



Press Release

United Nations Development Programme • United Nations Children' Fund • World Bank • World Health Organization

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FOUR INTERNATIONAL ORGANIZATIONS UNITE TO ROLL BACK MALARIA

*Journalists are invited to a breakfast **Thursday, October 29, 1998, 8:00 AM; Willard Hotel International Ballroom. 1401 Pennsylvania Avenue, NW, Washington, D.C.***

***Attendees:** Donna E. Shalala, Secretary of Health and Human Services; Gro Harlem Brundtland, Director-General, World Health Organization; Dr. Harold Varmus, Director, National Institutes of Health; Dr. Tore Godal, Acting Project Manager, Roll Back Malaria. (R.S.V.P 703-820-2244)*

The United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the World Bank and the World Health Organization (WHO) have joined forces to launch a new campaign to fight malaria, which kills more than one million people a year.

The program, "Roll Back Malaria", seeks to reduce substantially the human suffering and economic losses due to one of the world's most costly diseases. Malaria causes an estimated 300 to 500 million acute cases per year, with most deaths occurring among children in Africa -- nearly 3,000 die each day. It has been estimated that malaria accounts for about 10 percent of the disease burden in Africa.

"Malaria is the number one health priority of people and leaders in affected communities and countries, but their voices have not been heard," says Gro Harlem Brundtland, M.D., WHO Director General. Roll Back Malaria was initiated when Dr. Brundtland was elected WHO Director-General in May. "The human suffering is unacceptable and so is the economic burden and impediment to progress. Africa and other regions with malaria are responding and we must answer their call," she says.

Roll Back Malaria (RBM) is different from previous efforts to fight malaria. RBM will work not only through new tools for controlling malaria but also by strengthening the health services to affected populations. RBM will implement its activities through partnerships with international organizations, governments in endemic and non-endemic countries, academic institutions, the private sector and nongovernmental organizations. It will primarily be a united effort by the four international agencies concerned with malaria and its effects on health and economic development.

Malaria is, above all, a disease of the young and of the poor, many of them children who live in remote areas with no easy access to health services. But the use of simple prevention and control methods has shown startling results: in trials conducted in The Gambia, Burkina Faso, Kenya and Ghana, the use of bednets -- which are treated with biodegradable pyrethroid insecticide -- was shown to effectively protect sleeping children from malarial mosquitoes, resulting in dramatic reductions in deaths among children under five years of age. Deaths were reduced by average of one fourth in these large-scale trials.

Roll Back Malaria will seek to:

- strengthen health systems to ensure better delivery of health care, especially at district and community levels;
- ensure the proper and expanded use of insecticide-treated mosquito nets;
- ensure adequate access to basic healthcare and training of healthcare workers;
- encourage the development of simpler and more effective means of administering medicines, such as training of village health workers, mothers and drug peddlers on early and appropriate treatment of malaria, especially for children;
- encourage the development of more effective and new anti-malaria drugs and vaccines.

"While strengthening the health sector is essential to Roll Back Malaria," says UNICEF Executive Director Carol Bellamy, "the new strategy will be most effective when families, communities, local leaders and other groups, such as shopkeepers and schoolteachers, become fully committed and involved in the effort. In all of the countries seriously affected by malaria, communities have already demonstrated that rapid improvements in child health are possible when they are given the right kind of support and encouragement. We are confident that this new initiative will be able to provide this."

Unlike most other major diseases in the world, malaria is spreading. As roads are built, forests cut down, new mining areas opened up, habitats which favor the breeding of mosquitoes expand, and what starts out as economic development often unintentionally leads to an underperforming and sick workforce.

“The poor suffer the most from malaria,” says James Gustave Speth, Administrator of the UNDP. “The international community must firmly commit itself to this new partnership and to developing integrated actions that take aim at both malaria and at its greatest breeding ground, which is poverty. UNDP looks forward to working with its UN and other partners in this world-wide campaign against malaria.”

"Making significant, sustained inroads in the battle against malaria urgently requires a co-ordinated, focused initiative. Governments, international organizations, the research community and the pharmaceutical industry must all play a major role. The World Bank is committed to playing its part in the mobilization of resources needed to spur such a co-ordinated response," says James D. Wolfensohn, President of the World Bank Group.

Malaria and economic development

Roll Back Malaria is being launched at a time of growing scientific interest and investment in malaria, which still remains grossly underfunded.

"We and other groups of economist researchers are trying to determine the consequences of malaria on economic development," says Jeffrey Sachs, Professor at Harvard. "Our findings are striking. They point to Malaria as a major impediment to economic development."

Poor health via disability from diseases such as malaria reduces incomes by as much as 12 percent in some studies, a particularly important factor in developing countries where a significant proportion of the workforce is involved in agriculture and other forms of manual labor.

The evidence also suggests that the effects of improved health are likely greatest for the most vulnerable -- the poorest and those with the least amount of education.

New tools

Bednets: Large-scale field trials have conclusively demonstrated that the use of bednets treated with biodegradable pyrethroid insecticide can protect children from dying from malaria. Do-it-yourself approaches to insecticide treatment of nets are now available.

Mapping: Based on satellite mapping and climatic information, the distribution of malaria can now be determined at the community level.

For countries participating in RBM, national malaria information will be integrated with regional information to produce a comprehensive national malaria control map, as part of the international mapping of the disease.

The information will allow a better estimation of the burden of malaria and the population at risk, and hence a better assessment for RBM. It will also provide more reliable and area-specific information for national and international advocacy for malaria control. Where RBM operations have started, information on the availability and quality of health services and the results of monitoring and evaluation will be added to the data base.

Bringing treatments to the people: In Africa, the RBM will create a network of teams to go into villages and analyze treatment and prevention practices at the household and community level, the availability and quality of health care by the public and private sector, and potential local partners. The RBM will provide technical and financial support for each analysis through this network at the district level.

Treatment at home can be greatly facilitated by simple packaging of drugs; fast-acting rectal caps can rescue life-threatening disease in children. Most victims of malaria die simply because they do not have access to health care, or their cases are not diagnosed as malaria. In addition, life saving drugs are often not available.

"These tools will greatly help in bringing the attack where it matters, says Dr. David Nabarro, newly appointed leader of the central team for Roll Back Malaria, headquartered at WHO in Geneva.

Research breakthroughs

Researchers activities in malaria are severely underfunded, but investment is increasing thanks to a new Multilateral Initiative for Malaria research (MIM). The new techniques being investigated include ways of preventing the mosquito parasite from infecting the mosquito.

"A number of scientists are trying to make the mosquito resistant to the parasite," says Fotis Kafatos, Director-General of the European Molecular Biology Laboratories in Heidelberg, Germany. "Using the most sophisticated techniques in molecular genetics we are discovering an array of novel possibilities."

Several vaccine candidates using the latest breakthroughs in vaccine technology are undergoing field testing in Asia and Africa and in US volunteers, while the whole genome (a complete set of hereditary factors) of the malaria parasite is being sequenced.

"This will create completely new opportunities," says Dr. Harold Varmus, Director of United States National Institutes of Health (NIH), which is one of the leading drivers in the MIM. "Malaria is a global concern. We are gearing up our support for research both here and abroad."

New discoveries have led to many different approaches to a malaria vaccine, with many of the possibilities already undergoing human trials. However, scientists estimate that it will take 7-15 years before an effective malaria vaccine is ready.

Vaccines taking advantage of DNA research may provide one of the best hopes. One possibility is being developed by the US. Naval Medical Research Institute, the US Agency for International Development and partners in Ghana, Australia, France and the US private sector.

"Our work in relationship to WHO objectives is focused on producing multi-gene DNA vaccines designed to reduce morbidity and mortality of malaria in young children in sub-Saharan Africa," says Dr. Stephen Hoffman, of the Naval Medical Research Institute. The major project is entitled MuStDO 15.1 (multi-Stage DNA vaccine operation), which is a 15-gene malaria DNA vaccine.

Researchers hope to initiate clinical trials of this new vaccine within 18 months. Dr. Hoffman has just published the first proof of the principle that DNA vaccines are immunogenic in normal, healthy humans.

Another promising vaccine candidate has just begun field trials in the African nation of the Gambia. This new recombinant protein vaccine, RTS,S, developed by SmithKline Biologicals, would prevent the malaria parasite infectious stage from entering or developing within liver cells of human beings. Such vaccines would prevent the severe and life-threatening consequences of malaria in non-immune individuals.

Another approach is to develop a vaccine that prevents transmission of the malaria parasite from one infected person to another person. This type of vaccine would block the development of the parasite in the mosquito, thus preventing the parasite from infecting someone else. This transmission blocking vaccine is under development by scientists at the US NIH, in collaboration with WHO/TDR. The NIH

has recently initiated a major Malaria Vaccine Development Programme aimed at ensuring the production of clinical grade materials for use in clinical trials.

A different asexual blood stage vaccine type is based on a cocktail of antigens. One such synthetic peptide vaccine, SPf66, developed by Manuel Pattaroyo working at the Instituto de Inmunología in Bogota, Colombia, has been tested in field trials in South America, Africa and Southeast Asia. It has only been partially effective to date. Dr. Pattaroyo is using sophisticated biochemical methods to improve its potency.

The leading scientific journal **Nature** published this week research from Kenya, Thailand and Malawi which shows that pregnant women living in malarious areas develop a unique immunity which protects them from malarial infection. Professor Bernard Brabin of the Liverpool School of Tropical medicine, who is a co-author of the paper, and has worked for 20 years on the subject of malaria in pregnancy, says that it is the most exciting scientific development in this field for decades and could open the way for developing a vaccine to protect pregnant women from malaria.

Public private sector collaboration

Because malaria is largely found among poor people in poor countries, the private sector can not engage fully in research and development. A public-private sector initiative is being set up to circumvent the problem. The New Medicines for Malaria Venture will be financed by public sector and philanthropic organizations. The private sector will primarily provide facilities and staff. "Industry is committed to making this work," says Harvey Bale, Executive Director of the International Federation of Pharmaceutical Manufacturers Associations.

The four UN-System organizations contribute unique expertise

UNDP has committed to the following actions.

At country level, **UNDP** will:

1. Create capacity for integration of malaria-related action into national poverty eradication policies, strategies and programs.
2. Strengthen, through Sustainable Human Development activities, the balance of action among state, private sector, civil society and communities themselves, to ensure that people have access to basic social services and productive assets.

3. Work through the UN Resident Coordinator system to encourage collaborative programming in support of intersectoral action and resource mobilization.

At regional/sub-regional levels, **UNDP** will:

1. Support links between Sub-regional Resource Facilities (SURFs), providing technical referral services to country offices and the Roll Back Malaria resource support networks.
2. Collaborate with WHO Regional Offices to strengthen capacity of relevant regional inter-governmental organizations (ISOs) in support of Roll Back Malaria.

At the global level, **UNDP** is providing continuing support for the UNDP/World Bank/WHO Special Programme for Research & Training in Tropical Diseases (TDR), which has as a major focus the development of drugs and tools for malaria control and adapting research in local settings.

UNICEF will:

1. Provide support to intensified malaria control efforts via its country programs.
2. Work with Government and NGO partners to:
 - give special attention to reducing the terrible toll of malaria on young children and pregnant women;
 - further strengthen support for community-based and local action to improve health and nutrition;
 - focus on making insecticide treated mosquito nets available to all families that need them and on ensuring that every child with malaria has access to early and effective treatment;
 - mobilize leaders (community, district and national) to make effective malaria control a priority.
3. At the international level, raise additional funds for country activities, and focus support on 10 of the most severely affected countries in the next two years.
4. Take lead responsibility for developing an impregnated bednet resource network.

The World Bank Group strongly supports the Roll Back Malaria global partnership. Malaria has a major impact on social and economic development. Consequently, the Bank has committed to:

1. Increase World Bank investments in malaria control and research;
2. Facilitate resource mobilization to support RBM;
3. Enhance a more effective involvement of Departments of Finance, Economics, Infrastructure, Agriculture and others to become full partners in reducing malaria as an economic factor;
4. Explore innovative finance mechanisms to deliver support;

5. Support research on the economic aspects of malaria;
6. Help establish private-public partnerships with industry on new malaria products.

Together with Roll Back Malaria partners, the Bank will actively pursue these activities through its country programs and research agendas. Malaria must be reduced as a negative factor on macro-economic growth.

WHO will be coordinating the Roll Back Malaria project. Activities will cut across WHO programs and regions to:

1. Support governments and partners:
 - strengthen the health sector to better tackle malaria;
 - monitor the geographic spread of malaria;
 - measure results and outcomes of action;
2. Improve technical efficiency & capacity:
 - build & support technical support networks, regional and local;
 - invest in the development of new methods, tools and capacity strengthening through research networks and programs;
3. To improve resource allocation, utilization and mobilization:
 - local/national: promote concerted action by stakeholders
 - regional: establish resource networks;
 - global: supporting partners for common action and sharing information on malaria, programs and resources.

GLOBAL MALARIA RATES*

CLINICAL CASES

REGION	TOTAL
AFRICA (South of the Sahara)	270-480 million estimated**
AMERICAS (Including Brazil) (Brazil alone)	2.2-5.6 million estimated 1.1-2.8 million reported
MIDDLE SOUTH ASIA (Including India) (India alone)	2.6 million reported 2.1 million reported
ASIA WEST OF INDIA (Including Afghanistan) (Afghanistan alone)	0.5 million reported 0.3 million reported
EASTERN ASIA & OCEANIA (Including Thailand, Vietnam and The Solomon Islands) (Thailand, Vietnam and The Solomon Islands alone)	1.0 million reported 0.5 million reported
EUROPE (Including Turkey and the former USSR)	12,000 reported

* Estimates of global malaria mortality are 1 million deaths a year, and occur primarily in African children under five years of age.

** Included in this total, there are 140-280 million estimated cases of malaria in children under the age of five.

Source: WHO, 1998

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