

Malaria is an entirely preventable and treatable mosquito-borne illness. In 2014, 97 countries and territories had ongoing malaria transmission.

An estimated 3.2 billion people are at risk of malaria, of whom 1.2 billion are at high risk. In high-risk areas, more than one malaria case occurs per 1000 population.

Disease burden in 2013

There were an estimated 198 million cases of malaria worldwide (range 124–283 million) in 2013, and an estimated 584 000 deaths (range 367 000–755 000). 90% of all malaria deaths occur in Africa.

In 2013, an estimated 437 000 African children died before their fifth birthday due to malaria. Globally, the disease caused an estimated 453 000 under-five deaths in 2013.

Between 2000 and 2013, an expansion of malaria interventions helped to reduce malaria incidence by 30% globally, and by 34% in Africa.

During the same period, malaria mortality rates decreased by an estimated 47% worldwide and by 54% in Africa. In the under-five age group, mortality rates have declined by 53% globally, and by 58% in Africa.

New analysis reveals that the prevalence of malaria parasite infection (including both symptomatic and asymptomatic infections) has decreased significantly in Africa since 2000. The number of people infected fell from 173 million in 2000 to 128 million in 2013 – a reduction of 26%. This has occurred despite a 43% increase in the African population living in malaria transmission areas.

Trends in the scale-up of malaria interventions

During the past 10 years, coverage with vector control interventions increased substantially in Africa. In 2013, almost half of the population at risk in Africa (49%) had access to an insecticide-treated mosquito net, compared to 3% in 2004.

In 2014, an estimated 214 million long-lasting insecticidal nets (LLINs) were delivered to malaria-endemic countries in Africa, bringing the total number of LLINs delivered to that region since 2012 to 427 million.

In 2013, 123 million people were protected from malaria by indoor residual spraying around the world. In Africa, 55 million people, or 7% of the population at risk, lived in households that were regularly sprayed.

Access to rapid diagnostic tests (RDTs) and quality-assured artemisinin-based combination therapies (ACTs) has been increasing around the world.

- The volume of RDT sales to the public and private sectors of endemic countries has increased from 46 million in 2008 to 319 million in 2013.
- The number of patients tested by microscopic examination increased to 197 million in 2013, with India accounting for over 120 million slide examinations.
- Globally, 392 million courses of ACTs were procured by endemic countries in 2013, up from 11 million in 2005.

In 2013, for the first time, the total number of diagnostic tests (RDTs and microscopy combined) provided in the public sector in Africa exceeded the total number of ACTs distributed. This indicates a prominent shift away from presumptive treatment and is thus an encouraging sign.

In Africa, the proportion of women who receive intermittent preventive treatment in pregnancy (IPTp) for malaria has been increasing over time, although the levels remain below national targets. An estimated 15 million of the 35 million pregnant women did not receive a single dose of IPTp in 2013.

Progress in adopting and rolling out preventive therapies for children has been even slower. As of 2013, only six of the 16 countries where WHO recommends preventive therapies for children under five have adopted the treatment as national policy. Only one country has adopted the recommended preventive therapy for infants, but has not yet started rolling out the programme.

Drug and insecticide resistance

Emerging parasite resistance to antimalarial medicines and mosquito resistance to insecticides, if left unaddressed, could render some of the current tools ineffective and trigger a rise in global malaria mortality.

In recent years, parasite resistance to artemisinin has been detected in five countries of the Greater Mekong subregion: Cambodia, Laos, Myanmar, Thailand and Viet Nam. In areas along the Cambodia–Thailand border, *P. falciparum* has become resistant to most available antimalarial medicines, and multi-drug resistance is a major concern.

Between 2010 and 2013, 49 countries globally have reported mosquito resistance to at least one insecticide. Of these, 39 have reported resistance to two or more insecticide classes. The most commonly reported resistance is to pyrethroids, the most frequently used insecticide in malaria vector control.

Progress towards global targets

The malaria-specific Millennium Development Goal (MDG 6 target C: to have halted by 2015 and begun to reverse the incidence of malaria) has already been met.

In terms of country-level progress, a total of 64 countries are currently on track to reverse the incidence of malaria nationally by 2015.

Of these, 55 are on track to meet the World Health Assembly and Roll Back Malaria Partnership target of reducing malaria incidence by 75% by 2015.

Funding remains inadequate

International and domestic funding for malaria control and elimination totalled US\$ 2.7 billion in 2013. Although this represents a threefold increase since 2005, it is still significantly below the US\$ 5.1 billion that is required to achieve global targets for malaria control and elimination.