



**World Health  
Organization**

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## **World Malaria Report 2012 FACT SHEET**

Malaria is a preventable and treatable mosquito-borne disease, whose main victims are children under five years of age in Africa.

The *World Malaria Report 2012* summarizes data received from 104 malaria-endemic countries and territories for 2011. Ninety-nine of these countries had on-going malaria transmission.

According to the latest WHO estimates, there were about 219 million cases of malaria in 2010 and an estimated 660 000 deaths. Africa is the most affected continent: about 90% of all malaria deaths occur there.

Between 2000 and 2010, malaria mortality rates fell by 26% around the world. In the WHO African Region the decrease was 33%. During this period, an estimated 1.1 million malaria deaths were averted globally, primarily as a result of a scale-up of interventions.

### **Funding situation**

International disbursements for malaria control rose steeply during the past eight years and were estimated to be US\$ 1.66 billion in 2011 and US\$ 1.84 billion in 2012. National government funding for malaria programmes has also been increasing in recent years, and stood at an estimated US\$ 625 million in 2011.

However, the currently available funding for malaria prevention and control is far below the resources required to reach global malaria targets. An estimated US\$ 5.1 billion is needed every year between 2011 and 2020 to achieve universal access to malaria interventions. In 2011, only US\$ 2.3 billion was available, less than half of what is needed.

### **Disease burden**

Malaria remains inextricably linked with poverty. The highest malaria mortality rates are being seen in countries that have the highest rates of extreme poverty (proportion of population living on less than US\$ 1.25 per day).

International targets for reducing malaria cases and deaths will not be attained unless considerable progress can be made in the 17 most affected countries, which account for an estimated 80% of malaria cases.

- The six highest burden countries in the WHO African region (in order of estimated number of cases) are: Nigeria, Democratic Republic of the Congo, United Republic of Tanzania, Uganda, Mozambique and Cote d'Ivoire. These six countries account for an estimated 103 million (or 47%) of malaria cases.

- In South East Asia, the second most affected region in the world, India has the highest malaria burden (with an estimated 24 million cases per year), followed by Indonesia and Myanmar.

50 countries are on track to reduce their malaria case incidence rates by 75%, in line with World Health Assembly and Roll Back Malaria targets for 2015. These 50 countries only account for 3% (7 million) of the total estimated malaria cases.

At present, malaria surveillance systems detect only around 10% of the estimated global number of cases. In 41 countries around the world, it is not possible to make a reliable assessment of malaria trends due to incompleteness or inconsistency of reporting over time.

This year, the *World Malaria Report 2012* publishes country-based malaria case and mortality estimates (see Annex 6A). The next update on global and regional burden estimates will be issued in December 2013.

### **Malaria interventions**

To achieve universal access to long-lasting insecticidal nets (LLINs), 780 million people at risk would need to have access to LLINs in sub-Saharan Africa, and approximately 150 million bed nets would need to be delivered each year.

The number of LLINs delivered to endemic countries in sub-Saharan Africa dropped from a peak of 145 million in 2010 to an estimated 66 million in 2012. This will not be enough to fully replace the LLINs delivered 3 years earlier, indicating that total bed net coverage will decrease unless there is a massive scale-up in 2013. A decrease in LLIN coverage is likely to lead to major resurgences in the disease.

In 2011, 153 million people were protected by indoor residual spraying (IRS) around the world, or 5% of the total global population at risk. In the WHO African Region, 77 million people, or 11% of the population at risk were protected through IRS in 2011.

The number of rapid diagnostic tests delivered to endemic countries increased dramatically from 88 million in 2010 to 155 million in 2011. This was complemented by a significant improvement in the quality of tests over time.

In 2011, 278 million courses of artemisinin-based combination therapies (ACTs) were procured by the public and private sectors in endemic countries – up from 182 million in 2010, and just 11 million in 2005. ACTs are recommended as the first-line treatment for malaria caused by *Plasmodium falciparum*, the most deadly *Plasmodium* species that infects humans. This increase was largely driven by the scale-up of subsidized ACTs in the private sector through the AMFm initiative, managed by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

### **Drug and insecticide resistance**

Antimalarial drug resistance is a major concern for the global effort to control malaria. *P. falciparum* resistance to artemisinins has been detected in four countries in South East Asia: in Cambodia, Myanmar, Thailand and Viet Nam. There is an urgent need to expand containment efforts in affected countries. For now, ACTs remain highly effective in almost all settings, so long as the partner drug in the combination is locally effective.

Mosquito resistance to at least one insecticide used for malaria control has been identified in 64 countries around the world. In May 2012, WHO and the Roll Back Malaria Partnership released the *Global Plan for Insecticide Resistance Management in malaria vectors*, a five-pillar strategy for managing the threat of insecticide resistance.