

WORLD MALARIA DAY FELL ON APRIL 25

HARNESS INNOVATION TO REDUCE MALARIA AND SAVE LIVES

World Health Organization (WHO) celebrates World Malaria Day each year on April 25 to underscore the collective energy and commitment of the global malaria community in uniting around the common goal of a world free of malaria. Sri Lanka is one of the few countries that have eliminated Malaria.

Today, no single tool is available to solve the problem of malaria. Innovative new tools are vital if the world is to achieve global elimination targets, including innovations in new vector control interventions and insecticides, improved diagnostics, and more effective medicines, among other tools. Under the theme "Harness innovation to reduce the malaria disease burden and save lives", this year's World Malaria Day has drawn attention to the critical role innovation plays in helping to achieve global elimination goals.

The six countries of the Greater Mekong subregion, including Cambodia, China (Yunnan Province), Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam continue to make progress in eliminating malaria, reporting a 97 percent reduction in malaria between 2000 and 2020. Malaria is an acute febrile illness caused by *Plasmodium* parasites, which are spread to people through the bites of infected female *Anopheles* mosquitoes. There are five parasite species that cause malaria in humans, and two of these species – *P. falciparum* and *P. vivax* – pose the greatest threat. *P. falciparum* is the deadliest malaria parasite and the most prevalent on the African continent. *P. vivax* is the dominant malaria parasite in most countries outside of sub-Saharan Africa.

The first symptoms – fever, headache and chills – usually appear 10–15 days after the infective mosquito bite and may be mild and difficult to recognise as malaria. Left untreated, *P. falciparum* malaria can progress to severe illness and death within a period of 24 hours.

In 2020, nearly half of the world's population was at risk of malaria. Some population groups are at considerably higher risk of contracting malaria and developing the severe disease: infants, children under five years of age, pregnant women and patients with HIV/AIDS, as well as people with

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low immunity moving to areas with intense malaria transmission such as migrant workers, mobile populations and travellers.

DISEASE BURDEN

According to the latest World malaria report, there were 241 million cases of malaria in 2020 compared to 227 million cases in 2019. The estimated number of malaria deaths stood at 627,000 in 2020 – an increase of 69,000 deaths over the previous year. While about two-thirds of these deaths (47,000) were due to disruptions during the COVID-19 pandemic, the remaining one-third of deaths (22,000) reflects a recent change in WHO's methodology for calculating malaria mortality (irrespective of COVID-19 disruptions).

The new cause-of-death methodology was applied to 32 countries in sub-Saharan Africa that shoulder about 93 percent of all malaria deaths globally. Applying the methodology revealed that malaria has taken a considerably higher toll on African children every year since 2000 than previously thought.

The WHO African Region continues to carry a disproportionately high share of the global malaria burden. In 2020, the Region was home to 95 percent of all malaria cases and 96 percent of deaths. Children under five years of age accounted for about 80 percent of all malaria deaths in the Region.

Four African countries accounted for just over half of all malaria deaths worldwide: Nigeria (31.9 percent), the Democratic Republic of the Congo (13.2 percent), United Republic of Tanzania (4.1 percent) and Mozambique (3.8 percent).

PREVENTION

Over the last two decades, expanded access to WHO-recommended malaria prevention tools and strategies – including effective vector control and the use of preventive antimalarial drugs – has had a major impact in reducing the global burden of this disease.

VECTOR CONTROL

Vector control is a vital component of malaria control and elimination strategies as it is highly effective in preventing infection and reducing disease transmission. The two core interventions are Insecticide-Treated Nets (ITNs) and Indoor Residual Spraying (IRS).

Progress in global malaria control is threatened by emerging resistance to insecticides among *Anopheles* mosquitoes. According to the latest *World malaria report*, 78 countries reported mosquito resistance to at least one of the four commonly-used insecticide classes in the period 2010–2019. In 29 countries, mosquito resistance was reported to all main insecticide classes.

PREVENTIVE CHEMOTHERAPIES

Preventive chemotherapy is the use of medicines, either alone or in combination, to prevent malaria infections and their consequences. It includes chemoprophylaxis, Intermittent Preventive Treatment of infants (IPTi) and pregnant women (IPTp), Seasonal Malaria Chemoprevention (SMC) and Mass Drug Administration (MDA). These safe and cost-effective strategies are intended to complement ongoing malaria control activities, including vector control measures, prompt diagnosis of suspected malaria, and treatment of confirmed cases with antimalarial medicines.

VACCINE

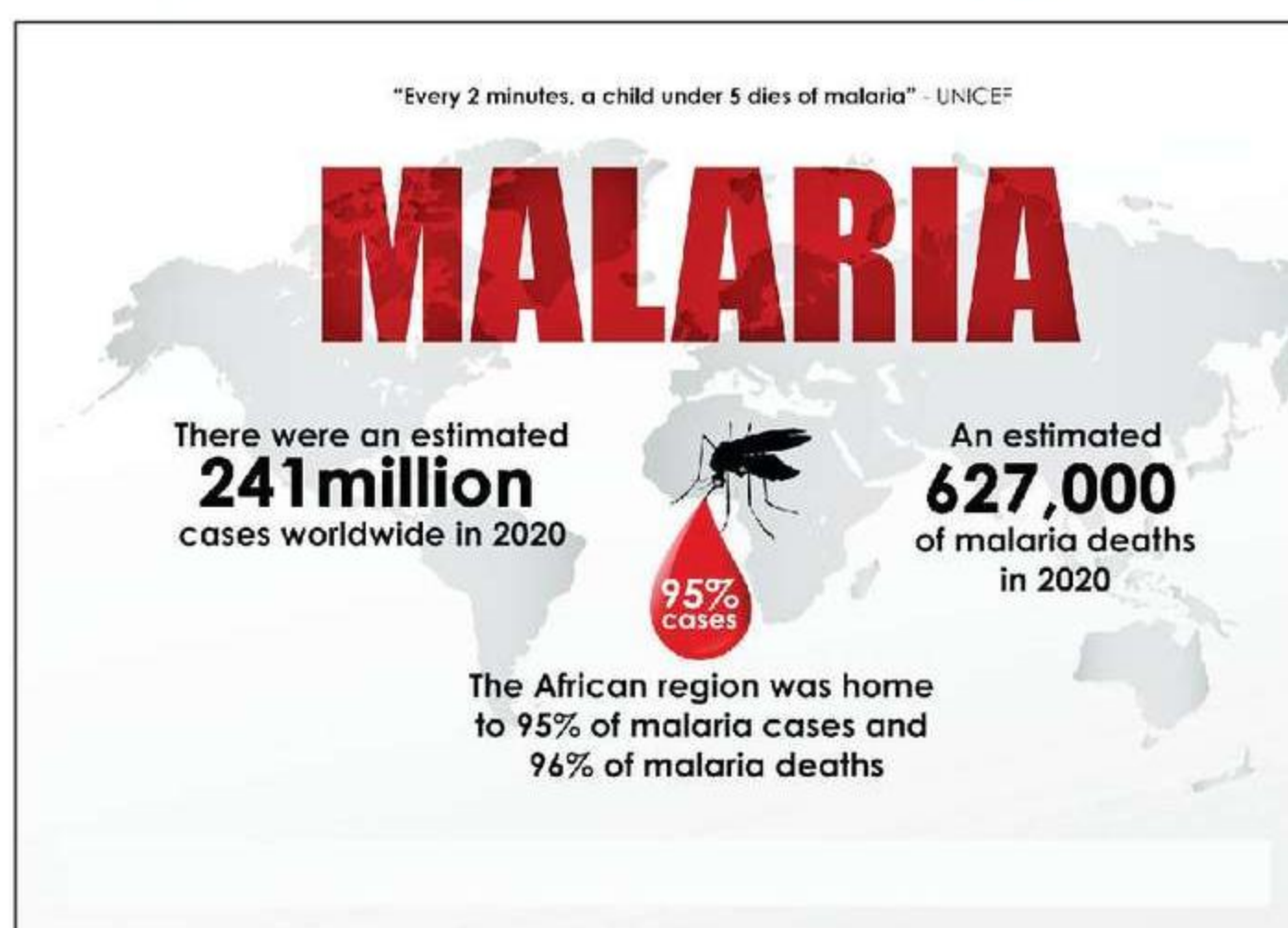
Since October 2021, WHO also recommends the broad use of the RTS, S/AS01 malaria vaccine among children living in regions with moderate to high *P. falciparum* malaria



World Malaria Day

2022

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cases and deaths helps ministries of health determine which areas or population groups are most affected and enable countries to monitor changing disease patterns. Strong malaria surveillance systems also help countries design effective health interventions and evaluate the impact of their malaria control programmes.

WHO RESPONSE

The WHO *Global technical strategy for malaria 2016–2030*, updated in 2021, provides a technical framework for all malaria-endemic countries. It is intended to guide and support regional and country programmes as they work towards malaria control and elimination.

The strategy sets ambitious but achievable global targets, including:

- reducing malaria case incidence by at least 90 percent by 2030
- reducing malaria mortality rates by at least 90 percent by 2030
- eliminating malaria in at least 35 countries by 2030
- preventing a resurgence of malaria in all countries that are malaria-free.

Guided by this strategy, the Global Malaria Programme coordinates the WHO's global efforts to control and eliminate malaria by:

- setting, communicating and promoting the adoption of evidence-based norms, standards, policies, technical strategies and guidelines;
- keeping independent score of global progress;
- developing approaches for capacity building, systems strengthening, and surveillance; and
- identifying threats to malaria control and elimination as well as new areas for action.

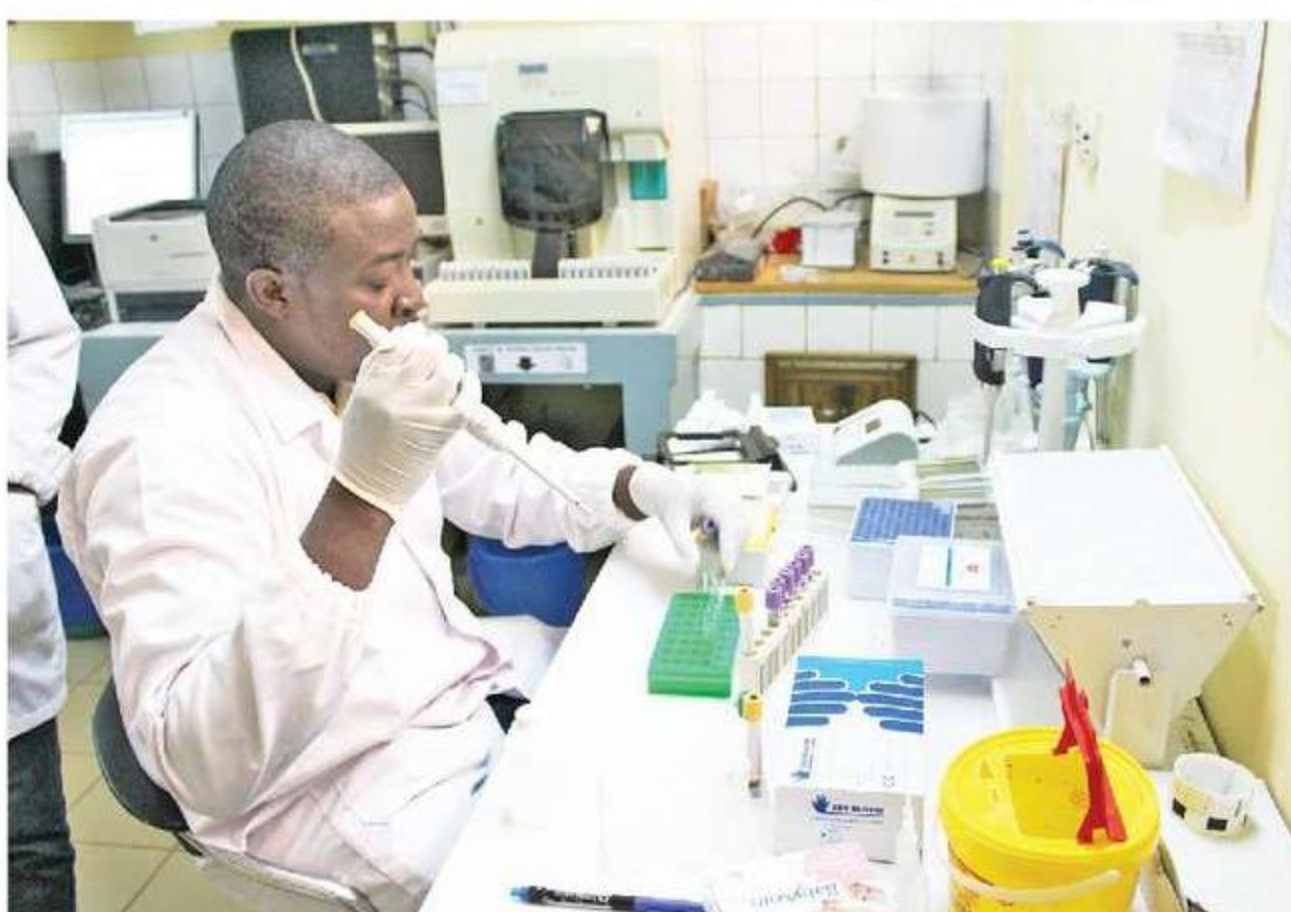
MALARIA ACHIEVEMENTS

- China has reported zero indigenous malaria cases since 2017 and was certified malaria-free by WHO in 2021.
- In 2020, Malaysia had zero cases of human malaria for the third consecutive year but reported over 2,600 cases of *P. knowlesi* (zoonotic malaria).
- Two countries reported fewer than 1,000 malaria cases in 2020: the Republic of Korea and Vanuatu.
- Cambodia, the Lao People's Democratic Republic, Malaysia, the Republic of Korea, Vanuatu and Viet Nam all reported zero indigenous malaria deaths in 2020.

CALL TO ACTION:

- Step up innovation in the fight against malaria
- Expand access to the tools we have now
- Expand the use of the first malaria vaccine, RTS,S
- Strengthen country ownership
- Ensure resilient and equitable health systems
- Tailor responses to the local setting
- Improve surveillance systems.

(UN News)



The Symptoms of Malaria

