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MORE THAN 600 MILLION PEOPLE URGENTLY NEED EFFECTIVE MALARIA TREATMENT TO PREVENT UNACCEPTABLY HIGH DEATH RATES

Geneva - More than 600 million people, most of them children living in sub-Saharan Africa, face the daily threat of death from malaria because new, effective treatments are not available where they live. Existing, cheaper medicines, which have been used for many years, are no longer effective in most places because the malaria parasite has developed resistance to them.

“At least one million children die every year in Africa from malaria. Several million more become seriously ill. In many places, they are still given medicines whose effectiveness is very low and decreasing,” said Dr LEE Jong-wook, Director-General of the World Health Organization (WHO). “Better treatment is available and must be delivered urgently to the people who need it most.”

Artemisinin-based combination therapies (ACTs) provide a highly effective new medicine to treat malaria for the first time in more than 20 years. But despite some progress, the new treatment has not become available as widely or as quickly as it needs to.

Since April 2001, WHO has strongly recommended that countries where there is resistance to conventional treatments should switch to ACTs. However, at around US\$ 2 for an adult dose, ACTs cost 10-20 times as much as the old monotherapies such as chloroquine. For most countries in Africa, external funding will be required.

In 2002, the Global Fund to Fight AIDS, TB and Malaria started to make significant funds available to countries in need. Since then, six countries in Africa have started using ACTs: Burundi, Mozambique, Senegal, South Africa, Zambia, and Zanzibar.

In the past 12 months, an additional nine countries in Africa have adopted ACTs in their antimalarial treatment policies: Benin, Cameroon, Comoros, Gabon, Ghana, Equatorial Guinea, Kenya, Sao Tome and Principe, and the United Republic of Tanzania. Others are likely to follow suit this year. Outside Africa, 14 malaria endemic countries have adopted an ACT policy.

Throughout this process, WHO has provided technical advice and support to ministries of health on all aspects of national treatment policy change, including monitoring the therapeutic efficacy of medicines, as well as implementation.

“We will continue to strongly advocate for rapid scale-up of ACTs,” said Dr Jack Chow, Assistant Director-General for HIV/AIDS, Tuberculosis and Malaria at WHO. “Some countries are still reluctant to adopt ACT treatment policies because it is much more expensive than conventional therapies. Countries feel insecure about the sustainability of donor support as they switch to more costly treatment regimes. However, the progress we have witnessed over the last 12 months is remarkable in terms of its speed and the number of countries changing their policies.”

WHO estimates that the global demand for ACTs will soar from about 20 million per year currently to between 130-220 million adult treatments in 2005. In the following years and at the current price, about US\$ 1 billion per year will be required to provide 60% of the population in need with ACTs. Much of this money will have to come from donor countries and funding institutions such as the Global Fund.

Together with Roll Back Malaria (RBM) partners, WHO works for lower prices to reduce the cost of making quality ACT products available to the poor. "While private-public cooperation can be instrumental, we have learnt that it is wrong to wait for the prices to go down," said Dr Fatoumata Nafo-Traoré, Director of WHO's Roll Back Malaria Department. "Increased demand is the main factor that will drive down prices."

WHO's renewed call for a more rapid change to ACTs comes as the world commemorates Africa Malaria Day. This year's theme is "children for children to roll back malaria". Young children under five are the main victims of malaria. They have a right to be protected, but in reality they do not have access to life-saving treatment because their parents are poor.

Increased access to effective medicines, together with the improved use of technology to prevent malaria transmission, could enable much better progress towards the RBM targets, set by African leaders in 2000 (1). In the area of prevention, WHO also notes important technological progress since 1998, despite inadequate funding. According to *the Africa Malaria Report 2003*, about 15% of African children slept under mosquito nets and 2% under insecticide-treated nets, which are known to be highly effective. Although these rates are far from satisfactory, the adoption of mosquito nets throughout Africa reflects a profound, even if incipient, change in behaviour and attitude. Such practice was unknown to most rural African populations until the late 1990s.

"This is a significant improvement," says Dr Nafo-Traoré. "However, we are still far from reaching our reduction targets, because the fight against malaria has been so dreadfully under-funded." The situation has improved considerably since the emergence of the Global Fund, but not enough. Until and unless most people can afford to buy their own bednets and pay for their own treatment, substantial public funding will continue to be needed."

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1. Four years ago, 44 Heads of State and Government from the 50 malaria-affected countries in Africa came together in Abuja, Nigeria, to set ambitious targets to reduce the malaria burden by the end of 2005. They committed themselves to work to improve access to affordable and appropriate treatment for at least 60% of those suffering from malaria. In the area of prevention, they agreed that at least 60% of those at risk of malaria should be protected by insecticide-treated mosquito nets and other community preventive measures, and that at least 60% of pregnant women should have access to intermittent preventive treatment.