

EDITORIAL**Is the Malaria Elimination Target Achievable?****Abraham Haileamlak, MD, Professor of Pediatrics and Child Health**

Though preventable, malaria is still one of the major public health problems worldwide- mostly in low and middle income countries (1-4). In 2013, malaria killed over a billion people, mostly in sub-Saharan Africa (5). In 2015, there were over 200 million new cases and more than 400,000 malaria-related deaths around the globe (4).

Over three-quarter of the Ethiopian territory is malarious indicating 68% of the population are at risk (6,7). According to the 2016 report, 27% of the population lives in high transmission areas while 41% lives in low transmission localities (8). The transmission of malaria in Ethiopia is unstable (9) and is seasonal following the end of rainy months.

Because of the integrated actions to combat malaria in the last decade and half, almost half of the world's nations are now malaria free (9). Similarly several countries have reduced malaria transmission to levels low enough to allow them to embark on, and in many cases achieve, elimination (10). Likewise, a notable progress was made to control and eliminate malaria from Ethiopia. The 2010-2015 National Strategic Plan for Malaria Prevention, Control and Elimination in Ethiopia was aimed to achieve malaria elimination within specific geographical areas with historically low malaria transmission and near zero malaria transmission in the remaining malarious areas of the country by 2015. The specific strategies to achieve these goals were Community Empowerment and Mobilization, and Diagnosis and Case Management.

However, the target of elimination and zero transmission does not seem achievable because of several factors. Firstly, the required domestic and partners' funding might not sustain. Secondly, the absence of similar actions in neighboring countries could affect the malaria elimination target in Ethiopia negatively. One of the original articles in the current issue (September 2017) of EJHS examined the trend

of malaria in high transmission districts. This issue (Vol. 27, No 5), the fifth regular issue for the year, contains one editorial, eleven original articles, one systematic review, one brief communication and one case report.

I invite readers to read through these articles and appreciate or utilize the contents. I also encourage readers to forward comments and suggestions to the editor or the corresponding authors.

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