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Global Prospects and Strategies of Malaria Control & Elimination

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Abstract

During the last decade, substantial progress has been made in controlling malaria worldwide through large scale implementation of effective malaria interventions. The magnitude of this progress has led some malaria endemic countries, even those with historically high burdens of malaria, to consider the possibility of malaria elimination. Malaria elimination is defined as the reduction to zero of the incidence of infection caused by a specified malaria parasite in a defined geographical area as a result of deliberate efforts. Significant progress has been achieved in malaria control worldwide over the past decade. Increased financial support for malaria programmes has enabled impressive reductions in transmission in many endemic regions. These successes have stimulated renewed discussion of how, when and where malaria can be eliminated.

Keywords: Control • Diagnosis • Epidemiology

Introduction

Implementation of proven malaria control measures can reduce transmission within short to moderate timeframes nearly everywhere malaria occurs. Existing WHO guidance for elimination has focused on activities to be conducted once a programme has entered the elimination phase and has included only limited discussion of the technical and operational feasibility of achieving this.

The main purpose of this manual is to raise awareness of the sorts of technical, operational, and financial resources that would be required to reduce and eventually eliminate malaria, the timelines over which such reductions are likely to be achieved, and how they can be sustained. This knowledge is essential in order to plan strategically for long-term success. More detailed, context-specific planning will be an important next step after working through the general approach set out here.It addresses three linked sets of considerations:

Technical feasibility

Is it technically feasible to eliminate malaria within a set timeframe given the intrinsic malaria transmission potential within the selected area? If so, what fraction of the population would theoretically need to be protected from transmission to achieve malaria elimination? What would be required technically to maintain the gains achieved in reducing malaria despite continued importation of infections from neighbouring areas or countries? And if elimination is not feasible, how much reduction in malaria is technically possible?

Financial feasibility

What is the likely cost of meeting and sustaining the operational requirements for elimination? Are sufficient funds available to pay for these requirements, and can sustained financing be secured over time?

Therefore, the utilization of such networks may have importance in the malaria elimination program in India.

Conclusion

Healthcare communities have undertaken serious efforts to reduce malaria cases in India, but it is still threatening millions in India. This time the elimination efforts would require targeted approaches and strategies starting from the village level to the national level. At the same time, we need to take care of all the possible gaps such as human resources, robust surveillance, and hotspot targeted interventions by proper utilization of existing as well as new tools. All the laboratory-confirmed positive cases should be advised to stay under mosquito net until parasite clearance to avoid community transmission.

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