

FT Health Combating Malaria

Supply of vital weapon cries out for raised funding

Bed nets Fits and starts in assistance from donors hamper efforts to increase production and delivery, writes Sarah Murray

With bed net distribution to sub-Saharan Africa having fallen since the 2010 peak, all eyes are on the next funding replenishment round of the Global Fund to Fight Aids, Tuberculosis and Malaria. For while some of the bottlenecks to net distribution are logistical and regulatory, what the scaling up of delivery really requires is funding.

“There are many threats to maintaining the game in malaria control but the biggest one is financial constraints,” says Scott Filler, a senior technical adviser on malaria at the Global Fund.

What most people agree on is that the distribution of bed nets has proved one of the most powerful tools in the battle against mosquitoes. Nets not only provide a barrier preventing them from biting people, when treated with insecticide, they also kill mosquitoes on impact, reducing their numbers.

“Nets have played a huge rule in helping us achieve the progress we’ve made in the past decade and will remain a critical piece in helping rid the world of malaria,” says Christopher Helfrich, director of the United Nations Foundation’s Nothing But Nets initiative. This, a grassroots campaign, raises awareness and funding to fight malaria by encouraging

members of the public to donate at least \$10 to buy nets.

In terms of donor funding, trends have not been encouraging. According to the World Health Organisation’s 2012 World Malaria Report, funding available for malaria prevention and control is currently far below what is needed to achieve global malaria targets.

The WHO estimates that to achieve universal access to malaria interventions, \$5.1bn will be required every year between 2011 and 2020. Yet in 2011, only \$2.3bn was available.

In addition to the downturn in funding, logistics provide an additional hurdle. Distributing bulky mosquito nets – particularly when it comes to reaching remote rural areas – is not always easy.

“You only need to see a truckload of 10,000 of these to realise what a logistical challenge it is to get a net from a port into an individual’s hands,” says Mr Filler.

“And it’s one thing in an urban environment but we also have to distribute to places that are very hard to access by road,” he adds. “So the last mile is often the most expensive and challenging.”

What has eased are the bureaucratic and regulatory hurdles to getting nets distributed, with many countries having lowered taxes and import

fees for nets. “There were some growing pains at the ports, but we’re moving past that and most countries are no longer doing this for the first time,” says Mr Filler. “So they are now much more adept at getting these nets out there.”

Debates have at times raised the question of whether more efficient distribution of nets could be achieved by creating an affordable but for-profit market for nets.

Some have argued that market-based mechanisms would create a more sustainable supply than relying on donor funding, which – as the current recession and corresponding downturn in funding has demonstrated – ebbs and flows in line with economic shifts and political priorities. However, the main obstacle to this has been the fact that it remains too difficult to produce nets that are cheap enough for target communities, which include some of the world’s poorest people. “When you have so little discretionary income, it’s hard to think of preventive modalities,” says Mr Filler.

Early experiments with subsidised nets never achieved the scale of distribution that has been seen with free net deliveries. As a result, the market remains highly dependent on public funding.

“The commercial market has grown

but it’s still less than 5 per cent of the global market,” says Adam Flynn, UK sales manager for global vector control for Sumitomo of Japan, which has committed substantial philanthropic resources to its Olyset net programme. Sumitomo is one of the few companies manufacturing nets in Africa. Through a partnership with A to Z Textile Mills in Tanzania, including the provision of a royalty-free technology licence, the factory has been producing insecticide-impregnated nets since 2003.

While many look to this model as a means of spreading the economic benefits of malaria prevention to local communities, the ups and downs in funding also have a big impact for manufacturers such as A to Z – and the challenges can be equally great at times when funding suddenly start to flow again.

“You go from empty factories to having to employ 1,000 people, getting the mills turning again and trying to deal with penalties for late delivery,” says Mr Flynn. “The fits and starts nature of donor funding is difficult for manufactures to deal with.”

As a result, focus is on the Global Fund Fourth Replenishment, the name given to the organisation’s efforts to secure financing for 2014-2016. “Funding is the foundation stone of it all,” says Mr Flynn.

Under cover: a Zimbabwean woman puts her child into a bed, protected by an impregnated net

Reuters



Protection bid aims at children

Seasonal targeting
Programme focuses on rainy season, says Charles Batchelor

An ambitious programme to protect children under five against malaria during the most dangerous months of the rainy season is being introduced across west Africa but funding constraints are a drag on progress.

Initial studies of the effect of seasonal malaria chemoprevention (SMC) at eight sites in Senegal, Mali, Ghana, Gambia and Burkino Faso achieved a 75 per cent reduction in malaria episodes, including severe malaria, and a possible reduction in child mortality of one in 1,000 with no reports of serious adverse affects.

These early successes led the World Health Organisation to draw up a set of implementation guidelines last November that have been adopted by 10 countries in the Sahel region of Africa. “This intervention has been shown to be effective, cost-effective, safe and feasible for the prevention of malaria among children less than five years of age,” the WHO says.

“This is now being rolled out in countrywide programmes over the forthcoming malaria transmission season starting in July and for the next four months,” says Peter Olumese, medical officer in the WHO’s global malaria programme. “We had a meeting with the 10 countries where we thought this would be a useful strategy. We wanted to plan along with them and provide support.”

More than 85 per cent of

the estimated 216m annual cases of clinical malaria and 90 per cent of the 655,000 deaths occur in Africa south of Sahara. The vast majority of cases and deaths occur in young children.

“Across the Sahel sub-region most childhood malaria mortality and morbidity occurs during the rainy season, which is generally short,” the WHO says. “Giving effective malaria treatment at intervals during this period has been shown to prevent illness and death from malaria in children.”



The pilot studies involved a range of anti-malarial medicines administered on a monthly or bi-monthly basis. This led to the WHO recommending a course of amodiaquine plus sulphadoxine-pyrimethamine (AQ+SP) for children aged between three and 59 months at monthly intervals up to a maximum of four doses in areas of highly seasonal malaria transmission.

The areas thought most suitable for this approach were where more than 60 per cent of clinical malaria cases occurred within the four-month period of the rainy season, where the incidence of infection was greater than 10 per cent in the target age group and where the AQ+SP combination retained more than 90 per cent efficacy.

“How widely this programme is implemented depends on the resources and the money these countries have,” says Dr Olumese. “It represents good value for money because the effect is significant but most countries depend on external funding and this recommendation [from the WHO] has come midway in their funding cycle.”


Malaria kills a child every minute

New medicines can save their lives






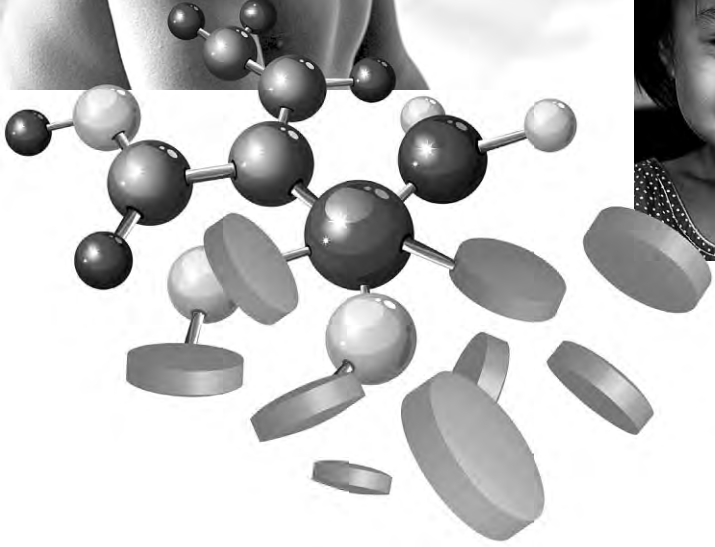
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