PRES S RELEASE

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World Malaria Day – 25 April

RBM Partnership marks a decade of progress on World Malaria Day 2011 and sets its sights on near zero deaths by 2015

Commemorations of World Malaria Day taking place in donor and endemic countries this week highlight the considerable progress reached in the last decade, with key international figures urging an extraordinary intensification of efforts and clear plans for attaining the goal of near zero deaths by 2015.

Malaria was cited as a development success story last week at the Oslo Malaria Conference, as more than 200 international stakeholders gathered to review priorities to reach the malaria related Millennium Development goals (MDGs).

"In just a decade, Africa has begun to extract itself from the grip of a disease that had been rife for millennia and was eliminated in Europe and North America over fifty years ago. But we still have a tremendous task ahead which calls for a massive intensification of our efforts, greater commitment and innovation if we want to reach the 2015 goals," said Mr Kapembwa Simbao, Minister of Health of Zambia and Chair of the RBM Partnership Board.

Progress in the fight against the disease has been attributed to the leadership of malaria endemic countries, bold partnerships with the private sector, innovative academic thinking, and increased resources made available by The Global Fund to fight HIV/AIDS, TB and malaria, the World Bank, UNITAID and the US President's Malaria Initiative (PMI) as well as bi-laterals such as France and the UK.

High level political commitment has also spurred momentum with the appointment of UNSG Special Envoy for malaria and the creation of the African Leaders Malaria Alliance (ALMA).

In the last five years coverage with all malaria interventions has increased and 11 countries in Africa have slashed their malaria cases and deaths by more than 50%. Malaria has moved from the first cause of death among children under five in 2000 in sub-Saharan Africa to third cause of death in 2010. Implementation of new treatment guidelines released this week by the World Health Organization will also contribute to saving many more lives. WHO now recommends artesunate as first line treatment in the management of severe falciparum malaria in African children.
According to the World Health Organization's 2010 World Malaria Report nearly 289 million insecticide-treated nets were distributed in sub-Saharan Africa, between 2008 and 2010, enough to cover almost 76% of populations at risk - up from just 5% in 2000.

More modest advances were recorded across the other interventions with indoor residual spraying programmes protecting 73 million people in 2009 in sub-Saharan Africa - up from 13 million in 2005.

More than 33 million Rapid Diagnostic Tests were distributed to malaria endemic countries in 2009, up from 200,000 in 2005 allowing clearer detection of malaria cases and therefore appropriate treatment; and more than 229 million artemisinin-based combination treatments (ACTs) were procured worldwide in 2010, up from only 2.1 million ACTs in 2003.

Despite this progress, over 780,000 people died of malaria in 2009, most of them children under the age of five. The disease perpetuates a vicious cycle of poverty in the developing world and malaria-related illnesses and mortality impacts significantly on Africa's economy.

Leading economists describe malaria control as a premier investment case that offers guaranteed long-term yields in terms of development. It contributes decisively to the achievement of six of the eight MDGS - and has the biggest impact on child survival. If universal coverage with nets is achieved and sustained 3 million lives could be saved over the next 4 years.

A major threat to sustaining malaria control and to elimination is the emergence of malaria parasites that are resistant to artemisinin – the essential ingredient of artemisinin-based combination therapies (ACTs) - the most effective treatments for uncomplicated malaria available today.

"Malaria control efforts work and we know what to do. On artemisinin resistance, policymakers need to act quickly to avoid its spread or emergence in new areas," said Dr Robert Newman, Director of the WHO Global Malaria Programme. The way forward is outlined in The Global Plan for Artemisinin Resistance Containment (GPARC) – but we will need everyone on board if we are to protect ACTs as our most effective antimalarial treatment."

The GPARC is being promoted in all malaria endemic settings and includes the banning of oral artemisinin monotherapies, ensuring diagnostic testing of suspected malaria and rationale treatment of confirmed cases, and strengthening surveillance to monitor the threat of drug resistance.

The UK's Department for International Development (DfID) announced new funding at the beginning of the year and has committed itself to increased long-term support to the global malaria fight with resistance high on its radar. "It is unacceptable that nearly 800,000 people – mainly women and children in Africa – die every year from malaria. I am proud that Britain and its partner organizations are at the forefront of tackling this deadly disease, which is entirely preventable and treatable, said Stephen O'Brien, Parliamentary Under Secretary of State for International Development. "Even when malaria is not fatal it can have devastating long term consequences. Parents are unable to work for long periods
when they or their children become ill and entire households can be thrown back into poverty.

“We are at a crucial point in the battle against malaria and it is crucial that we continue to take innovative new approaches, such as increasing the use of diagnostic tests and combating drug resistance to tackle this killer disease.”

In Geneva, the CEO of Medicines for Malaria Venture, Dr David Reddy called for continued support for the development of alternatives to artemisinin and for concerted efforts to push for better access to affordable treatment. “The malaria community is set to do all it takes over the next 5 years to ensure that malaria medicines reach those who need them most,” said Dr Reddy. “We are still challenged by lack of universal access to rapid tests and treatments, and by the possibility that resistance could spread. MMV has in its pipeline compounds that will help counter resistance, and we are doing everything in our power to accelerate the development of these compounds into malaria medicines.”

In New York this week the UN General Assembly adopted the 2011 malaria resolution which recognized the gains to date and urged all member states to sustain the momentum.

"Economic recession and conflicting global priorities threaten to take us back to the dark ages of malaria. Existing commitments must be maintained, new donors identified, and alternative sources of funding secured if we are to reach the 2015 targets," said Prof Awa Maria Coll-Seck, Executive Director of the Roll Back Malaria Partnership," addressing the Oslo Malaria Conference last week.

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Public events marking World Malaria Day (25 April) around the world

- **Republic of Liberia** will host a World Malaria Day Regional event in West Africa in the presence of Her Excellency President Ellen Johnson Sirleaf - who has recently agreed to serve as Chair of the African Leaders Malaria Alliance (ALMA) for 2011-2012. April 25th

- **United Nations in New York** will launch a unique exhibition entitled Champions to End Malaria with photographs by Paton in the presence of the UN Secretary General. April 25th - May 22nd

- **France, Paris**: French Ministry of Foreign and European Affairs April 21st - 25th
  Exhibition at the Jardin du Luxembourg in Paris to raise awareness and inform the general public about the challenges and the progress made in the fight against malaria.

- **Switzerland, Bern**: The Swiss Agency for Development and Cooperation (SDC) is hosting a multimedia exhibition offering a fascinating insight into the complexity of malaria and its consequences. It highlights the approaches used by members of the Swiss Malaria Group to meet the challenges of this disease. April 26th - 7th May

- **Uganda & Madagascar** will promote their countries’ roll out of the Affordable Medicines Facility-malaria (AMFm) which provides a novel approach to increasing access to ACTs on a multi-national scale. Most patients seek malaria treatment in the private sector, yet prices for ACTs are up to 50 times the cost of previously effective alternatives. The AMFm seeks to (i) lower the cost of ACTs to patients, thereby increasing availability and access to life-saving treatment; and (ii) displace artemisinin monotherapies from the market, thereby delaying the onset of resistance to artemisinin. Phase 1 of the AMFm is currently being implemented in eight countries in Africa - including Uganda and Madagascar as well as Cambodia. As of mid-April 2011, importers have procured over 75 million doses of co-paid ACTs. Dramatic falls in prices have been observed in four African countries.