

2022.12.01, Kisumu Africa Symposium





Science and Technology Research Partnership for Sustainable Development Program

2020-2025

### Interdisciplinary research for an integrated community-directed strategy for sustainable freedom from malaria



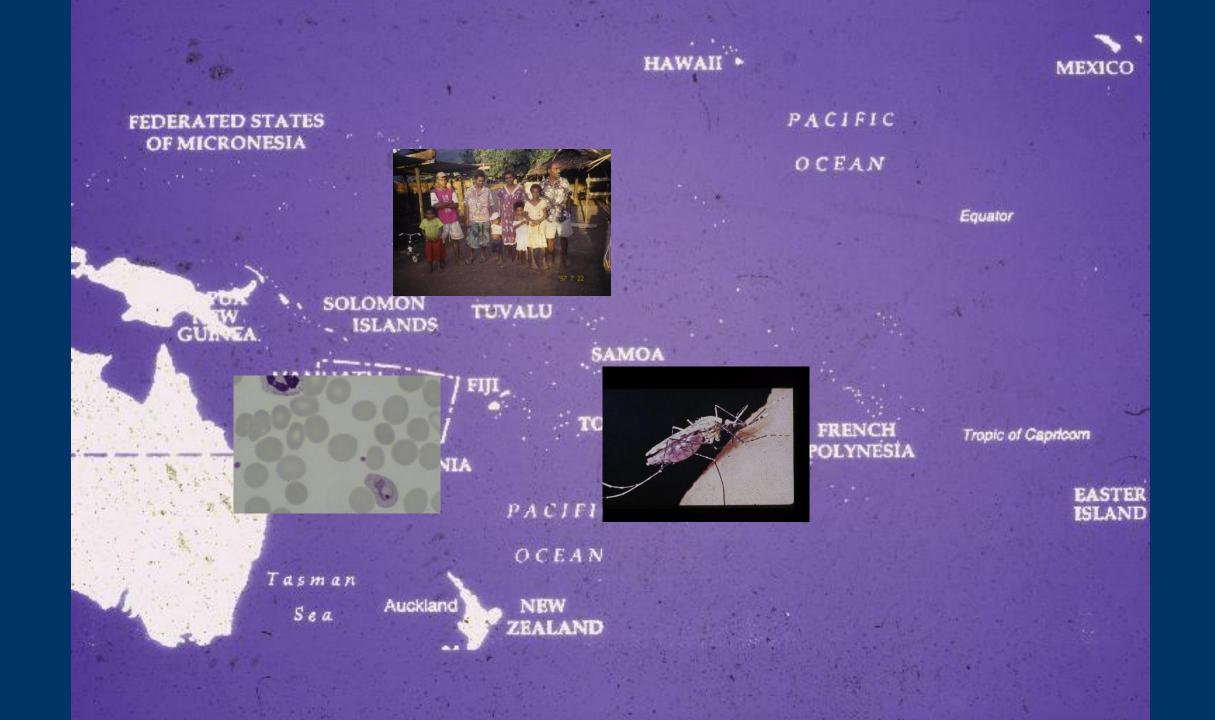
Osaka Metropolitan University

Akira Kaneko, MD, PhD Professor

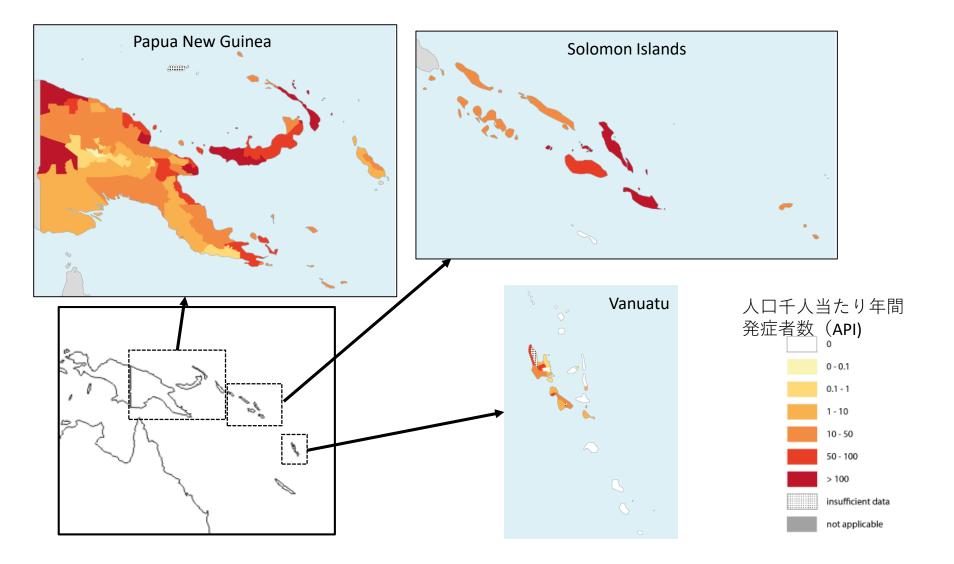




# From Vanuatu since 1987

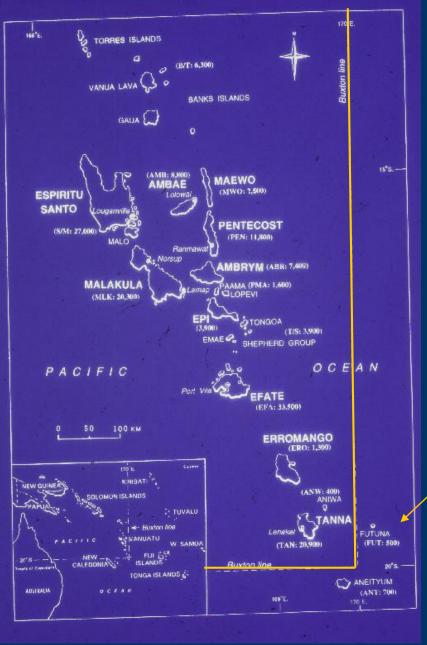


### Malaria in Oceania (2019)



# **Endemic disease**

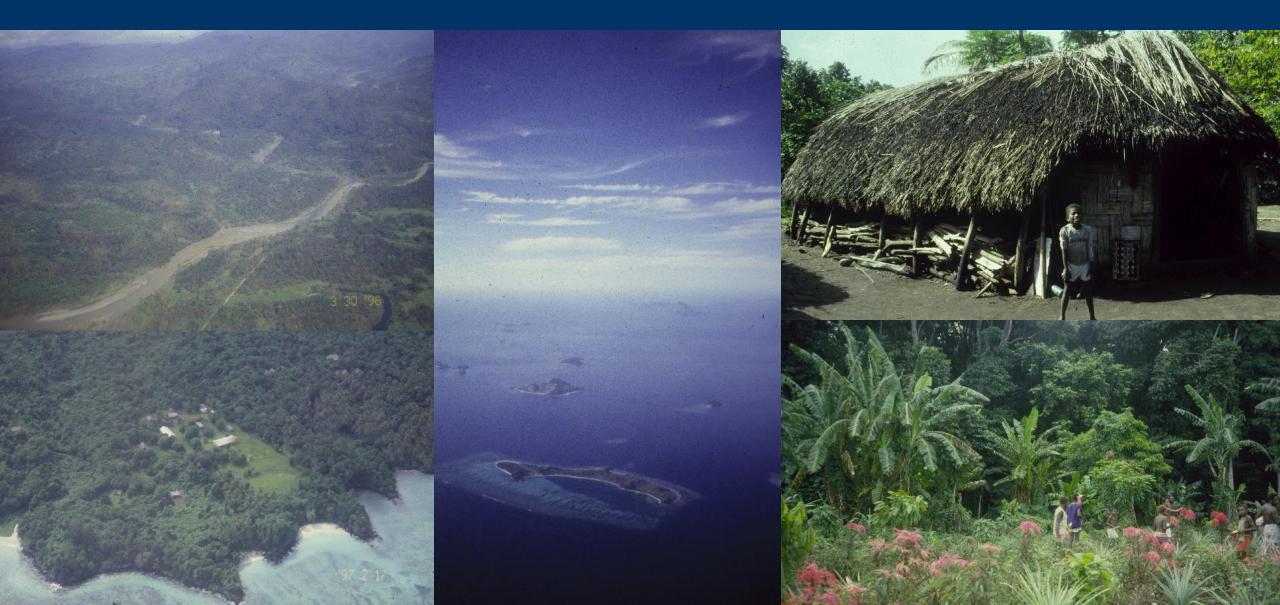
# Buxton line The Vanuatu Archipelago



200,000 population 120 languages 68 inhabited islands

Limit of Anopheles mosquito and malaria in the Southwest Pacific (Buxton 1926)

# Island life and community in Vanuatu



### Agricultural products in Vanuatu islands

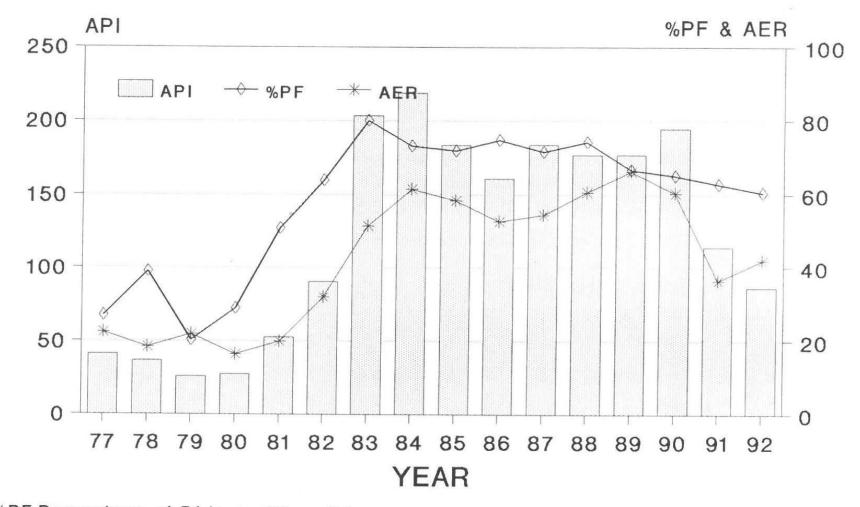




# Malaria infection and disease in Vanuatu



# FIG. 1 MALARIA TREND IN VANUATU 1977-1992



%PF:Percentage of Pf in positive slides AER:Annual Examination Rate API:Annual Parasite Incidence/1000 pop.

#### Malaria eradication on islands

Lancet 2000; 356: 1560-64

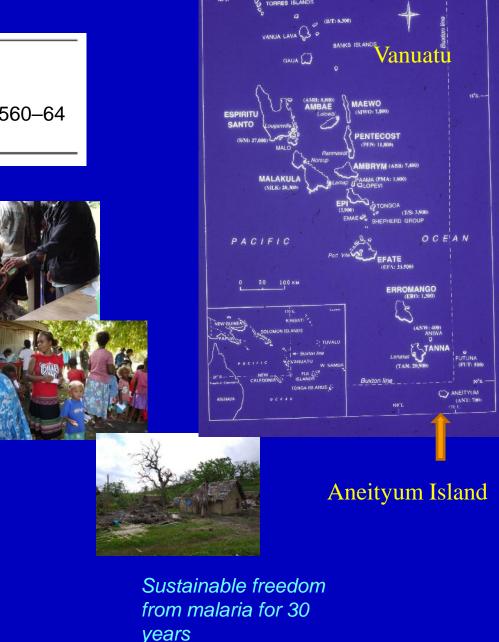
Akira Kaneko, George Taleo, Morris Kalkoa, Sam Yamar, Takatoshi Kobayakawa, Anders Björkman

1955-1969 Global Malaria Eradication Program Heavily reliant on DDT spray No magic bullet! No plan to fit for all!

Aneityum project since 1991

- Well-adapted short-term MDA
- Sustained vector control
- High degree of community participation

2000- New international commitment to GMEP The proof-of-concept from Aneityum island

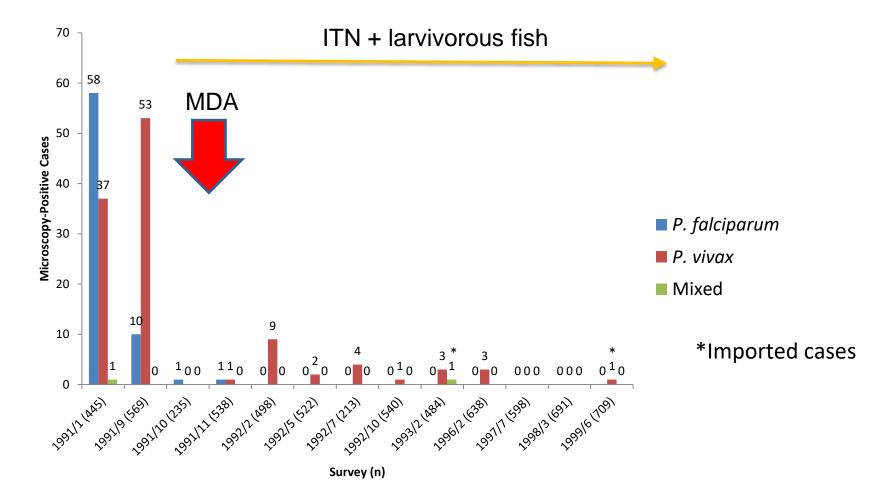




Daily monitoring and recording adverse events

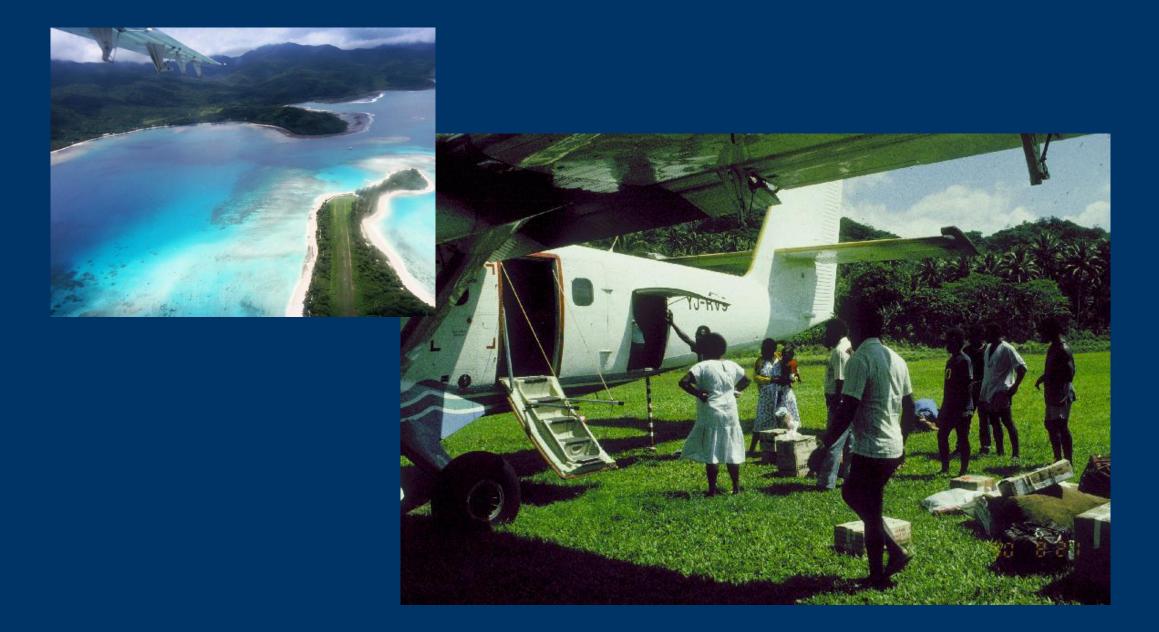


# Annual cross sectional surveys on Aneityum, 1991-1999



(Kaneko A et al. 2000)

### Risk of malaria importation to Aneityum



# Surveillance by community microscopist on Aneityum since 1993

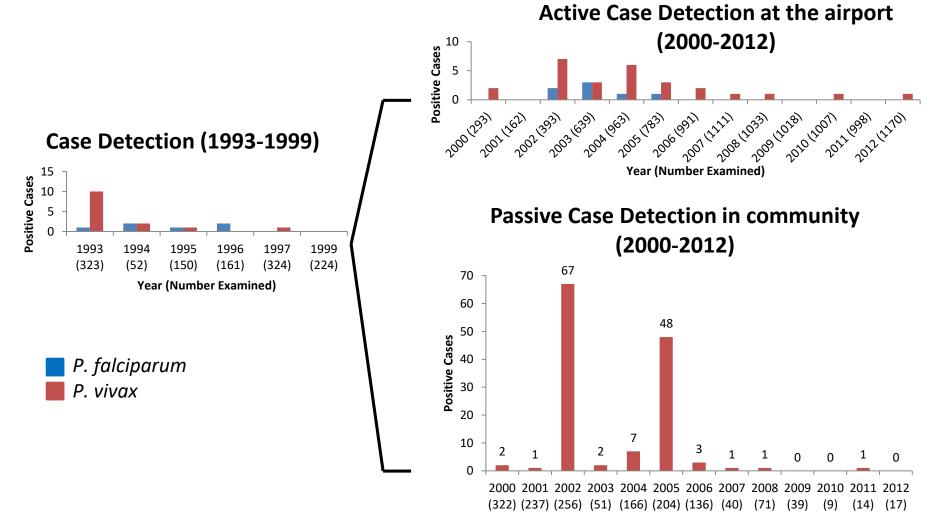




Active case detection for all arriving passengers

Passive case detection for fever cases in community

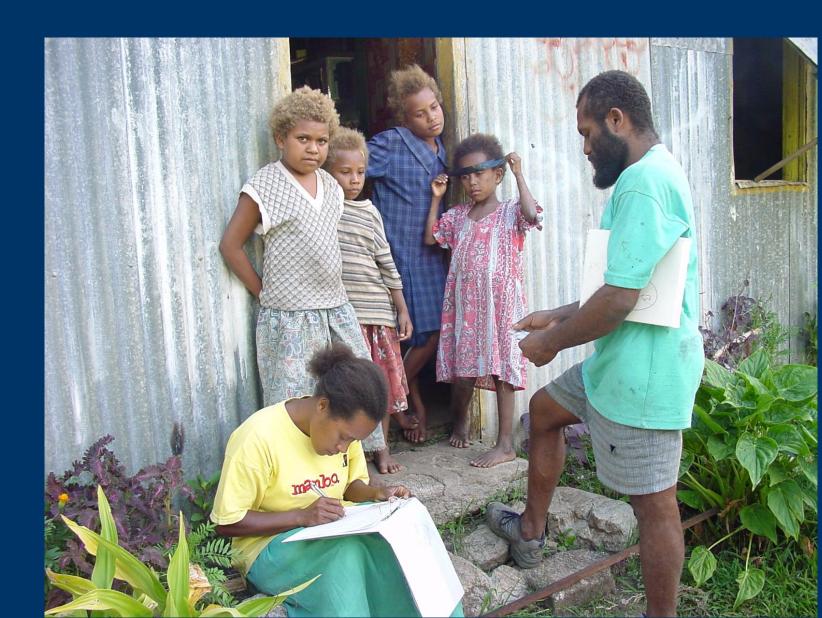
# Surveillance by community microscopist on Aneityum



Year (Number Examined)

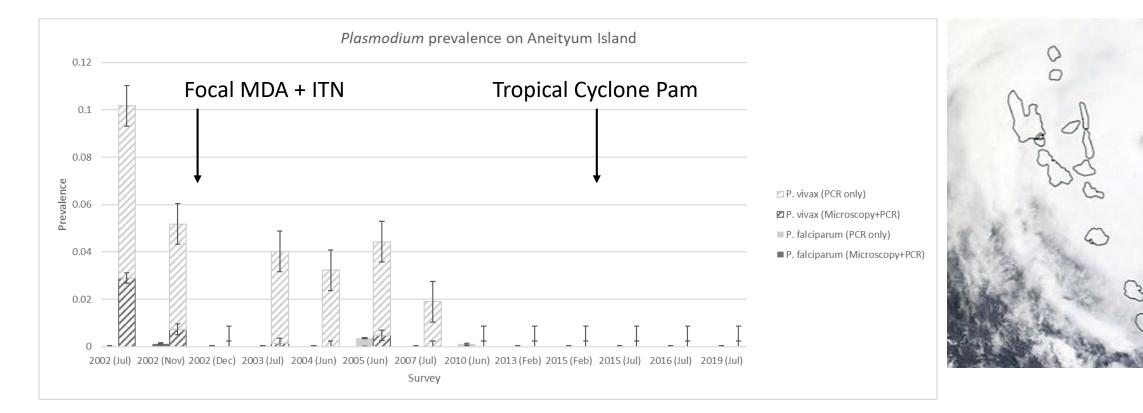
### The 2<sup>nd</sup> MDA on Aneityum island, November 2002

- to contain the *P. vivax* resurgence
- targeting the population <20 years old, based on the microscopy results
- with chloroquine and primaquine (daily 0.25 mg/kg for 14 days)
- with the high ITN provision (0.94 nets per person)



# Aneityum (2002-2019)

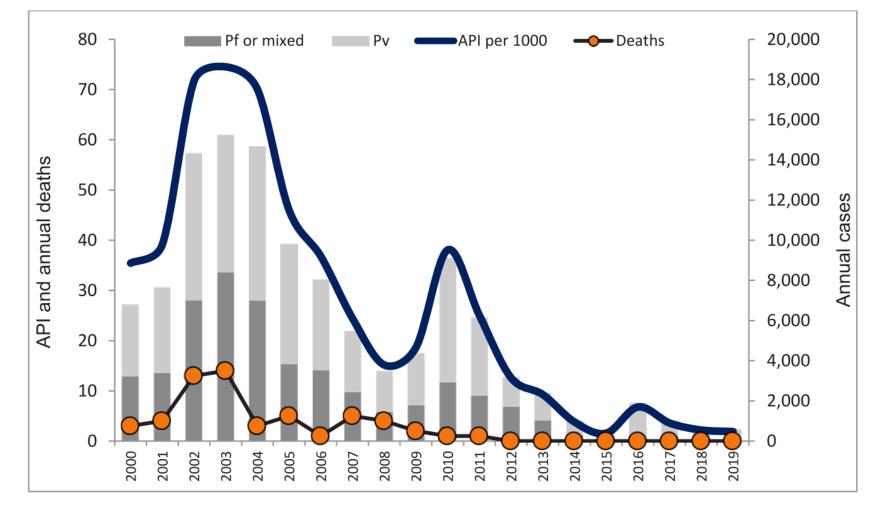
- Focal MDA (20 years and under) and strengthened ITN
- No Plasmodium infections since 2010





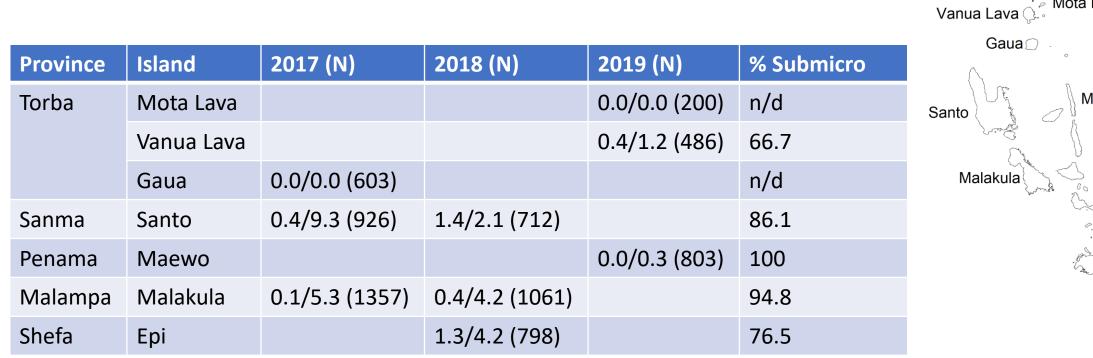
Sustainable use of ITNs on Aneityum island, 2014

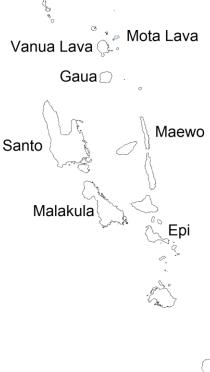
# National API (2000 to 2019)



Vanuatu Ministry of Health (2020)

# *P. vivax* infection rate (%) by RDT/PCR



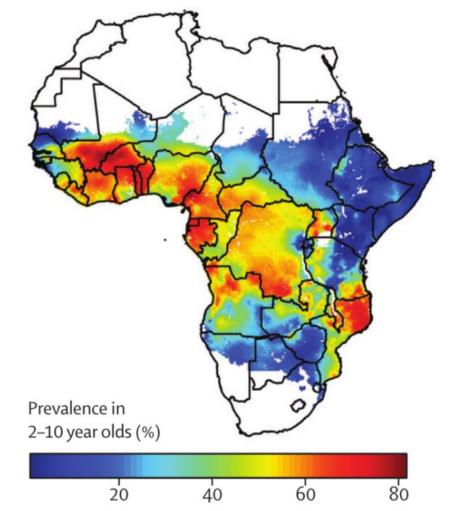


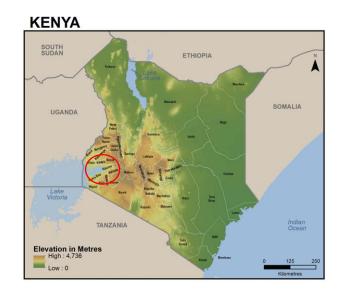
# The power of community is key for sustainable malaria elimination



# Vanuatu islands

# Towards a malaria-free continent





Tropical diseases need attention, too

•What if the world had tackled malaria with the energy now dedicated to the coronavirus?"

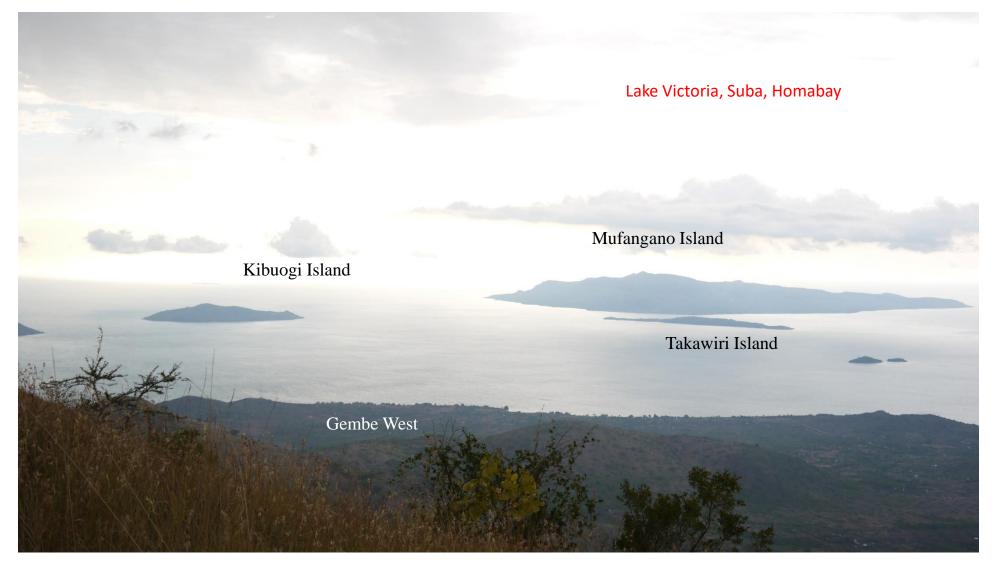
[Ntoumi F. 2020. Nature 2020; 587: 331.]

Accelerate malaria elimination in tropical Africa beyond the COVID-19 pandemic!

# Available malaria control tools

- LLIN: long-lasting insecticide-treated bed nets
- IRS: indoor residual spray
- RDT: rapid diagnostic test
- ACT: artemisinin-based combination therapy
- IPTp: intermittent prophylactic treatment for pregnant woman

### Why dose high malaria transmission continue?



# Residual transmission for malaria elimination

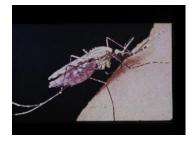
Asymptomatic/submicroscopic cases =>neither seek the treatment, nor are detected => maintain the transmission

Pyrethroid-resistance, early biting, and exophagic vectors; *An gambiae* => *An arabiensis* => resistant to available vector control methods such as LLIN and IRS

#### Multi-purpose human behaviors

=>alternative use of bed nets
=>delayed diagnosis and treatment
=>lack of ownership of the program

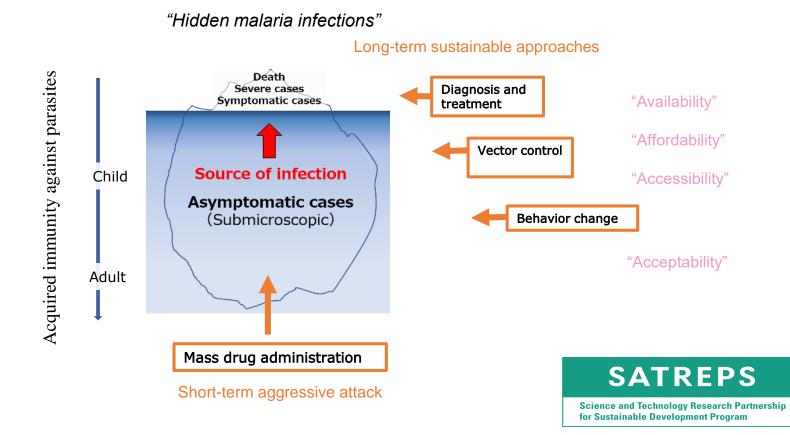






#### => Need alternative and innovative approaches

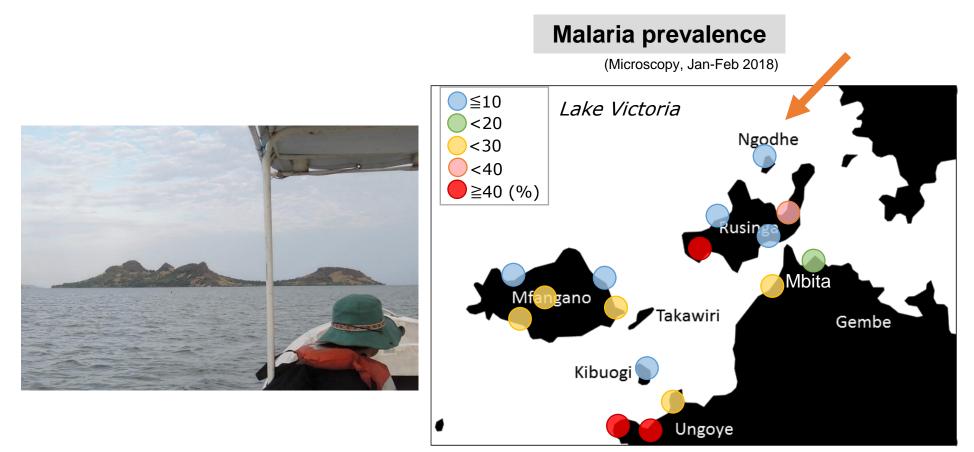
#### Develop an integrated strategy for sustainable malaria elimination



2020-2025

# A pilot MDA study on Ngodhe Island (Jan 2016~)

- Low endemic area located close to moderate/high endemic area
- ~600 population
- 3km away from the nearest island
- 2 beach points to access



Mass drug administration targeting the whole population on Ngodhe Island, 2016 "Community-directed approaches"



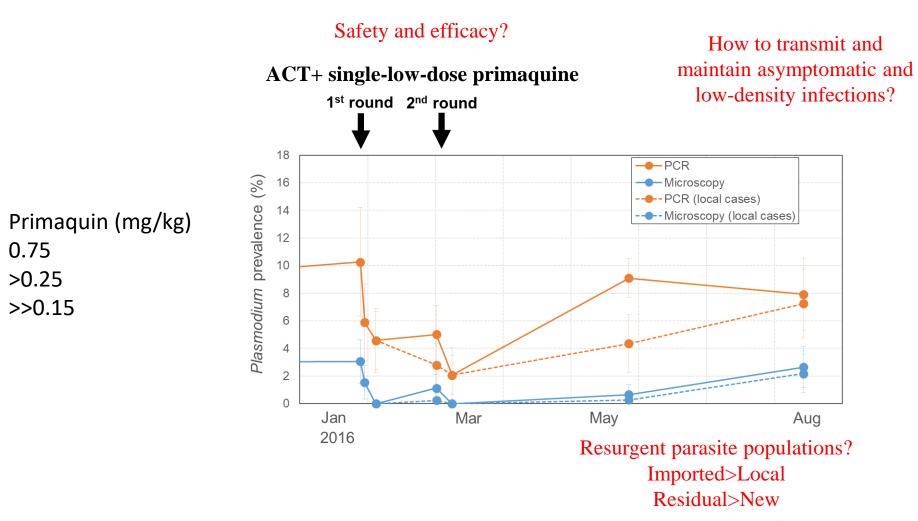






A pilot MDA study on Ngodhe Island (2016)

Malaria resurgence after elimination

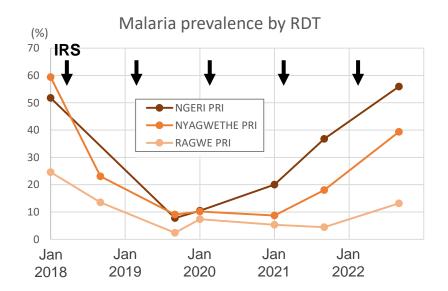


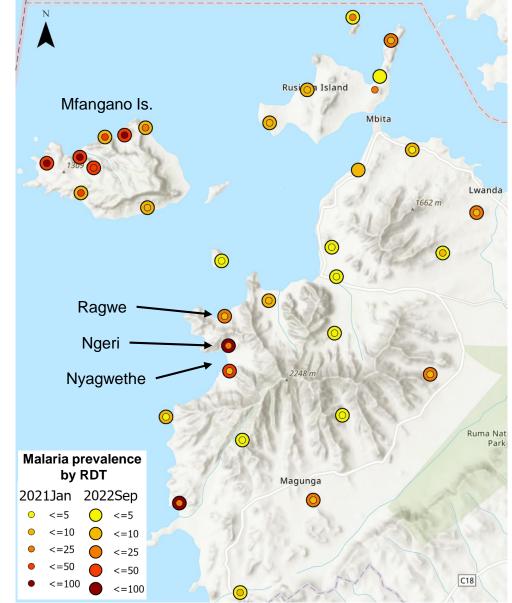
[Kagaya et al. 2019]



# Epidemiology in the study area

- 2021Jan: low prevalence due to the IRS campaign (except islands)
- 2022 Sep: resurgence in some spots (suppression in Mfangano due to the ceiling net trial)
- Resurgence are mostly observed in historically high transmission spots





\*Data for Mfangano are 2021 Jan and 2022 May.

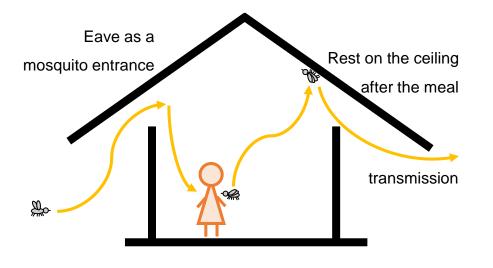
[Kagaya et al., unpublished]

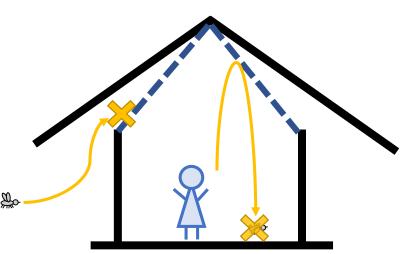
### Novel vector control: Olyset®Plus ceiling net

With Minakawa-lab Nekken

- A pilot study of ceiling nets on Ngodhe and Kibuogi Island (2019.9~)
- Proof the effectiveness of Olyset®Plus (Sumitomo Chem Co.) with pyrethroid+piperonylbutoxide (PBO) to counter pyrethroid resistant mosquitoes (Minakawa et al. 2021)
- On the top of the LLIN use distributed by NMC







- Protect (1) those who do not have/use nets
  - (2) from early biting mosquito
- Stop the transmission



In Session 3 Wataru Prof. Minakawa

RCT of Olyset®Plus ceiling net on Mufangano Island

**Community engagement** Strategies aiming at behavioral changes to promote preventive measures With Matsumoto-lab (Otaru Univ of Com.) Nagi/Iwashita-lab (Tokyo Women Med Univ)

#### Economic intervention (households)

- Knowledge enhancement on proper prevention measures
  - Modifying long-term cost recognition of malaria
- · A conditional award if non-infection is proved
  - Incentive scheme to compensate the cost of prevention action "Nudge to better selfprotection"

#### Citizen science approach (communities)

- · Cultivate a social capital in the communities
  - Positive peer effect = community prevention
  - Activate Community Health Volunteers (CHV)

### **Economic Intervention**

- Incentivization for malaria prevention and early treatment
  - Conditional Cash Transfer (CCT): giving each individual Ksh 200 reward for those having the RDT negative in the follow-up
  - Lottery Incentive Scheme (LIS): giving each individual a lottery with a 10 % chance to win Ksh 2,000 reward for those with the RDT negative in the follow-up



Research Collaboration for Malaria Free Kenya





In Session 4 Prof. Matsumoto

Economic intervention in Suba south

# Community health volunteer (CHV)







#### Monitoring of the impacts of interventions



Cohorts in Mufangano and Suba south

### Center for Malaria Elimination Homa Bay Hospital

- A field sample processing center has established
  - Malaria diagnosis with microscopy, PCR, Sysmex XN-31p
  - PBMC, iRBC, plasma, RNA isolation
  - Sample storage (4C, -20C, -80C, Liquid nitrogen)
- With 2 lab techs, power backup, stable water supply
- Accumulated the know-how on establishing the molecular biology grade lab in the limited setting
- Plan seminars to immense the knowledge of molecular biology to local staffs



#### Novel malaria diagnostics: Sysmex XN-31

- Evaluate the test performance in Homa Bay County Hospital
- Finger-tip sampling from malaria-suspected patients
- Compare with microscopy, RDT, and PCR
- Stability with storage period and temperature

[Kagaya W, et al. 2020]

- Applicability of the system on school mass survey
- Build and test the sample transport and measurement system
- Detect asymptomatic infections







### Research Center for Malaria Elimination Mount Kenya Univ.

- Advanced analysis of field samples
  - Genetics (Next Generation Sequence)
  - Serology (Multiplex)
- Omics study
- Field to bench, bench to field
- Platform for MSc/PhD students in Kenya to learn advanced skills in the lab



<u>Jesse Gitaka</u> (PI in Kenya) PhD in Nagasaki >Head in MKU



Bernard Kanoi PhD in Ehime >PostDoc in Ehime >EDCTP (EU grant)



<u>Caroline Kijogi</u> PhD in Nagasaki >EDCTP >Tohoku Univ.



<u>Mtakai Ngara</u> PhD in Karolinska Inst. >VR (Swedish grant)

In Session 4 Dr. Kanoi

# Thank you very much for all supports!

Community members All staff and students SATREPS Kakenhi VR Hitachi Fund Support Nikkei FT Communicable Diseases Conference