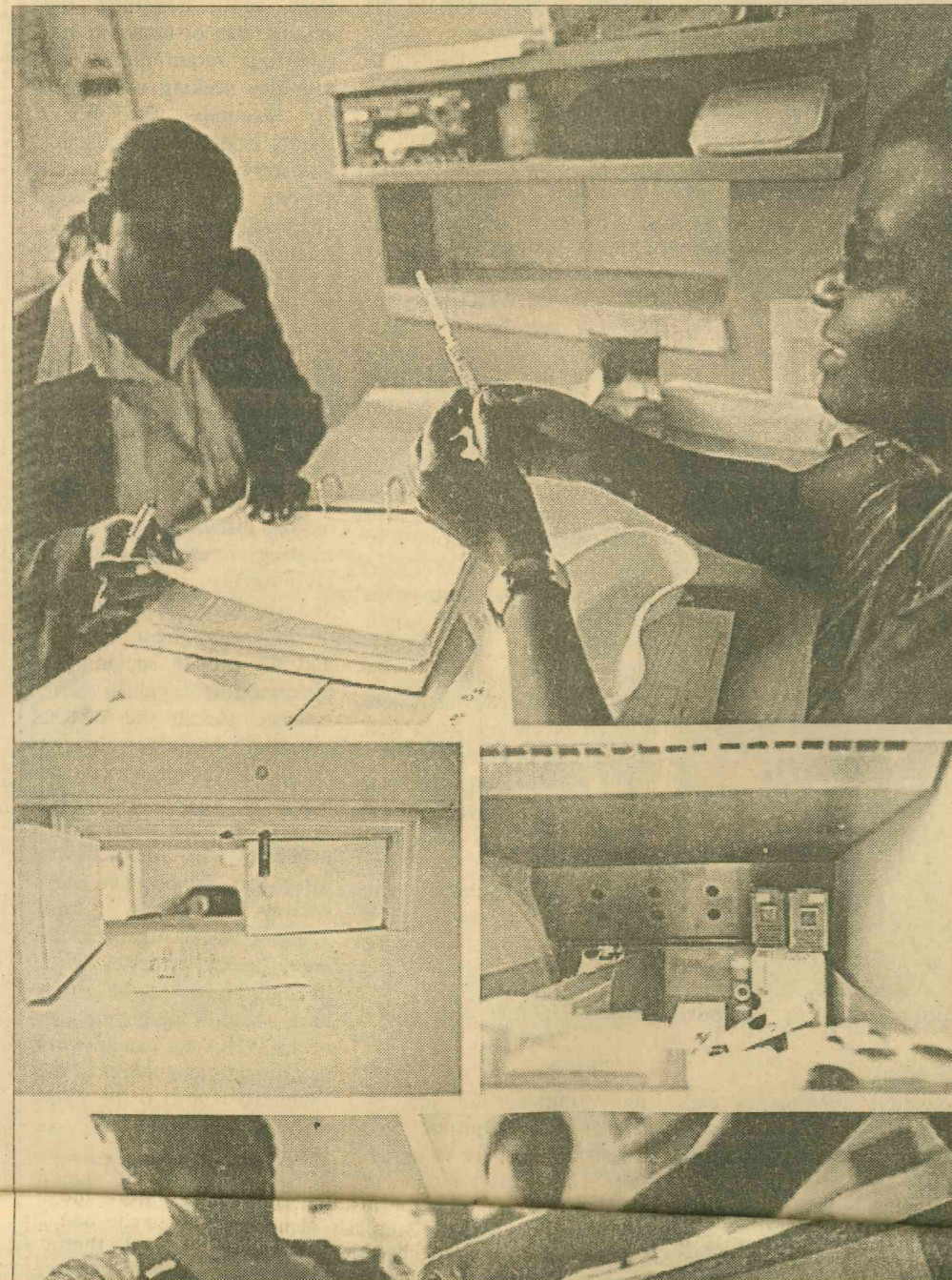


TANZANIA/Malaria

Fresh hopes as experts express optimism on malaria vaccine



lessen the magnitude of the disease, which is basically caused by 'Anopheles' mosquito parasites.

However, in recent years, world-wide medicine manufacturing firms came up with RTS, S malaria vaccine for the under-five children.

The vaccine is the result of a partnership between GlaxoSmithKline—the British drug manufacturer, and US-based Path Malaria Vaccine Initiative—an anti-malaria charity funded by the Bill and Melinda Gates Foundation, along with clinics and research centers in Africa.

As required by World Health Organization (WHO) requirements, before the vaccine getting into the market had to pass through several stages of testing its efficacy and safety.

Tanzania is among the eight African countries picked for RTS,S malaria vaccine trials. Other countries are Kenya, Ghana, Gabon, Burkina Faso, Malawi, Mozambique and Mali.

Bagamoyo and Korogwe were focal points for the trials in Tanzania, whereby 2,000 children were involved in the study. Those trials in the country were held at Ifakara Health Institute's Bagamoyo site and the National Institute Medical Research's Korogwe sites.

underwent three phases—Phase one, two and now phase

successful, the vaccine will be licensed and released in the market for the wide use," says Dr. Abdullah.

He adds: "This was an important stage as it gave opportunities for researchers and scientists to assess the effectiveness and efficacy of vaccines, by using large number of children in the eight African countries including Tanzania."

At this stage, the official said that researchers get involved into testing the hypothesis used to manufacture the vaccine.

According to the expert, after this stage, results and recommendations would be sent to the GlaxoSmithKline (GSK)—the manufacturer for licensing.

"IHI launched the phase III malaria vaccine trial in Bagamoyo. This trial puts our country on the world map as the place where the first Phase III RTS, S malaria vaccine participant has been inoculated. Being the first reflects the commitment of our government to support research that would bring long lasting solutions to local problems."

"I am optimistic that Tanzania stands at a greater chance of becoming the first country to start using the malaria vaccine, once this phase is found to be

successful," Dr. Abdullah stresses.

Health and Social Welfare minister, Dr. Hadji Mponda also says: "I believe if RTS, S malaria vaccine candidates will be found to be effective, will add to our armory and yet another bullet for kicking malaria out of Tanzania and Africa at large."

"Tanzania participated in all stages including this third stage whose trials kick-started in 2009," he says, expressing his optimism on the vaccine.

The minister stresses: "I am very optimistic that positive vaccine trials' results will give a big relief to all malaria prone-countries in Africa and the world at large."

Deputy programme manager, of the National Malaria Control Programme (NMCP), Dr. Renata Mandike, also says that the vaccine trials involved 16,000 under-five children across the participating African countries.

Once approved, she says that the vaccination would be provided to children in line with the Expanded Programme on Immunization (EPI).

However, upon its endorsement for full use in African countries, the vaccine would help to reduce number of people including pregnant women and children dying of

malaria.

The introduction of the vaccine in the market would complement several governments' malaria intervention initiatives, which have proved to be successful in the country as the malaria prevalence have gone down compared to the past.

Among key interventions include free distribution of insecticides treated mosquito nets (ITNs) whereby by May this year, the government is set to dispense a total of 18 million nets across the country.

Indoor residual spray (IRS) is another intervention which is being implemented in three regions—Kagera, Mara and Mwanza whereby 18 districts have been so far reached.

"Our target is to ensure that IRS intervention goes to Coast, Lindi and Mtwara regions and I am sure by 2013, about 60 districts will be reached across Tanzania," says Arusha Regional Commissioner, Isidore Shirima.

Other interventions include larvicidal spraying in major cities, municipalities, and townships.

Malaria kills almost one million people across the world every year, despite global efforts to address the scourge.

In tropical African

countries malaria kills nearly 3,000 people each day, with children below five and pregnant women at greatest risk.

Tanzania in that case, loses 3.4 per cent of its labour force because of malaria and at family level, malaria poses remained a burden as most of financial resources are directed to the scourge.

Annually, Tanzania's government spends billions of shillings on malaria treatment. According to the National Planning Commission, malaria costs the country a loss equivalent to 3.4 per cent of the gross domestic product.

Global malaria hotspots include South and Central America, rural Southeast Asia and much of Africa, where most deaths from the disease occur. Malaria is caused by a parasite called Plasmodium, carried in the saliva of female mosquitoes. When an infected insect bites a person; the parasites travel to the liver, multiply and enter the bloodstream.

The parasites attack red blood cells, causing them to stick to the walls of capillaries, slowing blood flow. Without treatment, sufferers can die from organ failure.