



# World Malaria Day 2017

1 APRIL 2017

KEY MESSAGES

## GLOBAL AND REGIONAL DISEASE BURDEN

**As World Malaria Day 2017 approaches, there is much to celebrate. According to the latest estimates from WHO:**

- New malaria cases fell by 21% between 2010 and 2015 worldwide. Malaria death rates fell by 29% in the same 5-year period.

**Between 2010 and 2015, many regions made impressive progress in reducing their malaria burden.**

- In sub-Saharan Africa, where the disease remains heavily concentrated, malaria case incidence and death rates fell by 21% and 31%, respectively, over this 5-year period.
- 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.
- Other malaria-affected regions have made substantial gains in their malaria responses, as seen in the table below.

### Estimated reductions in malaria case incidence and deaths (2010–2015)

WHO REGION	CASE INCIDENCE	MORTALITY RATE
Europe	100%	100%
South-East Asia	54%	46%
Americas	31%	37%
Western Pacific	30%	58%
Africa	21%	31%
Eastern Mediterranean	11%	6%
<b>Global total</b>	<b>21%</b>	<b>29%</b>

## AN UNFINISHED AGENDA

**However, there is a massive unfinished agenda, and the pace of progress must be greatly accelerated.**

- Malaria is preventable and treatable. Yet in 2015, the disease claimed the lives of an estimated 429 000 people. One child died from malaria every 2 minutes. That same year, there were an estimated 212 million new cases of the disease.
- The WHO Global Technical Strategy for Malaria calls for a 40% reduction in malaria case incidence and death rates between 2015 and 2020. Less than half of the world's 91 countries with malaria transmission are on track to achieve these milestones.
- Progress has been particularly slow in low-income countries with a high malaria burden.

## CLOSING THE PREVENTION GAP

**In the lead-up to World Malaria Day, WHO is shining a spotlight on prevention, a critical strategy for reducing the burden of disease and attaining global malaria targets.**

**Prevention works: in recent years, prevention tools have made a measurable difference in the fight against malaria.**

- In sub-Saharan Africa, 663 million cases of malaria were prevented between 2001 and 2015 through the scale-up of core malaria control tools.<sup>1</sup>
- Insecticide-treated nets have had the greatest impact, accounting for an estimated 69% of all cases prevented through control tools.

**However, many people in malaria-affected countries continue to lack access to life-saving prevention tools.**

**On World Malaria Day, WHO is calling on countries and their development partners to close the gap in access to proven prevention measures.<sup>2</sup>**

**In parallel, WHO is calling for greater investment in the development and deployment of new malaria control tools.**

## CORE VECTOR CONTROL TOOLS

**Long-lasting insecticidal nets, or LLINs, are the mainstay of malaria prevention efforts, particularly in sub-Saharan Africa.**

- WHO recommends that all people at risk of malaria sleep under an LLIN every night.<sup>3</sup>

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1 According to the *World Malaria Report 2015*.

2 Next year, on World Malaria Day 2018, WHO publish a more comprehensive analysis on gaps in prevention, diagnostic testing and treatment worldwide.

3 At present, WHO's recommendation on LLINs pertains to pyrethroid-only nets.

- Across sub-Saharan Africa, the roll-out and use of ITNs increased substantially over the last decade.
- However, major coverage gaps remain. Access to this core malaria tool must be significantly expanded in all countries with ongoing malaria transmission.

**Indoor residual spraying (IRS) with insecticides is another powerful way to rapidly reduce malaria transmission.**

- It involves spraying insecticides on indoor walls and ceilings where malaria-carrying mosquitoes are likely to rest after biting household occupants.
- IRS is effective for 3–6 months, depending on the insecticide formulation used and the type of surface on which it is sprayed. Its potential is realized when at least 80% of homes in targeted areas are sprayed.
- Worldwide, 106 million people were protected by IRS in 2015.

• **LET'S CLOSE THE GAP:** In 2015, an estimated 43% of people at risk of malaria in sub-Saharan Africa were not protected by either insecticide-treated nets or indoor residual spraying. On World Malaria Day, WHO is calling on all malaria-affected countries and their development partners to close the gap in coverage of these critical, life-saving tools.

## PREVENTING MALARIA AMONG HIGH-RISK GROUPS

- In areas with high malaria transmission, young children and pregnant women are particularly vulnerable to malaria infection and death. In 2015, more than two thirds (70%) of all malaria deaths occurred among children under 5.
- WHO-recommended preventive therapies against malaria currently include:
  - Intermittent preventive treatment in pregnancy (IPTp);
  - Intermittent preventive treatment in infancy (IPTi);
  - Seasonal chemoprevention for children under 5 years of age (SMC).
- These safe, cost-effective strategies are recommended in sub-Saharan Africa in areas of moderate-to-high malaria transmission.
- They are designed to complement ongoing malaria control activities, including core vector control measures (LLINs and IRS), prompt diagnosis of suspected malaria and treatment of confirmed cases with artemisinin-based combination therapies (ACTs).

## Protecting women in pregnancy

**To protect pregnant women from malaria, WHO recommends preventive treatment known as “IPTp”<sup>4</sup> in sub-Saharan Africa.**

- IPTp can prevent maternal and infant mortality, anaemia, and the other adverse effects of malaria in pregnancy.
- It should be given to pregnant women at routine antenatal care visits in areas of stable malaria transmission in sub-Saharan Africa.
- Between 2010 and 2015, there was a five-fold increase in the percentage of women receiving the WHO-recommended three or more doses of IPTp in 20 African countries. However, coverage of IPTp in 2015 remained low, at just 31%.

• **LET’S CLOSE THE GAP:** An estimated 69% of pregnant women in sub-Saharan Africa are still not accessing the WHO-recommended three or more doses of IPTp. On World Malaria Day, WHO is calling on all malaria-affected countries in this region and their development partners to close the gap in coverage of this effective, life-saving tool.

## Preventing malaria among infants

**To protect infants from malaria, WHO recommends the use of preventive treatment known as “IPTi” in sub-Saharan Africa.**

- IPTi is a full course of antimalarial medicine delivered to infants through routine immunization services in areas of stable malaria transmission in sub-Saharan Africa.<sup>5</sup>
- The treatment should be given three times during the first year of life, regardless of whether the child is infected with malaria.<sup>6</sup>
- By coordinating IPTi delivery with routine immunization services, IPTi coverage can be rapidly increased. Administration is safe, simple, cost-effective and well accepted by health workers and communities.
- In recent years, uptake of WHO policy guidance on IPTi has been poor. To date, only Sierra Leone has started implementing the policy.
- On World Malaria Day, WHO is calling on malaria-affected countries in sub-Saharan Africa and their development partners to rapidly scale up access to this proven, life-saving intervention.<sup>7</sup>

## Preventing malaria in the Sahel

**For children living in Africa’s Sahel subregion, WHO recommends a targeted intervention called seasonal malaria chemoprevention (SMC).**

- Across the Sahel, most malaria cases and deaths among children occur in the rainy season (a period that typically lasts 3–4 months).

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4 Intermittent preventive treatment in pregnancy (IPTp) is the administration of an effective antimalarial medicine (currently sulfadoxine-pyrimethamine) for all pregnant women, regardless of whether they are infected with malaria.

5 IPTi is delivered through the Expanded Programme on Immunization (EPI) scheme.

6 The treatment should be given at approximately 10 weeks, 14 weeks, and 9 months of age.

7 IPTi should be administered in countries where seasonal malaria chemoprevention is not recommended.

- The use of preventive treatment during this period has been shown to reduce the incidence of severe malaria by about 75%.
- Seasonal malaria chemoprevention is a WHO-recommended treatment course delivered to children under 5 at monthly intervals throughout the transmission season. In areas where SMC is implemented, IPTi should not be deployed.
- Many countries in the subregion have made excellent progress in providing access to this life-saving intervention: As of 2015, 10 countries had adopted the policy: Burkina Faso, Chad, Gambia, Guinea, Guinea Bissau, Mali, Niger, Nigeria, Senegal and Togo.
- On World Malaria Day, WHO is calling on all countries in the subregion and their development partners to provide and sustain universal access to this important intervention for all children at risk of malaria.

## HARNESSING INNOVATION

- Future progress in the fight against malaria will likely be shaped by technological advances and innovations in new tools.
- This includes, for example, new vector control interventions, improved diagnostics and more effective antimalarial medicines.
- WHO is calling for increased investment in the development and deployment of innovative tools – a critical strategy for reaching global malaria targets.

## THE WAY FORWARD

### **Recent success in the malaria fight has shown that prevention works.**

- Expanding access to WHO-recommended prevention tools has significantly reduced the global malaria burden.

### **Robust investments in proven prevention tools will continue to accelerate progress in malaria-affected countries towards elimination.**

- These investments will contribute to other health-related Sustainable Development Goals (e.g. reducing maternal and child mortality) and to the wider sustainable development agenda.

### **WHO is calling, in parallel, for greater investment in the development and deployment of new tools to speed progress towards global malaria targets.**

### **With the required resources, and all partners united, we can transform our common vision – “End Malaria for Good” – into a shared reality.**

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