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THE ANTI-MALARIA FIGHT GETS A BOOST WITH MOSQUIRIX

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

The World Health Organization (WHO) on Tuesday said Malawi in southeastern Africa will be the first country to begin immunising children against malaria using the only licensed vaccine, Mosquirix, to protect against the mosquito borne disease. Similar vaccination programmes will begin soon in Kenya and Ghana, with the aim of reaching about 360,000 children every year in the three countries. The immunisation rollout is a massive success for the research community because Mosquirix could save the lives of tens of thousands of children each year. According to the 2018 World Malaria report, the parasitic disease kills about 435,000 people every year. It is still a top killer of children worldwide, but the children in Africa are most affected. “Every two minutes a child or baby there dies of the disease. Some children can have up to six bouts of malaria in just one year,” Dr Mary Hamel of WHO told NPR.

While the launch of the vaccine is a landmark event, many have questioned its effectiveness because a previous trial showed Mosquirix protects only about one-third of immunised children. However, even if infected, the severity is less for those who have had the vaccine. However, the world cannot wait for a perfect option because the next generation of the vaccine may take years to develop: It took more than 30 years — and more than $500 million — for an international consortium to develop Mosquirix.

India will be watching the rollout in Africa with great interest because it is among the 11 countries with 70% of the world’s burden of malaria, though it has managed to reduce the disease burden in the last few years. According to the 2018 World Malaria report, it has registered a 24% decrease between 2016 and 2017. However, 1.25 billion Indians — 94% of its population — are still at risk of malaria, the report noted.

But the Mosquirix pilot project in Africa must not lead to the diversion of public health funds from the existing set of tools against malaria. In fact, India’s success is largely due to the decline of the disease in the highly malarious state of Odisha, home to approximately 40% of all cases in the country. This was possible because of the extensive use of anti-malarial tools: stringent screening for malaria, indoor insecticide spraying, reduction of mosquito breeding spots, free distribution of long-lasting insecticidal nets, distribution of free drugs to affected people, use of rapid diagnostic kits (the conventional method of diagnosing malaria by smear microscopy is cumbersome and challenging in inaccessible regions) and regular health education activities that focused on interventions and behaviour change of the people.

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