



# WORLD MALARIA REPORT 2012



WHO GLOBAL MALARIA PROGRAMME

# WORLD MALARIA REPORT

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# Foreword



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The past five years have seen an impressive increase in international funding for malaria prevention, control and elimination. Following the call in 2008 by United Nations

Secretary-General, Ban Ki-moon for universal access to malaria interventions, we saw a rapid expansion in the distribution of life-saving commodities in sub-Saharan Africa, the continent with the highest burden of malaria. The concerted effort by endemic country governments, donors and global malaria partners has led to strengthened disease control and visible results on the ground. During the past decade, an estimated 1.1 million malaria deaths were averted, primarily as a result of a scale-up of malaria interventions.

However, the available funding still falls short of the resources required to reach the health-related Millennium Development Goals and other internationally-agreed global malaria targets. An estimated US\$ 5.1 billion is needed every year between 2011 and 2020 to achieve universal access to malaria interventions. At present, only US\$ 2.3 billion is available, less than half of what would be needed. There is an urgent need to identify new funding sources in order to further scale up and sustain malaria control efforts, and to protect the investments made in the last decade. We also need to examine new ways to make existing funds stretch further by increasing the value for money of malaria commodities and the efficiency of service delivery.

The *World Malaria Report 2012* brings together the latest available data from malaria-endemic countries and partners, and contains valuable analyses of progress and trends. Behind the statistics and graphs lies a great and needless tragedy: malaria – an entirely preventable and treatable disease – still takes the life of an African child every minute. The most vulnerable communities in the world continue to lack sufficient access to long-lasting insecticidal nets, indoor residual spraying, diagnostic testing, and artemisinin-based combination therapies. Unfortunately, only modest increases in access to these interventions were observed between 2010 and 2011 – the first such plateauing in the past 5 years. It is imperative that we act now to ensure that the recent momentum, and its results, are not diminished.

In addition, while our current tools remain remarkably effective in most settings, resistance to artemisinins – the key compounds in artemisinin-based combination therapies – has been detected in four countries of South-East Asia, while mosquito resistance to insecticides has been found in 64 countries around the world. While such resistance has not yet led to operational failure of malaria control programmes, urgent and intensified efforts are required to prevent a future public health disaster.

We are three years away from the target date set for the Millennium Development Goals. As the report demonstrates, 50 countries are on track to reduce their malaria case incidence rates by 75%, in line with the World Health Assembly and Roll Back Malaria targets for 2015. However, these 50 countries account for only 3% (or 7 million) of the total estimated malaria cases worldwide. International targets for malaria will not be attained unless considerable progress is made in the 14 highest burden countries, which account for an estimated 80% of malaria deaths.

Tracking progress is a major challenge in malaria control. Malaria surveillance systems detect only around 10% of the estimated global number of cases. Stronger malaria surveillance systems are urgently needed to enable a timely and effective malaria response in endemic regions, to prevent outbreaks and resurgences, to track progress, and to hold governments and the global malaria community accountable. In as many as 41 countries around the world, making a reliable assessment of malaria trends is currently not possible due to incompleteness or inconsistency of reporting.

On World Malaria Day this year, I travelled to Namibia to launch the *T3: Test. Treat. Track.* initiative, urging countries and partners to scale up diagnostic testing, quality-assured treatment and surveillance for malaria. WHO has also made available new global surveillance manuals for malaria control and elimination and published the Global Plan for Insecticide Resistance Management in malaria vectors. These practical documents will help countries update and refocus their national malaria strategies to achieve better results with the limited resources available. In addition, the newly constituted WHO Malaria Policy Advisory Committee recommended Seasonal Malaria Chemoprevention for the control of malaria in the Sahel sub-Region of Africa. This simple and inexpensive intervention has the potential to prevent more than 75% of uncomplicated and severe malaria among children younger than five years of age.

Defeating malaria will require a high level of political commitment, strengthened regional cooperation, and the engagement of a number of sectors outside of health, including finance, education, defence, environment, mining, industry and tourism. The fight against this disease needs to be integrated into the overall development agenda in all endemic countries. We cannot achieve further progress unless we work tirelessly to strengthen health systems and ensure that sustained and predictable financing is available. This report shows how far we have come in the struggle against malaria; we must act with urgency and determination to keep this tremendous progress from slipping out of our grasp.

A handwritten signature in black ink, appearing to read 'M. Chan', written in a cursive style.

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