

Malaria

Fact Sheet: World Malaria Report 2016

13 December 2016

The *World Malaria Report*, published annually by WHO, tracks progress and trends in malaria control and elimination across the globe. It is developed by WHO in collaboration with ministries of health and a broad range of partners. The 2016 report draws on data from 91 countries and areas with ongoing malaria transmission.

[Read the World Malaria Report 2016](#)

Global progress and disease burden (2010–2015)

According to the report, there were 212 million new cases of malaria worldwide in 2015 (range 148–304 million). The WHO African Region accounted for most global cases of malaria (90%), followed by the South-East Asia Region (7%) and the Eastern Mediterranean Region (2%).

In 2015, there were an estimated 429 000 malaria deaths (range 235 000–639 000) worldwide. Most of these deaths occurred in the African Region (92%), followed by the South-East Asia Region (6%) and the Eastern Mediterranean Region (2%).

Between 2010 and 2015, malaria incidence rates (new malaria cases) fell by 21% globally and in the African Region. During this same period, malaria mortality rates fell by an estimated 29% globally and by 31% in the African Region.

Other regions have achieved impressive reductions in their malaria burden. Since 2010, the malaria mortality rate declined by 58% in the Western Pacific Region, by 46% in the South-East Asia Region, by 37% in the Region of the Americas and by 6% in the Eastern Mediterranean Region. In 2015, the European Region was malaria-free: all 53 countries in the region reported at least 1 year of zero locally-acquired cases of malaria.

Children under 5 are particularly susceptible to malaria illness, infection and death. In 2015, malaria killed an estimated 303 000 under-fives globally, including 292 000 in the African Region. Between 2010 and 2015, the malaria mortality rate among children under 5 fell by an estimated 35%. Nevertheless, malaria remains a major killer of under-fives, claiming the life of 1 child every 2 minutes.

Trends in the scale-up of malaria interventions

Vector control is the main way to prevent and reduce malaria transmission. Two forms of vector control are effective in a wide range of circumstances: insecticide-treated mosquito nets (ITNs) and indoor residual spraying (IRS).

ITNs are the cornerstone of malaria prevention efforts, particularly in sub-Saharan Africa. Over the last 5 years, the use of treated nets in the region has increased significantly: in 2015, an estimated 53% of the population at risk slept under a treated net compared to 30% in 2010.

Indoor residual spraying of insecticides (IRS) is used by national malaria programmes in targeted areas. In 2015, 106 million people globally were protected by IRS, including 49 million people in Africa. The proportion of the population at risk of malaria protected by IRS declined from a peak of 5.7% globally in 2010 to 3.1% in 2015.

Diagnostics

WHO recommends diagnostic testing for all people with suspected malaria before treatment is administered. Rapid diagnostic testing (RDTs), introduced widely over the past decade, has made it easier to swiftly distinguish between malarial and non-malarial fevers, enabling timely and appropriate treatment.

New data presented in the report show that, in 2015, approximately half (51%) of children with a fever who sought care at a public health facility in 22 African countries received a malaria diagnostic test compared to 29% in 2010. Sales of RDTs reported by manufacturers rose from 88 million globally in 2010 to 320 million in 2013, but fell to 270 million in 2015.

Treatment

Artemisinin-based combination therapies (ACTs) are highly effective against *P. falciparum*, the most prevalent and lethal malaria parasite affecting humans. Globally, the number of ACT treatment courses procured from manufacturers increased from 187 million in 2010 to a peak of 393 million in 2013, but subsequently fell to 311 million in 2015.

Prevention in pregnancy

Malaria infection in pregnancy carries substantial risks for the mother, her fetus and the newborn child. In Africa, the proportion of women who receive intermittent preventive treatment in pregnancy (IPTp) for malaria has been increasing over time, but coverage levels remain below national targets.

IPTp is given to pregnant women at scheduled antenatal care visits after the first trimester. It can prevent maternal death, anaemia and low birth weight, a major cause of infant mortality. Between 2010 and 2015, there was a five-fold increase in the delivery of 3 or more doses of IPTp in 20 of the 36 countries that have adopted WHO's IPTp policy – from 6% coverage in 2010 to 31% coverage in 2015.

Insecticide and drug resistance

In many countries, progress in malaria control is threatened by the rapid development and spread of antimalarial drug resistance. To date,

parasite resistance to artemisinin – the core compound of the best available antimalarial medicines – has been detected in 5 countries of the Greater Mekong subregion.

Mosquito resistance to insecticides is another growing concern. Since 2010, 60 of the 73 countries that monitor insecticide resistance have reported mosquito resistance to at least 1 insecticide class used in nets and indoor spraying; of these, 50 reported resistance to 2 or more insecticide classes.

Progress towards global targets

To address remaining challenges, WHO has developed the *Global Technical Strategy for Malaria 2016-2030* (GTS). The Strategy was adopted by the World Health Assembly in May 2015. It provides a technical framework for all endemic countries as they work towards malaria control and elimination.

[Read the Global Technical Strategy for Malaria](#)

This Strategy sets ambitious but attainable goals for 2030, with milestones along the way to track progress. The milestones for 2020 include:

1. Reducing malaria case incidence by at least 40%;
2. Reducing malaria mortality rates by at least 40%;
3. Eliminating malaria in at least 10 countries;
4. Preventing a resurgence of malaria in all countries that are malaria-free.

Progress towards the GTS country elimination milestone is on track: In 2015, 10 countries and areas reported fewer than 150 locally-acquired cases of malaria. A further 9 countries reported between 150 and 1000 cases.

However, progress towards other GTS targets must be accelerated. Less than half (40) of the 91 malaria-endemic countries are on track to meet the GTS milestone of a 40% reduction in malaria case incidence by 2020. Progress has been particularly slow in countries with a high malaria burden.

Forty-nine countries are on track to achieve the milestone of a 40% reduction in malaria mortality; this figure includes 10 countries that reported zero malaria deaths in 2015.

Funding trends

In 2015, malaria funding totalled US\$ 2.9 billion, representing only 45% of the GTS funding milestone for 2020. Governments of malaria-endemic countries provided 32% of total funding. The United States of America and the United Kingdom are the largest international funders of malaria control and elimination programmes, contributing 35% and 16% of total funding, respectively. If the 2020 targets of the GTS are to be achieved, total funding must increase substantially.