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## MALARIA REPORT SHOWS RAPID PROGRESS TOWARDS INTERNATIONAL TARGETS

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**Geneva** -- A massive scale-up in malaria control programs between 2008 and 2010 has resulted in the provision of enough insecticide-treated mosquito nets (ITNs) to protect more than 578 million people at risk of malaria in sub-Saharan Africa. Indoor residual spraying has also protected 75 million people, or 10% of the population at risk in 2009. The *World Malaria Report 2010* describes how the drive to provide access to antimalarial interventions to all those who need them, called for by the UN Secretary-General in 2008, is producing results.

In Africa, a total of 11 countries showed a greater than 50% reduction in either confirmed malaria cases or malaria admissions and deaths over the past decade. A decrease of more than 50% in the number of confirmed cases of malaria was also found in 32 of the 56 malaria-endemic countries outside Africa during this same time period, while downward trends of 25%–50% were seen in eight additional countries. Morocco and Turkmenistan were certified by the Director-General of WHO in 2009 as having eliminated malaria. In 2009, the WHO European Region reported no cases of *Plasmodium falciparum* malaria for the first time.

The WHO Director-General, Dr Margaret Chan, highlighted the transformation that is taking place, "The results set out in this report are the best seen in decades. After so many years of deterioration and stagnation in the malaria situation, countries and their development partners are now on the offensive. Current strategies work."

"The phenomenal expansion in access to malaria control interventions is translating directly into lives saved, as the WHO *World Malaria Report 2010* clearly indicates," said Ray Chambers, the UN Secretary-General's Special Envoy for Malaria. "The strategic scale-up that is eroding malaria's influence is a critical step in the effort to combat poverty-related health threats. By maintaining these essential gains, we can end malaria deaths by 2015."

The strategies to fight malaria continue to evolve. Earlier this year, WHO recommended that all suspected cases of malaria be confirmed by a diagnostic test before antimalarial drugs are administered. It is no longer appropriate to assume that every person with a fever has malaria and needs antimalarial treatment. Inexpensive, quality-assured rapid diagnostic tests are now available that can be used by all health care workers, including at peripheral health facilities and at the community level. Using these tests improves the quality of care for individual patients, cuts down the over-prescribing of artemisinin-based combination therapies (ACTs) and guards against the spread of resistance to these medicines.

While progress in reducing the burden of malaria has been remarkable, resurgences in cases were observed in parts of at least three African countries (Rwanda, Sao Tome and Principe, and Zambia). The reasons for these resurgences are not known with certainty but illustrate the fragility of malaria control and the need to maintain intervention coverage even if numbers of cases have been reduced substantially.

The report stressed that while considerable progress has been made, much work remains in order to attain international targets for malaria control:

- Financial disbursements reached their highest ever levels in 2009 at US\$1.5 billion, but new commitments for malaria control appear to have levelled-off in 2010, at US\$1.8 billion. The amounts committed to malaria, while substantial, still fall short of the resources required for malaria control, estimated at more than US\$6 billion for the year 2010.
- In 2010, more African households (42%) owned at least one ITN, and more children under five years of age were using an ITN (35%) compared to previous years. Household ITN ownership reached more than 50% in 19 African countries. The percentage of children using ITNs is still below the World Health Assembly target of 80% partly because up to the end of 2009, ITN ownership remained low in some of the largest African countries.
- The proportion of reported cases in Africa confirmed with a diagnostic test has risen substantially from less than 5% at the beginning of the decade to approximately 35% in 2009, but low rates persist in the majority of African countries and in a minority of countries in other regions.
- By the end of 2009, 11 African countries were providing sufficient courses of ACTs to cover more than 100% of malaria cases seen in the public sector; a further 5 African countries delivered sufficient courses to treat 50%–100% of cases. These figures represent a substantial increase since 2005, when only five countries were providing sufficient courses of ACT to cover more than 50% of patients treated in the public sector.

- The number of deaths due to malaria is estimated to have decreased from 985 000 in 2000 to 781 000 in 2009. Decreases in malaria deaths have been observed in all WHO Regions, with the largest proportional decreases noted in the European Region, followed by the Region of the Americas. The largest absolute decreases in deaths were observed in Africa.

In summary, the report highlights the importance of maintaining the momentum for malaria prevention, control, and elimination that has developed over the past decade. While the significant recent gains are fragile, they must be sustained. It is critical that the international community ensure sufficient and predictable funding to meet the ambitious targets set for malaria control as part of the drive to reach the health-related Millennium Development Goals by 2015.

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Link to the World Malaria Report 2010:

[http://www.who.int/malaria/world\\_malaria\\_report\\_2010/en/index.html](http://www.who.int/malaria/world_malaria_report_2010/en/index.html)

All related material is available at [www.who.int](http://www.who.int)