



# WORLD MALARIA REPORT 2014 SUMMARY



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## Introduction

Since 2000, the financing and coverage of malaria control programmes has increased remarkably. This has resulted in a wide-scale reduction in malaria incidence and mortality rates. Of 106 countries with ongoing transmission of malaria in 2000, 64 are meeting the Millennium Development Goal (MDG) target of reversing the incidence of malaria. Of these 64 countries, 55 are on track to meet the World Health Assembly and Roll Back Malaria (RBM) targets of reducing malaria case incidence rates by 75% by 2015. Global estimated malaria case incidence rates fell by 30% between 2000 and 2013, while estimated mortality rates fell by 47%.

Despite this tremendous progress, much more needs to be done. In 2013, financing of malaria programmes accounted for only 53% of the estimated US\$ 5.1 billion required annually to meet global targets. Millions of people at risk of malaria still do not have access to interventions such as insecticide-treated mosquito nets (ITNs), diagnostic testing and artemisinin-based combination therapies (ACTs). As a result, 198 million cases (uncertainty range: 124–283 million) and 584 000 deaths (range: 367 000–755 000) occur every year. There is an urgent need to identify funding to further scale up and sustain malaria control efforts, and ensure that the most vulnerable populations have access to life-saving interventions.

The complete *World malaria report 2014* can be found at the following link:

[http://www.who.int/malaria/publications/world\\_malaria\\_report\\_2014/en/](http://www.who.int/malaria/publications/world_malaria_report_2014/en/)

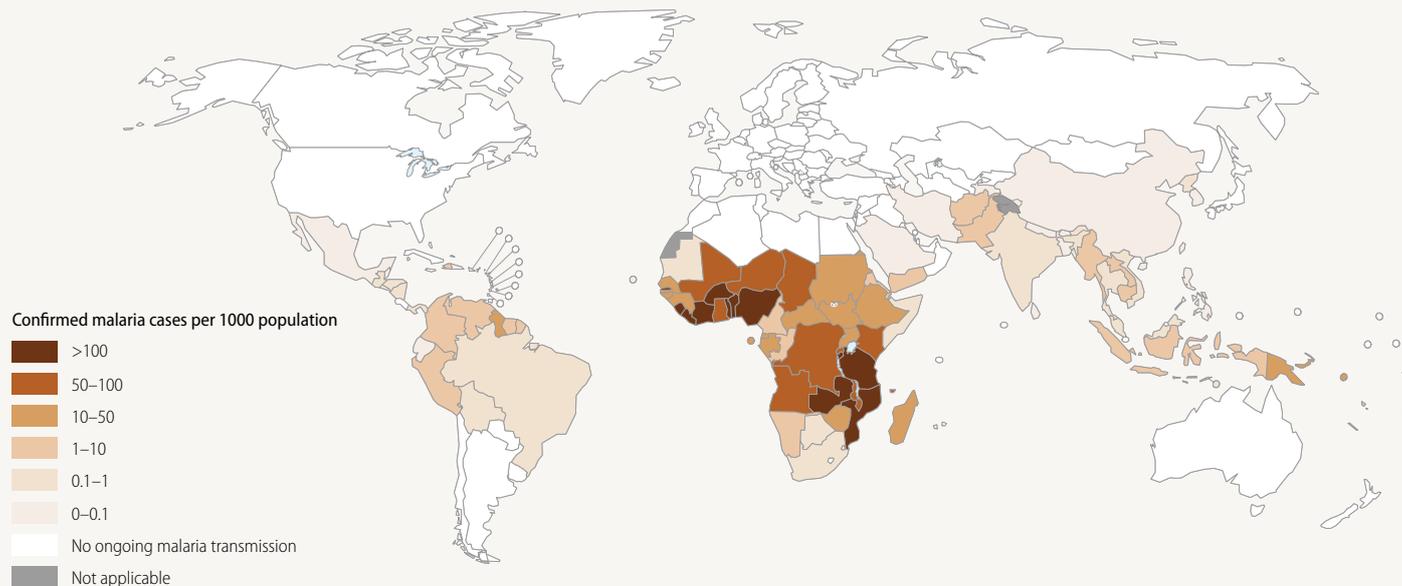


## THE MALARIA SITUATION

### Nearly half the world's population is at risk of malaria.

Globally, an estimated 3.3 billion people in 97 countries and territories are at risk of malaria, and 1.2 billion are at high risk (>1 case of malaria per 1000 population each year).

#### Countries with ongoing transmission of malaria, 2013



Source: National malaria control programme reports

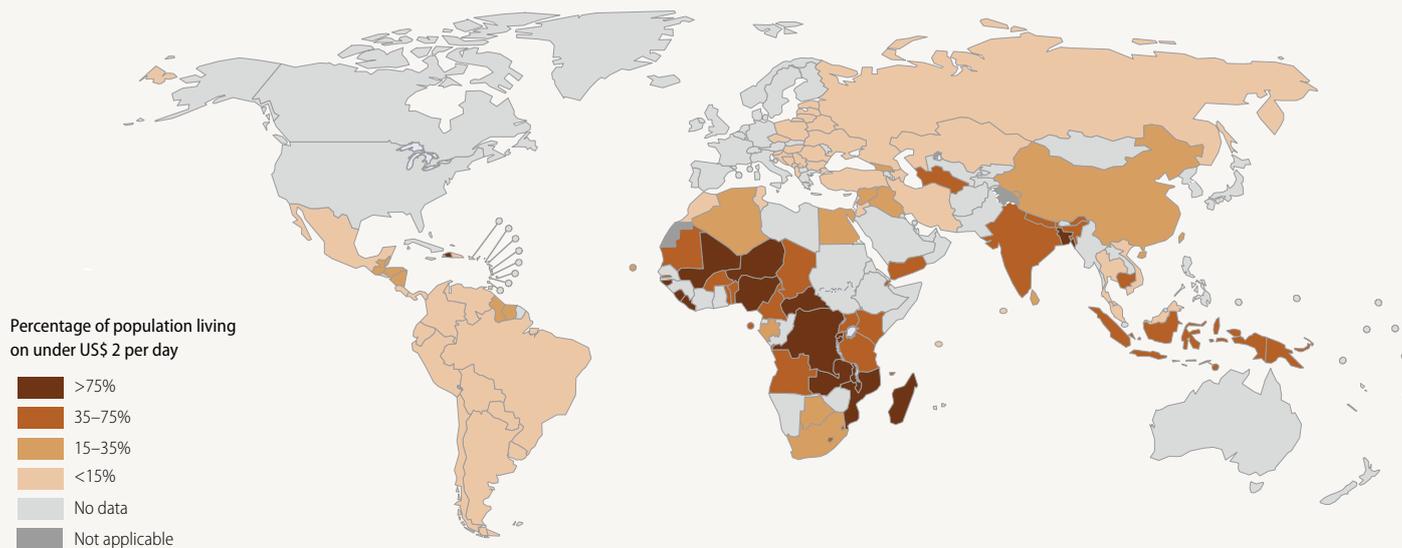


## MALARIA AND POVERTY

### Malaria and poverty are closely linked.

Malaria is concentrated in low-income and lower income countries. Within these countries, the most severely affected communities are those that are the poorest and most marginalized. Such communities have the highest risks associated with malaria, and the least access to effective services for prevention, diagnosis and treatment.

#### Percentage of population living on under US\$ 2 per day, 1995–2013



**Source:** World Bank 2014 World Development Indicators: Poverty rates at international poverty lines. Available at: <http://wdi.worldbank.org/table/2.8>, accessed 24 November 2014. Survey years range from 1995 to 2013, with about 60% of countries with data from 2010 or earlier.



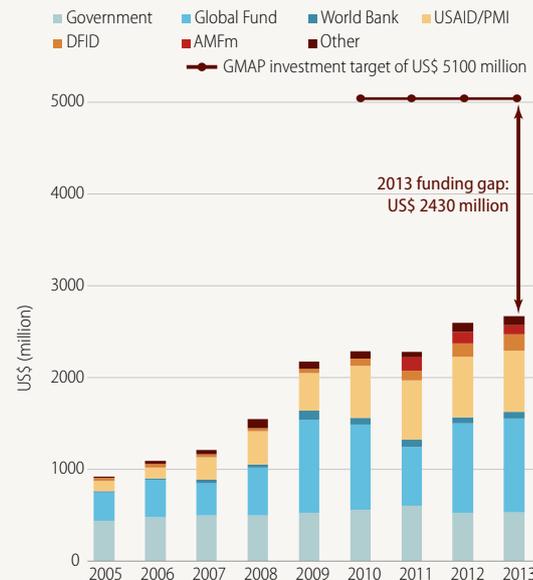
## FINANCING FOR MALARIA PROGRAMMES

### Annual funding for malaria control in 2013 was three times the amount spent in 2005, but represented only 53% of global funding needs.

Annual funding for malaria control and elimination totalled US\$ 2.7 billion in 2013. International investments represented 82% of total malaria funding, with domestic investments for malaria control reaching 18% (US\$ 527 million).

An estimated US\$ 5.1 billion is required to achieve global targets for malaria control and elimination. If the funding gap of US\$ 2.4 billion is to be narrowed, governments of malaria-endemic countries and international funders need to give greater priority to investments in malaria control.

Trends in total funding for malaria control and elimination 2005–2013, and 2013 estimated funding gap



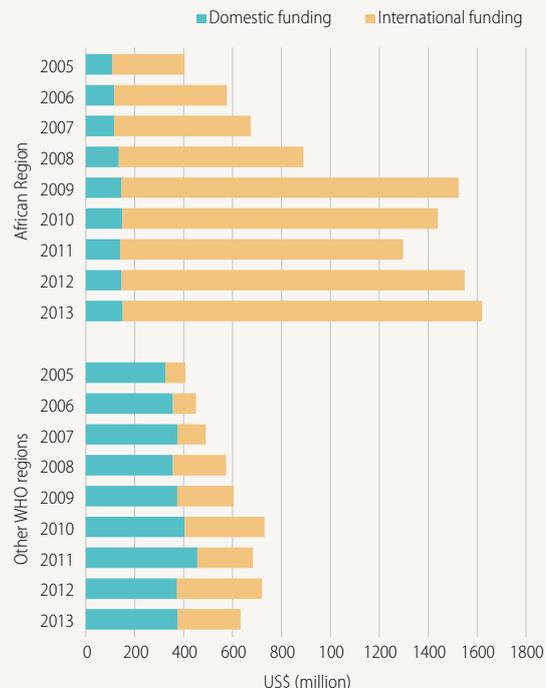
AMFm, Affordable Medicine Facility–malaria; DFID, United Kingdom Department for International Development; Global Fund, Global Fund to Fight AIDS, Tuberculosis and Malaria; GMAP, Global Malaria Action Plan; PMI, United States President's Malaria Initiative; USAID, United States Agency for International Development

**Source:** National malaria control programmes; Global Fund, USAID and Centers for Disease Control and Prevention (CDC) websites; Organisation for Economic Co-operation and Development (OECD) creditor reporting system; and Roll Back Malaria 2008 GMAP



## FINANCING FOR MALARIA PROGRAMMES

### Trends in domestic and international funding in the WHO African Region and other WHO regions, 2005–2013



Source: National malaria control programmes; Global Fund to Fight AIDS, Tuberculosis and Malaria and President's Malaria Initiative websites; OECD creditor reporting system; and Roll Back Malaria 2008 Global Malaria Action Plan

### Growth in funding since 2005 has been most rapid in the WHO African Region, where the disease burden is highest.

International investments in the WHO African Region grew at an annual average rate of 22% per year between 2005 and 2013, compared to 15% per year across all other WHO regions. During the same period, domestic investments grew at an annual average rate of 4% in the WHO African Region, compared to 2% in other WHO regions.

In 2013, the WHO African Region accounted for 72% of total malaria funding, compared to 50% in 2005.



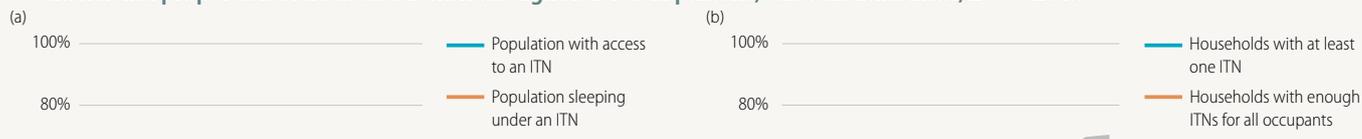
## VECTOR CONTROL FOR MALARIA – ITN ACCESS AND USE

### The proportion of the population with access to an ITN – and sleeping under an ITN – has increased substantially over the past 10 years.

In 2013, an estimated 49% of the population at risk of malaria in sub-Saharan Africa had access to an ITN in their household, compared to 3% in 2004. ITNs are used by a high proportion of those who have access to them, and 44% of the population at risk were sleeping under an ITN in 2013 (compared to 2% in 2004).

The proportion of households owning at least one ITN rose from 5% in 2004 to 67% in 2014. However, in 2013, only 29% of households had enough ITNs for all household members.

#### a) Proportion of population with access to an ITN and proportion sleeping under an ITN, b) Proportion of households with at least one ITN and proportion of households with enough ITNs for all persons, sub-Saharan Africa, 2000–2013



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