

Foreword

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The findings in the *World Malaria Report 2011* show that we are making significant and durable progress in battling a major public health problem. Coverage of at-risk populations with malaria prevention and control measures increased again in 2010, and resulted in a further decline in estimated malaria cases and deaths. And the malaria map continues to shrink. In 2011, I was pleased to be able to certify Armenia as being free of malaria, a tribute to this country's excellent surveillance and response capacity and attention to the public health basics. In a world starved of good news, these are welcome developments.

But worrisome signs suggest that progress might slow, especially in view of projected decreases in the funding needed to finance universal access to life-saving malaria prevention and control measure. International funding for malaria appears to have peaked at US\$ 2 billion, well short of the US\$ 5 to 6 billion that are required. While new commitments, such as those from the United Kingdom, have been indispensable for maintaining our current gains, they are not sufficient to achieve the goals that the global malaria community has set. In endemic countries, domestic spending on malaria often remains inadequate. The implications of these funding shortfalls are far reaching, as success in malaria control is crucial for achievement of the health-related Millennium Development Goals, especially in Africa.

The next few years will be critical in the fight against malaria. We know from experience how fragile our gains are. While the distribution of hundreds of millions of long-lasting insecticidal mosquito nets over the past several years has been a remarkable achievement that has saved hundreds of thousands of lives, those nets now (or will soon) need replacing. Data in this report show that the vast majority of distributed nets are used, and that the primary barrier to universal coverage remains access. It is our responsibility to ensure that these and other life-saving commodities reach all who need them – before our hard-won progress slips away. Achieving this will require leadership at global, national, and local levels. It will also require innovation. If the mosquito nets can be made more durable, giving them a life of five years instead of three, the strain on fragile health systems could be greatly reduced, the risk of resurgences in malaria could be minimized, and hundreds of millions of dollars could be saved.

Parasite resistance to antimalarial medicines remains a real and ever-present danger to our continued success. While efforts to contain artemisinin resistance on the Cambodia–Thailand border appear to have dramatically reduced the burden of malaria due to *Plasmodium falciparum*, and the problem currently remains confined to the Mekong region, we are now seeing early evidence

of artemisinin resistance in Myanmar and Viet Nam. There is an urgent need to develop an Asia-wide framework to ensure sustained and coordinated action against this public health threat, while at the same time continuing to press for the withdrawal from the market of oral artemisinin monotherapies, which are one of the major factors fostering the emergence and spread of artemisinin resistance. These monotherapies are still widely available despite repeated calls for action from the World Health Assembly.

One way to curb the continued emergence and spread of antimalarial drug resistance is to ensure that all patients with suspected malaria receive a diagnostic test, and that only those with confirmed *Plasmodium* infection receive antimalarial treatment. While we still have a long way to go, this report demonstrates continued progress with regard to diagnostic testing in Africa, and a doubling in the number of rapid diagnostic tests supplied by manufacturers, to 88 million in 2010, as well as notable increases in product performance.

To add to our list of worries, the threat of insecticide resistance appears to be growing rapidly. Currently, we are highly dependent on the pyrethroids, as they are the only class of insecticides used on insecticide-treated mosquito nets. Resistance to pyrethroids has now been identified in a wide variety of settings, many of those in the most highly malaria-endemic countries of Africa. In response to this threat, and as requested by the World Health Assembly, WHO is currently working with a wide variety of stakeholders to develop a Global Plan for Insecticide Resistance Management in malaria vectors, which will be released in early 2012.

In the face of economic uncertainties and potential threats from parasite resistance to antimalarial medicines and mosquito resistance to insecticides, we must remain determined. If we take full advantage of the malaria prevention and control tools we have today, while mitigating potential threats through constant vigilance and timely response, then we will sustain and extend the remarkable gains that have been made. The citizens of malaria-endemic countries are all counting on us. We must not let them down.

