Editorial

World Health Day 2014: an opportunity to promote research on vectors & vector-borne diseases

Every year there are more than one billion cases and over one million deaths from vector-borne diseases such as malaria, dengue, schistosomiasis, human African trypanosomiasis, leishmaniasis, Chagas disease, yellow fever, Japanese encephalitis and onchocerciasis, globally¹. Malaria causes the most number of deaths among the vector-borne diseases; WHO estimated that there were 627,000 deaths and 207 million cases in 2012, mainly in sub-Saharan Africa followed by South East Asia². Dengue is fast emerging pandemic-prone viral disease and up to 50-100 million infections are estimated to occur annually in over 100 endemic countries³. The economic costs of malaria and dengue are very high as reported in India⁴ and in Puerto Rico⁵. In spite of the high burdens, five vector borne diseases (Chagas diseases, dengue/severe dengue, human African trypanosomiasis, leishmaniasis, lymphatic filariasis and schistosomiasis) are among the 17 neglected tropical diseases⁶. It is, therefore, fitting that World Health Day 2014 focuses on vector borne diseases⁷.

World Health Day is celebrated on April 7 every year to mark the anniversary of the founding of WHO in 1948. Each year a theme is selected that highlights a priority area of public health. World Health Day 2014 focuses on vector-borne diseases with the following aims: *(i)* families living in areas where diseases are transmitted by vectors know how to protect themselves; *(ii)* travelers know how to protect themselves from vectors and vector-borne diseases when travelling to countries where these pose a health threat; *(iii)* in countries where vector-borne diseases are a public health problem, ministries of health put in place measures to improve the protection of their populations; and *(iv)* in countries where vector-borne diseases are an emerging threat, health authorities work with environmental and relevant authorities locally and in neighbouring countries to improve integrated surveillance of vectors and to take measures to prevent their proliferation⁷.

As well, World Health Day 2014 is an opportunity to highlight the research on vectors and vector-borne diseases. Aside from research and development on new tools, it is necessary to invest in operations research, which is "any research producing practicallyusable knowledge (evidence, findings, information, *etc.*) which can improve programme implementation (*e.g.* effectiveness, efficiency, quality, access, scaleup, sustainability) regardless of the type of research (design, methodology, approach)"⁸, to contribute in effective control of vector-borne diseases and even eliminate some of these diseases.

Integrated vector management (IVM) is one area where operational research is very much needed. IVM is an approach that seeks to improve the efficacy, costeffectiveness, ecological soundness and sustainability of disease-vector control. The ultimate goal is to prevent the transmission of vector-borne diseases such as malaria, dengue, Japanese encephalitis, leishmaniasis, schistosomiasis and Chagas disease. One of the five key elements for the successful implementation of IVM is "evidence-based decision making guided by operational research and entomological and epidemiological surveillance and evaluation"⁹. Research is also needed to understand the "epidemiology of elimination" of lymphatic filariasis¹⁰.

Effective and large scale implementation of existing tools has markedly brought down the burden

This editorial is published on the occasion of World Health Day-April 7, 2014.

of malaria globally², including in Asia Pacific¹¹ and in Sri Lanka¹². In recent years, four countries have been certified by the WHO as having eliminated malaria¹³. However, the gains achieved are fragile. Preserving the efficacy of key tools - insecticides and artemisininbased combination treatments (ACT) - is critical. Otherwise, resurgence may occur as in the past wherein 32 per cent of malaria resurgence was attributed to vector or drug resistance¹⁴. Mosquito resistance to at least one insecticide has been detected in 64 countries¹⁵ and *Plasmodium falciparum* resistance to artemisinin has been documented in Cambodia, Myanmar, Thailand and Vietnam¹⁶⁻¹⁸. Research plays crucial role in addressing these threats 15,19,20 . To reach the endgame of malaria elimination will require new tools as well as innovative mechanisms to deliver services to hardto-reach populations in malaria-endemic areas as well as to inform policies and strategies for prevention of resurgence of transmission²¹⁻²³.

"Good science is the basis of good public health, but the challenge is to translate the best science into public policy"²⁴. World Health Day 2014 is a good opportunity to help address this challenge by providing forum for researchers, policy makers and programme implementers to promote research on vectors and vector-borne diseases and to further improve the translation of evidence generated through research into policy and practice for better control and whenever feasible elimination of vector borne diseases.

Leonard Ortega

Regional Adviser, Malaria WHO Regional Office for South East Asia World Health House, Indraprastha Estate, Mahatma Gandhi Marg, New Delhi 110 002, India ortegal@who.int

References

- World Health Organization. Vector-borne diseases. Fact sheet N°387, March 2014. Geneva: WHO, 2014. Available from: http://www.who.int/campaigns/world-health-day/2014/aboutdiseases/en/index.html, accessed on March 28, 2014.
- World Health Organization. World malaria report 2013. Geneva: WHO, 2013. Available from: *http://www.who.int/malaria/publications/world_malaria_report_2013/en/*, accessed on March 28, 2014.
- World Health Organization. Dengue control. Geneva: WHO. Available from: http:// www.who.int/dengue control/en/, accessed on March 28, 2014.

- Gupta I, Chowdhury S. Economic burden of malaria in India: the need for effective spending. WHO South-East Asia J Public Health 2014; 3: 95-102.
- 5. Halasa YA, Shepard DS, Zeng W. Economic cost of dengue in Puerto Rico. *Am J Trop Med Hyg* 2012; 86 : 745-52.
- World Health Organization. Neglected tropical diseases. Geneva: WHO, 2014. Available from: http://www.who.int/ neglected_diseases/diseases/en/, accessed on March 28, 2014.
- World Health Organization. World health day 7 April 2014. Geneva: WHO, 2014. Available from: http://www.who.int/ campaigns/world-health-day/2014/event/en/, accessed on March 28, 2014.
- World Health Organization. Framework for operations and Implementation research in health and disease control programmes. Geneva: WHO, 2012. Available from: http:// www.who.int/hiv/ pub/operational/ framework/en/, accessed on March 28, 2014.
- World Health Organization. Integrated vector management (IVM). Geneva: WHO. Available from: http://www.who. int/neglected_diseases/vector_ecology/ivm_concept/en/, accessed on March 20, 2014.
- World Health Organization. Lymphatic filariasis research. Geneva: WHO, 2014. Available from: http://www.who.int/ lymphatic_filariasis/research/en/, accessed on March 28, 2014.
- 11. Bhatia R, Rastogi RM, Ortega L. Malaria successes and challenges in Asia. *J Vector Borne Dis* 2013; *50* : 239-47.
- 12. Premaratne R, Ortega L, Janakan N, Mendis KN. Malaria elimination in Sri Lanka: what it would take to reach the goal. *WHO South-East Asia J Public Health* 2014; *3* : 85-9.
- World Health Organization. Overview of malaria elimination. Geneva: WHO, 2013. Available from: http://www.who.int/ malaria/areas/elimination/overview/en/, accessed on March 28, 2014.
- Cohen JM, Smith DL, Cotter C, Ward A, Yamey G, Sabot OJ, et al. Malaria resurgence: a systematic review and assessment of its causes. *Malar J* 2012; 11: 122.
- World Health Organization. Global plan for insecticide resistance management in malaria vectors (GPIRM). Geneva: WHO, 2012. Available from: *http://www.who.int/malaria/ publications/atoz/gpirm/en/*, accessed on March 28, 2014.
- World Health Organization. Global report on antimalarial drug efficacy and drug resistance: 2000-2010. Geneva: WHO, 2010. Available from: http://whqlibdoc.who.int/publications/ 2010/9789241500470_eng.pdf, accessed on March 28, 2014.
- Dondorp AM. Nosten F, Yi P, Das D, Phyo AP, Tarning J, etal. Artemisinin resistance in *Plasmodiumfalciparum* malaria. N Engl J Med 2009; 361: 455-67.
- Phyo AP, Nkhoma S. Stepniewska K, Ashley EA, Nair S, Mc Gready R, *et al.* Emergence of artemisinin resistant malaria on the western border of Thailand: a longitudinal study. *Lancet* 2012; 379: 1960-6.
- World Health Organization. Global plan for artemisinin resistance containment (GPARC). Geneva: WHO, 2011. Available from: http://www.who.int/malaria/publications/ atoz/artemisinin_resistance_containment_2011.pdf, accessed on March 28, 2014.

- World Health Organization. Emergency response to artemisinin resistance in the Greater Mekong subregion: regional framework for action 2013-2015. Geneva: WHO, 2013. Available from: http://apps.who.int/iris/bitstream/1066 5/79940/1/9789241505321_eng.pdf, accessed on March 28, 2014.
- Alonso PL, Brown G, Arevalo-Herrera M, Binka F, Chitnis C, Collins F, *et al.* Research agenda to underpin malaria eradication. *PLoS Med* 2011; 8 : e1000406.
- 22. Aultman K, Burkot TR, Chandre F, Coetzee M, Collins FH, Corbel V, *et al.* The malERA consultative group on vector

control. A research agenda for malaria eradication: vector control. *PLoS Med* 2011; 8 : e1000401.

- World Health Organization, Regional Office for South-East Asia. Aide-memoire malaria. New Delhi: WHO-SEARO. Available from: http://www.searo.who.int/entity/worldhealth_day/2014/Aide_memoire_Malaria.pdf, accessed on March 28, 2014.
- UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Disease. Available from: http://www.who.int/tdr/capacity/en/, accessed on January 4, 2014.