



Centre for the  
Development  
of Enterprise

## Press Release

### Africa Herbal Antimalaria Meeting

March 20th to 22nd 2006, ICRAF House, Nairobi Kenya

The Centre for the Development of Enterprise (CDE), and the International Centre for Research in Agroforestry (ICRAF) with support from other partners have organized the Africa Herbal Antimalaria Meeting (AHAM) to be held on the ICRAF Campus in Nairobi from the 20th to 22nd March 2006. The meeting is sponsored by the Association for the Promotion of Traditional Medicine (PROMETRA), the Centre for the Development of Enterprise (CDE) and the World Agroforestry Centre (ICRAF)

#### Objectives

The objectives of this meeting are to encourage greater collaborative research and development and to facilitate investment in the cultivation, processing, testing, manufacturing and distribution of safe and efficacious herbal antimalarials. There are various private and public initiatives in Africa looking at new approaches to malaria, many involving the production and processing of Artemisia and other related products. Co-ordination of these efforts is of importance to get maximum effect.

These objectives can be achieved by:

- Sharing information between research, development, healer, policy and regulatory organizations involved in malaria treatment and control,
- Identifying issues affecting the conservation, cultivation and production of potent medicinal plant species relevant to malaria treatment,
- Encouraging appropriate investment in the growing, processing and distribution of herbal antimalarials,
- Developing new products and novel delivery systems that offer cost effective and safe remedies for malaria sufferers,
- Forwarding recommendations concerning rationalization and streamlining of safe manufacturing and marketing regulations for herbal antimalarials,
- Developing appropriate Africa-wide quality control and quality assurance standards for cultivation, production and distribution of herbal antimalarials.

The schedule will include topics such as standards and specifications (GAP/GMP), marketing and marketing strategies, market size (demand, supply and pricing), sourcing of raw material (quality, quantity and consistency), technology transfer and finance and investment (current and future).

#### Background

Malaria remains endemic in more than 100 developing tropical countries infecting 200-450 million people annually and causing up to 2.7 million deaths. This represents a major economic drain and control of the disease is a major goal for improved world health. Enormous efforts are being made to find alternative antimalarial drugs to those such as quinine and synthetic antimalarials in view of the widespread emergence of resistant strains of Plasmodium spp.

Control of malaria has relied on herbal drugs for centuries. Most have been used in traditional and natural medicine and some have subsequently found their way into conventional pharmacies. An infusion of Artemisia annua (ginghao; wormwood) has been used in China for at least the last 2000 years, yet its active ingredient (artemisinin) has only recently been identified. The bark of Cinchona ledgeriana has been used since before the 15th century, however, its active ingredient (Quinine) was not isolated until 1820. Many plants such as Warburgia ugandensis, Azadirachta indica and others are known to contribute to either the treatment of the disease or its control when used as insecticides to break the vector (mosquito) attack on humans.



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Herbal medicine is becoming more widely accepted by many authorities including the WHO as a viable treatment for various ailments. The efforts of donors, businesses and farmers would benefit from improved coordination, thus encouraging further investment and creating a steady supply of effective remedies to those affected by malaria. This would reduce a lot of the confusion and misinformation concerning safe, appropriate and cost effective forms of treatment.

A great deal of research and scientific discussion has been going on concerning Artemisia and other new antimalarials. However, the actual number of authorized drugs on the market is still wholly insufficient to even begin to meet the needs of malaria sufferers. The same is true of public and private investment in the cultivation, processing, marketing and distribution of appropriate products throughout Africa.

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