

La Toile

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Dr Luis Sambo lauds malaria prevention and control efforts in the African Region

The celebration of World Malaria Day (WMD) on 25 April 2011 marked the fourth annual observance of the Day, and signals the winding down of the United Nations Decade to Roll Back Malaria.

WMD was established in 2007 as an occasion for recognizing global efforts to control this disease, which in 2009 posed a threat to half the world's population. WHO has set a target of zero malaria deaths by 2015. At the time of the first WMD in 2008, malaria killed one child every 30 seconds, but by the end of 2010, 11 African countries had registered a more than 50 per cent reduction in malaria cases and deaths.

In his message to mark WMD 2011, WHO Regional Director for Africa, Dr Luis Sambo, takes a look at the progress made and challenges still being faced, and points the way forward for malaria prevention and control in the Region:

"Today, 25 April 2011, it gives me great pleasure to join in celebrating World Malaria Day under the Theme: *"Achieving Progress and Impact"*.

At the special event on Malaria held in New York on 22 September 2010 [during the UN Summit on the Millennium Development Goals (MDGs)] the UN Secretary General Mr. Ban Ki Moon declared: "As we assess progress on the MDGs, our record on malaria stands as an example of successful implementation and effective collaboration". We in the African Region want to echo this statement and say: *'Together, we can achieve more'*.

This year's celebration marks the end of the UN Decade to Roll Back malaria. It affords us an opportunity to renew our common vision and commitment as we look forward and aim at attaining the Millennium Development Goals (MDGs) by 2015. Malaria, by its complexity involving health as well as environmental and socioeconomic determinants and consequences, relates virtually to all the MDGs. As it is well known, our part of the world is home to an estimated 795 million people exposed to malaria. Close to 90% of deaths due to malaria worldwide occur in Africa. The poor, children, pregnant women, people living with HIV/AIDS, victims of unrest and disasters and non-immune travellers are particularly vulnerable. Therefore, progress in

the fight against malaria in Africa is critical to reaching the ambitious targets set in the UN Secretary General's call for Universal Access to essential interventions, the African Union Abuja Declaration and Plan of Action, Resolutions of WHO Governing Bodies and the Roll Back Malaria (RBM) Global Malaria Action Plan (GMAP).

In this regard, it is encouraging to note that malaria control alliances are being strengthened throughout Africa. For example, the African Leaders Malaria Alliance (ALMA) has committed to support elimination of preventable malaria deaths by 2015. The African Union and Regional Economic Communities have also kept malaria high on their health and development agenda.

Countries and partners are making commendable efforts to accelerate and sustain progress in malaria prevention and control in our Region. For example, endemic countries have reflected malaria control in their poverty reduction strategies. Programme reviews are ongoing and strategic plans are being updated to take into account funding and capacity gaps to reach universal access. The success rate for malaria proposals for the Global Fund (GFATM) reached 80% in Round 10. Consequently, effective interventions including protection from the mosquito vector through the use of Insecticide Treated Nets (ITNs) and Indoor Residual Spraying (IRS), prompt treatment of malaria cases using Artemisinin-based combination therapy (ACT), intermittent preventive treatment of malaria in pregnant women (IPTp) and infants (IPTi) are being adapted and scaled up.

Cross-border initiatives are catalyzing efforts to accelerate and sustain control and, where possible, to prepare for the transition to pre-elimination. The Affordable Medicines Facility for Malaria (AMFm) has been launched in Ghana, Kenya, Madagascar, Niger, Nigeria, United Republic of Tanzania and Uganda to ensure access to quality ACTs in private sector facilities. Malaria vaccine trials are ongoing in Burkina Faso, Ghana, Gabon, Malawi, Mozambique, Tanzania and Kenya.

By the end of 2010: 11 countries (Algeria, Botswana, Cape Verde, Eritrea, Madagascar, Namibia, Rwanda, Sao Tome and Principe, South Africa, Swaziland, Zambia and Zanzibar, United Republic of Tanzania) had registered more than 50% reduction in malaria cases and deaths; the proportion of households owning at least one insecticide treated net (ITN) was 42% and 35% of children under five years of

age slept under an ITN; 27 countries had reported implementation of Indoor Residual Spraying (IRS) so that 73 million people accounting for about 10% of the population at risk of malaria in the Region were protected by IRS; 33 countries had adopted a policy of parasitological testing of all suspected malaria cases and 35% of malaria cases in the Region were confirmed by a diagnostic test.



To consolidate the gains achieved so far, we need to ensure: rigorous governance to strengthen performance and accountability; mobilization of additional resources; linking disease programme development and health systems strengthening; better coordination of stakeholders and partners under national stewardship; and effective involvement of every exposed individual and community. Among the critical challenges that countries need to address are: weak surveillance, monitoring and evaluation capacity; inadequate operational research platforms; lack of implementation of regulatory measures such as the ban on oral Artemisinin-based monotherapies and inadequate monitoring of parasite resistance to antimalarial medications and mosquito resistance to insecticides.

WHO will continue to work with Member States and partners to mainstream malaria control in health and development policies and plans; mobilize domestic and external funding; foster public private partnerships, support alignment of stakeholders around country priorities and provide guidance and assistance to ensure efficient use of resources for performance and impact. We shall also continue to support initiatives for the removal of taxes and tariffs on malaria commodities, and a ban on the marketing of oral artemisinin monotherapies.

I call upon Governments, parliamentarians, Non-governmental Organizations, the private sector, civil society groups, faith-based organizations and all exposed communities to take stock of our common achievements and mobilize financial and human resources in a decisive push to further accelerate malaria prevention and control for the socioeconomic progress of countries of the African Region.

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WORLD MALARIA DAY CELEBRATED



WHO close at hand to support Namibia and Angola implement TKMI agreement. Left to right: Namibia's Representative Dr Magda Robalo observes Namibia's Minister of Health and Social Services, Dr Richard N. Kamwi as he signs the historical agreement. Simultaneously, Angola's WHO Representative Dr Rui Vaz watches Angola's Minister of Health, Dr José Van Dúmen signing



Minister of Health of Cameroon, Mr. André Mama Fouda visits at the 2011 WMD Exhibition

Namibia, Angola ● On World Malaria Day, the Minister of Health of Namibia, Dr Richard Kamwi, and his Angolan counterpart, Dr José Vieira Dias Van Dúmen signed a historic Memorandum of Understanding (MoU) on the Trans-Kunene Malaria Initiative (TKMI) aimed at combating cross border spread of malaria between the two countries.

The goal of the MoU is to strengthen cross-border collaboration to reduce malaria transmission in the Trans-Kunene region comprising Cunene and Namibe provinces in Angola, and Kunene, Ohangwena and Omusati regions in Namibia. Statistics indicate that more than 230 000 malaria cases occur each year among a population of approximately 1.6 million in this region. The TKMI agreement drafted under the technical guidance of the WHO Country and Regional Offices, and in collaboration with the SADC Health Desk, addresses many of the challenges faced in scaling up common malaria prevention strategies.

The WHO Representative in Namibia, Dr Magda Robalo, and the WHO Representative in Angola, Dr Rui Vaz, both welcomed the signing of the TKMI agreement and reaffirmed their support towards its implementation. Regarding the operationalization of the TKMI initiative, Dr Robalo noted that "The TKMI initiative will cover Ohangwena, Omusati and Kunene regions in Namibia, which will collaborate with Cunene and Namibe provinces in Angola".

Both countries made a commitment to standardize and synchronize malaria control interventions such as indoor residual spraying (IRS), distribution of mosquito nets and early treatment of malaria cases with effective antimalarial medicines. Capacity building, health promotion, surveillance, monitoring and evaluation are cross-cutting interventions that will be implemented as well." Dr Robalo commended Namibia's lead role in fostering cross-border collaboration in priority health matters.

For his part, the WHO Representative in Angola, Dr Rui Vaz, said that "This initiative will certainly strengthen the existing ties of cooperation between Angola and Namibia in the prevention and control of the main communicable diseases along the bordering areas, including epidemiological surveillance activities. WHO will continue to provide normative guidance and support to TKMI in the areas of management, surveillance, response and integrated vector management.

Liberia ● The formal programme for the celebration of World Malaria Day (WMD) 2011 in Liberia was graced by the President, Mrs Ellen Johnson Sirleaf, her Malian counterpart, President Amadou Toumani Touré, government officials, members of the diplomatic corps, partners and other dignitaries.

Speaking at the occasion, President Sirleaf paid special tribute to all partners engaged with the Government of Liberia in its efforts to fight malaria which she described as a deadly disease. The President stressed the need for the population to engage in preventive measures by cleaning up their environments so that mosquitoes would not have breeding grounds. President Sirleaf also made reference to her recent selection as Co-Chair of African Leaders Malaria Alliance (ALMA), saying that this was a major task entrusted to her and promised to live up to expectations.

Cameroon ● Cameroon is forging ahead with free treatment of simple malaria for children under five years of age, the Minister of Public Health, Mr Andre Mama Fouda, said during celebrations in Yaoundé on 25 April to mark this years World Malaria Day.

Mr Fouda stated that this intervention will be continue and be supported with a grant of about CFA 75 billion (about US \$150 million) for rapid diagnostic tests, among others, from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). The first tranche of GFATM's 9th round of approval for combating the three-killer diseases is expected to be disbursed to Cameroon this year.

Speaking on the occasion, the WHO Representative in Cameroon, Dr Charlotte Faty Ndiaye, congratulated the Cameroonian government for the successes it had so far recorded in combating malaria in the country. Dr Ndiaye announced that a survey on the status of malaria prevention and control in 2011 would soon be undertaken in the country's health centres and households.

The WHO Representative called on the Government, NGOs, faith-based organizations and communities to join hands in the fight against malaria with a view to promoting and enhancing socio-economic development of the country.

The Gambia ● The Gambia observed World Malaria Day (WMD) 2011 with a series of complementary activities. The National Malaria Control Programme (NMCP), in collaboration with partners, conducted a series of panel discussions on national radio and television a week ahead of WMD. This was followed by a press briefing organized on 20 April by the NMCP in collaboration with the National Roll Back Malaria Partners.

On 24 April, the 2011 WMD message of the WHO Regional Director for Africa, Dr Luis Sambo, was delivered on national Radio and Television by the WHO Representative in The Gambia, Dr Thomas Sukwa. The message was also translated into the country's five main local languages - Mandinka, Wolof, Fula, Jola and Sarahule - and relayed on the public broadcasters.

A joint WHO-UNICEF statement issued at the press conference reiterated the resolve of both organizations to continue to strengthen the partnership that already exists with the country in support of malaria control.

In her statement, the Honorable Minister, Fatim Badjie, expressed her Government's commitment to improving the health sector in general and strengthen malaria control activities.

The national launch of WMD 2011 took place in Essau village, in the country's North bank Region, whose Governor, Eduwarr Seckan, described WMD as an opportunity for countries in affected regions to share their experiences and support one another in the fight against malaria.

IN THE WHO AFRICAN REGION



LLINs for distribution in Gabon



LLINs being distributed during WMD 2011 in Sierra Leone

Gabon ● Gabon celebrated World Malaria Day 2011 on 26 April and the first African Vaccination Week from 25 to 30 April. The main launch of the events, which took place in Estuary Province, was chaired by the Minister of Health, Mr. Flavien Nzengui Nzoundou, and attended by dignitaries including the Governor of Estuary Province, Mr. Jacques Dennis Ntsanga; and WHO Representative in Gabon, Dr Komla Siamevi.

During both observances, officials of the National Malaria Control Programme and the Expanded Programme on Immunization sensitized citizens on the importance of vaccination. They also distributed impregnated bed nets as well as vaccinated and administered vitamin A to children under one year of age.

Mr Guillame Adam who represented the First Lady, at the events made available 18,000 long lasting impregnated nets for distribution to citizens.

Speaking on the occasion, the WHO Representative in Gabon, Dr Siamevi, noted that WMD 2011 signaled the winding down of UN's Decade to Roll Back Malaria. He stated that in spite of the efforts being made by countries, malaria still remained the first reason for all hospital consultations and the primary cause of death in health facilities.

Zambia ● The national commemoration of this year's World Malaria Day in Zambia was held in Mkushi, a rural district with a large farming community in the country's Central Province.

The District Medical Office worked with NGOs, CBOs and private sector bodies to mobilize people to participate in the commemorative activities and accept services that were offered such as rapid diagnostic testing for malaria and HIV. Other health services were also available during the celebration.

USAID was represented by the Resident Advisor of the US President's Malaria Initiative, Dr Allen Graig, who said that effective tools existed in Zambia to make the country realize the vision of being malaria-free. Dr. Craig said that the United States was committed to working with the Zambian government to accelerate the scaling up of interventions for impact and emphasized the need for women to access early treatment, Intermittent Presumptive Treatment for prevention of malaria and insecticide-treated bed nets.

The Government was represented at the event by the Minister for Central Province, Mr Ackimson Banda, who re-iterated government's commitment to fight the disease. Mr. Banda called for stronger partnerships to ensure acceleration and scaling up of malaria control interventions for universal access and sustainable impact with the ultimate goal of eliminating the disease in the country.

Malaria remains a disease of public health concern in Zambia where about three million cases and over 3,000 deaths are reported annually. The disease is responsible for 60% of out-patient visits and 45% of hospital admissions. The burden of malaria in the country is highest among children under five years of age, pregnant women and the poor and vulnerable in society.

Sierra Leone ● Alongside this year's global theme for World malaria Day "Achieving progress and impact", Sierra Leone adopted a local slogan "Kick Malaria, always sleep under insecticide treated nets", to celebrate the Day. In a nationwide broadcast on 25 April, the country's Minister of Health and Sanitation, Hon. Zainab Bangura, highlighted the benefits of using insecticide-treated nets.

"Universal access to Long Lasting Insecticide-treated Nets (LLINs) is expected to reduce malaria related illness and death drastically provided all are sleeping under them", she said. Speaking at the occasion, the manager of the National Malaria Control Programme, Dr Samuel Smith, said that every individual had the right to access effective malaria preventive and curative services.

During the event LLINs were distributed to pregnant women and lactating mothers. The 2011 WMD message of the WHO Regional Director for Africa, Dr Luis Sambo, was delivered on national radio and television by the WHO Representative in Sierra Leone, Dr Wondimagegnehu Alemu. Dr Alemu later held an interactive session with the journalists to brief them on global, regional and national advances in malaria prevention and control.

Malaria is a serious public health problem in Sierra Leone accounting for 37,6% of all hospital consultations and 40% of outpatient visits.

Zimbabwe ● Zimbabwe has reduced malaria incidence to 45 cases per 1,000 population per year, surpassing the country's Abuja 2010 set target of 68 cases per 1000 population.

This indication was given on World Malaria Day 2011 by the Governor and Resident Minister of Zimbabwe's Masvingo Province, Mr T. Maluleke. Mr Maluleke was speaking on 25 April during celebrations to mark this year's World Malaria Day at the Rutenga High School in the Mwenezi district of Masvingo Province in southern Zimbabwe. Mr Maluleke stated that with this development, his country was now better positioned for pre-elimination by 2015, in line with the SADC malaria elimination targets.

The Zimbabwean official however expressed concern over the misuse of mosquito nets by some Zimbabweans and the refusal of others to open their households to spraying teams. "I would like to urge those who are misusing mosquito nets to desist from such practices and sleep under them (mosquito nets) to prevent illness and death from malaria", Mr Maluleke said.

Speaking on the occasion, the WHO Representative in Zimbabwe, Dr Custodia Mandlhate lauded Zimbabwe for surpassing the country's Abuja targets on malaria incidence saying "May I congratulate Zimbabwe for this success. However, the war is not over yet. We must strive to eliminate malaria by 2020. Dr Mandlhate also stressed the importance of cross-border collaboration in malaria control. "Cross boarder initiatives are key to controlling malaria in the region, and WHO continues to support the collaborative efforts between Zimbabwe, South Africa and Mozambique which have realized positive results over the years", she said.

FOUR COUNTRIES GET ALMA AWARD FOR EXCELLENCE IN MALARIA PREVENTION AND CONTROL



Heads of States at the African Union Summit in Addis-Ababa (Jan. 2011)

The Heads of State of Guinea, Kenya, Uganda and Tanzania have been presented with the 2011 African Leaders Malaria Alliance (ALMA) Award for Excellence for their exemplary leadership in accelerating and sustaining access to malaria control and treatment commodities.

Presidents Mwai Kibaki (Kenya), Yoweri Museveni (Uganda), Alpha Konde (Guinea-Conakry) and Jakaya Kikwete (Tanzania) were presented with the award on 31 January 2011 at an event organized by ALMA on the sidelines of the African Union Summit held from 16-31 January 2011 in Addis Ababa, Ethiopia.

"The African Leaders Malaria Alliance is breaking down barriers, forging partnerships and getting supplies to families in record time," UN Secretary-General Mr. Ban Ki-moon said in remarks at the ALMA event. This is remarkable progress. We need to encourage it and use the response to malaria as a model for battling other illnesses and social ills," he added.

The award recognizes the work done by the leaders of the four countries in banning the importation and use of oral artemisinin-based monotherapies, which cause drug resistance that weakens the effectiveness of recommended malaria treatments; and in removing tariffs on essential commodities used in the fight against malaria.

"All countries joining the Alliance have demonstrated their commitment against malaria, and many have made important progress. The four recipients of the 2011 ALMA Award for Excellence have led the way with decisive actions to accelerate the saving of lives, and I commend their response," said Ray Chambers, the UN Secretary-General's Special Envoy for Malaria.

"Africa has never led a more unequivocal initiative against malaria, with the Secretary-General's deadline of ending malaria deaths by 2015 just

five years away. Now is the time to overcome any barriers toward making that goal a reality," he stated.

Mr. Ban added "This alliance against malaria is stopping the disease and saving thousands of lives. It is a great success story. You are bringing us closer to our Millennium Development Goal on malaria and showing how we can reach all the MDGs: with commitment at the highest level," referring to the goal of halting and reversing the incidence of malaria by 2015.

"Just as malaria is carried by a mosquito that goes from person to person, so does our campaign seek to reach people just as directly. We want to give every community health worker, every family, every child the tools and protection they need.

"We've delivered over 290 million nets to Africa since 2008. More nets and treatments are on their way. Universal coverage is not just a hope; it is within our reach," the UN Secretary General said. In 2010, the World Health Organization (WHO) announced that malaria deaths declined by 10 per cent between 2008 and 2009. In 11 African countries, the deadly toll of the disease has been cut by more than half since the year 2000.

Launched in September 2009 in New York, ALMA is a high-level forum set up to oversee the efficient procurement, distribution, and utilization of malaria control measures, with the aim of ending unnecessary deaths from the disease by 2015.

At the AU Summit High Level Panel Discussion on Malaria, the WHO/AFRO Regional Director called upon African Leaders to increase domestic funding for malaria control and accelerate progress towards MDGs 4, 5 and 6; support viable initiatives for local production of quality medicines and other commodities and eliminate taxes and tariffs on antimalarials and other public health essential commodities and ensure free access to

malaria diagnosis and treatment for vulnerable groups such as children and pregnant women in addition to universal access to long-lasting insecticide nets.

Accordia Global Health Foundation Announces Winner of the 2011 Merle A. Sande Health Leadership Award

Accordia Global Health Foundation, on World Malaria Day 2011, announced Dr. Christian Happi from the University of Ibadan in Nigeria as winner of the 2011 Merle A. Sande Leadership Award. This award is given annually to an emerging African leader who has contributed to the field of infectious disease in Africa, and embodies the passion, intellectual drive, and spirit of Dr. Merle Sande, founder of Accordia.

Dr. Happi is specifically honoured for his outstanding work on the molecular basis for *Plasmodium falciparum* resistance to antimalarial drugs. The award recognizes Dr. Happi's extensive work in malaria research and capacity building. He embodies the real and tangible impact health-care leaders are having in defining solutions to quell the impact of malaria worldwide, particularly in Africa where it takes the life of one child every 45 seconds.

"Dr. Happi is using advanced molecular biology and deep sequencing technology to further our understanding of how the malaria parasite becomes resistant to our best drugs," said Accordia president, Dr. Warner C. Greene. "He is also working on the design of new antimalarials and helping to train the next generation of scientists at Ibadan who carry on the fight against infectious disease in Africa."

Dr. Happi is currently dividing his time between Ibadan and the Harvard School of Public Health's Department of Immunology and Infectious Diseases where he is serving as a Visiting Investigator. He will deliver the Merle Sande Leadership Lecture on May 26, 2011 in Kampala, Uganda.

(Source: ACCORDIALERT)

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