



WORLD MALARIA REPORT 2013

WHO GLOBAL MALARIA PROGRAMME

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Foreword



Dr Margaret Chan
Director-General
World Health Organization

This year's *World Malaria Report* documents remarkable progress in the global fight against malaria, and includes updated burden estimates for the 2000-2012 period.

The report shows that increased political commitment and the expansion of global malaria investments since 2000 have led to major gains against this preventable disease, saving an estimated 3.3 million lives.

Each year we have a better understanding of global malaria trends and the burden of disease, as measured against the situation in 2000. According to the latest estimates, malaria mortality rates were reduced by about 42% globally and by 49% in the WHO African Region between 2000 and 2012. During the same period, malaria incidence rates declined by 25% around the world, and by 31% in the African Region. These substantial reductions occurred as a result of a major scale-up of vector control interventions, diagnostic testing, and treatment with artemisinin-based combination therapies, or ACTs.

This progress is no cause for complacency. The absolute numbers of malaria cases and deaths are not going down as fast as they could. The disease still took an estimated 627 000 lives in 2012, mostly those of children under five years of age in Africa. This means 1300 young lives lost to malaria every day – a strong reminder that victory over this ancient foe is still a long way off. The fact that so many people are dying from mosquito bites is one of the greatest tragedies of the 21st century.

If political commitment wanes, the great progress that has been achieved could be undone in some places in a single transmission season. In the last few years, we have started seeing the first signs of a potential slow-down. In 2011 and 2012, the delivery of long-lasting insecticidal nets to endemic countries slowed down and indoor residual spraying programmes levelled off. During this period, malaria mortality rates continued to go down but at a slower pace. In 2013, bednet deliveries picked up again, and the pipeline for next year is even stronger. Nonetheless, even greater efforts will be needed to protect everyone at risk.

As the international community gradually moves towards a post-2015 development agenda, we must not lose sight of what the world's most vulnerable populations expect from us. The concept of *universal health coverage* represents both a social value and an approach to health care that generates better health for entire populations, reduces social inequalities, and protects people from poverty induced by health-care costs. It is a key concept that is already at the centre of the

global health debate, and also the debate about the next set of development goals. Progress against malaria provides good evidence of the tangible benefits of population-wide access to life-saving interventions.

The world also needs to stay focused on addressing the global funding gap for malaria prevention and control. The currently available funding is far less than required to reach universal access to malaria interventions. To achieve our goal, we need an accelerated effort in scaling up vector control tools. We also need to ensure that the most vulnerable groups – children under five, infants and pregnant women – get access to WHO-recommended intermittent preventive therapies, where appropriate. While progress in expanding diagnostic testing and quality-assured treatment has been immense in recent years, we are far from achieving universal access.

In addition, parasite resistance to artemisinin – the core compound in the world's most effective antimalarial medicines – and mosquito resistance to insecticides remain major concerns. If not addressed with appropriate urgency, they could threaten the remarkable progress made since 2000. Though WHO has issued global strategies to tackle these challenges, progress in their adoption by countries has been slow, primarily due to inadequate financing. In April 2013, on World Malaria Day, WHO launched an *Emergency response to artemisinin resistance in the Greater Mekong subregion* to guide countries in the scale-up and implementation of efforts to eliminate resistant parasites. The funding gap for this effort is also substantial.

Strengthening health infrastructures, vital registration and surveillance systems is equally critical to further progress. Based on reported data, 59 countries are meeting the MDG target of reversing the incidence of malaria, and 52 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. However, these 52 countries account for only 4%, or eight million, of the total estimated malaria cases around the world. In 41 endemic countries, including most high-burden countries, we cannot make a reliable assessment of malaria trends. A concerted effort to improve surveillance systems is needed to remove this gap in our understanding of the malaria situation.

WHO is grateful for the commitment of ministries of health in endemic countries and their many development partners. We are confident that, if we remain determined and act with urgency, we can beat this ancient enemy once and for all.

A handwritten signature in black ink, reading 'M. Chan'.

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