

The Role of Health Research in Angola towards the improvement of health Knowledge

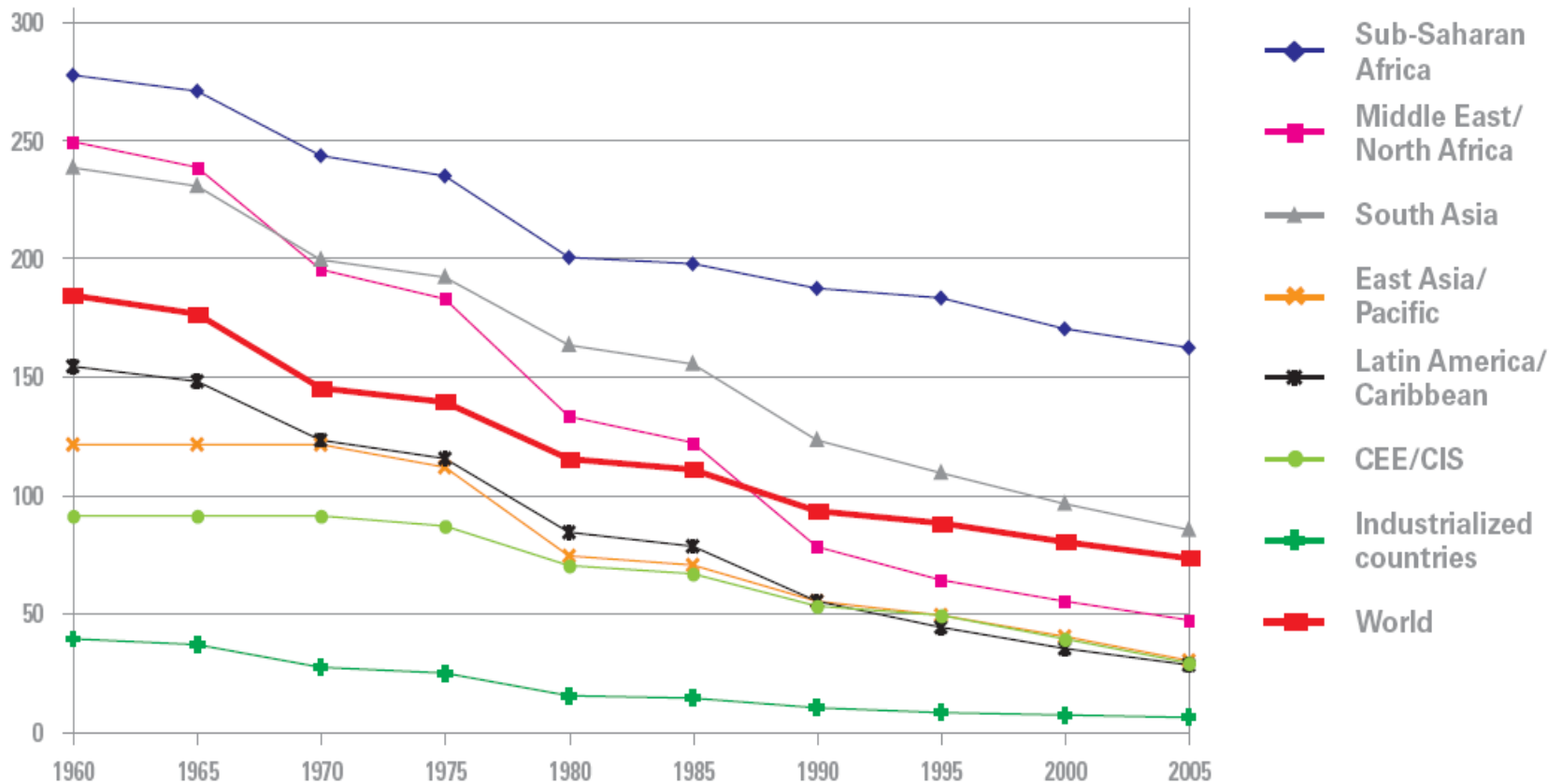
Kevin Marsh



wellcometrust

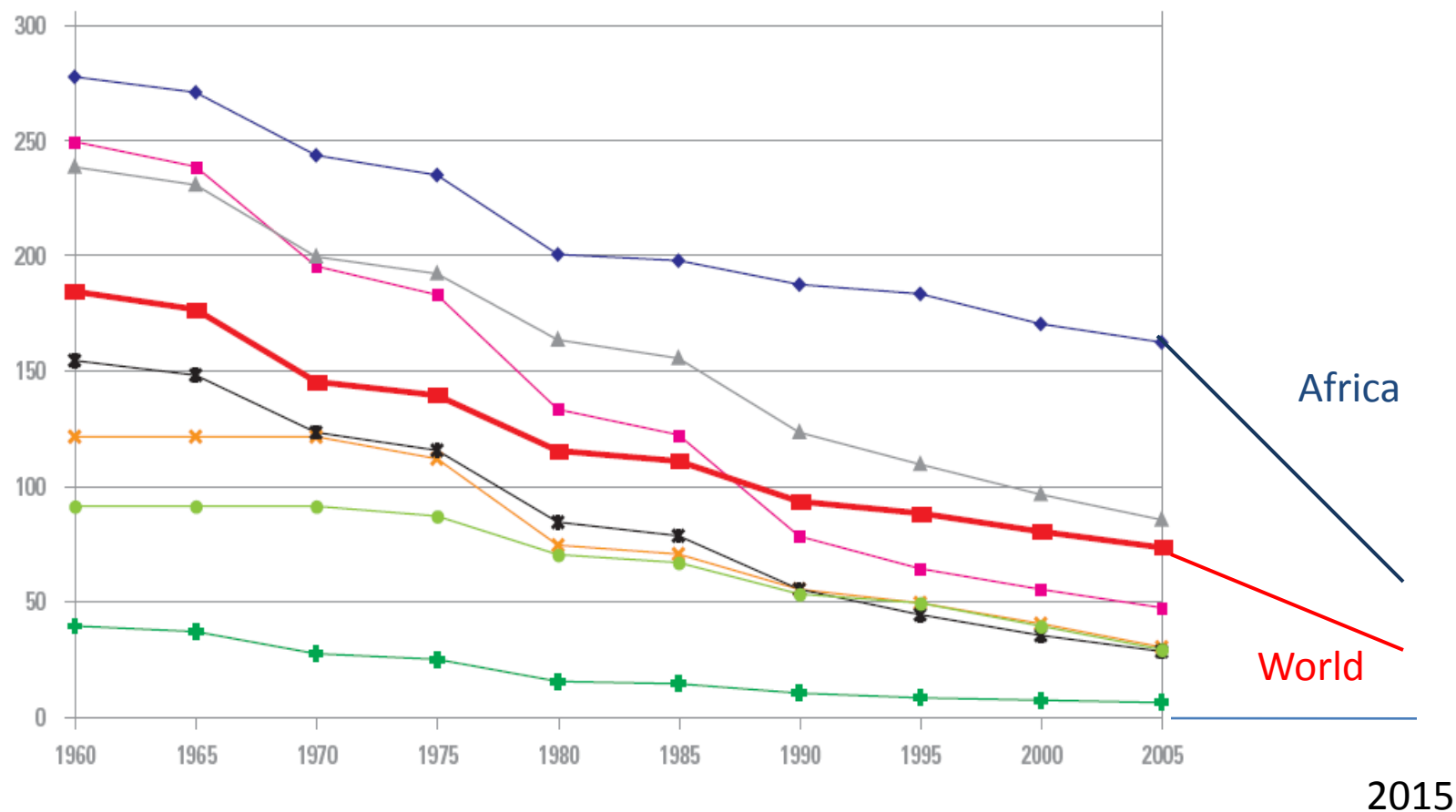
KEMRI Wellcome Programme

Under 5 mortality rates per region 1960-2006

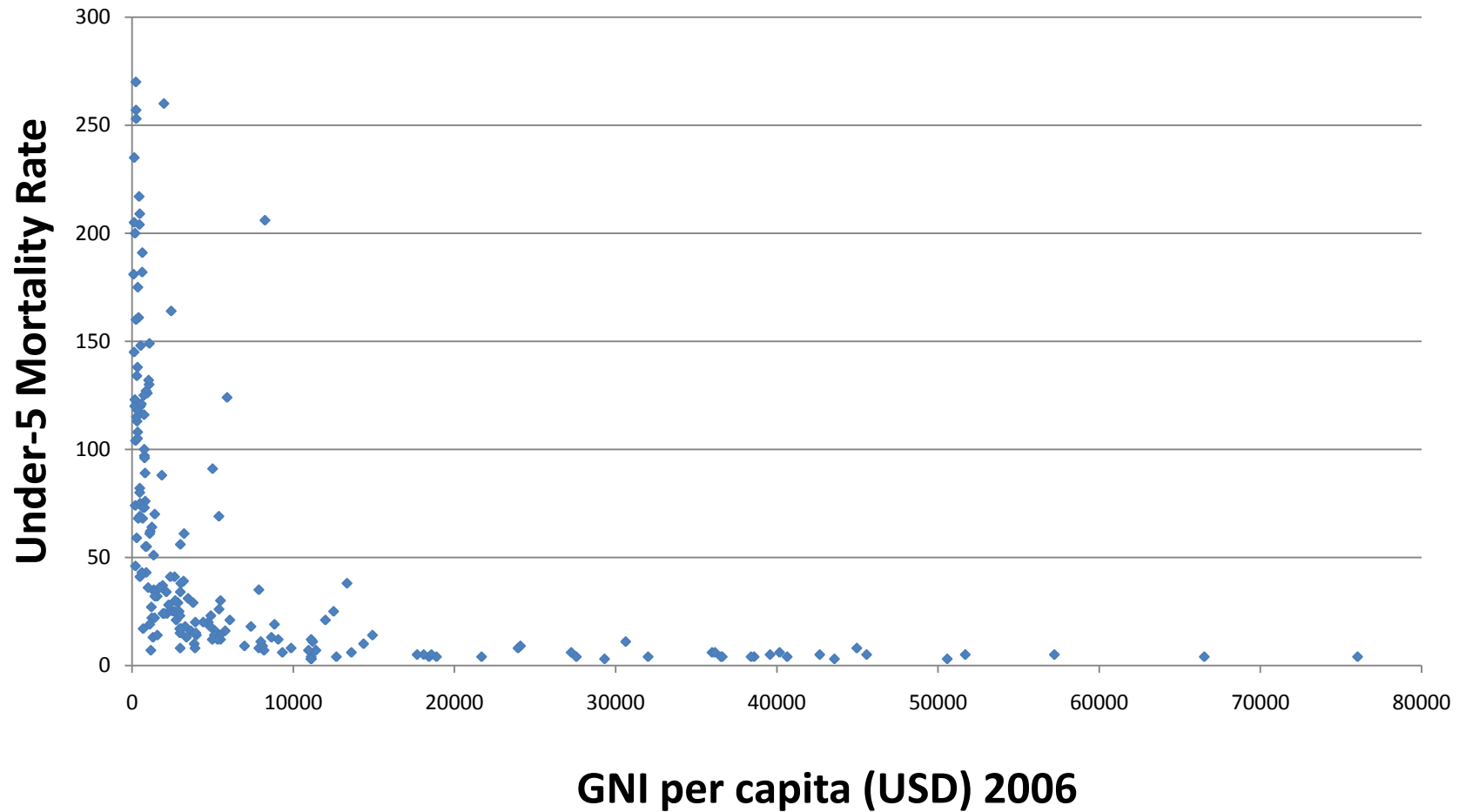


Milenium Development Goal 4: Reduce CMR by two thirds 1990-2015

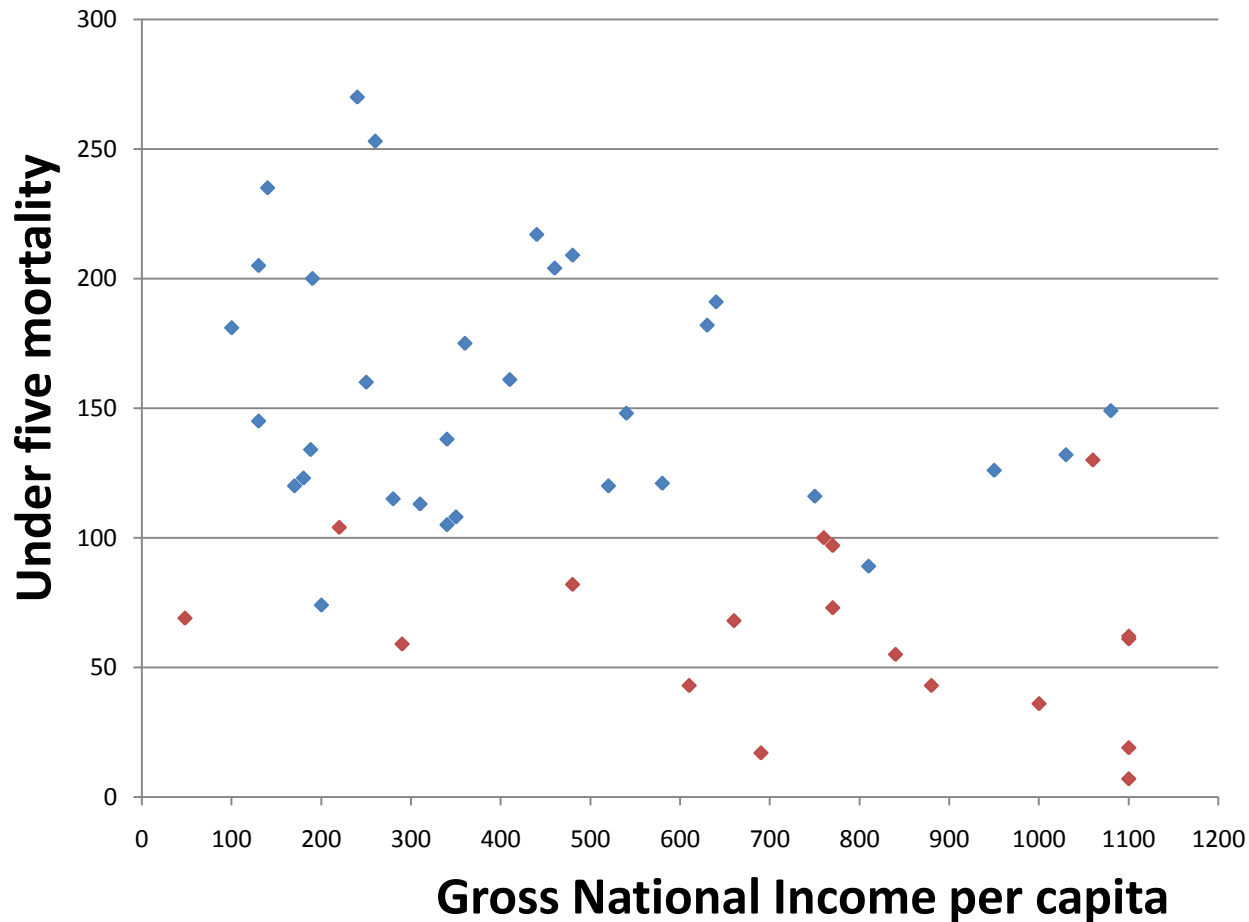
MDG4 Reduce CMR by two thirds from 1990 to 2015



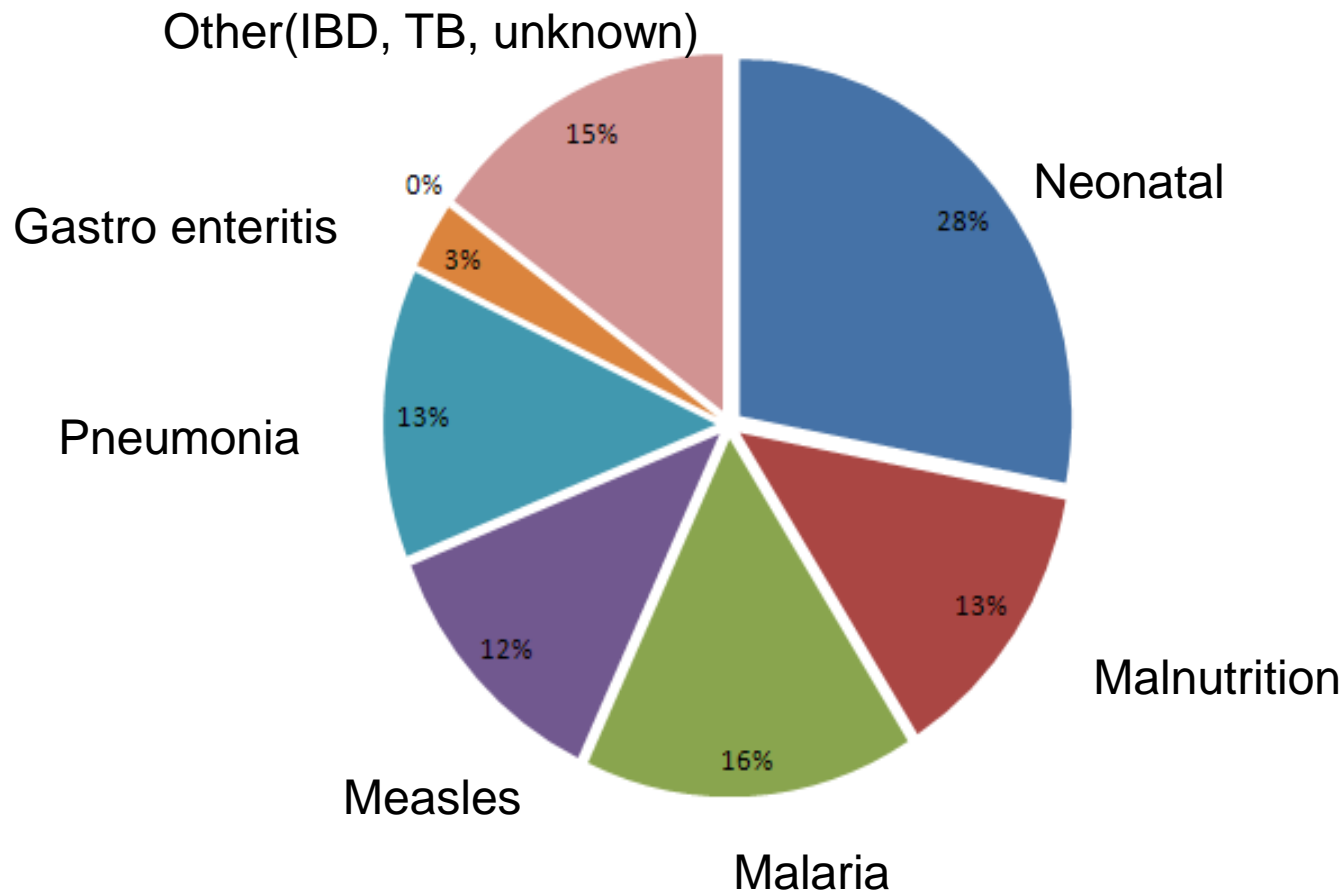
Under 5 mortality rate and GNI



Under 5 Mortality in countries with GNI less than \$1200

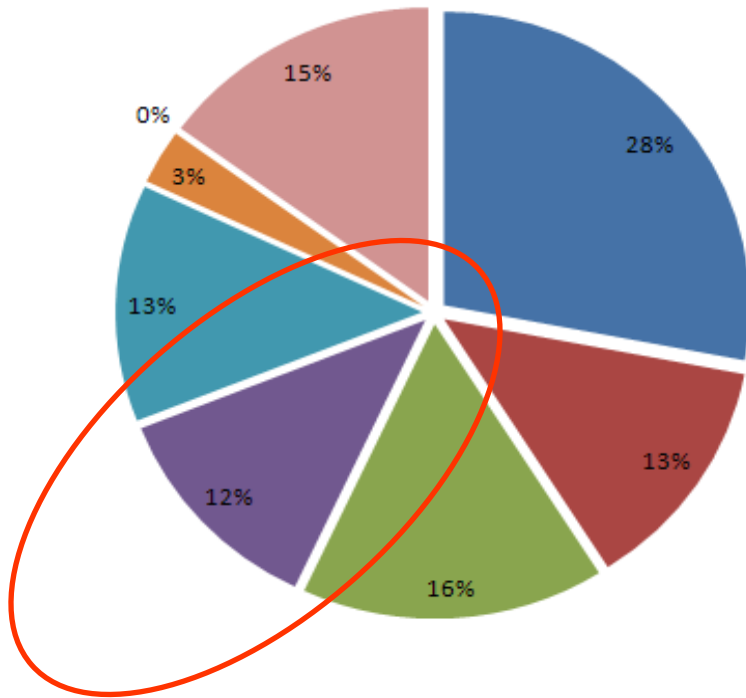


Cause of Death in Hospital on Kenyan Coast 1990

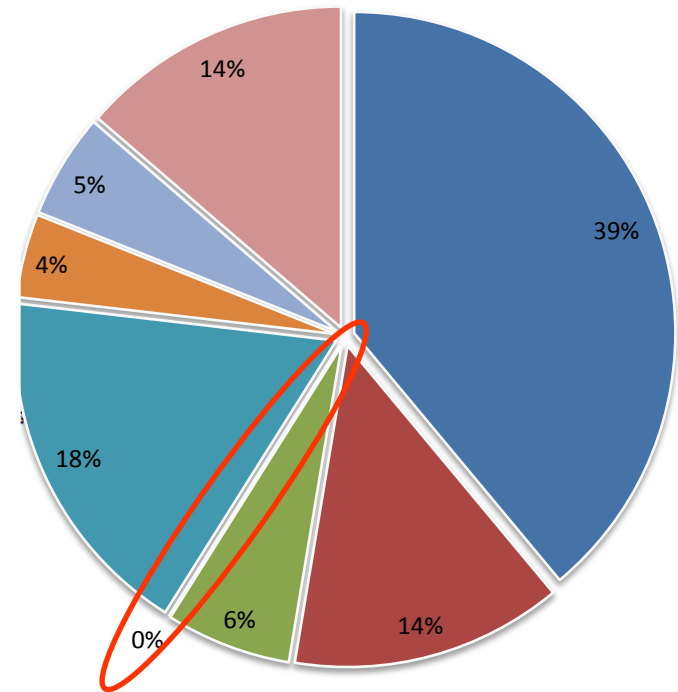


What Happened to Measles?

Measles mortality in Africa reduced 75%

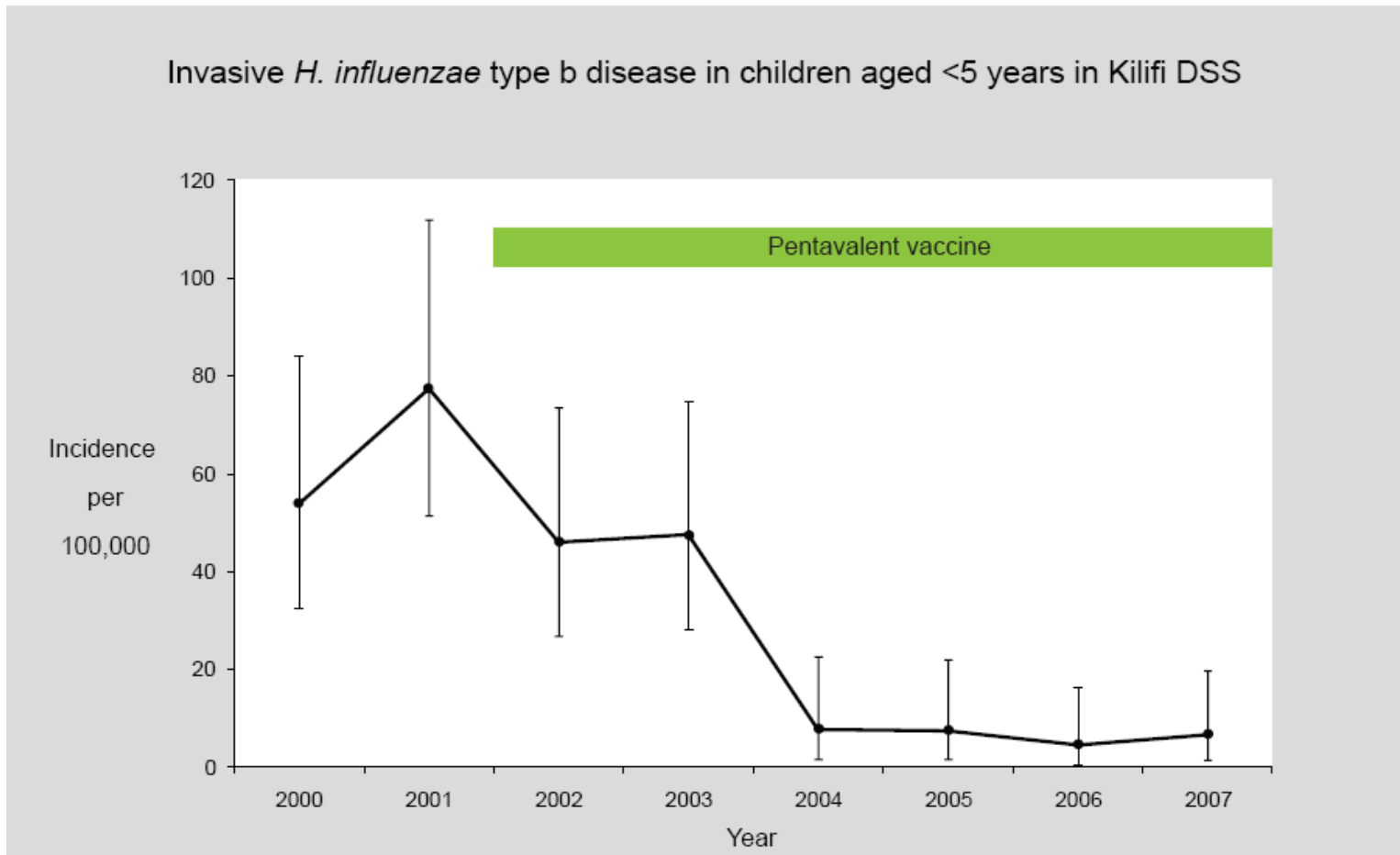


1990



2007

Haemophilus : The Silent Killer

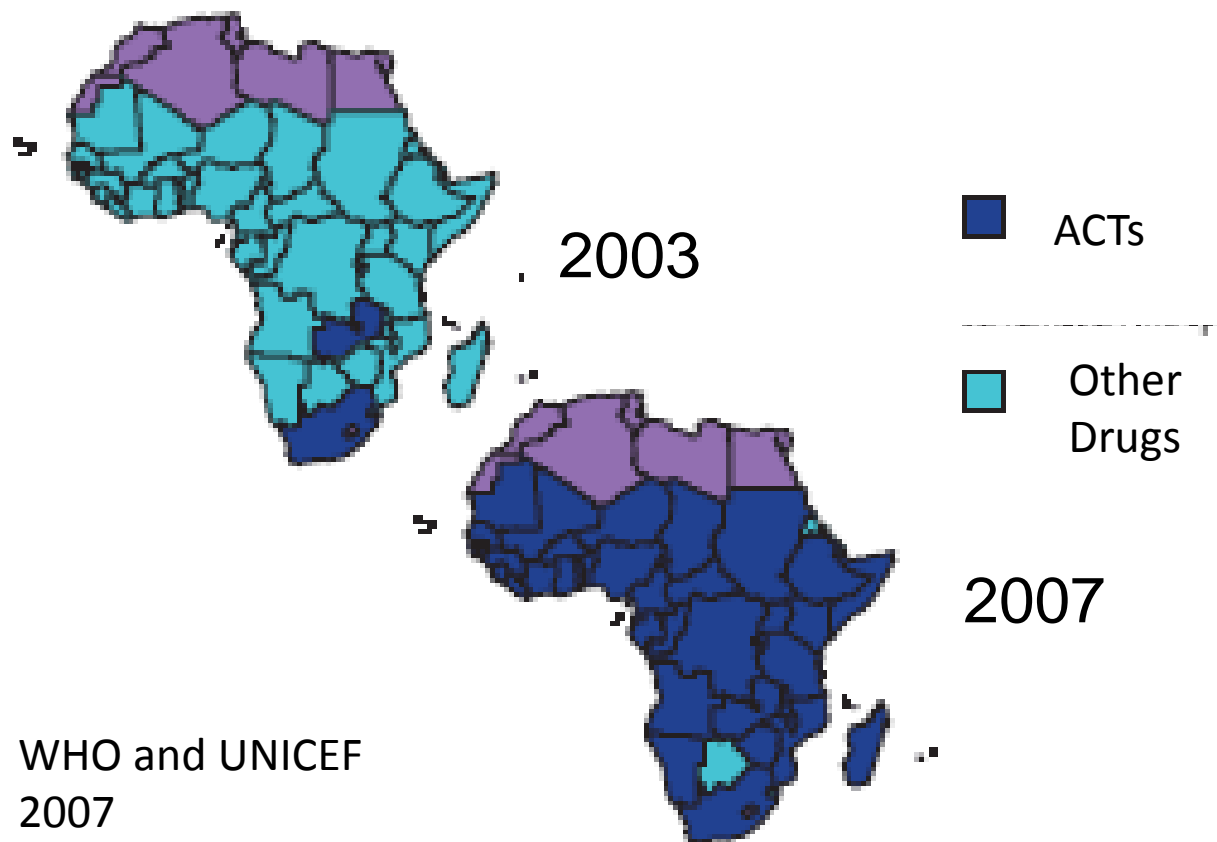


Pneumococcal vaccine will be introduced to Kenya in 2010

Malaria Ten Years Ago

- Malaria a disaster
- 1-3 million deaths
- Failing drugs
- Lack of national and International will
- Major economic impediment to development

Rapid Scale up of Artemisinin Combinations







ITN in Africa 2000-2007

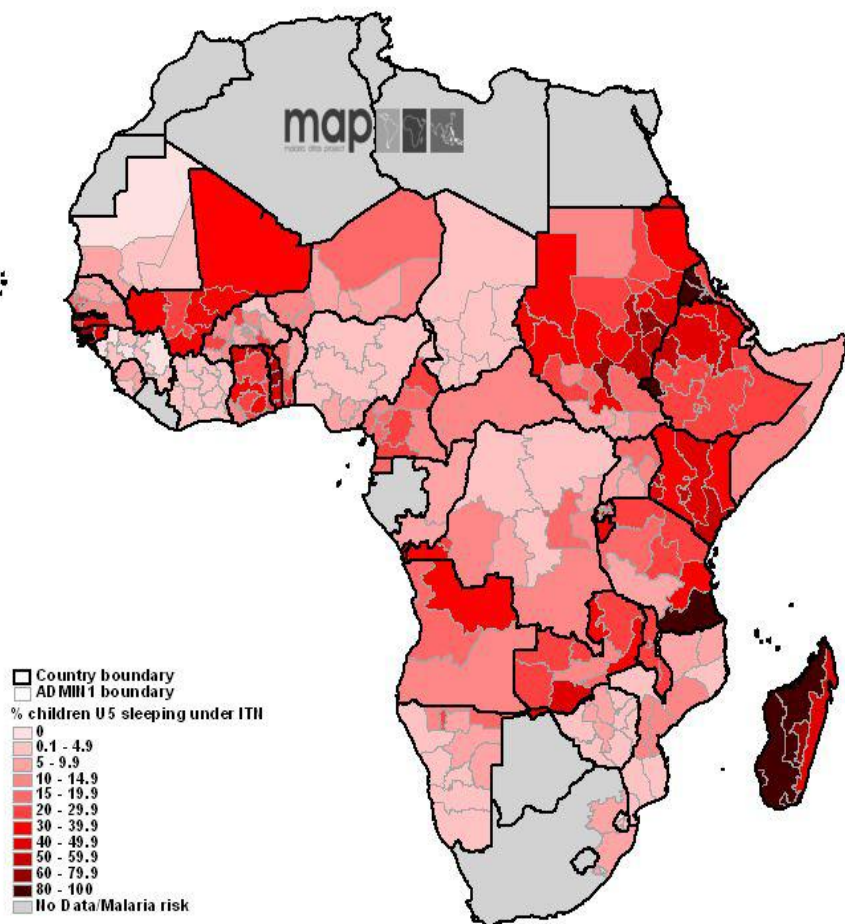
Of children living in stable endemic areas of Africa

c. 2000 **4%** under an ITN

c. 2007 **18%** under an ITN

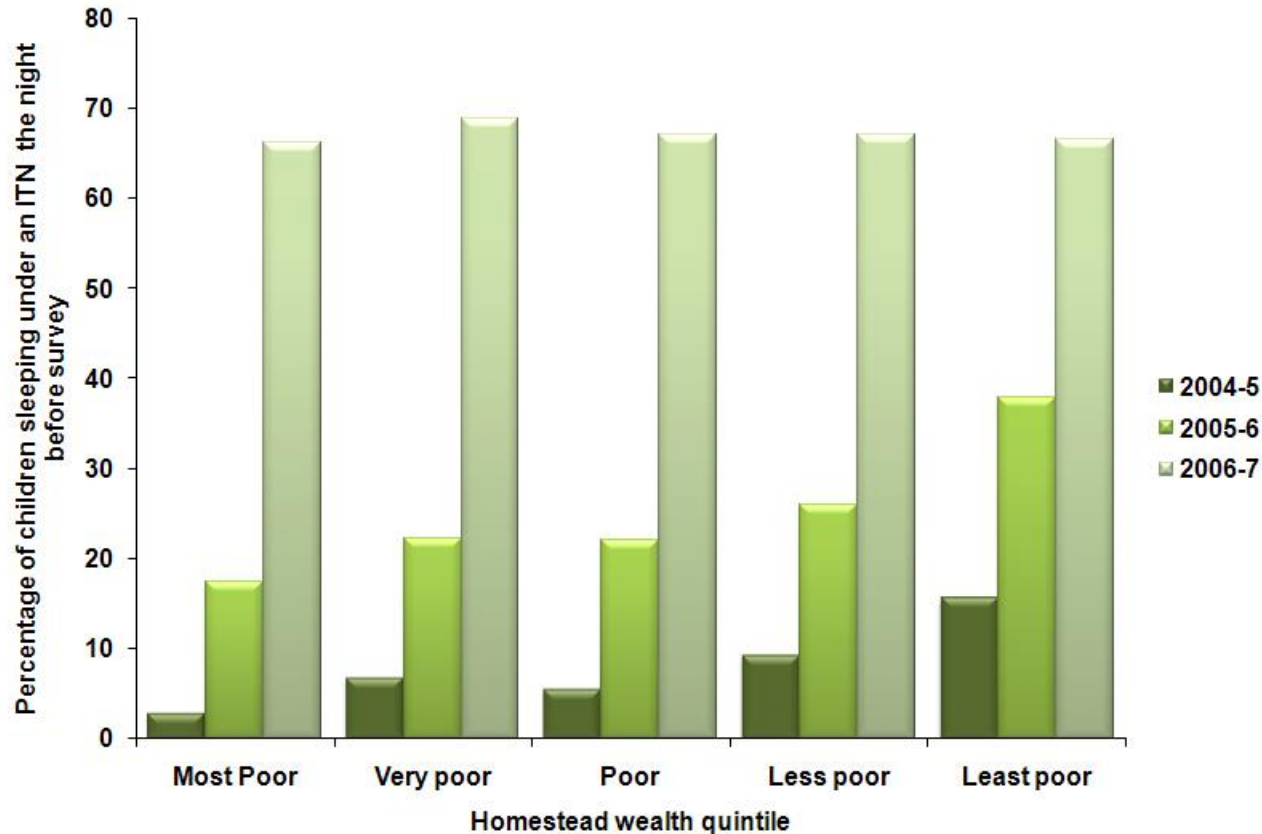
90 million children did not sleep under an ITN in 2007

Most within only **7** countries



Noor *et al.*, *Lancet* (2008)

The Kenyan Example



2004 Social Marketing & Commercial Sector approaches – **33 Million USD**

2005 Above + heavily subsidized – **54 Million USD**

2006 Above + FREE – **17 Million USD**

Too poor to pay: charging for insecticide-treated bednets in highland Kenya

Helen L. Guyatt¹, Sam A. Ochoa² and Robert W. Snow¹

¹ Wellcome Trust Research Laboratories/KEMRI, Nairobi, Kenya and Centre for Tropical Medicine, University of Oxford, John Radcliffe Hospital, Oxford, UK

Personal view

Insecticide-treated net coverage

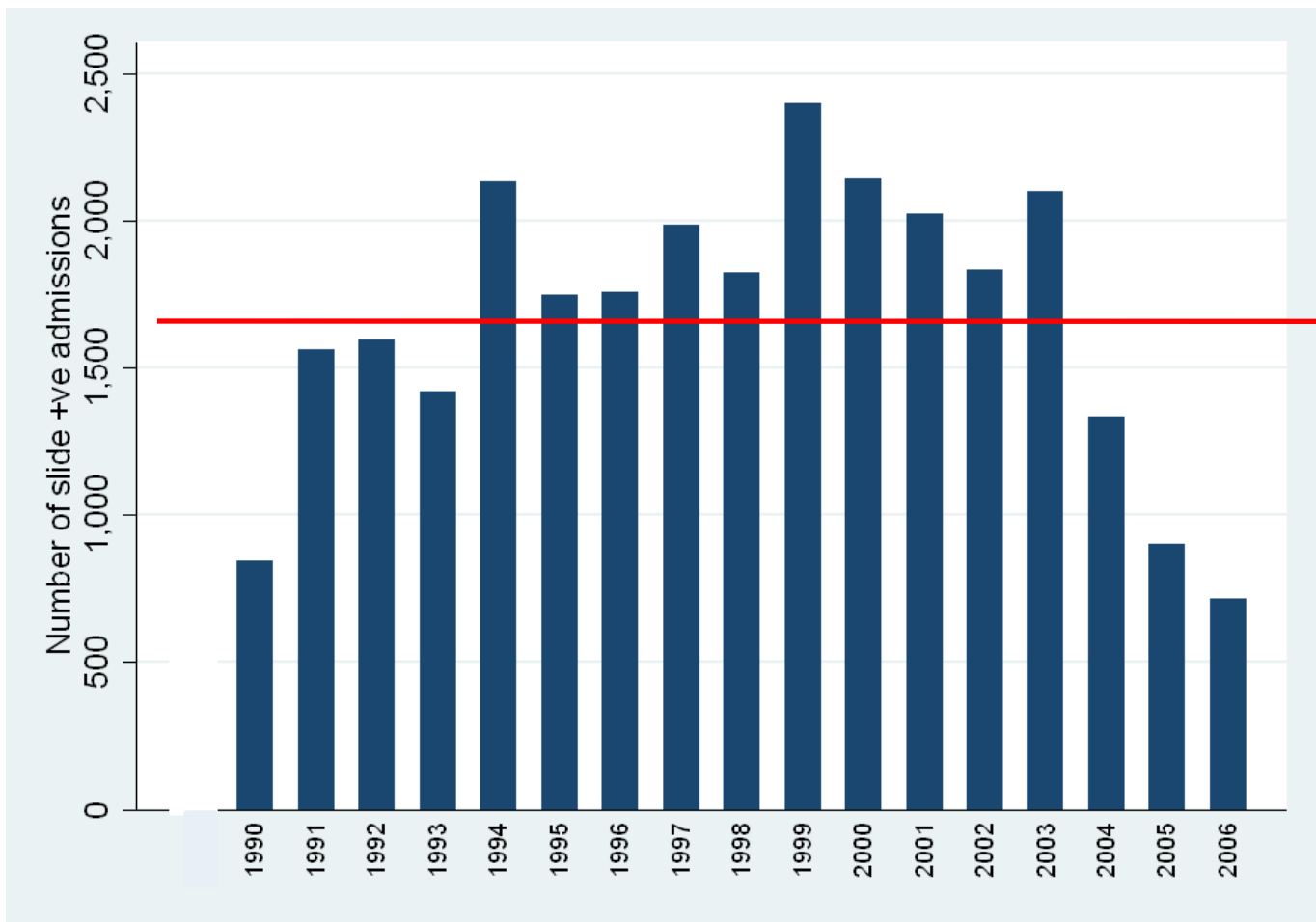
Scaling-up coverage with insecticide-treated nets against malaria in Africa: who should pay?

Christopher Curtis, Caroline Maxwell, Martha Lemnge, W. L. Kilima, Richard W. Streats, William A. Hawley, Yves Bergevin, Carlos C. Campbell, Jeffrey Sachs, Anish Teklehaimanot, Sam Ochoa, Helen Guyatt, and Robert W. Snow

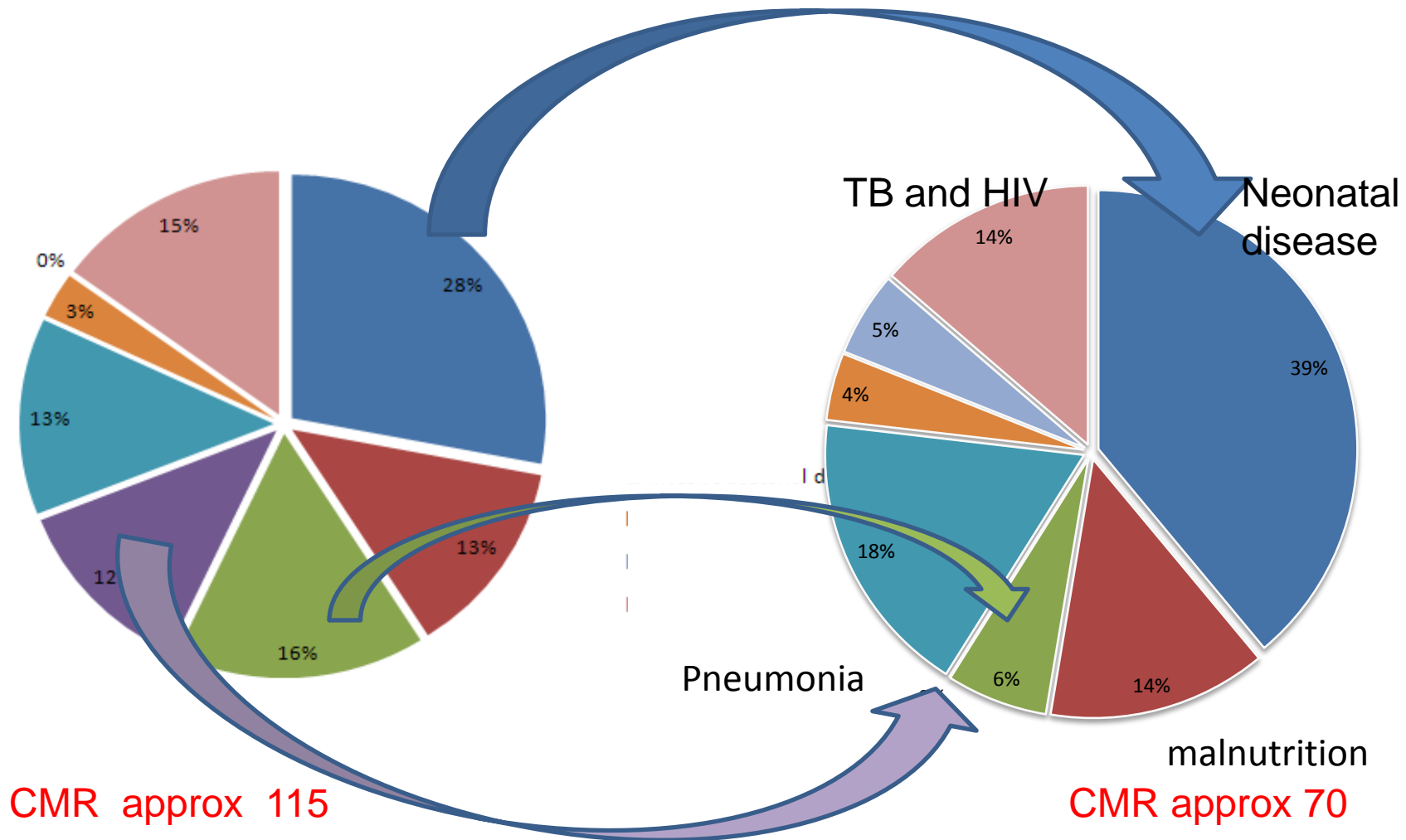
Insecticide-treated nets (ITNs) have been shown to reduce the burden of malaria in African villages by providing personal protection and, if coverage of a community is comprehensive, by reducing the infective mosquito population. We do not accept the view that scaling-up this method should be by making villagers pay for nets and insecticide, with subsidies limited so as not to discourage the private sector. We consider that ITNs should be viewed as a public good, like vaccines, and should be provided via the public sector with generous assistance from donors. Our experience is that teams distributed free



Malaria admissions Kilifi



Causes of Death KDH 1990 vs 2007



Child Health in Africa

- There is an epidemiological transition
- Tools exist to target all the major infectious causes of death
- Coordinated international and national action can be very effective at modest cost
- We can expect major reductions in the relative importance of infectious diseases
- The major determinants of child health and mortality will be (are) neonatal health and nutritional status

Child health is not only a biomedical problem

- Economic development
- Political will and national capacity
- Reform of preventative and curative health systems-with emphasis on maternal health
- Stable and accountable financing for health
- Replacement of vertical single targets with packages of evidence based high impact interventions

Key areas of research should be:

- Describing the epidemiology and measuring the burden
- Developing and testing new interventions
- Operational and translational research to find out what works
- Building capacity- both for research and to use evidence in public health policy

Building the evidence base and providing the tools

Close integration of Ministry of Health in research planning is essential

Thanks



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