Geneva, 13 December 2011 – Malaria mortality rates have fallen by more than 25% globally since 2000, and by 33% in the WHO African Region
, according to the World Malaria Report 2011, issued today by the World Health Organization. This progress is the result of a significant scaling-up of malaria prevention and control measures in the last decade, including the widespread use of bed nets, better diagnostics and a wider availability of effective medicines to treat malaria.

However, WHO warns that a projected shortfall in funding threatens the fragile gains and that the double challenge of emerging drug and insecticide resistance needs to be proactively addressed.

"We are making significant 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," says Dr Margaret Chan, WHO Director-General. "But there are worrisome signs that suggest progress might slow."

During the past decade, malaria incidence and mortality rates have been cut in all regions of the world, according to the *World Malaria Report 2011*. In 2010, there were an estimated 216 million cases of malaria in 106 endemic countries and territories in the world. An estimated 81% percent of these cases and 91% of deaths occurred in the WHO African Region. Globally, 86% of the victims were children under 5 years of age.

There were an estimated 655 000 malaria deaths in 2010, which is 36 000 lower than the year before.* While this 5% year-on-year decline represents significant progress, the mortality figures are still disconcertingly high for a disease that is entirely preventable and treatable.

"With malaria deaths in Africa having fallen significantly since 2000, the return on our investment to end malaria deaths has been greater than any I have experienced in the business world. But one child still dies every minute from malaria - and that is one child and one minute too many," says Raymond G. Chambers, the UN Secretary General's Special Envoy for Malaria.

“The toll taken by the current economic crisis must not result in our gains being reversed, or progress slowed. With Secretary-General Ban Ki-moon’s charge for near zero deaths by end of 2015, turning back now is not an option,” Mr Chambers adds.

Steady progress in malaria control

Long-lasting insecticidal nets have been one of the least expensive and most effective weapons in the fight against malaria. According to the new report, the number of bed nets delivered to malaria-endemic countries in sub-Saharan Africa increased from 88.5 million in 2009 to 145 million in 2010. An estimated 50% of households in sub-Saharan Africa now have at least one bed net, and 96% of persons with access to a net use it.

There has also been further progress in rolling out diagnostic testing, which is crucially important to separate malaria from other febrile illnesses. The number of rapid diagnostic tests delivered by manufacturers climbed from 45 million in 2008 to 88 million in 2010, and the testing rate in the public sector in the WHO African Region rose from 20% in 2005 to 45% in 2010.

Worldwide, the volume of antimalarial medication delivered to the public sector has also increased. In 2010, 181 million courses of artemisinin-based combination therapies (ACTs) were procured, up from 158 million in 2009, and just 11 million in 2005. ACTs are recommended as the first-line treatment for malaria caused by the most deadly malaria parasite, *Plasmodium falciparum.*

Projected shortfall in funding

Despite significant progress in 2010, the projected shortfall in malaria funding threatens the hard-earned gains of the last decade.

International funds for malaria control reached US$ 1.7 billion in 2010 and US$ 2 billion in

2011, but remained significantly below the US$ 5-6 billion that would be needed annually to achieve global malaria targets. According to projections in the report, despite increased support from the United Kingdom, malaria funding will slightly decrease in 2012 and 2013, and will likely drop further to an annual US$ 1.5 billion by 2015.

Triggered primarily by the reduction in available funding within the Global Fund to Fight AIDS, Tuberculosis and Malaria, this decrease will considerably alter the malaria control landscape and threaten the sustainability of the multipronged approach to fight the disease, which relies heavily on investments in bed nets, indoor residual spraying, diagnostic testing, treatment, research and innovation.

"We need a fully-resourced Global Fund, new donors, and endemic countries to join forces and address the vast challenges that lie ahead. Millions of bed nets will need replacement in the coming years, and the goal of universal access to diagnostic testing and effective treatment must be realized," says Dr Robert Newman, Director of WHO's Global Malaria Programme. "We need to act with urgency and resolve to ensure that no-one dies from malaria for lack of a 5 dollar bed net, 1 dollar antimalarial drug and a 50 cent diagnostic test."

Emerging threats

Plasmodium falciparum resistance to artemisinins, which was confirmed on the Cambodia-Thailand border in 2009, has now also been identified at additional sites in Myanmar and Viet Nam. WHO has recommended that all countries ban the marketing of oral artemisinin-based monotherapies, which have been one of the major factors fostering the emergence and spread of resistance. Despite continued international pressure, 25 countries still allow the marketing of oral artemisinin-based monotherapies and 28 pharmaceutical companies continue to market these products (down from 39 in 2010).

The problem of mosquito resistance to insecticides also appears to be growing, although to date has not been linked to widespread failure of malaria vector control efforts. According to the *World Malaria Report 2011*, which includes data on insecticide resistance for the first time - 45 countries around the world have identified resistance to at least one of the four classes of insecticides used for malaria vector control; 27 of these are in sub-Saharan Africa. Resistance has been reported from all WHO Regions except the WHO European Region. India and malaria-endemic countries in sub-Saharan Africa are of greatest concern due to widespread reports of resistance - in some areas to all classes of insecticides - combined with a high

malaria burden.

Current malaria control efforts are heavily reliant on a single class of insecticides, the pyrethroids, which are the most commonly used compounds for indoor residual spraying, and the only insecticide class recommended - and currently used - on long-lasting insecticidal nets. In response to this emerging threat, WHO is currently working with a broad group of stakeholders to develop a Global Plan for Insecticide Resistance Management in malaria vectors, which will be released in early 2012.