LOOKING FORWARD

ROLL BACK MALARIA

FAIRE RECULER LE PALUDISME
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برنامج دحر الملاريا
Обращение вспять малярии
遏制疟疾
THE ROLL BACK MALARIA PARTNERSHIP IS CURRENTLY (2004) GOVERNED BY 20 REPRESENTATIVES FROM THE FOLLOWING CONSTITUENCIES:

Malaria-endemic countries
Americas (pending nomination)
Democratic Republic of Congo
Ghana (Nigeria from 03/2005)
India
Senegal (Benin from 03/2005)
Sudan
Western Pacific (pending nomination)
Zambia (United Republic of Tanzania from 03/2005)

OECD donor countries
Italy
United Kingdom
United States of America

Multilateral development partners
UNICEF
UNDP
WHO
The World Bank

Research & academia
Multilateral Initiative on Malaria

Nongovernmental organizations
CORE (alternate AMREF)

Private sector
Bayer (alternate Novartis)
ExxonMobil (alternate GSK)

Foundations
UN Foundation

Ex-officio members
Executive Director,
The Global Fund
Executive Secretary,
Roll Back Malaria Partnership

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THE ROLL BACK MALARIA PARTNERSHIP

To provide a coordinated global approach to fighting malaria, the Roll Back Malaria (RBM) Partnership was launched in 1998 by the World Health Organization (WHO), the United Nations Children’s Fund (UNICEF), the United Nations Development Programme (UNDP) and the World Bank. The RBM Partnership’s goal is to halve the burden of malaria by 2010.

Controlling malaria will contribute significantly to the United Nations (UN) Millennium Development Goals, which all 191 UN Member States have pledged to achieve by 2015. Beyond reducing the disease burden, a successful fight against malaria will have far-reaching impact on child mortality, maternal health, and poverty, which in turn may increase global stability.

A FORMIDABLE ASSEMBLY

The RBM Partnership has grown rapidly since its launch and is now made up of a wide range of partners—including malaria-endemic countries, their bilateral and multilateral development partners, the private sector, nongovernmental and community-based organizations, foundations, and research and academic institutions—who bring a formidable assembly of expertise, infrastructure and funds into the fight against the disease.

WORKING TOGETHER

The RBM Partnership’s strength lies in its ability to form effective partnerships both globally and nationally. Partners are working together to scale up malaria-control efforts at country level, coordinating their activities to avoid duplication and fragmentation and to ensure optimal use of resources.

RAISING AWARENESS

A key role of the RBM Partnership is to lead continuing advocacy campaigns to raise awareness of malaria at the global, regional, national and community levels, thus keeping malaria high on the development agenda, mobilizing resources for malaria control and for research into new and more effective tools (including a vaccine), and ensuring that vulnerable individuals are key participants in rolling back malaria.
Malaria is a parasitic disease transmitted by the bite of infected mosquitoes. Once the first symptoms appear, malaria can kill very rapidly—and often does. More than a million people die of malaria each year, most of them children under five. In Africa, malaria is the leading cause of death among young children, killing a child every 30 seconds.

Malaria can affect all segments of the population, but children, pregnant women, people living in emergency situations and people living with HIV/AIDS are particularly vulnerable to this devastating disease.

Symptoms of malaria appear a week or two after being bitten by an infected mosquito and include fever, shivering, headache, nausea, vomiting, muscle aches and fatigue. These can rapidly progress to include organ failure, delirium, convulsions, coma, and, all too often, death.
MALARIA THREATENS MORE THAN 40% OF THE WORLD’S POPULATION

Malaria is a serious problem in over half the world’s countries. Every year, there are at least 350 million cases of malaria worldwide.

South and Central America, South and East Asia, the Caribbean, Oceania, Central Asia and the Middle East are all affected by malaria, but it is Africa that is hardest hit.

AFRICA BEARS THE HEAVIEST MALARIA BURDEN
Ninety percent of all malaria deaths occur in tropical Africa, and in some parts of the continent, sickness and deaths due to malaria have been increasing steadily.

MALARIA DOES NOT ONLY AFFECT THE DEVELOPING WORLD
Isolated, locally transmitted cases still occur in North America, and a growing number of international travellers are developing malaria. There are 12,000 malaria cases per year in western Europe.

NEW TERRITORIES
Malaria-bearing mosquitoes can stow away on international passenger flights and cargo shipments, while global warming and environmental changes are also taking malaria into new territories.
Malaria is holding back economic and social development, especially in Africa. The continent loses billions of dollars annually from the direct and indirect costs of malaria—but the human pain and suffering caused by malaria cannot be expressed in dollar terms.

POOR FAMILIES SPEND UP TO 25% OF THEIR ANNUAL INCOME ON MALARIA PREVENTION AND TREATMENT

For families and individuals, the direct costs of malaria include the money people spend on medical visits, mosquito nets, medicines, laboratory tests and funerals for the victims.

The indirect costs of malaria include lost income and lost productivity arising, for example, from absences from work (due to illness or the need to care for others who are ill) or inability to plant and harvest crops or do other unpaid work. In the case of death, the indirect costs include the future lifetime earnings of those who die.

MALARIA CAN ACCOUNT FOR 40% OF TOTAL GOVERNMENT SPENDING ON PUBLIC HEALTH

For governments, the direct costs of malaria include the money spent on health facilities, mosquito control and malaria-related education and research. In some countries with a heavy malaria burden, the disease accounts for up to half of all hospital admissions and outpatient visits.
MAJOR MALARIA EPIDEMICS HAVE OCCURRED AS FAR NORTH AS THE ARCTIC CIRCLE

In the early 1900s, malaria-affected areas stretched as far north as southern Canada, Finland, Norway, the Russian Federation, Sweden and most of the United States. These areas began to shrink in the first half of the 20th century due to ecological changes as well as the advent of better medical care and living standards in industrialized countries.

MALARIA CAN BE BEaten

WESTERN EUROPE WAS DECLARED FREE OF MALARIA IN 1975

Concerted malaria-control efforts took off after World War II, when the antimalarial drug chloroquine and the insecticide DDT became widely available. With the necessary resources in place, malaria eradication was achieved in many European countries including Greece (which had been the most malarial country in Europe), Italy, Portugal and Spain, as well as in other countries such as Jamaica and the southern United States.

Today’s efforts face tougher challenges, including different living conditions as well as a deadlier form of malaria parasite and a different species of mosquito, both of which are developing resistance to medications (including chloroquine) and insecticides. While total eradication of malaria will not be achievable in the foreseeable future, the successes of the past can provide lessons for rolling back malaria today.

CONTINUED SUCCESS AROUND THE WORLD

More recent experiences from countries as diverse as Brazil, Cambodia, Eritrea, South Africa and Viet Nam show that malaria can be controlled by the combined application of proven, cost-effective strategies.

FIGHTING MALARIA REQUIRES COMMITMENT, COORDINATION AND CASH

In addition to spending by malaria-endemic countries and their citizens as well as current donor support, it will take US$ 3 billion per year to finance effective malaria control: US$ 2 billion for Africa and US$ 1 billion for other malaria-endemic areas. Resources have increased in recent years with the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria but further resources are urgently needed to scale up the battle against the disease. Of course, money alone cannot solve the problem—it will require commitment from affected countries and the global community, as well as coordination among all stakeholders.
POVERTY

Poverty is the key obstacle to fighting malaria. Many countries lack the infrastructure and resources necessary to mount sustainable campaigns against malaria, and individual citizens often lack the resources to protect and treat themselves on a personal level.

For example, many poor people cannot afford anti-malarial medication—or even a visit to the closest health centre—when they fall ill. Affordable and accessible prevention and treatment measures are a key requirement for malaria control.

RESILIENT MOSQUITOES AND PARASITES

Mosquitoes are rapidly developing resistance to the major classes of insecticide which have traditionally been used to fight malaria, while the malaria parasite itself is developing resistance to malaria medicines, particularly chloroquine, the cheapest and safest malaria drug.

Researchers are using advances in genomics to better understand malaria and to develop new tools for controlling the disease. These tools could include new drugs and insecticides, a vaccine, and even genetic modification of mosquitoes to make them unable to carry the malaria parasite or unable to reproduce.

CONFLICTS AND NATURAL DISASTERS

Conflicts or natural disasters frequently displace large numbers of people, often into areas with high malaria transmission. Those who have developed little or no immunity to malaria—i.e. those who are not normally exposed to the disease, or who are exposed for only a short part of the year—are particularly at risk of contracting, and dying from, malaria.

THE MOSQUITO MENACE

“Mosquito” means “little fly” in Spanish. Like flies, mosquitoes have two wings, but they have longer legs and the females have a long proboscis for piercing skin and sucking blood. They are a strong opponent, having evolved—over millions of years—chemical, visual, and heat sensors to help them to detect their prey. They are also developing resistance to some insecticides.
BEYOND SAVING LIVES...

Beyond saving lives, rolling back malaria will promote development by:
> protecting wage earners,
> improving productivity,
> safeguarding attendance at schools,
> preserving children's learning capacity.

RISING TO THE CHALLENGE: THE RBM STRATEGY

The key to fighting malaria is to combine both prevention and cure. Those at risk must have access to the most effective preventive measures, and those suffering from malaria must have access to prompt and effective treatment.

To achieve these goals, it is essential that malaria control be incorporated into all health and development policies, strategies and programmes, and that the Roll Back Malaria Partnership work closely with other health initiatives as well as public and private health systems to foster synergies.

ERITREA

In Eritrea, malaria control efforts by the Ministry of Health with financial support from the World Bank and the Italian Co-operation Agency and technical support from the United States Agency for International Development (USAID), WHO and other RBM partners have demonstrated reductions in malaria morbidity and mortality for five successive years. Last year, while neighboring countries experienced malaria epidemics after heavy rains, Eritrea's case-load decreased. A combination of approaches including free distribution of treated mosquito nets for all vulnerable groups with a special focus on under fives and pregnant women, indoor spraying and environmental management, and prompt and proper treatment of severe malaria have resulted in a declared 60% reduction in overall mortality from malaria compared with 1999 figures. Eritrea's progress demonstrates that a partnership with strong country leadership and flexible support can quickly deliver real results.

PREVENTIVE MEASURES

PERSONAL PROTECTION

Insecticide-treated mosquito nets, if used properly, are one of the best ways to prevent mosquitoes from biting people and infecting them with malaria. They are simple, safe and cost-effective: It has been shown that high levels of insecticide-treated net coverage can reduce deaths in children by as much as 20% from all causes, not just from malaria.

The RBM Partnership is vigorously promoting the use of insecticide-treated mosquito nets, especially among young children, pregnant women, and those living with HIV/AIDS. Net-related activities include social marketing and education, setting technical specifications, and development of new technologies (such as long-lasting insecticidal nets).

The Partnership also recommends intermittent preventive treatment for pregnant women, which involves giving them antimalarial drugs during their antenatal care visits. This has been shown to substantially reduce the risk of life-threatening conditions that can occur in mothers and newborns as a result of malaria in pregnancy.

Research on intermittent preventive treatment in infants and children is showing promising results and will be introduced if the evidence indicates effectiveness. Scientists are also searching for a safe and effective malaria vaccine.

MOSQUITO CONTROL

Another way to prevent malaria transmission is to spray the inside of people’s houses with insecticide to kill malaria mosquitoes—this is known as indoor residual spraying, and has been very effective in the Americas, Asia and southern Africa. The RBM Partnership uses indoor residual spraying in specific situations (such as epidemic-prone areas or dense urban settings), and in countries where there is a strong, well-organized public sector delivery mechanism.

RBM partners in the public and private sectors are working together to develop safe, effective and affordable new insecticides for malaria control. Research is also under way to investigate the feasibility of genetic modification of malaria mosquitoes to make them unable to carry the malaria parasite or unable to reproduce.
RISING TO THE CHALLENGE: THE RBM STRATEGY

RIGHT DRUGS, RIGHT PLACE, RIGHT TIME

Malaria can kill a child soon after the first fever appears. People suffering from malaria—especially children and pregnant women—need to be diagnosed and given effective, affordable drug treatment within 24 hours of the first symptoms appearing.

Unfortunately, the parasite that causes malaria is rapidly developing resistance to the most commonly used antimalarial drugs, making them less effective. Using a combination of two different drugs treats malaria more effectively while delaying the development of further resistance. The most effective combination is made up of artemisinin—a drug derived from the *Artemisia annua* (sweet wormwood) plant traditionally used to treat malaria—and an appropriate second drug.

RBM partners are working to ensure that each country’s national malaria treatment policy is up to date and in line with the local malaria situation; more than 40 countries have changed their policies to adopt artemisinin combinations. RBM partners, primarily those in the pharmaceutical, research and academic sectors, are also developing new, affordable and effective drugs.

The RBM Partnership is working with capacity-building initiatives to improve clinical care in health facilities, and also trains mothers, shopkeepers and communities to recognize the symptoms of malaria and to treat it with the appropriate medication, especially if they live far away from the nearest hospital or health centre.

ZAMBIA

Malaria is endemic throughout Zambia, killing at least 50,000 people each year and accounting for nearly 40% of deaths among children under five.

Faced with growing resistance of the malaria parasite to chloroquine, the widely used antimalarial drug, the Government of Zambia became one of the first countries in Africa to adopt artemisinin-based combination therapy (ACT) in its national treatment protocols.

Roll Back Malaria partners including Médecins Sans Frontières, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the World Health Organization are working with Zambia to implement on national scale the use of ACT in all formal health sector facilities. As a result, about 75% of the population will have access to this safe and effective treatment for malaria.

*Source: Global Fund, www.theglobalfund.org*
ADDRESSING EMERGENCIES AND EPIDEMICS

Up to 30% of Africa’s malaria deaths are in countries with complex emergencies — situations in which war, civil strife, food shortages and displacement affect large groups of people. The RBM Partnership provides rapid advice and mobilizes resources to assist countries in managing these emergencies, and coordinates partners’ efforts on the ground (such as distribution of insecticide-treated plastic sheeting and blankets). It also helps to build country capacity by providing tools such as an emergencies handbook, country databases, and emergency training programmes for affected countries and their RBM partners.

Malaria epidemics, which can occur independently of complex emergencies, kill more than 100,000 people of all age groups every year. To help countries to reduce the number of illnesses and deaths, the RBM Partnership is improving forecasting, prevention of and response to epidemics by mapping areas at risk and helping countries to improve their capacity to respond quickly and effectively.
ACCESS FOR ALL

The weapons to fight malaria exist: medications, insecticide-treated mosquito nets and other materials, safe and effective insecticides, spraying equipment, tests to diagnose the disease... But these weapons are useless if they do not reach those who need them.

To facilitate and expand access to high-quality treatment and preventive measures, the Roll Back Malaria Partnership has put in place a new resource: the Malaria Medicines and Supplies Service (MMSS).

The MMSS acts as an information clearinghouse for countries, manufacturers and suppliers, providing information including demand forecasts, updated lists of sources and prices, a database of products and suppliers, specifications for products and packaging, latest figures on resistance to medicines and insecticides, and tools and guidelines reflecting best practices in areas relevant to essential supplies. At the community and individual levels, the service raises awareness of recommended, safe products and how they can be accessed. The MMSS also supplies or catalyses technical assistance around procurement and management of essential malaria goods and services.
HARNESSING THE POWER OF PARTNERSHIPS

Integrated approaches that combine malaria control with other health and/or development activities can increase the reach and impact of interventions while optimizing the use of human, material and financial resources.

For example, immunization programmes generally have well-developed operational infrastructures, which can act as a vehicle for delivery of malaria interventions, while availability of malaria commodities can act as an additional incentive for mothers and children to attend immunization sessions.

The Roll Back Malaria Partnership is committed to making the most of opportunities for integration such as immunization programmes, child health initiatives, antenatal care services, and campaigns such as national Health Days.

The RBM Partnership also recognizes the importance of linkages with schools, which can encourage students to adopt health-promoting behaviour regarding malaria, as well as with the private sector, which is the major provider of first-contact malaria treatment in most of Africa and many settings in Asia and the Americas.

TOGO

Following the success of pilot schemes in Ghana (2002) and Zambia (2003), Togo and its RBM partners are implementing an integrated campaign to distribute insecticide-treated mosquito nets to 730,000 households in Togo in conjunction with a mass measles vaccination campaign.

This integrated approach is highly cost-effective and allows partners to achieve a broader health impact, reaching poorer and more isolated communities who are often not reached by conventional net distributions.

The Togolese Red Cross is a key player in the campaign, which has received backing from the Norwegian and Canadian Red Cross Societies, the government development agencies of both countries, Rotarians against Malaria and the International Federation Foundation Board.

The Togo campaign is the biggest health intervention of its kind to date, as it aims to cover the entire country.

Source: International Federation of Red Cross and Red Crescent Societies, www.ifrc.org
The burden of malaria can only be reduced if countries are able to implement effective, appropriate, malaria-control strategies on a sustainable basis.

For this to happen, malaria must be viewed as a health priority and must be tackled at every level and at every opportunity.

The Roll Back Malaria Partnership welcomes all partners committed to saving and improving the lives of the millions of people throughout the world who are affected by this devastating disease.
MALARIA IS A GLOBAL CRISIS