



Care -Net Neria

Malaria Bytes

Volume 2, Issue 1

ISSN 2006 - 0149

Jan - March 2008

Affordable Medicines Facility - Malaria: Another wrong move?

Inside this issue:

Home Based Treatment Lagging Behind	2
Letters, Views, Comments, Opinions	3
Editorial	4

Special points of interest:

- * There is a huge need to strengthen health systems in countries most affected by malaria in order to make them better able to provide prompt and effective treatment of this common treatable disease.
- * A delicate balance exists between the mosquito host, the malarial parasite and the climate in Africa. But global climate change leading to higher temperatures could lead to the spread of the parasite worldwide.

At the 16th Global Fund Board Meeting in Kunming, China a few months ago, NGOs and Community Groups were vehemently opposed to this initiative, which is meant to make ACTs readily available to poor people.

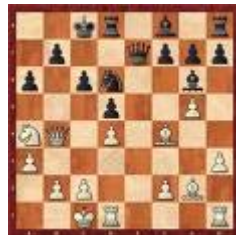
Their opposition stems from what they perceive as a subsidy to the pharmaceutical industry that will have minimal benefit to the poor.

This is because the approach of reducing the price of ACTs through the private sector may not

guarantee low medicine prices at the final point of consumption.

Even in China where the government caps ex-factory prices of pharmaceuticals, nothing has stopped the huge price mark ups that occur along the drug supply chain.

But more worrisome is that some of the supporters of this initiative are not very convinced about the ultimate benefits of the proposal as



Hey...that is yet another wrong move if you ask

demonstrated by the contradictory messages they

are sending out.

One such body, the UK All Party Parliamentary Malaria Group (APPMG) in its report on the Affordable Medicines Facility for malaria (AMFm), tagged 'The Right Drug at the Right Time' noted as follows:

The APPMG recognises that subsidies and the Facility alone are not sufficient to ensure availability and use of effective antimalarials by those who need them most. There is a huge need to strengthen health systems in countries most affected by malaria in order to make them better able to provide prompt and effective treatment of this common treatable disease. (Emphasis ours)

.....continued on page 2

Climate Change Increases Global Risk of Malaria

It is common knowledge that climate and changes in the different seasons of the year can profoundly modify the pattern of disease in an area.

Not only because it determines what people do, but more fundamentally because it affects micro-organisms and the agents that transmit them.

In Africa and other areas in the tropics especially, there is a delicate balance between the host, the invader and the climate.

The development of *Plasmodium* in mosquito depends on temperature. Temperatures lower than 20 °C indefinitely delay the development of *P. falciparum*.

It has been noted that in areas where the mean monthly temperature during the cooler months is only 15 - 18 °C, the parasite finds places with higher local temperature to thrive. These may be huts in which the temperature is raised by the presence of people and perhaps also by fire.

.....continued on page 2

Affordable Medicines Facility - Malaria.....Cont'd

.....continued from page 1

So why bother to start yet another global initiative for tackling a global health issue that may eventually damage local health systems?

Would it not be more appropriate to find mechanisms that would ensure

'financial risk protection' against ill-health from malaria as an element of a strengthened health system?



Even the current use of inappropriate drugs for malaria and other issues relating to poor access to ACTs are system problems that have to do with reliable procurement and supply of essential medicines in general and not only for malaria.

The argument that the Facility would help grow the market for new antimalarials does

Medicines for the Poor ...from Bamako Initiative to Affordable Medicine Facilityan unending Debate

not hold water.

At what point do we expect such a market to take root, mature and stabilize? When in effect the pharmaceutical companies are smiling to the banks from juicy contracts from the Facility. They would rather distort it than compete at the market place.

If proponents of AMFm are still adamant on going ahead despite the opposition, they should consider putting the funds on the 'demand side' through whatever mechanisms that would enable poor people to obtain malaria medicines 'free' at the point of access ◇◇

Home-Based Treatment Lagging Behind

For malaria control and prevention programmes in the country to be successful, the three known interventions must work in 'synergy' – more effective than the sum of each component.

So far there seem to be some progress on both the ITN and IPT fronts, giving the quantity of commodities distributed and used. But the same cannot be said of case management of malaria. The reasons are not far-fetched. While the distribution channels for ITNs and IPT are well developed and ready for scale up, those of case management have lagged behind.

Although case management at the health facility level has taken root, home-based management of malaria, which is fundamental to reducing childhood mortality, has been poorly implemented.

Currently it is assumed that the provision of information and knowledge for mothers

Currently it is assumed that provision of information and knowledge for mothers and caretakers is all that is needed.

and caretakers is all that is needed. But we also know that lack of access to effective new antimalarials – Artemisinin Combination Therapies (ACTs), cost of medicines and ongoing support for home-based providers is equally important.

In any case, there may also be other factors other than the ones outlined above, which may be critical to household management of malaria as a major approach to prompt treatment of malaria cases. But we need to know these elements ◇◇

Climate Change Increases Global Risk of Malaria ...Cont'd

....continued from page 1

As observed, in one severe outbreak of malaria in the Kenyan highlands, the temperature within the huts full of the mosquito *A. gambiae*, was found to be 3 - 5 degrees higher and to move within a narrow range than the outside temperature. The outbreak occurred when an infected traveler from a malarial lowland region reached the highlands. Mortality was high because the people were non-immune.

With massive change in global climate leading to progressive much warmer temperatures even in the Arctic; coupled with increased movement of people due to the globalised economy - the risk of this scenario playing out on a global stage is becoming a reality.

No wonder many environmental activities are up in arms against countries with huge industrial activities but have not started taking measures to redress the large scale emission of carbon dioxide from their factories.

But before any significant progress is made to tackle global warming there is a need to put in place a global system for monitoring the effects of climate change and



agents of diseases such as malaria ◇◇

Warmer Climates will modify Global Pattern of Diseases



Letters, Views, Comments, Opinions....



Dear Tarry,

Thanks for the copy of your interesting journal. The article headed "Are we counting beans or monitoring outcomes" (*Malaria Bytes* Volume 1, Issue 4) caught my fancy. It was so apt

The interest of groups that push these agendas/programs is purely private sector driven for higher commercial interest that the actual health needs of the common man. This commercial interest is to ensure that their products are distributed/sold as much as possible for profitability.

The challenge we have is to make sure that those with genuine interest for the health of the common people are in the right place to push for indicators that are linked to health outcomes and not just product use. This will force for integration of interventions and services resulting in synergy with its added benefits. How this can happen is a different story.

We in PATHS are working on RDTs at the PHC and secondary level in some states. We are getting interesting positive results despite several challenges. This piece of work is worth

sharing with a wider audience.

Warm regards
Emmanuel

Dr Emmanuel Sokpo is State Team Leader for Kano and Jigawa States on the Partnership for Transforming Health Systems (PATHS) project funded by the UK Department for International Development (DFID) in Nigeria.

- *Editor*

Malaria no doubt, is one of the greatest threats to realizing MDG 4 - the goal of reducing mortality among children less than five years of age by

two-thirds by the year 2015. Available data from UNICEF's 2008 edition of 'The State of the World's Children' show that malaria causes more than a million deaths each year across the world, and up to 80% of the deaths occur in under-5 children. In sub Saharan Africa (SSA) alone, about 2,000 under-5 children die daily due to malaria and those who survive are exposed to episodes of malaria fever and anemia which can inhibit the child's mental and physical development if not properly treated.

Most malaria-related intervention programs designed by public health experts have included the use of bed nets, and anti-malaria drugs for pregnant women and children. The Global Fund has been championing the fight against malaria and hopes to distribute about 109 million bed nets and 264 artemisinin combined therapy (ACT) drugs since its inception in 2002. The Fund, which prides itself as the 'world's largest financier of the fight against malaria', in a recent press release announced that it had distributed more than US\$3.66

Can Malaria Be Eradicated in Africa?

- **Felix Obi**

billion worth of nets in 5 years since its inception in 2002. The Executive Director of the Global Fund, Dr. Michel Kazatchkine hinted that through its 146 programs in 78 countries, some 46 million bed nets have been delivered to families at risk, reflecting an increase of over 155% relative to the 2007 result of 18 million bed nets.

Analyses of data from 20 countries of SSA show a rise in the use of ITNs across the continent with about 16 countries tripling their usage since 2000. Ethiopia, Kenya and Rwanda in recent times have recorded high distribution and usage of ITNs in their respective countries. Dr. Awa Marie Coll-Seck, the Executive Director of Roll Back Malaria Partnership feels gratified with the gains made in endemic countries which have resulted in the reduction in malaria deaths. Encouraged by the results, the Global Fund Board during its meeting in China in November 2007 approved 73 new grant applications for the Round 7 proposals worth more than US\$ 1.1 billion over the next 2 years. In a study of approved SSA malaria proposals conducted by AidsPan - about 95% said they would be distributing ITNs while only about 27% had other interven-

tions like indoor residual spraying. This has made some stakeholders to have the impression that Global Fund's major focus is primarily on bed nets and ACT drugs.

Despite the successes recorded in the distribution and use of ACTs, it is widely believed that the fight against malaria is far from being won. Faced with the reality, The Bill and Melinda Gate's Foundation in the last quarter of 2007 convened a malaria conference in Seattle Washington DC, USA during which Bill Gates made a call for the 'eradication' of malaria. This call has generated a lot of debate among public health experts and stakeholders among the media and the public. Some feel this is an 'audacious' goal considering that the tools to be used in the eradication do not yet exist. However, Dr. Regina Rabinovich, the head of infectious diseases at the Bill and Melinda Gates Foundation believes that with more money, better health systems and probably vaccine, the undertaking can be realized in the long-term.

Despite the successes recorded in the distribution and use of ACTs, it is widely believed that the fight against malaria is far from being won.

.....continued on page 4

....continued from page 3

Dr. Arata Kochi, the WHO malaria Chief, feels it is counter-productive to pursue the eradication of malaria. That efforts should focus on pumping more money into nets, medicines and DDT, which can help in reducing the cases of malaria by 90%. In his opinion, he believes that even countries that have controlled malaria still face the threat of importing fresh malaria cases from neighbouring countries. WHO in 1955 had hoped that malaria would be eradicated with the discovery of DDT, Chloroquine and Quinine. DDT which was used successfully in some countries was eventually banned in 1976 following the anti-DDT campaigns by Environmental Defense, Sierra Club and Endangered Wildlife Trust.

Though the skepticism expressed by WHO is understandable, the global call for the eradication of malaria should not be ignored or thrown away too early without making any efforts considering that the target date for malaria eradication has

been fixed for 2050. These same organizations that championed the campaigns have now endorsed the use of DDT based on the available empirical evidence that proved that DDT can safely be used in the malaria fight after a 30-year ban.

Some of the challenges to be encountered in Africa include the pervasive poverty which has increased by 50% in the last 15 years with about 200 million (over one third of the population) living below the poverty line. Other issues to be given consideration include the impact of global warming and climatic changes on the epidemiology of malaria vectors. Africans and their communities should be given a voice and opportunity to make input into malaria intervention programs rather than the subsisting vertically-driven ones supported by international donors.

The Global Fund's grants decision making and approval process should take

some of these developmental realities into consideration. Rather than focus mainly on distribution of bed nets and anti-malaria drugs. Other interventions like DDT etc, should also be included as major components of the malaria control projects they are supporting. Strategic groups like the 'Friends of Global Africa' whose board of directors and advisory board were inaugurated in February 2008 at Kigali in Rwanda should become a strong advocacy group rather than being a resource mobilization body alone. The CCM in African countries should not only draft and develop proposals but should be empowered to advise the Global Fund on the programs that would suit the continent
◇◇◇

Felix Obi is a Health Consultant currently working with Japan International Cooperation (JICA) in Abuja, Nigeria - Editor

Malaria Bytes is a quarterly Newsletter, linking Malaria control and prevention activities to Health System Development in Nigeria.

Readers are invited to contribute views, articles, and letters.

Articles and illustrations from *Malaria Bytes* may be adapted for use in training materials provided credit is given to *Malaria Bytes*. Permission should be obtained before reprinting *Malaria Bytes* materials.

Opinions and views expressed in letters and articles do not necessarily reflect the views of CARE-NET. Information supplied in *Malaria Bytes* is checked as thoroughly as possible, but cannot accept responsibility should any problem arise.

Publisher
CARE - NET LTD

Plot 16 TMC Estate, Abuloma
Port Harcourt, Rivers State, Nigeria
+234-84-770232
info@carenet.info

Malaria Treatment Update: Discontent voices may be ..but a potential danger in the making.

Health practitioners especially those on the frontline are still very unhappy with the way and manner the new malaria drug policy has been implemented. Although they have given consent to the use of ACTs as instructed by the national health authorities, their major complain lies with the lack involvement and consultation that may eventually lead to policy changes such as this.

The Association of General and Private Medical Practitioners of Nigeria (AGPMPN) in a Communiqué at the end of its 27th Annual Conference held in Benin, Edo State, 12th to 15th March 2008 noted as follows:

Participants believe that Chloroquine is still a useful anti-malaria drug. Nevertheless, they endorse the use of Artemisinin Combination Therapy (ACT) as directed by the Federal Ministry of Health. It was

EDITORIAL

viewed strongly that any research on treatment outcome of essential drugs in Nigeria without findings / statistics from private medical practitioners who treat 60 - 70% of the requisite cases, cannot be described as reliable, such being the case of Chloroquine and ACT.

The report further states that:

The myriads of ACT preparations with diverse combinations of same constituents often with unrelated dosage recommendations were of serious concern to practitioners. It was also pointed out that high cost of ACT Drugs may hinder their utilization by some target population and thus militate against the attainment of some MDGs.

While it is easy to overlook such complaints as coming from those who are resisting change, the risk of not taking adequate measures to address these concerns is real. This is by way of sounding a warning ◇◇◇

**Dr Tarry Asoka
Editor**