



The SDGs and MMV

SNIS Symposium:
Health in the 2030 Agenda for Sustainable
Development

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Defeating Malaria Together

MMV's mission

- In response to a virtually empty malaria drug pipeline, MMV was established in 1999
- Mission: discover, develop and deliver innovative, effective and affordable antimalarial drugs
- It is a product development partnership (PDP), raising public, private and philanthropic resources to support the most promising R&D on antimalarials.
- Over 160 active partners across 50 countries





Malaria elimination: contribution to SDGs



Goal

SDG 1

end poverty in all its forms, everywhere

SDG 3

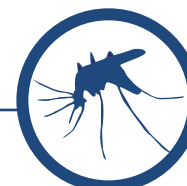
ensure healthy lives and promote well-being:
3.1 reduce global maternal mortality; **3.2** end preventable deaths of newborns & children <5 years;
3.3 by 2030, end epidemics of AIDS, TB, malaria.

SDG 8

promote sustained, inclusive and sustainable economic growth

SDG 17

partnerships for the goals



Impact of malaria control

SDG 1

10% reduction in malaria provides a 0.3% rise in annual GDP ¹

SDG 3

achieving SDG 3.3 for malaria will avert 3 billion malaria cases, saving around 10 million lives², including around 7 million children <5 years and tens of thousands of pregnant women

SDG 8

reducing malaria creates healthier, more productive workforces: return on investment 36:1³; cumulative ROI 2016-2030 \$4.1 trillion²

SDG 17

130 partnerships spanning 47 countries: across public and private sectors; providing investment, know-how, capacity building & new life-saving medicines

¹. Gallup JL, Sachs J (2001). The economic burden of malaria. *Amer J Trop Med Hyg* ; 64 (1,2) S: 85-96. ². Investing for a malaria-free world. Action and investment to defeat malaria 2016-2030. WHO Roll Back Malaria (RBM) Partnership 2015. ³. Swiss Tropical and Public Health Institute in collaboration with Deloitte.



From MDGs to the 2030 Agenda

Last 15 years (2000–2015)

Malaria-related Millennium Development Goals 4, 5 & 6



>6.2 M lives saved
60% decline in malaria-related deaths



57 countries
have reduced malaria cases by >75%

■ Malaria free

65% drop in child mortality
(>5 years)
from malaria



Funding increased 20x
2000–2013:

2000
USD 130
million

2013
USD 2.7
billion



MMV's contribution

- 1999 MMV launched to develop new antimalarials for vulnerable populations
- 2008 Coartem® Dispersible (partner Novartis) – child-friendly ACTs
- 2010 Gulin's Artesun® for severe malaria
- Eurartesim® for uncomplicated malaria (partner Sigma-Tau)
- 2012 Pyramax® for uncomplicated malaria (partner Shin Poong)
- 2014 Gulin's SP+AQ for seasonal malaria chemoprevention
- 2015 Pyramax® Granules to treat children (partner Shin Poong)

Today malaria remains a killer disease

438,000 lives

lost to malaria, the majority (71%)
African children under 5



15 countries
mainly in Africa, account for
80% of cases and 78%
of deaths

3.2 B at risk

**Malaria remains
a major cause
and consequence
of poverty**



MMV's contribution

- 250 million courses of Coartem® Dispersible delivered to treat children in 50 countries
- 36 million vials of Artesun® delivered, and saved an estimated additional 200,000–240,000 lives compared to treatment with quinine

Next 15 years (2016–2030)

Malaria in the 2030 Agenda for Sustainable Development: Goal 3b

WHO goals



Reduce global case incidence and deaths by **90%**



Eliminate malaria in **35 more countries**

Global funding needs for malaria

USD 100 B+
needed to achieve goal

+ USD 10 B
for R&D of new tools
(drugs and insecticides)



Annual funding will **need to triple**
over the next 15-year period, from

2013
USD 2.7 billion

2030
USD 8.7 billion



Elimination needs more funding
from international donors and
affected countries

MMV's goals

- Launch new pediatric ACTs in endemic countries
- Develop single dose cures to improve compliance to treatment and tackle resistance
- Identify alternative treatments/chemo-prevention for pregnant women
- Develop new options to treat relapsing malaria
- Develop drugs to block transmission

Addressing unmet medical needs



RESISTANCE
in Asia,
risk
to spread
globally



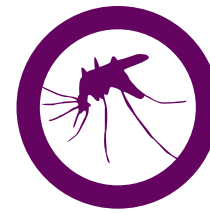
**CHILDREN
& PREGNANT
WOMEN**
Medicines better
suited
to special
needs

1x

**SINGLE DOSE
CURES**
Simplify
treatments
for
better adherence



**PREVENTION
OF RELAPSE**
Recurrent/seasonal
malaria



**TRANSMISSION
BLOCKING**
to protect
non-immune
populations and
move
to elimination




**CHEMO
PREVENTION**
waiting for/
complementing
vaccine

Leave no one behind

Continued focus on
vulnerable groups:
children, pregnant
women, underserved
populations

Children matter



77% of those who die from malaria are children under 5

That's **483,000** young lives lost every year

or **one child every minute**


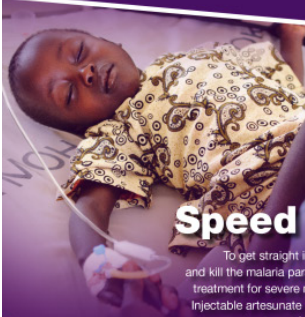
Medicines matter

We need new medicines tailored to children's needs to cure them and counter drug resistance because...

Malaria can kill within 24 hours, without appropriate treatment.

Children are not just little adults. They absorb and metabolize medicines differently. Children need medicines adapted to their weight and age.

Antimalarials are bitter. Children often vomit the medicine and so do not receive a complete curative dose.



Speed matters

To get straight into the blood stream and kill the malaria parasite as quickly as possible, treatment for severe malaria must be injectable. Injectable artesunate is the WHO-recommended treatment for severe malaria.

Formulation matters

Antimalarials must be adapted to the physiological needs of children and prescribed according to their weight and stage of development. Plus, antimalarials must be palatable to children to ensure they receive a complete curative dose.

MMV's response

Artesun[®]₁ for severe malaria Since WHO prequalification, 12 million vials delivered, saving an estimated 80,000-90,000 additional lives compared to quinine	Coartem[®]₂ Dispersible 200 million treatments of this child-friendly medicine delivered to 50 countries	Eurartesim[®]₃ and Pyramax[®]₄ paediatric formulations 2 new medicines being adapted to children's needs
1. artesunate for injection	2. artemether-lumefantrine	3. dihydroartemisinin-piperaquine 4. pyronaridine-artesunate

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