Chapter 1.
Introduction

The renewed effort to control malaria worldwide and move towards elimination in some countries is founded on the latest generation of effective tools and methods for prevention and treatment. Increasing use of long-lasting insecticide nets (LLINs), artemisinin-based combination therapies (ACTs) and indoor residual spraying (IRS) of insecticide provides an unprecedented opportunity to control and, in selected countries, eliminate malaria.

To accelerate progress in malaria control, the 2005 World Health Assembly advanced the Roll Back Malaria (RBM) targets defined in 2000 by African Heads of State and set a coverage target of 80% or more for four key interventions: insecticide-treated nets (ITNs) for people at risk, appropriate antimalarial drugs for patients with probable or confirmed malaria, IRS for households at risk, and intermittent preventive treatment in pregnancy (in high-transmission areas) (1). The Health Assembly specified that, as a result of these interventions, the numbers of malaria cases and deaths per capita should be reduced by 50% or more between 2000 and 2010, and by 75% or more between 2000 and 2015. These goals were affirmed in the Global Malaria Action Plan (2).

Following a resolution of the Health Assembly to establish a World Malaria Day (3) as a yearly advocacy forum, international organizations, nongovernmental organizations, multilateral organizations and donors, private sector partners and research institutions commemorated the first World Malaria Day in 2008. The commemorations culminated in a call by the United Nations Secretary General for universal coverage with malaria control interventions.

Last year's Report, on the basis of data for 2006, showed that the increased political commitment from national governments and partners earlier in the decade had led to more financing and effective commodities to malaria-endemic countries. This was good news, as there were an estimated 880,000 deaths from malaria and about 250 million cases in 2006. The 2008 Report also highlighted several success stories outside Africa, although the overall decrease in the number of confirmed cases was slow. In high-burden countries in Africa, relatively few successes were recorded. While progress in malaria control has been remarkable, a number of potential threats demand increased attention, including: resistance to insecticides and antimalarial medicines and lack of alternatives; insufficient funding to attain universal coverage; weak global and international purchasing and supply chains, which result in stock-outs of key commodities at national and health facility levels; and lack of monitoring and management information systems of effects in high-burden African countries.

Readers of this Report will want to know, in comparison to last year: have finances continued to grow, to enable scale up throughout Africa and globally? Have the commodities distributed by national governments ended up in households, benefiting children, women and other adults? Is the financing and the coverage by interventions having an effect?

This Report provides data for two additional years, 2007 and 2008. It describes the status of malaria control both outside as well as inside Africa. In addition, it describes the full chain, from financing and policies to number of commodities distributed, intervention coverage in households and, finally, impact. This third edition of the World Malaria Report covers progress in malaria control in five areas.

• Chapter 2 addresses national policies and strategies on malaria control, established to reduce the burden of disease. It covers the adoption by countries of recommendations for malaria control, treatment and prevention promoted by WHO, with adjustments for their particular epidemiological settings.

• Progress in implementing treatment and control measures is compared to international targets for malaria control in Chapter 3. This chapter is based on data on the number of commodities distributed by ministries of health and those delivered by manufacturers and on survey data. The data were analysed to determine whether the commodities purchased, delivered and distributed ended up in households and at health facilities. The most recent surveys, 2006–2008, were analysed to see how successful national malaria programmes have been in reaching their intended targets, including universal coverage.

• Chapter 4 summarizes the global burden of malaria, and reviews recent trends in the reported number of malaria cases and deaths. It also assesses the evidence for malaria control activities having an impact on malaria disease burden in each WHO Region.

• The status of elimination of malaria is described in Chapter 5, which presents progress in those countries that are preparing to enter the elimination phase (pre-elimination), those in the elimination phase and those that have eliminated malaria but are not yet certified by WHO (phase of prevention of reintroduction).

• Chapter 6 summarizes trends in international and domestic financing for malaria and their relation to estimated resource requirements; how funds disbursed from external agencies have been allocated to different geographical regions, countries and programmes; and the relation between external financing, programme implementation and disease trends.

Profiles of 31 countries are then presented. Two or three countries with the highest malaria burdens were chosen from five of the six WHO Regions. The other profiles are those of the 20 countries with the highest burden in the African Region.

Following the profiles, annexes give data by country for malaria-related indicators.
References

