

Update on Current Thinking Within GMP on Malaria Prevention

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Current thinking within GMP

The coverage of the entire population with long lasting insecticidal mosquito nets (LLIN) is by a large margin the most effective, cost-effective and most easily sustainable measure of malaria prevention and vector control.

It results in a reduction of malaria incidence of 50% and in overall child mortality of 18%/year at a cost of USD 0.80/person protected/year (calculations made on 5 year LLIN technology nets including operational cost) .

Current thinking within GMP

In direct comparison the targeted coverage of high risk groups of children under the age of five and of pregnant women will provide personal protection but will not have a significant impact on malaria transmission.

Even though the protection with LLIN of the above mentioned highest risk groups would only cost 25% of the cost of covering the entire population, the overall cost of malaria control, including diagnosis and treatment would be higher under the circumstances that universal access could be provided.

Since the latter is not the case, while total LLIN coverage is operationally feasible, the coverage of the entire population living in area of malaria transmission is the first imperative of malaria control.

Current thinking within GMP

Indoor residual spraying (IRS) has the same level of effectiveness as universal coverage with LLIN but at four times the cost/person/year. In addition it is 5 to 10 times more difficult operationally to sustain.

Therefore, IRS is indicated and a *complementary* tool to universal LLIN coverage in areas where the aim of complete interruption of local transmission is achievable and sustainable in an effort at malaria elimination.

Current thinking within GMP

The most effective and cost-effective method to rapidly scale-up LLIN coverage is the delivery free of charge to the population at risk in a well prepared and executed campaigns.

All other methods of LLIN routine distribution in association with ante natal care, routine EPI or other means are useful as complementary measures to keep up the high LLIN coverage levels achieved by campaigns.

Current thinking within GMP

Wherever the goal of universal LLIN coverage has been achieved, the next crucial step towards rapid impact on malaria mortality will be the provision of improved access to treatment of malaria in remote areas, based on a secured supply system, the full use of practical drugs and dependable rapid diagnostic test.