

# Summary

The *2009 World Malaria Report* summarizes information received from 108 malaria endemic countries and other sources and updates the analysis presented in the *2008 Report*. It highlights progress made in meeting the World Health Assembly (WHA) targets for malaria to be achieved by 2010 and 2015, and new goals on malaria elimination contained in the Global Malaria Action Plan (2008):

- International funding commitments for malaria control have increased from around US\$ 0.3 billion in 2003 to US\$ 1.7 billion in 2009 due largely to the emergence of the Global Fund and greater commitments by the US President's Malaria Initiative, the World Bank and other agencies. This increase in funding is resulting in dramatic scale-up of malaria control interventions in many settings and measurable reductions in malaria burden.
- An increased percentage of African households (31%) are estimated to own at least one insecticide-treated net (ITN) in 2008 compared to 2006 (17%), and more children under 5 years of age used an ITN in 2008 (24%) compared to previous years, but the percentage of children using a net is still below the WHA target of 80%. These weighted averages are affected by low ITN ownership in several large African countries for which resources for scale-up are only now being made available. Household ITN ownership reached more than 50% in 13 high burden African countries.
- Use of artemisinin-based combination therapies (ACTs) has increased compared to 2006 but remains very low in most African countries; in 11 of 13 countries surveyed during 2007–2008, fewer than 15% of children under 5 years of age with fever had received an ACT, well below the WHA target of 80%.
- More than one-third of the 108 malarious countries (9 African countries and 29 outside of Africa) documented reductions in malaria cases of > 50% in 2008 compared to 2000. The number of cases fell least in countries with the highest incidence rates.
- Ten countries are implementing nationwide elimination programmes of which six entered the elimination phase in 2009. Eight countries are in the pre-elimination stage and a further nine countries have interrupted transmission and are in the phase of preventing reintroduction of malaria.

In countries that have achieved high coverage of their populations with bed nets and treatment programmes, recorded cases and deaths due to malaria have fallen by 50% suggesting that Millennium Development

Goals (MDG) targets can be achieved if there is adequate coverage of key interventions. While these results were observed in some island settings (Sao Tome and Principe and Zanzibar, United Republic of Tanzania), they were also seen in countries on the African mainland, including Eritrea, Rwanda, and Zambia.

There is evidence from Sao Tome and Principe, Zanzibar and Zambia that large decreases in malaria cases and deaths have been mirrored by steep declines in all-cause deaths among children less than 5 years of age, suggesting that intensive efforts at malaria control could help many African countries to reach, by 2015, a two-thirds reduction in child mortality as set forth in the MDGs.

Parasite resistance to antimalarial medicines and mosquito resistance to insecticides are major threats to achieving global malaria control. Well conducted surveillance of drug efficacy in endemic countries with support from WHO has shown early evidence of resistance to artemisinins, and WHO is leading a major resistance containment effort. Continued use of artemisinin monotherapy is a major factor in parasite resistance; yet, despite WHO's call for a halt to their use, marketing of artemisinin monotherapies continues in many countries.

International disbursements to malaria-endemic countries (US\$ 0.65 billion in 2007, the latest year for which data are available), still fall short of the US\$ 5 billion required annually to ensure high coverage and maximal impact world wide. Approximately 80% of external funds were targeted to the WHO African Region. The South-East Asia Region received the least money per person at risk for malaria and saw the lowest increase in external financing between 2000 and 2007. High levels of external assistance are associated with increased procurement of commodities and decreases in malaria incidence.

However, external funds for malaria control are disproportionately concentrated on smaller countries with lower disease burdens. More attention needs to be given to ensuring success in large countries that account for most malaria cases and deaths, and protecting the gains that have been made. This will require not only adequate financial resources but also the strengthening of health systems capable of delivering vector control interventions, providing diagnostics for the parasitologic confirmation of malaria alongside treatment with ACTs, and the development of routine surveillance systems for malaria as well as for parasite resistance to antimalarial medicines and mosquito resistance to insecticides.