

by the World Health Organization shows that, although in Sudan reported malaria cases have fallen since a spike in 2014, from 1.2 million to nearly [new report](#) 5 December - A 900 000 cases, additional estimates paint a different picture which indicates that caution and continued vigilance remain necessary.

First, both the fluctuating longer term trend (from 1.5 million in 2010, to 964 000 in 2012 and back up to 1.2 million in 2014) and the growing at-risk population (from over 32 million in 2010 to almost 37 million in 2016) indicate that malaria continues to be an area of significant concern in Sudan.

Second, due to imperfections in surveillance data, reported figures only show a partial picture. To adequately understand the malaria burden, WHO estimates must also be taken into consideration. These estimates show a malaria incidence of 35.2 per 1000 population at risk in 2010, which decreased to 33.7 in 2012, then increased again to 35.3 in 2016. This fluctuating pattern shows some setbacks, or at least stalling of the progress.

To prevent setbacks and ensure sustained progress in Sudan, there is a need for increased response measures and investments, particularly from national resources.

On a global scale, the new report finds that after an unprecedented period of success in malaria control, progress has now stalled, and that the world is not on track to achieve the 2020 targets of the WHO Global Technical Strategy for Malaria – specifically targets calling for a 40% reduction in case incidence and mortality.

Factors contributing to this stalling of progress include a lack of funding growth. Available financial resources for the global malaria response have plateaued since 2010, reaching US\$ 2.7 billion in 2016 (less than half of the 2020 funding target). With current levels of funding, and current tools, the limits of what can be achieved become visible.

The report signals a clear need for greater investment in malaria control – particularly at the domestic level. Gaps in the coverage of existing tools that prevent, diagnose and treat malaria must be urgently closed. The need for robust investment in the research and development of new tools is also high.

Additionally, at the global level there is the need for increasing efforts and investment and capacity-building; strengthening surveillance; providing universal health coverage including malaria prevention, diagnosis and treatment for all at risk populations, particularly marginalized people including internally displaced persons and refugees.

The world, including Sudan, can get back on track: but only through concerted action by all stakeholders, with countries in the driver's seat. The targets of WHO's global malaria strategy are not out of reach, but they do need urgent action.

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