WHO initiative to stop the spread of Anopheles stephensi in Africa

Anopheles stephensi

- Major malaria vector from south Asia
- First reported finding in Africa in 2012
- Flexibility in larval site choice, especially able to use urban larval sites
- Host preference for cattle/goats
- Good biological vector for *P. falciparum* and *P. vivax*
- Resistant to many insecticides used for public health



Tracking the spread

- Malaria Threats Map
 - Native occurrences
 - Invasive occurrences
 - Negative findings



Impact – monitored and modelled

Epidemiological impact

- Djibouti increase in cases since 2012
- Dire Dawa outbreak in 2022

Modelled impact

- Modeled spread of *An. stephensi* in Africa 126 million at increased risk
- If *An. stephensi* spread to all suitable areas in Ethiopia, there could be a 50% increase in cases (95% CI: 14-90%)







WHO initiative

Information exchange



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Increasing collaboration



Prioritizing research



R

Developing guidance



Appropriate response

Risks

- Too much investment
 - Reduced funds/attention for malaria in rural areas
- Too little investment
 - Delay in determination of appropriate control tools, leading to increased spread across Africa
 - Increased malaria in urban settings

Next steps

- Update of Vector Alert (2023)
- Partners convening in Ethiopia (March 2023)
- Quarterly An. stephensi calls
- Deep dive into past successes and failures of An. stephensi control (2023)



