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Malaria & Neglected Tropical Diseases



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Today, one in three pregnant women in sub-Saharan Africa still suffers from malaria. The Draw THE Line Against Malaria campaign reflects the energy, talent and cultural influence emanating from the African continent. At its heart is a unique malaria 'Muundo' language, created by acclaimed Nigerian artist Láolú Senbanjo, as seen here painted on the model's pregnant stomach.

The next phase of the campaign will launch on Africa Day on May 25. For more information visit zeromalaria.org

"A world free of malaria and NTDs is possible."

Katey Einterz Owen
Director, Neglected Tropical Diseases, Bill & Melinda Gates Foundation

Philip Welkhoff
Director, Malaria, Bill & Melinda Gates Foundation

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"To reach eradication, we must rethink our approach."

Professor Christian Lengeler
Head of the Health Interventions Unit, Swiss Tropical and Public Health Institute (Swiss TPH) and President of the Swiss Malaria Group

Online

We can end NTDs but we must show our commitment now

Incredible progress has been made against neglected tropical diseases (NTDs) but there is still work to be done. The Kigali Declaration on NTDs, a new political declaration, provides the opportunity to end NTDs.

NTDs are a group of 20 diseases that affect 1.7 billion people globally; they can debilitate, disfigure and kill. These diseases include elephantiasis, rabies, river blindness and trachoma. We call these diseases neglected because they affect the world's poorest and they receive less attention than other diseases.

The effects of NTDs are devastating, they impair cognitive and physical development in children. They lead to school and work absences, particularly in women and girls who are often responsible for caring for their family. They also cost the economies of endemic countries billions of dollars and can trap communities in cycles of poverty.

Recognising the success so far

Over the past decade, incredible progress has been made against NTDs. So far, 44 countries have eliminated at least one NTD and 600 million people no longer require treatment for NTDs. Some of these diseases that have plagued humanity for centuries, such as leprosy, sleeping sickness and guinea worm disease are also at an all-time low. This shows that ending NTDs is within our power, but there is still work to be done.

The Kigali Declaration on NTDs pushes us forward

The Kigali Declaration on NTDs is a new high-level political declaration that will launch later in 2022 at the Kigali Summit on Malaria and NTDs, alongside the 26th Commonwealth

Heads of Government meeting. The Kigali Declaration will put country ownership of NTD programmes, integration and cross-sectoral collaboration at the front and centre to ensure that these programmes are sustainable in the long term.

The Declaration provides the opportunity to mobilise the political will, community commitment, resources and action needed to end unnecessary suffering from NTDs. Signatories of this declaration pledge to do their part to ensure that NTDs are eradicated, eliminated or controlled by 2030.

Commitment to ending NTDs is needed

By working together, adopting people-centred approaches and working across sectors in an integrated manner, we can end NTDs and achieve WHO 2030 NTD road map targets. Now is the moment for leaders, donors, companies and organisations to make endorsements behind the Kigali Declaration and show they are 100% committed to ending NTDs. These commitments will help relieve needless suffering, decrease the health-related drivers of poverty, make our health systems more resilient and our world an equitable and safer place.

For more information visit 100percentcommitted.com



WRITTEN BY
Thoko Elphick-Pooley
Executive Director,
Uniting to Combat
Neglected Tropical
Diseases

2022: A pivotal moment for a more equal world

Ending malaria and NTDs will save lives, advance equity and build resilience.

Over the past two years, no country has been spared the impacts of COVID-19, a deadly infectious disease that killed millions, infected millions and devastated communities, economies and health systems. The same impacts can be attributed to malaria and neglected tropical diseases (NTDs) however, these diseases have been around for millennia and typically prey on the world's poorest in Africa.

Ending preventable and treatable diseases

In 2000, global leaders committed funding and action to reduce cases and deaths caused by these diseases. Thanks to this strong political will and increased funding, by 2015 malaria deaths were cut by over half and more than 5 billion NTD preventive treatments were delivered. The tremendous progress achieved through global collaboration and commitment prompted more ambition to end these preventable and treatable diseases by 2030.

In the case of malaria, a turning point was the launch of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Significantly, 20 years later, the Global Fund, working with the US President's Malaria Initiative and country partners, has saved 44 million lives.

But in the last two years, progress has slowed and cases and deaths are on the rise. With challenges of drug and insecticide resistance, COVID-19 and humanitarian emergencies, the world is at a precarious juncture in the fight against malaria.

Better prepared for better results

However, there is hope on the horizon.

Thanks to greater country ownership, better use of data and targeting of existing and new tools, a pipeline of transformative tools and strong political will. And, if governments, the private sector, communities and partners come together later this year to fulfil the Global Fund's Seventh Replenishment goal of at least USD 18 billion, we can turbocharge progress again toward a malaria-free future.

By mobilising new funding, we can scale up existing and breakthrough tools, including new nets and vaccines and better target interventions to the local context. We also must invest more in research and development to deliver transformative new tools, such as second-generation vaccines, that will accelerate our path to malaria eradication.

Critically, these innovative approaches will also help countries strengthen their health systems, allowing them to better protect citizens against malaria and NTDs and be better prepared for future pandemics.

With COVID, we've seen what the world can do when it comes together. Let's recommit to saving millions more lives from malaria and NTDs, invest in health and deliver a more equitable world for all.



WRITTEN BY
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Image provided by The Carter Center

This is how we finish off **Guinea worm**

In the past 200 years, humankind has made incredible progress against many threats to health: vaccines, medicines and other innovations have saved millions of lives from feared killers, from malaria to cancer. But only one human disease – smallpox – has ever been eradicated.



WRITTEN BY
Dr Tedros Adhanom Ghebreyesus
Director-General, World Health Organization



WRITTEN BY
Jason Carter
Chair, Board of Trustees, The Carter Center

A massive campaign has now driven polio to the brink of eradication, but less noticed by the rest of the world, we stand on the threshold of consigning another disease to the history books: Guinea worm.

While Guinea worm is largely unknown to people in high-income countries, it has afflicted people in Africa, Asia and the Middle East for millennia.

Last year there were just 15 reported cases of Guinea worm disease, compared with an estimated 3.5 million in 1986, when The Carter Center and the World Health Organization launched the Guinea Worm Eradication Program. Since then, our two organisations have worked closely with governments, the US Centers for Disease Control and Prevention, and partners including the United Arab Emirates, which hosted the Guinea Worm Summit in Abu Dhabi in late March.

The official name of Guinea worm is *Dracunculus medinensis*, which derives from the Latin for “little dragon,” and for good reason. People contract the disease by drinking untreated water that contains tiny fleas that harbour larvae, which grow in the intestine into worms up to one metre long. About a year later, they emerge through painful blisters on the skin. Those infected can’t work or go to school while a worm is emerging. Extracting a worm from the body can take a week or longer and is an excruciating process.

There is no vaccine to prevent infection and no medicine to treat it. But what pharmaceuticals couldn’t do, the Guinea Worm Eradication Program has accomplished with humble water filters, a basic larvicide, and the partnership of millions of people, in some of the world’s poorest countries, who made simple changes in their behaviour.

Of course, simple doesn’t mean effortless or trouble-free. Progress has been bumpy, complicated by poverty, the remoteness of affected communities, storms, floods, droughts, conflict, and, most recently, a pandemic. In 1995, former US President Jimmy Carter had to negotiate a cease fire to enable health workers safe passage in the midst of Sudan’s civil war. Through all this, the communities in which we work have taken ownership and continued their unceasing efforts.

Today, Guinea worm disease remains endemic in just five countries: Angola, Chad, Ethiopia, Mali and South Sudan. Two other countries – the Democratic Republic of the Congo and Sudan – are on the path to being certified free of the disease. Although Cameroon is certified, it is addressing recent cross-border infections.

At the Summit in the UAE, we joined Ministry of Health representatives to discuss the Abu Dhabi Declaration on the Eradication of Guinea Worm Disease.

The declaration reaffirms that the governments of the endemic countries and we, their partners, will work urgently for eradication by 2030. It calls for active leadership nationally and locally, sufficient budget support, robust implementation of interventions, transparent communication, rapid provision of safe water everywhere and safety for health workers.

Preventing the spread of Guinea worm from one country to another is also critical to accelerate the global interruption of transmission and requires strengthening cross-border surveillance and collaboration. Several countries have made commendable efforts in this direction, with support from WHO.

We applaud the leaders of the countries who made these commitments, but they can’t do it alone. Now other global leaders need to marshal the sustained funding to finish the job. The last mile of disease eradication is complex, and momentum can wane as the numbers get close to zero, especially as other urgent health crises emerge. But if we fall short of eradication, the disease could return to its former levels, which would bring needless suffering and economic challenges to poor communities.

We stand tantalisingly close to a monumental victory for public health – and for humanity. The eradication of Guinea worm will be the fulfilment of President Carter’s vision and the culmination of decades of difficult and often dangerous work in partnership with some of the poorest, most isolated, most marginalised people on Earth.

The real heroes in the Guinea worm story are the thousands of volunteers in more than 23,000 villages who do the hard work in their own communities. Defeating this scourge is a triumph of persistence and people, more than technology and medicine. Village by village, across sub-Saharan Africa and parts of Asia, citizens have mobilised and organised to safely treat water sources, distribute filters, and spread the word on how to change behaviours to protect themselves and their children.

The victory will be theirs when, sometime before the end of the decade, 15 cases become zero. To get there, all of us must do our part to travel the last mile in eradication and move toward a world free of Guinea worm and the terrible suffering it brings.

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Find out more at
cartercenter.org

Tackling malaria and NTDs contributes to more resilient health systems

People living in fragile settings are the most at risk of contracting malaria and NTDs yet they are the least likely to have access to adequate health care.

Building the capacity of local health facilities and community health workers to prevent, diagnose and treat malaria and NTDs in fragile settings can lead to more resilient health systems and greater global health security overall.

According to Dr Lali Chania, Tanzania Country Director of IMA World Health: “Health systems in fragile settings, if they exist at all, are beset by external and internal challenges, including but not limited to violence, lack of infrastructure and resources, corruption, access inequities, weak governance and limited human capital. Yet fragile settings have a higher disease burden than other low-income countries.”

Poor public health perpetuates the cycles of poverty and fragility and vice versa. As the number of fragile settings increases, so too does global insecurity and economic instability. That is why IMA World Health is committed to health systems strengthening in fragile settings.

Building on malaria and NTD programming successes

“The local partnerships, trust and capacities we have built through our malaria and NTD programming in fragile settings are key for any health systems strengthening efforts to be successful in these complex environments,” says Chania.

In the Democratic Republic of the Congo and South Sudan, the organisation has collaborated with local health facilities to improve access to malaria prevention, diagnostic and treatment services for more than 11.4 million people.

Across Tanzania and Haiti, 28.8 million people are no longer at risk for lymphatic filariasis since IMA has strengthened the capacity of local health systems to sustainably administer NTD control measures. IMA’s health partners in these fragile settings are leveraging these capacities to meet other critical health care needs.

Dr Chania suggests: “The surveillance and case-based notification and response capacities required to eliminate malaria and NTDs are also what is required to stop epidemics from becoming pandemics, like COVID-19. Integrating those capacities into health systems will not only improve that system’s resilience to the shocks common in fragile settings, it will improve global health security.”



WRITTEN BY
Dr Lali Chania
Director, IMA
Tanzania Country

Investing in ending malaria and NTDs for a safer world

A world free of malaria and NTDs is possible. Investing now to end these diseases will save millions of lives and protect against future pandemics.

This year, the global community has two historic opportunities to recommit to ending malaria and neglected tropical diseases (NTDs)—by mobilising at least USD 18 billion to replenish the Global Fund to Fight AIDS, Tuberculosis and Malaria and by supporting the Kigali Declaration on NTDs to deliver the targets set in the World Health Organization’s NTD Roadmap (2021-2030).

Supporting national malaria and NTD programs

Enormous strides have been made against these diseases since 2000. Global Fund investments helped scale up lifesaving interventions, contributing to over 10 million deaths averted from malaria. The 2012 London Declaration on NTDs, signed by governments, pharmaceutical companies, endemic countries, global health organisations, and the Bill & Melinda Gates Foundation, nearly doubled medicine donations by the pharmaceutical industry—reaching over a billion people a year from 2017 to 2019.

Yet these diseases continue to take lives and put billions of people at risk— and COVID-19 further hinders progress.

We can end malaria and NTDs and keep us safer from future health threats. By supporting national malaria and NTD programs that drive progress against these diseases, boosting investments, and better integrating these programs into national health systems millions of lives can be improved and saved.

Community-based disease monitoring and tracking

With the goal of ending malaria and NTDs, the Gates Foundation co-invests and partners with national programs, pharmaceutical companies, product development partnerships, research institutes and global and local NGOs. A primary focus is on increasing the use of digitised data systems for real-time disease monitoring to better target delivery of interventions.

For example, Initiatives like Visualize No More Malaria and the Lymphatic Filariasis Campaign Digitization in India are generating valuable insights at the community level that support decision-makers to transform healthcare delivery.

Community health workers are at the heart of national malaria and NTD programs, providing essential services for millions of people—often in remote regions. The trust built with the communities they serve provides a foundation for digitised disease



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monitoring and adaptation of services to emerging health needs, like COVID-19, showcasing how investments in malaria and NTDs can help prevent future pandemics.



Community health workers are at the heart of national malaria and NTD programs, providing essential services for millions of people.

Increased financial and political commitments

We are already seeing examples of commitments and approaches that are helping malaria and NTD programs to drive lasting progress.

Twenty five sub-Saharan African countries have launched local Zero Malaria Starts with Me campaigns and End Malaria Councils to mobilise country resources and action. The African Union and Uniting to Combat NTDs recently signed an agreement to end NTDs by 2030. We are also seeing critical accountability mechanisms emerge with the integration of NTDs into national health strategies and the African Leaders Malaria Alliance scorecard.

To support this stepped-up leadership, global leaders must join in solidarity and increase funding to deliver a safer, more equitable world free of malaria and NTDs.



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Find out more at
imaworldhealth.org



Institute will shine its light on **disease elimination at summit**

The forthcoming Kigali Summit provides an opportunity for knowledge to be shared to help combat malaria and neglected tropical diseases (NTDs).



INTERVIEW WITH
Simon Bland
CEO, Global Institute
for Disease Elimination
(GLIDE)

WRITTEN BY
Sheree Hanna

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**Global Institute for
Disease Elimination**



Launched at the end of 2019, the Global Institute for Disease Elimination (GLIDE), a non-profit organisation based in Abu Dhabi, is committed to helping its partners go further and faster towards the elimination and ultimate eradication of infectious diseases, with a current focus on malaria, polio, lymphatic filariasis and onchocerciasis.

The Institute was jointly founded by His Highness Sheikh Mohamed bin Zayed Al Nahyan, the Crown Prince of Abu Dhabi, and the Bill and Melinda Gates Foundation, and builds upon a long-standing history of investment in global health.

GLIDE's CEO, Simon Bland, says: "The Kigali Summit comes at a time where some of the world is seemingly emerging from COVID-19, so understanding its impacts and lessons will be vitally important as we look ahead.

"We need more money for health, but also more health for the money. We need efficiencies, synergies, effective coordination and cooperation and synchronicity of services provision across diseases. We want to help break down barriers and silos."

Finding the best outcome

Bland says a successful Summit for GLIDE would result in high-level political commitment from across the Commonwealth for disease elimination, with increased commitments to tackling neglected tropical diseases (NTDs),



We need efficiencies, synergies, effective coordination and cooperation and synchronicity of services provision across diseases.

and momentum for a successful Global Fund replenishment in September.

The Summit will be held alongside the 26th Commonwealth Heads of Government (CHOGM) meeting in Rwanda in June.

The rationale behind eliminating or eradicating infectious diseases means no longer having to invest or survey them, thereby freeing up money and resources for other priorities.

Bland says: "Calling to end disease is a bold statement of ambition which can excite, motivate and attract strong political will for such an audacious goal. However, there is a caveat: it is easier to call for elimination than to deliver it, and the last mile of elimination is the hardest."

Innovation is main objective

Innovation is a key objective for the Institute, which looks to foster and scale innovation not only for new tools and technologies, but also for

new strategies for health systems strengthening. GLIDE is working with partners to convene community, country and global experts to explore the rationale for programme integration, keeping in mind that efforts should result in improved outcomes for all health programmes involved.

The Kigali Summit is an opportunity not only for galvanising political commitment, but also for stakeholders from the malaria and NTD communities to identify potential opportunities for joint advocacy, programming and finance.

Find out more at
glideae.org

Taking a multisectoral approach in the fight against malaria

Malaria does not exist in isolation and will require a cross-sector response through coordination, policy and funding at global and national level to ensure a malaria-free future for all.



INTERVIEW WITH
Joseph Lewinski
Multisectoral Malaria
Project Lead, Catholic
Relief Services

WRITTEN BY
**Meredith Jones
Russell**

This cross-sector response to malaria is called multisectoral programming. It uses different sectors to help bridge funding gaps in malaria programming, increasing access and use of malaria services in communities that are often missed.

Joseph Lewinski, Multisectoral Malaria Project Lead at Catholic Relief Services (CRS), explains: "I don't think we have seen a country that has eliminated malaria without a multisectoral approach."

Sectors driving the biggest impact include agriculture, education, humanitarian response, urban development, extractive industries, population movement and defence. CRS is investing in multisectoral programming to help ensure these critical connections are made, especially in countries with the highest number of malaria cases.



Image provided by
Catholic Relief Services

"This concept, which has existed since the first malaria elimination efforts, proports that by including other sectors in programming, we can address common causes that help spread malaria in endemic countries and develop malaria 'smart' policy to mitigate their effect," Lewinski says.

Dual impact approach

Multisectoral approaches have a positive impact on both malaria prevalence and on the other sectors involved.

"By working with the education sector, you get more consistent access to children, who are more likely to be impacted by malaria," Lewinski explains. "You can train teachers to identify signs and symptoms and strengthen referral system so kids can get diagnosed and treated quicker."

"In rice farming agriculture, increased production can impact

mosquito breeding and, thus, malaria transmission. A multisectoral approach can provide dual impact, in this case, ensuring productive agriculture production and also in reducing malaria prevalence. Globally, malaria stakeholders need to adopt proactive policy. National malaria control programmes are needed. On a community level, farmers and communities must be considered in the decision-making process."

Working towards elimination

In some circumstances, multisectoral programming can help countries eliminate malaria completely.

"Multisectoral programs have historically been used to help reach the last few cases within countries close to elimination," Lewinski explains. "In the Mekong sub-region, we see that by working with extractive industries we can ensure we know where forest working populations are and find those last cases."

But Lewinski emphasises multisectoral approaches can benefit all countries with malaria cases.

"This isn't just an approach for countries eliminating malaria. By setting up these systems in high burden countries, we can ensure this holistic, integrated response, which is vital for meeting malaria control and elimination goal. It just requires upfront investment, and bringing together stakeholders who wouldn't normally work together, to create practical and novel solutions."

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The health of women and children is threatened by a treatable disease

Pregnant women, teenage girls and children remain disproportionately vulnerable to malaria.

Malaria is one of the world's oldest, deadliest diseases, stealing young futures and claiming the life of a child every minute, despite being treatable, preventable and beatable.

The heavy human cost of malaria can be measured in the number of each and every life lost and the many more that are diminished, with the latest World Malaria Report revealing 241 million cases and 627,000 deaths worldwide in 2020 - the highest number of deaths in nearly a decade.

Malaria deaths are increasing

Tragically, millions of pregnant women, adolescent girls and young children remain disproportionately vulnerable to malaria, with the disease cited as the third highest cause of death in teenage girls aged 15-19 in sub-Saharan Africa in 2019.

Despite substantial efforts to continue malaria services during COVID-19, disruptions resulted in an additional 47,000 malaria deaths in 2020 and, with the impacts of the pandemic ongoing, so too are disruptions to healthcare. The pandemic has also weakened economies and exacerbated already-fragile health systems which paints an even darker picture for the health of women and children going forward.

Limited access to preventable treatment

In 2020, a staggering 11.6 million pregnant women contracted malaria across sub-Saharan Africa, and more than two-thirds of eligible women across 33 African countries did not receive the full course of preventive malaria treatment (IPTp-SP) recommended by the World Health Organization.

Malaria in pregnancy has been associated with maternal anaemia, exposing the mother to an increased risk of death before, during and after childbirth. The dangers are also substantial for the newborn child, including low birth weight which can impact growth and cognitive development.

Achieving key global malaria targets

One third of the Global Fund to Fight AIDS, Tuberculosis and Malaria's investment goes towards building inclusive health systems, ensuring that women and girls have access to quality health services for malaria and sexual and reproductive health. This helps boost progress toward key global malaria targets and supports many of the Sustainable Development Goals including fighting poverty, improving gender equality and universal health.

The Global Fund's seventh replenishment target this Autumn is to raise at least USD 18 billion to fight the three diseases, which would save 20 million lives, cut the malaria death rate by 64% and build a healthier, more equitable world, making the UK's financial commitment to ending malaria more critical than ever.

Malaria is a disease that this generation can end, but only if we act now.



WRITTEN BY
James Whiting
CEO, Malaria No More UK



Genuine intersectoral collaboration needed to achieve better progress against vector-borne NTDs



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The world needs to work better and collaborate with sectors beyond health to implement the Global Vector Control Response 2017-2030 (GVCR).

The silent spread of vectors over the years means more countries are now exposed to arboviral diseases, with human activities facilitating their survival and propagation.

"It is time that vector control programmes work jointly with city planners, environmentalists, engineers and sectors that manage water and sanitation," says a leading expert during a WHO-hosted webinar on 'Reducing the burden and threat of vector-borne diseases to achieve the NTD road map targets.' "We face the prospect of seven out of 10 people living in cities and urban areas globally by 2050."

Focussing on prevention

"One of the things which is critical as we build out future cities ... we really need to do better in the area of prevention ... reducing the habitats of all mosquito species," says Steve Lindsay, panellist and former Professor at Durham University, United Kingdom.

This implies reducing the breeding sites for Aedes mosquitoes that transmit vector-borne diseases such as dengue, chikungunya, yellow fever and Zika. This can be done by enhancing access to piped water, constructing houses with built-in screens to block mosquito entry, clearing waste, improving drainage and keeping the environment clean.



More than half the world's population is at risk of infection from vector-borne diseases.

Challenges to meet targets

While the GVCR is on track for some activities, amounting to an almost 10% reduction in global mortality over the past five years, for many other activities targets have not been reached.

A progress report outlining achievements and challenges will be submitted to the 75th World Health Assembly in May 2022.

Assessing global risk

More than half the world's population is at risk of infection from vector-borne diseases, especially dengue, leishmaniasis and malaria.

Vectors are responsible for transmitting many neglected tropical diseases, mostly among the poorest populations where there is a lack of access to adequate housing, safe drinking-water and sanitation.

During the past two decades, many vector-borne diseases have emerged or re-emerged, spreading to new parts of the world. Dengue alone has increased six-fold since 2000 and it affects over 130 countries and still there are no effective drugs, vaccines and sustainable vector control tools, making it more neglected.

Other factors, such as environmental changes, increased international travel and trade, changes in agricultural practices and rapid, unplanned urbanisation have facilitated the spread of many vectors worldwide.

Current efforts to address the needs for better diagnostics, vaccines and sustainable innovative vector control interventions such as the use of Wolbachia, spatial repellents etc are encouraging new hope in the horizon to address the void and meet the goals set in the NTD roadmap 2021-2030.

i This article was originally published on the World Health Organization's website. Scan the QR code to access the original article



We need to be more adaptable to control the resurgence of malaria



Image provided by MCDI

In recent years, malaria cases have been on the rise. The disease transmission has changed — so the response to it must change too with a new, adaptive approach based on evidence and data.

Controlling malaria is — and has always been — a mammoth challenge. Decades after the first Global Malaria Eradication Programme was launched in 1955, this life-threatening disease still brings untold misery and death to many parts of the world. Indeed, malaria cases are on the increase. According to figures from the World Health Organization, there were 241 million cases in 2020 compared to 227 million in 2019.

There are a number of reasons for this rise, says Guillermo García, Senior Program Manager, Bioko Island Malaria Elimination Project at MCD, a global public health non-profit providing interventions across several health areas. “There are challenges, for example drug and insecticide resistance,” he says.

Understanding why there is a resurgence in malaria

Climate variability may also be partly responsible for the resurgence, as warmer temperatures and increased rainfall make better breeding conditions for mosquitoes; plus, the behaviour of mosquitoes is changing. “In some areas, there is evidence

that insects are biting earlier in the evening, before people are indoors or protected by bed nets,” says Olivier Tresor Donfack, Technical Coordinator, Bioko Island Malaria Elimination Project, MCD.

To make matters worse, malaria control has faced huge funding constraints — and increased competition due to the global pandemic. This has hit resource-poor communities particularly hard as they face a disproportionate burden of illness, death, and declining economic productivity, welfare and wellbeing.

Benefits of an adaptive evidence-based approach

To effectively respond to the resurgence and ultimately achieve elimination, it’s imperative that funding for malaria control continues. “Of course, any tools that are proven to work should continue to be deployed,” says García. “But in this fight, there is often a need for more innovation and adaptation.” After all, when traditional methods of malaria control prove inadequate, new approaches must be found.

This is why it’s important to adapt and optimise malaria control strategies through evidence-based decision making, based on the use of real-time

spatially contextualised information. This can be delivered via different innovative systems.

For example, in Equatorial Guinea, MCD is using a tablet application (CIMS) to collect and use field-level malaria control data at the household and individual levels. Meanwhile, in other countries, MCD is supporting the integration of major health information databases to a common platform.

“Having a more efficient way of entering, processing and analysing data is a big benefit in the fight against malaria,” says Julie Niemczura, Senior Program Manager at MCD. “Real-time access to information shortens the feedback loop so that any deficiencies can be corrected immediately.”



An adaptive approach isn’t simply beneficial for controlling malaria. It can also promote sustainable health systems, strengthening their ability to respond rapidly and effectively to unforeseen challenges.

Building local capacity with training and support

Not all solutions have to be hi-tech. “In some health facilities, wall charts filled out by hand are a simple way to track trends,” says Niemczura. “But how ever health managers receive the information, it’s crucial that they know how to use the systems and interpret the data to affect positive outcomes.” This requires building local capacity with robust training and support, delivered via different institutional partners.

An adaptive approach isn’t simply beneficial for controlling malaria. It can also promote sustainable health systems, strengthening their ability to respond rapidly and effectively to unforeseen challenges and emerging threats, such as the COVID-19 pandemic. “In Equatorial Guinea, a team that was fully trained to deliver clinical trials for malaria was quickly able to adapt to meet the demands of COVID-19,” remembers García.

Yet despite the increase in malaria cases, it’s important to keep things in perspective. “The resurgence does not mean that control programmes are failing,” stresses Donfack. “In fact, we’re optimistic that trends will change — if programmes adopt adaptive control measures based on evidence and data.”



INTERVIEW WITH
Guillermo García
Senior Program
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Malaria Elimination
Project, Medical Care
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INTERVIEW WITH
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INTERVIEW WITH
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Senior Program
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Paid for by **Medical
Care Development
International**



Find out more at
mcd.org

Invest in malaria and NTDs to fight future disease outbreaks

On World Malaria Day, and ahead of the malaria & NTD summit in Kigali, Rwanda, it is important we recognise the role of strengthening health systems to prepare for the next global disease outbreak.



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Paid for by **Medicines for Malaria Venture (MMV)**



Before the COVID-19 pandemic, the term “global health” was often used with reference to low and middle-income countries. If the past two years have taught us anything, it is that we are all “global health”—North or South, rich or poor, microbes and particles connect us all.

This World Malaria Day is the perfect time to recognise that investments in combatting diseases that often occur amongst the poorest populations allow countries to build more resilient health systems. These systems can be deployed in response to the next global health emergency.

Unlocking innovation

Outbreaks are more likely to occur where health systems are fragile, and treatment and prevention tools are scarce. When financial incentives for health research are low or non-existent, such as in the context where malaria and neglected tropical diseases (NTDs) prosper, product development partnerships (PDPs) are a proven path to unlocking innovation. The PDP model leverages partners from the public and private sectors to innovate health tools where a single entity would be unable or unwilling to take on the investment.

Since their establishment around 20 years ago, a small community of 12 PDPs have delivered more than 65 new health technologies that have protected and saved the lives of more than 2.4 billion people. Highlights from two of these PDPs include the first new single-dose treatment to prevent malaria relapse in over 60 years, developed in partnership by Medicines for Malaria Venture (MMV) and GSK; and the first all-oral treatment for sleeping sickness, developed by the Drugs for Neglected Diseases initiative (DNDi), Sanofi and the National Sleeping Sickness Control Programme in the Democratic Republic of Congo.

Preparing to combat future outbreaks

From the laboratory to the patient, PDPs have engaged the populations they serve, helping to expand local expertise and strengthen healthcare systems. These capabilities can be called upon to fight disease outbreaks when new health crises emerge.

In Africa, PDPs have helped strengthen local capacity to research the world’s most neglected, often deadly, diseases, such as visceral leishmaniasis and sleeping sickness. DNDi has supported the training of laboratory technicians, nurses and physicians to conduct state-of-the-art clinical research for the treatment of NTDs. In 2020, these trained resources were quickly mobilised to launch the ANTICOV clinical trial – a large trial to find treatments for mild-to-moderate cases of COVID-19 in low-resource settings.

In addition to supporting local research capability, PDPs are also working to build on existing manufacturing capacity for medicines closer to where they are most needed. With only around 375 pharmaceutical manufacturers, Africa’s public sector relies disproportionately on imported medicines for malaria and NTDs – COVID-19 highlighted this vulnerability.

With funding from Unitaid, MMV is supporting a Kenyan pharmaceutical manufacturer, Universal Corporation Ltd, and two Nigerian manufacturers, Emzor and Swipha, in the development of WHO-prequalified preventive medicines for malaria in pregnancy. This increased self-sufficiency within the continent will potentially provide not only adequate supplies of these life-saving medicines, but also quality-assured medicines for other diseases.

Like other tropical diseases, malaria thrives where access to basic health services is limited. Common symptoms, such as fever, have been shown to mask indications of other infections, including COVID-19. This burdens health systems and allows for disease to spread undetected across borders. Through a project supported by MMV, Transaid (UK) and Zambia’s National Malaria Control Programme, local community members — be they fisherman, farmers, or primary school teachers — use training systems established for malaria to inform fellow community members about COVID-19 related policies, such as handwashing and social distancing.

PDPs invest where others do not and this is crucial to strengthening global health security. The next health emergency is likely just around the corner. In preparation for this inevitability, sustained and flexible support to the invaluable work of PDPs is needed.

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