



MASSE CRITIQUE, DEVELOPPEMENT RESPONSABLE EN MATIERE DE SANTE ET COOPERATION INTERNATIONALE.

Experience Malienne dans le domaine du paludisme et la Medicalisation
des Zones Rurales

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Paris College de France, Juin 17-18, 2013

DEVELOPPEMENT SOCIO-SANITAIRE EN TANT QUE PROCESSUS D'ADAPTATION CONTINUE:

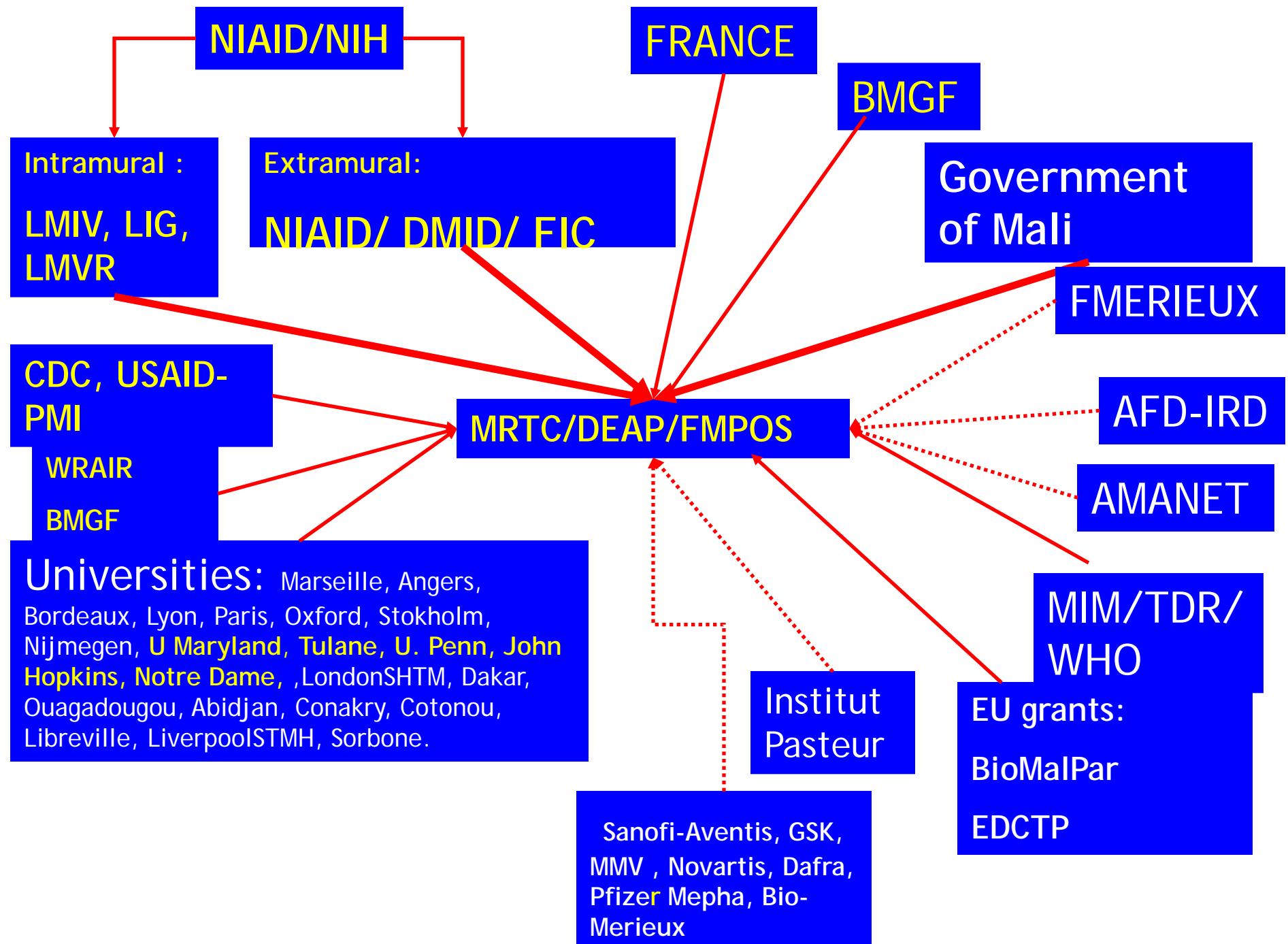
1] CO-EVOLUTION ENTRE ESPECES LINNEENNES

2] MODIFICATIONS
ECOLOGIQUES/ENVIRONNEMENTALES/SOCIETALES

3] CONNAISSANCES SCIENTIFIQUES ET TECHNIQUES

4] MODIALISATION

" SEULES LES SOCIETES CREATIVES ET QUI PENSENT AUX
SOLUTIONS S'ENSORVENT" =>
NOTION DE MASSE CRITIQUE



Pr. (feu) RANQUE: Fondateur du DEAP, 1976

**F0.1. Génération du DEAP
Fondateurs du MRTC, 1992**

F1 Génération du MRTC/DEAP

F2 Génération du MRTC/DEAP

F3 Génération du MRTC/DEAP

F4 Génération du MRTC/DEAP

F5 Génération du MRTC/DEAP

Pr. (feu) Philippe RANQUE

F0.1

Pr C. Soucko

Pr A. Diallo

Pr Y.T. Touré

Pr A.Tounkara

Pr O.K. Doumbo

Professeur ENSUP

Recteur Univ. Bko

OMS- Geneva

Doyen FMPOS

Directeur PER / MRTC

F1.1

A. Dolo O. Koita A. Djimde S. Doumbia M. Diallo M. Théra A. Touré S. Diop S. Sow F. Traoré B. Traoré

MEDRU

F1.2

A. Dicko O.B Touré M. Diakité B.Podiougou M S Sissoko I. Sagara K. Kayentao O. Thiero A. Bea L Sangaré

F2.3

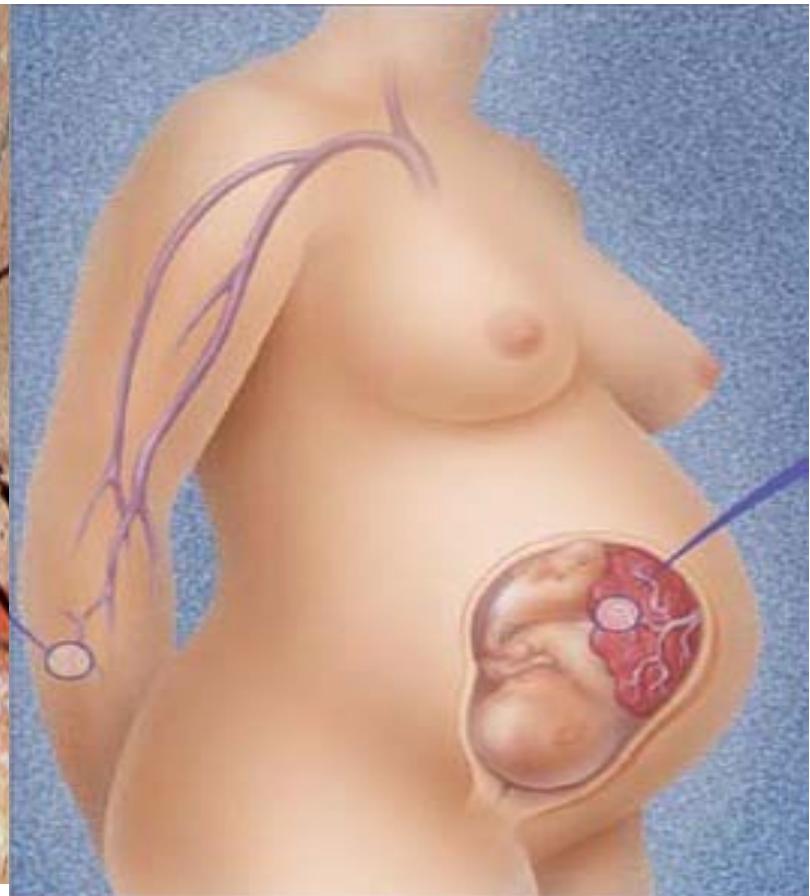
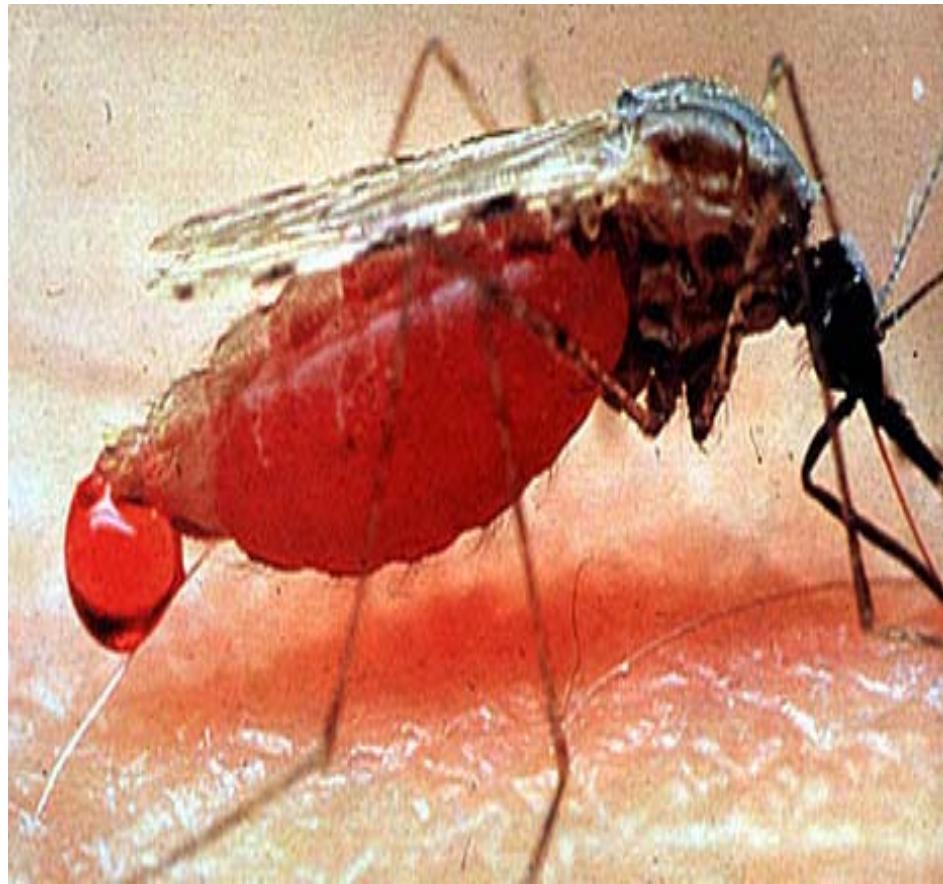
F2.4

F2.5

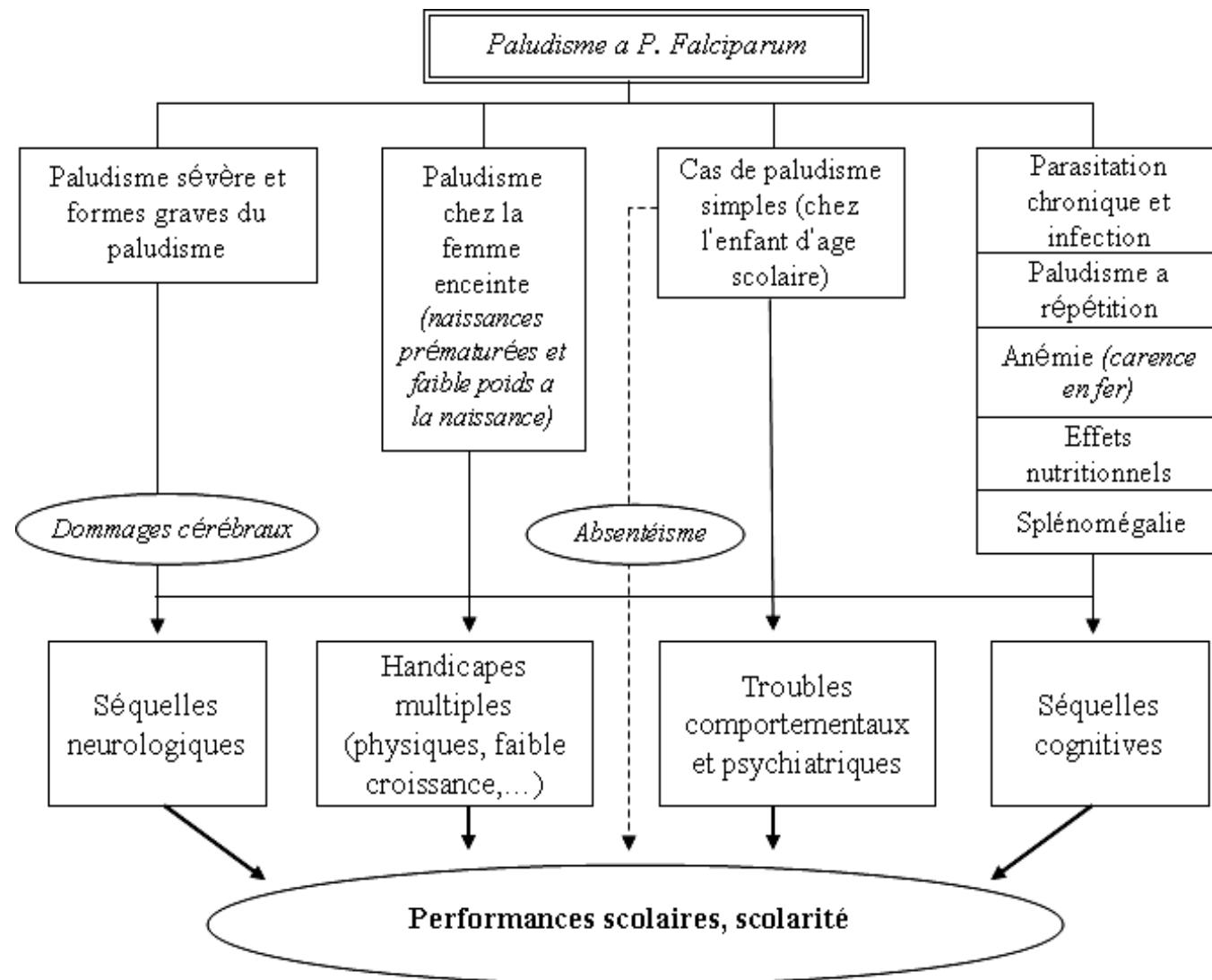
En formation Mali, Afrique, Europe, USA.

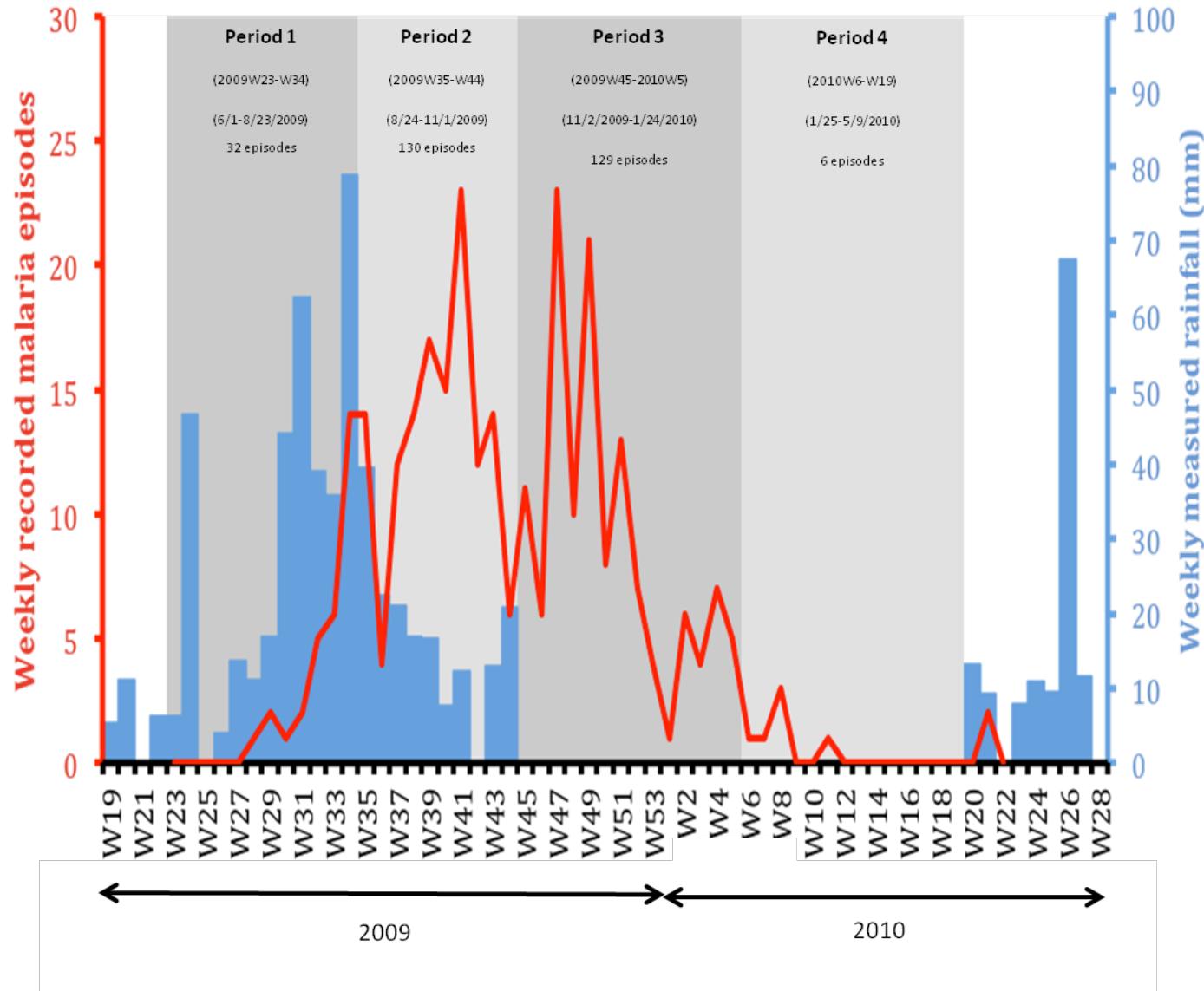


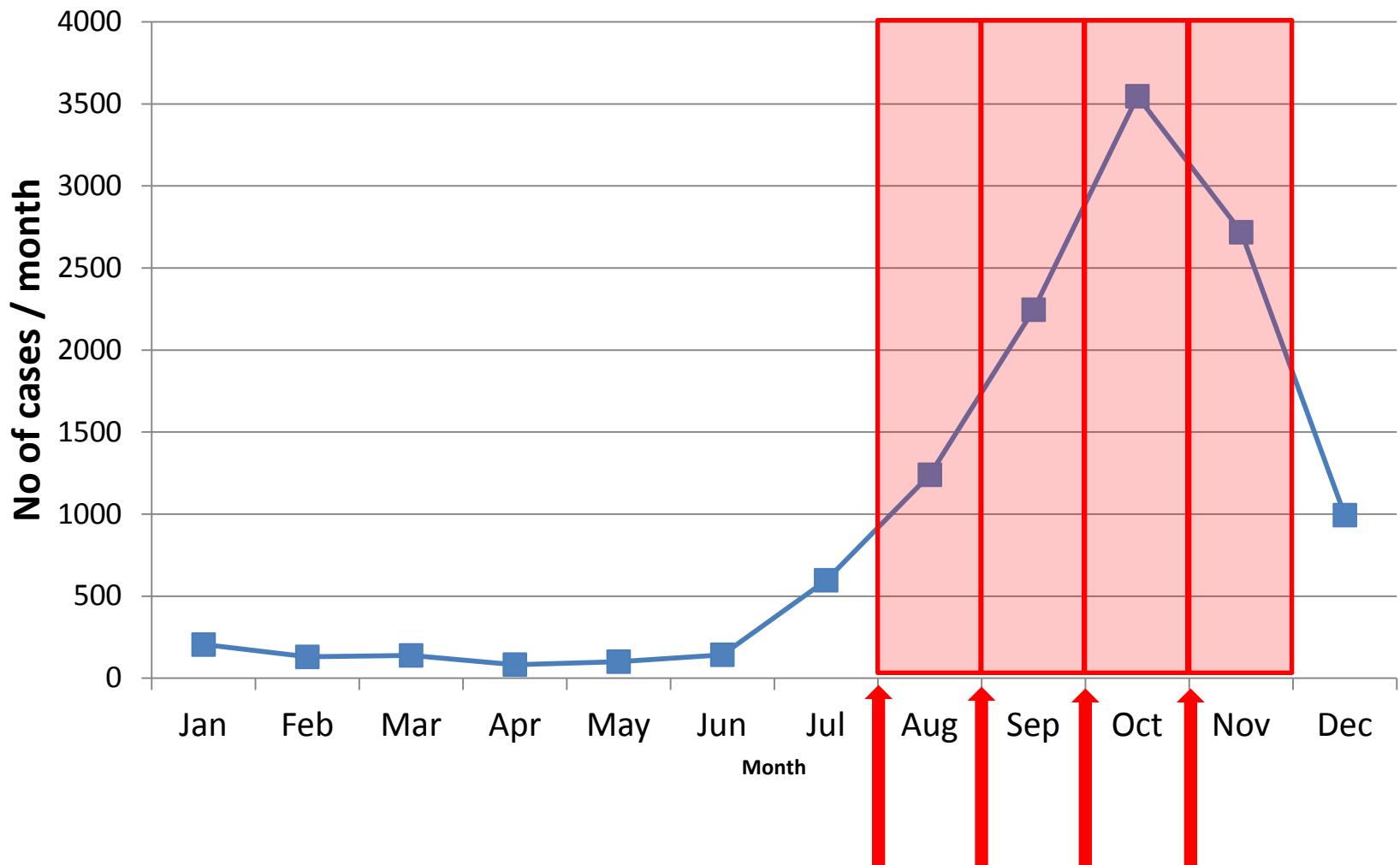
ENFANT AFRICAIN EXPOSE IN UTERO AU PLASMODIUM → IMPACT SUR SA CROISSANCE ET DEVELOPMENT BIOLOGIQUE ET INTELLECTUEL ?



IMPACT OF MALARIA ON SCHOOL PERFORMANCE IN MALI (*Josselin et al., Soc. Sci. & Med., 2010*)







IPTc-Combined results (Burkina & Mali, *PLoS Medecine 2011*, BMGF)

	Protective Efficacy % (95%CI)	
Clinical malaria	75 (72 – 77)	<0.001
Severe malaria	81 (46 – 94)	0.002
Hosp ad. for malaria	77 (21 – 94)	0.02
Malaria infection	76 (72 – 80)	<0.001
Moderate anaemia	54 (38 – 66)	<0.001



Map the areas suitable for SMC

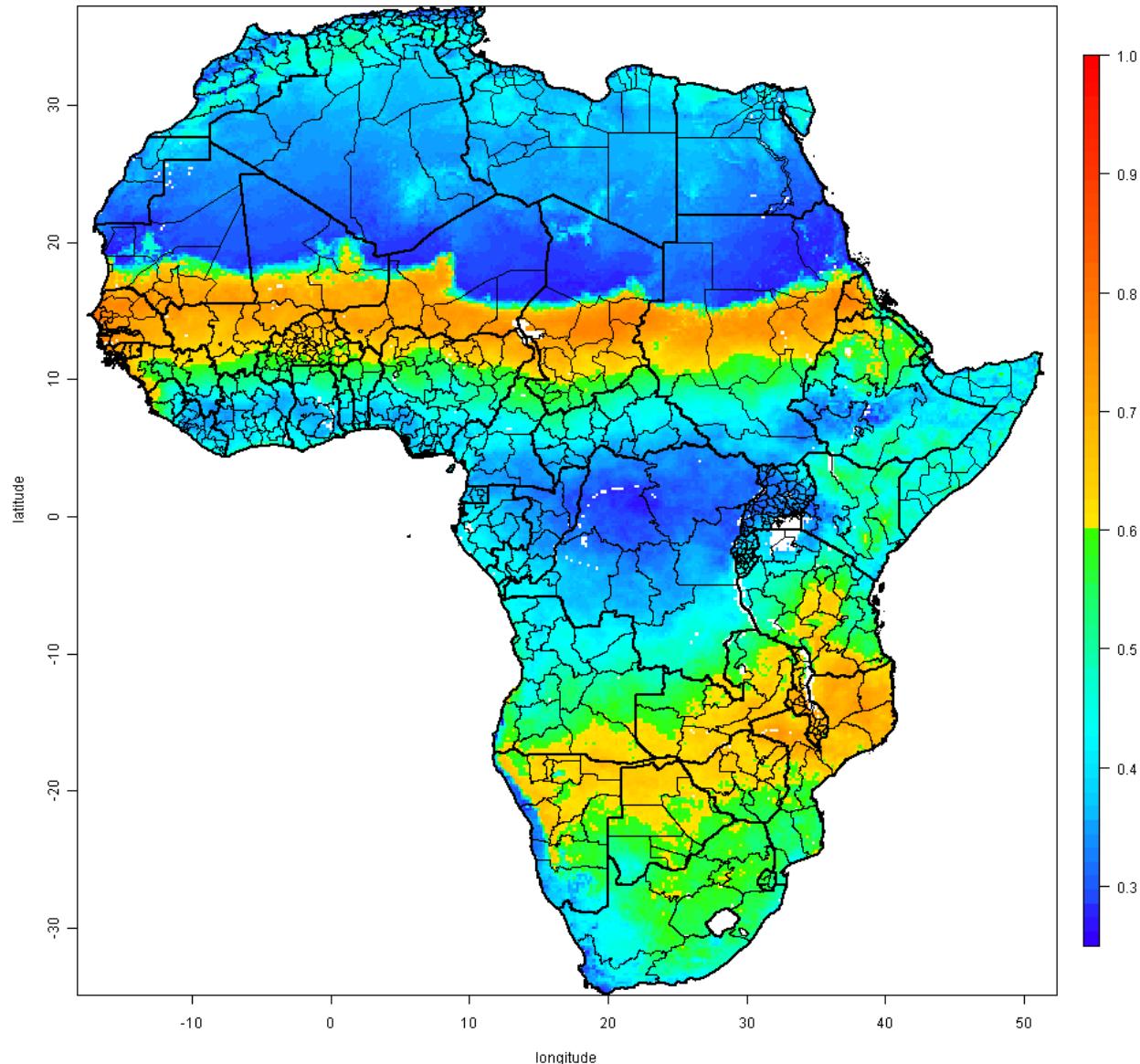
annual EIR~~fall~~
in 3 months

Yellow-red =
SMC areas

Green =
borderline

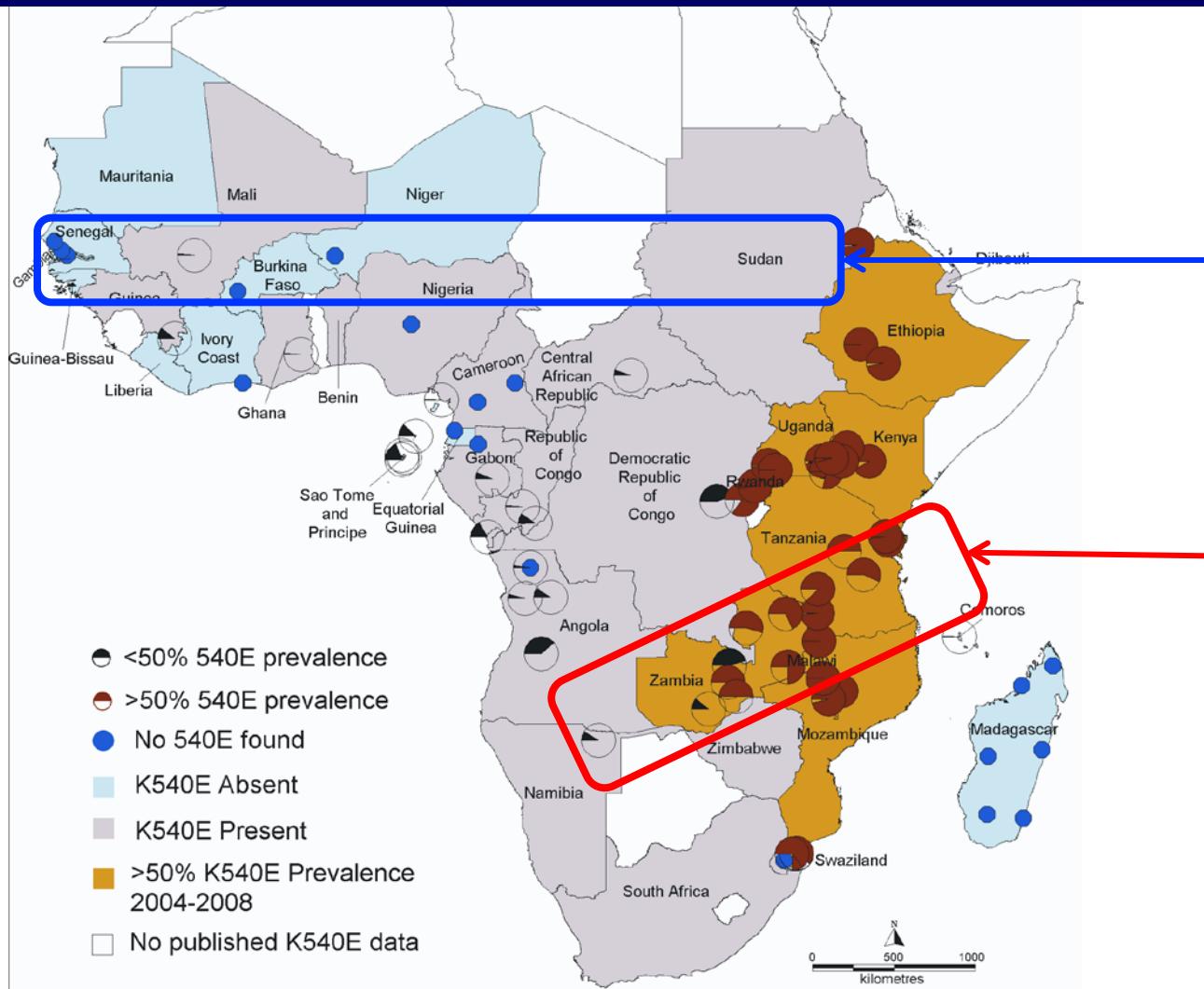
Blue =
insufficient
seasonality

EIR maps smaller
area and is more
biologically
plausible (no
transmission in
desert)





Distribution of dhps position 540 mutation in Africa



SP + AQ
suitable

Alternative
regimen
needed

Estimate the potential impact of SMC in Africa

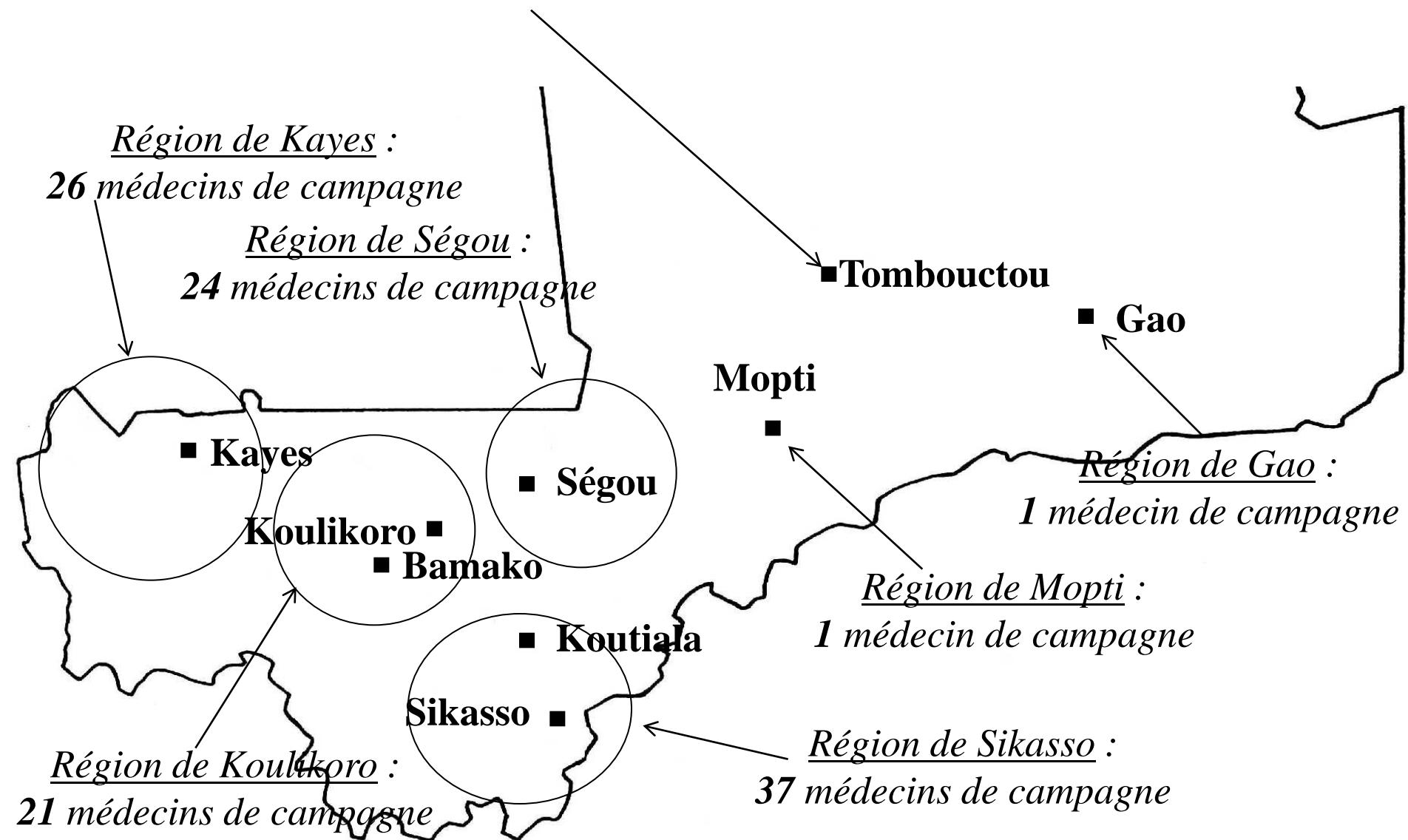
Country	Under 5 population in IPTc zone (millions)	Cases of malaria averted	Deaths averted: Method 1 CFR 4.5 / 1000	Deaths averted: Method 1 CFR 10 / 1000	Deaths Averted: Method 2
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Assuming minimal transmission outside the SMC period

Sahel zone	23.4	9,166,355	41,249	91,664	101,541
Rest of Africa	11.9	1,387,164	6,242	13,872	41,953
Total	35.3	10,553,520	47,491	105,535	143,493

Assuming only 60% of annual transmission occurs during the SMC period

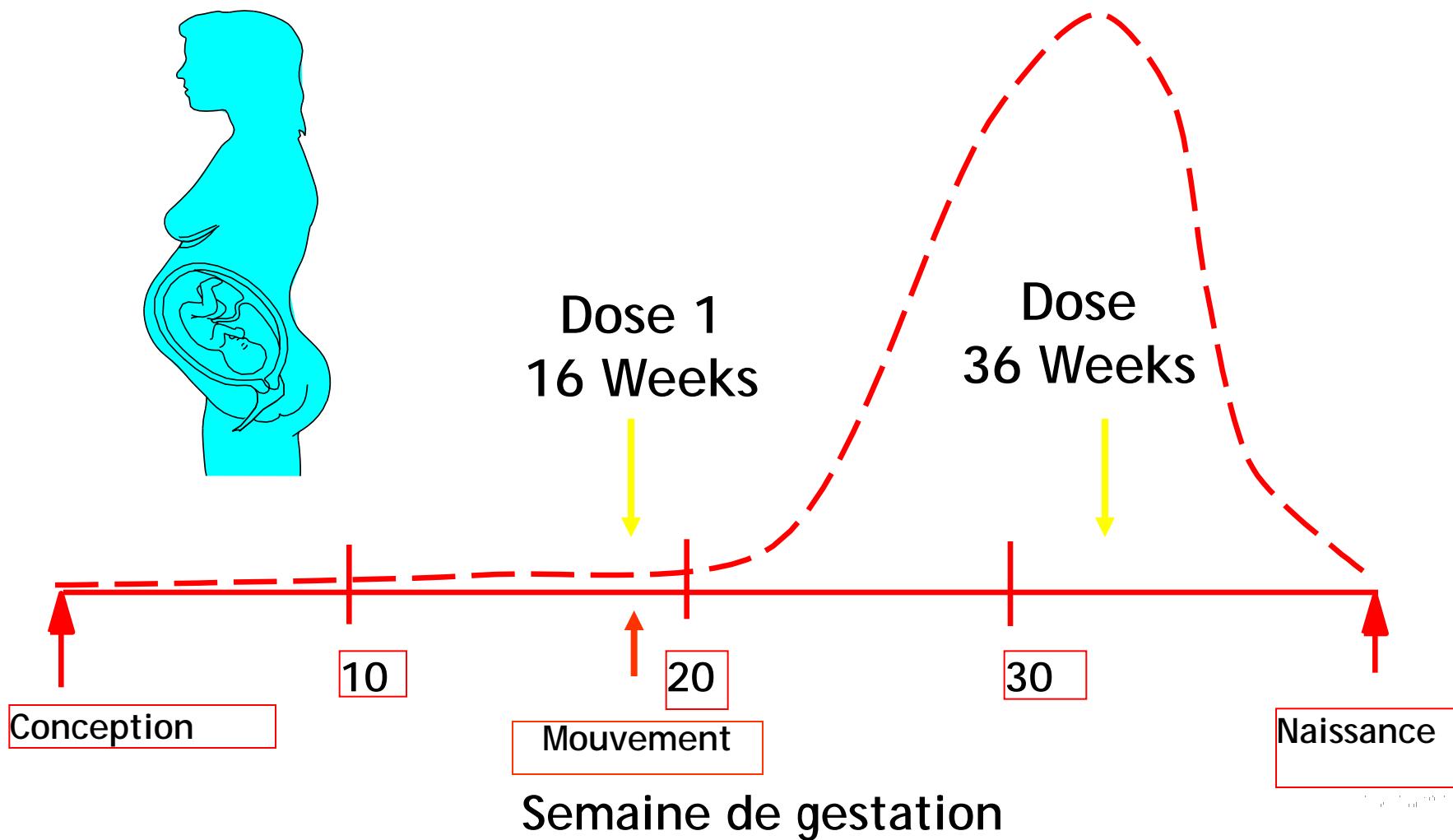
Sahel zone	23.4	5,499,813	24,749	54,998	60,924
Rest of Africa	11.9	832,299	3,745	8,323	25,172
Total	35.3	6,332,112	28,495	63,321	86,096





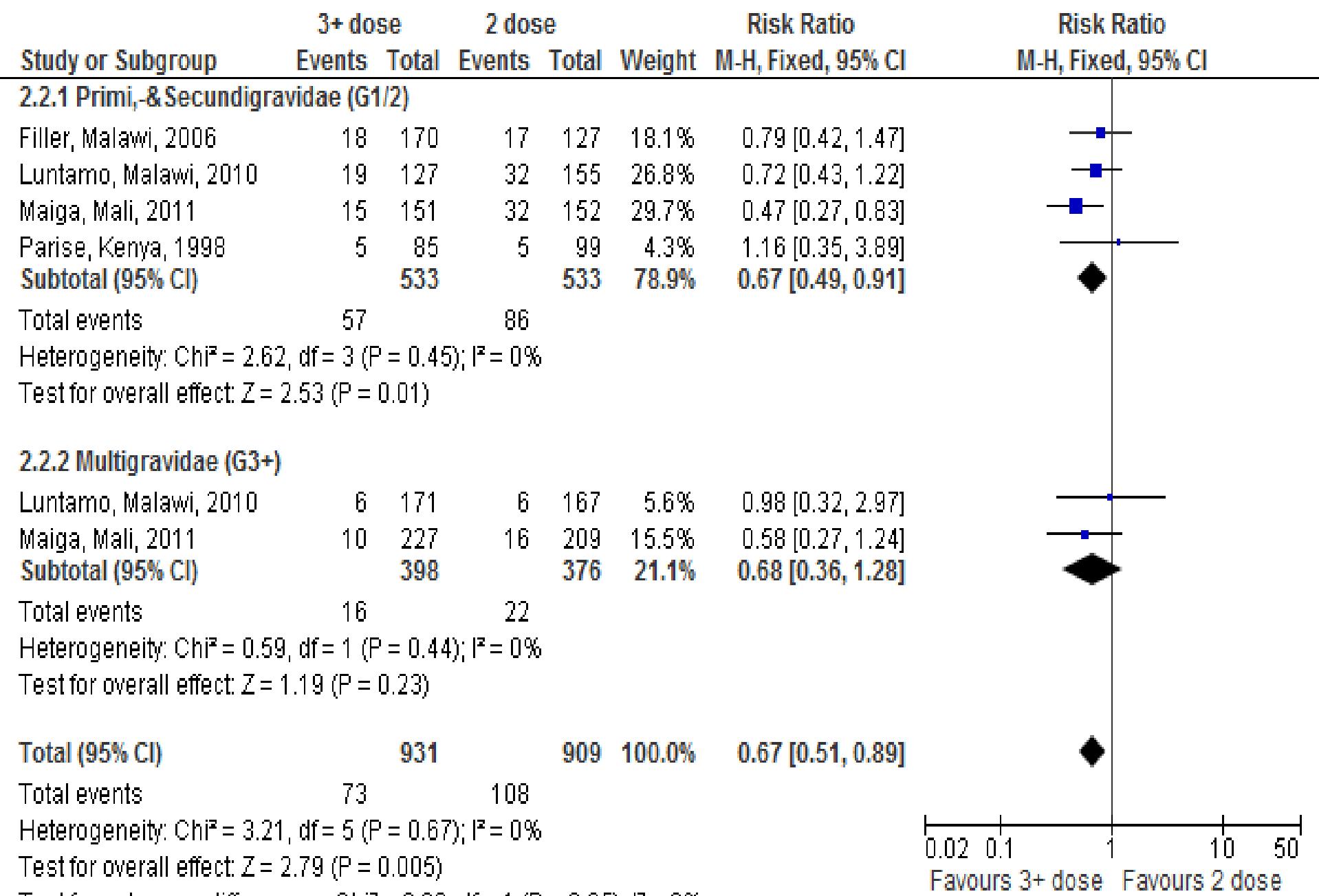


IPTp-SP-standard 2 dose regimen VS SP 3 Doses



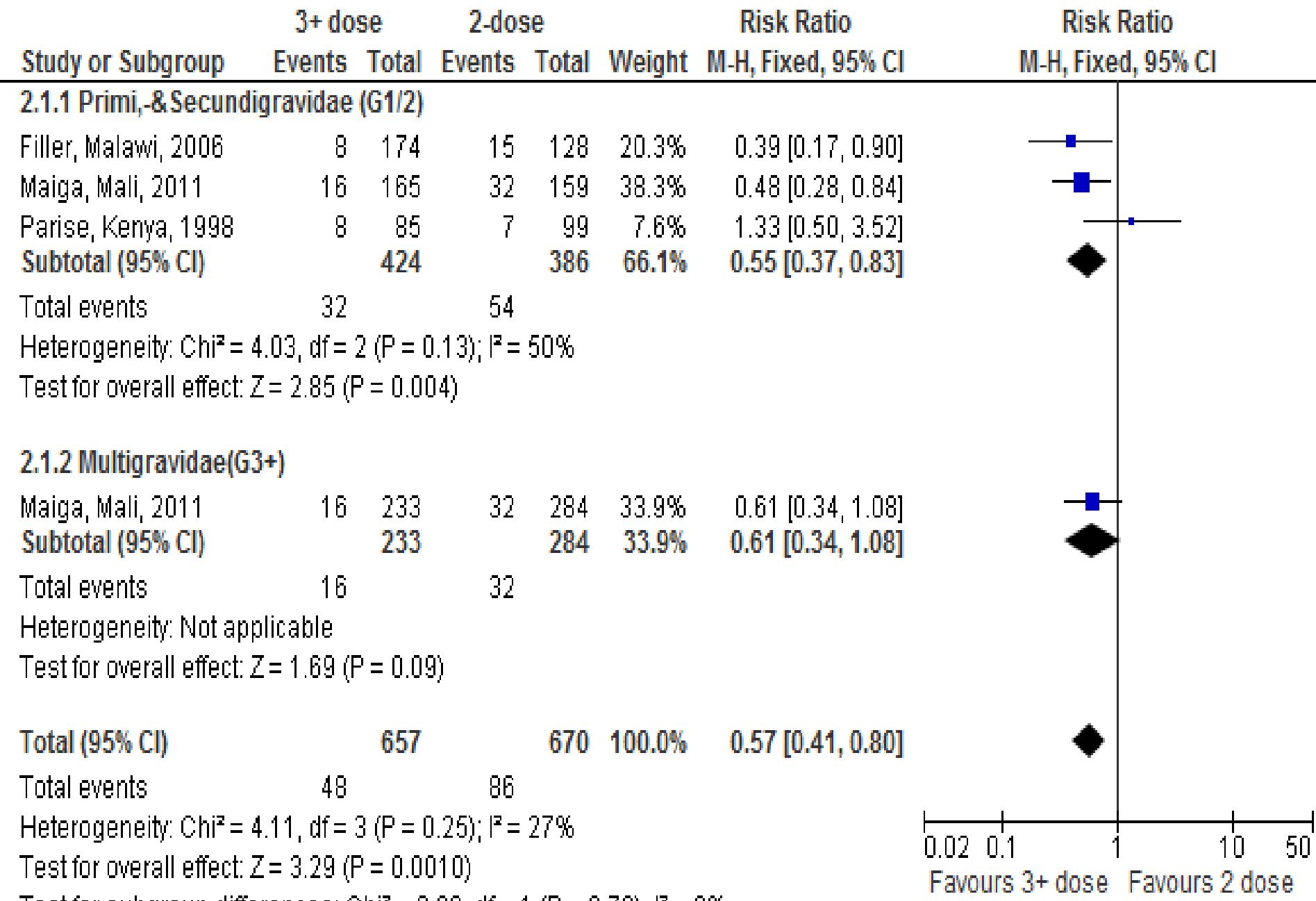


IPTp-SP TO PROTECT NEW BORN BABY AGAINST MALARIA





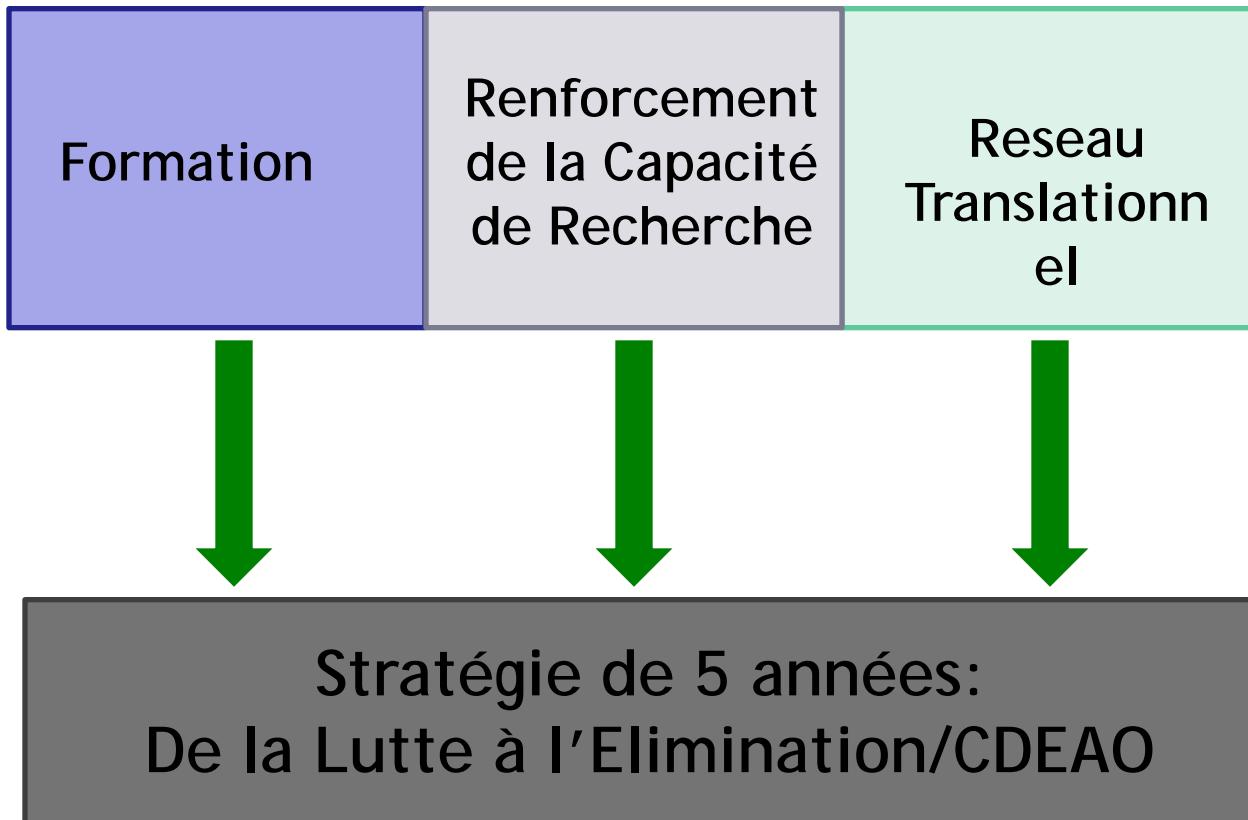
IPTp-SP TO PROTECT PREGNANT WOMEN AGAINST MALARIA





WAMI STRATEGIES

Spain, BMGF, UoBko, CRESIB, UoGhana



RENCONTRE MINISTERIELLE DE NOUACKHOTT

- 1] 6 PAYS SAHELIENS (Gambie, Mali, Mauritanie, Niger, Senegal, Tchad)
- 2] Partenaires: RBM, OMS, BID, UNICEF....
- 3] Plan stratégique d'Elimination du paludisme dans le sahel : 3 ans



SANTÉ SUD



A JOURNEY WIHT A HAPPY DOCTOR AND KID IN THE BUSH

