



People who do not sleep under insecticide treated mosquito nets are likely to get malaria. Last week, World Health Organisation approved a Pre-referral drug intended to be administered in rural health centres to malaria patients

New drug to reduce malaria deaths - WHO

By Gloria Nakajubi

GRAPHIC BY BRIAN SSEKAMATTE

The World Health Organisation (WHO) has approved the first ever pre-referral drug for malaria. The move that is anticipated to save the hundreds of children that succumb to the disease due to the failure to get to appropriate treatment in time. Though WHO recommended the use of rectal artesunate, also referred to as RAS, over a decade ago, "no RAS product has met international quality standards, leaving countries with limited options to cope with children in need of pre-referral care," reads a statement released last week from Cipla International, the firm that manufactured the drug. Prequalification is a process through which WHO assesses the quality, safety and efficacy of medicines. In severe cases of malaria, WHO recommends the injectable artesunate as the first-line treatment within six hours. However, this is close to impossible for most rural communities as many live miles from health facilities, that is, the percentage of the rural population that is within the recommended 5km radius of a health facility stands at about 65% in rural areas. This means the other 35% are several kilometres away and with poor transport network in some areas, timely access to a health facility is challenging. Rectal artesunate as explained by WHO's research and training development team, is intended to be administered at a village or rural health centre level, and "buy" valuable time while the patient is being transferred to a hospital, health centre or clinic for definitive treatment. "The aim of this development has been to help realise WHO's objective of reducing malaria mortality

WHO approves new drug for severe malaria

- Untreated, malaria can kill in **24 hrs**
- 2016: Globally, **300,000** children under age of five died due to malaria
- Malaria accounts for **27.2%** of inpatient deaths among children under five in Uganda
- February 2018: WHO approves rectal artesunate suppositories (RAS) for treatment of severe malaria. The drug buys time while ill children are transported to hospital

significantly, particularly in African children who carry the vast burden of this disease." "A wonder drug" as described by Dr Jimmy Opigo, the manager of the National Malaria Control Programme, RAS will enable children, especially in rural areas, to get to hospital. "Malaria is a fatal condition and with some people living miles away from health facilities, the chances of survival diminish with every minute lost," he says. The pre-referral rectal artesunate, according to Opigo, was tested in Uganda between 2014 and 2016 and

was found to be 'effective' in reducing malaria-related deaths and disabilities. However, like any new drug, the health ministry has already expressed discomfort in rolling it out to the community. According to Opigo, the biggest fear is the drug being turned into treatment other than first aid it is. "This is not a complete malaria treatment. It works as first aid." Single dose drugs, such as RAS as explained by Opigo, tend to increase the rate of drug resistance if abused or used without health workers. "That is one of our major

fears especially since we are still a high malaria burden country," he says. The expert explains that currently, RAS was rolled out to health centres nationwide because these cannot handle cases of severe malaria. This implies that the drug is still being used under controlled circumstances. Opigo says the Ministry of Health, in partnership with UNICEF and Makerere University School of Public Health are due to undertake a study to test to assess the impact of RAS on treatment seeking behaviours at health facilities. **Malaria, a health threat** According to the Ministry of Health data, malaria accounts for 27.2% of inpatient deaths among children under five years of age, 15-20% of all hospital admissions and up to 20% of all hospital deaths in Uganda. The cost of treatment at an average of \$9 (about 32,400) or 3% of a family's annual income in Uganda is quite high given that a large percentage of the population who are the most vulnerable to malaria live at less than a dollar a day. Children who survive severe episodes, according to research, are sometimes left with permanent brain damage. This impairment often leads to poor school performance and higher dropout rates. Yet timely treatment and schooling may enable catch-up. "We now have a formidable weapon in our armoury that has the potential, once fully deployed, to sharply reduce the number of children under five succumbing to severe malaria," said Lelio Marmora, the executive director of Unitaid, an organisation that deals in innovative diagnostics and treatment.

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