



RBM NEWS

For partners in the Roll Back Malaria initiative

Issue 3 February 2001

Nigeria cuts duties on net imports

A DRAMATIC cut in taxes and tariffs on imported mosquito nets—from 50 to just five percent—has been announced by Nigeria's Minister of Finance Mallam Adamu Ciroma.

Before the reduction a mosquito net cost about Niara 1,000 (about US\$10) a price considered too high for the average Nigerian. Cost is considered a major obstacle to the creation of a mosquito net use culture in the country where less than two percent of the population are aware of the effectiveness of nets and less than one percent actually use them.

"This is excellent news," says Dr Kabir Cham, RBM's focal person for ITNs. "If more countries in Africa follow the examples of Tanzania, Uganda, and now Nigeria, it will considerably advance the target set at the Abuja Summit of having 60 percent of those most at risk of malaria in Africa south of the Sahara appropriately using ITNs by the year 2005."

■ [Netting experts gather in Geneva](#)—see p4

Guyanese Shield defends border areas



THE FIVE Guyanese Shield countries—Brazil, French Guyana, Guyana, Surinam and Venezuela—held their first operational meeting in Manaus, Brazil in September to develop a proposal for technical cooperation for malaria control in their border areas.

The meeting (pictured left) discussed specific proposals for action in joint border areas and proposed that a joint Guyanese plan of action should be drawn up when all bi and trilateral plans were ready.

■ [RBM activities in Central and South America](#)—see p2

Taxes and tariffs review for Africa Malaria Day

PROGRESS on promises made in the Abuja Declaration last year to reduce or waive taxes and tariffs on insecticide-treated mosquito nets and other tools to fight malaria will be explored in a report commissioned by WHO to be published on Africa Malaria Day.

Africa Malaria Day—April 25, 2001—will be launched from Abuja, Nigeria as heads of state gather for the AIDS, Tuberculosis and Other Infectious Diseases Summit. Africa Malaria Day will be the perfect opportunity to reflect back on commitments made exactly a year before at the Abuja Summit.

WHO Director-General, Dr Gro Harlem Brundtland, will visit a rural community near Abuja to



Africa Malaria Day: Time for all partners to review progress made in Africa over the past year.

see what the impact of the declarations made at last year's Abuja Summit has been on malaria control at household

and community level.

The report on progress made over the past year will be produced by Boston University. It will make an inventory of current tax and tariff policies in Africa and identify changes in tax and tariff policies made since the Abuja Declaration.

The report will also analyse the impact of taxes and tariffs on end prices for insecticide treated nets (ITNs) and summarise what is known about the effect of price in determining demand for ITNs.

A detailed case study of one country that has made progress in reducing taxes and tariffs on ITNs, such as Nigeria, Tanzania, or Uganda, will also be included in the report.

RBM evaluates Africa progress

NATIONAL Programme Officers and Intercountry Teams joined AFRO and RBM Secretariat representatives in Harare in January to evaluate the movement's achievements and constraints to date in Africa. This was their first opportunity for an in-depth review of progress

since the RBM movement got underway in 1998.

The Intercountry Teams (ICPs) presented their key achievements in the context of their 2000 plans and proposed measure to address their main constraints. They highlighted the slow response of many countries to RBM challenges

and difficulties in fitting RBM activities into existing health sector interventions and different partners' planning cycles.

Terms of reference, which emphasised the importance of country partnership building by NPOs and IC teams, were also developed. Inter-country plans for 2001 based on country priorities within the WHO AFRO framework, and backed by HQ technical inputs, were drafted.

Recommendations also included strengthening ICP capacity for country support; improving communication and co-ordination among all levels of WHO; planning joint AFRO and ICP country visits; focussing on results by efficiently monitoring progress against the targets set at last year's Abuja Conference.

PROJECT MANAGER'S MESSAGE

Grass roots communication

ROLL BACK MALARIA has had many successes over the last few years in raising global awareness of malaria as a cause of poverty, as well as ill health and death. RBM has also managed to spread the message widely that effective and low cost solutions exist, which, if widely used, could dramatically reduce the burden of malaria in the most severely affected countries of the world. Now is the time to sharpen the emphasis of our communications efforts towards local communities and getting people most affected by the disease involved.

Effective communications can inform people of the availability of interventions such as insecticide-treated bednets or of the importance in early and complete treatment of malaria episodes. They can urge the increased use of such interventions. But are such communications worthless in communities where bed nets are not available, or are priced beyond the reach of the average person who needs them?

We should not forget the role of communications in creating demand and mobilising communities and individuals to take action to improve their access to effective interventions — even when they are not currently available. For example, in a country where bednets are very expensive and hard to obtain, it is important to tell people that in a nearby country, cheaper bednets are widely available and are being used by hundreds of thousands of families. People need to be informed of what happened to make this possible with the suggestion that they organise themselves, from the bottom up, to start a process which will result in cheaper bednets becoming available.

There are many things that communities themselves can do with just a little help from outside. For example, they could form a community net-buying scheme, or a revolving fund, or train volunteers to teach families about treating nets with insecticide. Clearly communities cannot themselves change the price of bednets or remove taxes and tariffs. However, if the lack of availability or high price of nets is brought to the attention of local leaders and opinion makers there is a real chance of promoting action and change at higher levels of government and society which might result in increased availability and cheaper prices for nets.



David Alnwick
Project Manager
Roll Back Malaria

Amazonia highlights interborder cooperation

RBM in the Amazonian Region is strongly supporting interborder meetings with the aim of establishing joint action plans in areas of common epidemiological interest.

At a meeting in Cartagena last October held to evaluate and plan RBM activities in the Amazonian Region the general objectives of the joint borders projects were defined as:

- strengthening health services in the border areas and facilitating the population's access to basic health care; and
- improving the technical capacity of the border area health services to prepare them to answer health care needs in an integrated way.

The Cartagena meeting (which marked the first anniversary of the Amazonian Region RBM inception meeting in Lima, October 1999) decided that the nine countries of the Amazonian Region will, with support from PAHO and RBM, arrange a series of local level meetings to discuss areas of common epidemiological interest between countries and draw up operational plans.

Some meetings have already been held and others are planned between February and March, 2001 including: Brazil and Guyana a, February 2001, in Manaus, Brazil; Brazil and French Guyana, February 2001 in Cayenne, French Guyana; Brazil and Suriname, Belem/Brazil, March 2001.

Washington prepares for

Scaling-up head RBM

By Sandii Lwin, World Bank

EACH YEAR, representatives of RBM Partners have met to review progress towards the aim of halving malaria by the year 2010, and to ensure continued commitment to rolling back malaria. This year it is the turn of World Bank to host the 4th Global Partnership Meeting to Roll Back Malaria which will take place on April 18-19, 2001 in Washington, D.C.

The 4th Global Partnership Meeting will focus on expanding the capacity of malaria-affected countries to achieve the scale of action required to reach RBM's objectives and goals.

The meeting seeks to address ways in which malaria-affected countries and their partners can mobilise action beyond malaria control programmes, beyond the

Networkers ex with \$350,000

THE US-based Networkers Malaria Prevention Evangelism Project is conducting a US\$350,000 fund-raising drive to support existing bednet projects in eight countries and finance expansion into three more.

Networkers began as a pilot project in 1998 in Cameroon and Malawi and has since expanded into Congo, Sudan, India, Thailand, Bangladesh and Indonesia (Irian Jaya).

RBM inception for Meso America

AN RBM inception meeting for countries in Meso America (Central American countries plus Mexico, Dominican Republic and Haiti), was held in the Dominican Republic last November. Delegates drew up plans for the introduction of the RBM strategy into the region

The meeting, which was opened by Dr Eusebio Garrido, Vice-secretary of Health for the Dominican Republic, was attended by country and PWR delegates, local PAHO representatives Dr Jose Luis Rodriguez and Dr Socorro Gross, PAHO/WHO representatives Dr Renato Gusmão and Dr Carlos Castillo Salgado as well as Dr Kamini Mendis and Dr Paola Marchesini from the RBM Secretariat.

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or 4th Global Partners

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health sector, and beyond the public sector. James D. Wolfensohn, President of the World Bank, will address the participants, as may the directors of WHO, UNICEF and UNDP. The participants will also hear from David Alnwick, the new Project Manager of the RBM Secretariat at WHO in Geneva.

Key points for presentation and discussion will include:

- Opportunities to address malaria through poverty reduction and debt relief strategies;
- Expanding capacity through partnerships with NGOs, the private sector and the research community;
- Refining the leadership and financing role of government; incorporating malaria into child health and maternal health programmes; and



World Bank headquarters: Hosting the 4th Global Partners Meeting

■ Addressing the malaria problem through the education, infrastructure and agricultural sectors.

Although the meeting is unable to accommodate all interested individuals and organisations, each meeting includes representation from

the wide range of RBM partners. Twenty malaria-affected countries will be represented.

Commercial organisations and others interested in informing participants about their goods or services will be able to rent information booths outside the meeting.

Find it on the web

ON THE RBM website (www.rbm.who.int) you can find a hot link to the World Bank website with full details of the GP4 agenda; information for prospective exhibitors; and details of special rates at the Washington Hotel negotiated for delegates by the World Bank.

Expand projects to fund-raising

Activity highlights last year included:

- Mobilising entire villages in Indonesia (Irian Jaya) to turn out for malaria prevention activities.
- Organising the hand-sewing of 5,000 bednets by women in the Sudan.
- Establishing training projects for 600 women in India, who will pass on their knowledge to neighbours in 94 villages.

In the US women from over 500 Presbyterian congregations support the Networkers project by sewing nets and raising money. In 1999 the group sewed 500 nets and in 2000 assembled 1,000 net kits for distribution to sewers. A further 2,000 kits were ordered at the end of last year.

■ More information on Networkers can be obtained by e-mailing: Gbingham@ctr.pcusa.org



Social marketing backs SmartNet

TV, RADIO and press journalists joined community health groups and ministry officials in Kampala in December for the launch of SmartNet, a pre-treated, long-lasting mosquito net which, after field testing, is being supported by social marketing in six districts of Uganda.

Displays of the nets over appropriate sleeping places (a mat, a local-style bed and a baby's cot) were accompanied by a children's band singing songs about malaria, a malaria quiz in which the nets could be won. Guest of honour was Dr DKW Lwamafa (pictured above) commissioner of health services in charge of communicable diseases at Uganda's Ministry of Health.

The SmartNet programme is being run by Uganda's Ministry of Health in partnership with Commercial Market Strategies (CMS) who also organise social marketing of condoms and other reproductive health products in the country.

KINET proves ITN sustained impact

FURTHER evidence was provided for the effectiveness of ITNs as a key intervention in sub-Saharan Africa in the first impact evaluation of Tanzania's KINET programme, published in the *British Medical Journal* last month.

The *BMJ* reported that as ownership of nets increased from 58 to 83 percent (untreated) and from 10 to 61 percent (treated), mean haemoglobin levels increased in the studied children and anaemia prevalence decreased from 49 to 26 percent.

Treated nets had 62 percent protective efficacy on parasitaemia and 63 percent on anaemia.

Eritrea on the move

FOLLOWING the adoption of a five-year plan of action at a National Conference on RBM in July 1999, Eritrea held six district and zonal conferences covering the whole country last year. Zonal committees for RBM implementation were also established.

"These are good achievements to have accomplished in so short a time," comments Eritrea's National Malaria Control Manager, Dr Tewolde.

Fighting malaria

A SERIES of learning, diagnosis and prevention activities has been launched in Equatorial Guinea by the Ministry of Health's Fight against Malaria Programme.

Islamabad advocacy

MALARIA chiefs and programme managers from all districts of Pakistan gathered in Islamabad in October for an advocacy meeting at which new strategies for malaria control were discussed and responsibilities for disease control in the country were redesignated.

The multidisciplinary meeting included representatives of the Ministries of Agriculture, Irrigation, Water and Power, Education, Population Welfare and Environment as well as the Ministry of Information.



Sabatinelli: Cairo appointment

EMRO role for Guido Sabatinelli

GUIDO Sabatinelli has moved to Cairo to take up a new position as EMRO's Regional Adviser for Roll Back Malaria.

Guido has been based in EURO Copenhagen as Regional Adviser for malaria, and then for RBM, since June 1998. During this time he helped re-establish, with HQ support, EURO's malaria unit to deal with the resurgence of malaria in Caucasus and Central Asia in the countries of the former Soviet Union.

In his new role Guido Sabatinelli will take responsibility for RBM in the Eastern Mediterranean Region where the situation is much more complex than in EURO. Priority countries for action are Afghanistan, Somalia, Sudan and Yemen where the malaria situation is often related to chronic complex emergencies.

Dr Mikhail Ejov, presently Technical Officer for RBM in EURO, will now take charge of the RBM programme for the European Region.

Baku conference

BAKU, Azerbaijan will be the venue for a two-day conference on the Regional Partnership to Roll Back Malaria in the European Region. The conference, organised by WHO EURO, will review progress over the past two years and recommend mechanisms to develop more effective partnerships.

■ For details e-mail Karen Taksoe-Vester at ktv@who.dk

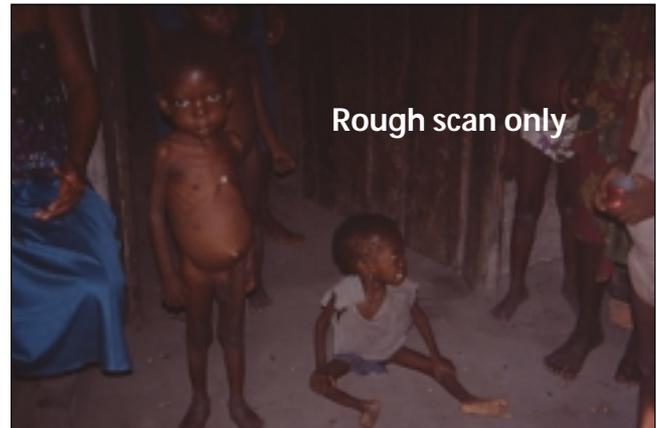
Emergency team evaluates Burundi epidemic experience

LESSONS learned from the epidemic response to the recent Burundi outbreak—the biggest malaria epidemic in Africa in ten years—should be used to improve country capacity before the next seasonal epidemic in May 2001.

Burundi experiences seasonal malaria outbreaks, generally on a small scale in May after the rains. The current on-going epidemic, complicated by the country's complex emergency, took most people by surprise. Over 1.3 million malaria cases were recorded in November and December last year, including 17,000 severe cases treated in hospital. More than 90% of cases were *p.falciparum*.

The country's ability to respond to unexpected epidemics has been curtailed by the large-scale ethnic violence that has occurred in Burundi in every decade since the 1960s. Burundi also underwent severe economic sanctions between 1996-99 after a military coup.

RBM's Richard Allan and a team of two specialists from the technical support network (TSN) for complex emergencies visited Burundi in January to review the partnership response and provide appropriate assistance. They found that in general the country partnership of NGOs, faith-based organisations, and the national malaria control programme had worked well with WHO and the MoH although some key factors had reduced their capacity to speedily bring the epidemic under control.



Over 80% of severely malnourished people in therapeutic feeding centres suffer from malaria and death rates are high.

In particular they found difficulties with drug supplies, confusion over the change of first-line drug from chloroquine to sulphadoxine pyrimethamine and a shortage of trained medical personnel. The epidemic system is severely complicated by a rapidly developing nutritional crisis in several of the worst affected epidemic provinces. Over 80 percent of severely malnourished people admitted to therapeutic centres here are suffering from malaria and deaths rates are soaring due to the difficulties of treating these cases with quinine. Artemether, a new drug protocol recommended by WHO for this specific situation, is urgently needed to improve the case management of such cases.

Although WHO has donated sufficient drugs to treat around half the reported malaria cases, distribution has been disrupted and some drugs have been

misappropriated. The TSN team recommended immediate priority actions to reinforce the epidemic response capacity of the partners and to ensure improved response to subsequent epidemics. These include:

- Establishment of effective drug tracking and distribution monitoring systems for future donations and identification of additional routes to reinforce distribution in vulnerable areas.
- Urgent production and wide dissemination of a simple protocol for SP use as the first-line drug.
- Urgent introduction of artemether in in-patient facilities dealing with high case loads of severe malaria.
- Reinforcing the country's technical capacity to implement drug evaluation.
- Malaria treatment should remain free of charge in all essential in-patient treatment sites for the duration of the epidemic.

Netting experts gather in Geneva

SCIENTISTS, country representatives and bednet manufacturers will join partners and NGO representatives in Geneva next month for the meeting of RBM's Technical Support Network (TSN) on Insecticide Treated Netting Materials. The TSN is managed by UNICEF.

Around 40 delegates are expected to attend the two-day meeting (March 12-13) which will review scientific and strategic issues related to ITNs, review the current state of interventions at country level

and discuss strategies for going to scale. The structure of the TSN itself and its ability to respond to technological, managerial, promotional and legislation/regulatory issues regarding ITNs will also be examined in plenary and group work sessions.

As well as identifying the opportunities for going to scale with ITN interventions at country level the TSN will develop proposals for identified strategies and outline a plan of work for its activities in 2001-2002.

Hope lies in combination therapy

THE OPTIONS available for improving malaria treatment policies are limited, especially in sub-Saharan Africa, according to the findings of the Informal Consultation on the use of anti-malarial drugs, which met in Geneva in November. In many cases, lack of resources has resulted in countries continuing to use drugs whose effectiveness has been severely limited by drug resistance.

Drug combinations, especially those including an artemisinin derivative, are recognised to have the potential to delay drug resistance and to prolong the useful therapeutic life of existing anti-malarial drugs.

As long as issues of cost and complexity of administration can be properly addressed, combination therapy would be a technically viable option for countries exhibiting widespread chloroquine and sulphadoxine/pyrimethamine resistance such as those in East and Southern Africa.

In its main conclusions, which will be published in a report this spring, the Informal



Asian drug vendor. The Informal Consultation report emphasises that antimalarial drugs must be affordable to those who need them.

Consultation also recommends that:

- Antimalarial drugs must be affordable at the point of use.
- A therapeutic failure rate of 25% is a useful indicator for changing first-line treatment, but because of the time required to implement a change (often 2-3 years) the process of change should begin when failure rates reach 16-24%.

● In countries where it is difficult to implement different treatment policies for different areas cost-benefit analysis of conducting different first-line therapies in areas of low resistance versus not changing in areas of high resistance must be undertaken.

● Amodiaquine, which was previously withdrawn from use due to toxicity when used for prophylaxis, requires further evaluation as an inexpensive and useful alternative to chloroquine.

● Effective drug combinations, which can be administered in a short course, have a clear role in complex emergencies due to the difficulties in observing patients for longer periods of time. The use of intra-muscular artemether for the treatment of severe malaria in complex emergencies was also recognised.

■ As of April 2001 you can order a copy of *The Use of AntiMalarial Drugs: Policy Implications for the Treatment and Prevention of Malaria* through rbmnews@who.int

SEARO agrees RBM plan of action

COUNTRIES in the South East Asia Region are now ready to implement RBM. During a Task Force Meeting held in Haryana, India last December country representatives discussed the situation analyses and developed a plan of action for 2001.

The plan includes the national adaptation of the regional guidelines for RBM implementation at district level

and the use of indicators for monitoring and evaluation that were agreed upon during the meeting. It was also agreed that a Five-year RBM Strategic Plan for each country should be developed by September 2001.

Participants at the meeting, which was organised by SEARO, included malaria control programme managers and epidemiologists from six

member countries, the Director and staff from the India Malaria Research Centre, and WHO staff from SEARO and HQ. Also present were representatives from the Community Health Cell, an NGO that was instrumental in drafting the regional guidelines for RBM implementation at district level. Dr Vijay Kumar, Director, CDS, SEARO also participated and provided valuable inputs.

An interesting highlight during the meeting was the discussion on research in Sri Lanka which found that malaria reduces the cognitive functions of school children but this improved after chloroquine prophylaxis.

During this meeting the staff from SEARO and HQ reviewed 42 operational research proposals. The main areas addressed in the proposals were drug resistance and policy, surveillance, information management, ITNs, biological control, and environmental management.

Thai-Myanmar to act on border region diseases

A JOINT plan of action has now been drawn up to tackle the increasing burden of infectious diseases—including multi-drug resistant malaria, growing numbers of HIV/AIDS and drug-resistant TB—in the Thai-Myanmar border region.

WHO, with bilateral funding from DFID, will soon appoint a public health coordinator for the region.

Although the Thai-Myanmar border region has a major infectious diseases problem and a high population of displaced people it is also seen as a gateway to economic prosperity. There has recently been a massive movement across the border of people seeking health care and economic opportunities.

Although there had previously been some degree of cooperation between the two countries Myanmar and Thailand sought WHO mediation in launching a firm intercountry initiative in the border areas. A strategic plan, drawn up at Yangon in early 2000, was recently endorsed at a high-level ministerial meeting in Chaing-Mai last June and agreement was reached on ways of working to reduce the disease burden.

DIARY
dates

March 5-9, 2001: MIM/NIH Insecticide Resistance in Malaria Vectors Symposium. Harare, Zimbabwe.

March 6-9, 2001: Intercountry Meeting on Cross Border Initiatives on HIV/AIDS, TB, Malaria and Kala-azar. Kathmandu, Nepal.

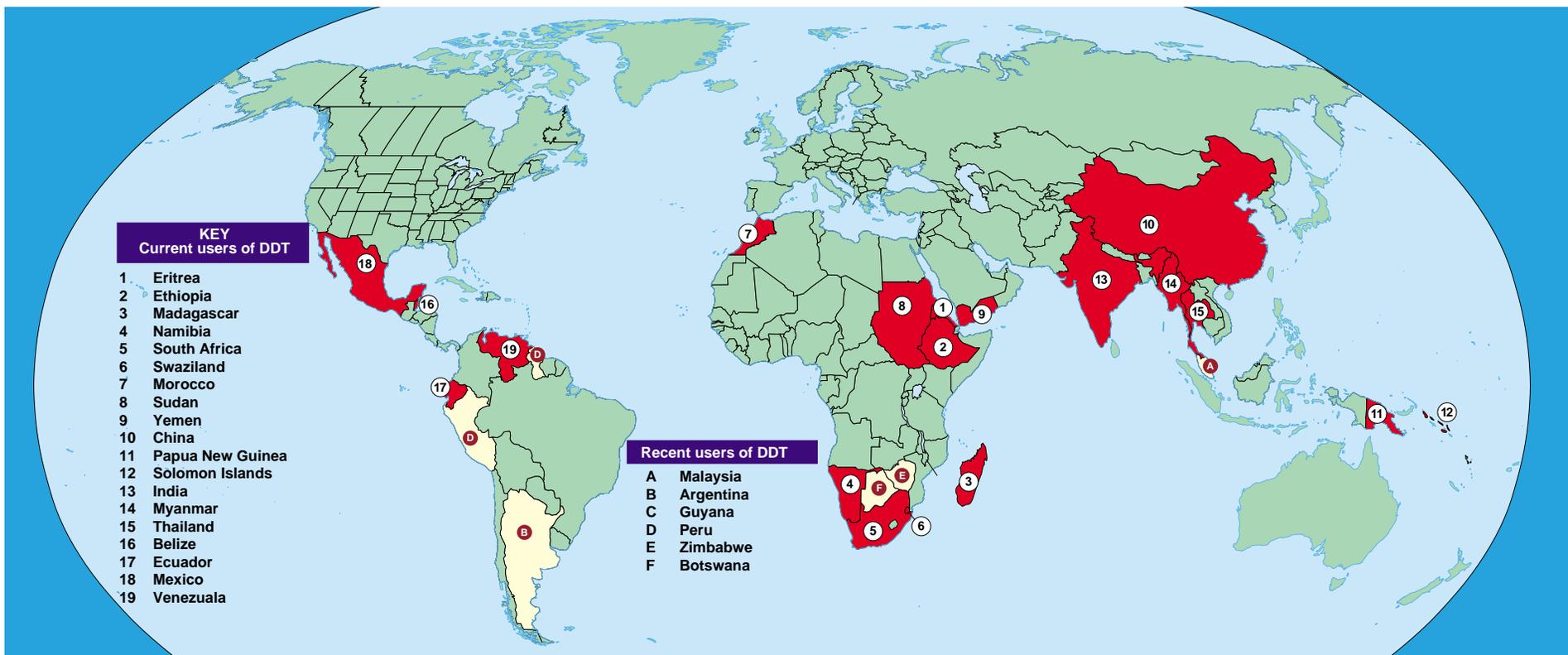
March 9-10, 2001: Antimalarial Drugs Policies in the Amazon Countries. Salvador, Bahia, Brazil

March 12-16, 2001: 4th Meeting of the MIM/TDR Task Force on Malaria Research and Capacity Strengthening in Africa. Harare, Zimbabwe. (Meeting of Principal Investigators: March 12-13 followed by Task Force Meeting: March 14-16.)

March 19-20, 2001: ACIPAC International Symposium on Hashimoto Initiative, Bangkok, Thailand.

April 18-19, 2001: 4th Global RBM Partners Meeting, See pages 2-3

RBM News seeks stories on any subject related to malaria control. E-mail us at rbmnews@who.int or write to the address on page 2. Copies of a specially designed story submission form are available on the RBM website at <http://www.rbm.who.int/storyform.html>



ENVIRONMENTAL treaty negotiators who met in Johannesburg in December 2000 endorsed RBM's call for time-limited exemptions for the production and use of DDT in malaria vector control.

The meeting was the fifth and final session of the Intergovernmental Negotiation Committee (INC-5) for an international treaty to reduce and ultimately eliminate the production and use of Persistent Organic Pollutants (POPs). The text of the "POPs Treaty" was finalised in Johannesburg and diplomats will sign the new convention in May 2001 in Stockholm, Sweden.

Of the 12 chemicals targeted by the POPs Treaty, only DDT was listed for restriction, rather than elimination. A registry of countries requiring DDT for

Final DDT agreement endorses RBM objectives

disease control will be established before the treaty takes effect. Countries can be added to the registry by notifying the convention secretariat (UNEP) and WHO.

The production and use of DDT will be restricted to disease vector control in line with WHO recommendations and guidelines and only when safe, effective and affordable alternatives are not available.

The ultimate goal of the treaty is still the elimination of all 12 chemicals, and it is hoped that DDT will be added to the elimination list in the not too distant future. The POPs Treaty calls for

financial assistance to strengthen malaria programmes and to support the development of DDT alternatives.

Countries on the DDT registry will be required to develop action plans to ensure that DDT use is limited to vector control, suitable alternatives and resistance management strategies are developed and health care is strengthened.

DDT reduction efforts will be linked to the promotion of robust capacity for vector control in general and Malaria Control in particular. The continued need for DDT "exemption" will be reviewed every three years.

The RBM partnership was represent-

ed at the treaty negotiations by the WHO delegation. In its role as observer, WHO provided information on the burden of malaria, the public health use of DDT and the status of potential alternatives to negotiators through information sessions and packets, plenary statements and press releases.

Other RBM partners, including UN agencies and NGOs, also attended the negotiations. Before the INC-5 session WHO Regional Offices worked directly with Member States to assure that public health perspectives were taken into account by their delegates.

RBM's next move on DDT will be to

mobilise resources and initiate the development and implementation of national plans to reduce reliance on DDT while rolling back malaria. RBM's John Paul Clark, who led the WHO delegation to Johannesburg, says: "We could not have hoped for a better outcome. A year ago DDT discussions were polarised and emotional. Some people wanted an immediate ban on DDT because of its environmental impact. Others wanted no restrictions whatsoever, claiming that without DDT malaria deaths would skyrocket."

"Now everyone seems to agree that allowing DDT use to continue while strengthening malaria control and accelerating the search for and switch to environmentally safer cost-effective alternatives is the best way to go."