

Elimination of Malarial Grade

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Editorial

Progress made in malaria control during the past decade has prompted increasing global dialogue on malaria elimination and eradication. The product development pipeline for malaria has never been stronger, with promising new tools to detect, treat, and stop malaria, including innovative diagnostics, medicines, vaccines, vector control products, and improved mechanisms for surveillance and response. There are a minimum of 25 projects within the global malaria vaccine pipeline, also as 47 medicines and 13 vector control products. In addition, there are several next-generation diagnostic tools and reference methods currently in development, with many expected to be introduced within the next decade.

The past decade has seen considerable progress in reducing preventable mortality in low- and middle-income countries (LMICs), as evidenced by the five hundred reductions in childhood deaths, 25% reduction in malaria cases, and therefore the World Health Organization (WHO) certification of 4 countries as malaria-free. WHO's Global Technical Strategy for Malaria (GTS), recently endorsed by the planet Health Assembly in 2015, and therefore the Roll Back Malaria (RBM) Partnership's Action and Investment to defeat Malaria (AIM) have embraced the goal of a "world freed from malaria" and have suggests ambitious targets of reducing malaria case incidence and mortality rates globally by a minimum of 90% by 2030.

The Lancet Commission on Investing for Health determined that if the proper investments are made in scaling up existing health interventions and in developing new prevention, treatment, and surveillance tools, the world could achieve a "grand convergence" by 2035, with preventable deaths reaching universally low levels and economic benefits exceeding cost by an element of 9–20. Historically, LMICs that have aggressively adopted new tools have seen a further 2%-per-year decline in child mortality rates compared with non-adopters. Sustained success would require the mixture of universal coverage of interventions with implementation of a strong closed-circuit television that collects, transmits, and analyzes data about cases and program activities in real time to tell rapid response strategies. Collectively, the pipeline of latest malaria prevention and treatment tools has never been healthier.

However, the size at which current treatments are being deployed has facilitated the widespread emergence of resistance, creating an urgent need for better field diagnostic tools and new methods for quickly, cost-effectively, and accurately detecting and preventing importation of malaria parasites in low-endemic settings.

To ensure that these tools are ready to contribute effectively to rapid reductions in malaria transmission, appropriate scale-up and roll-out strategies must be developed. Better approaches to surveillance will both identify key sources and pathways of malaria transmission and focus diagnosis, treatment, and prevention resources where they will be best in accelerating parasite elimination and saving lives.

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