

BY TONNY ABET

KAMPALA. As Uganda battles a rising malaria burden, scientists have reported progress in developing a new long-acting injectable (LAI) formulation designed to provide up to three months of protection from a single dose.

The candidate drug, known as MMV371, is being developed by Medicines for Malaria Venture (MMV) and reportedly has both preventive and curative properties. MMV371 has been undergoing a first-in-human phase 1a clinical trial in healthy volunteers in the United Kingdom since last year, 2025, to determine safety and tolerability. If successful, trials in malaria-endemic countries like Uganda are expected to begin later this year.

MMV371's active ingredient is a derivative of atovaquone, the same used in the approved antimalarial Malarone (atovaquone-proguanil).

The drug targets malaria parasites at multiple stages: in the liver, blood-

stream, and vectors.

MMV notes that the injectable "could potentially extend protection to all populations at risk, including people moving between low- and high-transmission areas and communities facing outbreaks."

The innovation comes at a critical time. The recently released Uganda Malaria Indicator Survey shows malaria prevalence among children under five rising from 10 percent in 2018/2019 to 13 percent in 2024/2025, with sharp regional disparities, the highest being in Lango at 32 percent.

Dr Jane Ruth Aceng, the minister of Health, said sustained investment and innovation are essential to eliminate malaria by 2030.

"Uganda is part of the many African countries showing leadership in the fight against malaria. With growing information and technology, now is the time for the global malaria ecosystem

to unite and invest in eliminating malaria once and for all," she said.

"We can only win the fight if we invest adequate national and global resources in the introduction of new tools," she added.

Last week, Uganda hosted a high-level meeting to examine constraints in malaria control and explore how new

tools could change the trajectory of the disease. While the new malaria vaccine introduced in April 2025 protects children, experts warned that drug and insecticide resistance makes accelerating additional interventions critical.

The meeting, organised by the Ministry of Health in partnership with RBM Partnership to End Malaria, highlighted both the impact and limitations of existing tools, such as insecticide-treated mosquito nets, which remain crucial but insufficient.

Solutions

Experts stressed the need for new solutions to tackle more than 600,000 annual malaria deaths worldwide and push towards eliminating the disease as a public health threat by 2030.

"In addition to existing solutions, new tools include a second WHO-approved malaria vaccine, dual-insecticide-treated mosquito nets, and new medicines

for treating babies more effectively," organisers said.

They also noted innovations such as long-acting injectable medicines, drones and artificial intelligence to map mosquito breeding sites, and spatial emanators for improved vector control.

According to a 2025 RBM report, lapsing malaria prevention efforts could cause 990,000 additional deaths and cost Africa \$83 billion in GDP. Conversely, meeting the SDG malaria targets could generate \$230 billion in cumulative GDP for African countries by 2030.

Dr Micheel Charles Adekunle, the RBM CEO, said: "It is a complex yet crucial time to unite for a Big Push against malaria and the threats it poses to lives and economies. The world will only become eradication-ready when all actors align behind endemic-country leadership."

New injectable malaria drug offers three-month immunity

GROWING TREND

In Uganda, malaria remains the leading cause of hospital visits, claiming roughly 16 lives daily. Deputy Speaker Thomas Tayebwa estimated that the disease costs the country Shs2.4 trillion annually, primarily due to treatment expenses and lost productivity.