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ASIA EDITION

Rising to the challenge of malaria eradication

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The World Health Organization (WHO) says accelerated research and development (R&D) in new tools for malaria prevention and treatment is key if the world is to eradicate malaria in the foreseeable future: today less than 1% of funding for health R&D investment goes to developing tools to tackle malaria.

WHO also flags the urgent need for progress to advance universal health coverage and improve access to services, and better surveillance to guide a more targeted malaria response.

The findings have emerged in a report from WHO's Strategic Advisory Group on Malaria Eradication (SAGme).

"To achieve a malaria-free world we must reinvigorate the drive to find the transformative strategies and tools that can be tailored to the local situation. Business as usual is not only slowing progress, but it is sending us backwards," according to Dr Marcel Tanner, Chair of the SAGme.

The group has published the executive summary of its report ahead of a WHO-hosted forum on "Rising to the Challenge of Malaria Eradication" to be held in Geneva on 9 September 2019.

Why malaria eradication matters

"Freeing the world of malaria would be one of the greatest achievements in public health," says Dr Tedros Adhanom Ghebreyesus, WHO Director-General. "With new tools and approaches we can make this vision a reality."

Eradicating malaria would both save lives and boost economies.

The health benefits would be greatest among some of the world's most vulnerable populations. Children under five account for 61% of all malaria deaths. More than 90% of the world's 400,000 annual malaria deaths occur in sub-Saharan Africa.

The group's analyses showed that scaling up current malaria interventions would prevent an additional 2 billion malaria cases and 4 million deaths by 2030 – provided those interventions reach 90% of the population in the 29 countries that account for 95% of the global burden.

The cost of this scale-up is estimated to be US$ 34 billion. The economic gain would be around US$ 283 billion in total gross domestic product (GDP) - a benefit to cost ratio in excess of 8:1.

Overcoming challenges to eradication

Global malaria infection and death rates have remained virtually unchanged since 2015. WHO's World Malaria Report in 2018 revealed that the world is currently off track to achieve the 2030 goals set out in the WHO Global Technical Strategy for malaria 2016-2030 – i.e. a 90% reduction in the malaria case incidence and mortality rate.

In many countries, access to health services remains a major challenge. Only one in five pregnant women living in areas of moderate to high malaria transmission in Africa is able to obtain the drugs she needs to protect herself from malaria. Half the people at risk of malaria in Africa sleep under an insecticide-treated net and just 3% are protected by indoor spraying with insecticides.

This highlights the need to advance universal health coverage and strengthen health services and delivery systems, so everyone can access malaria prevention, diagnostics and treatment, when and where they need them, without suffering financial hardship.

The group noted the need to rethink approaches. WHO and partners are already establishing some new strategic approaches to tackling malaria. Last November, for example, WHO and the RBM Partnership to End Malaria launched the "High burden to high impact" approach. This aims to jumpstart progress against malaria by targeting attention to the 11 countries with 70% of the world's malaria burden – 10 African countries and India.

This complements efforts to secure certification among the countries seeking to eliminate malaria by 2020, the WHO"E-2020" initiative. So far, WHO has certified 38 countries and territories malaria-free.

The need for new technologies

Most of the tools being used to tackle malaria today were developed in the last century or even earlier: insecticide-treated mosquito nets, indoor residual spraying, rapid diagnostic tests and drugs based on artemisinin.

Promising new diagnostics, medications, insecticides and vector control approaches are being developed, alongside passive immunization therapies such as monoclonal antibodies. The world's first malaria vaccine, RTS,S/AS01, has been deployed in Ghana and Malawi, with plans for rollout in Kenya.

SAGme highlights the urgent need to scale up R&D to strengthen this pipeline, pointing to the Malaria Eradication Research Agenda (malERA), which provides a useful starting point to guide needed R&D investment.