

## **The Resistant Mosquito**

### Video Transcript

#### **Malaria elimination in Sri Lanka and Zambia**

ELIZABETH: Since 2001, Zambia made significant progress reducing the disease. Zambia launched an ambitious and clear goal to eliminate malaria. For this, the costed national malaria elimination strategic plan was developed. We will get there!

RAVINDRA: Sri Lanka's work towards elimination started in 2009. It aimed at eliminating all forms of malaria by the end of 2014, with the last indigenous case reported in October 2012. After the war, development projects brought workers from overseas into the country. If they come from malaria-endemic places, this increased the risk of imported malaria infections. So, the first challenge was to address the increasing risk of parasite carriers that came to the country. The second challenge was that among medical practitioners, the clinical awareness of malaria had fallen. The third challenge concerned compliance. The majority of infections that were reported during near elimination were due to *Plasmodium vivax*. This needed a 14-day regime of the medicine Primaquine as a radical cure to eliminate all parasites from a patient. However, it was a challenge to achieve 100% compliance for these two weeks and prevent relapses. The fourth challenge was to overcome poor coordination between the public and private sector in malaria diagnosis, treatment and notification. At the same time there were other public health issues such as dengue with a high disease burden. As the number of malaria cases decreased, it became challenging to sustain the necessary level of interest - be it within the administration or the policy makers.

ELIZABETH: The first challenge is that we have insufficient financing to meet the needs of the elimination strategic plan. Our second challenge is that we do not have enough trained health workers. With the rising insecticide resistance, we are in need of many efficacious and effective interventions. We also have only few civil society members who advocate for the fight against malaria and community members failing to adopt the necessary behaviours and measures. Zambia is a landlocked country with eight neighbours. We need a strong surveillance system and cross-border coordination for campaigns and data sharing. As we move towards elimination, we anticipate the challenge to maintain the political will, to sustain a strong partnership, and to demonstrate success. A further challenge is the impact of the COVID-19 pandemic, especially as it interrupted supply chains.

RAVINDRA: During the 1990s, malaria was the major public health problem and commonest cause of hospitalisation in Sri Lanka. One third of the public health budget was spent on malaria. The adverse



effects included repeated infections, impaired learning in children, stunting their growth, productivity loss in rural farms, and a national economy affected due to losses in trade, commerce and tourism. All these adverse effects are no more after elimination.

ELIZABETH: A healthier population and improved quality of life, and the ability to shift focus, with the cost savings from malaria elimination to other health priorities affecting Zambians. In addition, reduced absenteeism in schools and workplace due to malaria; increased workforce productivity. A stronger economy will increase consumer spending, boosting corporate returns even further.

RAVINDRA: To sustain a malaria-free status is a challenge. The vector mosquito is widely prevalent, although the parasite is no longer present. If people enter the country with malaria, they contracted elsewhere are not promptly diagnosed and treated, they could potentially transmit the parasite to the vector mosquito, reintroducing local transmission. However, personally, I see no big challenge for the prevention of re-establishment of endemic malaria in Sri Lanka due to all the ongoing efforts in accordance with the National Strategic plan.