Foreword

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For many years, the global response to malaria was considered one of the world's great public health achievements. WHO reported time and again on the massive roll-out of effective disease-cutting tools, and on impressive reductions in cases and deaths.

Last December, we noted a troubling shift in the trajectory of this disease. The data showed that less than half of countries with ongoing transmission were on track to reach critical targets for reductions in the death and disease caused by malaria. Progress appeared to have stalled.

The *World malaria report 2017* shows that this worrying trend continues. Although there are some bright spots in the data, the overall decline in the global malaria burden has unquestionably leveled off. And, in some countries and regions, we are beginning to see reversals in the gains achieved.

Global disease burden and trends

In 2016, 91 countries reported a total of 216 million cases of malaria, an increase of 5 million cases over the previous year. The global tally of malaria deaths reached 445 000 deaths, about the same number reported in 2015.

Although malaria case incidence has fallen globally since 2010, the rate of decline has stalled and even reversed in some regions since 2014. Mortality rates have followed a similar pattern.

The WHO African Region continues to account for about 90% of malaria cases and deaths worldwide. Fifteen countries – all but one in sub-Saharan Africa – carry 80% of the global malaria burden. Clearly, if we are to get the global malaria response back on track, supporting the most heavily affected countries in this region must be our primary focus.

Extending health care to all

As WHO Director-General, achieving universal health coverage is my top priority. This is based on the moral conviction that all people should be guaranteed access to the health services they need, when and where they need them, regardless of where they live or their financial status.

To this end, how have countries fared in delivering services that prevent, diagnose and treat malaria for all in need? While we have made important headway, the pace of progress must be greatly accelerated if we are to reach our global malaria targets for 2020 and beyond.

In 2016, just over half (54%) of people at risk of malaria in sub-Saharan Africa were sleeping under an insecticide-treated mosquito net – the primary prevention method. This level of coverage represents a considerable increase since 2010 but is far from the goal of universal access.

Spraying the inside walls of homes with insecticides (indoor residual spraying, IRS) is another important prevention measure. The report documents a precipitous drop in IRS coverage in the WHO African Region since 2010, as well as declines in all other WHO regions over this same period.

Prompt diagnosis and treatment is the most effective means of preventing a mild case of malaria from developing into severe disease and death. In the WHO African Region, most people who seek treatment for malaria in the public health system receive an accurate diagnosis and effective medicines.

However, access to the public health system remains far too low. National-level surveys in the WHO African Region show that only about one third (34%) of children with a fever are taken to a medical provider in this sector.

Inadequate investment

A minimum investment of US$ 6.5 billion will be required annually by 2020 in order to meet the 2030 targets of the WHO global malaria strategy. The US$ 2.7 billion invested in 2016 represents less than half of that amount. Of particular concern is that, since 2014, investments in malaria control have, on average, declined in many high-burden countries.

Malaria response at a cross-roads

The choice before us is clear. If we continue with a "business as usual" approach – employing the same level of resources and the same interventions – we will face near-certain increases in malaria cases and deaths.

It is our hope that countries and the global health community choose another approach, resulting in a boost in funding for malaria programmes, expanded access to effective interventions and greater investment in the research and development of new tools.

As I have said before, countries must be in the driver's seat; they alone are ultimately responsible for the health of their citizens. Universal health coverage is indeed a political choice – one that takes courage, compassion and long-term vision.

After spending many years fighting the scourge of malaria in Ethiopia, I know that we are up against a tough adversary. But I am also convinced that this is a winnable battle. With robust financial resources and political leadership, we can – and will – swing the pendulum back towards a malaria-free world.