

# The Urgency to End Malaria

## Global and Regional overview of malaria burden and progress toward elimination

22 April 2026

**PROTECT  
LIVES NOW.  
NOW WE CAN.  
NOW WE MUST.**



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# Outline of presentation

- The state of the fight
- Global and regional situation of malaria
- Challenges
- Accelerated interventions
- Key lessons
- Opportunities for malaria from the G20 declaration and SADAC platform



**MY FUTURE.  
MALARIA FREE.  
NOW WE CAN.  
NOW WE MUST.**



# The state of the fight

- Between 2000 and 2024, the number of malaria-endemic countries fell sharply, dropping from **108 to 80**.

## Over the same period:

- Countries with fewer than 10 000 cases rose **from 27 in 2000 to 46 in 2024**.
- Countries with fewer than 1000 indigenous cases increased **from 13 to 37**.
- Countries with fewer than 100 indigenous cases increased **from 6 to 26**.
- Countries with fewer than 10 indigenous cases increased **from 4 to 24**.
- **But the global situation is stalling:** In 2024, there were an estimated 282 million cases and 610,000 deaths—a slight increase from 2023.



**World Malaria Day 2026**

25 April

## Driven to End Malaria:

Now We Can. Now We Must.

**37**  
countries

reported fewer than 1000  
cases in 2024

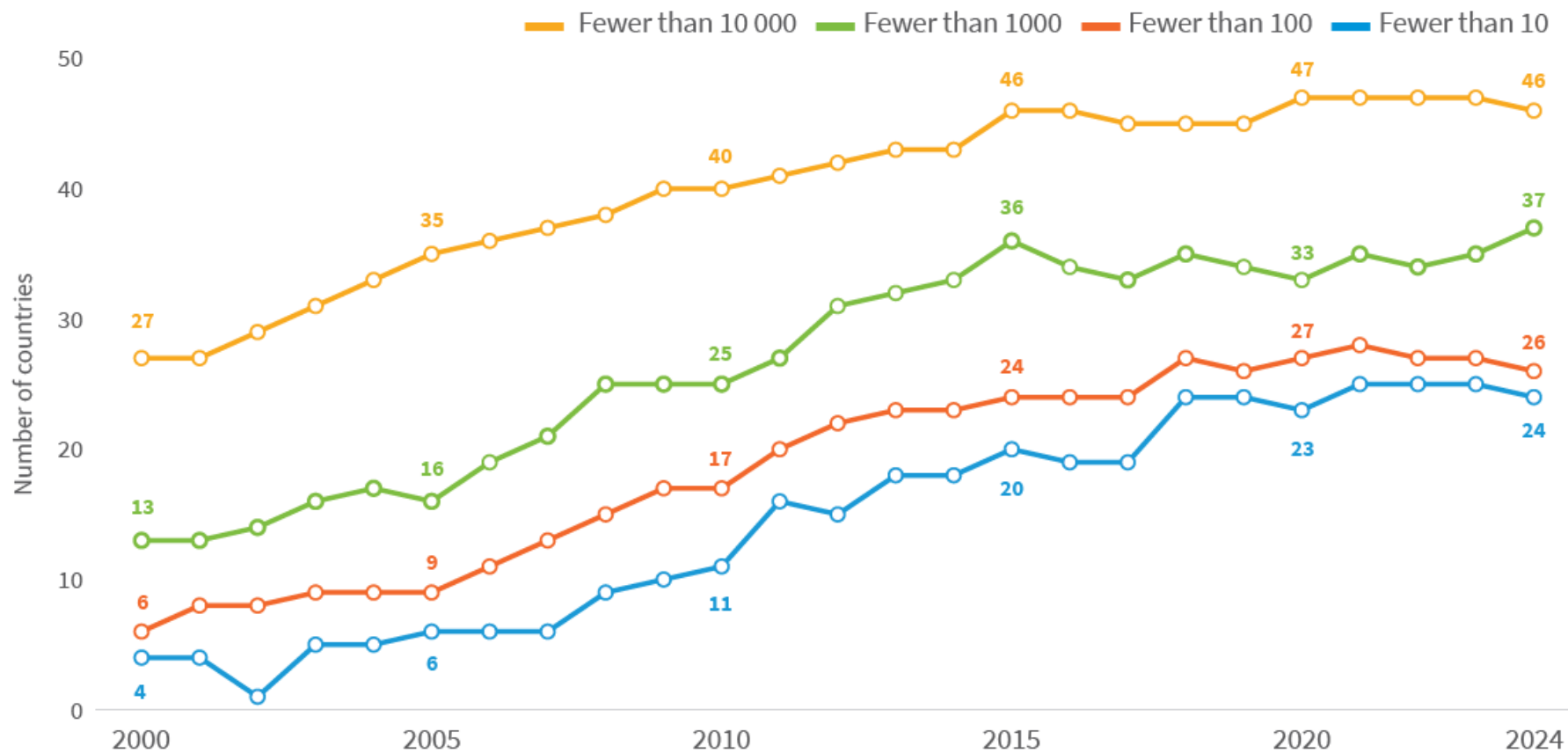
**47**  
countries

have been certified malaria-  
free

**2024**  
610,000 deaths

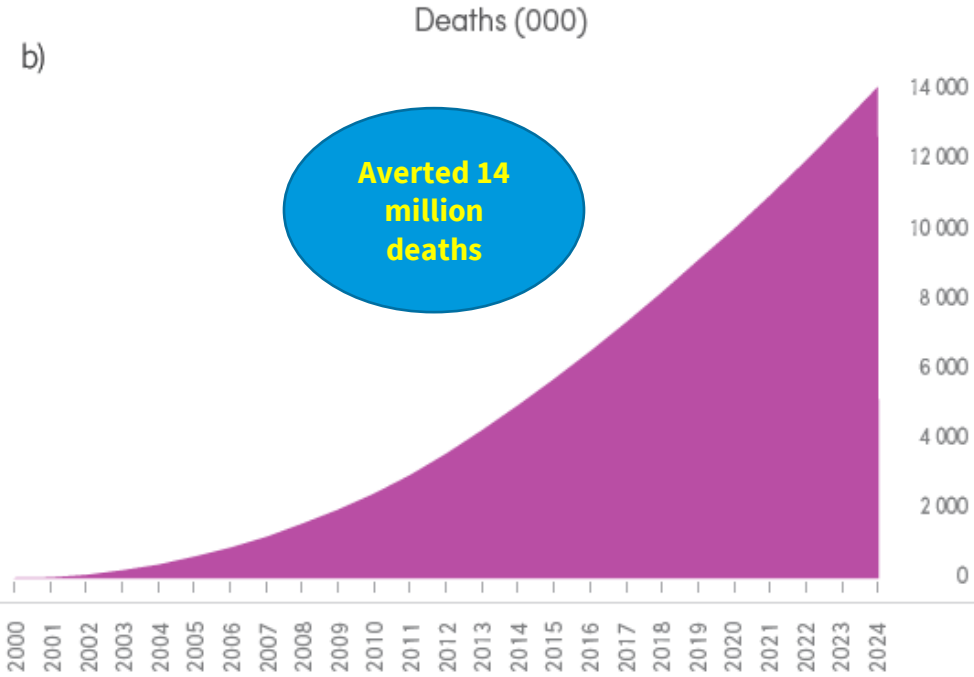
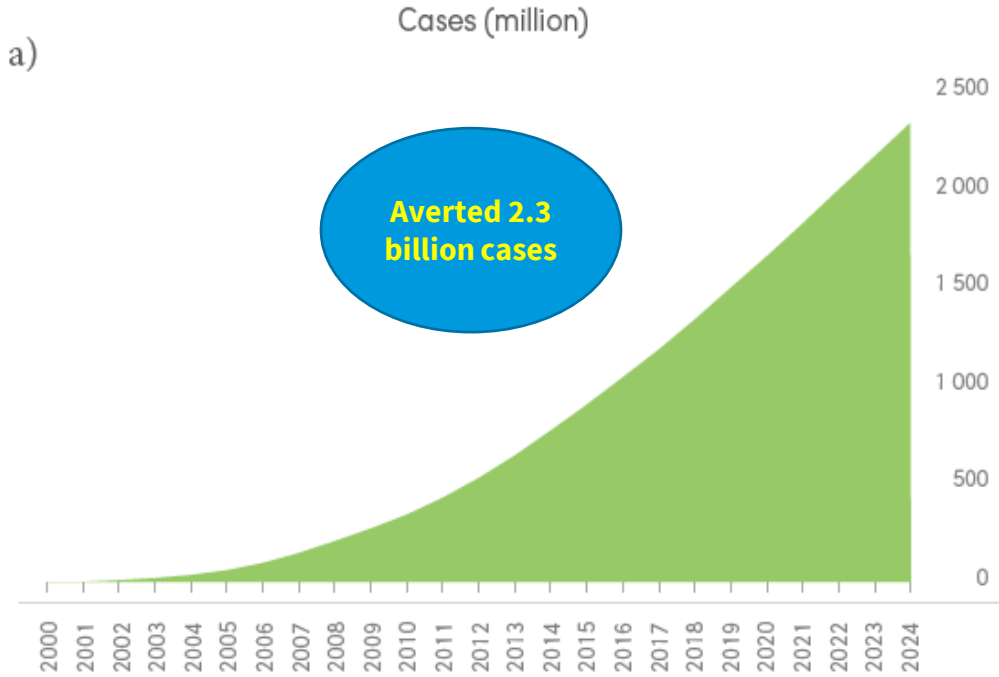
—a slight increase from  
2023

# Number of countries that were malaria endemic in 2000 and had fewer than 10, 100, 1000 and 10 000 indigenous malaria cases, 2000–2024



NMP: national malaria programme; WHO: World Health Organization.

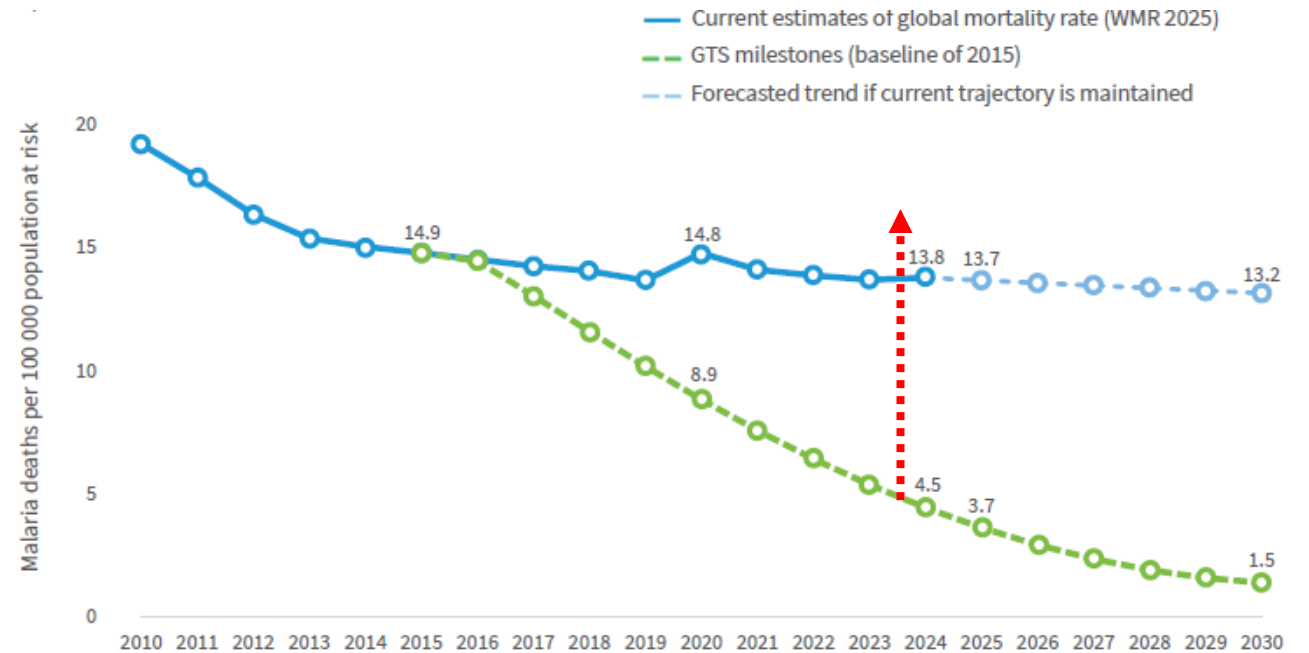
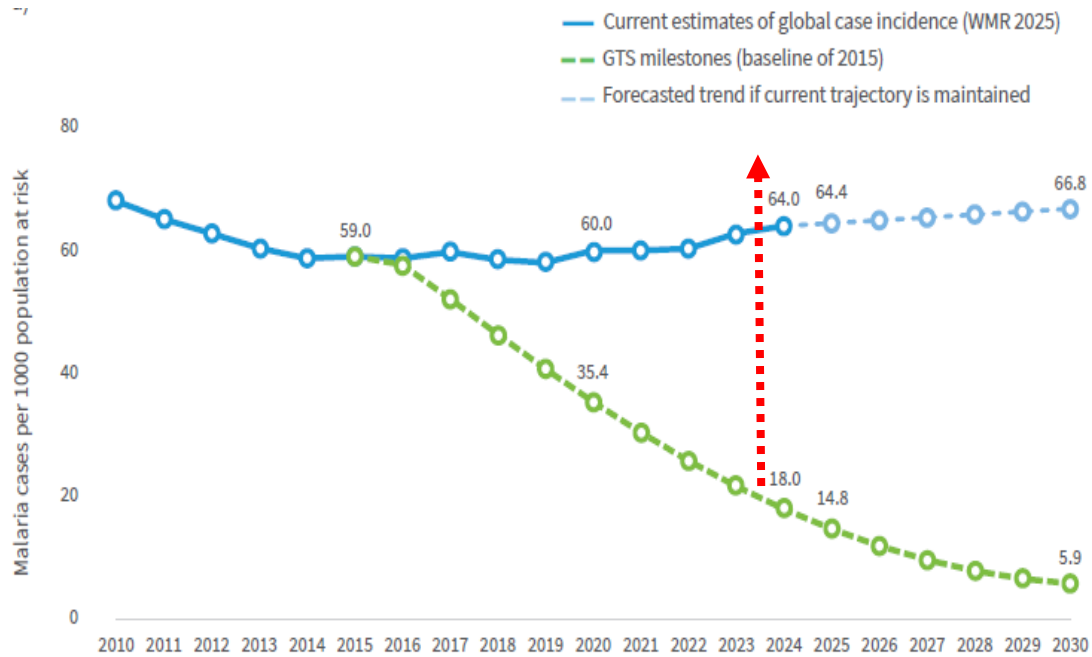
# Cumulative number of a) malaria cases and b) malaria deaths averted globally, 2000–2024



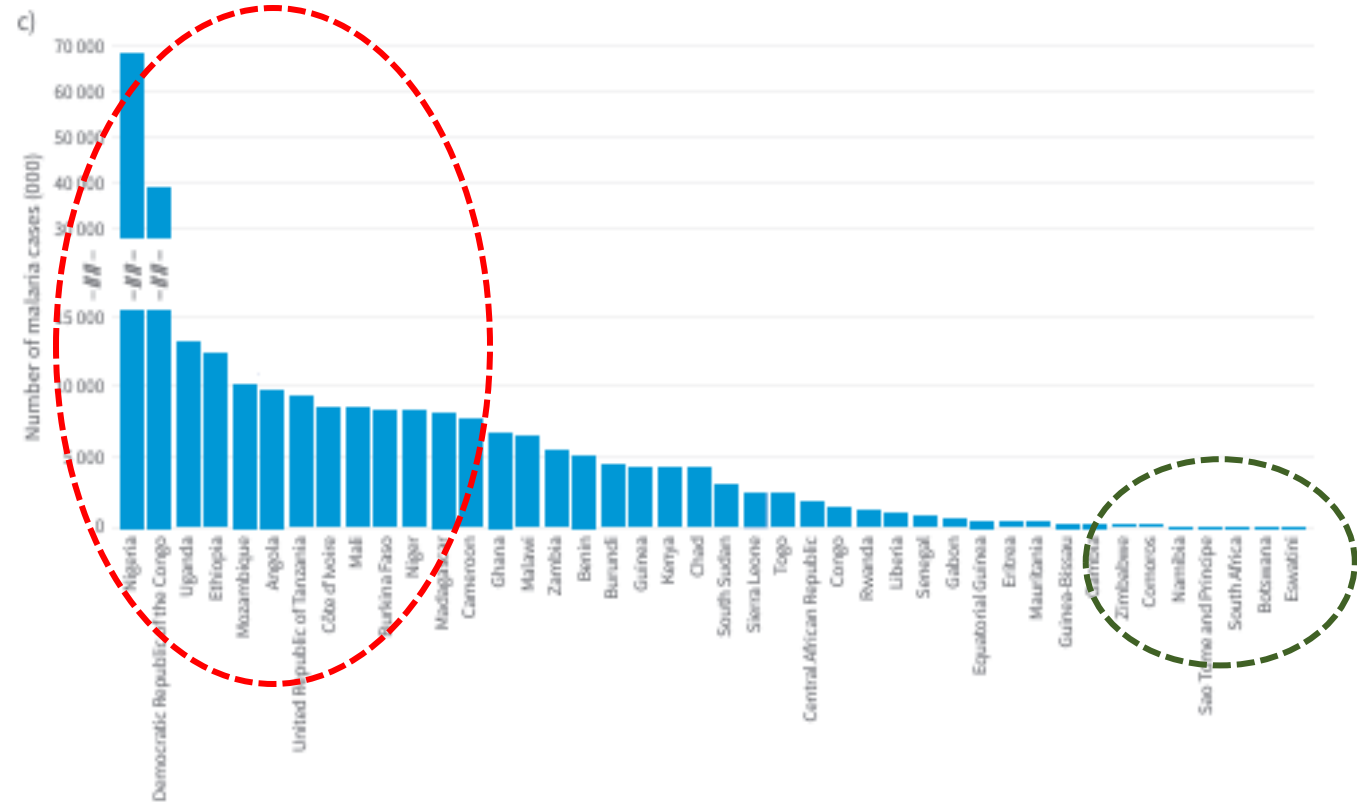
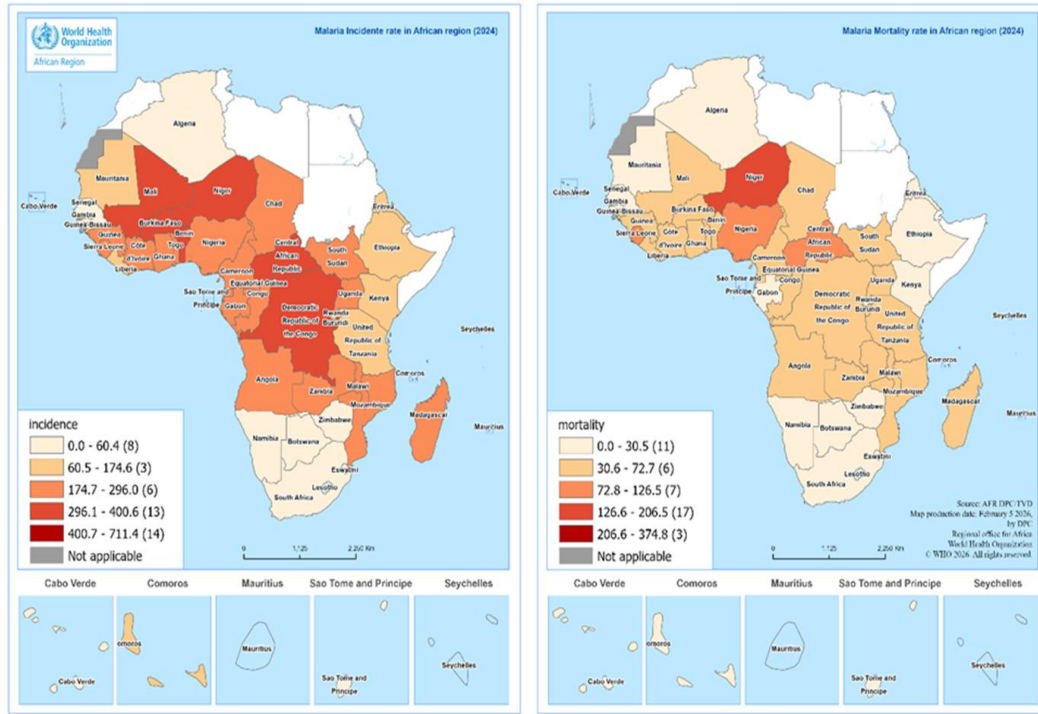
WHO: World Health Organization



## Comparison of global progress in malaria a) case incidence and b) mortality rate considering two scenarios: current trajectory maintained (blue) and GTS targets achieved (green)

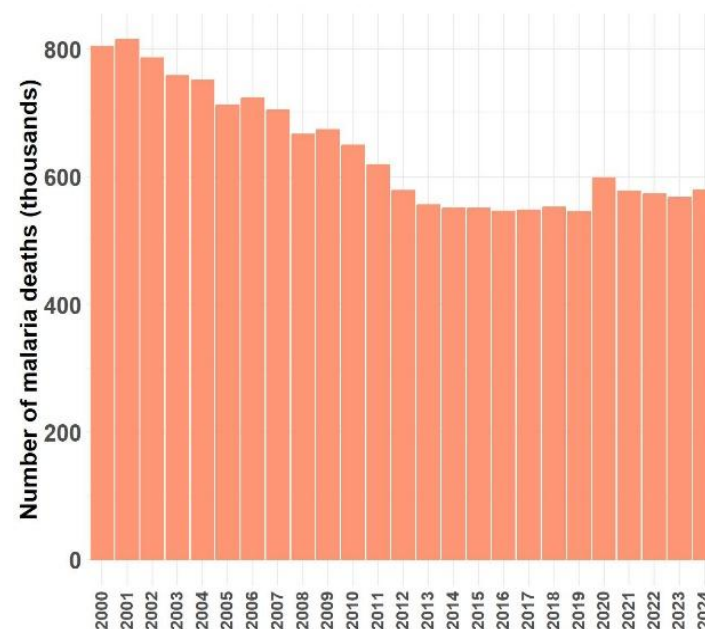
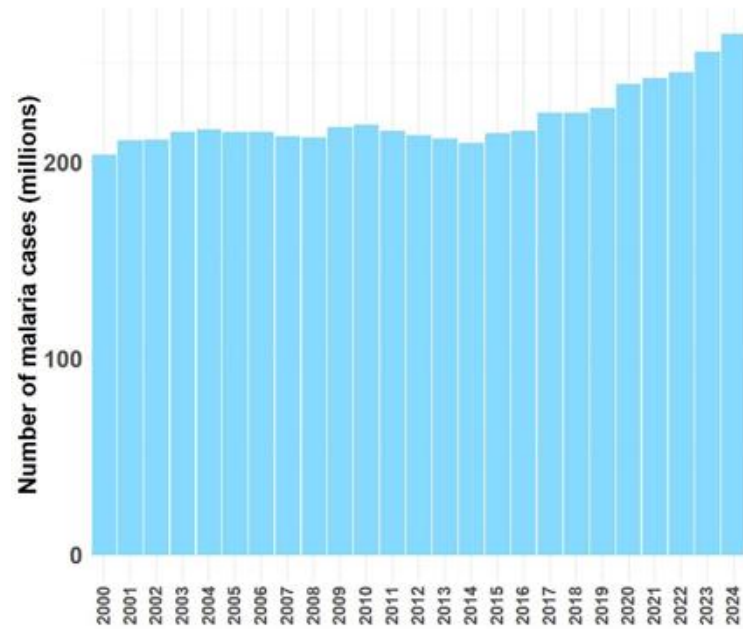


# Malaria Burden in the AFRO



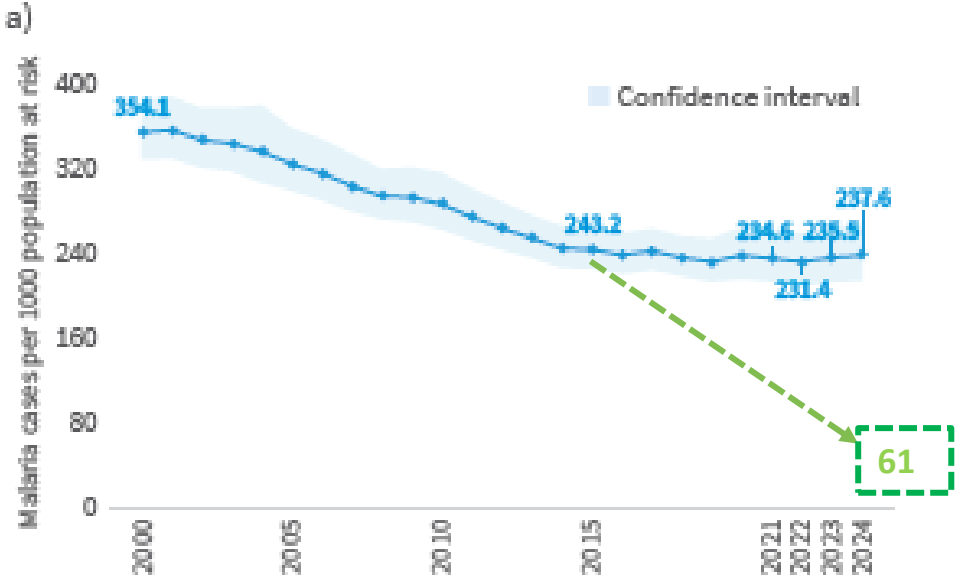
- **Estimated cases (2024):** 265 million
- **Estimated deaths (2024):** 579,000
- **Top burden countries** (69% of global cases and 72% of deaths): **Nigeria, Democratic Republic of the Congo, Uganda, Ethiopia, Mozambique, Angola, United Republic of Tanzania, Côte d'Ivoire, Mali, and Burkina Faso**

# Malaria cases per 1000 population and malaria deaths per 100,000 population in AFRICA

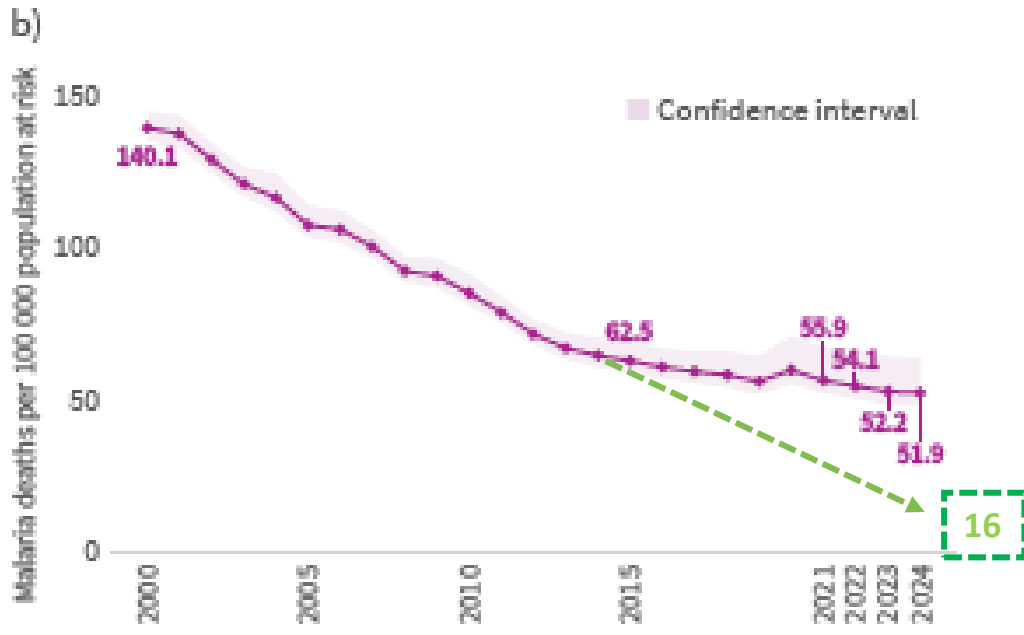


- Overall trends shows a steady increase in malaria cases since 2015 and stagnation in the death toll
- **Countries with > 25% reduction in incidence between 2015 – 2024:** Botswana, Equatorial Guinea, Eswatini, Gambia, Ghana, Guinea, Liberia, Rwanda, Senegal, **South Africa**, Togo and Zimbabwe
- **Countries with >25% decrease in malaria mortality:** Botswana, Burkina Faso, Cameroon, Eswatini, Ghana, Guinea, Mali, Mozambique, Senegal, Sierra Leone, **South Africa**, Togo and Zimbabwe.

# Trends in malaria case incidence and mortality rate in AFRO - 2000–2024

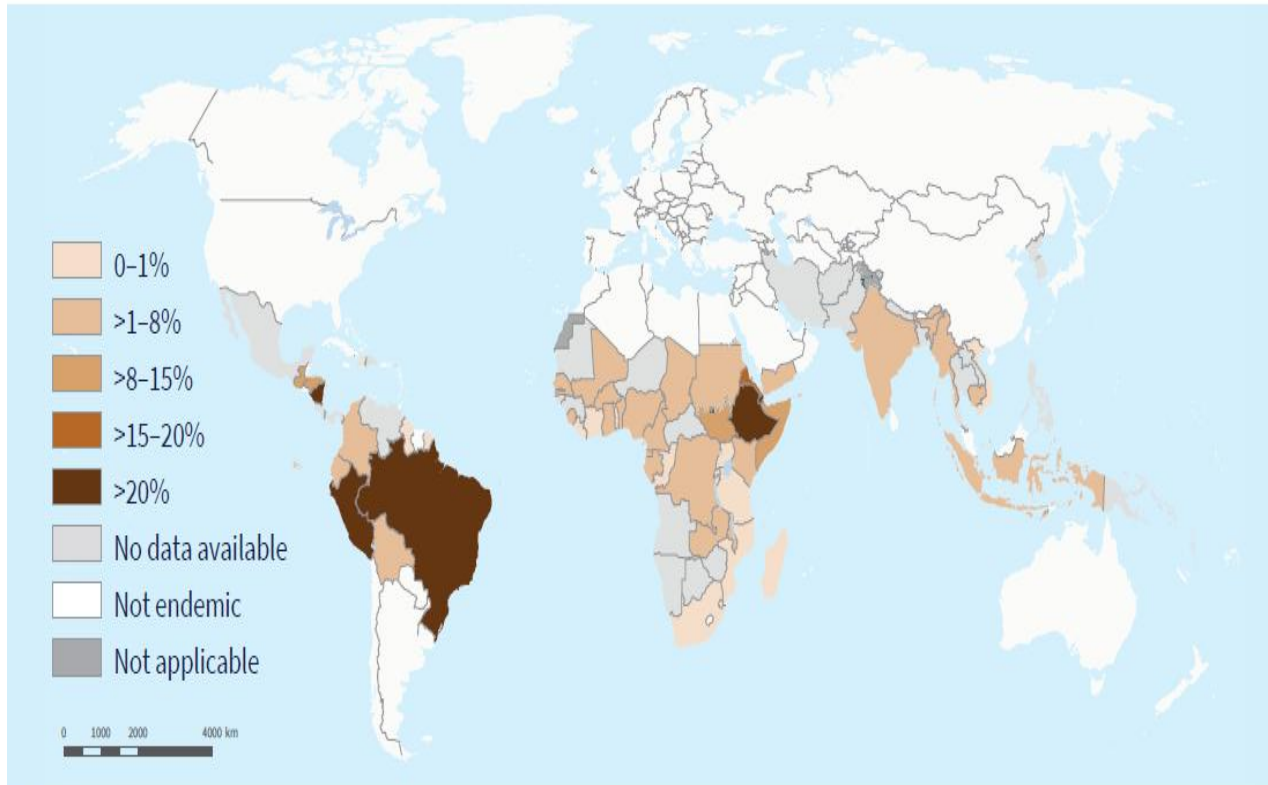


a) malaria case incidence (cases per 1000 population at risk)



b) mortality rate (deaths per 100 000 population at risk),

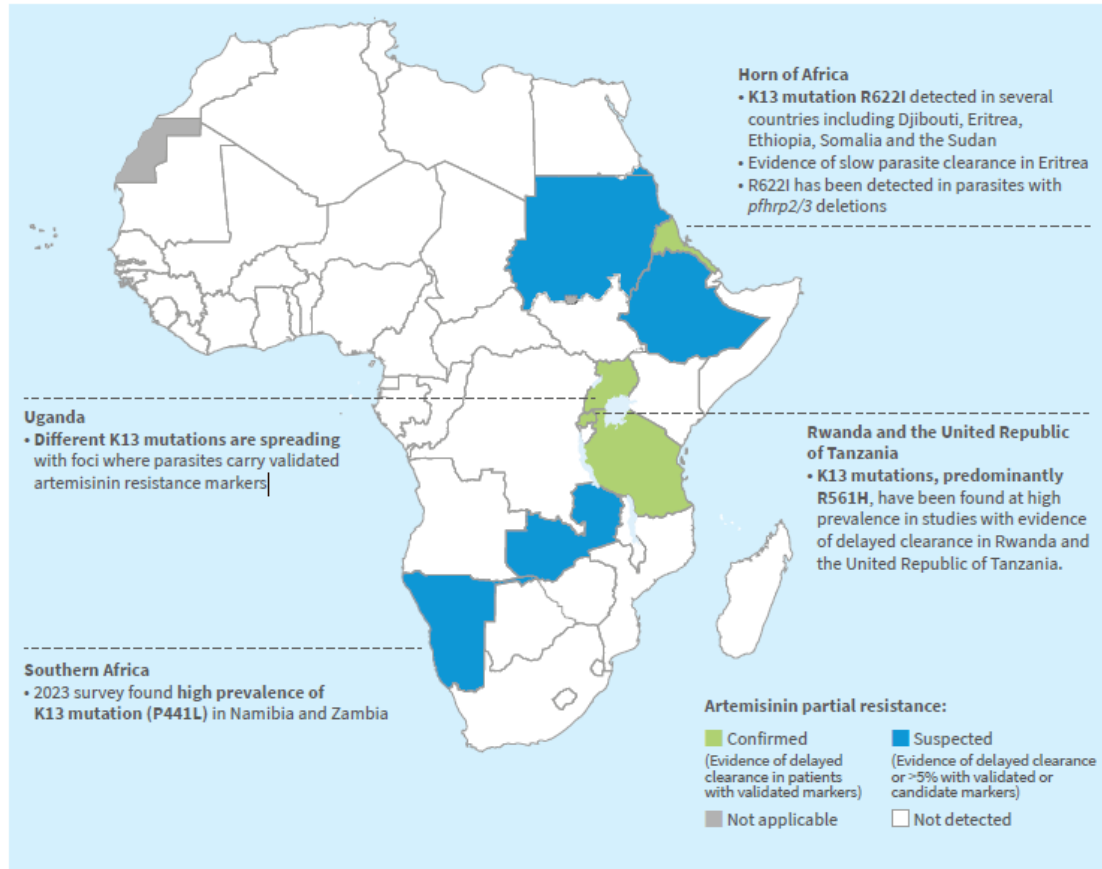
## Estimated prevalence of *pfhrp2* gene deletions, 1996-2024



*pfhrp2*: *Plasmodium falciparum* histidine-rich protein 2.

- ***Pfhrp2* gene deletions continue to spread, undermining malaria diagnosis**
- As of 2024, malaria parasites with *pfhrp2* gene deletions have been reported in 42 endemic countries.
- Viet Nam reported *pfhrp2* gene deletions for the first time in 2024.
- Although the prevalence of *pfhrp2* gene deletions is still low in most countries, it exceeds 15% in Brazil, Djibouti, Eritrea, Ethiopia, Nicaragua and Peru.
- WHO recommends switching to non-histidine-rich protein 2 RDTs in areas where the prevalence of deletions exceeds 5%.

# Map of artemisinin partial resistance in Africa



■ Antimalarial drug resistance stands among the greatest threats to sustaining progress towards malaria elimination.

■ Globally, emergence of resistance became a unifying threat that drove large-scale investment, coordinated surveillance, rapid data sharing and policy change.

■ In Africa, *P. falciparum* Kelch13 (*PfKelch13*) gene mutations associated with artemisinin partial resistance have emerged from multiple independent origins and are spreading.

■ Artemisinin partial resistance has been confirmed in Eritrea, Rwanda, Uganda and the United Republic of Tanzania, and suspected resistance has been reported in Ethiopia, Namibia, the Sudan and Zambia. In some high transmission settings, such as Uganda, more than half of parasites have been found to carry mutations associated with artemisinin partial resistance.

■ WHO recommends containing and delaying antimalarial drug resistance through universal use of effective artemisinin-based combination therapies (ACTs), routine therapeutic efficacy surveillance, rapid detection of resistance markers, ensuring quality-assured medicines and preventing monotherapy use

# According to the [World Malaria Report 2025](#), progress is at risk:

- **Biological challenges:**

- **Drug resistance:** Artemisinin partial resistance is confirmed in four African countries (Eritrea, Rwanda, Uganda, United Republic of Tanzania,) and spreading. This is a critical danger to the main treatments for malaria.
- **Insecticide resistance:** Resistance to pyrethroids (the main chemical on bed nets) is widespread, confirmed in 48 out of 53 reporting countries.
- **Diagnostic failure:** *pfhrp2* gene deletions, which can make rapid diagnostic tests fail, are spreading and now reported in 46 endemic countries.
- **Invasive mosquitoes:** *Anopheles stephensi*, an urban-dwelling, insecticide-resistant mosquito, is expanding its range in Africa, posing a new threat to cities.

- **Systemic challenges:**

- **A massive funding gap:** 2024 funding (US\$ 3.9 billion) was less than half of the US\$ 9.3 billion 2025 target. A projected shortfall of US\$ 5.4 billion leaves the response dangerously under-resourced.
- **Fragility of aid:** Recent cuts in global health aid have disrupted health systems, surveillance, and campaigns, demonstrating how quickly progress can be undone.

- **Humanitarian & environmental challenges:** Climate change, conflict, and humanitarian crises continue to drive malaria resurgence and disrupt essential services.



# Challenges in the SADC Region

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- **Epidemics and limited Preparedness:** several MS, including URT-Zanzibar, Namibia, Madagascar, Eswatini, Comoros, Botswana, and Angola, experienced epidemics.
- **Financing contraction: Declining domestic and external funding** has curtailed the scale of interventions. IRS was scaled down in Malawi, Tanzania, and Mozambique, the scale was limited in Angola, DRC, and Comoros while funding and capacity gaps caused delays and suboptimal coverage in Namibia and Botswana.
- **Service disruption:** Extreme weather and conflict (e.g., cyclone impacts in Malawi, Madagascar, Mozambique; conflict in DRC) disrupting delivery and surveillance.
- **Importation:** Ongoing transmission among unprotected mobile and migrant populations attributed to epidemics in South Africa and Eswatini.
- **Diminished efficacy of interventions:** Antimalarial Drug Resistance with AL efficacy less than 90% (e.g., DRC, Tanzania, Angola); shorter than cycle ITN durability (protection is less than 3 years) observed in Malawi and Zambia
- **Surveillance gaps:** data quality gaps observed across most Member States, including a scaling down of surveillance activities, for example, in Tanzania(Zanzibar).
- **Inadequate advocacy:** Malaria control remains a program-level issue rather than a national priority.

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## Bright Spots *(Accelerated interventions)*

Despite the challenges, several interventions are being successfully scaled up and showing impact:

- **New-Generation nets:** In 2024, 84% of nets shipped to Africa were the more effective PBO or dual active ingredient nets, up from just 10% in 2019.
- **Vaccines:** A major breakthrough. To date, vaccines are rolling out in 25 countries, protecting millions of children.
- **Chemoprevention:** Seasonal malaria chemoprevention (SMC) now reaches 54 million children. Perennial malaria chemoprevention (PMC) is also expanding.
- **Improved treatment of children:** More febrile children are being diagnosed and treated with effective medicines (ACTs) than in the past.

# To make a malaria-free future a reality, we must:

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- **Sustain & scale funding, with efficiency:** Commit to sustained, diversified financing—both international and domestic. Prioritize high-impact, data-driven interventions and deliver optimized responses that maximize value and minimize waste. Funding is what gets new vaccines, treatments, and tools out of labs and into the communities that need them most.
- **Champion country leadership:** Support nationally-led programmes that are driving change and tailor interventions to local needs for maximum impact. Strong national ownership is the foundation of an efficient and sustainable response.
- **Ensure consistent partner support:** Progress depends on predictable, aligned, and consistent support from all partners. Sustainable gains are built not on sporadic commitments, but on reliable collaboration that allows countries to plan and implement for the long term.
- **Accelerate innovation:** Continue to invest in research and development for new generations of tools, including those to beat insecticide, diagnostic and drug resistance.
- **Empower communities:** Engage and resource communities as protagonists in their own health, everyone has a role to play.
  - **With the tools and resources available today, no one should die from malaria.**

## Key Lessons

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- **Timeliness of intervention:** Vector control interventions (IRS, ITNs) achieve optimal results only when implemented before peak transmission; delays drastically reduce effectiveness.
- **Strong surveillance:** Robust data systems, early warning, and timely epidemic detection are essential to prevent small outbreaks from escalating, particularly in elimination and low-transmission settings.
- **Sustained financing:** Reliance on external funding creates vulnerability; consistent domestic financing and efficient resource allocation are vital for maintaining coverage and preparedness.
- **Cross-border and community collaboration:** Regional coordination platforms (e.g., MOSASWA) and community-level engagement strengthen cross-border surveillance, case management, and accountability for elimination.
- **Adaptation to emerging threats:** Insecticide and drug resistance, climate change, and urban vectors like *An. stephensi* require adaptive, evidence-based strategies, diversification of vector control tools, and integrated environmental management approaches.
- **Opportunities for malaria from the G20 Declaration and SADC platform**

# Latest report and WHO guidance

## Publications

All →



19 July 2021

**Global technical strategy for malaria 2016-2030, 2021 update**

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12 March 2026

**Malaria surveillance assessment toolkit: implementation reference guide, 2nd ed.**

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25 February 2026

**Malaria case management Plasmodium vivax malaria A tool guide**

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19 February 2026

**WHO Malaria Policy Advisory Group: meeting report, 14-16 October 2025**

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23 April 2024

**Global Malaria Programme operational strategy 2024-2030**

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15 February 2026

**WHO malaria terminology 2025, Third edition**

[Download](#) [Read More](#)



4 December 2025

**World malaria report 2025**

[Download](#) [Read More](#)



14 November 2025

**Paediatric drug optimization for malaria: meeting report, 24-26 June 2025**

[Download](#) [Read More](#)

<https://www.who.int/campaigns/world-malaria-day/2026>

<https://www.who.int/teams/global-malaria-programme/guidelines-for-malaria>

- World malaria report 2025
- WHO recommends spatial emanators for malaria vector control and prequalifies first two products
- Paediatric drug optimization for malaria: meeting report, 24-26 June 2025
- Technical consultation to review the ACTwatch Lite survey methodology
- Subnational tailoring of malaria strategies and interventions
- Malaria surveillance, monitoring and evaluation: a reference manual
- WHO guidelines for malaria August 2025
- Malaria control in emergencies: field manual



**I'VE SEEN  
IT WORK.  
CHILDREN  
SURVIVE.  
NOW WE CAN.  
NOW WE MUST.**



**OUR FUTURE. MALARIA FREE.  
NOW WE CAN. NOW WE MUST.**



**PROTECT LIVES NOW.  
NOW WE CAN.  
NOW WE MUST.**



**MY FUTURE.  
MALARIA FREE.  
NOW WE CAN.  
NOW WE MUST.**



**INNOVATE TO  
ELIMINATE.  
NOW WE CAN.  
NOW WE MUST.**



# INFOGRAPHICS



**THIS IS OUR MOMENT.  
NOW WE CAN. NOW WE MUST.**



**THE RISK OF  
RESURGENCE IS REAL.  
NOW WE CAN.  
NOW WE MUST.**



**INNOVATE TO ELIMINATE.  
NOW WE CAN. NOW WE MUST.**



**GRASP THE  
MOMENT.  
NOW WE CAN.  
NOW WE MUST.**



**OUR FUTURE.  
MALARIA FREE.  
NOW WE CAN.  
NOW WE MUST.**



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# Thank you

1

Malaria can be prevented

2

Malaria can be treated

3

Malaria can be cured