

MEDIA RELEASE

Swiss Malaria Group announces winners of malaria photo contest



Geneva, 22 April 2013. On the occasion of World Malaria Day 2013, the Swiss Malaria Group announce the winners of the photo contest “[Malaria: The Big Picture](#)”. The online photo contest and subsequent [exhibition](#) was organised by the Swiss Malaria Group to highlight the reality of those living at risk of malaria and the work of those dedicated to changing that reality.

Since 2000, thanks to the scale-up of malaria control measures, such as bed nets, insecticide spraying, diagnosis and effective medicines, the world has made major progress in reducing suffering and death associated with malaria. Many countries have been able to eliminate the disease from their borders. Endemic countries are making the commitment to control and eliminate malaria, and new tools and approaches are being developed to support this work. For the first time in history, defeating the disease altogether is within reach.

The fight against malaria has been one of our best investments in global health to date. Yet, these recent gains are increasingly threatened by a shortfall in funding. It is critically important that we pool all possible resources to stay the course, as malaria resurgence will remain a persistent threat until the disease is eradicated altogether.

To celebrate the gains and highlight the critical need to maintain the momentum, between 15 February and 24 March, photographers from around the world submitted more than 700 photos in three categories (people, healthcare & control, and research & development) to the contest. The public were then invited to vote before 7 April to determine a shortlist and the final winners were chosen by an international panel of judges.¹

First-place winners, selected by the judges, will receive a new Fuji camera and CHF 400 in cash. Runners-up, in second to fifth place, will receive one of a series of cash prizes: 2nd: CHF 400; 3rd: CHF 300; 4th: CHF 200; 5th: CHF 100.

¹ [David Burnett, Matteo Cardin, Marcel Grubenmann, Katarina Premfors, Damien Schumann, Apal Singh](#)

“The competition is one of the strongest I have seen,” said David Burnett, one of the contest’s judges and three times World Press Photo jury member. “There is a wonderful combination of ‘reportage’ and portraits, and together they provide a very impressive selection of photographs highlighting the efforts to help people in malaria-infested locations. I’m happy to have been involved in judging; it’s really important to support photographers who are telling stories about malaria and bringing the issues of prevention and treatment into the public eye.”

“The Swiss Malaria Group thanks Fuji Switzerland for their generous donation of three cameras as first prizes, the fifteen organisations² that provided their promotional support and our expert jury panel for their selection,” said Dr Thomas Teuscher of Roll Back Malaria. “We hope that the contest will not only raise awareness about malaria but encourage other organisations to join the group and make it even stronger in the years to come.”

“Photos have the ability to open the door on a world never seen before,” Gerhard Siegfried, Head of East and Southern Africa Division of the Swiss Agency for Development and Cooperation. “Photos submitted to the contest have not only opened that door to malaria but have also allowed us to step through and see the bigger picture; the victims of malaria, the tools and interventions that can save them from the disease and the people working to develop those tools. I invite you to see the big picture for yourself.”

The Swiss Malaria Group will mark World Malaria Day 2013 and announce the winners at 18h00, 22 April 2013 at the [Malaria Vaccines for the World](#) conference in Lausanne, Switzerland, where the winning photos will be displayed. The winners and runners-up can also be viewed via the [online exhibition](#) from 22 April 2013. Congratulations to our winners, which are as follows:

Category 1: People

- 1st: Dimple Pancholi: ‘Untitled’
- 2nd: Somenath Mukhopadhyay: ‘Look beyond’
- 3rd: Rabin Chakrabarti: ‘Preventing mosquito bites’
- 4th: Allan Jay Quesada: ‘Poverty and malaria risks’
- 5th: Fabian Biasio: ‘Children jumping into the water’

Category 2: Health care and control

- 1st: Sandipan Majumdar: ‘Malaria prevention’
- 2nd: Andre Laas: ‘The art of war’
- 3rd: Matthieu Zellweger: ‘Unpacking the net’
- 4th: Sarah Hoibak: ‘Spaceman? No, vector-man!’
- 5th: Oliver Lassen: ‘Two for one’

² [Photographers for Hope](#), [MalariaWorld](#), [Speak up Africa](#), [End Ignorance](#), [Against Malaria Foundation](#), [Africa Fighting Malaria](#), [The Global Fund](#), [VacciNews](#), [Malaria No More](#), [Malaria No More UK](#), [Spread the Net](#), [Friends of the Global Fight Against AIDS, Tuberculosis and Malaria](#), [European & Developing Countries Clinical Trials Partnership \(EDCTP\)](#), [Liverpool School of Tropical Medicine \(LSTM\)](#), [Barcelona Institute for Global Health \(ISGlobal\)](#), [Worldwide Antimalarial Resistance Network \(WWARN\)](#)

Category 3: Research and development

1st: Jennifer Jackson: 'Bloodsuckers'

2nd: Konstantin Ikonmidis: 'Thermal (un)comfort of a bed net'

3rd: Quique Bassat: 'Looking for a patient's missing file'

4th: Andre Laas: 'Know the enemy'

5th: Ken Mwai: 'See it large, see it minute'

Notes for Editors

Winning photos



Untitled

Animals too must be protected from mosquitoes to safeguard the livelihood of the family. The little girl places food beside the cow.

Chhota Udaipur, India

1st place 'People'

Dimple Pancholi



Malaria prevention

Local government sprays mosquito oil to prevent malaria at one of the largest fairs in the world. The great Kumbha Fair is a Hindu festival held once every 12 years in one of four sacred sites, where bathing for purification from sin is considered especially efficacious.

Allahabad, Uttar Pradesh, India.

1st place 'Healthcare and control'

To: Sandipan Majumdar



Bloodsuckers

Sadly, this experiment did not work and the mosquitoes ate the scientist.

South Africa, Durban

1st place 'Research and development'

Jennifer Jackson

Malaria...

- takes a child's life every minute of every day
- kills between 610'000 to 971'000 people each year
- can kill within 24 hours of symptom onset
- costs Africa at least USD 12 billion in lost GDP every year
- accounts for 40% of all public health spending in Africa
- is both a cause and consequence of poverty

Five species

Malaria is caused by protozoan parasites of the genus *Plasmodium* – single-celled organisms that cannot survive outside of their host(s).

Plasmodium falciparum is responsible for the majority of malaria deaths globally and is the most prevalent species in sub-Saharan Africa. It is the most life-threatening of the species.

Plasmodium vivax, is the second most significant species and is prevalent in Southeast Asia and Latin America. *P. vivax* and *Plasmodium ovale* have the added complication of a dormant liver stage, which can be reactivated in the absence of a mosquito bite, leading to clinical symptoms.

P. ovale and *Plasmodium malariae* represent only a small percentage of infections.

The fifth, *Plasmodium knowlesi* – a species that infects primates – has led to human malaria, but the exact mode of transmission remains unclear.

Definitions and symptoms

As malaria parasites enter the blood stream they infect and destroy red blood cells. Destruction of these essential cells leads to fever and flu-like symptoms, such as chills, headache, muscle aches, tiredness, nausea, vomiting and diarrhoea. These initial symptoms are non-specific: in other words, they are self-reported symptoms that do not indicate a specific disease process.

Uncomplicated malaria (can be caused by all strains of *Plasmodium*)

Malaria is considered uncomplicated when symptoms are present but there are no clinical or laboratory signs to indicate severity or vital organ dysfunction. The symptoms of uncomplicated malaria are non-specific and include fever.

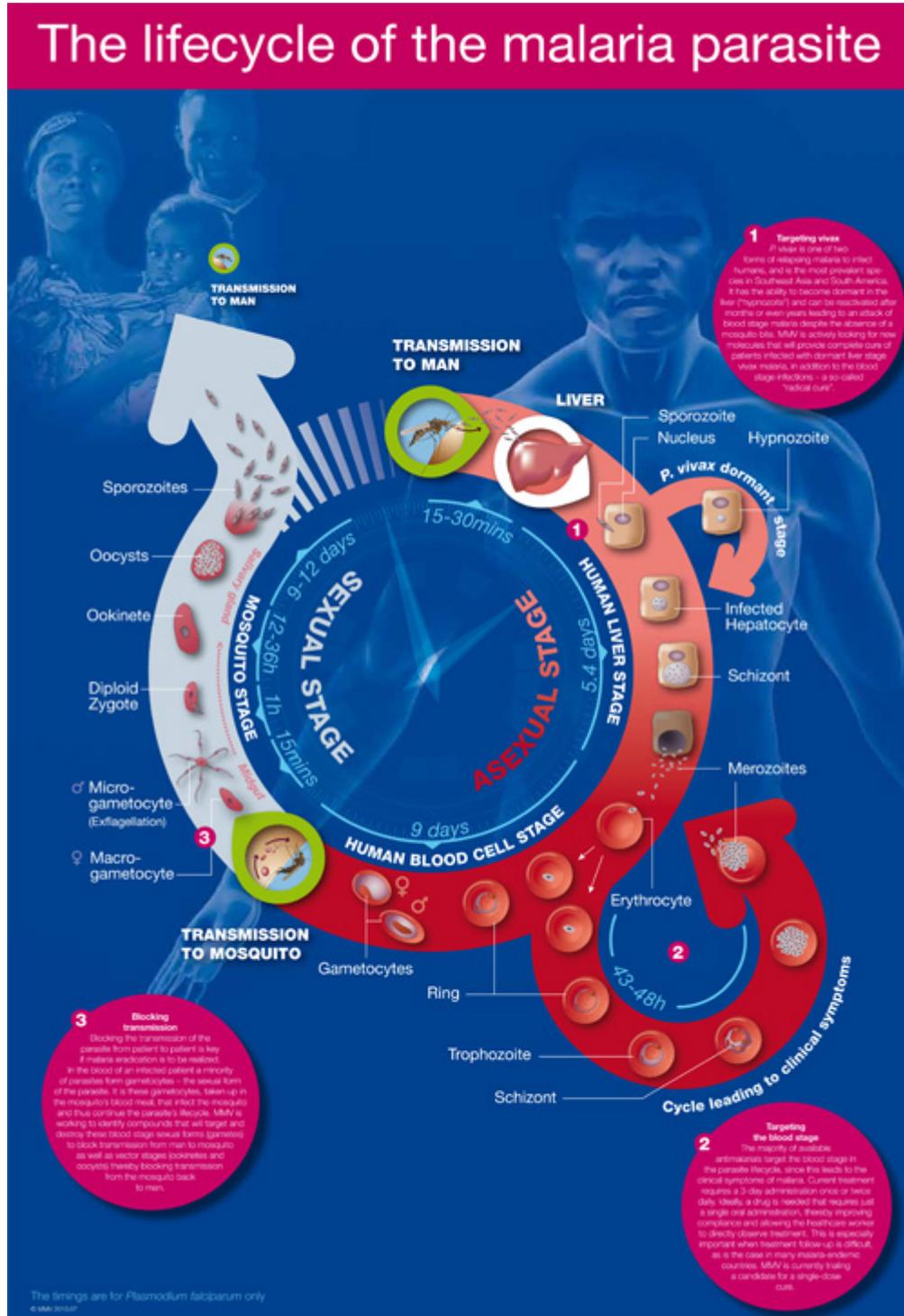
Severe malaria (typically caused by *P. falciparum*)

Infection with *P. falciparum*, if not promptly treated, can quickly progress to severe malaria. The main symptoms of severe malaria include: coma, severe breathing difficulties, low blood sugar, and low haemoglobin (severe anaemia). It is diagnosed on the basis of the presence *P. falciparum* parasites and one of the above symptoms with no other obvious cause. Children are particularly vulnerable since they have little or no immunity to the parasite. If untreated, severe malaria can lead to death.

Cerebral malaria (typically caused by *P. falciparum*)

Malaria is classified as cerebral when it manifests with cerebral symptoms, such as coma.

Lifecycle

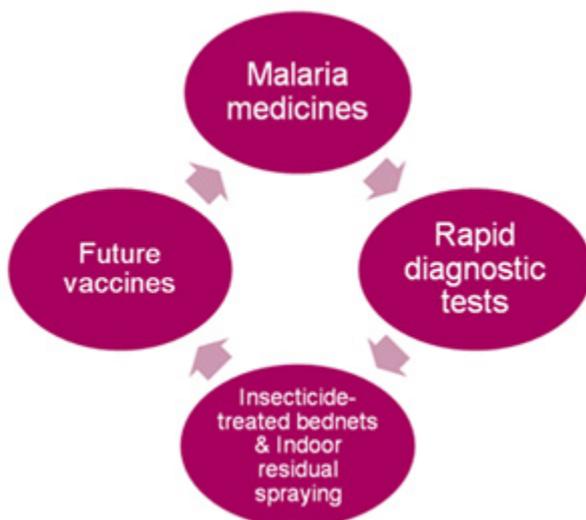


[click here to enlarge](#)

Defeating malaria requires a threefold approach:

- 1) Control: controlling malaria, through prevention, diagnosis and treatment, in high burden countries to reduce death and disease;
- 2) Elimination: once malaria burden is low, establishing and growing malaria-free zones within countries until the disease is eliminated and
- 3) Research: investing in research and development in new tools to help us accelerate the fight, and stay one-step ahead of emerging resistance to current drugs and insecticides.

Current tools



The four essential tools needed to defeat malaria

The control and elimination of malaria demands a multifaceted approach. No one tool alone can defeat the parasite. An arsenal of tools tailored to the needs on the ground is required. At present we have a range of good tools, including insecticide spraying and long-lasting insecticide-treated bed nets help to prevent the transmission of the infection via the mosquito vector. But no preventative strategy is 100% effective – there will always be cases that slip through the net.

The current WHO-recommended first-line treatment for the majority of malaria cases is artemisinin-based combination therapy (ACT). These medicines are available to treat and in some cases prevent malaria. Diagnostic tools include microscopy and malaria rapid diagnostic tests (RDTs), allowing to quickly identify the parasite in the blood and to differentiate malaria from other febrile diseases. Diagnostics are essential to deliver the appropriate treatment to patients.

Nevertheless, as the world works towards malaria elimination and ultimately eradication, gaps in our armoury remain. In the context of reported emergence of artemisinin resistance and the need to treat a range of patients, new medicines and diagnostic tools are needed.

The development of long-term prophylaxis via vaccination is challenging. The most advanced malaria vaccine candidate is currently in clinical trials and is expected to become available in the coming years.

About the Swiss Malaria Group

Founded in 2007, the Swiss Malaria Group (SMG) comprises 17 organisations based in Switzerland, working to develop and deliver new tools to tackle malaria. By joining forces, the organisations are stronger and more effective. The goal is to raise awareness about the devastation wreaked by malaria and the work of Switzerland and other countries to defeat it. Synergies between the members contribute to the decline of malaria cases around the world through innovative control measures, knowledge and financial flows.

The Swiss Agency for Development and Cooperation leads the group, which includes:

- Acino Pharma AG
- Biovision
- Centre Hospitalier Universitaire Vaudois
- Drugs for Neglected Diseases initiative
- Foundation for Innovative New Diagnostics
- Medicines for Malaria Venture
- Medicus Mundi Schweiz
- Novartis
- Novartis Foundation for sustainable development
- Roll Back Malaria
- Swiss Malaria Foundation
- SoildarMed
- Swiss Red Cross
- Swiss Tropical and Public Health Institute
- Syngenta
- Vestergaard Frandsen

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