

# Social marketing of insecticide-treated bednets

Social marketing is the practice of applying marketing principles to products and services with a societal benefit. Abdulla *et al.*<sup>1</sup> report on the results of the Kilombero Net project (KINET), a social marketing programme for the 'Zuia Mbu' ('prevent mosquitoes') brand of insecticide-treated bednets (ITBNs) in the Kilombero and Ulanga districts of south-western Tanzania. ITBNs were sold through public and private outlets, as well as through a network of community vendors, whose efforts were supported by a local advertising campaign. The impact was assessed in 18 villages in three consecutive annual surveys, initiated in July 1997 with the start of the KINET project. These surveys recorded ITBN usage, haemoglobin level, anaemia, parasitaemia and splenomegaly in a total of 748 children, all under two years of age.

An unequivocal increase in net ownership (from 58 to 83%; ITBN from 10 to 61%) and consequent improvements in mean haemoglobin levels (from 80 to 89 g l<sup>-1</sup>) were demonstrated during the survey period. More importantly, the proportions of children with anaemia were reduced (from 49 to 26%). Surprisingly, there were also reductions in parasitaemia (from 63 to 38%)

and splenomegaly (from 86 to 49%). These results are all the more impressive as this is an area of high perennial malaria transmission. Interestingly, similar results have been achieved in areas of less intense transmission, although much more marginal impacts on the prevalence of infection in this age group have been demonstrated in other areas of intense holoendemic transmission<sup>2</sup>. There are many potential confounding factors to the impact of insecticide-treated materials<sup>2</sup>, but the crucial point is that the success reported in this study was achieved on a large scale, with the local population being persuaded to pay \$5 per net.

On this evidence, ITBNs combined with social marketing look to be a tool of high potential in integrated malaria control strategies for sub-Saharan Africa. There are two small caveats to add to this conclusion, however. First, the price of the nets was adjusted to the ability to pay, with especially vulnerable groups such as pregnant mothers and young children given further incentives to buy nets with voucher discounts. Cost recovery was therefore incomplete. Moreover, total

project costs are not equivalent to consumer costs in social marketing programmes, so it should be realized that ITBNs will probably still need significant external subsidy. Second, the study provides no information on the impact of KINETs on childhood malaria mortality. Similar decreases in childhood mortality would substantially strengthen the case for such interventions, but the complex relationship between morbidity improvements and mortality outcomes mean that this desirable scenario can in no way be assumed. We look forward to publication of the child survival results, which are currently being analysed (C. Lengeler, pers. commun.).

- 1 Abdulla, S. *et al.* (2001) Impact on malaria morbidity of a programme supplying insecticide treated nets in children aged under 2 years in Tanzania: community cross sectional study. *Br. Med. J.* 322, 270–273
- 2 Lengeler, C. (2000) Insecticide-treated bednets and curtains for preventing malaria. *Cochrane Database Syst. Rev.* (1): CD000363

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## In Brief

### Malaria Immunology and Pathogenesis Consortium (MIMPAC) formed

The WHO/MIM/TDR Task force facilitated a workshop at the Noguchi Memorial Institute for Medical Research, Ghana (26 November – 3 December 2000) to provide training on standard protocols used for immunology studies and to adopt common protocols for projects funded by the WHO/TDR/MIM to facilitate acquisition of comparable data by the investigators. During the workshop, a consortium of scientists from Ghana, Nigeria, the Sudan, Cameroon, Burkina Faso and Gabon studying the immunology and pathophysiology of malaria was formed. The Malaria Immunology and Pathogenesis Consortium (MIMPAC), has an international advisory board comprising scientists from the USA, UK, France, Italy, Denmark and Sweden; it will evolve into a continental platform for multidisciplinary

research and training in immunology and pathogenesis of malaria in Africa. South–South collaboration resulting in more effective and pragmatic use of the aggregate research infrastructure and expertise in African institutions in concord with collaboration is recognized as an important vehicle for building sustainable and affordable research capacity in Africa; this will be strongly promoted by MIMPAC. *BDA*

### Child poverty in the developing world

At a conference (February 2001) highlighting child poverty in the developing world, Gordon Brown, the UK Chancellor of the Exchequer, challenged his audience by stating that a situation where, every year, over ten million die before the age of five, and 120 million children's mental and physical development is at risk because they are underweight is 'an affront to our

basic belief in the equal worth, and inherent potential, of every human life'. He announced that the UK Government was responding to this challenge with two important initiatives. The first is new tax incentives for pharmaceutical companies to increase the level of research on diseases such as AIDS, TB and malaria; the second is the creation of a new global purchase fund for drugs and vaccines in conjunction with the G-7 group of countries. He called on the pharmaceutical companies to respond to these initiatives because lives could not be saved without their commitment. *LB*

### Liver size a useful clinical indicator in childhood malaria

Results of a new study performed in Africa suggest that liver size in children can be useful as an index of *Plasmodium falciparum* transmission intensity (A. Sowunmi *et al.* *Ann. Trop. Med. Parasitol.* 95, 7–18, 2001). An analysis of 162 malaria-infected children