MONROVIA, Liberia/GENEVA, 17 December 2012 – During the past decade, a concerted effort by endemic countries, donors and global malaria partners led to strengthened malaria control around the world. The scale-up of malaria prevention and control interventions had the greatest impact in countries with high malaria transmission; 58% of the 1.1 million lives saved during this period were in the ten highest burden countries.

However, after a rapid expansion between 2004 and 2009, global funding for malaria prevention and control levelled off between 2010 and 2012, and progress in the delivery of some life-saving commodities has slowed. According to the *World Malaria Report 2012*, these developments are signs of a slowdown that could threaten to reverse the remarkable recent gains in the fight against one of the world's leading infectious killers.

For example, the number of long-lasting insecticidal nets (LLINs) delivered to endemic countries in sub-Saharan Africa dropped from a peak of 145 million in 2010 to an estimated 66 million in 2012. This means that many households will be unable to replace existing bed nets when required, exposing more people to the potentially deadly disease.

The expansion of indoor residual spraying programmes also levelled off, with coverage levels in the WHO African Region staying at 11% of the population at risk (77 million people) between 2010 and 2011.

"During the past eight years, scaled-up malaria control helped us avert over a million deaths. We must maintain this momentum and do our utmost to prevent resurgences," says Ellen Johnson Sirleaf, President of Liberia and Chair of the African Leaders Malaria Alliance, who held an official launch event for the report in Monrovia, Liberia.

Tracking progress towards 2015 targets

According to the report, 50 countries around the world are on track to reduce their malaria case incidence rates by 75% by 2015 – in line with World Health Assembly and Roll Back Malaria targets. However, these 50 countries only represent 3%, or 7 million, of the malaria cases that were estimated to have occurred in 2000, the benchmark against which progress is measured.

"Global targets for reducing the malaria burden will not be reached unless progress is accelerated in the highest burden countries," says Dr Robert Newman, Director of the WHO Global Malaria Programme in Geneva. "These countries are in a precarious situation and most of them need urgent financial assistance to procure and distribute life-saving commodities."

The malaria burden is concentrated in 14 endemic countries, which account for an estimated 80% of malaria deaths. Nigeria and the Democratic Republic of the Congo are the most affected countries in sub-Saharan Africa, while India is the most affected country in South East Asia.

“The multi-pronged strategy to fight malaria, outlined in the Global Malaria Action Plan, is working. However, in order to prevent a resurgence of malaria in some countries, we urgently need fresh ideas on new financing mechanisms that will reap greater resources for malaria,” says Dr Fatoumata Nafo-Traoré, Executive Director of the Roll Back Malaria Partnership. “We are exploring many options – financial transaction taxes, airline ticket taxes together with UNITAID, and a “malaria bond”, among others.”

Major funding gap

The World Malaria Report 2012 indicates that international funding for malaria appears to have reached a plateau well below the level required to reach the health-related Millennium Development Goals and other internationally-agreed global malaria targets.
An estimated US$ 5.1 billion is needed every year between 2011 and 2020 to achieve universal access to malaria interventions in the 99 countries with on-going malaria transmission. While many countries have increased domestic financing for malaria control, the total available global funding remained at 2.3 billion in 2011 – less than half of what is needed.

This means that millions of people living in highly endemic areas continue to lack access to effective malaria prevention, diagnostic testing, and treatment. Efforts to prevent the emergence and spread of parasite resistance to antimalarial medicines and mosquito resistance to insecticides are also constrained by inadequate funding.

While the plateauing of funding is affecting the scale-up of some interventions, the report documents a major increase in the sales of rapid diagnostics tests (RDTs), from 88 million in 2010 to 155 million in 2011, as well as a substantial improvement in the quality of tests over recent years. Deliveries to countries of artemisinin-based combination therapies, or ACTs, the treatment recommended by the World Health Organization for the treatment of falciparum malaria, also increased substantially, from 181 million in 2010 to 278 million in 2011, largely as a result of increased sales of subsidized ACTs in the private sector.

Weak surveillance systems

Tracking progress is a major challenge in malaria control. At present, malaria surveillance systems detect only one-tenth of the estimated global number of cases. In as many as 41 countries around the world, it is not possible to make a reliable assessment of malaria trends due to incompleteness or inconsistency of reporting over time.
Stronger malaria surveillance systems are urgently needed to enable a timely and effective malaria response in endemic regions, to prevent outbreaks and resurgences and to ensure that interventions are delivered to areas where they are most needed. In April 2012, WHO launched new malaria surveillance manuals, as part of its T3: Test. Treat. Track. initiative.