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## **WORLD'S LARGEST MALARIA CONFERENCE OPENS WITH RESEARCH AIMED AT ERADICATION**

*New findings include new technologies in the pipeline, growing drug and insecticide resistance and shocking inaccessibility to life-saving drugs for a disease that continues to kill 2400 people every day*

**NAIROBI, 1 November 2009** – The world's largest malaria conference opened today with a call for substantial and sustained support for research to guide evidence-based policies and the development of new malaria tools, which together could save countless lives. The 5<sup>th</sup> Multilateral Initiative on Malaria (MIM) Pan-African Conference brings together 2,000 researchers, health workers, public health officials, policymakers and activists from across Africa and around the world. Kenya's Vice-President Kalonzo Musyoka opened the conference. The first MIM conference to be held in four years, it will highlight the latest research in malaria prevention and treatment.

"The theme of this year's conference is 'Building Knowledge for Action', but the key question for malaria is 'which knowledge for which action?'" said Dr. Adrian JF Luty, Senior Researcher at Radboud University Nijmegen Medical Centre, the Netherlands, and Chair of the MIM conference Scientific Committee. "If we as a global community are to be ready to achieve eradication, we must invest in the science that can guide these efforts and provide the tools and methods that will make success possible."

Although preventable and treatable, malaria continues to be one of the world's most deadly and persistent diseases. Ninety percent of all malaria deaths occur in Africa, and 85 percent of these deaths are among children under the age of five. Since the last MIM conference in 2005, the global community has made tremendous strides against the disease. Yet despite this progress, many African countries are struggling to meet Millennium Development Goal 6, which aims "to halt and begin to reverse the incidence of malaria," and are unlikely to meet the WHO target to halve malaria mortality by 2010.

One of the key goals of MIM, and the conference, is to strengthen African research capacity to guide policies for malaria control and to develop new tools for prevention and treatment. Research conducted in Africa has helped guide new practices, for example, in Rwanda where just 5 years ago malaria was the leading cause of death. Thanks to a multi-faceted approach using long-lasting insecticide treated nets (LLINs) and training for community health workers, has decreased the malaria death rate by 60 percent in just two years. In Zanzibar, a mass distribution of LLINs in early 2006 and insecticide spraying programs triggered a 95 percent reduction in malaria infections for children under 2 years of age.

“Over the past four years, new strategies coupled with unprecedented global attention and support from endemic country governments have increased access to malaria treatment and prevention for some of the world’s most vulnerable communities,” said Dr. Francine Ntoumi, MIM Secretariat Coordinator at the African Malaria Network Trust (AMANET), which has hosted the MIM secretariat for the past four years as the organization’s first African secretariat. “However, we must continue to build a critical mass of scientists working on malaria in Sub-Saharan Africa, so that countries with the greatest burden are themselves setting the research agenda.”

Due to continued cost and availability challenges, those most at-risk for malaria often have limited access to proven prevention tools, such as insecticide-treated nets and access to the current gold-standard drug, artemisinin-based combination therapies (ACTs). As a result, the disease disproportionately affects poor rural communities in malaria-endemic countries.

At the same time, over-use of artemisinin monotherapies and irrational use of ACTs themselves are leading to increased drug resistance. Expanding access to insecticides—and agricultural use of insecticides—is also putting evolutionary pressure on mosquitoes to develop resistance to the most effective malaria control methods available: insecticide-treated nets (ITNs) and indoor residual spraying (IRS). New classes of insecticides and malaria drugs that overcome today’s resistance are still in early stages of development.

“The threat of increased parasite resistance to the malaria drug artemisinin, and insecticide resistance in mosquitoes, could undo the important progress we have made on malaria,” said Dr. Solomon Mpoke, Acting-Director of the Kenya Medical Research Institute, (KEMRI), the host of this year’s MIM conference. “Operational research to be presented at MIM will be crucial to demonstrate what works and where, while scientific research on improved drugs, diagnostics, vaccines and vector control methods will point the way to our best hopes for eradication. Eradicating malaria will not be easy—it will require substantial funding and a complementary arsenal of knowledge and tactics. To attain this goal, we must continue to support innovative research while simultaneously addressing barriers to access that keep so many from receiving life-saving prevention and treatment tools we have right now.”

#### **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. The group’s goals include promoting global communication and cooperation between institutions to maximize impact, ensuring that research findings are applied to malaria control efforts and raising international awareness of malaria. MIM was born out of a series of international meetings held in 1995 and 1996 in response to growing concern over emerging infectious diseases in Africa. These meetings were convened by The John E. Fogarty International Center, an arm of the National Institutes of Health dedicated to supporting global health research and facilitating partnerships between research centers in the U.S. and abroad. The first MIM conference was held in Dakar, Senegal in 1997; the second in Durban, South Africa in 1999; the third in Arusha, Tanzania in 2002; and the fourth in Yaounde, Cameroon in 2005.

**MIM Website:** <http://mimalaria.org>

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

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