2016
WORLD MALARIA REPORT
SUMMARY

World Health Organization

WHO/HTM/GMP/2017.4

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Introduction

The *World Malaria Report 2016* summarizes progress towards the 2020 malaria goals of the *Global Technical Strategy for Malaria 2016–2030*. It presents information on 26 indicators in five WHO regions and 91 endemic countries and territories. It also analyses changes in these indicators over time.

The report reveals improved access to malaria interventions, particularly in sub-Saharan Africa, the region that carries the heaviest malaria burden. A 77% increase in diagnostic testing for children and a five-fold increase in preventive treatment for pregnant women has been reported over the past 5 years. Also, among all populations at risk of malaria, the use of insecticide-treated mosquito nets has nearly doubled.

Despite this remarkable progress, the global tally of malaria in 2015 was 212 million new cases and 429 000 deaths. Across Africa, millions of people still lack access to the tools they need to prevent and treat the disease. Funding shortfalls and fragile health systems restrict access to life-saving interventions and jeopardize the attainment of global targets. According to the report, fewer than half of the 91 malaria-affected countries and territories are on track to achieve the 2020 milestone of a 40% reduction in case incidence and mortality.

In 2015, malaria financing totalled US$ 2.9 billion. Contributions from both domestic and international sources must increase substantially if the *Global Technical Strategy for Malaria 2016–2030* milestone of US$ 6.4 billion is to be attained by 2020.

The complete *World Malaria Report 2016* can be found at: http://www.who.int/malaria/publications/world-malaria-report-2016/report/en/


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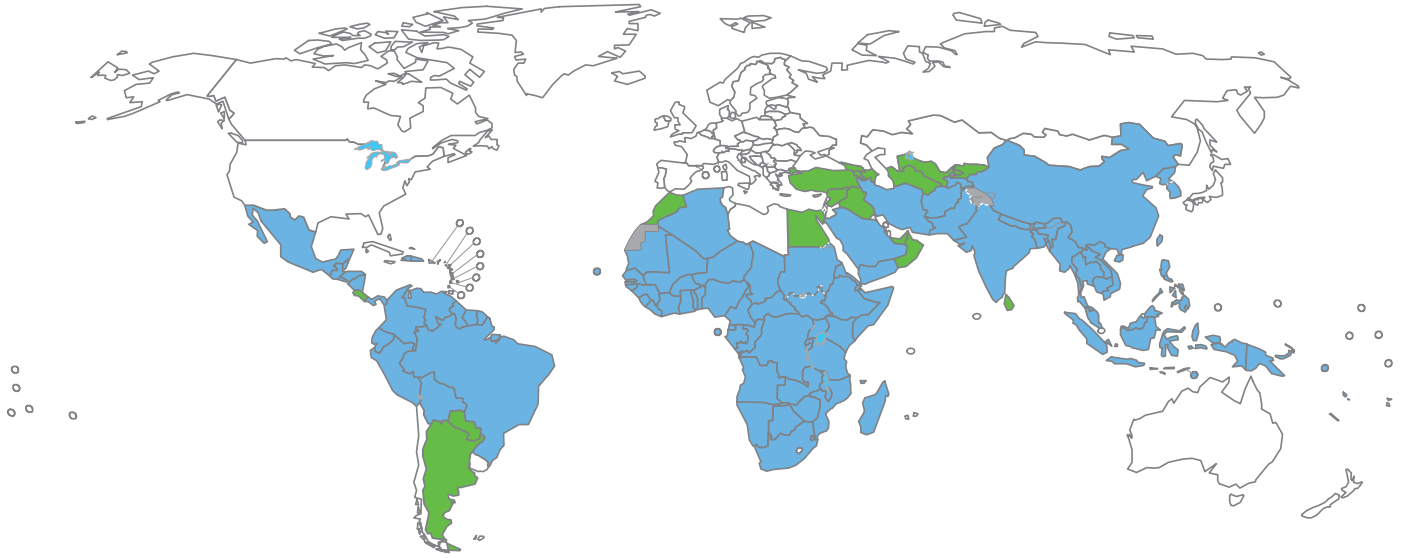
Current distribution of malaria

At the start of 2016, nearly half of the world's population was at risk of malaria.

Malaria was considered to be endemic in 91 countries and territories in 2016, down from 108 in 2000. Most of the change can be attributed to the wide-scale deployment of malaria control interventions.

Countries endemic for malaria in 2000 and 2016



Source: *WHO database*

The Global Technical Strategy for Malaria 2016–2030

To guide the future direction of malaria control and elimination, WHO developed the *Global Technical Strategy for Malaria 2016–2030*.

The *Global Technical Strategy for Malaria 2016–2030* sets the most ambitious targets for reductions in malaria cases and deaths since the malaria eradication era. It also provides a framework for countries to develop programmes that are tailored to local circumstances, with the aim of accelerating progress towards malaria elimination.

Goals, milestones and targets of the *Global Technical Strategy for Malaria 2016–2030*

Vision	A world free of malaria		
Goals	Milestones		Targets
	2020	2025	2030
1. Reduce malaria mortality rates globally compared with 2015	at least 40%	at least 75%	at least 90%
2. Reduce malaria case incidence globally compared with 2015	at least 40%	at least 75%	at least 90%
3. Eliminate malaria from countries in which malaria was transmitted in 2015	At least 10 countries	At least 20 countries	At least 35 countries
4. Prevent re-establishment of malaria in all countries that are malaria free	Re-establishment prevented	Re-establishment prevented	Re-establishment prevented

The *Global Technical Strategy for Malaria 2016–2030* can be found at: http://www.who.int/malaria/areas/global_technical_strategy/en/

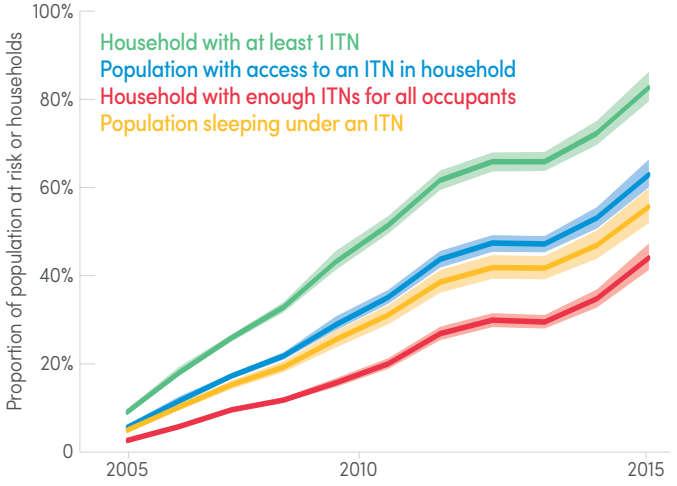
Vector control for malaria – ITN access and use

Access and use of insecticide-treated mosquito nets (ITNs) has increased substantially over the past 5 years, especially in sub-Saharan Africa.

For countries in sub-Saharan Africa, it is estimated that 53% of the population at risk slept under an ITN in 2015, an increase from 5% in 2005 and from 30% in 2010. This rise in the proportion of the population sleeping under an ITN has been driven by increases in the proportion of the population that have access to an ITN in their house (60% in 2015).

The proportion of households with at least one ITN increased to 79% in 2015. The proportion of households with sufficient ITNs for all household members also increased, reaching 42% in 2015, but it remains well below universal coverage (100%).

Proportion of population at risk with access to an ITN and sleeping under an ITN, and proportion of households with at least one ITN and enough ITNs for all occupants, sub-Saharan Africa, 2005–2015



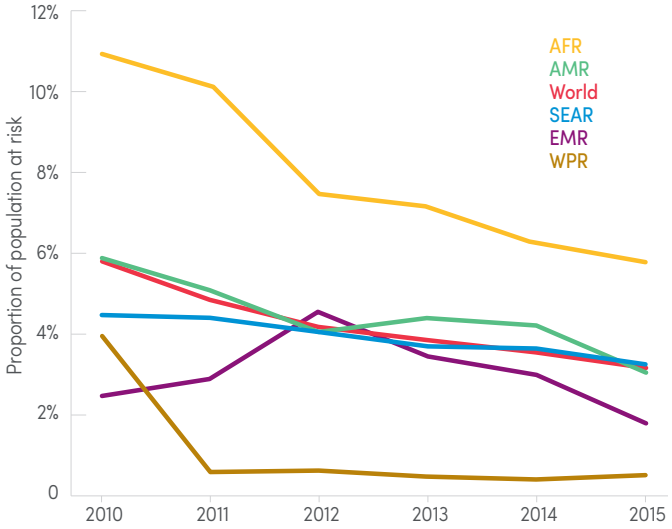
ITN, insecticide-treated mosquito net

Source: *ITN coverage model from Malaria Atlas project*

Vector control for malaria – IRS coverage

The proportion of the population protected by indoor residual spraying (IRS) declined globally.

Proportion of the population at risk protected by IRS, by WHO region, 2010–2015



AFR, WHO African Region; AMR, WHO Region of the Americas; EMR, WHO Eastern Mediterranean Region; IRS, indoor residual spraying; SEAR, WHO South-East Asia Region; WPR, WHO Western Pacific Region

Source: *National malaria control programme reports*

National malaria control programmes often target only selected population sub-groups for IRS; hence, the proportion of the population covered by IRS is generally lower than that for ITNs. The proportion of the population at risk protected by IRS declined globally from a peak of 5.7% in 2010 to 3.1% in 2015, with decreases seen in all WHO regions, and especially in the WHO African Region. Declining IRS coverage may be attributed to a change from pyrethroids to more expensive insecticide classes. This change was made to slow the spread of insecticide resistance, although heavy reliance on pyrethroids continues, particularly outside the WHO African Region.

Chemoprevention for pregnant women

The proportion of pregnant women receiving three or more doses of preventive therapy for malaria has increased over the past 5 years, especially in sub-Saharan Africa.

In 2015, among 20 of the 36 African countries that have adopted the policy, 31% of eligible pregnant women received three or more doses of intermittent preventive treatment in pregnancy (IPTp). This represents a large increase from the 18% registered in 2014 and the 6% in 2010. The proportion of women receiving three or more doses of IPTp still remains below universal coverage; a significant proportion of pregnant women do not attend antenatal care (20% in 2015), and among those who do, 30% do not receive a single dose of IPTp.

Proportion of pregnant women receiving IPTp, by dose, sub-Saharan Africa, 2010-2015