



NEW HOPE FOR MALARIA CONTROL IN AFRICAN INFANTS

US\$16 million to evaluate promising tool to protect the most vulnerable

BARCELONA, 19 July 2004— The Intermittent Preventive Treatment in Infants (IPTi) Consortium announced today that it has received grants totalling US\$16 million from the Bill & Melinda Gates Foundation to evaluate a promising intervention for malaria control in infants. The Consortium will conduct five studies of IPTi in Africa, to be coordinated by the newly established Secretariat in Barcelona, Spain. The grants are part of a US\$28 million commitment to support the Consortium announced by the Gates Foundation in September 2003.

IPTi is a potential way of using existing antimalarial drugs to protect infants from the worst effects of the disease. Under this approach, infants receive an antimalarial drug three times during the first year of life at the time of routine immunisation, whether or not they have malaria. Two studies in Tanzania have shown that IPTi reduces malaria and anaemia in the first year of life by up to 60%. IPTi has the potential to become a major tool for malaria control in Africa because it can be given at the time of routine vaccinations delivered through the Expanded Programme on Immunisation (EPI), one of the best-functioning systems of regular health contact with young children in Africa.

The IPTi Consortium, an alliance of the World Health Organization (WHO), the UN Children's Fund (UNICEF), and leading research centres in Africa, Europe, and the U.S., has developed a research and implementation agenda that will rapidly resolve outstanding scientific questions about IPTi and move the intervention into policy and practice. It is anticipated that by early 2006 the Consortium will have sufficient data on which to base a policy recommendation for the widespread use of IPTi in Africa.

Malaria infection is estimated to cause more than 1 million deaths and approximately half a billion clinical malaria episodes per year among African children. With increasing antimalarial drug resistance in Africa there is an urgent need to develop novel approaches to malaria control, especially in infants, who are the group at highest risk of death from malaria.

The impact of IPTi on episodes of malaria and anaemia is being assessed in areas of differing malaria transmission intensity, as part of ongoing research projects in Gabon, Mozambique, Kenya and Tanzania. Because of increasing resistance in parts of Africa to the current standard antimalarial drug sulphadoxine/pyrimethamine, two trials, in Kenya and northern Tanzania, are testing different combinations of antimalarial drugs. The research project in southern Tanzania addresses implementation issues that must be resolved before IPTi can be introduced on a large scale as a routine health intervention. WHO will assess whether IPTi has any effect on an infant's immune response to EPI vaccines.

By the end of 2008, the IPTi Consortium will have generated additional information on the choice of antimalarial drug for IPTi, the relationship between IPTi and the development of drug resistance, the impact of IPTi on the development of malarial immunity, and an assessment of cost-effectiveness, acceptability, mortality impact and community effectiveness.

It is anticipated that with the research and implementation information generated by the Consortium, IPTi may be adopted as part of malaria control policy in African countries and could have a major impact on the incidence of malaria and severe anaemia in infants.

About the IPTi Consortium

The IPTi Consortium consists of leading centres of malaria research in Africa, Europe and the United States, including Albert Schweitzer Hospital, Lambaréné, Gabon; Ifakara Health Research and Development Centre, Ifakara, Tanzania; Kenya Medical Research Institute, Kisumu, Kenya; Kilimanjaro Christian Medical Centre, Moshi, Tanzania; Manhiça Health Research Centre, Manhiça, Mozambique; National Institute for Medical Research, Amani, Tanzania; Centers for Disease Control and Prevention, Atlanta, USA; Hospital Clinic, Barcelona, Spain; London School of Hygiene and Tropical Medicine, London, UK; Swiss Tropical Institute, Basel, Switzerland; University of Tübingen, Tübingen, Germany and two United Nations agencies, WHO and UNICEF.

The activities of the IPTi Consortium are coordinated by Dr. Andrea Egan at the IPTi Consortium Secretariat, Centre for International Health, Hospital Clinic, University of Barcelona, Spain. For more information see the IPTi Consortium web site at www.ipti-malaria.org.

Contact

Andrea Egan, PhD, IPTi Consortium Coordinator
Centre de Salut Internacional, Hospital Clinic, Universitat de Barcelona
Rossello 132, 2-2, 08036 Barcelona, Spain
Direct Tel: +34 93 454 8203
General Tel: +34 93 227 5706
Fax: +34 93 227 9853
E-mail: aegan@ub.edu

To provide a coordinated international approach to fighting malaria, the Roll Back Malaria Global Partnership (RBM) was launched in 1998 by the World Health Organization, UNICEF, UNDP and the World Bank. The Partnership's goal is to halve the global burden of malaria by 2010, with a particular focus on Africa.

The Partnership now includes governments of countries affected by malaria, bilateral and multilateral agencies, non-governmental organizations, the private sector, and research groups, and has succeeded in raising global awareness of malaria, generating increased resources and achieving consensus on the tools and priority interventions required to control the disease.



Roll Back Malaria Partnership Secretariat

Hosted by WHO ♦ 20 Avenue Appia ♦ 1211 Geneva 27 ♦ Switzerland
Tel. +41 22 791 39 20 ♦ Fax +41 22 791 48 24 ♦ E-mail: inforbm@who.int ♦ <http://www.rbm.who.int>