

Evidence and new recommendations for malaria prevention tools

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The early 2000s saw great advances in malaria control worldwide, in part due to scale up of proven preventive strategies such as insecticide-treated bednets and a variety of chemoprevention measures. In 2015, that progress began to stall, and in 2020, according to WHO, there was a marked increase in the number of malaria cases and deaths, larger than any seen in the last two decades: over 241 million cases of malaria and 626 000 deaths, including 479 000 deaths among African children under 5 years old.

In this troubling context, there have been many recent advances and changes regarding malaria prevention, which will be detailed in the introduction to this roundtable.

- The largest headline came in 2021, with a recommendation to use the RTS,S vaccine, the first malaria vaccine to be approved for broad use in African contexts. This modestly effective vaccine will be expensive but could have a major impact if access issues could be overcome and the vaccine used effectively at scale.
- New WHO guidelines for a variety of chemoprevention strategies are expected soon. Strategies like Seasonal Malaria Chemoprevention (SMC) may see their eligibility criteria broadened, and Mass Drug Administration may be given a more prominent place in the malaria toolbox. Older proven strategies, like Intermittent Preventive Treatment (IPT) among pregnant women and IPT among infants may be re-branded, and re-emphasized in an effort to improve uptake.

- Pyrethroid insecticides are standard in impregnated bednets. Mosquito resistance to pyrethroid insecticides is increasing, which might eventually warrant the roll-out of next-generation pyrethroid-PBO bednets, which are more expensive and less durable.

Malaria prevention is at a critical juncture. We will discuss these scientific, public health, and strategic considerations in-depth with an expert panel.

