

INVITATION for AFRICA MALARIA DAY 2007, April 25, Geneva

Management of severe malaria in the village. Practices, perspectives, and limits related to the treatment of severe malaria in isolated areas

Severe malaria is one of the three major causes of death in the world, along with tuberculosis and HIV/AIDS. Many patients do not have access to proper treatment, especially in isolated regions of Africa. However, new strategies have been used to treat severe malaria, and innovative drugs have been proposed in the last years. Perceived in a different way in different cultures, severe malaria is not always identified by the people concerned (care providers, patients ...), in particular due to diagnostic problems. Other recurrent problems are related to hospital referrals (transport and access problems, protocols not adapted to peripheral health centers). These many obstacles must be better identified and addressed.

MSF, in cooperation with Antenna and the IMSP of the Medical University of Geneva, invites you to a day of reflection on the *practices, perspectives, and limits to the treatment of malaria in isolated areas*. This interactive day of debate is open to all contributions given by the participants.

1) Objectives:

- To assess the relevance, feasibility and constraints of a strategy involving community members as first-line care providers for the management of severe malaria in rural areas and/or emergency situations
- To draw up temporary operational recommendations and consolidate a written consensus on further action points needed to address severe malaria mortality at community level

2) Date:

April 25 2007 – International Malaria Day in Africa, 9am-4pm

3) Place:

University of Geneva (CMU), 9, av. de Champel, seminar rooms I and II, level 2 (lift), School of Medicine

AGENDA

9:00: Introduction by Dr Abiy Tamrat, Medical Director of MSF Switzerland

9:15 – 12:00: *strategic and drug-related innovations in the fight against severe malaria*

9:15 – 10:35: *introductory presentations to the debates:*

- How to bring malaria treatment to your doorstep: “Home Management of Malaria”. Dr Franco Pagnoni, WHO/TDR
- What role for traditional medicine in the prevention of severe malaria? Dr Merlin Willcox, University of Oxford
- Antimalaric treatment for severe malaria. Pr. Nick White, Oxford University and Mahidol University (Thailand)
- Pharmaceutical innovations: intrarectal artesunate. Dr Melba Gomes, WHO/TDR
- Is it possible to treat severe malaria in a rural context? The example of sublingual sugar against hypoglycemia. Dr Bertrand Graz, Antenna, Geneva

10:35 – 12:00: Debate

Summary rendered by Pr. André Rougemont, University of Geneva, Faculty of Medicine

Moderator: Jean-Pierre Hurni, University of Geneva

12:00: Lunch

14 :00 – 15:40: *obstacles to severe malaria in isolated areas*

14:00 – 14:40: *introductory presentations to the debates:*

- Indigenous nosologies, family disorders and severe malaria treatment in Sub-Saharan Africa. Dr Alain Epelboin, CNRS
- How can we improve severe malaria treatment in a rural context? Identifying difficulties and key points. Dr Prudence Hamade, MSF

14:40 – 15:40: Debate

Moderator : Myriam Hensens. International Medical Coordinator for MSF

15:40 – 16:15: Conclusion of meeting

IMPORTANT

All transport and accommodation expenses should be taken care of by the participants. However, if participants need hotel reservation, this will be organized by MSF.

Thank you for confirming your presence as soon as possible.

PRESENTATIONS: TITLES AND SUMMARIES

1) How to bring malaria treatment to your doorstep: “Home Management of Malaria”

“Home Management of Malaria” (HMM) is a strategy that intends to enhance access to more isolated communities, less integrated into the public health system, and to promote adequate treatment for non complicated malaria in due time. This strategy follows three fundamental axes:

- a) to give pre-conditioned drugs in therapeutic units,
- b) *via* trained community members in each village,
- c) linked to an awareness-raising campaign. By treating simple malaria, HMM has proven its efficacy to reduce the clinical evolution of simple cases with respect to severe malaria and mortality related to malaria.

Dr Franco Pagnoni
Manager Home Management of Malaria OMS/ TDR

2) What role for traditional medicine in the prevention of severe malaria?

A viable solution to the problem of severe malaria in a rural context is the early treatment of simple cases. Could traditional medicine contribute? A retrospective clinical study detected an active and non dangerous plant in Mali. Its clinical effects have been evaluated in a dose-answer study, followed by a clinical essay done with 300 patients. For more than five-year old patients, clinical results were similar to ACTs. A twofold strategy – modern and traditional – may now be proposed and tested.

Dr Merlin Willcox,
University of Oxford

3) Antimalarial treatment of severe malaria

The largest ever randomized trial conducted in severe falciparum malaria showed that artesunate reduced mortality by 35% compared with quinine. This trial enrolled 1461 patients (including 220 children) and was conducted in four Asian countries. Artesunate has become the treatment of choice for adults and patients of all ages in low transmission settings. A large multicentre trial is ongoing in African children.

Pr. Nick White,
University of Oxford and Mahidol University (Thailand)

4) Pharmaceutical innovations: intrarectal artesunate

Artemisinin derivatives have shown their efficacy in the treatment of simple and severe malaria. Intrarectal formulations enable adequate absorption of the active principle in the blood, also with respect to patients with deglutition problems. Studies have demonstrated that products used in peripheral centres in an initial dosage before hospital referral allow for a decrease in mortality. A new formulation will be

available in the market. This formulation has several advantages: adult and pediatric pharmaceutical form, affordable price, resistant to heat.

Dr Melba Gomes, WHO/TDR

5) Is it possible to treat severe malaria in a rural context? The example of sublingual sugar against hypoglycemia

With respect to severe malaria, hypoglycemia is one of the death risk factors. In order to counteract this, giving sugar under the tongue could be a viable solution. After an essay with healthy patients, another test in an hospital context was done in Mali: 35 children with severe malaria, hypoglycemia, prostration or coma received either sublingual sugar (2.5 to 3.5 gr every 20 minutes) or standard glucose 10% IV. The sublingual sugar corrected the hypoglycemia in 10 minutes (mean), against 30 minutes with the perfusion. This method may be proposed as a first aid to rural contexts and during transport.

Dr Bertrand Graz
Antenna Geneva

6) Indigenous nosologies, family disorders and severe malaria treatment in Sub-Saharan Africa

Care for severe malaria, like for all diseases, must take into account the social indigenous models of pain and link them to the biomedical treatment.

The presentation will touch the following points :

- the lack of knowledge on the part of biomedical care providers with respect to the indigenous model of severe malaria, and of pain in general
- the necessity to link the severe malaria patient to biomedicine, with respect to diagnostic and therapeutic models
- the representation and use of biological obtained through blood puncture
- to consider representations and uses of different antipyretic and antimalaric drugs.

Dr Alain Epelboin
CNRS researcher, doctor and anthropologist

7) How can we improve severe malaria treatment in a rural context? Identifying difficulties and key points

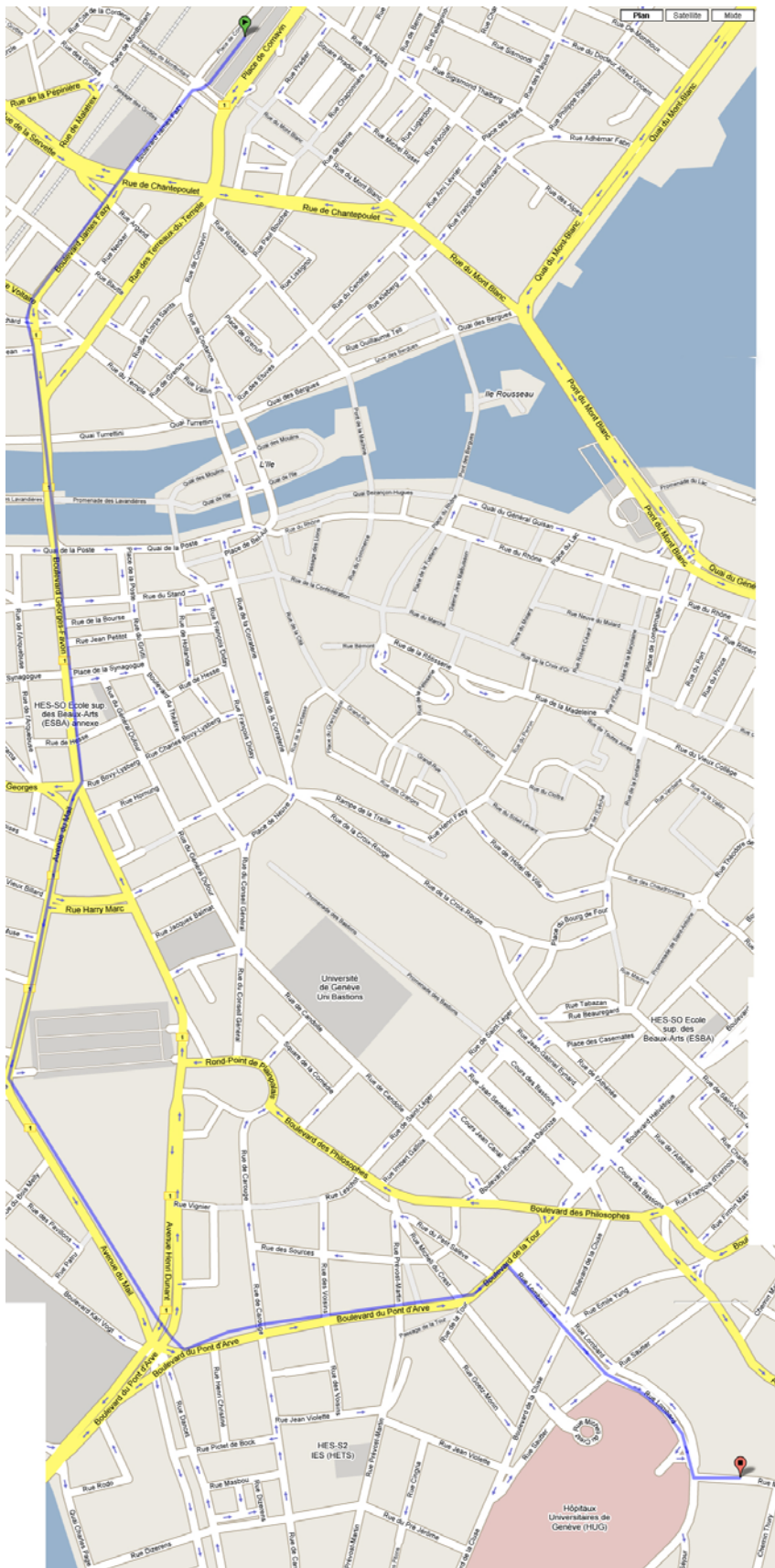
the main objective when dealing with severe malaria is to prevent death. This presentation intends to identify the main factors responsible of death caused by malaria, from simple malaria prevention, to the transformation from simple to severe malaria and ultimately, to the treatment of severe malaria.

For each of these factors, we will look into possible solutions and obstacles to their implementation. The decrease of mortality due to malaria will occur happen through the development of technical innovations and an optimal management of the health system.

Dr Prudence Hamade,
MSF

Transversal questions for the debate :

- What can be done when referral is impossible, care providers are lacking and there are no modern drugs available ?
- Between village and hospital, what is the role of peripheral health centres with respect to severe malaria management ?
- Shouldn't prevention or treatment of non complicated malaria be considered to be the only real treatment to fight severe malaria in a rural context ?
- Should conditional strategies, adaptable to particular local resources and possibilities be considered ? If yes, what additional information is needed to create said strategies ?



To get to the Faculty of Medicine CMU :

By bus departure from the main station:

Bus Line 1 :
(direction Rive) :
stop at « Hôpital » or
« Roseraie »

Bus Line 3 :
(direction Champel) : stop
at « Place Claparède »

Bus Line 5 :
stop at « Place Claparède »

By car: follow the direction
to the hospital's
underground parking
« Lombard »

Hotel address
CARMEN :
5 rue Dancet - 1205
Geneva Tel :
0223291111
parallel to the Rue de
Carouge - tramway-street