

WORLD MALARIA REPORT

2019



World Health
Organization



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Foreword



Dr Tedros Adhanom Ghebreyesus
Director-General
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Leaving no one behind in the march to a malaria-free world

The scourge of malaria continues to strike hardest against pregnant women and children in Africa. The *World malaria report 2019* includes a special section focused on the burden and consequences of the disease among these two most at-risk groups. It delivers a clear message: we must all do more to protect the most vulnerable in the fight against a disease that continues to claim more than 400 000 lives every year.

Malaria in pregnancy compromises the mother's health and puts her at greater risk of death. It impacts the health of the fetus, leading to prematurity and low birthweight, major contributors to neonatal and infant mortality. Last year, some 11 million pregnant women in sub-Saharan Africa were infected with malaria and, consequently, nearly 900 000 children were born with a low birthweight.

To protect pregnant women in Africa, WHO recommends the use of insecticide-treated mosquito nets (ITNs) and preventive antimalarial medicines. This report shows progress on both fronts. Still, nearly 40% of pregnant woman did not sleep under an ITN in 2018 and two thirds did not receive the recommended three or more doses of preventive therapy.

Among children, efforts to expand access to preventive antimalarial medicines are bearing fruit. In Africa's Sahel sub-region, WHO recommends seasonal malaria chemoprevention during the peak transmission season. More than 60% of children living in areas eligible for this preventive therapy received it in 2018.

Sierra Leone is to be commended for becoming the first country in Africa to roll out intermittent preventive treatment in infants, another WHO-recommended approach for protecting young children in malaria-affected areas.

Still, access to care for children showing signs of a fever remains too low. Country surveys show that nearly 40% of febrile children in sub-Saharan Africa are not taken for care with a trained medical provider.

At least 10 countries that are part of the WHO "E-2020 initiative" are on track to reach the 2020 elimination milestone of our global malaria strategy. In 2015, all of these countries were malaria endemic; now they have either achieved zero indigenous malaria cases or are nearing the finish line.

However, in recent years, global progress in reducing new malaria cases has levelled off. Most worrying of all, malaria is on the rise across some high-burden countries in Africa.

Critical milestones of our global malaria strategy are likely to be missed.

In 2018, WHO and the RBM Partnership to End Malaria launched “High burden to high impact”, a new approach to prevent disease and save lives in the countries hardest hit by malaria. Replacing a “one size fits all” strategy, the approach calls for using the most effective tools in a more targeted way. I am very pleased to note that two countries – India and Uganda – have reported substantial reductions in malaria cases in 2018 over the previous year.

In September, I issued a “Malaria Challenge”, calling for greater investment in the research and development of transformative new tools, technologies and approaches to accelerate progress in beating back this disease.

Through a WHO-coordinated pilot programme, Ghana, Kenya and Malawi recently introduced the world’s first malaria vaccine in selected areas. Evidence and experience from the programme will inform policy decisions on the vaccine’s potential wider use in Africa. With support from the Global Fund to Fight AIDS, Tuberculosis and Malaria and from Unitaaid, other promising tools are being tested, such as new types of ITNs and tools that target outdoor-biting mosquitoes.

Achieving our common vision of a malaria-free world will also require enhanced action in other critical areas. We need affordable, people-centred health services. We need reliable and accurate surveillance and response systems. We need strategies that are tailored to local malaria-transmission settings.

Stepped-up financing for the malaria response is essential. In 2018, total funding for malaria control and elimination reached an estimated US\$ 2.7 billion, falling far short of the US\$ 5 billion funding target of our global strategy.

Through resolute, robust financing, political leadership and universal health coverage, we can defeat this disease once and for all.



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