Tragedies like these unfold thousands of times every day in regions where malaria is endemic. All result from the simple bite of a mosquito. And most could be averted.

At least one million people die from malaria every year. Most of them are children under five. Three thousand children—most of them living in Africa south of the Sahara—perish every single day.

Malaria is a curable disease. It is also a preventable disease. But people in affected countries lack access to prevention and treatment. The World Health Organization (WHO) Roll Back Malaria Department (RBM) is striving to make a difference.

**Fighting malaria: four action steps that work**

**Prevention**, through protection against mosquito bites

**Prompt treatment** with effective antimalarial medicines

**Protection of pregnant women and their unborn children** through protection against mosquito bites and, in areas of high risk, preventive medication

**Pre-empting epidemics** by predicting outbreaks and acting swiftly to stop them

Malaria hinders the social and economic development of dozens of nations. It literally keeps poor people poor. In Africa alone, the total economic burden is estimated at US$ 12 billion annually.

**The cost to individuals**

People faced with a high threat of malaria spend as much as a quarter of their incomes on medical visits, mosquito nets, medicines, laboratory tests and funerals for victims. They are less productive and lose income because of absences from work or being too sick to plant and harvest crops. Children lose out on educational opportunities too.

**The cost to whole nations**

Governments in Africa south of the Sahara spend up to 20% of their health budgets on medical care for malaria victims and malaria control; and in many countries malaria prompts as many as 50% of all hospital stays and up to 40% of outpatient visits.
The WHO Roll Back Malaria Department (RBM) brings together experts on malaria prevention and control from all over the globe. The department’s role is to give guidance to affected countries and health and development partners based on the best available evidence. Our strength is knowing where to get the best information and how to access the best experts.

We monitor and evaluate malaria trends worldwide and help countries by providing technical guidelines for malaria control and helping them build their own programmes.

WHO is a founding partner of the Roll Back Malaria Global Partnership, launched in 1998 with UNDP, UNICEF and the World Bank to bring together governments of malaria-endemic countries, other governments, international organizations, private foundations, nongovernmental organizations, the private sector and research and academic institutions. In 2000 an ambitious goal was set: to halve the world’s malaria burden by 2010.

Scientific studies have shown that sleeping under a mosquito net treated with insecticides that kill mosquitoes or stop them from biting is powerful prevention against malaria.

During epidemics or when conditions are ripe for one, we also advise spraying with insecticides that leave a residue on the walls inside dwellings.

The best prevention against malaria is to avoid mosquito bites. But if you live in a house that has no windows, only holes in the walls, it is hard to avoid mosquitoes, especially between dusk and dawn, when they are most likely to bite.

Nearly a third of children under five in Eritrea, Gambia, Guinea-Bissau, Sao Tome and Principe and parts of Malawi and the United Republic of Tanzania now sleep under insecticide-treated mosquito nets.

We are also working to encourage companies, especially in Africa, to manufacture the latest generation of mosquito nets, which contain long-lasting insecticidal treatments. The first factory producing long-lasting insecticidal nets opened in the United Republic of Tanzania in 2003.
We now have a powerful weapon to fight malaria: artemisinin, a medicine derived from the sweet wormwood plant. RBM recommends combined treatment with this drug and a second antimalarial medication. This artemisinin-based combination therapy (ACT) is highly effective against falciparum malaria, the deadliest form of the disease. But it is at least 10 times more costly than chloroquine, the one-time mainstay of malaria treatment, which has lost its effectiveness because the malaria parasite has developed resistance to it.

Many of the communities struck hardest by malaria are far from any medical facility. Roll Back Malaria advocates teaching mothers, shopkeepers and other local people to recognize the symptoms of malaria and treat it with effective medicines.

In 2001 RBM advised countries where malaria has become resistant to chloroquine and other medicines to adopt ACTs. By the end of 2004, 40 countries had followed our advice and changed their drug policies.

We are working with partners to make ACTs accessible to people in need. We are also combating production of counterfeit medicines, advising pharmaceutical companies on good practices and supporting research into new and better medicines.

Drug resistance has been a serious obstacle to malaria control. We continually monitor medication efficacy and keep countries updated. There are six regional medication efficacy networks in Africa and one each for South-East Asia and South-America.

With our assistance eight African countries, Cambodia, India, the Islamic Republic of Iran and Viet Nam have adopted home management of malaria as a national strategy.

Malaria is a curable illness. A course of effective medicine costs just US$ 0.75 to US$ 2.40. That does not sound like much – unless your income is less than US$ 1.00 a day.

Your child has a fever. You live 30 km from the nearest clinic and cannot afford the bus fare.
An estimated 100,000 pregnant women and up to 200,000 infants die each year as a result of malaria during pregnancy. Pregnant women living in places where malaria is highly prevalent are four times more likely than other adults to get malaria and twice as likely to die of the disease. Once infected, pregnant women risk anaemia, premature delivery and stillbirth. Their babies are likely to be of low birth weight, which makes them unlikely to survive their first year of life.

The best protection for pregnant women is to sleep under insecticide-treated mosquito nets. Those living in regions with high malaria prevalence should receive intermittent preventive treatment with antimalarial medications.

RBM IN ACTION

Under RBM’s guidance, 23 countries have adopted intermittent preventive malaria treatment for pregnant women as part of their reproductive health policies and are providing insecticide-treated mosquito nets at low cost or free of charge.

You are in your fifth month of pregnancy, and the rainy season has started. The mosquitoes are swarming. You know malaria is dangerous for you and your unborn child.

RBM is working to make sure every young child who becomes sick with malaria is treated promptly with effective drugs. It is a matter of life and death.

RBM, a group of independent scientists and UNICEF are investigating whether preventive malaria treatment can save infants’ lives.

Malaria can kill children under the age of five—who have not yet developed protective immunity—with stunning speed.
Malaria epidemics kill more than 100,000 people of all ages every year. People at greatest risk are those who have been exposed to malaria only infrequently and have developed little or no protective immunity.

**RBM IN ACTION**

With our assistance, 19 out of 25 African countries prone to epidemics have established weekly surveillance systems for malaria. In the wake of the tsunami, RBM and its partners orchestrated a massive scale-up of malaria prevention and antimalarial medicine supply in Aceh, Indonesia, the region most at risk of an epidemic.

Up to 30% of malaria deaths in Africa occur in the wake of war, local violence or other emergencies. Malaria deaths often far exceed those caused by the conflict or problem. Displaced people living in makeshift housing are vulnerable to malaria because they are more likely to be bitten by mosquitoes, are often ill with other infections and lack access to health care.

**RBM IN ACTION**

RBM has been instrumental in bringing together partners to develop successful proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria for malaria control in eight countries with complex emergencies.
MEETING THE MALARIA CHALLENGE

THE GLOBAL FUNDING GAP
WHO estimates that at least US$ 3 billion each year is required to finance effective malaria control worldwide: US$ 2 billion in Africa and US$ 1 billion per year in other malaria-endemic areas.

The Global Fund to Fight AIDS, Tuberculosis and Malaria and other multilateral and bilateral donors have helped to increase resources for malaria control, but available funds are still far short of what is needed.

WHO’S FUNDING NEEDS
The work of the RBM Department, which is mandated by the WHO Member States, is funded in large part by donors. To fulfil its mission, it needs voluntary contributions to supplement its regular budget.

The struggle against malaria requires commitment from and cooperation between governments, health services, people in affected countries and the global community. RBM’s technical and strategic leadership is vital.

For further information, please contact:
WORLD HEALTH ORGANIZATION
ROLL BACK MALARIA DEPARTMENT
20, avenue Appia – 1211 Geneva 27 – Switzerland
Tel. +41 22 791 3419 – E-mail: rbm@who.int