



**Letters** Tackling malaria today

# Beware resurgence of malaria where incidence has fallen

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Lines et al are concerned that the strategy of “shrinking the map” to eliminate malaria will lead to inequitable allocation of resources, development of resistance to insecticides and drugs, and inefficient combination of interventions.<sup>1</sup> But the sustained malaria control strategy that they suggest as an alternative to elimination campaigns also has these risks.

Malaria transmission has fallen across Africa, as documented in countries such as Kenya,<sup>2</sup> Tanzania,<sup>3</sup> Mozambique,<sup>4</sup> Swaziland,<sup>4</sup> South Africa,<sup>4</sup> and Guinea Bissau.<sup>5</sup> This trend is probably the result of decades of malaria control activities, economic development, urbanisation, improved education, and access to health care. These countries also face the problems of inequitable and uncoordinated coverage of interventions, drug and insecticide resistance, and inappropriate allocation of resources.

The “tipping point” has been reached in many regions of the endemic countries in Africa, where the incidence of malaria has fallen in large communities and made them susceptible to the resurgence of malaria. Thus, action to eliminate malaria should not be delayed, and malaria control programmes should be strengthened in the centre of the malaria map.<sup>1</sup> We should move towards the elimination goal, starting in the centre of the map, but we can do this only if there is sustained political and financial commitment. Otherwise we will face the resurgence of malaria overburdening stretched health resources and repeat the failure of malaria control in Africa in the 1950s and 1960s.

## Notes

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## Footnotes

- Competing interests: None declared.

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