

World health organization Provides updated malaria situation

Medicine

Posted by: niccosan

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Geneva – A new report released today by the World Health Organization (WHO) finds that the global burden of malaria remains enormous, but that access to malaria control interventions, especially bed nets in Africa, increased sharply between 2004 and 2006, the period covered in the report.

“With dramatic increases in funding and intense momentum towards reducing the malaria burden in recent years, we have a greater need for reliable information and analysis,” said WHO Director General Margaret Chan. “This report begins to answer that need. Progress in malaria control has accelerated dramatically since 2006, especially in the wake of the UN Secretary General’s call for universal malaria control coverage by the end of 2010. We expect these expanded efforts to be reflected in future reports.”

The WHO’s World Malaria Report 2008, which draws upon data collected through 2006, paints a complex picture. Some highlights:

New methods* estimate the number of malaria cases is 247 million for 2006.

Small children remain by far the most likely to die of the disease.

Malaria deaths have declined in several countries, and a few nations in Africa have managed to cut malaria deaths in half by following recommended measures.

As of 2006, increases in funding resulted in accelerated access of malaria interventions including bed nets and effective medicines

Access in Africa to artemisinin-based combination therapy (ACT), which is recommended by WHO, reached only 3% of children in need.

Bed Net Coverage Accelerating

The report finds that recent increases in malaria funding were beginning to translate to coverage of key malaria interventions, especially bed nets, by 2006. The percentage of children protected by insecticide-treated nets increased almost eightfold, from 3% in 2001 to 23% in the 18 African countries with surveys in 2006. Procurement of antimalarial medicines also increased sharply between 2001 and 2006. Approximately 100 million persons were protected by indoor spraying of insecticide, including 22 million in Africa.

However, much more work remains to be done. In Africa only 125 million people were protected by bed nets in 2007, while 650 million are at risk.

“Malaria is a primary cause of child mortality, said Ann M. Veneman, Executive Director of the United Nations Children’s Fund (UNICEF). “If the availability of bed nets and other key interventions can be

increased, lives can be saved."

Positive Impact

For the first time, three African countries reported dramatic reductions in malaria deaths by 50% or more nationwide. Eritrea, Rwanda and Sao Tome and Principe achieved this result between 2000 and 2006/2007 through a mix of bed net distribution, indoor spraying, improved access to treatment and advances in disease surveillance. Furthermore, significant improvements were observed in other African countries and areas such as Madagascar, Zambia, and Zanzibar (United Republic of Tanzania).

An additional six countries showed that the numbers of malaria deaths had fallen nationwide by 2006: Cambodia, Lao People's Democratic Republic, the Philippines, Suriname, Thailand and Viet Nam.

"We know that malaria control interventions work and that we can make rapid progress towards ending malaria deaths," said Ray Chambers, the United Nations Secretary-General's Special Envoy for Malaria. "Now is the time to expand these results to all of Africa and the rest of the world."

Increase Investment

According to national malaria control programme data, Africa had a larger increase in funding than any other region between 2004 and 2006, led by investments from the Global Fund to Fight AIDS, Tuberculosis and Malaria, bilateral and multilateral organizations, and national governments.

In other regions sources of funding were highly variable, but national governments provided the bulk of monies. While funding for malaria was higher than ever before in 2006, it is not yet possible to judge which countries have adequate resources and there are still significant gaps.