

EDCTP Fact Sheet

World Malaria Day 2010: EDCTP priorities and advances

The European and Developing Countries Clinical Trials Partnership (EDCTP) joins the rest of the world to commemorate the World Malaria Day and to reinforce its commitment to the global effort to provide effective control of malaria. EDCTP contributes towards Counting Malaria Out by funding research on treatment and vaccine development in sub-Saharan Africa. Malaria accounts for 85% of deaths and places a heavy economic burden contributing to the cycle of poverty and limiting economic development in sub-Saharan Africa. EDCTP fully supports the Global Malaria Action Plan especially through funding research involving new tools and approaches to support global control and elimination efforts. At present EDCTP is funding malaria clinical trials worth over 62.9 million euros.

How does EDCTP count out malaria?

EDCTP's mandate is to evaluate and coordinate the malaria clinical research activities that are funded by the European national programmes to ensure these activities become a group effort. The aim is to increase the number of European countries involved in malaria vaccine and treatment clinical trials and to expand collaborations with and among African countries, while at the same time strengthening the capacity in African countries to conduct these trials.



Malaria vaccines

Vaccines are often the most cost-effective tools for public health. With over 1 million deaths annually attributed to malaria, an effective vaccine is an urgently needed intervention. In addition, as an effective vaccine is likely to benefit those in resource constraint countries, public funding will remain one of the most important catalysts of development of such a vaccine. In its effort to ensure that promising vaccines go beyond the discovery phase and will actually enter the market in developing countries, EDCTP funds different malaria vaccines clinical trials in sub-Saharan countries and is a member of the Malaria Vaccine Funders Group.

EDCTP supported malaria vaccine research

- *Fostering research capacity, networking and project management through phase I-IIb clinical trials of candidate malaria vaccine GMZ2 (Burkina Faso, Denmark, Gabon, The Gambia, Germany, Tanzania and Uganda)*
- *Integrating capacity building and networking in the design and conduct of phase I and II clinical trials of viral vectored candidate malaria vaccines in East and West African children and infants (Austria, Burkina Faso, The Gambia, Germany, Italy, Kenya, Senegal and United Kingdom).*

Malaria treatment

Malaria case management remains a critical component of the malaria control strategies. This however requires early diagnosis and prompt treatment with effective medicines. Effective and affordable drugs available to treat malaria in developing countries are still limited especially following the development of resistance against chloroquine and sulfadoxine-pyrimethamine. Improvement has been achieved with the increasing development of artemisinin based combination therapies.

EDCTP recognises that malaria control requires multiple interventions. Priority will be given to the development of combined strategies against uncomplicated and severe malaria. Additionally, development of effective treatment for special risk groups such as young children, pregnant women and HIV-infected individuals is especially encouraged. Cognisant of the changing global malaria landscape, EDCTP will align future strategies with the evolving malaria control priorities of affected populations.

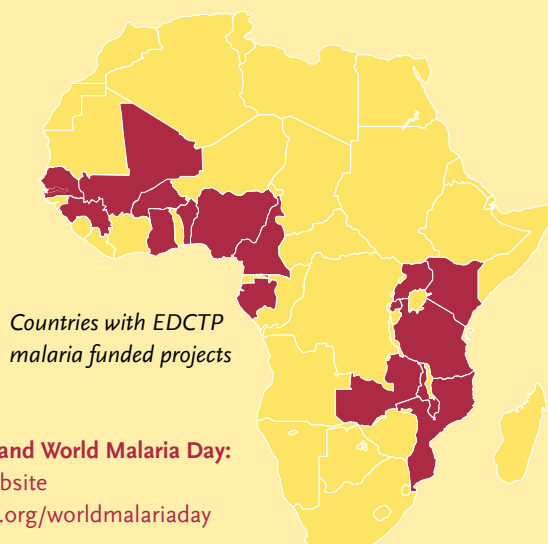
EDCTP supported malaria treatment research

Multicentre clinical trials

- *Special populations and label expansion studies with the fixed dose combinations artemether-lumefantrine, amodiaquine-artesunate, and dihydroartemisinin-piperaquine* (Austria, Belgium, Malawi, Mozambique, Netherlands, Spain, Zambia and United Kingdom)
- *An integrated approach to clinical trials, capacity building and networking in West Africa* (Burkina Faso, France, Republic of Guinea, The Gambia, Germany, Mali, Sweden and United Kingdom)
- *Development of Fosmidomycin and Clindamycin, in a fixed dose combination, for the treatment of acute uncomplicated Plasmodium falciparum malaria* (Benin, France, Gabon, Germany, Mozambique, Spain, Tanzania and United Kingdom)
- *Evaluation of 4 artemisinin-based combinations for treating uncomplicated malaria in African children* (Belgium, Burkina Faso, Denmark, France, The Gambia, Mozambique, Nigeria, Rwanda, Spain, Uganda, United Kingdom and Zambia)
- *Intravenous artesunate for severe malaria in African children* (Austria, Gabon, The Gambia, Ghana, Germany, Kenya, Malawi and United Kingdom)
- *Safe and efficacious artemisinin-based combination treatments for African pregnant women with malaria* (Austria, Belgium, Burkina Faso, Ghana, Netherlands, Malawi, Rwanda, Tanzania, United Kingdom and Zambia)
- *Evaluation of alternative antimalarial drugs to sulfadoxine-pyrimethamine for intermittent preventive treatment in pregnancy (IPTp) in the context of insecticide treated nets* (Austria, Benin, France, Gabon, Germany, Kenya, Mozambique, Spain and Tanzania)
- *Optimisation of the existing dose and regimen of intermittent preventive treatment with sulfadoxine-pyrimethamine for the prevention of malaria in pregnancy in the context of high coverage of insecticide treated nets and highly seasonal malaria transmission* (Austria, Burkina Faso, Denmark, The Gambia, Ghana, Malawi, Mali, Mozambique, United Kingdom and Zimbabwe).

EDCTP Fellows

- *Assessment of the Public Health Benefit of artemisinin based combination therapies for uncomplicated malaria treatment* (Mali)
- *Understanding the mechanism of piperaquine resistance* (Kenya)
- *Safety of artemisinin derivatives-based combination therapy in children with uncomplicated malaria and population-based pharmacovigilance: a capacity strengthening proposal for pharmacovigilance of antimalarial drugs in Africa* (Uganda)
- *Understanding the mechanisms underlying the difference in susceptibility to malaria in an area of hyperendemic malaria in Burkina Faso: The potential role of regulatory T cells* (Burkina Faso)
- *Evaluation and implementation of high throughput PCR-based method for diagnosis and measurement of Plasmodium falciparum parasitaemia in clinical trials* (The Gambia)
- *A pilot study of the implementation of seasonal intermittent preventive treatment with community participation* (Senegal)
- *Assessment of functionality of antibodies that associate with protection from clinical malaria using the in-vitro Plasmodium falciparum growth inhibition assay* (Ghana)
- *Validation of new biomarkers for monitoring Plasmodium falciparum reduced susceptibility/tolerance or resistance to artemisinin derivatives and partner drugs* (Nigeria)
- *Identification of Plasmodium falciparum parasite virulence markers for the evaluation of the impact of malaria control intervention according to the local parasite populations* (Cameroon)
- *Intensive safety monitoring of antimalarial and antiretroviral drugs in pregnancy* (Mozambique)
- *Host immunogenetic factors involved in the susceptibility to malaria in sympatric ethnic groups (Dogon and Fulani, Mali)*
- *Understanding the mechanism of resistance to lumefantrine by Plasmodium falciparum* (Kenya)
- *Investigating the effects of inactive CYP2C19 alleles on chloroguanil pharmacokinetics in adults and in children with mild malaria following CD treatment* (The Gambia).



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More information on malaria and World Malaria Day:

- World Malaria Day 2010 website
<http://www.rollbackmalaria.org/worldmaliaday>