

SEMA ReACT is a 4-year project evaluating the use of pre-referral rectal artesunate capsules (RAS) as an emergency response tool for severe malaria in highly isolated rural settings in the Democratic Republic of Congo (DRC) and Zambia.

News



First SEMA ReACT process evaluation conducted in Kapolowe, DRC

Phase one of the study in the DRC was conducted between 11th March and 30th June 2024. Ahead of the transition to phase two implementation, a process evaluation meeting was held in Kapolowe from 25th to 26th June 2024. Key findings from the quantitative and qualitative research are available.

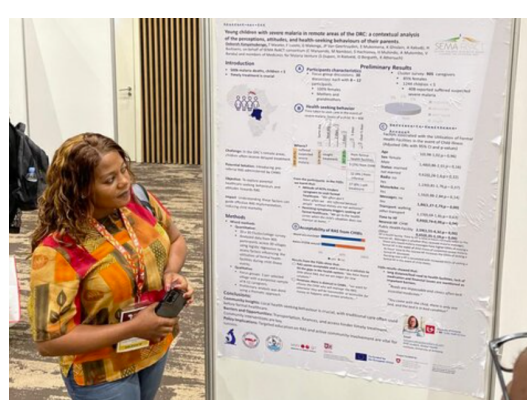
SEMA ReACT study gets underway in Zambia

All study approvals for Zambia were obtained by 10th April 2024 and a 'Kick off' meeting and training were then held in Nchelenge, Zambia from 22nd to 25th May. Phase one of the study started on 5th August following a piloting phase which ran from 2nd July to 4th August. Find out more about the cascade training and study start activities.

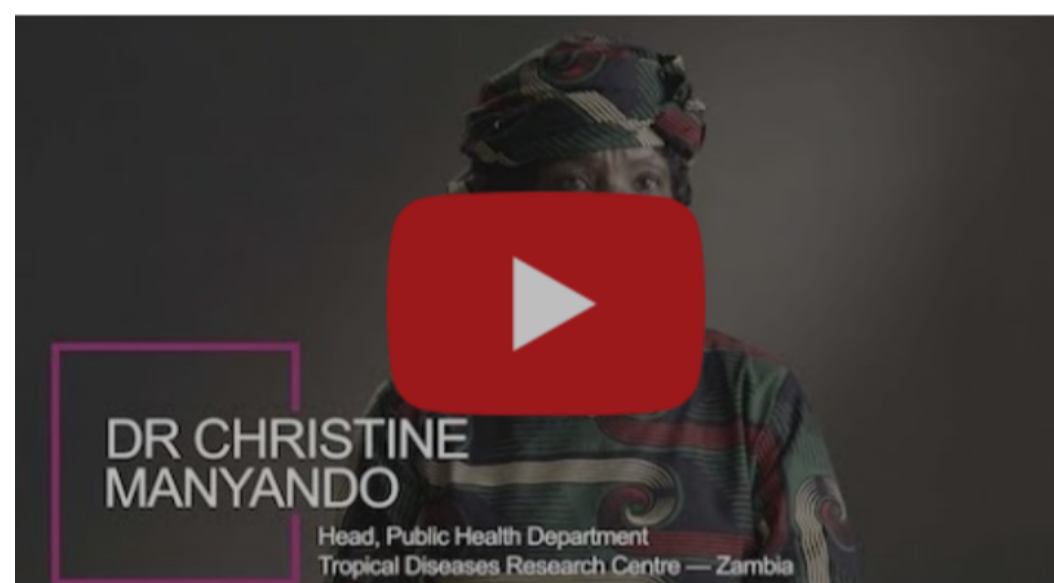


SEMA ReACT at the 8th Multilateral Initiative on Malaria (MIM)

Under the theme of treatment and community case management, Deborah Bora Kanyamukenge, Lecturer at the Department of Sociology at Lubumbashi University presented a poster entitled, 'Young Children with Severe Malaria in Remote Areas of the DRC: A Contextual Analysis of the Perceptions, Attitudes, and Health-Seeking Behaviors of Their Parents'. Read more.



Christine Manyando on the Day of the African Woman, 31st July 2024



Publication highlights

'New treatment regime for severe malaria in children'

Morgan Morris reports in Nature africa on the start of the SEMA ReACT phase IV study in the DRC and Zambia.

'Rectal artesunate: lives not saved'

In Transactions of The Royal Society of Tropical Medicine and Hygiene, James Watson, Thomas Peto and Nicholas White set out an argument for much wider deployment of RAS.

'Where will rectal artesunate suppositories save lives?'

In this letter to the Lancet, James Watson, Thomas Peto and Nicholas White argue that, 'the greatest effect of RAS will be in places where referral is difficult or impossible.' They call for new guidelines to promote the strengthening and development of trained community health worker networks to provide antimalarial treatment without delay (including RAS) and, where possible, facilitate patient referral. The letter concludes that such guidance would support deployment of RAS in remote areas of rural Africa where RAS will save the most young lives.

'Defining the next generation of severe malaria treatment: a target product profile'

This 'perspective' publication in the Malaria Journal sets out the target product profile (TPP) for new severe malaria therapies, considering recent insights from field observational studies and developments related to drug resistance.

'Artemisinin-resistant malaria in Africa demands urgent action. Investment in community health workers is essential'

In this 'Insights' piece in Policy Forum, authors argue that a visionary, multipronged approach is needed to limit the impact of artemisinin-resistant malaria in East Africa. They set out that such an approach should cover policy change and actions across drug therapy, vector control, Community Health Workers, vaccines and monitoring.

Upcoming event



The 13th Annual Meeting of the RBM Case Management Working Group will take place in Kigali from 24th - 26th September 2024 where James Watson will present on the topic of 'Lives Not Saved' due to the slow rollout of RAS. An update on the SEMA ReACT study will also be presented by Professor Hypolite Muhindo Mavoko, University of Kinshasa.



SEMA ReACT is led by a multinational consortium of partners: the Tropical Diseases Research Centre in Zambia, the Global Health Institute at the University of Antwerp in Belgium; the University of Kinshasa in the Democratic Republic of Congo; the National Institute of Medical Research in Tanzania and Medicines for Malaria Venture (MMV), Switzerland. The project is funded by the European and Developing Countries Clinical Trials Partnership (Global Health EDCTP3), co-funded by the European Union and the Swiss State Secretariat for Education, Research and Innovation (SERI).

