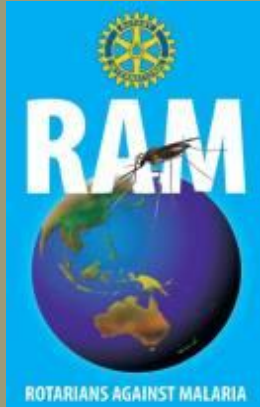


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Issue 6

RAM Newsletter



Chairman's Message

My Rotary friends and friends of Rotary,

By the time you read this message, it will be a little more than 4-months until 'Malaria Awareness Day' (MAD), 30th April 2009. The week including 30 April is the week in which we will be highlighting this devastating and dreadful yet preventable disease, Malaria.

Preparations for our Australian 'Malaria Awareness Day' are moving ahead rapidly. A number of Rotarians with a high level of expertise, and from various districts, are displaying a real level of commitment to ensure the success of this project.

Fundamentally, MAD has two objectives. These are: Rotary and Public Awareness, and Membership Development.

At both International and Club level, we involve ourselves in fantastic projects. Experience has shown it is very difficult to get publicity, and nearly impossible to obtain major media promotion. However, if every Rotarian and every Club in the country cooperated by doing the same thing on the same day, it could be major news. The size and quality of the project does not appear to be critical – if, for example, we ran 1,000 tiddly winks games at the same time, we would be on TV!!

Our intention is for MAD to become an annual event, so please think about how you can use it to promote your Club, and at the same time, promote awareness of malaria within the community. We would also welcome new ideas you may have for use in subsequent years. May be, there are achievements in the Guinness Book of Records that 34,000 Rotarians and their families and friends could challenge.

This is an easy project to understand and one in which the community can become involved. There will be a range of promotional items available to use as part of your promotion. Perhaps presenting a T shirt to a local VIP / Celebrity could be a front page photo. The small sum of \$2.00 protects a person from Malaria for one year.

The Australian people are about to make a major difference with a significant AusAid package. In some respects, it could be argued, that the MAD campaign may well be considered bigger than Rotary! Let's give ourselves a pat on the back and celebrate a "Good News" story. Being a non political organisation should not prevent us from also praising the Government when they do something worthwhile. Maybe, it will encourage them to do more.

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 MAD special. Please refer to the article in this newsletter that offers suggestions of a variety of ways in which your club, or group of clubs, or district, may wish to use to raise the awareness of malaria in your area.

PDG Bill Dethlefs
National Chairman

OUR 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 Awareness Day

Rotarians Against Malaria in Australia has set aside 30 April 2009 as Malaria Awareness Day. 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.

The campaign will be multi-faceted in that it will include TV Community Service Announcements as well as media articles. In addition, we are planning to request DG's to include articles, we will be preparing for them, in their monthly Newsletter for March and April which will assist in creating an increased awareness.

Clubs and districts are requested to be directly involved in whatever way they choose. The following are suggested ways in which a club or group of clubs or district may wish to raise the awareness of malaria in their area:

- The guest speaker for the normal meeting that week to speak on malaria;
- Instead of presenting the guest speaker with a gift, donate the \$s towards the purchase of mosquito nets; We will provide a gift voucher acknowledging– “A Malaria net has been donated on your behalf”;
- District conference's scheduled for that period to include a speaker on malaria;
- Set up a bed net display at your District Conference;
- Plan a special dinner and invite other clubs to participate. RC Buderim D9600 has already planned this activity with guest speaker Prof Dennis Shanks, Director Australian Army Malaria Institute and expect to raise \$4,000 which will be directed to an MG for bed nets;
- Arrange a sausage sizzle at suitable high-usage venue, your local Bunnings store;
- Set up &/or man a display at a suitable venue, e.g., the local shopping centre;
- Encourage your Rotaract and Interact Club/s to get involved;
- Arrange to speak to at least one class in your local school/s;
- Hang a banner from a bridge across a major thoroughfare;
- Set up a poster or display in a vacant shop or in friendly contact/s premises such as chemists, real estate agents, corner stores, and so on with all such space being freely given;
- If you have a market, use it as a promotional display. RC Keilor D9800 will be doing this and donating the gate takings;
- We will supply a press release package for clubs to distribute to their local press;
- A brochure will be available for inclusion in mail-outs with your company invoices, etc.
- An email package will be available that you can send to people on your address list;
- Run a special VIP Dinner. Part of the promotion will highlight the excellent contribution being made by AusAid (Government). Ask your local politician to help host the event;

Display materials are in the process of development and will include A3 posters available for clubs (and districts) to download and print.



World funds pledge massive malaria control funding

In late September 2008 an anti-poverty summit pledged nearly three billion US dollars to fund an ambitious malaria control plan to save more than 4.2 million lives around the world.

The funding, which includes 1.1 billion US dollars from the World Bank, will be used to support rapid implementation of the first ever Global Malaria Action Plan (GMAP). World Bank President Robert Zoellick said in a statement that the extra money would help “sharply reduce the numbers of malaria-related deaths and illness” in the next three years.

According to GMAP’s projections, more than 4.2 million lives can be saved between 2008 and 2015, if its plan is put into action, and the foundation can be laid for a longer-term effort to eradicate the disease.

The Global Fund to fight Aids,

Tuberculosis and Malaria – an international partnership of government, private sector and non-governmental organisations – meanwhile said it was committing 1.62 billion US dollars over two years in new grants for malaria control, including plans for distributing 100 million additional bed nets.

Billionaire and Microsoft founder Bill Gates said his Bill and Melinda Gates Foundation would provide 168.7 million US dollars to fund a Malaria Vaccine Initiative for research on a new generation of malaria vaccines. “We need innovation, new drugs, and the most dramatic thing we need is vaccine,” Gates said.

Britain’s Department for International Development pledged 40 million pounds (73.5 million US dollars) to support Affordable Medicines Facility for Malaria. It also pledged to hike its malaria research funding to at least

five million pounds (9.1 million US dollars) a year by 2010 and supply 20 million of the 125 million bed nets still needed in affected areas.

It was noted that achieving full control in all endemic countries, including strengthening health systems, will cost approximately 5.3 billion US dollars in 2009, 6.2 billion in 2010 and 5.1 billion annually from 2011 to 2020.

The Global Malaria Action Plan marshals the efforts of 30 endemic countries and regions and 65 international institutions behind an unprecedented effort to achieve more rapid results against malaria.

Source: Sydney Morning Herald who originally sourced the story from an overseas news agency.

Malaria Associated Matching and 3H Grants

Recent research has identified that over the past 13 years from June 1995, in excess of US\$1.56 million has been directed to malaria projects in Papua New Guinea and the Solomon Islands. The two 3H Grants were sponsored by multi-Australian Districts. The MG’s included two financed by a major PNG Donor, one each from a Canadian and USA District, with the balance of the 28 MG’s emanating from Australian districts 9500, 9600, 9630, 9640, 9650, 9670, 9680, 9700, 9750, 9790, 9800, and 9810.

Source: PDG Bill and Ann Waterfield

ROTARIANS AGAINST MALARIA – A Community Statement

World Malaria Day and Malaria Awareness Week

The World Health Organisation (WHO) has recognised April 25 2009 as **World Malaria Day**. Because this conflicts with Anzac Day, April 30 has been selected as **Malaria Awareness Day** in Australia with activities occurring during the week commencing April 26.

Malaria is a disease that has been with us for thousands of years. Its name stems from the Italian *mal aria* (bad air). It was also known as Roman Fever, thought to originate from the marshlands surrounding Rome. Over 500 million people are affected by malaria every year with up to 2.5 million deaths occurring. A majority of these deaths involve children under five years of age and pregnant women. A child dies every 25-30 seconds. *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 attack on the World Trade Centre.*

Australia was declared free of malaria by the WHO 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 (PNG), 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 WHO 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. 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 WHO 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 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.

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. In the Solomon Islands the AAV has achieved a reduction in the incidence of malaria from 330 cases per 1000 head of population to 80 cases and in some areas to as few as 20 cases per 1000 people. 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.

RAM acknowledges the monumental effort spearheaded by Rotary in the quest to eliminate polio. We seek to complement these efforts in making the world a safer place for all.

The continuing provision of treated bed nets to malarial endemic areas requires financial support. Your assistance with Rotary's humanitarian endeavours would be greatly appreciated. For further enquiries contact Bill Dethlefs at dethlefs@hotmail.net.au or mail your donations to Rotarians Against Malaria, PO Box 198, Caringbah, NSW 2229.

Innovative research bags Premier's Award

QIMR's Dr Kathy Andrews was recognised recently for her innovative approach to developing new anti-malarial drugs by winning the Senior Researcher category of the prestigious Queensland Premier's Awards for Medical Research.

Up to 3 billion people – 48 percent of the world's population – are living in areas at risk of malaria. Malaria results in between 2 and 3 million deaths around the world each year, mainly in children under the age of five. The World Health Organization estimates that a child dies of malaria every 30 seconds.

While an effective vaccine is the 'Holy Grail' of malaria research, it is still many years away. Furthermore, with the declining effectiveness of many current anti-malarial agents and increasing insecticide resistance in the mosquito vector population, there has never been a more pressing need to discover and develop new drug treatments.

Dr Andrews and her fellow scientists in the Clinical

Tropical Medicine and Malaria Biology Laboratories may hold the key to getting new anti-malarials onto the market sooner, by taking advantage of drugs currently used for diseases such as cancer and HIV / AIDS.

"In Australia and around the world, there is a significant amount of research being conducted into new drugs to treat cancer and HIV / AIDS," Dr Andrews said. "However, this existing expertise isn't currently being utilised effectively against the global threat posed by major tropical infectious diseases." "The aim of my research is to use a piggyback platform to develop new drugs for malaria."

Using this approach, Dr Andrews and her colleagues have already been able to show that some HIV drugs (known as aspartic protease inhibitors) can kill malaria parasites at clinically relevant concentrations.

There are now investigating malaria parasite aspartic proteases as the possible target of these drugs in the

parasite. They are also investigating different classes of anti-cancer drugs for potential anti-malarial use.

The major strength of this piggyback platform is a faster turn-around in the development of drugs for clinical use against malaria because extensive safety and tolerability testing have already been carried out or the drugs are already approved for clinical use for other diseases.

"This is an important consideration as many of the drugs currently used to prevent and treat malaria are now failing due to parasite resistance," explained Dr Andrews. "Time is running out: to save lives we urgently need to identify and develop the next generation of anti-malarial drugs."

Source: The above article is included in the No. 70 – Winter 2008 edition of LifeLab, the newsletter of the Queensland Institute of Medical Research (QIMR), and authorised to be included in this newsletter by kind permission of QIMR Director, Professor Michael Good.

DID YOU KNOW

*The use of Artemisinin as a treatment for malaria was used as early as 2000 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 *A. annua* L.*

Nets for Nigeria

An interesting mosquito net project came out of a meeting between Dr Andrea Gay – an Australian who works for the UN Foundation – and PRID Dr Ken Collins at a WHO Conference on immunisation in Manila in June 2006. She mentioned that in Nigeria families are given bed nets if they have their children immunised.

Ken and Di Collins contributed funding of US\$4,134.62 towards a Matching Grant project which provided 2,000 nets and 900 re-treatment kits at a total cost of US\$16,538.48 (US\$13,846.16 for the nets and US\$2,307.70 for the re-treatment kits plus US\$384.62 for contingencies.)

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Contributions and comments are welcome.