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INTERVENTION As malaria wreaks havoc in Africa, capacity building is likely to become key, says envoy

Smarter mozzies, more malaria?

IHI studies into the behaviour of malaria vectors are critical to national policy planning. Healthcare research ultimately allows African governments to make evidence-based decisions.

By The Citizen Correspondent

Dar es Salaam. Malaria-transmitting mosquitoes are increasingly biting people outdoors rather than indoors; an Ifakara Health Institute (IHI) study says.

This marked behavioural change could necessitate a strategic shift in the way this global pandemic is being fought across the world. Early last week IHI chief executive director Dr Salim Abdulla chronicled this new adaptation during a presentation to delegates that included officials from the government of Equatorial Guinea.

Following these revelations, the Equatorial Guinean minister for Health and Social Welfare Mr Tomas Mecheba Galilea wants Tanzania to widely share the findings.

In a recent IHI event, he argued that malaria is a global problem and that any knowledge and experience in combating this deadly disease must be made widely available.

Capacity building is essential in the healthcare sector, argued the Equatoguinean envoy, so he wants African countries to learn to translate scientific knowledge into programmes that are locally relevant.

IHI has a head start on information sharing, according to Dr Abdulla, who said that his organization has published its findings in a multitude of international journals in an effort to spread the word and shore up efforts to combat malaria.

During his trip to Tanzania, the Equatorial Guinean envoy led a delegation of 12 to visit IHI facilities in Bagamoyo, and was impressed at how the institute has transformed itself from a field laboratory into one of the world's leading research centres on malaria and other diseases.

Mr Galilea believes his country could learn a lot from Tanzania. He thinks IHI studies into the behaviour of malaria vectors are critical to national policy planning.

Healthcare research is essential because it allows African governments to make evidence-based decisions, the Guinean health minister said.

He was however, worried that Africa might not see any patent benefits when malaria vaccines that are currently being trialled across the continent become commercially available.

According to IHI's Dr Abdullah, patents are not an issue at this stage. The priority, he said, is to transform what malaria researchers know into something useful "for our people."

Patents will be dealt with at a later stage, he said. Right now, he wants a focus on developing strategic partnerships.

"We may not own the patent at the end of the day but our people will get medicine at a price they can afford," said the IHI researcher.

He went on: "We have partnered with companies whose innovations could benefit our people and in talks, patents are not a key issue. We just want to know if our people can get these products affordably."

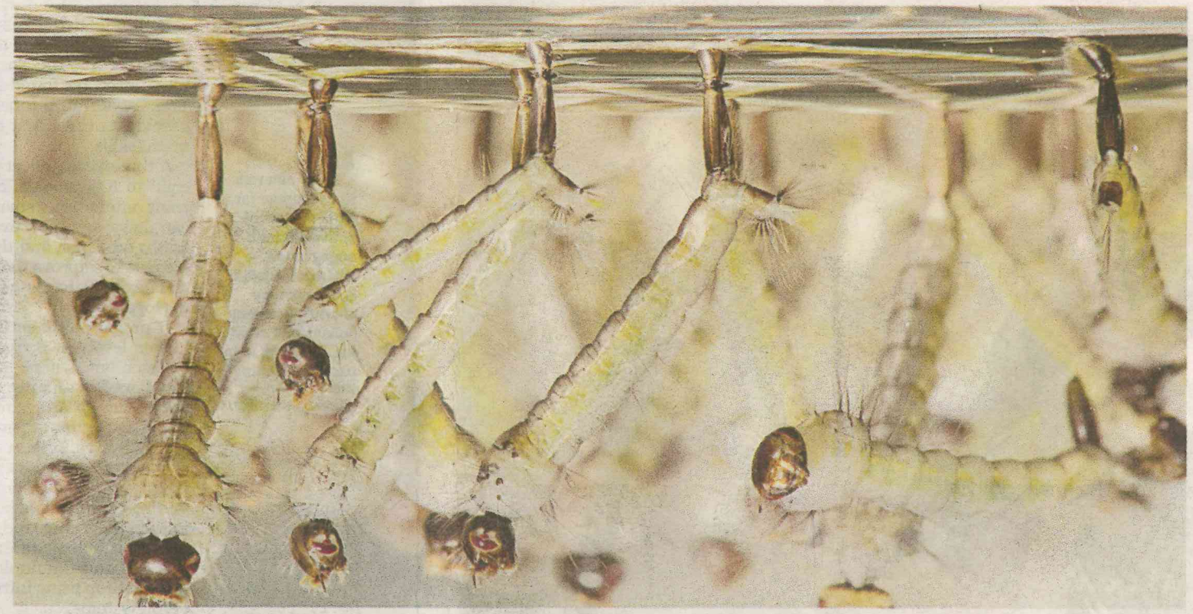
Discussions into Africa's stake in the lucrative medical patents segment were triggered by discourse on recent findings on a GlaxoSmithKline (GSK) malaria vaccine which were published in the New England Journal of Medicine.

The paper revealed that between 31 and 37 per cent of infants aged 6 to 12 weeks at first vaccination against clinical and severe malaria successfully fought off the disease in 12 months of follow-up after the third vaccine dose.

The vaccine is being developed by GSK and MVI in partnership with prominent African research centres including IHI and the National Institute for Medical Research (NIMR).

Ifakara Health Inistitute's Dr Abdulla is a principal investigator for the trials. He extolled the values of Tanzania and other African countries taking part in clinical trials in talks with the Equatoguinean delegation.

Participation, he argued, will ensure that the Malaria vaccine is tailored to the needs of Africans. "Many products have been developed but are not relevant to African needs," said the IHI scientist. The Equatorial Guinean delegation included the secretary general of the ministry of Health and Social Welfare Mr Victor Sima and the director of that country's National Malaria Control Program Dr Gloria Nseng.



Mosquito larvae float at the surface of water in a jar. Ifakara Health scientists have discovered that the insects are increasingly biting people outdoors rather than indoors. PHOTO | AFP

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> IFAKARA HEALTH EXECUTIVE DIRECTOR DR SALIM ABDULLA

MALARIA VECTOR CONTOL

Vector control is any method to limit or eradicate the mammals, birds, insects or other arthropods which transmit diseases.

It is most generally effective measure to prevent malaria transmission and therefore is one of the four basic technical elements of the Global Malaria Control Strategy.

The principal objective of vector control is the reduction of malaria morbidity and mortality by reducing the levels of transmission. Vector control methods vary considerably in their applicability, cost and sustainability of their results.

The choice of vector control will depend on the magnitude of the malaria burden, the feasibility of timely and correct application of the required interventions and the possibility of sustaining the resulting modified epidemiological situation.

The World Health Organization recommends a systematic approach to vector control-based on evidence and knowledge of the local situation. This approach is called integrated vector management (IVM).