



NOTE FOR THE PRESS

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WHO AWARDED US\$1.5M TO TEST NEW TREATMENT FOR MALARIA

The Tropical Disease Research Programme of the World Health Organization (TDR) has received US\$1.5 million from the Gates Malaria Partnership at the London School of Hygiene & Tropical Medicine to support introductory trials on a new treatment for malaria. These funds became available through a grant from the Gates Foundation to the Malaria Centre at the London School.

The contribution will fund a research initiative to assess the public health benefits of Lapdap (chlorproguanil/dapsone). Lapdap, a long term drug evaluation project of the University of Liverpool, has been developed as the result of a collaboration between TDR, the UK Government's Department for International Development (DFID) and the manufacturer of the drug, GlaxoSmithKline. The objective of the collaboration has been to produce a drug that would be safe, effective and, importantly, affordable for the treatment of malaria in Africa.

Chloroquine and sulphadoxine-pyrimethamine (SP) are the two main low-cost drugs used to treat malaria across Africa. They are becoming dangerously ineffective as the malaria parasites become more resistant and new drugs are urgently needed.

Work on Lapdap started 15 years ago, when scientists at the University of Liverpool and Kenya Medical Research Institute (KEMRI) first came to believe that chlorproguanil/dapsone might offer an affordable alternative antimalarial drug.

Before a newly approved drug can be considered for use in the wider community, further research on usage and rare adverse drug reactions is necessary, as studies conducted prior to regulatory approval are performed on relatively small numbers of patients in a controlled manner.

WHO recommends that in countries where there is widespread resistance to chloroquine and sulphadoxine-pyrimethamine, countries consider introducing artemisinin-based combination drug treatments. In keeping with these recommendations, Lapdap may form an important partner drug with artemisinins for combination therapy for Africa, and this potential is being explored in a parallel drug development project.

This grant will be used to fund TDR-led research which will improve the understanding of the properties of Lapdap. Proposed studies will, in addition to looking for rare adverse drug reactions, assess whether the new drug will be practical to dose and easy to take, and also monitor whether

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any resistance to the drug is developing within the malaria parasites. Whilst this program will be using Lapdap as an example, it is hoped that lessons learnt will be of benefit to any new treatment for malaria.

For further information, or interest in any of the planned studies, please contact Dr Tom Kanyok, UNDP/World Bank/WHO Special Programme for research and Training in Tropical Diseases. Tel: (+41 22) 791 36 84, Email: Kanyokt@who.int or Iain Simpson, Information Officer, Communicable Diseases, World Health Organization, Tel: (+41 22) 791 3215; Mobile: (+41) 79 475 5534; email: simpsoni@who.int

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