

Factsheet on the World Malaria Report 2013 December 2013

Disease burden in 2012

Malaria is an entirely preventable and treatable mosquito-borne illness. In 2013, 97 countries had on-going malaria transmission.

An estimated 3.4 billion people are at risk on malaria, of which 1.2 billion are at high risk. In high-risk areas, more than one malaria case occurs per every 1000 population.

There were an estimated 207 million cases of malaria in 2012 (uncertainty range: 135 – 287 million) and an estimated 627 000 deaths (uncertainty range: 473 000 – 789 000). 90% of all malaria deaths occur in sub-Saharan Africa, and 77% occur in children under five.

In 2012, malaria killed an estimated 483 000 children under five years of age. That is 1300 children every day, or one child almost every minute.

Between 2000 and 2012, the scale-up of interventions helped to reduce malaria incidence rates by 29% globally, and by 31% in the WHO African Region.

The global malaria mortality rate was reduced by 45% during the same period, while the decrease in the WHO African Region was 49%.

Between 2000 and 2012, an estimated 3.3 million lives were saved as a result of a scale-up of malaria interventions. 90%, or 3 million, of these lives saved are in the under-five age group, in sub-Saharan Africa.

Funding remains inadequate

International disbursements for malaria control rose from US\$ 100 million in 2000 to US\$ 1.94 billion in 2012 and US\$ 1.97 billion in 2013. National government funding for malaria programmes has also increased since 2004 but not at the same pace; the total for 2012 was US\$ 522 million.

The currently available funding is far below the resources required to reach universal coverage of interventions. An estimated US\$ 5.1 billion is needed every year for this purpose. In 2012, the global total of international and domestic funding for malaria was US\$ 2.5 billion – less than half of what is needed.

Progress towards global targets

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. These 52 countries only account for 4% (8 million) of the total estimated malaria cases. 59 countries are on track to meet the

Millennium Development Goal target of reversing the incidence of malaria (between 2000 and 2015).

International targets for reducing malaria cases and deaths will not be attained unless considerable progress is made in the 18 most affected countries, which account for an estimated 80% of malaria cases. About 40% of malaria deaths occur in just two countries: Nigeria and the Democratic Republic of the Congo.

Trends in the scale-up of malaria interventions

In 2013, an estimated 136 million long-lasting insecticidal nets (LLINs) were delivered to endemic countries, a major increase over the 70 million bed nets that were delivered in 2012. About 200 million LLINs have been funded for delivery in 2014, suggesting an even stronger pipeline for 2014.

Population access to LLINs remains below the target of universal coverage and has not appreciably improved over the last two years because of the low numbers of LLINs delivered in 2011 and 2012.

In 2012, 135 million people (4% of the global population at risk of malaria) were protected by indoor residual spraying worldwide.

The expansion of access to rapid diagnostic tests (RDTs) and quality-assured artemisinin-based combination therapies (ACTs) has been increasing.

- The volume of RDT sales to the public and private sectors of endemic countries has increased from 88 million in 2010 to 205 million in 2012. Between 2010 and 2012, the proportion of suspected malaria cases receiving a diagnostic test in the public sector increased from 44% to 64% globally, and from 37% to 61% in Africa.
- The number of patients tested by microscopic examination increased to 188 million in 2012, with India accounting for over 120 million slide examinations.
- In 2012, 331 million ACT courses were procured by the public and private sectors in endemic countries – up from 278 million in 2011, and just 11 million in 2005. ACTs are recommended as the first-line treatment for malaria caused by *Plasmodium falciparum*, the most deadly *Plasmodium* species that infects humans.

Malaria surveillance

The number of malaria cases detected by surveillance systems increased from an estimated 10% in 2010 to 14% in 2012. In 41 countries, it is not possible to make a reliable assessment of malaria trends due to incompleteness or inconsistency of reporting over time, changes in diagnostic practice or health service utilization. WHO urges endemic countries to strengthen their surveillance systems and vital registration systems.

Drug and insecticide resistance

Parasite resistance to artemisinin – the core compound of ACTs – has been detected in four countries in South-East Asia: in Cambodia, Myanmar, Thailand and Viet Nam. For now, ACTs remain effective in almost all settings, so long as the partner drug in the combination is locally effective. The *Global plan for artemisinin resistance containment*, released in 2011, contains strategic guidance from WHO on how to manage this global threat.

WHO currently recommends chloroquine for the treatment of *P. vivax* malaria where the drug remains effective. Parasite resistance to chloroquine has been confirmed in 10 countries thus far. WHO recommends ACTs for the treatment of chloroquine-resistant *P. vivax* malaria. 13 additional countries have observed treatment or prophylactic failure with chloroquine but further studies are required to confirm resistance in those countries.

Mosquito resistance to at least one insecticide used for malaria control has been identified in 64 countries around the world. The *Global plan for insecticide resistance management in malaria vectors*, released in 2012, contains a five-pillar strategy on managing the threat of insecticide resistance.