



MEDIA ADVISORY

PRESS CONFERENCE: TUESDAY, 3 NOVEMBER, 10:15AM, MIM PRESS ROOM, KICC

- Dr. Brian Greenwood, London School of Hygiene and Tropical Medicine
- Dr. Wilfred Mbacham, University of Yaounde
- Dr. Sodiomon Sirima, Centre National de Recherche et de Formation sur le Paludisme
- Dr. Timothy Wells, Medicines for Malaria Venture (MMV)
- Dr. Michael MacDonald, PMI/USAID

MIM Researchers Focus on New Tools for Malaria that Offer Greatest Promise Toward Achieving Eradication

New research highlights promising drugs, vaccines, vector control and other tools in the pipeline

NAIROBI, 3 November 2009 — On the second day of the MIM Pan African Malaria Conference, leading malaria researchers and product developers provided new insights into interventions currently under development that could improve malaria control, overcome current resistance and accelerate efforts toward eradication.

While it is critical that the global malaria community improve access to the best existing interventions, new and improved drugs, diagnostics, vaccines and vector control methods remain the world's best hope for eradication. Promising research discussed at MIM highlights the need for sustained financing of projects in the R&D pipeline even as the global community invests in research, development and delivery of next-generation compounds and products.

NEW DRUGS

New drugs are urgently needed because the old ones are no longer effective against the rapidly evolving malaria parasite. The irrational use of artemisinin-combination therapies (ACT) and the use of artemisinin as a single therapy can result in the malaria parasite developing resistance to arguably the world's most effective antimalarial. To address this, scientists at MIM disclosed a broad range of new drugs and compound classes in the pipeline, some of which specifically tackle emerging resistance and stopping transmission. With the goal of eradication of malaria in mind, researchers are also focusing on drugs that target malaria parasites other than the deadly falciparum parasite. The hope is to one day develop a simple, affordable one-dose malaria cure.

Meanwhile, through the efforts of organizations including the Medicines for Malaria Venture (MMV) and Drugs for Neglected Diseases initiative (DNDi), and their partners, the number of malaria drugs available continues to increase. The last 2 years have seen the launch of two new WHO-prequalified ACTs and there is hope that three additional combination therapies could be pre-qualified in the immediate future.

NEW TOOLS IN VECTOR CONTROL

A proven arsenal of vector control tools designed to combat malaria-bearing mosquitoes are being scaled up to meet 2010 targets for universal coverage of long-lasting insecticide treated nets (LLINs) and Indoor Residual Spraying (IRS). Scientists agree, however, that research is needed to improve the performance of these tools. Insecticide resistance to the pyrethroid class of insecticides used in both IRS and LLINs, the life-span of LLINs, evaluation methods for delivery of malaria prevention, and the integration of vector control methods are all areas of necessary study. Research on each of these topics is being presented at this year's conference.

Malaria scientists continue to look forward to improved tools (IRS and LLINs) and new means of addressing malaria burden in endemic countries. These include new classes of insecticides, innovative durable wall linings, insecticide treated plastic sheeting made with pyrethroids and carbamates, and potentially the use of fungi as insecticides. Research in these areas can overcome barriers to successful vector control and effectively preventing malaria transmission.

VACCINES

As discussed at MIM, progress toward developing an effective malaria vaccine has accelerated in recent years. Public health experts generally agree that vaccines are an efficient, cost-effective way to fight infectious disease, yet the malaria vaccine field has traditionally faced significant challenges. These include the technical complexity of developing any vaccine against a parasite, the costs associated with holding clinical trials, and the lack of financial incentives for private-sector developers. Now, however, there are several clinical trials underway of vaccine candidates against the most deadly type of malaria parasite.

Vaccine trials currently underway or recently completed include **AMA-1**, which is being studied in Mali; **MZ2**, which is in a Phase 1b clinical trial being conducted by the Albert Schweitzer Institute, in Lambaréné, Gabon; **MSP3-LSP**, which is in a Phase 2b clinical trial in Bamako, Mali; and **RTS,S**, which has entered a large-scale Phase 3 trial being conducted by 11 medical research institutions in Burkina Faso, Gabon, Ghana, Kenya, Malawi, Mozambique, Tanzania.

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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