropriate, programmes should be reoriented from control to pre-elimination and eventual elimination of the disease.
- ⇒ Countries should strengthen surveillance, monitoring and evaluation systems including drug and insecticides efficacy testing and operational research to enhance reporting on disease trends, and coverage and impact of interventions.

During discussions, the issues of cross-border collaboration, strengthening the capacity of malaria programmes at central and decentralized levels, integration of malaria control with other child survival and maternal health programmes, and fostering public private partnerships were highlighted by ministers of health.



From left to right: Dr Luis Sambo (WHO Regional Director for Africa), Dr Thérèse N'Dri-Yoman (Chairperson RC61 & Minister of Health of Cote d'Ivoire), Dr Margaret Chan (WHO Director-General)

ECOWAS calls for continent-wide war against malaria

The Economic Community of West African States (ECOWAS) has called for a continent-wide war against malaria to stop the mosquito-borne disease from wreaking further human and socioeconomic havoc in Africa.

This call was made recently by the President of the ECOWAS Commission, Ambassador James Gbeho, at a three-day meeting on Malaria Elimination Campaign in the ECOWAS region in Accra, Ghana. "Malaria kills more people than any war in Africa and African people and governments must declare war on the disease and its vector, the mosquito", Ambassador Gbeho said.

He added that we are at war with the mosquitoes and must take measures accordingly to win the war; malaria kills a child every 30 seconds in Africa and consumes a significant part of household incomes on the continent.

Benin

Pregnant women, children under five years of age to access malaria treatment

Pregnant women and children under five years of age in the Republic of Benin are now to benefit from free malaria treatment following an initiative launched by the country's President, His Excellency Dr Thomas Boni Yayi.

Launching the initiative at the Palais de Congres in Cotonou on 4 October, President Yayi said, "It is imperative, indeed, urgent to improve access of pregnant women and children under five to antimalarial medicines. And this is why today we have decided to introduce free services for the management of malaria cases for them".

Citing statistics from the National Health Information Management System, President Yayi stated that each year, malaria accounted for 1.4 million hospital consultations in health centres across the country.

Speaking at the occasion, the WHO Representative in Benin, Dr Akpa Gbary, said the Presidential initiative on free services for malaria case management for pregnant women and children less than five years old was a major public health gain for the country.



H.E. Dr Thomas Boni Yayi, President of the Republic of Benin

He added that "With the launch of this initiative, Benin has widened the circle of African countries that are

While calling for a more coordinated, integrated and focused approach to defeating malaria, the ECOWAS President also said there should be a change of attitude, robust political will and ownership of anti-malaria campaigns by all stakeholders.

"In 2015, ECOWAS will be 40 years old. Let us have an ECOWAS of free movement of peoples in an ECOWAS region that is malaria-free,"

implementing the Regional Strategy for Malaria Prevention and Control which envisages universal access to malaria interventions as one of the means of achieving the Millennium Development Goals".

Dr Gbary then outlined some of the conditions necessary for the successful implementation of the presidential initiative: availability of medicines and supplies at all levels; expansion of the network of community health workers across the country; capacity to undertake parasitology tests for the confirmation of suspected cases, and the mobilization of resources at national and international levels.

Zimbabwe

Harare hosts malaria elimination micro-planning workshop

A planning meeting for malaria elimination in four countries — Botswana, Namibia, South Africa and Swaziland — was organized from 27 to 29 September 2011 by the WHO/AFRO Intercountry Support Team for Eastern and Southern Africa (IST-ESA) in Harare, Zimbabwe.

This intercountry consultation was held in recognition of the pivotal role that strong health systems play, particularly in generating surveillance data that will assist countries in decision making for evidence-informed programme transitions towards malaria elimination.

The approach proposed at the workshop also entailed ensuring delivery of geographically and epidemiologically targeted packages of proven interventions and expanding malaria-free areas.

In this context, WHO will continue to support low malaria transmission countries contemplating transition to pre-elimination by fostering cross-border collaboration.



Ambassador James Gbeho, Chairman of the ECOWAS Commission

African leaders launch malaria-beating scorecard

A coalition of African leaders have launched a "scorecard for accountability and action" to track progress in the fight against malaria, a disease that claims hundreds of thousands of lives each year.

The 40-member African Leaders Malaria Alliance (ALMA), which was launched two years ago, aims to bring malaria deaths to near zero across the continent by 2015 in line with United Nations Millennium Development Goals to improve health, reduce poverty and boost development in Africa.

"The evidence is becoming obvious, malaria infection in Africa is receding," President Jakaya Kikwete of Tanzania and current Chair of ALMA told a press conference in New York at the launch of the scorecard, which took place on the sidelines of the United Nations High Level Summit on Noncommunicable diseases in September in New York.

He noted that malaria was among Africa's leading killers and partially attributed successes in preventing and controlling the disease to distribution of bed nets, residual spraying of insecticide, rapid diagnostic tests and the use of *artemisinin*-based combination therapy.

He stated that since 2008, 229 million long-lasting insecticide-treated bed nets — enough to achieve 84% coverage of those at risk of malaria — had been distributed in Africa. Homes covered by indoor residual spraying of insecticide had increased from 20 million to 75 million over the past five years.

Speaking at the launch, WHO Regional Director for Africa, Dr Luis Gomes Sambo, commented, "The ALMA scorecard is a good idea, and in our view it is a powerful monitoring tool because it involves the highest level of leadership and brings the collective focus of governments and partners in the fight against malaria".

The ALMA scorecard will be updated quarterly with data on key health metrics across malaria-endemic countries to help African leaders hold themselves accountable for progress in reducing the health and socioeconomic burden attributed to



The ALMA President, Jakaya Kikwete of Tanzania

malaria. The ALMA scorecard will also track selected indicators for maternal, newborn and child health.

ALMA

ALMA, an intergovernmental organization dedicated to ending malaria deaths, became operational on 23 September 2009, during the 64th United Nations General Assembly.

The purpose of the Alliance is to provide a forum for high level, collective advocacy to ensure: efficient procurement, distribution, and utilization of malaria control interventions; the sharing of most effective malaria control practices; and ensuring that malaria remains high on the global policy agenda.

All members of ALMA are committed to reaching the United Nations Secretary-General's goal of ensuring universal access to malaria control interventions by the end of 2010, with the goal of ending malaria deaths by 2015.

Members of ALMA

African Union, Angola, Benin, Botswana, Burkina Faso, Cameroon, Cape Verde, Comoros, Democratic Republic of Congo, Djibouti, Egypt, Equatorial Guinea, Ethiopia, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Nigeria, Republic of Congo, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Somalia, South Africa, South Sudan, United Republic of Tanzania, The Gambia, Togo, Uganda, Zambia, Zimbabwe.



Women & infants on Kazungula Road, Zambia.
(C. Dr Ki-Zerbo G.A)

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