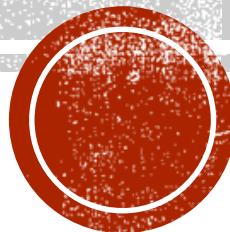


FRAUDE (IN)VOLUNTÁRIA NO JORNALISMO CIENTÍFICO

Débora Miranda

Porto, 04.11.2016



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Quality of Artemisinin-Based Combination Formulations for Malaria Treatment: Prevalence and Risk Factors for Poor Quality Medicines in Public Facilities and Private Sector Drug Outlets in Enugu, Nigeria

Harparkash Kaur , Elizabeth Louise Allan, Ibrahim Mamadu, Zoe Hall, Ogochukwu Ibe, Mohamed El Sherbiny, Albert van Wyk, Shunmay Yeung, Isabel Swamidoss, Michael D. Green, Prabha Dwivedi, Maria Julia Culzoni, Siân Clarke, [...], Obinna Onwujekwe [[view all](#)]

Published: May 27, 2015 • DOI: [10.1371/journal.pone.0125577](https://doi.org/10.1371/journal.pone.0125577)

Article	Authors	Metrics	Comments	Related Content
				

Abstract

Introduction

Methods

Results

Discussion

Abstract

Background

Artemisinin-based combination therapies are recommended by the World Health Organisation (WHO) as first-line treatment for *Plasmodium falciparum* malaria, yet medication must be of

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****Embargoed to 19.00 UK time [BST] / 14.00 EDT on Wednesday 27 May 2015****

Study in Nigeria finds 1 in 10 malaria drugs are poor quality

Substandard medicines more prevalent than fakes in world's most malaria-burdened country

A rigorous analysis of more than 3,000 antimalarials purchased in Enugu, Nigeria found 9.3% to be of poor quality, according to new research published in *PLOS ONE*.

Researchers found 1.2% of the samples to be falsified and 1.3% to be degraded, but raised bigger concerns about 6.8% being of substandard manufacture, leaving patients at risk of not receiving the correct treatment dose and potentially contributing to the development of resistance to the main drug used to treat malaria.

The drug quality team of the Artemisinin-based Combination Therapy (ACT) Consortium at the London School of Hygiene & Tropical Medicine analysed 3,024 antimalarials containing artemisinin (the component that makes malaria treatment effective) from Enugu Metropolis, South East Nigeria, which has a population of 3.3 million. Nigeria is the single most heavily malaria-burdened country in the world, with 48 million malaria cases and 180,000 deaths per year.



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DOES NIGERIA HAVE POOR QUALITY MALARIA DRUGS?

Mon, 01 Jun 2015 10:12:44 GMT

A recent study by the London School of Hygiene and Tropical Medicine found that 1 in 10 Malaria drugs in Nigeria are of poor quality. However, the report also states that this latest research is more reassuring compared to previous studies. Is Nigeria losing the battle against malaria? Dr Harpakash Kaur, lead investigator of the study joins CNBC Africa for more.

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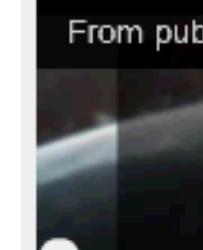
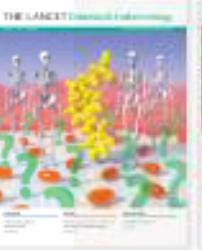
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Features

Presumptive treatment for malaria: breaking the habit



The prescription of antimalarials for fever, without establishment of its cause, is very common in malaria-endemic countries and thought to be a major cause of drug resistance. WHO therefore recommends use of rapid diagnostic tests for malaria before treatment with artemisinin-based combination therapy. However, uptake of such tests has been slow. Wilfred Mbacham and colleagues, in their [Article](#), describe a cluster-

The Lancet

1 of 3

The Lancet Diabetes & Endocrinology

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Article
Pulse oximetry screening:

Letters to the Editors

1 of 4

"The lessons learnt from this outbreak can be of value for other countries."

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PUBLIC RELEASE: 24-APR-2014

Interactive training halves malaria overdiagnosis and prevents wastage of drugs

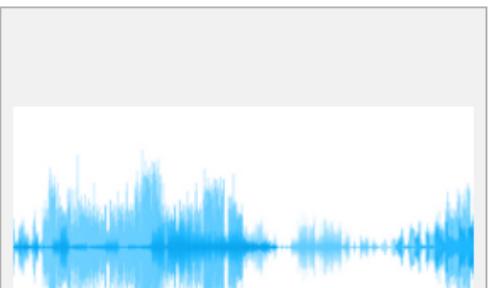
New research published on World Malaria Day

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Interactive training programmes for health workers could reduce overdiagnosis of malaria by half and help prevent valuable drugs from being wasted on patients who don't have the disease, according to new research published on World Malaria Day in *The Lancet Global Health*. The study shows

**Media Contact**

Joel Winston
joel.winston@lshtm.ac.uk
44-020-792-72802

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<http://www.lshtm.ac.uk>

More on this News Release

Interactive training halves malaria overdiagnosis and prevents wastage of drugs
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Tackling malaria overdiagnosis through interactive training

Guest contributor Débora Miranda is technical communications officer at the ACT Consortium, based at the London School of Hygiene & Tropical Medicine, UK.

Did you know that most people who receive antimalarials don't actually have malaria, and most people who have malaria don't have access to treatment?

It's a known fact for many in the malaria community, but I was certainly surprised to hear about it when I first joined the artemisinin-based combination therapy (ACT) Consortium, an international research collaboration

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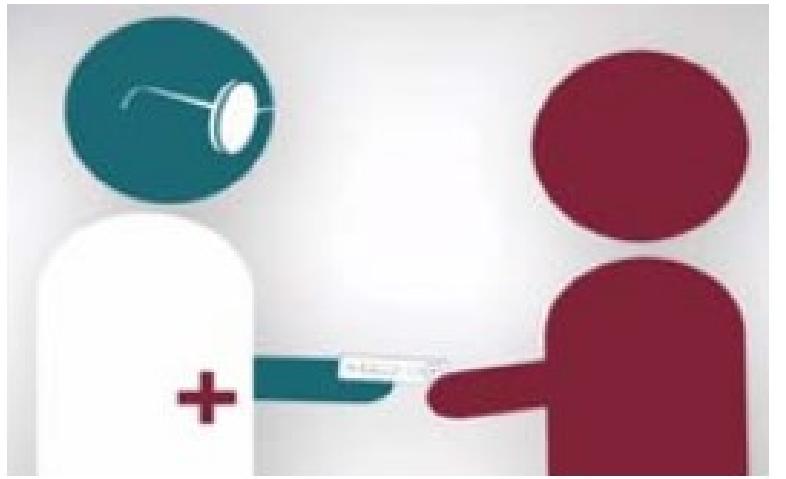
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Evaluating Interventions to Improve ACT Access and Targeting – Results from the IMPACT2 project

Background

Artemisinin combination therapy (ACT) is the recommended treatment for malaria in Tanzania and most other endemic countries. Tanzania introduced the ACT as their first-line drug in 2000. However, access to ACT is poor and very often these drugs are not targeted to patients who are actually suffering from malaria.

To tackle the problem in the last 3 years the government of Tanzania has implemented two interventions nationwide: rolling out mobile rapid diagnostic tests in public health facilities, and introducing individual ACTs through the ART mechanisms.

The two interventions

Mobile Rapid Diagnostic Tests (mRDT)

Diagnosis of fever cases in public health facilities was mainly based on symptoms alone until the national guidelines changed in 2005 to require a parasitological confirmation by microscopy of malaria. To address this gap, the government rolled out mobile rapid diagnostic tests in public health facilities between 2008 and 2011. The tests take 10 to 30 minutes and can diagnose malaria within 30 minutes.

The Artemisinin Medicine Facility – malaria (AMF)

This initiative is a pilot mechanism started by the Global Fund to Fight AIDS, Tuberculosis and Malaria. The process is to increase the availability, affordability, quality, share and use of quality assured ACTs (QAACTs) to manage the quality and prevent serious side effects. By managing the quality and prevent serious side effects in the quality and quantity of quality assured QAACTs, it will improve the quality and quantity of quality assured QAACTs.

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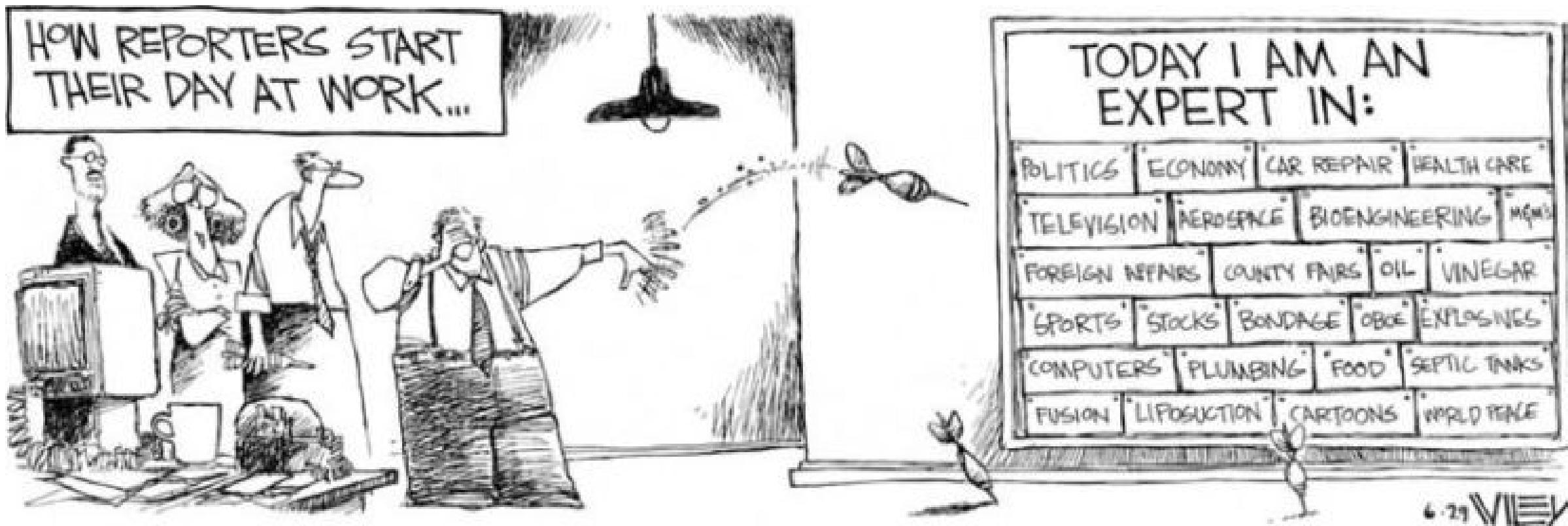
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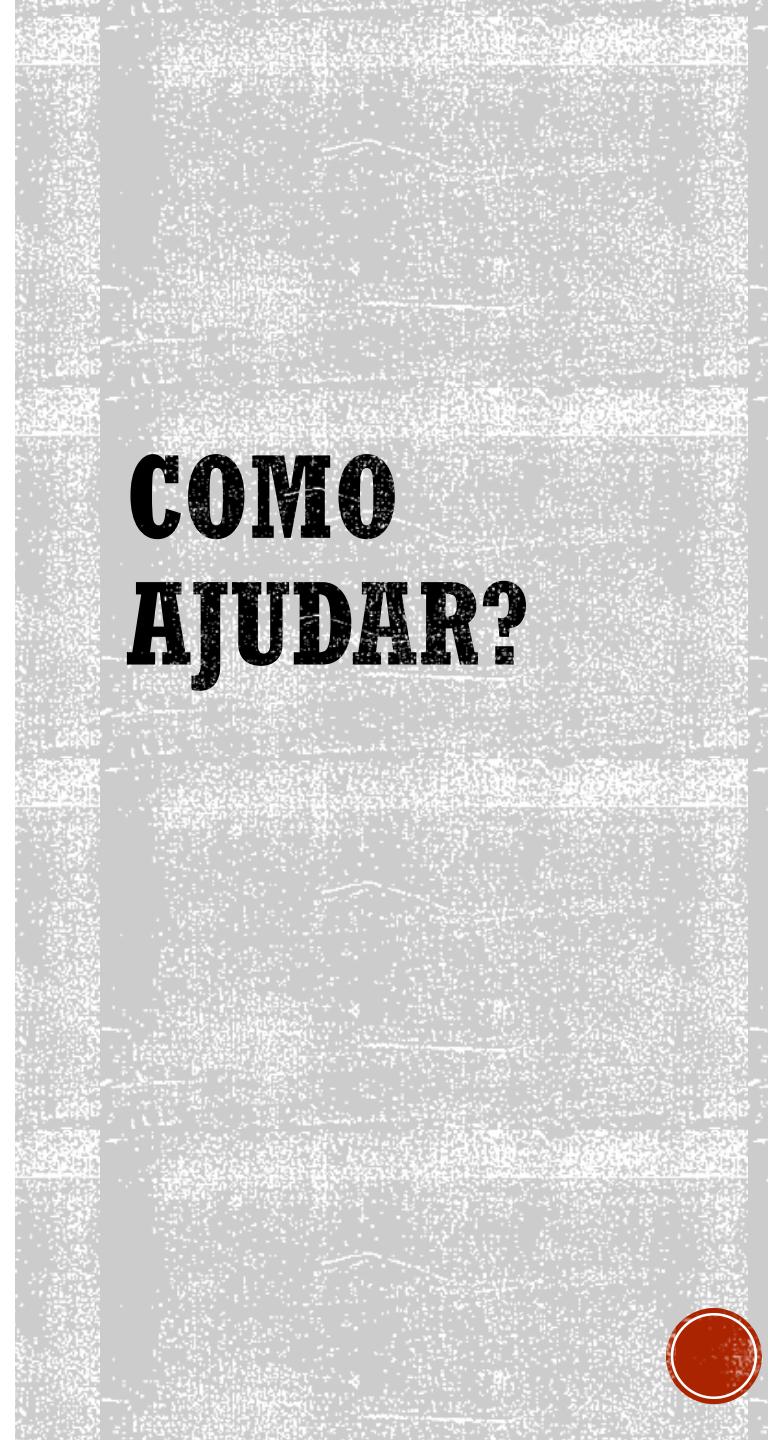
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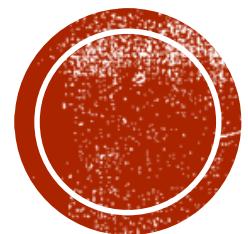
Informar a população sobre perturbações mentais é obra de uma sociedade e a comunicação social é a voz institucionalizada dessa mesma sociedade.

Mas, para cumprir tal tarefa, também eles [jornalistas] devem ser esclarecidos sobre o que a arte médica e a ciência hoje dizem sobre a perturbação mental.



A glass of red wine is the equivalent to an hour at the gym

-- *Huffington Post*

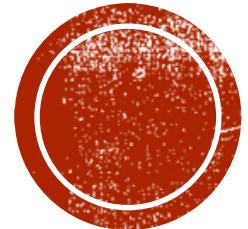
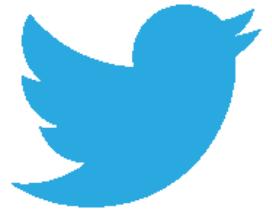


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A glass of red wine is the equivalent to an hour at the gym

-- *Huffington Post*



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Technology is altering how people receive, share, and debate information; the internet and rise of social media are accelerating the speed and spread of information.

-- World Innovation Summit for Health (WISH)
Communicating Complex Health Messages Forum 2015

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“When we privilege scientific information over other forms of knowledge, we lose something very important, because those numbers have no categories to describe things like **suffering**. Artists help with that – and TV is excellent at doing that.”

Christopher van Tulleken
(Imperial College London)



EMPATIA

“ There’s a shift in which **feelings trump facts** more freely and with less resistance.

Because facts are easily turned into lies; because with information overload **we prefer opinions.**”

Art of the lie

The
Economist



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Richard P Grant

Scientists and science communicators are engaged in a constant battle with ignorance. But that's an approach doomed to failure



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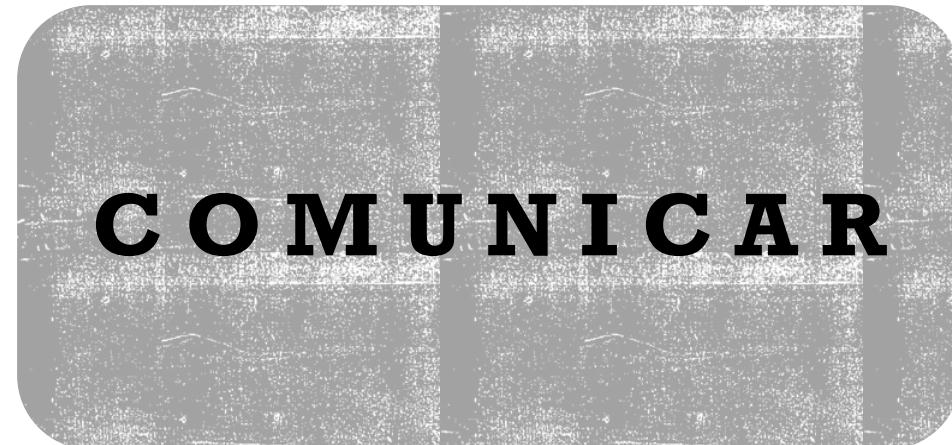
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