

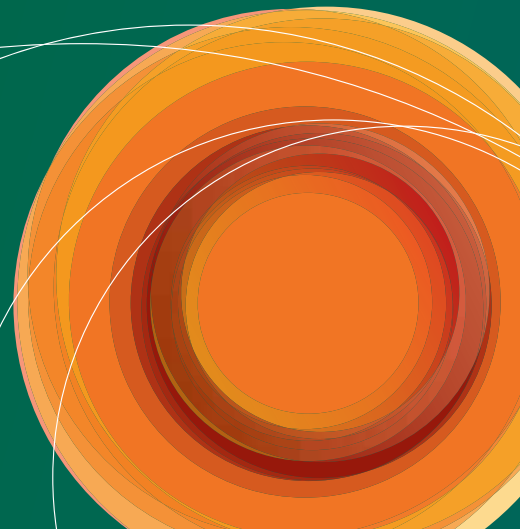
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Foreword

Dr Margaret Chan, *Director-General World Health Organization*

The findings in the *2009 World Malaria Report* are cause for cautious optimism. While much remains to be done, the data presented here clearly suggest that the tremendous increase in funding for malaria control is resulting in the rapid scale up of today's control tools. This, in turn, is having a profound effect on health – especially the health of children in sub-Saharan Africa. In a nutshell, development aid for health is working.

The global momentum that has been built to tackle malaria is extraordinary. It has brought together the governments of malaria endemic countries, foundations, bilateral donors, multilateral organizations, private companies, nongovernmental and faith-based organizations, and civil society. In the process, it has sparked the creation of public-private partnerships that are speeding up the development of new tools to fight this terrible scourge.

This report demonstrates that funding has resulted in steady increases in the coverage with malaria control interventions, especially insecticide-treated mosquito nets. It also shows that where these interventions have been fully scaled up, the malaria burden falls dramatically. On recent visits to African countries, I have witnessed the empty beds in the malaria wards and heard what this means for doctors, nurses, and families. This is the human side of the statistics set out in the report. Although still limited, early data suggest that the impacts being observed in health facilities are being mirrored by population level declines in all-cause child mortality. This is the sort of good news we all need.

Yet there are potential threats to our fragile success. The most serious of these is the further spread of resistance to artemisinins, which has been identified in malaria

parasites in Asia. Although the extent of the spread of this resistance is still being determined, we need to act quickly to mitigate the threat. The World Health Organization, with support from a variety of donors and partners, has taken a leading role in efforts to characterize and contain artemisinin resistance in South-East Asia. We know, right now, three of the things that we urgently need to do: 1) halt the manufacture, marketing and use of oral artemisinin monotherapies; 2) provide universal access to diagnostic testing for malaria; and 3) strengthen routine surveillance for malaria and regular monitoring of antimalarial drug efficacy.

We can save millions of lives over the coming years by scaling up the malaria control tools that we already have available. However, we know that the malaria parasite is a formidable opponent, and that if we are to ultimately eradicate malaria, we need new tools. The unprecedented recent spending on the research and development of these tools, including a vaccine against malaria, is a critical component of the long-term strategy against malaria. At the same time, we need to support operational research as an integral part of malaria programming so that we can learn as we implement and continuously refine our delivery strategies.

Ultimately, the power of malaria control interventions must be matched by the capacity to deliver those interventions to all who need them. If we fail to use these unprecedented global health resources to strengthen health systems, then we will have squandered a tremendous opportunity.



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