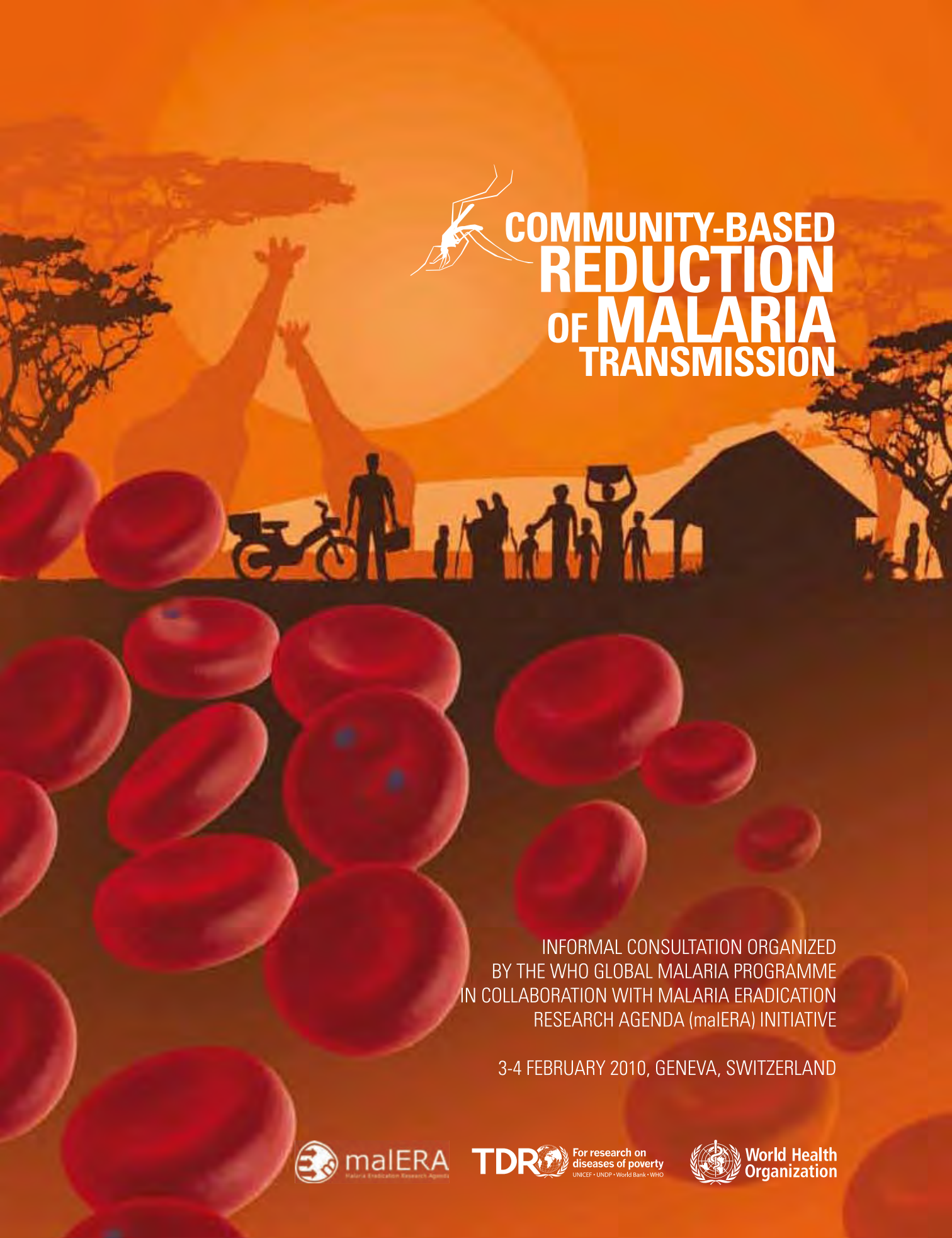




# COMMUNITY-BASED REDUCTION OF MALARIA TRANSMISSION



INFORMAL CONSULTATION ORGANIZED  
BY THE WHO GLOBAL MALARIA PROGRAMME  
IN COLLABORATION WITH MALARIA ERADICATION  
RESEARCH AGENDA (malERA) INITIATIVE

3-4 FEBRUARY 2010, GENEVA, SWITZERLAND





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# Abbreviations

ACT	artemisinin-based combination therapy
EIR	entomological inoculation rate
FSAT	focused screening and treatment
G6PD	glucose-6-phosphate dehydrogenase
HiFSAT	highly focused screening and treatment
IPTc	intermittent preventive treatment of malaria in children
IPTp	intermittent preventive treatment during pregnancy
LLIN	long-lasting insecticidal net
MDA	mass drug administration
MSAT	mass screening and treatment
PCR	polymerase chain reaction
RBM	Roll Back Malaria
RDT	rapid diagnostic test
WHO	World Health Organization

## Foreword

To date, efforts at malaria control in highly endemic areas of Africa have focused on scaling-up proven existing malaria control interventions – long-lasting insecticidal nets (LLINs), indoor residual spraying (IRS) with insecticides, intermittent preventive treatment during pregnancy (IPTp), diagnostic testing, and treatment of confirmed uncomplicated malaria using artemisinin-based combination therapy (ACT). *The World Malaria Report 2010* found that the increase in international funding commitments had allowed a massive scale up of malaria control interventions in many countries, along with sometimes dramatic reductions in malaria burden.

However, there is lack of evidence, and thus uncertainty, about how best to move forward with consolidating these gains, particularly in high transmission areas in sub-Saharan Africa. Sustaining high coverage with interventions in the face of a low malaria incidence will pose a serious challenge to countries which have reduced their malaria burden. Despite the increased political commitment for accelerated malaria control towards elimination, there are as yet no proven operational strategies for how to sustain the gains in malaria control – or reach elimination – in

tools towards elimination in appropriate situations. Otherwise, endemic countries may find themselves in the potentially perilous situation of waning population immunity combined with high transmission potential.

To rapidly move towards malaria elimination, there is a need for large scale, innovative interventions at all levels – both of preventive and curative nature – that will allow to reach all populations at risk and dramatically reduce malaria transmission. Once transmission drops to low levels and becomes increasingly patchy (or ‘focal’), national level commitment to malaria as a public health problem risks dropping as well. A community-based approach will enable governments to match resources to local burden, and allow remaining affected communities to take a more aggressive approach to lowering and ultimately eliminating transmission in these malaria hotspots.

In February 2010 the WHO Global Malaria Programme, in collaboration with Malaria Eradication Research Agenda (malERA) initiative, organized an informal consultation of malaria experts to develop a strategy to achieve reduction of malaria transmission through community-based interventions (Geneva, 3-4

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