Malaria initiative cries out for action in Africa

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The fight against malaria must shift its focus to the poorer African nations that suffer most from it, participants at the largest-ever international meeting on the disease were told last week.

Together, these countries account for 90% of the world's malaria deaths, attendees at the third pan-African conference of the Multilateral Initiative on Malaria (MIM) in Arusha, Tanzania, heard.

"Africa itself needs to take the lead in the challenge," says Ebrahim Samba, regional director for Africa for the World Health Organization (WHO). "If we are asking donor countries to write off our debts, we should commit ourselves to using some of the money to combat malaria. We should also use money that is now being spent on arms."

The meeting brought together 950 experts in all aspects of malaria research and prevention, from physicians, cell biologists, geneticists and vaccine developers to economists, policy-makers and financiers.

Almost half of the participants came from 29 African countries. Such a broad gathering would have been unlikely only a few years ago, when malaria research was languishing after decades of political and scientific neglect. But in 1997, a small group of research agencies, charities, aid donors and scientists set up the MIM and held their first conference in Dakar, Senegal, to explore ways forward and to plan a multifaceted assault on the disease.

Since then, action against malaria has acquired a higher profile, and several international initiatives have been created for malaria research and control, and for drug and vaccine development. The Arusha meeting took stock of their progress — as well as that of the pledges made by African heads of state at a meeting in Abuja, Nigeria, in April 2000. They had pledged to take decisive steps towards halving the world's malaria burden by 2010, and to ensure that 60% of those affected have access to treatment, protection during pregnancy, and are protected by insecticide-treated bednets.

These promises were made when the African leaders signed up to Roll Back Malaria (RBM), a global initiative created in 1998 by Gro Harlem Brundtland, director-general of the WHO. RBM is now being revamped in line with the recommendations of an external review (see *Nature* **419,** 422; 2002). It will no longer be controlled by the WHO, and its secretariat will report instead to a governing board representing funders of the effort and the countries wracked by the disease. It will focus its efforts on a small number of malaria-plagued countries where its ideas stand a decent chance of being put into practice quickly.

For, despite the RBM, malaria is still killing thousands of children every day. "We need to go faster," says Gerald Keusch, director of the Fogarty International Center at the US National Institutes of Health in Bethesda, Maryland, and head of the MIM secretariat. With no vaccine in sight for at least ten years, Keusch shares the view that the most pressing need is to have adequate control measures on the ground. But he also believes that research must underpin all eradication efforts, and that findings from the recent publication of the malaria parasite's genome and that of its vector, the mosquito, must quickly translate into new tools (see *Nature* **419,** 426–428; 2002).

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Waiting for help: across the poorer African nations, thousands die from malaria every day.

The MIM aims to help build a vibrant African research community to scale up the battle against the disease. But an external evaluation of the initiative that was made public at the meeting says that there should be greater efforts to train African scientists and to improve links between researchers there and their colleagues in rich countries.

The MIM's funding of 36 new multicentre projects in Africa has empowered African labs, says Kojo Koram of the Noguchi Memorial Institute for Medical Research in Accra, Ghana, one of the continent's leading malaria centres.

Grants from MIM have also allowed Hassan Mshinda, head of the Ifakara Health Research and Development Centre in Tanzania, to set up labs for studying molecular markers of drug resistance, allowing country-wide 'early warning' maps of its occurrence to be drawn up.

The MIM evaluation suggests that its secretariat, which is now in Sweden, should eventually rotate among African countries, and be supervised by an advisory board with strong African participation. African involvement is fundamental, speakers at the meeting said, because even if money is forthcoming, it will achieve little unless the African countries make malaria a higher priority.

Many speakers also demanded that African states be held to account on the promises they made at Abuja. Only a handful have increased funding and staff to anywhere near the required levels. And only 17 African countries have reduced or lifted taxation on essential items for malaria control, while 26 are still taxing bednets. "No one is monitoring the Ajuba claims," says Mshinda.

Many African researchers nonetheless remain optimistic. "Things are falling into place," said one of the scientists at the meeting. "We haven't seen this level of activity for decades." One area where substantial progress is being made is in the emergence of regional scientific networks, which are now generating continent-wide maps of baseline data on factors such as morbidity and mortality. "Success is inevitable," says Samba. "We will beat malaria, just as we beat river blindness."■