**WHO Malaria Facts Sheet 6th December 2021**

**Key facts**

* **Malaria is a life-threatening disease caused by parasites that are transmitted to people through the bites of infected female Anopheles mosquitoes. It is preventable and curable.**
* **In 2020, there were an estimated 241 million cases of malaria worldwide. (*about 14 million more cases than the previous year)***
* **The estimated number of malaria deaths stood at 627,000 in 2020 *(about 69,000 more than in 2019) Approximately two thirds of these additional deaths were linked to disruptions in the provision of malaria prevention, diagnosis and treatment during the pandemic***
* **The WHO African Region carries a disproportionately high share of the global malaria burden. In 2020, the region was home to 95% of malaria cases and 96% of malaria deaths. Children under 5 accounted for an estimated 80% of all malaria deaths in the Region.**

## ****Overview****

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 5 parasite species that cause malaria in humans, and 2 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 recognize 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 severe disease: infants, children under 5 years of age, pregnant women and patients with HIV/AIDS, as well as people with 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,](https://www.who.int/publications-detail-redirect/9789240040496) 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) reflect a recent change in WHO’s methodology for calculating malaria mortality (irrespective of COVID-19 disruptions).

## ****Prevention****

## Over the last 2 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](https://www.who.int/teams/global-malaria-programme/prevention/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 2 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*](https://www.who.int/publications-detail-redirect/9789240040496), 78 countries reported mosquito resistance to at least 1 of the 4 commonly-used insecticide classes in the period 2010–2019. In 29 countries, mosquito resistance was reported to all main insecticide classes.

### Vaccine Since October 2021, WHO also recommends broad use of the RTS,S/AS01 malaria vaccine among children living in regions with moderate to high P. falciparum malaria transmission. The vaccine has been shown to significantly reduce malaria, and deadly severe malaria, among young children.

[Questions and answers on the RTS,S vaccine](https://www.who.int/news-room/questions-and-answers/item/q-a-on-rts-s-malaria-vaccine).

## ****Case management****

Early diagnosis and treatment of malaria reduces disease, prevents deaths and contributes to reducing transmission. WHO recommends that all suspected cases of malaria be confirmed using parasite-based [diagnostic testing](https://www.who.int/teams/global-malaria-programme/case-management/diagnosis) (through either microscopy or a rapid diagnostic test). Diagnostic testing enables health providers to swiftly distinguish between malarial and non-malarial fevers, facilitating appropriate treatment.

The best available [treatment](https://www.who.int/teams/global-malaria-programme/case-management/treatment), particularly for P. falciparum malaria, is artemisinin-based combination therapy (ACT). The primary objective of treatment is to ensure the rapid and full elimination of Plasmodium parasites from a patient’s bloodstream to prevent an uncomplicated case of malaria from progressing to severe disease or death.

In recent years, antimalarial drug resistance has emerged as a threat to global malaria control efforts, particularly in the Greater Mekong subregion. Regular monitoring of drug efficacy is needed to inform treatment policies in malaria-endemic countries, and to ensure early detection of, and response to, drug resistance.

## ****Elimination****

Malaria elimination is defined as the interruption of local transmission of a specified malaria parasite species in a defined geographical area as a result of deliberate activities. Continued measures to prevent re-establishment of transmission are required.

In 2020, 26 countries reported fewer than 100 indigenous cases of the disease, up from 6 countries in 2000. Countries that have achieved at least 3 consecutive years of zero indigenous cases of malaria are eligible to apply for the [WHO certification of malaria elimination](https://www.who.int/teams/global-malaria-programme/elimination/certification-process). Over the last 2 decades, 11 countries have been certified by the WHO Director-General as malaria-free.

[Countries and territories certified malaria-free by WHO](https://www.who.int/teams/global-malaria-programme/elimination/countries-and-territories-certified-malaria-free-by-who).

## ****Surveillance****

Malaria surveillance is the continuous and systematic collection, analysis and interpretation of malaria-related data, and the use of that data in the planning, implementation and evaluation of public health

practice. Improved surveillance of malaria cases and deaths helps ministries of health determine which areas or population groups are most affected and enables 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*](https://www.who.int/publications/i/item/9789240031357), 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% by 2030
* reducing malaria mortality rates by at least 90% 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](https://www.who.int/teams/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.

**Extracts from the WHO Malaria Facts Sheet 2021**

Reference: World Health Organisation (WHO) Accessed in December 2021 from <http://www.who.int/news-room/fact-sheets/detail/malaria>