

RAM Update from the National Chairman.

Rotarians Against Malaria in Australia (or the acronym - RAM) work to the following objective:

“The prevention of mortality, and a reduction in morbidity and social and economic loss caused by malaria through a progressive improvement and strengthening of local and national capabilities in malaria control.”

Malaria is not a modern disease.

In fact, malaria is a disease that has been with us for thousands of years.

It is known that in 323BC, Alexander the Great, King of Macedonia, died of malaria at the age of 33.

The use of Artemisinin as a treatment for malaria was used as early as 2,000 years ago. It was only rediscovered in an archaeological dig in the 1970s where its medicinal use was found in a recipe inside a tomb. The formula was dated back to 168 B.C. where a Chinese chemist isolated the primary active ingredient from the leafy portion of a plant called *L. annua* L.

The word malaria stems from the Italian *mal aria* (meaning bad air); it was also known as Roman Fever thought to originate from the marshlands surrounding Rome.

During the 1600s malaria was endemic to the swamps and marshes surrounding the city of Rome. Over time, malaria was responsible for the death of several popes, many cardinals, and countless citizens of Rome.

More recently during World War 11, the hidden killer, malaria, was one of the most powerful enemies of Australian troops in New Guinea and Papua as well as the Solomon Islands.

Malaria casualties during 1942 and 1943 were so serious that the Australian War Cabinet thought there would be insufficient reinforcements to maintain the army at strength against the Japanese in New Guinea.

It is estimated that in the region of half a billion people are affected by malaria every year with the best estimate by the World Health Organisation being that up to 2.5 million deaths occur each year. However, other estimates place the figure at somewhere over one million deaths annually.

Irrespective of which figure is used, the vast majority of these deaths are children under five years of age and pregnant women.

Malaria is one of the leading causes of death for children worldwide because they have not yet developed sufficient immunity.

It is estimated that a child dies from malaria every 25-30 seconds.

Worldwide malaria accounts for 13% of all childhood deaths.

Pregnancy reduces immunity to malaria, making women more susceptible to malaria infection and increasing their risk of illness, severe anaemia and death.

Each and every day of the year the number of deaths from malaria exceeds the total number of deaths resulting from the tragic 9/11 attacks on the World Trade Centre in New York and in Washington.

On that day approximately 3,000 people died as a result of those attacks.

On that same day, at least 3,000 people died from malaria, and the following day another 3,000 died from malaria, and the same on the following day after that, and every day since.

And today will be no different – at least another 3,000 people will die from malaria.

Expressed in way that is easy to understand, 3,000 people equates to seven fully laden Qantas Jumbo jets in their normal three class configuration.

Australia was declared free of malaria by the World Health Organisation in 1981.

Nevertheless 700 to 800 cases are reported each year involving travellers returning to Australia from infected areas, or visitors to our country from such areas. These can include Papua New Guinea , the Solomon Islands, Timor Leste (East Timor), Vanuatu and South East Asia generally.

The malaria parasite is carried by the Anopheles mosquito which is a tough adversary.

In 1960, the World Health Organisation assessed only 10% of the world's population to be at risk of contracting malaria. Subsequently this rose to 40%, because mosquitos developed resistance to pesticides and malarial parasites did likewise with respect to treatment drugs.

Other factors contributing to the resurgence of malaria include:

- population and demographic changes resulting in more people moving into densely populated areas, thereby increasing transmission; and,
- migration, climatic change and the creation of new habitats have all resulted in people who have no natural immunity to the disease being exposed, which results in much higher rates of disease and death.

The loss to the economies of third world countries, both at government and local levels, and the strains placed on their limited medical services are enormous.

The July 2007 edition of National Geographic included a special article titled, "Malaria – Stopping a Global Killer."

The final paragraphs of the article provide a small insight into how easy it is to catch malaria, to quote.

"When it comes to malaria, only one thing is guaranteed: Every evening in the rainy season across much of the world, Anopheles mosquitoes will take wing, alert to the odours and warmth of living bodies. A female Anopheles needs to drink blood every three days. In a single feeding, which lasts as long as ten minutes, she can digest about two and a half times her pre-meal weight – in human terms, the equivalent of downing a bathtub-size milk shake.

If she happens to feed on a person infected with malaria, parasites will accompany the blood. Two weeks later, when the mosquito flies through the open window of a mud hut, seeking her next meal, she'll be loaded.

Inside the hut, a child is sleeping with her sister and parents on a blanket spread over the floor. The family is aware of the malaria threat; they know of the rainy season's dangers. They've hung a bed net from the ceiling.

But it's a steamy night, and the child has tossed and turned a few times before dropping back to sleep. Her foot is sticking out of the net. The mosquito senses it, and dips down for a silent landing."

The World Health Organisation has developed world wide support for the fight against malaria, with significant funding received from Governments and private Foundations. Notable amongst these are the United States Government, the British and Australian Governments, the Bill and Melinda Gates Foundation, The Rotary Foundation of Rotary International, Rotary clubs, and the Global Fund.

This funding provides support for research into the development of vaccines and the establishment of malaria control programmes around the world. These programmes have included the development and use of treated bed nets which have been shown to be over 70% effective in reducing the incidence of malaria in those areas in which they are able to be used.

Closer to home, Rotary in Australia developed the "Adopt a Village" programme (AAV) in 2004, initially for PNG but extended it to cover the Solomon Islands in 2005. It relies heavily on the cooperation of local National Health Departments and the input of Rotarians from both around Australia and within local communities.

Its success in PNG has resulted in some areas of the country becoming virtually free of the disease. I am aware that in one hospital where the

children's ward was, virtually, always overflowing with malaria cases, no bed in this ward is occupied with a child stricken with malaria.

In the Western and Choiseul Provinces of the Solomon Islands where a 3H Grant and two Matching Grants were focused, a reduction in the incidence of malaria occurred from about 330 cases per 1,000 head of population per year to less than 80 cases per 1,000 per year, and in some areas to as few as 20 cases per 1,000 people per year.

Malaria remains a major problem in Timor Leste and RAM continues to look for ways in which it can assist the authorities in relieving the suffering it is causing.

Our records show the generous support provided by clubs, individuals and groups within and beyond the Rotary family towards the efforts of RAM in providing help to those who suffer the ravages of malaria in our neighbouring countries.

Since commencement of the AAV programme in 2004, to the end of the most recently completed Rotary year, contributions total A\$683,095 from approximately 450 clubs and 35 private individuals, firms, schools, Inner Wheel, Rotaract and Interact.

In addition, contributions in excess of US\$746,500 were also received through Matching Grants, and A\$52,747 received as General Donations.

In addition to the Matching Grants figure just mentioned, two major Matching Grants and two Health, Hunger and Humanity (3H) Grants including a current 3H grant, worth in total nearly US\$1 million were approved by The Rotary Foundation for malaria programmes in the Solomon Islands.

In my opinion, the contributions recorded by so many individuals, clubs, and other organisations is a clear demonstration that the family of Rotary works together to achieve a common purpose.

It may be of interest to learn that earlier this month I received an email from a club in District 7210 New York State enquiring about how they could make a donation to the AAV programme. US\$300 has since been received from the Rotary Club of Millbrook.

The World Health Organisation has recognised 25 April as World Malaria Day.

As this date has special significance in both Australia and New Zealand, RAM considers the week following Anzac Day is a practical and sensible alternative.

We have selected 30 April as the date on which due recognition should occur. We have named this day in Australia, Malaria Awareness Day (or MAD). This is the same title as one of the relevant titles used in the USA.

During the week in which that date occurs, that is, from 26 April, we are engaging in a major campaign to make the general public, as well as Rotarians, more aware of the very serious impact of this dreadful disease.

Fundamentally, Malaria Awareness Day has two objectives. These are: 1) Rotarian and Public Awareness, and 2) Membership Development.

The campaign will be multi-faceted in that it will include a TV Community Service Announcement as well as media articles.

In addition, all DG's were requested to include in their March and April Newsletters, articles we have prepared for them which will assist in creating an increased awareness.

RDU will be featuring in next month's issue, an article written by DGE Walter Buchanan. The article titled, "Aiming to making Dreams Real" cleverly includes how malaria was recognised as being one of the most powerful enemies of our troops during World War 11. I am advised that the photo on the front cover of this issue will highlight an aspect of malaria.

Clubs and districts are requested to be directly involved in whatever way they choose.

We have issued a list of suggested ways in which a club or group of clubs or district may wish to raise awareness in their area. These suggestions together with other information relating to Malaria Awareness Day may be obtained by visiting our website www.ramaustralia.org

We realise that Clubs have to be selective when considering projects.

However, with this project, we do feel that the combination of community involvement, promotional opportunities, and making a real difference, does make Malaria Awareness Day particularly special.

PDG Bill Dethlefs
National Chairman, Rotarians Against Malaria
March 2009.