

Q: There has been a lot of criticism of celebrities advocating for health. How have RBM's goodwill ambassadors contributed to the partnership?

A: We thought hard about whether to have goodwill ambassadors for malaria for two years before taking them on. Youssou N'Dour's live concert in Dakar in Senegal was relayed around the whole world by national and international television networks. He did not just play music. He also explained what malaria is, so, in terms of advocacy, it was an immense achievement in one day. Yvonne Chaka Chaka is focused on Africa. She doesn't just do a show but also promotes the fight against malaria. We have another goodwill ambassador, our special envoy Princess Astrid of Belgium. When a celebrity says something, the message is much more powerful than when one of us says something.

Q: Most malaria deaths are those of children aged five or under, but why are there no medicines specifically for children?

A: There has been a dearth of paediatric formulations of antimalarial medicines, but this is about to change. Sanofi-aventis and the Drugs for Neglected Diseases initiative, have produced a combination medicine for children. It's available in several countries in Africa, and prequalification will make it more widely available. Also, the Medicines for Malaria Venture is working with Novartis on a paediatric formulation that will be ready to go on the market in the next few months.

Q: ACTs (artemisinin-based combination therapies) are now available at low prices in developing countries, but why do so few people in Africa have access to these subsidized drugs in the public sector?

A: Between 60% and 70% of people buy these drugs in the private or nonofficial sector while the rest go to public hospitals. In the private sector, nearly everyone is buying less expensive but ineffective drugs, such as chloroquine or artemisinin monotherapies, and only 2% are buying ACTs. It's a disaster. That's why we have been working on Nobel prize winner Kenneth Arrow's proposal for an international subsidy for ACTs and later this year a global drug facility, like the one for tuberculosis, will be established. The idea is to make the price of ACTs the same as or less than the chloroquine medicines, so people will buy the ACTs. The Global Fund is well placed to host and manage this facility – this is currently under discussion.

Q: The more that ACTs are dispensed, the greater the risk that resistance will develop or has this happened already?

A: Resistance is always a risk, that's why WHO has banned monotherapy [treatment with one drug]. WHO has been key in setting the norms for dispensing treatment to prevent resistance. This includes use of combination medicines as these make resistance less likely. Recently, a laboratory found evidence of the beginning of resistance to ACTs in Cambodia. Research and development continues and new medicines are in the pipeline.

Q: In Africa, strong voices are calling for a non-curative and non-prophylactic approach that focuses on vector control, such as spraying with DDT (dichloro-diphenyl-trichloroethane). Is this a viable option?

A: Most want both treatment and prevention including vector control. Some people push the idea of prevention alone because they think that is what rid the northern countries of malaria. Today, there are about 12 insecticides, but some countries prefer DDT because it's cheaper, lasts longest and is slightly more effective. The problem is that we must not release it into the environment. Insecticides should only be used inside homes by people who are trained following all the recommendations of the Stockholm Convention on use of DDT for public health.

Q: One USA presidential candidate pledged to invest US\$ 1 billion a year in treatment and prevention to end malaria deaths in Africa after eight years. Is that all it would take?

A: We welcomed this and hope all the candidates promise the same. The idea of wiping out all deaths in this time frame may seem ambitious, but eradication of malaria is considered as a long-term goal. I don't think we will eradicate it in the next 10 years, we may need new tools: medicines, insecticides, nets and a vaccine. At the moment we have US\$ 1 billion a year but need US\$ 3 billion to eliminate malaria as a public health threat. ■

Recent news from WHO

- A national household survey – conducted by the Iraqi government and WHO – estimates that **151 000 Iraqis died from violence in the three years since the 2003 invasion**. The study, produced after a national survey of 9345 households, was published in the *New England Journal of Medicine* on 9 January. The data were collected as part of a wider survey of family health in Iraq.
- **Treating children with severe pneumonia at home is just as effective as treating them in hospitals**, according to a study conducted by researchers from the ARI Research Cell, Children's Hospital, Pakistan, and supported by Boston University School of Public Health, WHO and the US Agency for International Development (USAID). The research, published in the *Lancet* on 5 December, could significantly change the way the illness is managed in developing countries.
- **Aggressive tuberculosis (TB) control can yield big economic gains**, according to a World Bank study commissioned on behalf of WHO's Stop TB department. The study finds that 22 countries with the world's highest numbers of cases could earn significantly more than they spend on treatment if they signed onto a global plan to sharply reduce the numbers of TB-related deaths. The study, published on 12 December, also calls for action to tackle the growing problem of multidrug-resistant TB and extensively drug-resistant TB.
- WHO Member States across west Africa and their partners are launching the first **preventive pan-west-African yellow fever vaccination campaign** in 40 years, it was announced on 3 December. The campaign aims to vaccinate at least 48 million children and adults in west Africa over three years.

For more about these and other WHO news items please see: <http://www.who.int/mediacentre>