

Newsletter #30 August 2024



In this issue we discuss the current state of this infectious disease and progress towards reducing its incidence. Also what Scouts can do to reduce the incidence of this disease in countries in tropical Africa most affected by this disease.

Overview

Malaria is a life-threatening disease primarily found in tropical countries. It is both preventable and curable. However, without prompt diagnosis and effective treatment, a case of uncomplicated malaria can progress to a severe form of the disease, which is often fatal without treatment.

Nearly half the world's population is at risk of malaria. In areas with high malaria transmission, young children and pregnant women are particularly vulnerable to malaria infection and even death. Since 2000, expanded access to WHO recommended malaria prevention tools and strategies have had a major impact in reducing the global burden of this disease.

Nevertheless malaria is a disease that infects up to 200 million persons world-wide and is caused by the bite of a female mosquito of the anopheles species. In sucking blood to feed her young, the female species injects a parasite called a *plasmodium* which infects the liver and attacks the red blood cells. This results in the death of more than 600,000 persons annually, primarily young children under the age of 5 years old.

What is disturbing is that the fight against malaria faces rising threats from –

- Increasing resistance to some insecticides which can kill the mosquitos.
- Changes in climate resulting in more extreme weather conditions – like flooding which results in stagnant pools of water in which mosquitos can breed and warmer climates resulting in expansion of the habitats of mosquitos and accelerating their development.
- Financing gaps in providing preventative measures, medicines and vaccines.

The cumulative results of these threats are that progress in fighting malaria has stalled since 2015. Malaria is an ever evolving disease so if we continue to do just enough to combat it, any progress that is made, could simply ebb away and consequently many more persons could die...

This risk of infection is higher in some areas than others depending on multiple factors, including the type of local mosquitoes. It may also vary according to the season, the risk being highest during the rainy season in tropical countries.

Vaccines

Since October 2021, WHO has recommended broad use of the RTS,S/AS01 malaria vaccine among children living in regions with moderate to high parasite *falciparum* malaria transmission. The vaccine has been shown to significantly reduce malaria, and deadly severe malaria, among young children.

In October 2023, WHO recommended a second safe and effective malaria vaccine, R21/Matrix-M. The availability of two malaria vaccines is expected to make broad-scale deployment across Africa possible. The malaria vaccine should be provided in a schedule of 4 doses in children from around 5 months of age. Vaccination programmes may choose to give the first dose at a later or slightly earlier age based on operational considerations.

A 5th dose, given one year after dose 4, may be considered in areas where there is a significant malaria risk remaining in children a year after receiving dose 4.

Both have been shown to reduce malaria cases by more than half during the first year after vaccination – this is the period when children are at highest risk of malaria illness and death. A fourth dose prolongs the protection. Both vaccines prevent around 75% of malaria episodes when given seasonally in areas of highly seasonal transmission where seasonal malaria chemoprevention is provided.

ITN treated bed nets

While a variety of solutions exist to prevent people being bitten by a mosquito carrying parasite, the most cost effective solution is to sleep under an insecticide treated (ITN) bed net. This not only prevents the mosquito biting a person, but also the insecticide with which the nets are treated, can kill the mosquito. However, only half of the population of Africa, where the disease is most prevalent, are protected currently by bed nets.



So UK Scouts have been raising funds since 2015 so that Scouts in Malawi, Ghana and Uganda have been able to purchase and distribute bed nets to local communities in their countries.

A Scout erecting a long life insecticide impregnated bed net for a family with young children Nyame Bekyere village, Ashanti district, Ghana

Sectional activities

Scouts against Malaria is an activity which supports the World Organisation of Scouting Movements' (WOSM) global program, *Scouts for SDGs* (Sustainable Development Goals). SAM activities contribute towards SDG #3 *leading a healthy life*.

If you or your Section/Group is willing to join the global partnership to fight malaria, visit our website www.scoutsagainstmalaria.org.uk or email us at info@scoutsagainstmalaria.org.uk.

We have developed a wide range of activities suitable for all sections which together with a slide set and videos of current campaigns can be downloaded from the SAM website. These are suitable for on-line learning for individual Scouts as well as sectional meetings.

Alternatively we are willing to visit your Group and organise an evening's activities if you are willing then to raise funds to purchase ITN treated nets and live within a reasonable distance of NE Hampshire.



Editor Rayner Mayer