



## **MEDIA ADVISORY**

**PRESS CONFERENCE: MONDAY, 2 NOVEMBER, 10:15AM, MIM PRESS ROOM, 1<sup>ST</sup> FLOOR KICC**

### **Leading Malaria Scientists Highlight Latest Research on Improving Access to Lifesaving Interventions**

*New research underlines the urgent need to scale up access to treatment, diagnosis, vector control, and appropriate and effective case management*

**NAIROBI, 2 November 2009** – On the first day of the scientific program at the world’s largest malaria conference, researchers, public health officials and policymakers took a hard look at current malaria interventions and presented evidence on what more must be done to improve access to proven methods by the world’s poorest people. New research released at MIM highlighted the need for coordinated action by the malaria community to provide timely and effective financial and technical assistance to endemic countries.

While more effective malaria treatments and prevention methods exist today than ever before, the majority of the most vulnerable don't have access to them. The latest malaria science emphasizes the need for operational research to identify what interventions work best where, which can guide evidence-based policies that increase access to existing interventions.

#### **CASE MANAGEMENT**

According to the latest operational research, home management of malaria (HMM) offers community health workers training and tools to diagnose and treat malaria within the community – increasing access in poor rural communities to effective treatment. As an example, a randomized control study conducted in 5 African countries used rapid diagnostic testing as part of an integrated approach to both malaria and pneumonia. Currently, most antimalarials are administered when children present with a fever, without a confirmatory diagnostic test. However, fever is also a diagnostic sign of pneumonia, causing a liberal administration of malaria drugs that may lead to resistance and drug wastage. The study helps pave the way for a concrete solution to this emerging issue, by making diagnostic tools which confirm malaria infection more available at the community level.

#### **DRUG ACCESS**

Artemisinin-based Combination Therapies (ACTs) are currently the most effective form of treatment against malaria. Although 80 countries worldwide have adopted ACTs as first-line treatment, in line with WHO recommendations, initial findings from standardized surveys collected by PSI and the London School of Hygiene and Tropical Medicine’s *ACTwatch* project indicate that ACTs continue to have a worryingly low presence in the overall market. More worrying is the fact that artemisinin-based monotherapies permeate the market at alarming

rates, increasing risk for resistance to these lifesaving drugs. Where they are present, ACTs are substantially more expensive than less-effective monotherapies that continue to be offered.

Pilot studies have been carried out by the Clinton Foundation and Medicines for Malaria Venture with the Tanzanian and Ugandan Ministries of Health respectively, on the impact of subsidized ACTs made available through the private sector. These have shown that a 95% subsidy to first-line buyers significantly increases uptake of the subsidized ACT and also displaces ineffective antimalarials such as Chloroquine. These studies and surveys will help inform the implementation of the innovative funding mechanism, developed to improve access to ACTs – the Affordable Medicines Facility for malaria (AMFm).

## **VECTOR CONTROL**

In order to effectively reduce malaria incidence, research has shown that vector control tools – including insecticide-treated nets (ITNs) and indoor residual spraying (IRS) – must be made universally available in malaria-endemic countries. Since the last MIM conference, use of ITNs, long-lasting insecticide-treated nets (LLINs) and IRS have increased massively, through large-scale campaigns and routine distribution. As a result, many countries have attained much higher coverage, with countries including Ethiopia, Ghana, Zambia and Rwanda showing excellent results. However, research also shows that coverage remains a significant challenge. More than 200 million more nets are required to meet targets for Africa.

At the same time, people at risk of malaria infection must also use nets regularly and correctly. While WHO recommends LLINs be used for a maximum of 3 years, the data show that the lifespan of LLINs vary significantly from country to country and that the assumption that LLINs last for 3 years needs to be reviewed. The physical durability of the nets is proving to be as great if not greater a challenge than the diminishing effectiveness of the insecticide. Studies from Bioko Island and Mozambique being presented at MIM also show that use of both LLINs and IRS together in the same environment are more effective than either alone.

### **About the Multilateral Initiative on Malaria (MIM)**

The Multilateral Initiative on Malaria (MIM) was established in 1997 with the dual mission of maximizing the impact of scientific research through coordinated worldwide collaboration and of strengthening African research capacity to develop new tools for prevention and treatment.

**MIM Pan-African Malaria Conference Website:** <http://mimalario.org/pamc>

**Virtual Press Room:** <http://mim.globalhealthstrategies.com>

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