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THE TIME TO ACT IS NOW

Dr. Fatoumata Nafo-Traoré
Executive Secretary
Roll Back Malaria Partnership

cc: Dr. Yves Bergevin
Roll Back Malaria Secretariat

November 28, 2003

Dear Dr. Nafo-Traoré,

As experts and health workers committed to improve health care in the developing world, we are extremely concerned and alarmed by the newly released draft Roll Back Malaria (RBM) guidelines for 2004-08, which represent a major backward step in malaria control.

Malaria is killing up to 2 million people every year, most of whom are children in Africa. Despite best efforts to date, global control of this lethal disease has failed, and infection and death rates are rising.

Effective malaria control requires effective prevention and treatment programmes. While the international community is putting significant efforts to improve prevention measures, treatment is becoming increasingly difficult because of loss of inexpensive drugs (chloroquine and sulfadoxine-pyrimethamine [SP]) to resistance. These drugs simply do not work now in much of the malaria affected world.

In 2001 the World Health Organization (WHO) took the lead in acknowledging the need to bring effective treatments to those affected by epidemics of this devastating disease, advocating the use of artemisinin-based combination therapy (ACT). It was also recommended that any country changing national antimalarial drug policy should change to ACTs. It is well established that ACTs are the most rapidly and reliably effective antimalarial drugs. Increased use of ACTs has led to a fall in drug prices; today it cost less than \$US 1 to save the life of a child with malaria using these drugs.

However, chloroquine and SP continue to be provided by donors and still recommended in many African countries, leading to avoidable death and wasted resources. These ineffective drugs are often the only available antimalarials. There is an urgent and pressing need to increase the availability of ACTs to replace these failing drugs.

The new RBM strategy sacrifices life-saving treatment to narrow cost-effectiveness considerations, and chooses instead to focus mainly on prevention of malaria. Emphasizing

prevention alone for such a common killing disease will certainly not “roll back malaria”. It is widely accepted in the field of HIV/AIDS that there are medical, macro-economic, social, moral, and ethical imperatives to provide life-extending treatment to the 6 million people who are in need. Why is malaria, which is so much easier to treat, any different?

RBM’s guidelines set to reverse more than 5 years of consultation and expert opinion in the field of global control of malaria. We believe that “Rolling Back Malaria” is possible with **effective** vector control and **effective** treatment, and that it is not the time to abandon this important initiative. We call on the WHO for an urgent and complete rethinking of the RBM 2004-08 strategy based on a comprehensive review of available evidence and genuine expert field experience. If RBM is truly committed to reducing the number of deaths from malaria as soon as possible, it should strive to provide technical support to assist countries to implement effective diagnostic tools and widespread ACT use now, and push for increased donor money to support this.

Sincerely,

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