World Chronicle

UNITED NATIONS

PROGRAMME: No. 976 recorded 11 May 2005

GUEST: Dr. Mark Young
Senior Health Advisor
UNICF

JOURNALISTS: Alan Capper, ITN, London

Bessan Vikou, BBC Afrique

MODERATOR: Tony Jenkins

World Malaria Report

In the half hour it takes to do this show, sixty children in Africa will die and 3,000 more will be dead by the end of the day because of malaria.

With new combination drugs and insecticide nets that can effectively protect and prevent the spread of malaria, why is this disease still prevalent in Africa? Are mosquito nets effective? Can mosquitoes build up resistance to these new drugs? And how can the Roll Back Malaria partnership halve this disease by 2010?

These are some of the questions that will be discussed on this edition of World Chronicle with Dr. Mark Young, Senior Health Advisor for UNICEF.

WORLD CHRONICLE is produced by the News & Media Division, Department of Public Information, United Nations, New York, NY 10017, U.S.A.

Duration:	28:00"
Executive Producer:	Michele Zaccheo
Director:	Dave Woodie
Production Assistant:	Sheila Poinesette

ANNOUNCER: From the United Nations in New York, an interview programme on major global issues. This is **World Chronicle.** And here is the host of today's **World Chronicle.**

JENKINS: Hello, I'm Tony Jenkins. Malaria is a mosquito-borne disease that can both be prevented and treated. But in the next 24hours malaria will kill 3,000 children…and the question we have to ask ourselves is WHY? What can be done to save thousands of children from dying – needlessly-from malaria? What action is being taken by UN agencies like the World Health Organization and UNICEF? These are some of the questions we'll be talking about today with UNICEF's senior malaria expert Mark Young. Dr. Young, welcome to World Chronicle. My first question is – malaria kills something like three times as many children in Africa as AIDS and yet we hear very little about it. Why is that? I wonder if it's because we used to have malaria in Europe…the United States only eradicated it in 1951…but the versions of the disease that we had in the States and Europe weren't killers the way they are in Africa. Is it that we just don't think it's deadly?

YOUNG: That's part of it. I think the main reason at this point is that malaria does not affect people living in the West anymore. People living in Europe, people living in North America other than the occasional traveler who may come back, but it is not an illness that really affects people as does HIV/AIDS.

JENKINS: Isn't true that a lot of people simply aren't aware of the fact that it kills people?

YOUNG: I think that's probably, probably true. I mean the strain of malaria Falciparum malaria - that is the real deadly strain that is most prevalent in Africa; it was not the strain of malaria that we saw in Southern Europe and in North America. Previously it was a different strain, not a killer in the same way as the Africa malaria is.

JENKINS: Well we are going to get into why more isn't being done and what you're trying to do to reduce the large number of people who are dying as a result. We're joined in the studio today by Alan Capper of London's Independent Television News, ITN…and Bessan Vikou of BBC Afrique. Bessan.

BESSAN: Thank you Tony. Dr. Young you stayed in Africa for three years in Lesotho and four years in Malawi. During your stay, did you ever once have malaria?

YOUNG: In fact I have not and I took very, very good care both for myself and for my family. Lesotho does not have vitularia malaria but Malawi – there is a lot of malaria in Malawi. It's the biggest killer of children in Malawi but I was lucky enough; I took prophylaxis to prevent malaria every week and slept under an insecticide treated net every night and went through four years – as did the rest of my family – without getting malaria. Other friends of mine though

who did not take those protective measures did get malaria; in fact, some colleagues have actually died of malaria - friends of mine – because the got sick. Of course, I have treated many, many children in Africa and Malawi that were suffering from malaria. It's not a nice disease to have – that's for sure.

BESSAN: So everything you know about malaria, you learned it from books and through your experience while you were studying medicine. That is you, you're taking prophylaxis. So how is it possible that this disease kills more people, more children in Africa?

YOUNG: Yeah, I mean…why does it kill? It is spread by the bite of a mosquito and the type of mosquito that spreads malaria is very prevalent everywhere and it's a very efficient – what we call mosquito vector – of spreading. Because the parasite itself is present in so many people the mosquito can pick up the parasite from one person, go and bite the next person and that person comes down with malaria. There are so many mosquito vectors, there are so many parasites around that it can spread very quickly that way.

JENKINS: Alan.

CAPPER: Dr. young, there is a new UNICEF report on what is really a war against malaria, the 2005 report. Do the findings of that report give you any optimism that things are improving, that this is a war that can actually be won?

YOUNG: It is both a joint UNICEF and WHO report, what we call the World Malaria Report and yes, it does show reason for optimism. I mean as we know, malaria is a very serious public health problem particularly for Africa, and putting a great health burdens on health systems in African countries. In the last few years we are starting see some good progress on scaling-up of the tools to actually prevent and treat malaria. We have very effective interventions: sleeping under insecticide treated nets, helps prevent the bite of the mosquito. We have a new class of combination drugs to treat malaria that are extremely effective, and the challenge now is trying to get those tools out to those who need them. And that's where we are right now. We have the tools, they are becoming more accessible but we have a lot of work to do.

CAPPER: On the insecticide nets, Zambia I think is running a programme for under five years olds, where they are being provided with these nets I think free of charge, I'm not

sure if it is free – but that's very much an experiment. Could that be spread throughout Africa, do you think?

YOUNG: In fact, the majority of countries in Africa have taken up this strategy of providing insecticide treated nets, particularly to those most at risk - children under five are most at risk of malaria. Also pregnant women are very much at risk for malaria, so those two groups are being targeted by programmes in a number of different countries. Zambia is a very good example - Malawi, Tanzania - there are a number that are really taking this to scale, providing either free – in some cases it is free – in other cases they're providing highly subsidized nets. So they are charging a small amount for the nets but bottom line, most countries are now using this as a strategy to prevent malaria.

JENKINS: Mark, I am intrigued that you're optimistic about this war – as Alan refers to it – because as I understand it, it costs about three thousand five hundred million dollars a year to treat or to prevent malaria. And in the last year, you were only able to raise something like six hundred million dollars - about twenty percent of what you need – surely that is not a winning strategy.

YOUNG: It's not and I completely agree with you on that. The estimates from the Commission on Macro Economics and Health, argue that it would take about three to three and a half billion dollars every year in order to reach the Roll Back Malaria goals by 2010 which is to try to half the burden and the Millennium Development Goals by 2015. As you said, last year we had approximately six hundred million dollars available, which is a fraction. The good news is that that is up just in a couple of years. A couple of years ago we only had two hundred million dollars available, so we do have much more than we did a few years ago.

JENKINS: Who's expected to make up the short fall? Are you hoping the international community is going to come to your aid? Or are you telling African governments that they've got to stump up the cash?

YOUNG: The financial resources have to come from all sides really - both from the donor governments, OECD governments needs to step up to the plate more, this will be on the agenda of the G8 this year, talking about this… how more money from the OECD countries can come into this. Foundations are putting money into this – the Gates Foundation, the UN Foundation and others. Also, endemic countries play a huge role. Right now endemic countries are putting in the majority of money there will be… they have to try to access more money through internal budgets. The World Bank has just announced a booster programme

for malaria to bring in between five hundred million and one billion dollars over the next five years to malaria programmes. So, money has to come from all sides to try to fill this gap.

BESSAN: Dr. Young, you just said…that the World Malaria Report 2005 says malaria as a disease, kills three thousand children every day in Africa for example. Do you think the war against malaria is in the hands of the international community's priority right now?

YOUNG: It is a priority for international agencies – certainly UNICEF. It is very much a priority for UNICEF, for WHO, for the World Bank; these were the main co-founders of the Roll Back Malaria partnership back in 1998. The global community is really now focused on meeting the Millennium Development Goals, that's the focus. One of the main millennium goals is to reduce under five years old, childhood mortality by two thirds by the year 2015. Clearly with malaria being the biggest killer of children in Africa, unless serious inroads can be made to reduce malaria illness, then as an international community we're not going to have any hope of meeting the Millennium Development Goals. That's why there really is much more priority being given to malaria.

JENKINS: This is World Chronicle, and we're talking about malaria with Dr. Mark Young from UNICEF. Let's take a look at this report.

VIDEO BEGINS:

NARRATION: Ninety percent of all malaria cases in the world happen here in Africa. Every day, 3,000 children die on this continent as a direct result of malaria. It kills more children under 5 than any other infection. Pregnant women and their unborn children are also extremely vulnerable. UNICEF and others within the Roll Back Malaria partnership aim to halve the global burden of malaria by 2010.

STEVE JARRETT
DEPUTY DIRECTOR
OF SUPPLY, UNICEF: "The overall push towards getting long-lasting bed nets especially into Africa is on a take-off. The capacity of the industry is going to be increased significantly by the end of this year, so we can look forward next year to almost 30 million long-lasting bed nets being available."

NARRATION: Deaths from this mosquito-borne disease would be halved by proper use of long-lasting bed nets, yet only 5 percent of African children sleep under one. More are being reached by campaigns like this one in Togo when nets where distributed on

measles vaccination days. Other high-profile campaigns help spread supplies. Here UNICEF Goodwill Ambassadors Youssou N'Dour and Angelique Kidjo – both popular West African singers – visit a village in Senegal. The disease can be treated. The current shortage of the most effective anti-malarial drugs is being reversed. 200 million adult treatments should be available by the end of the year – that's about half of the amount needed. So there's still a long way to go, but the odds of an African child surviving or at best avoiding malaria are now improving.

VIDEO ENDS:

JENKINS: Mark Young, we heard a certain note of optimism in there but if I'm not mistaken, in the 1960's we spoke about the potential for a victory against malaria and it never happened. If I'm not mistaken it was because the mosquito's started to develop a resistance to the drugs that were being used at the time. Is there a potential for that to happen again this time?

YOUNG: There is...I think you are talking about the WHO Malaria eradication campaign in the 50's and 60's which was effective in some areas but certainly not at all in Africa. One of the main problems now is – as you pointed out - resistance to the commonly used drugs to treat malaria, chloroquine and fansidar which have been used for years, are very inexpensive but resistance is growing widely. And also to the insecticides that are being used.

CAPPER: What you are saying about the international community a bit earlier, coming together and seeing this more as a priority but the fact remains that the cash is still hard to raise isn't it? I mean, what you have and what you've got to obtain is a huge gulf between the two. I'm wondering if actually one of the reasons for this, whether we like it or not is that on a whole, the western nations are not too involved with Africa. African does not have the importance that perhaps other places in the world do have.

YOUNG: That could be. I think that is a very valid point. Clearly, we need to be doing a lot more advocacy for malaria; we need to involve the major donor countries more. I think we are seeing some of this – as I mentioned – malaria is going to be on the agenda for the G8 this year being hosted by the government of the UK with the new programme for African Development, which is getting buy in from many donor countries, malaria is a central part of that. There is a lot. I think we need to do a better job of advocating for malaria, the resources that are needed, where the gaps are and see how much we can do.

CAPPER: Education is very important. I mean fundraising initiatives in a lot of Western countries – Tony referred to AIDS early on – and you see what's been done there with fundraising. There is a huge gap of knowledge about what is happening in Africa with malaria, and that education gap has got to be breeched I think before you can ever reach those targets.

BESSAN: Talking about education, like in Benin, parents still think that you get sick by eating groundnut, you get sick by eating red oil. So how is it possible to improve the knowledge about the disease?

YOUNG: I'm glad you raised that because we were talking about education on different levels. At the very top level the global community right down to caregivers and households living in malaria endemic areas. UNICEF works at both those areas and advocating with heads of government on more resources being needed. But also has a presence working right at the household level with community education programmes on recognition of malaria, how households can prevent malaria through use of insecticide treated nets, where caregivers can access treatment of malaria quickly once their child gets sick with malaria. There is a lot of education that needs to go on and is going on right now.

JENKINS: Alan talked about the experiment in Zambia. How successful have you been? In other words, when you go into a village and you say this is a way to control malaria, this is what you need to do, how much do people understand it? How much do they put it into practice? The reason I guess I ask this question…because I recall reading recently about a case in Uganda where there was a wedding party and the women basically cut up their mosquito nets as wedding dresses; obviously putting a greater priority on the wedding than on preventing the disease. I hope that is not a wide spread sort of problem, but how well are people retaining what you teach them?

YOUNG: It varies an awful lot. It's something that community education…community education is something that needs to be done - needs to be done well, depends on how it's done. If it's done in an interactive manner, not just somebody coming in and saying this is what you need to do, we know that that doesn't work at all; it has to be something that's interactive, with communities working with communities on what their problems are and helping communities to seek solutions which usually come down. People do know about malaria, their kids are dying from malaria and in the past, there was just a…almost fatalistic attitude. It's something that happens, it's something that we can't do anything about and working with communities to help them understand that yes, we can do something about it.

They see that when their neighbour gets an insecticide treated net and their child sleeps under that net and that child doesn't get sick and their child does – I mean there's a lot of education from household to household then that starts to go on.

JENKINS: So it is peer pressure you mean?

YOUNG: That sort of, that sort of thing. You know it is a very critical part of what needs to be done.

VIKOU: So why are children under five years of age and pregnant women still the victims of the disease? Can you provide us with a biological explanation for this?

YOUNG: The main reason is that particularly in areas where malaria is very prevalent; children get infected with the parasite very frequently and usually within the first year of life they will have a malaria infection. Those that survive build up an immunity, and so that repeated infections by the time a child gets older - becomes an adult - they build up an immunity. It doesn't mean that the adult doesn't necessarily become sick with malaria - they can but they don't die, it's the young child. Then with pregnant women for some reason – we don't know exactly why – but for some reason once a women becomes pregnant, her biological vulnerability to malaria comes back again and she is very much subject to getting severe malaria and also this affects the unborn child.

JENKINS: We're talking about how to keep malaria from killing three thousand children a day, mostly in Africa. That issue is on a lot of people's minds lately including musicians like Angelique Kidjo and Youssou N' Deur.

VIDEO BEGINS:

N'DEUR SINGING

BEGINS: Fight malaria, it's so serious, clean up your area. Keep out mosquitos, don't give them places, even chances to give a bite. Roll back malaria.

SINGING ENDS:

N'DEUR: I was at an event to fight malaria last year, and I was just shocked by the statistics. I followed the news but I had no idea how bad it was.

KIDJO: I am profoundly African and when there are problems on my continent, it is hard to sing because I have no idea what I'm representing. I don't want to represent empty homes and funerals; I want to represent a future generation that can build this continent.

N'DEUR: It's the beginning of many new efforts to roll back malaria.

VIDEO ENDS:

JENKINS: It seems to me that part of the way that you need to educate people… you talked about two different levels you need to educate: the donors and the recipients of the aid. People in the west know how awful a death from AIDS is. I don't want to be macabre, but I actually don't know what is a death, as a result of malaria like. Is it a particularly ghastly death? Do you just fade away? Or what's it like?

YOUNG: Malaria actually kills in a couple of different ways. When a child gets infected with a parasite, it can very quickly lead to what we call cerebral malaria. It goes to the brain and cause unconsciousness, convolutions and a death that is actually very quick – within 24 hours. So it can kill very quickly and not a very nice death particularly with a child, there is a high fever and convulsions. But more commonly actually, malaria kills very slowly. A child gets repeated infections with malaria, he recovers partly and then gets malaria again and it causes very severe anemia. And then the child, who is also malnourished, might get diarrhea, pneumonia or gets other illnesses as well. So it is multiple illness together and severe anemia and sort of an almost slow chronic death that can result in a child.

CAPPER: I don't want to sound like a pessimistic note with all of my questions, but the Lancer, the very distinguished medical magazine published in London, did say recently that the Roll Back Malaria programme – which I believe is a pan African programme – but the Lancer said that this was simply not working at all. Is that your view? And if it is, what more needs to be done?

YOUNG: I don't think it is. Clearly, I would agree that Roll Back Malaria partnership has a lot of work to do, and Roll Back Malaria partnership includes everybody really. All endemic countries, all major organizations - we're all part of this fight together, we've got a lot work. But I wouldn't agree that the Roll Back Malaria partnership hasn't been making progress. Just from a basic level, there has been more advocacy, a lot more advocacy for malaria since the partnership was formed. We are seeing more money, yet, not enough money is coming in. There is consensus now on what the tools are and actually how to deliver the malaria prevention and treatment. Having the consensus by all partners plays a very big role. So there are things. Having the private sector on board to scale up the availability of the tools and developing new tools for malaria is also a positive thing. So there is progress being done.

VIKOU: We know that sleeping under a mosquito net is the best way to prevent the disease. But I know that some African countries impose restrictive measures such as using

taxes on the importation of the mosquito nets. How can that be explained in the attempt to reduce malaria?

YOUNG: One of the things from the very beginning of the Roll Back Malaria partnership was really to try and advocate poor countries to reduce taxes and tariffs on importation of mosquito nets because it does make nets unaffordable for those that need it. A number of countries, a lot of countries have reduced taxes and tariffs – but not all countries. We are still continuing strongly to advocate for countries to reduce that and to make nets more affordable to those in their country.

VIKOU: Can it be free?

YOUNG: Yes, the general consensus by partners is that nets are a public health good and should be available free of charge to those who need them most - to those who are most at risk - children under five and pregnant women. At the same time, using the commercial sector which is traditionally nets, have been sold through the commercial sector as a long term sustainable option; while providing in the short term - free of charge to children under five and pregnant women - those nets, so we can get the impact quickly.

JENKINS: A few more practical details. How frequently do these nets have to be retreated with the insecticide? And there is any reluctance to use them because of the dangers of insecticides? Are the insecticides dangerous? Can people become sick as a result of being exposed to them for too long? And the last questions, is there a risk of the mosquitoes building up resistance to the insecticides?

YOUNG: I guess – first of all…yes, there is always a risk to building up resistance to insecticides just like it does with drugs. We are seeing some evidence – not great - but there is development of new insecticides going on right now. It's not a big problem now, but we are aware and are treating that. These insecticides use, these pyrethroids insecticides are extremely safe and non-toxic. So we don't see any problems with that. The nets need to be treated at least once a year, once or twice a year in order to continue to be maximized effectively. However, there is a new technology – what we're calling long lasting treated nets – where the nets - actually the insecticides lasts as long as the net does. Four to five years so then it does not have to be retreated. There are two long lasting nets on the market right now there are others that will be coming up soon and that is the preferred option, that's what being advocated now – these long lasting nets rather than the regular insecticide retreatment.

CAPPER: What about the pharmaceutical companies, especially the huge giant corporations in the West? Should they be doing more? Are they doing enough? Are they a part of any of these alliance programmes of yours?

YOUNG: Again I would say all the partners need to be doing more and that goes for the private sector as well. The private sector is represented as part of the Roll Back Malaria partnership; they sit on the Roll Back Malaria Board. When it comes to drugs, there is a new class of drugs which we call artemisium based combination treatments, or ACTs. Most countries in Africa have now adopted those combination drugs for use. The problem has been in the last year or two difficulties with availability, the availability of those drugs are not able to meet those demands. We have assurances from the suppliers of those medicines that they are scaling up the production of those medicines. So next year there should be a lot. And more companies producing these medicines.

JENKINS: So there are responsibilities to be shared amongst various different locations. You have a huge task ahead of you. In the half and hour we've been talking, another sixty children have died of malaria. Unfortunately, that's all the time we have. We've been joined today by Dr. Mark Young, he is the United Nations UNICEF Senior Advisor on Malaria. He was interviewed by Alan Capper of ITN, London and Bessan Vikou of BBC Afrique.

I'm Tony Jenkins thank you for joining us we invite you to be with us for the next edition of **World Chronicle.**

ANNOUNCER: Electronic transcripts of this programme may be obtained free of charge by contacting World Chronicle at the address on your screen:

World Chronicle
United Nations, Room S-827
New York, N.Y., 10017.
Or by email at: poinesette@un.org