

Quantifying Impact of Human Mobility on Malaria

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Abstract

The World Health Organization Global Malaria Programme, in keeping with its mandate to set evidence-informed policies for malaria control, has convened the Malaria Policy Advisory Committee as a mechanism to increase the timeliness, transparency, independence and relevance of its recommendations to World Health Organization member states in relation to malaria control and elimination. As a result, there is a growing need for the malaria policy setting process to rapidly review increasing amounts of evidence.

Keywords: Infection • Malaria • Evaluation

Introduction

Our aim is to identify gaps in knowledge of the epidemiology and burden of malaria in pregnancy globally, and to chart a course for gathering requisite knowledge to fill those gaps both through special studies and routine data-gathering exercises such as monitoring, surveillance, and evaluation.

The risk of maternal infection (assessed by fingerprick) is highest during the second trimester. The few studies that have addressed the risk in the early postpartum period show inconsistent results: some studies show an increased risk (rate ratio 2.7–4.1) of recurrent and new *P falciparum* malaria in the first 2–3 months postpartum, 35–37 whereas other studies show a rapid clearance of peripheral parasite anaemia within 2 days of delivery.³⁸ Little is known about the risk of infection in the first trimester; however, the susceptibility must increase in this period to explain peak prevalence in the second trimester.

A small group of independent malaria experts was convened in March 2011 in Geneva to review previous and existing malaria policy processes and successful policy-setting models from other WHO departments. They proposed a framework for a new malaria policy committee - strongly modelled on the Strategic Advisory Group of Experts (SAGE), which sets global policy for immunizations - to address the shortcomings of previous policy processes.

The mandate of MPAC is to provide independent strategic advice and technical input for the development of WHO policy recommendations on all aspects of malaria control and elimination as part of a transparent, responsive and credible policy setting process. Members of MPAC, including

the Chair, have been appointed to serve for an initial term of three years. Each term may only be renewed once, for a period of up to an additional three years.

Members of MPAC play a critical role in ensuring the reputation of WHO in providing high quality, well considered, evidence-informed advice and recommendations on malaria control and elimination. A register of members' declaration of interests is maintained by WHO and will be made available on the WHO-GMP website. The same time, there is increasing pressure on the malaria policy setting process to keep pace with the evidence being generated both through research efforts and the massive implementation of malaria control tools.

Few national estimates exist of the hospitalizations attributable to RSV, and recent advances in prophylaxis warrant an update of these estimates.

Conclusions

The malaria landscape will continue to evolve. However, change, if anticipated and effectively responded to, can bring about positive transformation. The call to strengthen the policy setting process for malaria control and elimination so that it is more responsive to the rapidly evolving malaria landscape has been heard. To update hospitalization estimates, we examined temporal trends in hospitalizations among US children associated with bronchiolitis, the most specific RSV-associated illness. We estimated recent RSV-associated hospitalizations by using discharge data for bronchiolitis and used bronchiolitis and pneumonia hospitalizations to estimate RSV-associated morbidity among infants.

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