

Malaria progress shows development aid for health works

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Report shows dramatic scale-up of malaria control interventions in several countries, along with measurable reductions in malaria burden

15 DECEMBER 2009 | GENEVA - Significant progress has been made in delivering life-saving malaria nets and treatments over the last few years, but the coverage of malaria programmes needs to be stepped up drastically in order to meet the Millennium Development Goals (MDGs), according to a report released today by WHO.

The [World malaria report 2009](#) found that the increase in international funding commitments (US\$ 1.7 billion in 2009 compared to US\$ 730 million in 2006) had allowed a dramatic scale up of malaria control interventions in several countries, along with measurable reductions in malaria burden. However, the amounts available still fall short of the US\$ 5 billion required annually to ensure high coverage and maximal impact worldwide.

Cautious optimism in the fight against malaria

The WHO Director-General, Dr Margaret Chan described the findings in the report as cause for cautious optimism and said "While much remains to be done, the data presented here clearly suggest that the tremendous increase in funding for malaria control is resulting in the rapid scale up of today's control tools. This, in turn, is having a profound effect on health – especially the health of children in sub-Saharan Africa. In a nutshell, development aid for health is working."

The report found that more life-saving malaria nets and treatments were delivered in 2007 and 2008 compared to 2006.

- More African households (31%) own at least one insecticide-treated net (ITN), and more children under 5 years of age used an ITN in 2008 (24%) compared to previous years. These 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 of the 35 highest burden African countries.

- Use of artemisinin-based combination therapies (ACTs) is increasing but remains low in most African countries with fewer than 15% of children with fever receiving an ACT.

- More than one-third of the 108 malarious countries (9 African countries and 29 outside of Africa) documented reductions in malaria cases of more than 50% in 2008 compared to 2000.

Where scale-up of proven interventions has occurred, and surveillance systems are functioning, remarkable impact has been documented.

- In countries and areas that have achieved high coverage with bed nets and treatment programmes (e.g. Eritrea, Rwanda, Sao Tome and Principe, Zambia and Zanzibar, the United Republic of Tanzania), recorded cases and deaths due to malaria have fallen by 50% (target set by World Health Assembly for 2010) suggesting that MDG target for malaria can be achieved if there is adequate coverage of key interventions.

- 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.

More focus needed on large countries with high malaria burden

High levels of external assistance were shown to be linked to decreases in malaria incidence. However, many external funds are 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.

Resistance to anti-malarial medicines a threat to achieving global malaria control

Parasite resistance to anti-malarial medicines and mosquito resistance to insecticides are major threats to achieving global malaria control. Confirmation of artemisinin resistance was reported in 2009, and WHO is leading a major resistance containment effort in South East Asia. Key elements in the global strategy to prevent the spread of drug resistance include:

1. rapidly reducing the spread of malaria using malaria preventive tools;
2. ensuring that all malaria infections are correctly diagnosed, effectively treated and followed-up to ensure that they do not spread the disease to others;
3. halting the marketing and use of oral artemisinin monotherapies; and importantly
4. carefully monitoring the efficacy of medicines to detect early evidence of resistance.

The report noted that there was urgent need for the global community to completely fund the Global Malaria Action Plan in order to sustain early success and achieve the MDGs in 2015. The African Region had the largest increase in funding of all regions, led by investments by the Global Fund, the U.S. President's Malaria Initiative, and other agencies.

The success of malaria control efforts will be in reducing the burden of malaria and improving child survival. Investing in malaria control is not only helping the world to reach the MDGs, but is also helping to build health systems that will ensure that these development gains are sustained.