



**Malaria** is caused by a *Plasmodium* parasite, which is transmitted by the bite of an infected *Anopheles* mosquito. Symptoms include fever, vomiting, and headache and can appear 10 to 15 days after a bite. *Plasmodium vivax* and *P. falciparum* are the most common malarial parasites, while *P. malariae* and *P. ovale* are rarer forms. Infection with *P. falciparum* is the most dangerous and if left untreated can lead to kidney and brain complications and even death. Chloroquine and primaquine are the treatment of choice for *P. vivax* and *P. falciparum* where these parasites remain sensitive. Artemisin-based combination therapy is the primary treatment for *P. falciparum* where there is resistance to chloroquine. Use of insecticide-treated nets at home and indoor residual spraying with insecticides are recommended to reduce exposure to mosquito bites.

### Key facts

- In the Americas, an estimated 145 million people in 21 countries are at risk of malaria.
- In 2012, there were 469,000 confirmed malaria cases in the region and 108 deaths.
- These numbers represented a decline of 60% in cases and a decline of 72% in deaths regionwide between 2000 and 2012. Cases declined in 18 of the region's 21 endemic countries during this period.
- Only two countries, Guyana and Venezuela, reported increases in cases between 2000 and 2012. (In Haiti, cases increased from 17,000 in 2000 to 25,000 in 2012, but it is unclear whether this rise was real or was due to improved diagnostic testing and better reporting.)
- Seven countries are in the pre-elimination phase for malaria: Argentina, Belize, Costa Rica, Ecuador, El Salvador, Mexico, and Paraguay. Other endemic countries are in the control phase.
- In 2012, malaria-endemic countries in the region collectively reported \$142 million in domestic malaria investments, or 63% of what PAHO/WHO estimates is needed annually to protect gains and ensure further progress against the disease.

### PAHO/WHO response

In 2011, PAHO/WHO Member States agreed to the following targets for 2015:

- Reduce illness from malaria by a further 75%
- Reduce malaria-related deaths by a further 25%
- Implement malaria elimination activities in areas where elimination is feasible (particularly Mesoamerica and the Southern Cone)
- Reverse the trend in countries where malaria cases increased between 2000 and 2010 (the Dominican Republic, Haiti and Venezuela)
- Prevent the reintroduction of malaria in countries already declared malaria-free

To reach these targets, the PAHO/WHO Strategy and Plan of Action for Malaria 2011-2015 prioritizes:

1. Malaria prevention, surveillance, and early detection and containment of outbreaks
2. Integrated vector management
3. Malaria diagnosis and treatment
4. Advocacy, communication and collaborative partnerships
5. Health systems strengthening, strategic planning, monitoring and evaluation, operational research, and country-level capacity-building



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