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Background documentation for Day 1

This file contains the slides that were shown by the presenters during Day 1 of the meeting as well the background documentation shared with MPAG members ahead of the meeting.

Tuesday, 8 April 2025			
	Session 1	**Open**	
13:00 – 13:10	Welcome by the Chairperson, MPAG	Professor Dyann Wirth MPAG Chairperson	**for information**
13:10 – 13:15	Opening remarks	Dr Jérôme Salomon Assistant Director-General UCN	
13:15 – 13:45	Report from the Director, GMP	Dr Daniel Ngamije M. Director, Global Malaria Programme	
	Session 2	**Open**	
13:45 – 14:15	Responding to changes in global malaria resourcing and architecture – Presentation	Dr Michael Charles, Chief Executive Officer, RBM Partnership (introduction) Dr Dorothy Achu, Regional Malaria Advisor, WHO AFRO Tropical and Vector borne Diseases (presentation)	
	Session 3	**Open**	
14:15 – 15:00	Subnational tailoring of malaria interventions and strategies manual status update – Presentation	Dr Arnaud Le Menach Unit Head, Strategic Information for Response, Global Malaria Programme	
	Session 4	**Open**	
15:30 – 16:00	Equity, gender equality and human rights in reducing malaria – Presentation	Ms Mwalenga Nghipumbwa, Technical Officer, Strategic Information for Response, Global Malaria Programme	

Report from the WHO Global Malaria Programme

Malaria Policy Advisory Group
Geneva, Switzerland - virtual

8-10 April 2025

Dr Daniel Ngamije, Director

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Overview

1. World Malaria Report 2024
2. US funding withdrawal
3. Big Push
4. Technical updates
5. Upcoming

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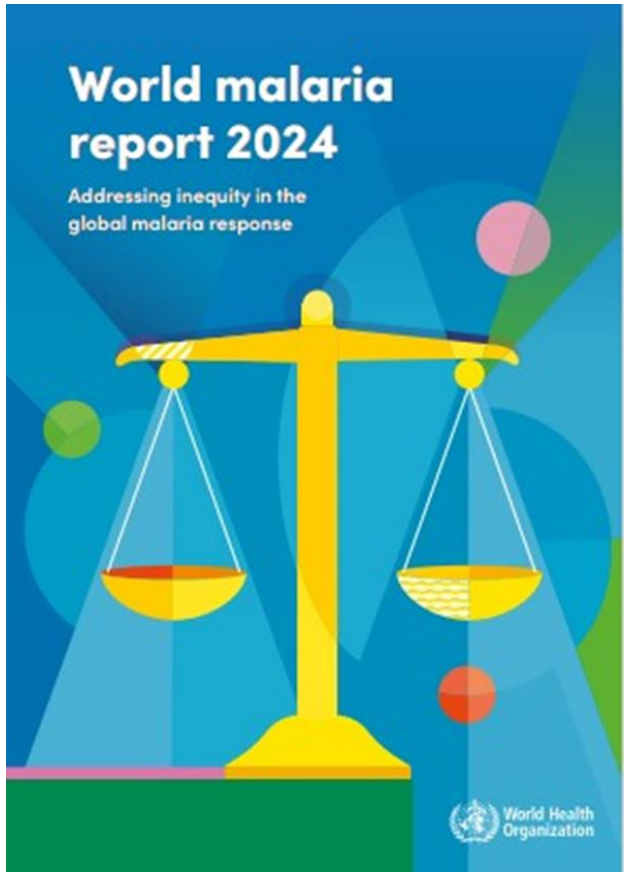
1a. World malaria report 2024

- Report spotlights **encouraging data and trends**:
  - More than **177M** cases and **1M** deaths **averted in 2023**
  - Of 83 endemic countries, **25 reported fewer than 10 cases**
  - Some higher burden countries also making strong inroads **(Liberia, Rwanda, India**)

- But malaria remains a **significant public health challenge:**
  - **263M** new cases and **597K** deaths in 2023
  - **11M more cases** in 2023 vs 2022, with large increases in Ethiopia (+4.5 million), Madagascar (+2.7 million), Pakistan (+ 1.6 million), Nigeria (+1.4 million) and DRC (+600 000).
  - African Region remains hardest hit (**94% cases, 95% deaths)**



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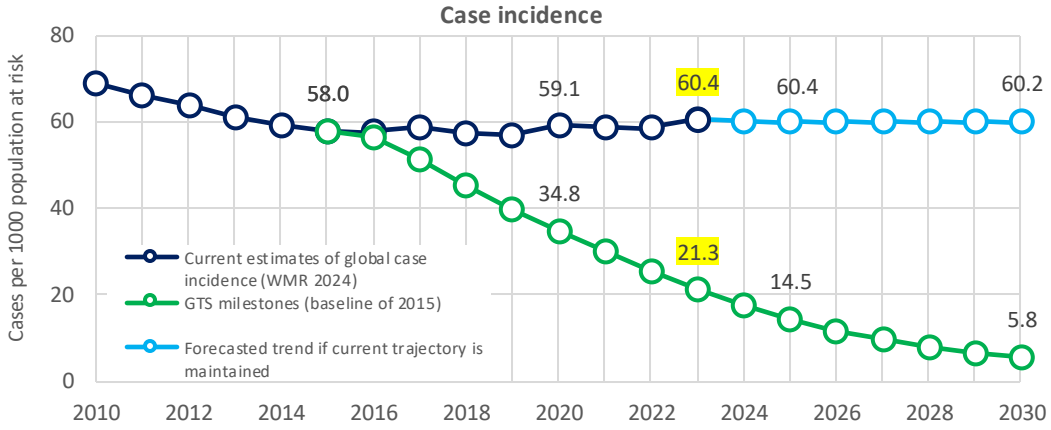
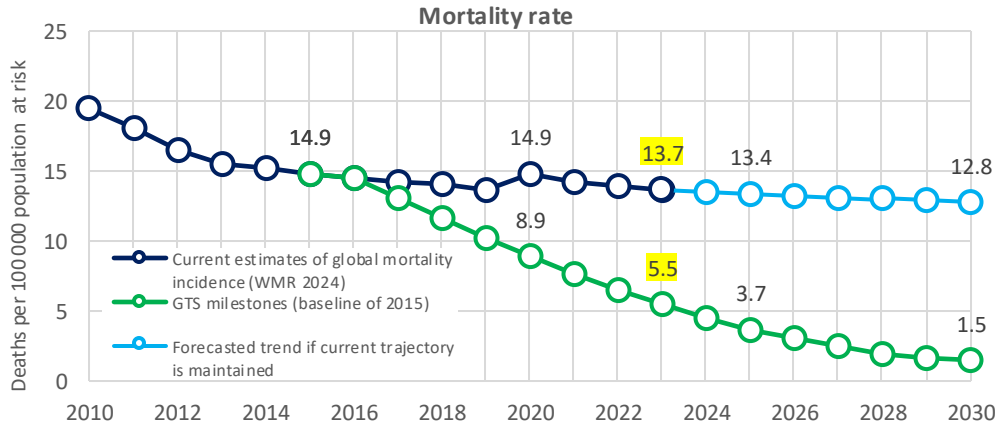
1b. WMR 2024: global progress off track

- **Progress towards the 2030 targets of WHO's Global Technical Strategy (GTS) remains off track:**
  - 2023 incidence rate: **60.4** cases per 1000 at risk against a target of **21.3**
  - 2023 mortality rate: **13.7** deaths per 100 000 at risk against a target of **5.5**
- **Call to action:**
  1. Meeting global targets will require **accelerated action in high burden countries** => Yaoundé Declaration
  2. Endemic countries must be supported by an effective ecosystem of global partners => Big Push





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1c. WMR 2024: Special chapter on gender equality, human rights and health equity

- Chapter emphasizes the **need for equity-focused action to bridge gaps in malaria prevention and care**
- Key messages:
  - Various intersecting factors (biological, geographical, social, economic, structural) heighten vulnerability to malaria and compound an individual's risk of the disease and its consequences.
  - To address these overlapping vulnerabilities, WHO is calling for **data-driven policies and actions that are gender-responsive, equity-oriented and grounded in human rights.**

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2a. Disruptions arising from recent US decisions

01

The U.S. Government was **central to the achievement** of many health outcomes.

02

Many agencies and countries were **highly dependent on U.S.** Government funding.

03

Recent decisions in the US have led to disruptions, that have **impacted health systems, services and commodities.**

04

Countries are **responding to mitigate the impact**

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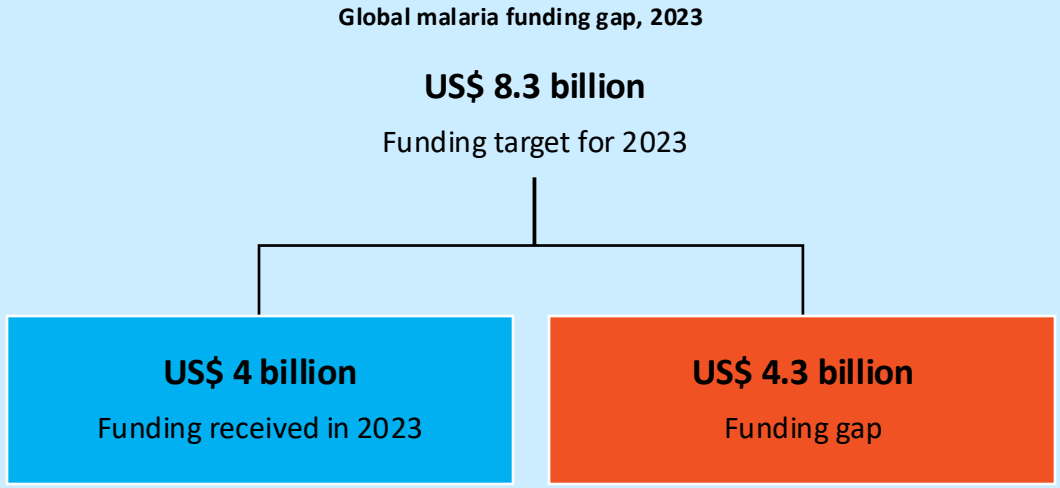
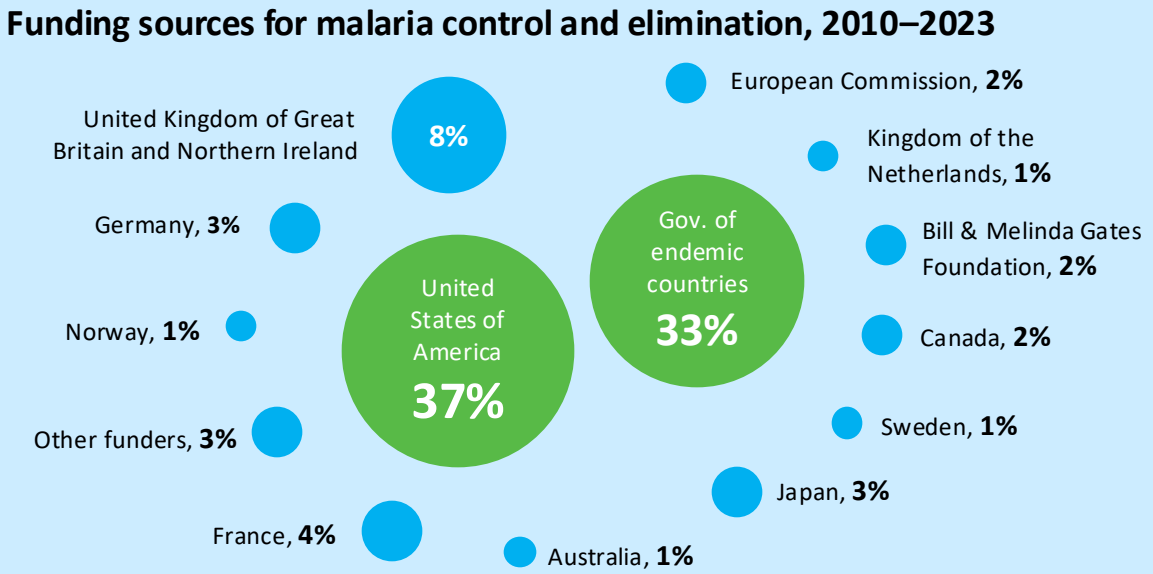
2b. US has been a major funder of the global malaria response

- In 2023, a total of **US$ 4B** was invested globally in the malaria response against a target of **$8.3B**.
- From 2010 to 2023, **67% of malaria funding** came from international sources, with the **US contributing 37%.**





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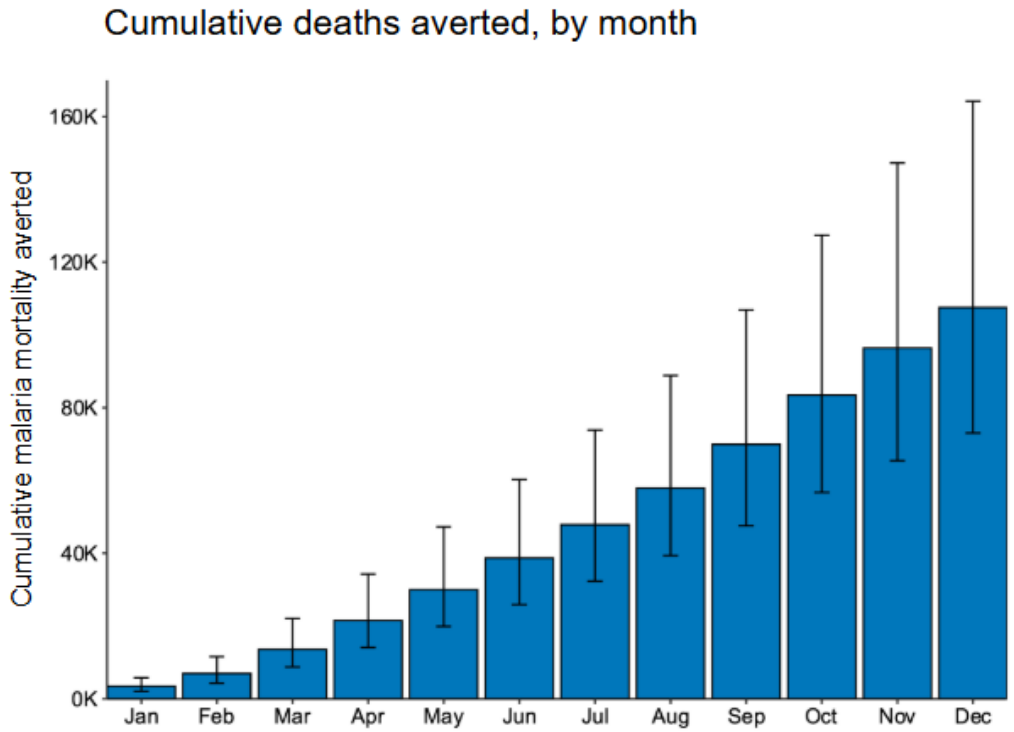
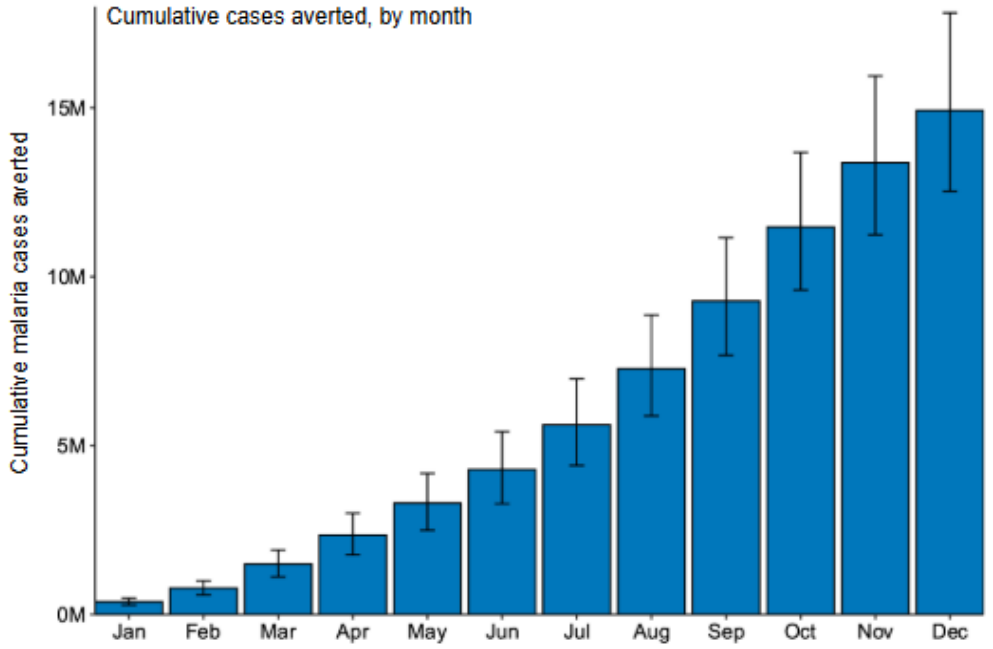
2c. Impact of disruptions on malaria burden in Africa in 2025

Two scenarios were simulated for 2025:

- The "**business-as-usual**" scenario assumes that PMI-funded **commodities and technical assistance** continue as planned.
- The "**no-PMI**" scenario reflects a situation where PMI funding and support are disrupted or absent.

Under the **"no-PMI"** scenario, continued disruptions across **27 PMI-supported African countries** could lead to an estimated **14.9M additional malaria cases** and **107K additional deaths** by the end of 2025, compared to the "**business-as-usual**" baseline.





map malaria atlas project

3a. Big Push

- In 2024, GMP contributed with critical insights to the development of the **Big Push**, a multi-stakeholder effort aimed at **reinvigorating global malaria control**.
- The **Big Push becomes even more important with uncertainties of global malaria financing**:
  - aligning support from global malaria partners with the specific needs of endemic countries
  - improving the efficiency and equity of malaria responses
  - strengthening primary health care
  - introducing new and affordable tools for the future
- **GMP's 2 key Big Push priority actions**:

  1. data-driven decision-making: SNT manual

  2. rapid introduction of new tools: *Guideline development and prequalification processes*

Priority actions of the "Big Push" framework

☑	Improve coordination between global, regional, and country partners;
☑	Uphold national leadership and accountability while advancing an inclusive, whole-of-society approach;
☑	Strengthen data systems and enable data-driven decision-making;
☑	Increase the accessibility, acceptability and quality of existing interventions;
☑	Develop and prepare for the rapid introduction of new, transformational tools;
☑	Increase funding for malaria, building on a new narrative.

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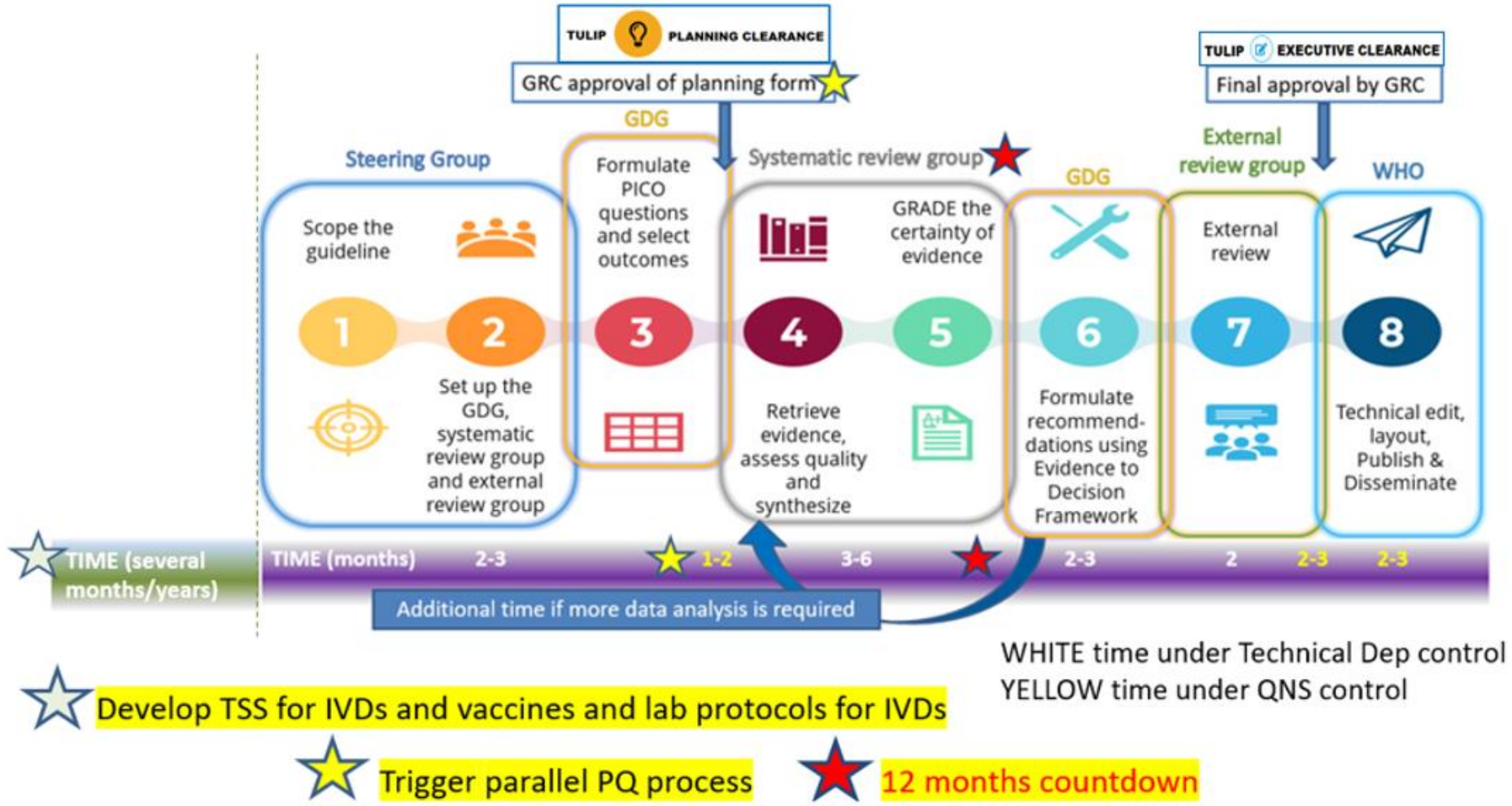
3b. WHO responding to Big Push priority action: rapid introduction of new tools



4. Technical updates

a. Vector control and insecticide resistance
b. Vaccines
c. Diagnostics, medicines & resistance
d. High burden to high impact
e. Elimination
f. Strategic information for response

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4a. Vector control and insecticide resistance

Progress since October 2024

- **Refinement of comparative efficacy process:**
  - GMP has ceased its requirement for comparative efficacy data as they are already part of the prequalification process.

- **VCAG:** The 21st meeting of the Vector Control Advisory Group (VCAG) was held on 21-25 October 2024.

- **GDG:** The Guidelines Development Group (GDG) met in Geneva, 2-4 December 2024.

Upcoming priorities

- **LSM operational manual:** The update to the 2013 Larval Source Management operational manual will be published in **Q2 2025.**

- **Guidelines:** The GDG will meet in 2025 to discuss further updates to the Consolidated guidelines for malaria.

- **VCAG:** The next VCAG meeting will be held in November 2025.

- **Insecticide resistance and other threats:** Continue monitoring of biological and other threats

- **Optimizing vector control efforts:** Effective allocation of funding, increased surveillance, targeting of interventions, and increased multi-sectoral response.

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4b. Vaccines

Progress since October 2024

- **7additional countries** supported to introduce malaria vaccine sub-nationally according to NMSP and national immunization plans (**18 total** introduced). **15 approved for scale-up.**
- **Updated malaria vaccine introduction guide and training** to include R21 and seasonal delivery options to increase uptake of malaria interventions and vaccines
- Continued coordination of partners through **Malaria Vaccine Coordination Team (MVCT)**
- Continued **monitoring of R21 priority post-licensure research** by WHO malaria research coordination team
- Published the **Global Research Agenda on Malaria Vaccine Implementation**
- Convened technical consultation on correlates of **protection for the evaluation of malaria** vaccines

Upcoming priorities

- Support **7 additional countries** to introduce malaria vaccine, considering strategies to leverage immunization and malaria activities to increase uptake of PMC, SMC, ITNs and vaccines
- Support **Mali as first country to implement malaria vaccine** using a **hybrid approach** for higher impact
- Publish **updated malaria vaccine introduction guide**, and incorporate into malaria guidelines
- Review **MVIP case control findings**, to understand whether malaria vaccines can be implemented using a **3-dose schedule in some context**. Prepare for full evidence review by SAGE and MPAG (**end 2025)**
- **Publish findings from MVIP during 46 months** of vaccine introduction and surveillance (manuscript under review) and first set of MVIP-related manuscripts as part of a "**collection**"
- Post document on **lessons learned from the MVIP regarding roles and responsibilities of the national immunization and malaria programmes**
- Convene technical consultations on **Phase 3 trial design for transmission blocking vaccines** and **Modelling to inform Preferred Product Characteristics**

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4c. Diagnostics, Medicines & Resistance

Progress since October 2024

Normative Work

- **Updated WHO malaria guidelines** on : vaccines, G6PD tests to guide tafenoquine and primaquine treatment
- Implementation guide on multiple first-line therapies(**MFT**)
- Updated response plan to *pf hrp2* gene deletions
- Updated protocols for surveillance of *pf hrp2* gene deletions

WHO Technical Consultations convened :

- Field manual for case management of *P. vivax*
- Review markers of artemisinin partial resistance
- Multiple model comparison of prioritised malaria interventions (Dec)

Other consultations

- Living guidelines planning workshop (SCI-GMP-FEF)
- RBM/GMP global consultation on coordination of antimalarial drug resistance surveillance and response in Africa

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Upcoming priorities

Normative Work

- Field guide for case management of *P. vivax* (Q2)
- Review of methods for detection and development of compendium of molecular markers of antimalarial drug resistance (Q3)
- Review of methods for assessing exposure to antimalarial drugs in clinical field studies (Q4)
- Updated WHO malaria guidelines on IPTp for HIV+ pregnant women, SLD primaquine and diagnosis of *P. knowlesi* (Q4)

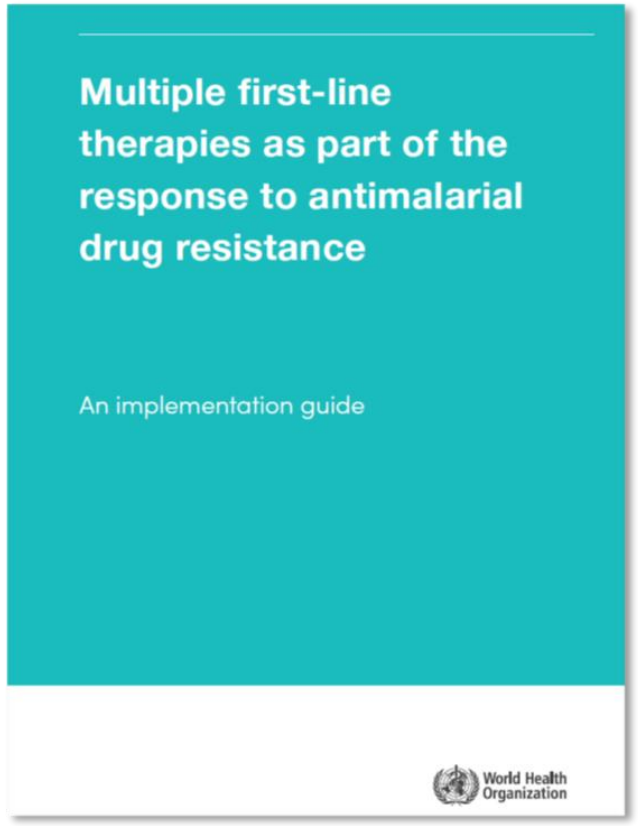
WHO Technical Consultations

- Multiple model comparison of prioritised Malaria interventions: mid-term review of progress (Q2)
- In collaboration with GMP/SIR: Private sector survey methodology based on collaboration with ACT Watch Lite led by PSI (Q2)
- Review WHO protocols for monitoring therapeutic efficacy of antimalarial medicines (Q4)

Other priorities

- Implementation of the EQA scheme for PfKelch 13 mutations (Q2)
- Finalise living guidelines collaborative project (SCI-GMP-FEF)

4c. MFTs implementation guide



A guide to support adoption and implementation of MFT, published in Nov 2024

https://www.who.int/publications/i/item/9789240103603

WHO follow-on support :

- Support to early use countries in **planning, deploying, and evaluating the implementation**, and document lessons.

- (Resource Mobilization through Unitaid STOP-AMDR Grant)

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4c. Planned MFT deployment in five African countries

Country	Deployment Strategy	Timeline	Antimalarial Drugs	Preparation needed for MFT deployment
Nigeria	• Pilot in two regions (south and north Nigeria, the latter combined with seasonal malaria chemoprevention) • Engages both private and public sector	Unspecified	• AL • DHA-PPQ • ASPY • AS-AQ	• Training healthcare workers to improve malaria case management • Activities to change social norms and behavior to ensure adherence • Continued TES and molecular surveillance for all four drugs
Rwanda	• Annual rotation in six pilot districts, covering all provinces • Engages both private and public sector	**2024-2025**	• AL • DHA-PPQ • ASPY	• Revising national treatment guidelines • Finalizing plan for integrated surveillance • Reviewing procurement plans • Providing cascaded training before each rotation
Sudan	• To be determined	Unspecified	• To be determined	• Addressing supply chain constraints and improving logistics infrastructure • Enhancing adherence to treatment guidelines through education campaigns • Prioritization and reallocation of resources
Uganda	• Potentially rotation approach	Unspecified	• To be determined	• Enhancing adherence of private sector to guidelines • Revising TES protocols for efficacy monitoring
Tanzania	• To be determined	Unspecified	• AL • AS-AQ • ASPY (pending registration)	• Implementation scope (national or subnational level) remains to be defined

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Source: "Multiple first-line therapies as part of the response to antimalarial drug resistance" by WHO (2024)

4d. High burden to high impact (HBHI)

Progress since October 2024

- **Finalization of the Field manual on malaria control in emergencies settings**
- **Piloting of malaria mortality mapping of driving factors in Ghana :**findings are currently under review by MPAG members
- **Support HBHI countries (existing and expanding)**
  - National dialogue on Yaoundé Declaration
- **Engaging the second wave of HBHI countries** (Angola ,Ivory Coast and South Sudan)
- **China-Africa cooperation on malaria control**
  - Completed the 1,7 mRCTR project funded by UNPDF
  - Proposal writing for new grants **(Burkina Faso)**

Upcoming priorities

- **Launch and dissemination** of the field manual on malaria control in emergencies settings **(Q2)**
- **Malaria mortality mapping** : Develop SOP based on the piloting (Ghana) and replicate the mapping in :
  - Uganda
  - Nigeria
  - Burkina Faso
  - Other, HBHI countries depending on resources
- Support countries on MPR, NSP
  - Uganda, South Sudan
- Support the next wave of HBHI countries
  - South Sudan
  - Angola
  - Côte d'Ivoire
- China-Africa Cooperation on malaria control
  - More proposals for other HBHI countries

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4d. High burden to high impact (HBHI)

Finalization of the "Field manual on malaria control in emergencies" :

- Incorporate latest WHO malaria guidelines
- Enhance usability for field workers and decision-makers
- Integrate emerging vector control and treatment tools
- Adapt for digital accessibility and user-friendly formats

Chapters

1. Malaria epidemiology & control in emergencies
2. Coordination
3. Diagnostics & case management
4. Chemoprevention
5. Vector control
6. Risk communication & community engagement
7. Operational research
8. Surveillance, monitoring & evaluation

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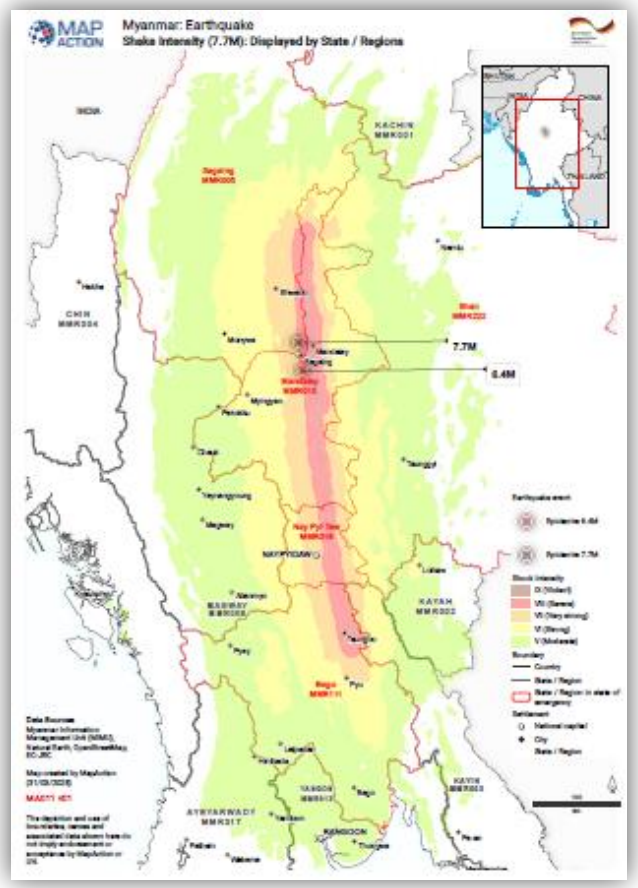
4d. Humanitarian emergency in Myanmar

- Malaria burden is highest along borders with Thailand, China, India and Bangladesh, with over **200,000 cases reported in 2023 alone.**
- Progress made prior to coup has been derailed, with up to two-thirds of the health system **now partially or fully non-functional**.
- **On 28 March 2025, two powerful earthquakes** in Myanmar's Sagaing Region further disrupted malaria responses across **8 states**. As of 6 April:
  - **3400+** dead, **4500+** injured
  - **300+** people missing nationwide
  - **3 hospitals destroyed, 22 partially damaged**
- **Risks:** limited/no access to prevention, diagnostic and treatment commodities and services is likely to affect at-risk populations in rural areas. ITN use may be impaired by lack of appropriate housing/structures.
- This crisis unfolds in a **fragile humanitarian context** marked by widespread displacement, a weakened health system and **disease outbreaks – requiring urgent attention.**



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4e. Elimination

Progress since October 2024

Certification

- Certification of **Egypt (October 2024**) and **Georgia (January 2025**)
- **Official request** to initiate certification process received from **Suriname (November 2024)**
- 8th TAG-MEC meeting, 3-4 December 2024, Copenhagen, Denmark

Zoonotic malaria

- Technical consultation on the control of zoonotic malaria, 5-7 November 2024, Geneva, Switzerland
- **TAG-MEC subgroup on zoonotic malaria:** meetings on requirements and procedures for certification in countries with zoonotic malaria

Other priorities

- Launch on Malaria elimination course on WHO Academy platform in four languages (December 2024)

Upcoming priorities

Certification

- **Final certification missions** to Suriname (07-16 April) and Timor-Leste (28 April – 07 May 2025)
- Continue supporting **Türkiye's** efforts to prepare for certification
- 9th TAG-MEC meeting (June 2025)
- Initiating preparations for certification of European region as malaria-free

Normative Work

- Finalizing and publishing the **Global Guidance on prevention of re-establishment** of malaria transmission (Q3)
- Finalizing and publishing **the Framework for malaria elimination(Q3)**

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4f. Strategic information for impact

Progress since October 2024

- **Malaria trends and emerging threats monitored**
  - WMR 2024 published, and preparation for 2025 WMR (simplification of data collection forms)
  - Update to Malaria Threat Maps (MTM) with **new data added on insecticide resistance, *Pfhrp23* deletions, antimalarial therapeutic efficacy**
- **Surveillance systems and capacity strengthening**
  - Continued digitization of surveillance assessment toolkit
  - SMC module for DHIS2 finalized
  - Capacity building through WHO academy - Harnessing the Power of Routine Facility Data: Malaria, and surveillance workshop in Rwanda in Dec. 2024 (expertise France)
- **Policies formulation**
  - **SME reference manual** edited
  - **Malaria repository guidance** revised collaboratively with PATH, CHAI and Bluesquare
  - **SNT Reference manual** went through 2 rounds of reviews
- **Key convenings**
  - Regional and Global **Data Harmonization** Nov. 2024
  - Malaria **National Data Repository** March 2025

Upcoming priorities

- **Surveillance systems and capacity strengthening**
  - Rapid version of the surveillance assessments launched, along with implementation reference manual
- **Policies formulation**
  - **To be published soon**: SME reference manual, Malaria repository guidance manual and SNT Reference manual
  - Finalize a table of epidemiological indicators with partners
  - Updated Health Facility Data manual
- **Malaria trends and emerging threats monitored**
  - Formulation of the 2025 WMR: launch of the data collection forms, ongoing data validation and review, and analysis, Formulation of chapters and production
  - 2025 WMR special chapter: AMDR
  - Malaria Threat Maps (MTM): data updates and application for maintenance

5. Upcoming

a. GMP annual report
b. World Malaria Day 2025
c. New guidance expected in 2025
d. Malaria & climate change
e. Living guidelines

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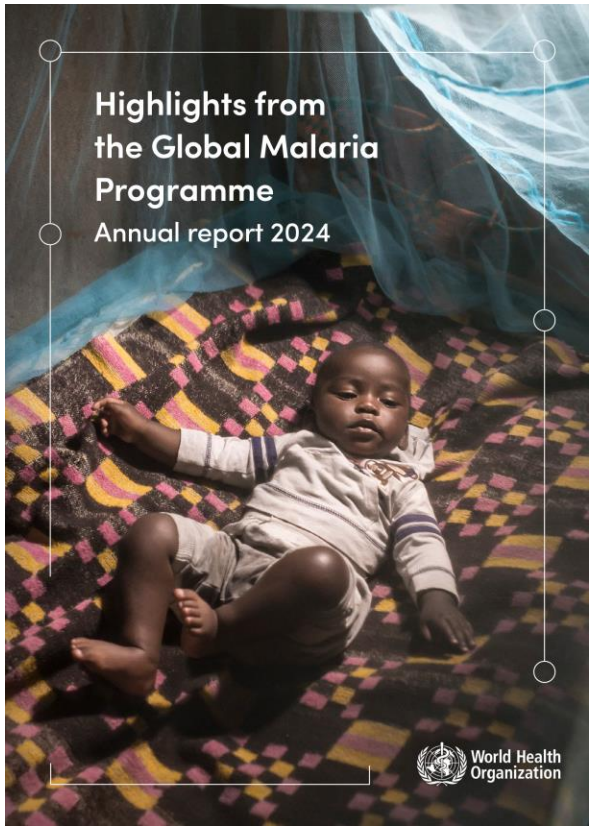
5a. GMP Annual Report 2024

- **Why?** A tool for **advocacy and accountability**:
  - Highlights GMP's specific role in the malaria landscape and key achievements in 2024
  - Outlines progress in implementing the GMP operational strategy across 4 core pillars: **technical leadership**; **norms and standards**; **new tools and innovation**; and **strategic information for impact**.

- **2024 highlights** include:
  - Malaria Ministerial Conference and Yaoundé Declaration
  - 2 malaria-free certifications: Cabo Verde, Egypt
  - Guiding principles to help countries prioritize interventions
  - Updated guidance for countries tackling antimalarial drug resistance and *pfhrp2* gene deletions
  - Updated version of consolidated *WHO guidelines for malaria*
  - World Malaria Report 2024 – spotlight on equity



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5b. World Malaria Day 2025

Theme: Malaria Ends With Us: Reinvest, Reimagine, Reignite

Campaign centered around **3 pillars**:

Reinvest: Urging **increased domestic resource mobilization** in malaria-affected countries coupled with the full replenishments of the Global Fund and Gavi in 2025.

Reimagine: Highlighting **the role of innovation** in addressing current threats and accelerating progress in global malaria control.

Reignite: Calling for **renewed political commitment**, community engagement and collective action to sustain momentum.

Resources: joint messaging (WHO/RBM) + campaign website, press release, social media tiles, video message from WHO DG.

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5c. New guidance expected in 2025

Q2 2025

- 2nd edition of Malaria surveillance, monitoring & evaluation reference manual **(SME)**
- Global guidance on prevention of re-establishment of malaria transmission
- Field guide for the case management of *P. vivax* malaria
- Guidance on establishing a National Malaria Data Repository
- New edition of the handbook on malaria control in humanitarian emergencies
- New edition of the larval source management operational manual
- Tailoring of malaria interventions, strategies and actions sub-nationally: a reference manual

Q3 2025

- 2nd edition of the Framework for malaria elimination
- Guidance for malaria programme managers on analysis and use of health facility data

Q4 2025

- Preparing for certification of malaria elimination, 3rd edition

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5d. Malaria & climate change

- 2023: World Malaria Report – thematic chapter on the malaria-climate nexus
- 2024: Scoping review – climate change, malaria and NTDs
- 2025: Under development : WHO- Vulnerability and adaptation guidance on malaria, vector-borne diseases and climate change, to be used in conjunction with the main WHO vulnerability & adaptation guidance.

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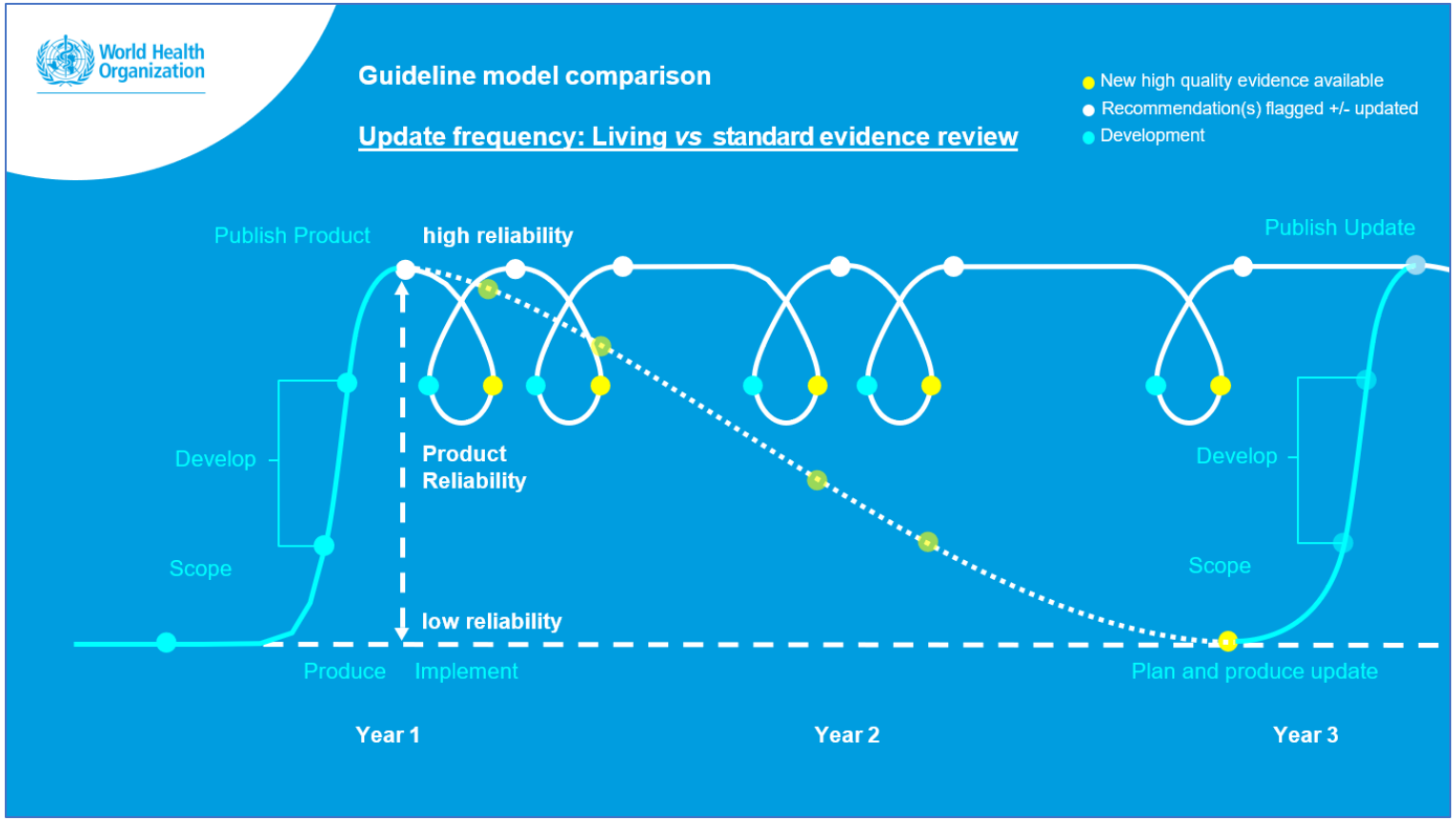
5e. Living guidelines

- Following a Jan 2025 workshop, **WHO SCI Division**, **GMP** and the **Future Evidence Foundation** are developing a **pilot initiative .**
- **Objective : Enable more frequent evidence reviews** for updating WHO conditional recommendations supported by **low or very low certainty evidence**.
- **Priority living recommendations:**
  - insecticide treated nets,
  - intermittent screening and treatment of malaria in pregnancy
  - tafenoquine/primaquine



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Thank you

For more on the Malaria Policy Advisory Group, visit:
https://www.who.int/groups/malaria-policy-advisory-group

26th meeting of the Malaria Policy Advisory Group (MPAG)

Global Malaria Programme

World Health Organization

Responding to changes in global malaria resourcing and architecture

Dr Dorothy Achu, Regional Malaria Advisor,
WHO AFRO Tropical and Vector borne
Diseases

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Content

1. U.S. contribution to malaria
2. Consequence of USG disruptions on the health system
3. Consequences of USG disruptions on malaria interventions
4. Consequences of USG disruptions Impact on malaria
5. Response measures
6. Challenges
7. Recommendations

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1

USG contributions to malaria

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U.S. have been a major funder of the global malaria response

- In 2023, a total of **US$ 4B** was invested globally in the malaria response against a target of **$8.3B**.
- From 2010 to 2023, 67% of malaria funding came from international sources, with the **U.S. contributing 37%.**

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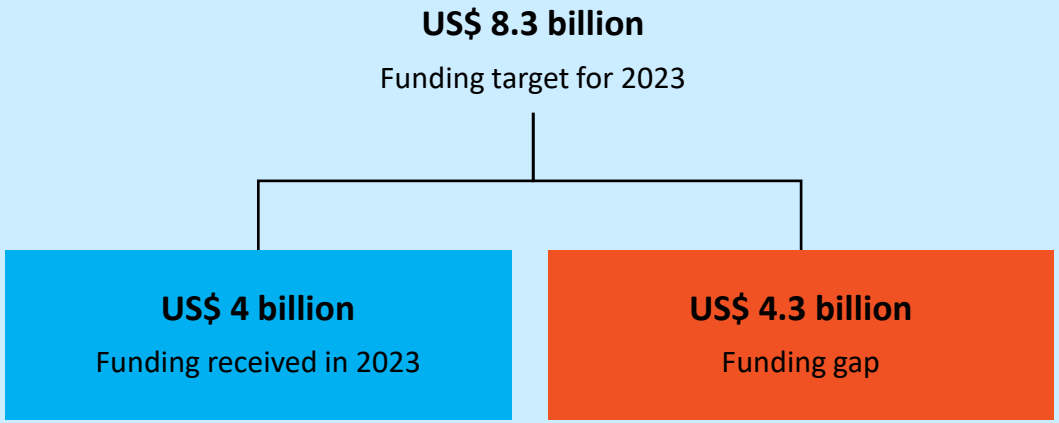
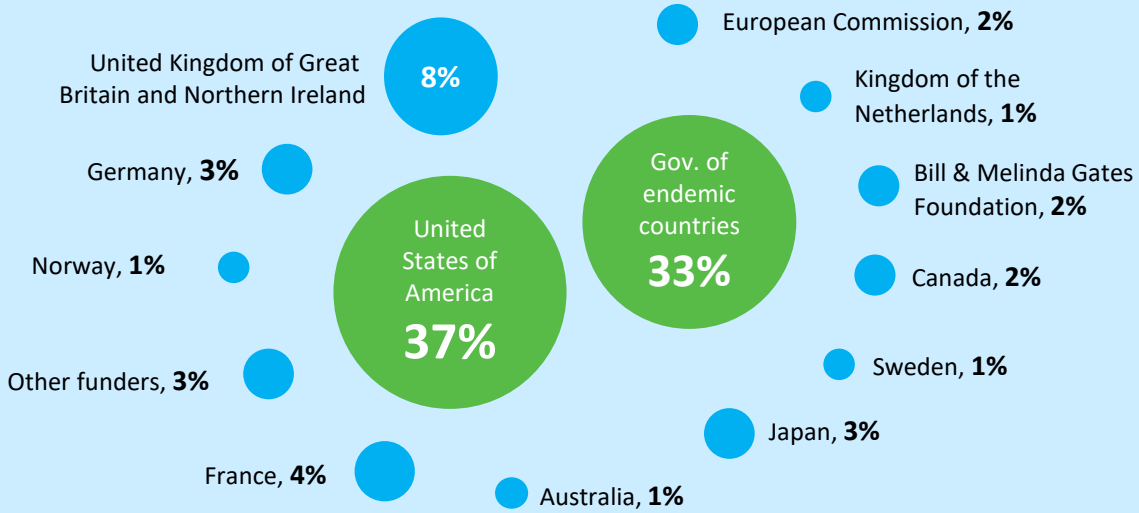
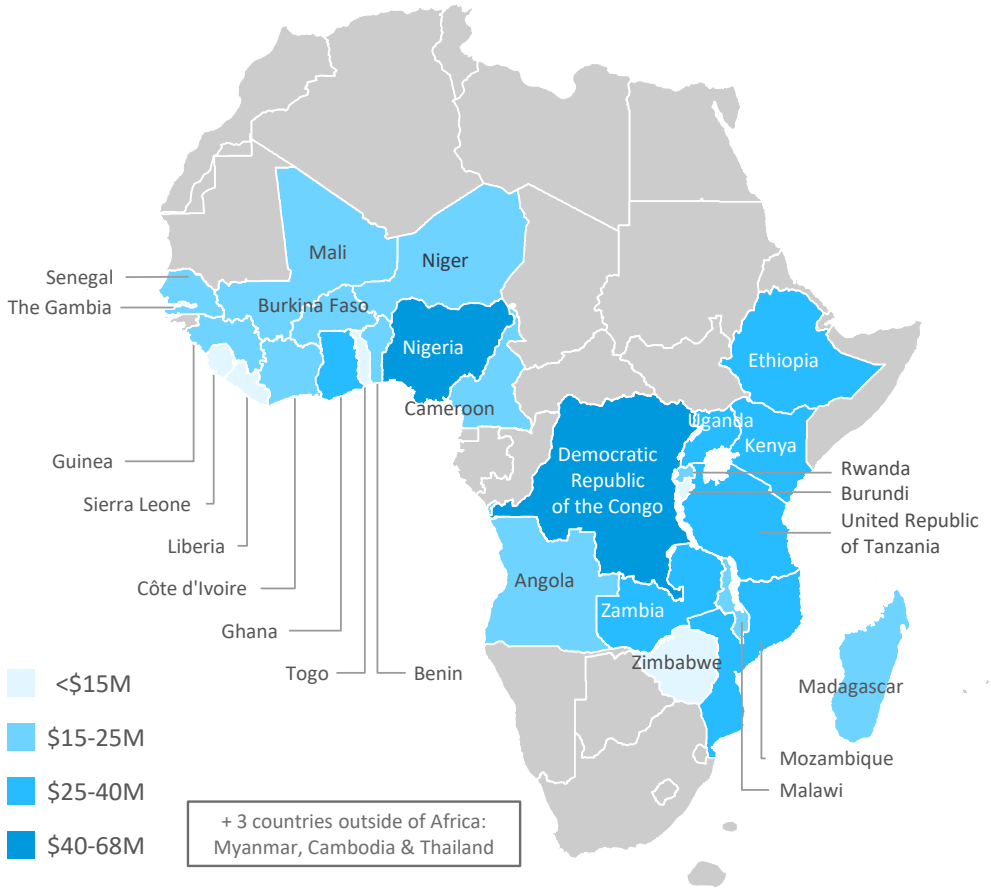
Global malaria funding gap, 2023



Funding sources for malaria control and elimination, 2010–2023



Bilateral funding: U.S. PMI 2024 budget by country



Country	MOP24 (% tot.[2])
Nigeria	$68M (~36%)
DRC	$48M (~20%)
Tanzania	$39M (~22%)
Ethiopia	$35M
Kenya	$31M
Uganda	$31M (~22%)
Zambia	$28M
Mozambique	$28M (~26%)
Ghana	$27M (~10%[3])
Madagascar	$25M
Burkina Faso	$24M
Côte d'Ivoire	$24M
Mali	$24M (~41%)
Malawi	$23M
Senegal	$23M

Country	MOP24 (% tot.[2])
Cameroon	$22M (~46%)
Rwanda	$19M
Angola	$18M
Niger	$18M (~26%)
Benin	$15M
Guinea	$15M
Sierra Leone	$15M
Zimbabwe	$14M
Liberia	$14M
Burundi	$13M
Togo	$11M
Burma	$9M
Cambodia	$9M
The Gambia	$4M
Thailand	$3M

PMI Total $675M

RBM Partnership To End Malaria

Source: PMI 2024 MOPs; 1. Total 2024 PMI budget ($725) also included $50M for HQ costs. Note: 2024 PMI budget lower than 2023 budget as expected due to fiscal year timings; 2. Estimated % total funding for malaria control and elimination from PMI in single year, based on ratio of donor- and country-reported totals in World Malaria Report 2024, Annex 4c; 3. Note: Known overstating of domestic funding in Ghana - % tot. represented by PMI funds likely higher

Other malaria relevant contributions to global financing

33% to Global Fund

20% of WHO funding

15% of GAVI funding

22% of Green Climate Fund

16 % of World Bank funding

World Health Organization

2

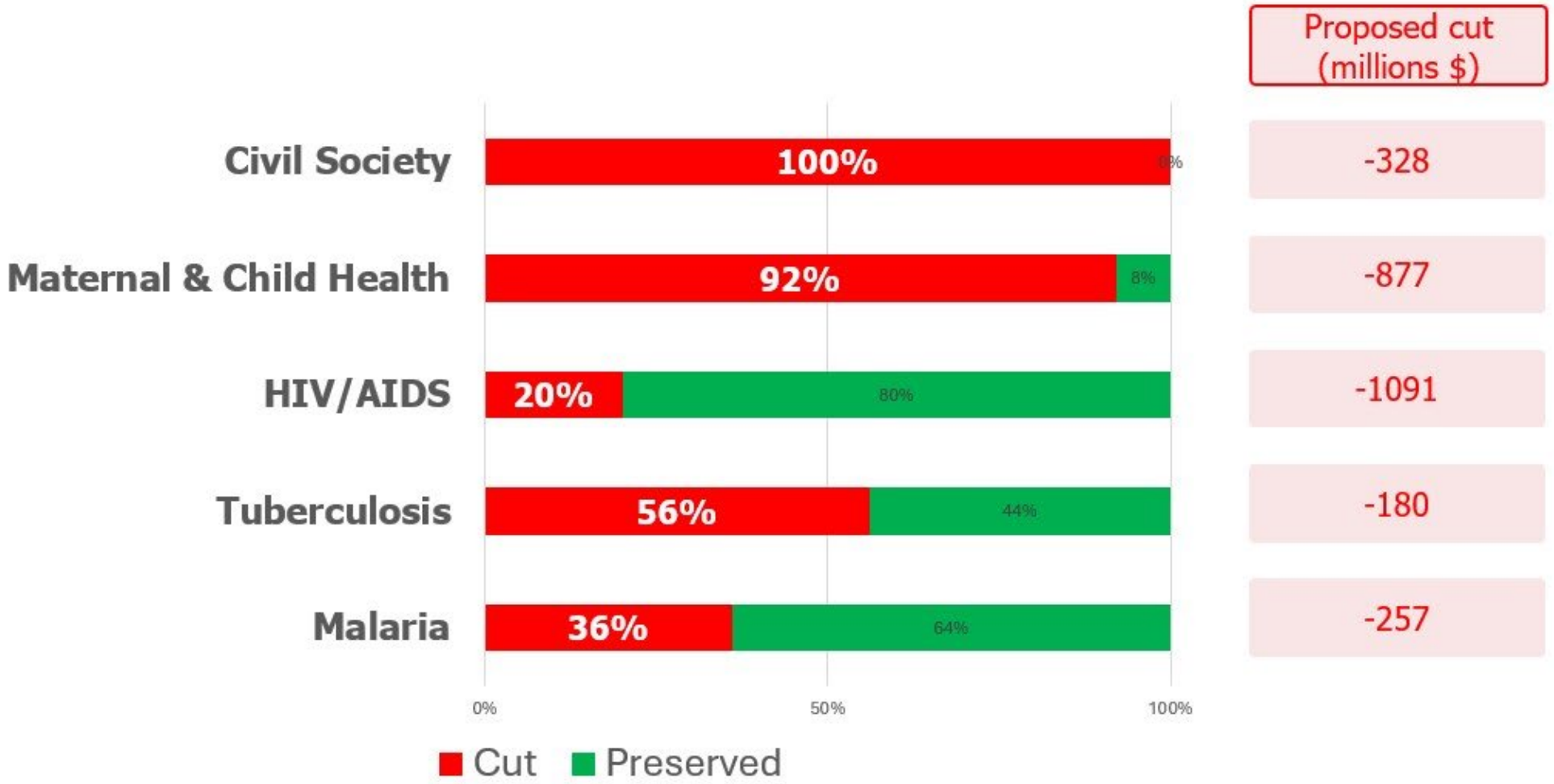
Consequence of USG disruptions

on the health system

World Health Organization

Proposed US aid cuts by sector

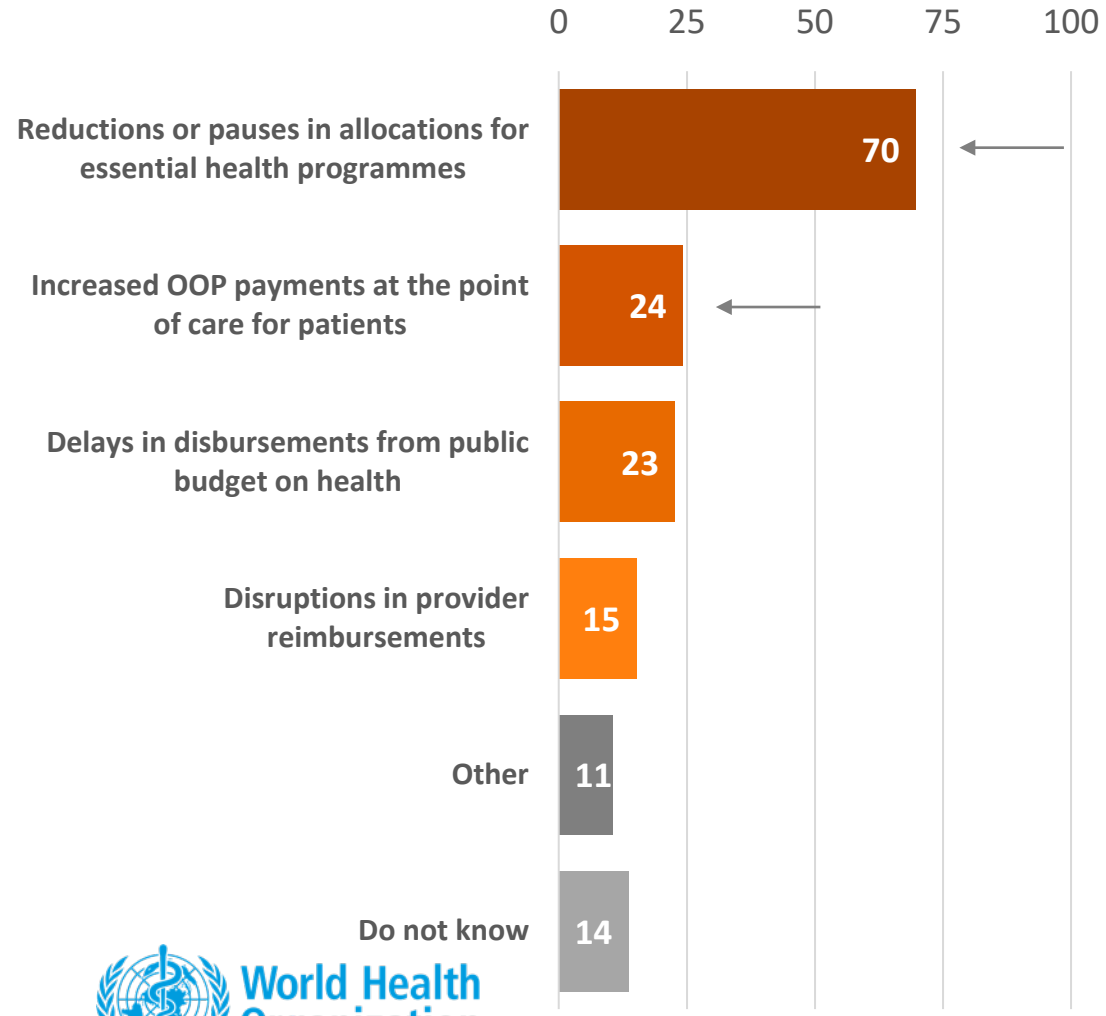
Widespread cuts threaten malaria and broader health outcomes



Source: Center for Global Development (Based on documents shared with US Congress on March 27, 2025)

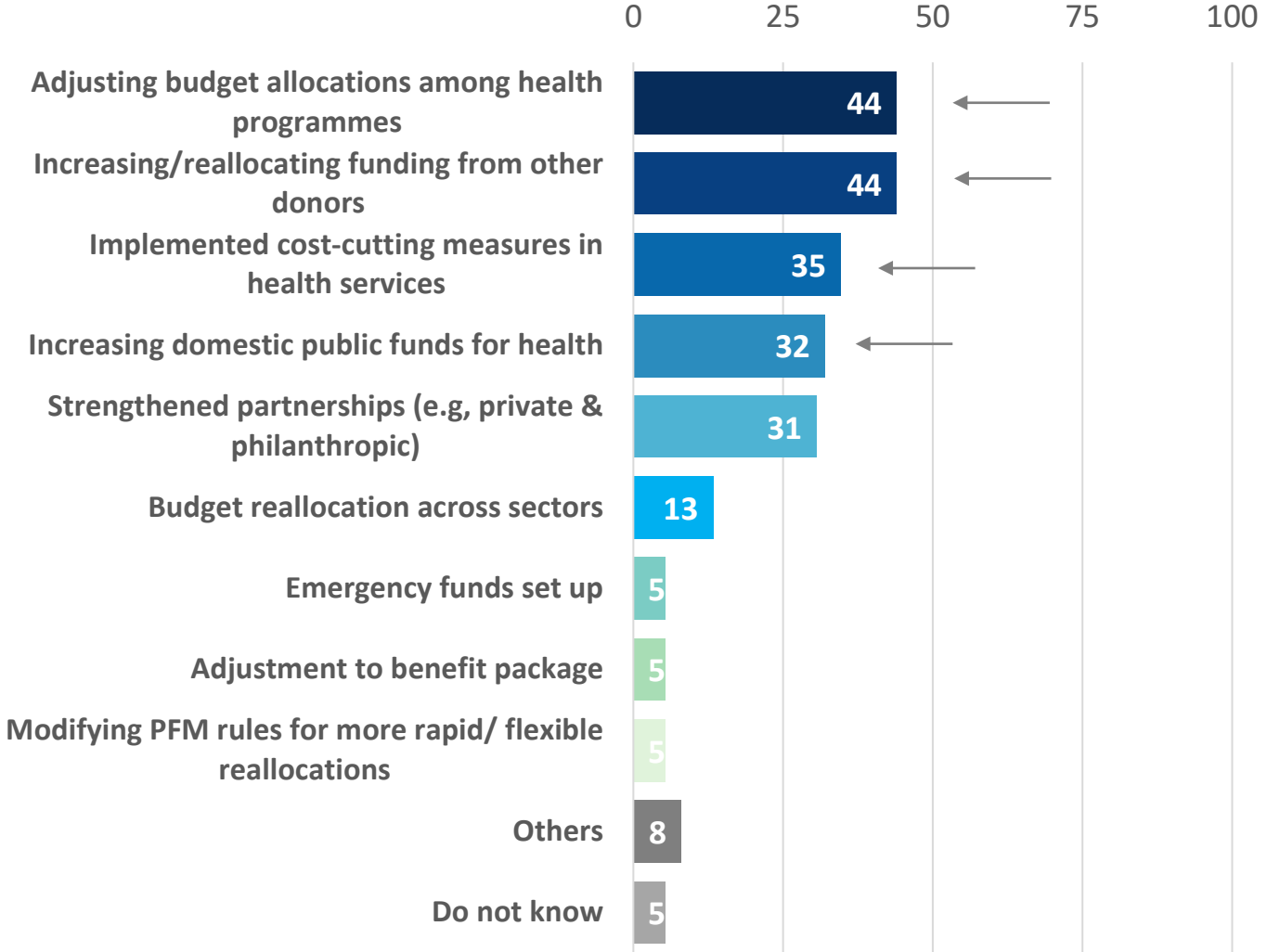
Health financing effects & mitigation measures

% of WHO country offices reporting effects on health financing (n=66)



*Examples of other effects: Scaled back operations by implementing partners; Halted clinical auditing processes

% of WHO country offices reporting mitigation measures for health financing (n=75)

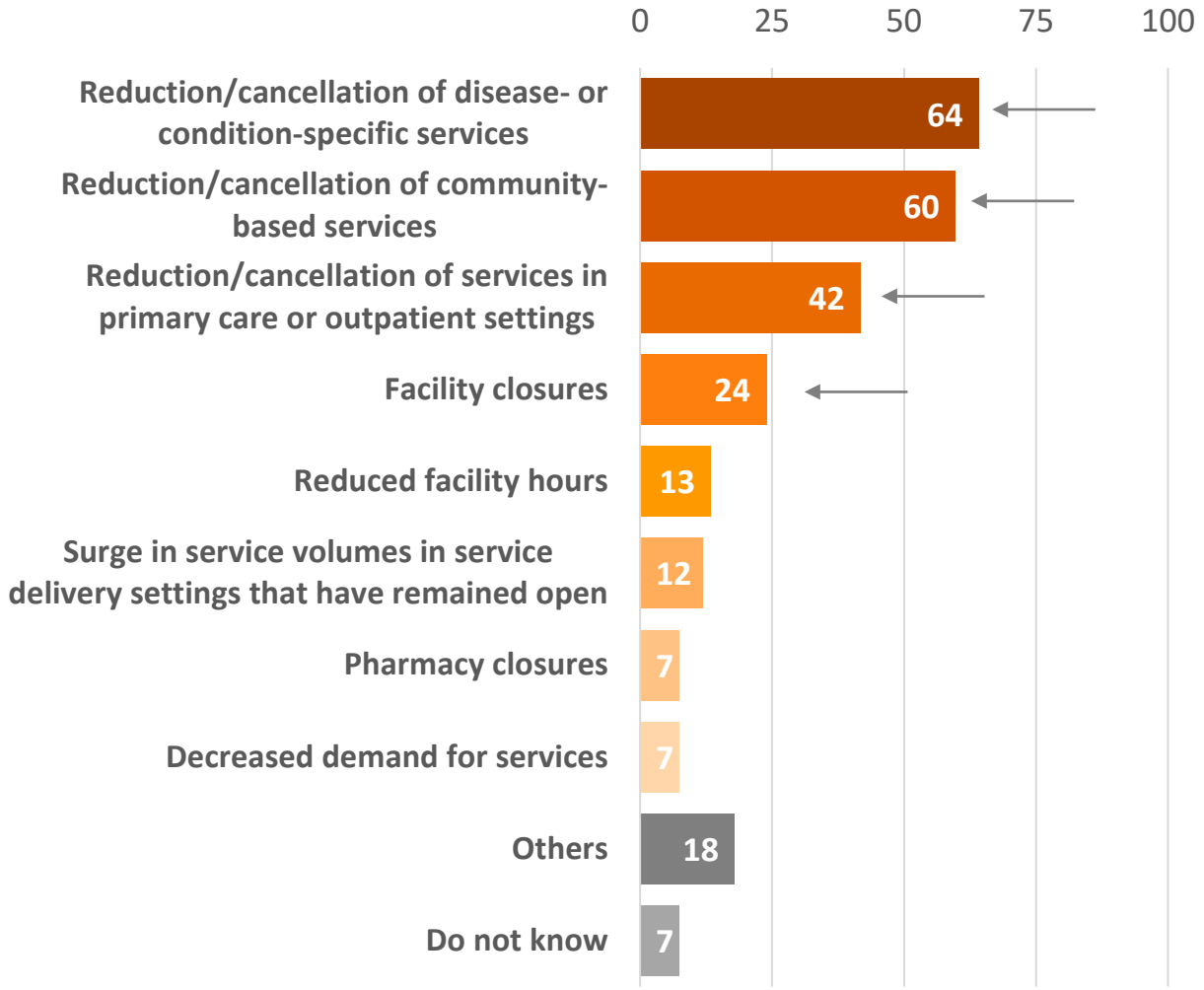


Rapid WHO country office stock take on the impact of suspensions and reductions in health ODA on health systems (10 Apr 2025)

This slide was updated on 1 May 2025

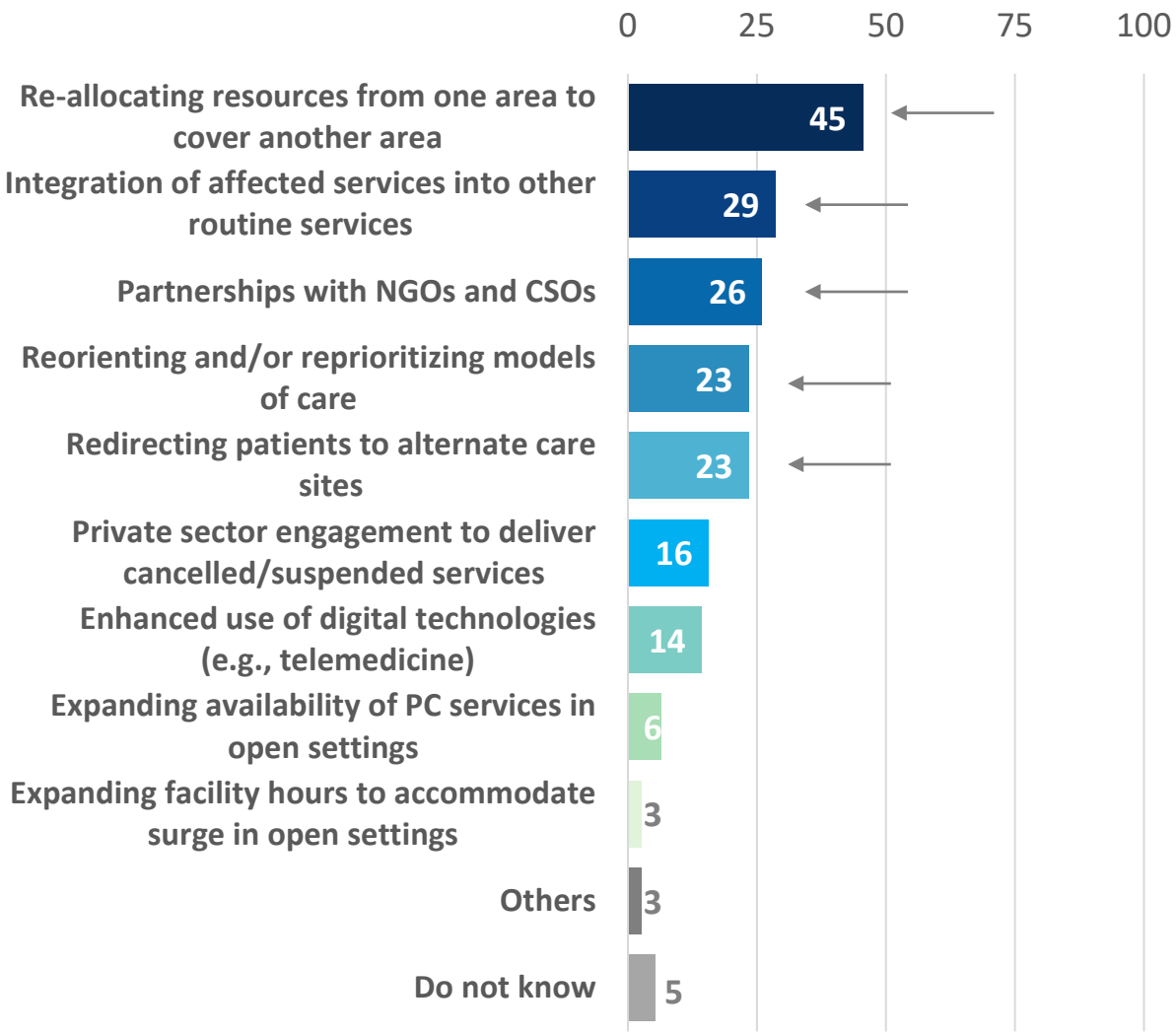
Service provision effects & mitigation measures

% of WHO country offices reporting effects on service provision (n= 67)



*Examples of other effects: Reduced services for refugees / in conflicted areas; Reduced availability of medicines & health products; Delayed implementation of models of care

% of WHO country offices reporting mitigation measures on service provision (n= 77)



Rapid WHO country office stock take on the impact of suspensions and reductions in health ODA on health systems (10 Apr 2025)

This slide was updated on 1 May 2025

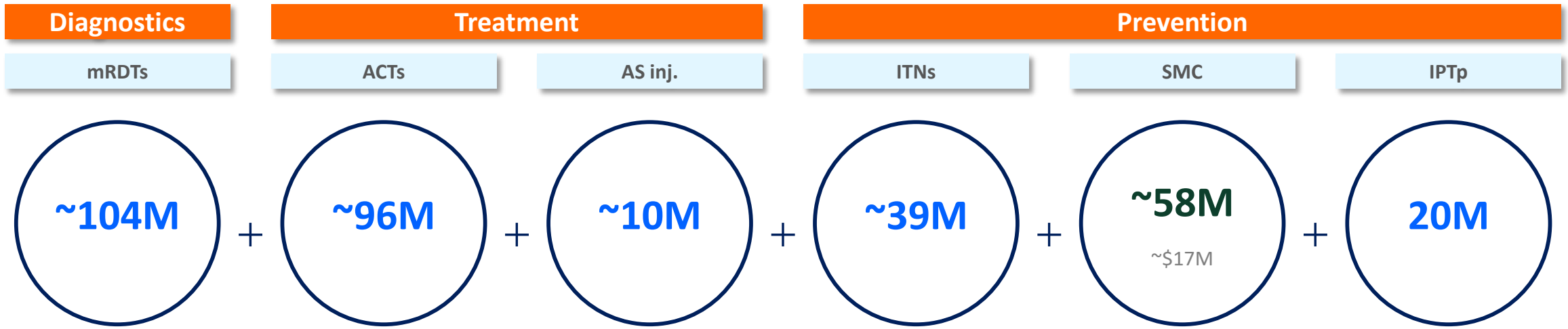
3

Consequence of USG disruptions

on malaria interventions

World Health Organization

Potential disruptions to malaria commodities



Top 5 countries with greatest stocks

mRDTs	ACTs	AS inj.	ITNs	SMC	IPTp
Mozambique (~21M) DRC (~14M) Burkina Faso (~9M) Angola (~8M) Kenya (~8M)	Nigeria (~22M) Mozambique (~12M) DRC (~11M) Burkina Faso (~11M) Cote d'Ivoire (~5M)	DRC (~1M) Angola (~1M) Guinea (~1M) Cameroon (~0.7M) Mozambique (~0.7M)	Tanzania (~5M) Nigeria (~5M) DRC (~3M) Ethiopia (~2M) Malawi (~2M)	*Already ordered through use of $40M PMI loan account* ***Possible delays:*** *Benin ,Côte d'Ivoire, Ghana, Togo, Guinea*, Senegal**	DRC (~7M) Malawi (~3M) Mali (~2M) Niger (~2M) Zambia (~1M)

Top countries most at risk (by funding for procurement, USD 2024)

mRDTs	ACTs	AS inj.	ITNs	SMC	IPTp
• **Ethiopia** • **Zambia** • **Burundi** • **Angola** • **Madagascar**	• **Angola** • **Burundi** • **Gambia** • **Senegal** • **Zambia**	• **Cameroon** • **Ghana** • **Zambia**	• **Burkina Faso** • **Ethiopia** **OC** • **Angola, DRC, Ethiopia, Guinea, Zimbabwe**	**Drugs** • **Benin ,Côte d'Ivoire, Ghana, Togo** **OC** • **Senegal, Guinea**	• **Senegal** • **Niger**

Effect of disruptions: malaria vaccines

Implementation

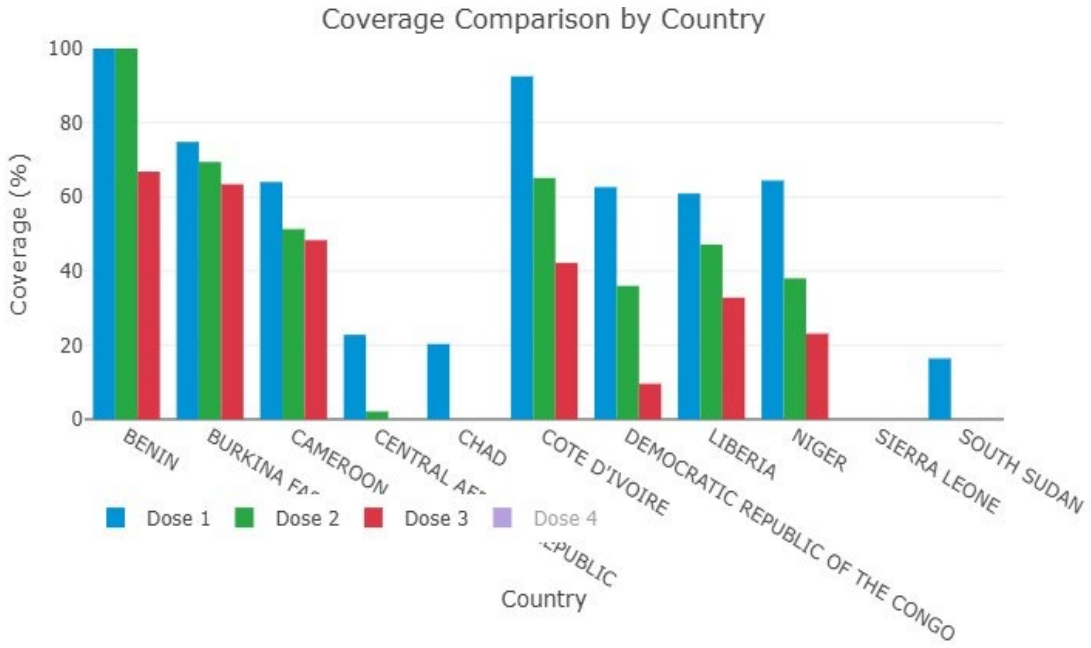
- CHWs for communication on new vaccine schedule (dose 2, 3, 4) and defaulter tracing – disrupting efforts to increase coverage
- Anticipated decrease in Gavi funding, may affect quantity if doses supported, slowing down the malaria vaccine roll out and reducing impact that can be achieved.

Evaluation

- CDC support for post immunization evaluations is no longer available.
- CDC and PMI support on malaria surveillance affecting malaria vaccine impact monitoring.

Technical assistance

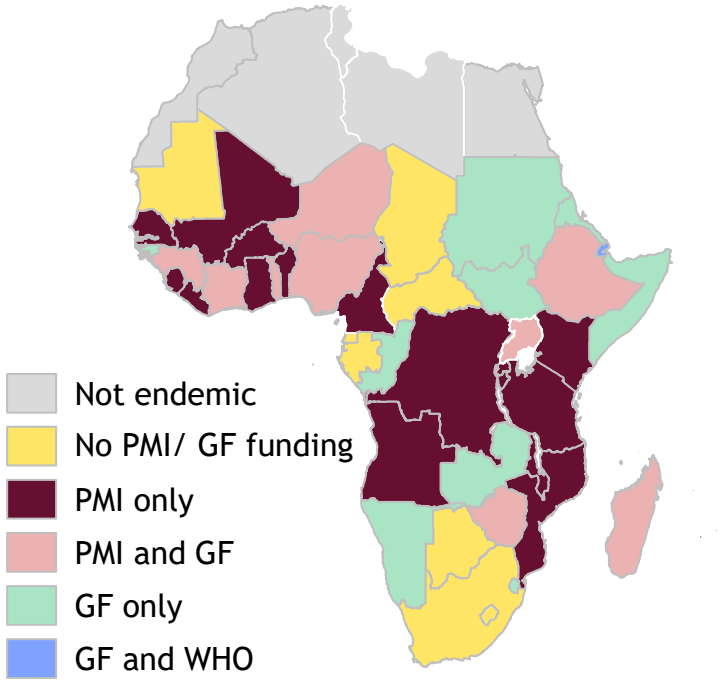
- PMI and CDC staff providing TA have been laid off, trainings and vaccine roll out



Regarding surveillance, there are 14 ongoing & 7 planned TES funded by PMI alone, now at risk

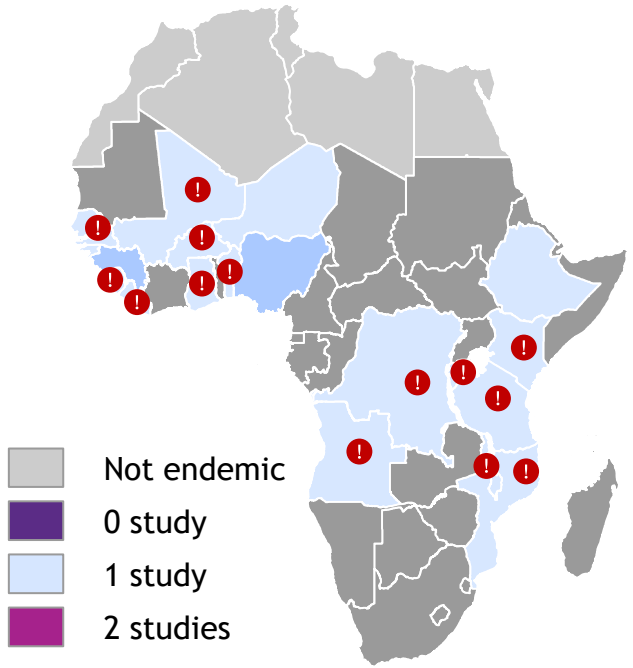
TES funding

Funders as of EOY 2024



Ongoing TES

Number of TES with ongoing data collection / analysis as of EOY 2024[1]



Planned TES

Number of TES planned as per PMI and GC7 strategy for 2025-2026

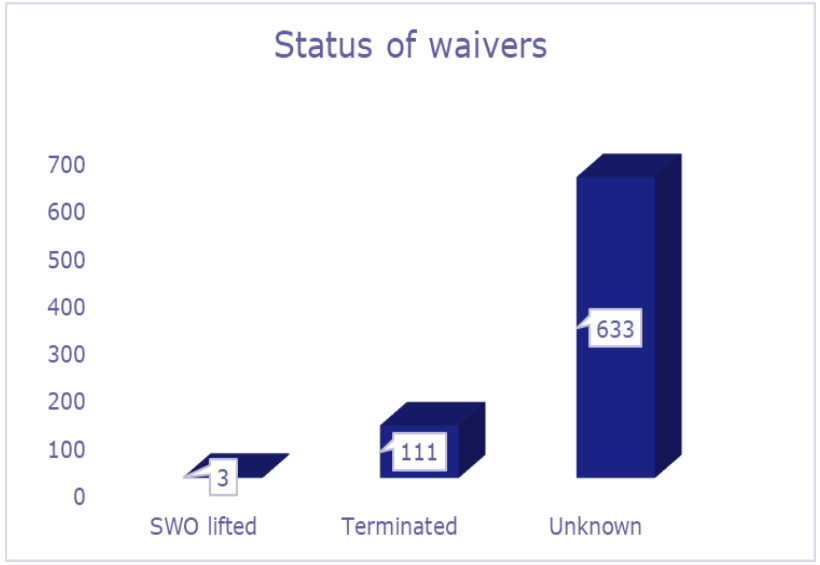
Ongoing and planned TES at risk

RBM Partnership To End Malaria

1. Excludes TES with completed data collection/analysis, which have not published their results yet

Source: Data provided by Global Fund on 20.02.25

Effect of disruptions: status of waivers

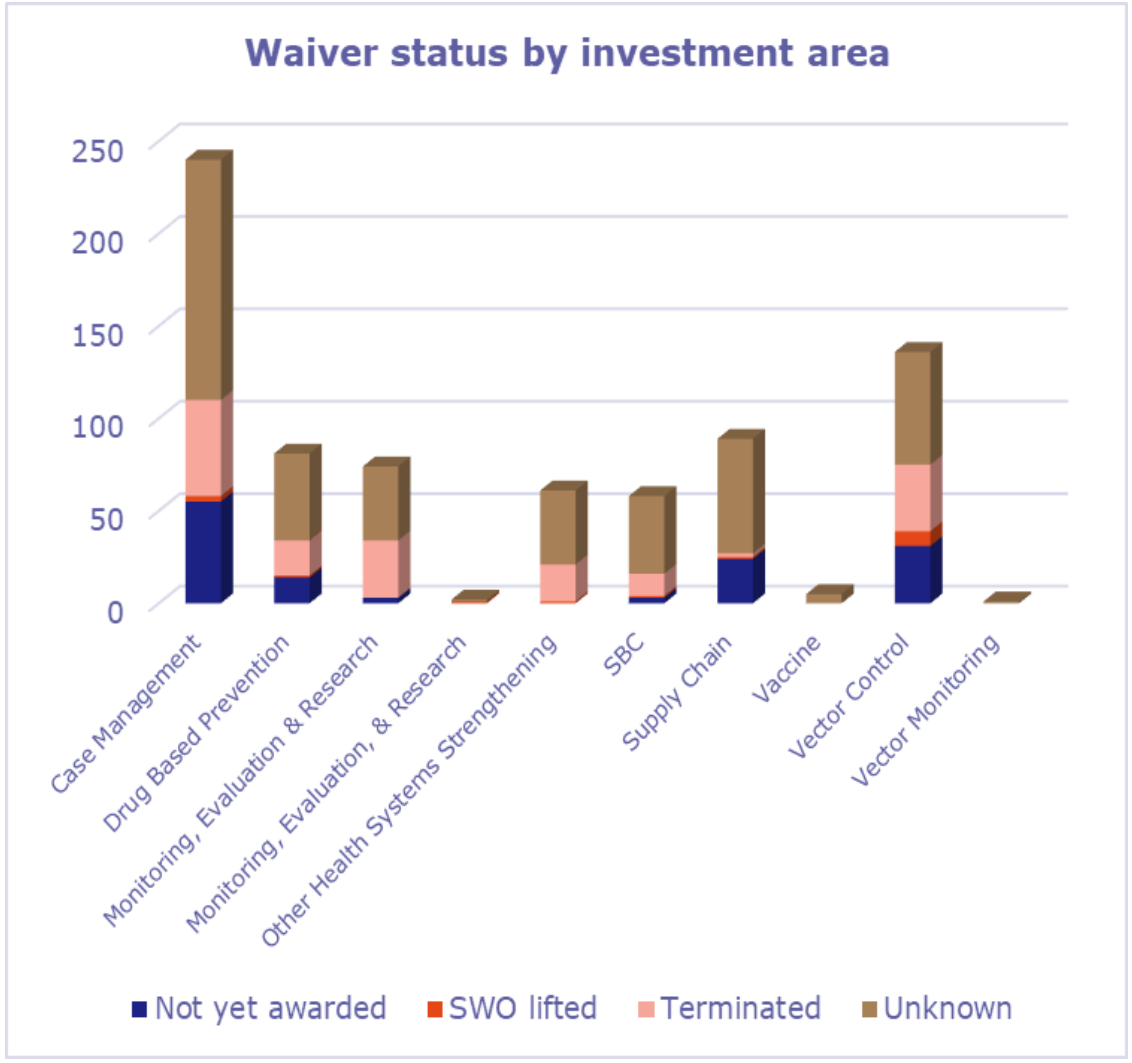


Affected countries (03/2025)

Angola, Malawi, Mali, Rwanda, Tanzania, Togo, Uganda, Zambia

Limited information (03/2025)

Benin, Burkina Faso, Cote d'Ivoire, Guinea, Mozambique, Myanmar, Lao PDR, Niger, The Gambia, Zimbabwe



4

Consequence of USG disruptions

Impact on malaria

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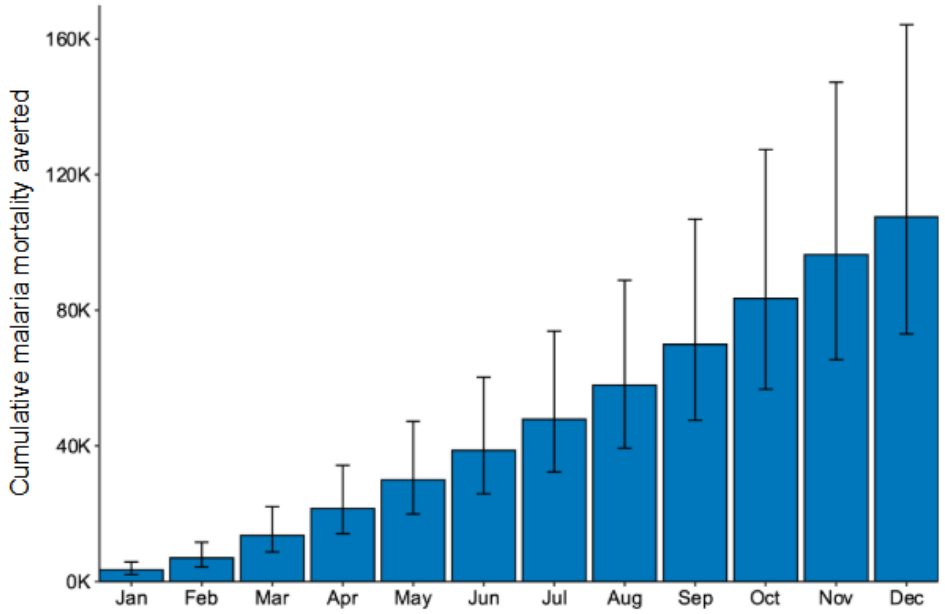
2c. Impact of disruptions on malaria burden in Africa in 2025

Two scenarios were simulated for 2025:

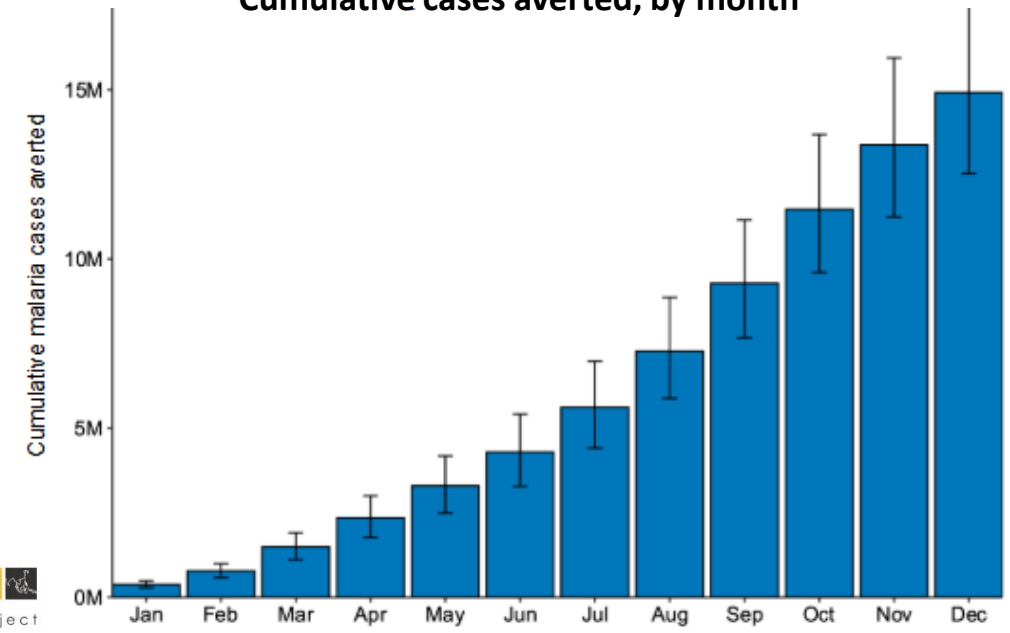
- The "**business-as-usual**" scenario assumes that PMI-funded **commodities and technical assistance** continue as planned.
- The "**no-PMI**" scenario reflects a situation where PMI funding and support are disrupted or absent.

Under the **"no-PMI"** scenario, continued disruptions across **27 PMI-supported African countries** could lead to an estimated **14.9M additional malaria cases** and **107K additional deaths** by the end of 2025, compared to the "**business-as-usual**" baseline.

Cumulative deaths averted, by month



Cumulative cases averted, by month



map malaria atlas project

5

Response measures

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Country malaria response: to immediate shortfalls

Leadership and coordination: strengthening of country-led coordination mechanisms and alignment of donor funding to national priorities

Prioritization: Countries are prioritizing existing resources to fill priority gaps, developing costed optimized operational plans, for strategic alignment of available financing with key priorities

In-country advocacy and communication*: C*ivil society organizations and parliamentarians in countries supporting NMPs in developing advocacy messages addressed to Governments.

Domestic resource mobilization to close funding gaps: Use of country emergency funds have led to increased domestic funding in Nigeria.

Alternate funding sources: Global Fund Emergency funds & Increased funding from other donors like Givewell and technical assistance support from Gates Foundation, Expertise France and FCDO

TWG and stakeholder meetings organized in countries (Nigeria, Ghana, Ethiopia, Rwanda…),
Alignment to national priorities
Partner engagement framework (Malawi)

Countries are prioritizing (Nig, Gha, BF, Rwa)
Partners support (info, analytics, donations…)
Taskforces provide guidance on cost-reduction approaches : LLINs, SMC, routine distribution…
SMEWG working on measurement basics

Advocacy and communication activities in countries:
Uganda obtained a waiver for IRS through advocacy
Angola to receive ASAQ donation based on need communicated to CRSPC

Gap analyses conducted by most countries Domestic resource mobilisation (Nigeria, Rwanda, Ethiopia…)
Reprogramming w existing donors / new donors
Private sector engagement (Ethiopia, Mali)

- Operational Costs for SMC covered by Givewell
- MoU signed with AMF for procurement of ITNs for Akwa Ibom and Kebbi (PMI supported)
- ITN campaign operational costs to be financed through GoN

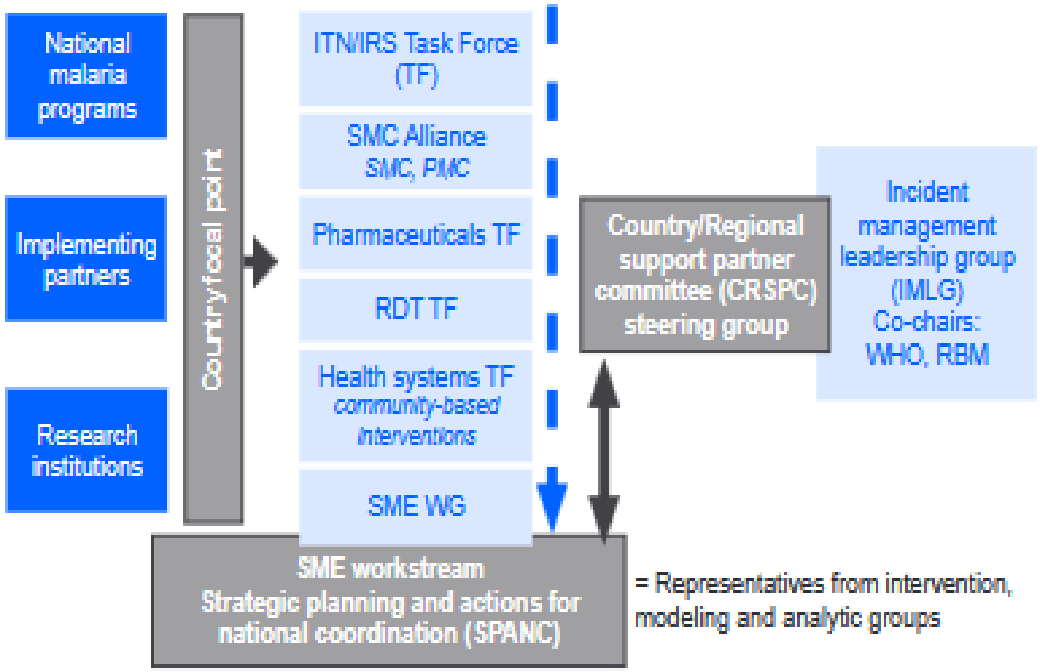
Regional and global malaria response

At Regional level

- High level political engagement in Africa
  - ALMA working with Heads of State and Ministers of Health
  - Africa CDC on domestic financing

At Global level:

- RBM CRSPC partners are collecting and sharing information from national malaria programs and manufacturers
- RBM working groups are considering options for improving the efficient use of limited resources and interventions.
- An **Incident Management Leadership Group** of key technical partners and donors is providing a forum to share information and take appropriate action to respond to challenges that cannot be addressed at country level.
- Using modelling data that demonstrates the impact of campaign delays and case management stock-outs to secure high-level advocacy at global level.
- Communication and advocacy by US based malaria partners such as Malaria No More USA, UN Foundation and United to Beat Malaria



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6

Challenges

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Challenges

- Rapidly changing and uncertain situation with waivers and functionality of PMI awardees
- Inadequate data platforms at global level to track all information needed for decision making and detect early warning signals of malaria upsurges
- Uncertainties with Global Fund and GAVI reprogramming modalities
- Reduced funding by other bilateral partners
- Broader disruptions to health systems (supply chain, HMIS, delivery systems) and other health programmes (HIV, TB, RMCH, HMIS) affected by decreased funding will increase strain on domestic resources.
- Long term disruptions may affect the global commodity market and deter future investments in R&D for malaria products.
- Uncertain impact of US policy decisions on broader determinants, such equity and climate

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7

Recommendations

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Recommendations for country level

- Countries to monitor, review and respond to disruptions
- NMPs to identify specific actions for regional and global community (technical assistance needs)
- Governments to invest in PHC in order to:
  - Deliver integrated services (focus on the most vulnerable and interventions that save lives)
  - Strengthen the axis of accountability between governments and citizens
- Donors to determine M&E adjustments needed: data quality validation, TES, surveys… (SMEWG)
- Governments to progress toward sustainable self-financing of basic health services by increasing domestic health spending, through more effective raising of revenue, allocation to health relevant sectors, execution and scrutiny of budgets
- Governments and partners to improve the efficient and equitable use of resources (SNT and barriers assessment)
- Donors and partners to align their funding with nationally defined priorities for health and malaria (costed optimized operational plans)

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Recommendations for global level

- Advocate for the USG to consider effects of their withdrawal on the loss of life, as countries find alternative sources of funding
- Global partners should respond to country requests:
  - Develop a resource mobilization and advocacy strategy for additional funding for malaria at all levels
  - Support countries in developing Global Fund applications that integrate value for money principles
  - Document and disseminate lessons learnt in integrated service delivery of maternal and child health services
  - Maintain market-shaping activities that increase the supply, reduce the cost and stimulate R&D into malaria interventions
  - Secure funding for evidence generation, including monitoring of biological threats

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Considerations for the global health architecture

- Continue to invest in multilateralism and global solidarity to secure global goods:
  - Science
  - Addressing global health threats
  - Environment
  - Equity
- Respect subsidiarity and national stewardship – wherein nothing that can be done at country or regional level is done at the global level
- Specifically for the global malaria architecture, realize the benefits from Big Push, to reduce the duplication, improve coordination of partners, harmonization and alignment and investment in tools for the future

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Update: Reference Manual
Tailoring of malaria interventions, strategies and actions sub-nationally

Dr. Arnaud Le Menach, Unit Head

Strategic Information and Response Unit

Global Malaria Programme

MPAG, April 2025

For information

World Health Organization

Content

1. Introduction to Sub-National Tailoring concept
2. Formulation, timelines, and users of the SNT manual
3. Reviewers feed-back, and manual updates
4. Next steps

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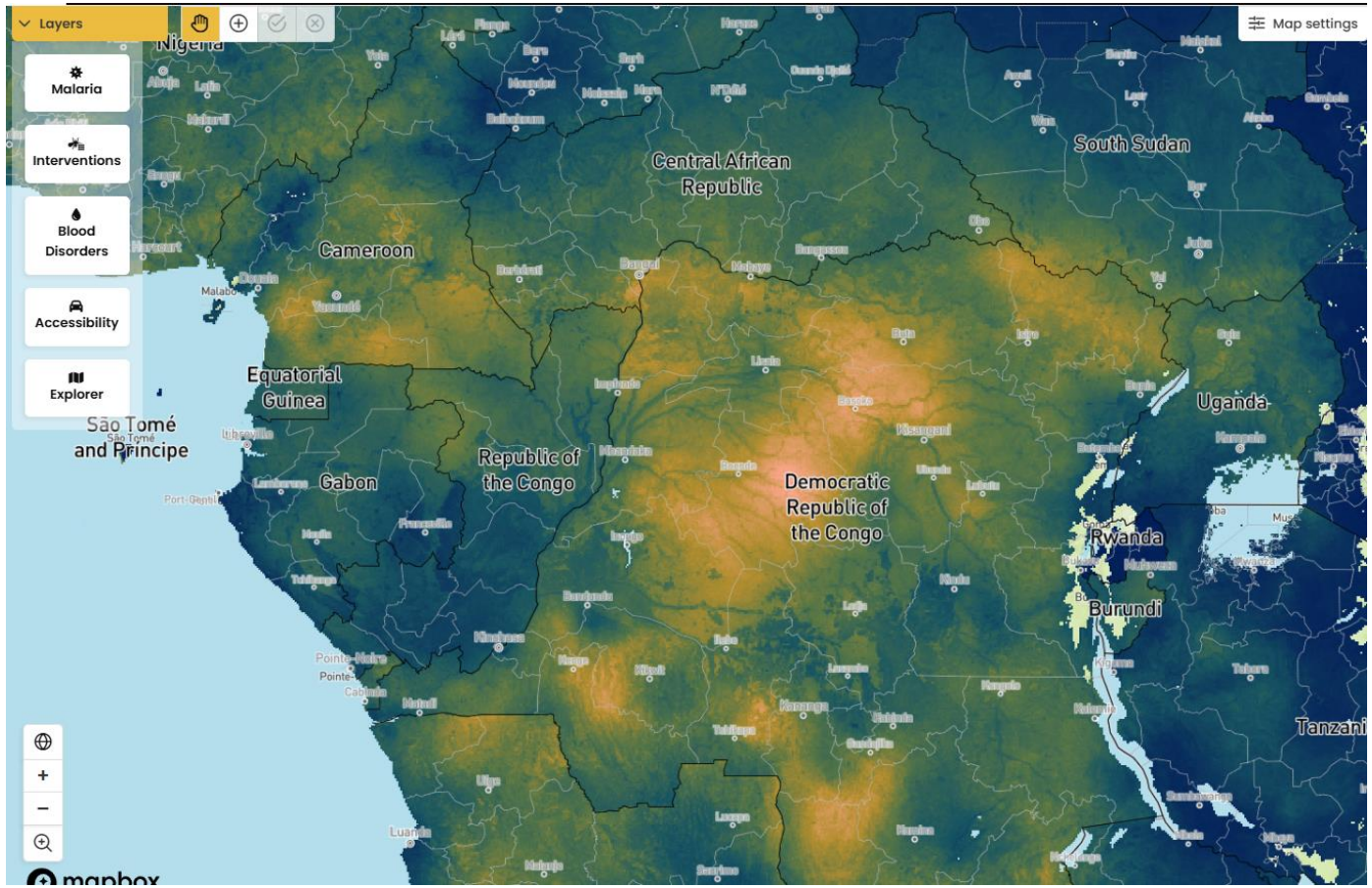
Malaria transmission varies temporally and geographically, even within high-burden countries

- Implementing the same interventions everywhere will result in a **sub-optimal use of resources**
- **Use of data at the sub-national** level required to ensure interventions are targeted to the right people in the right places at the right time for maximum impact
- Even more relevant with recent **USG funding disruption** and reduced funding availability.



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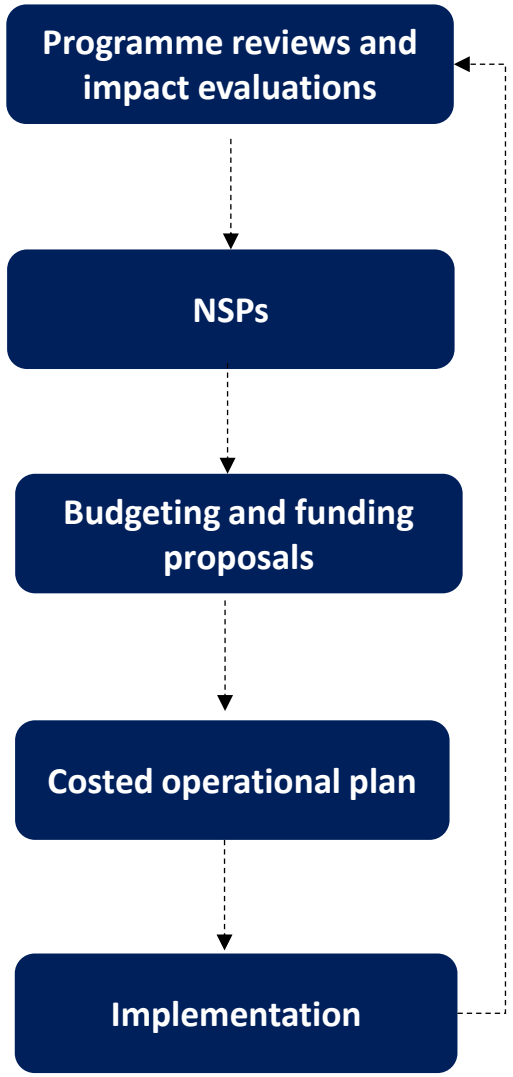
Source MAP

Use of data at subnational level required throughout the malaria program planning and implementation cycle



How do we design systems to monitor impact, and what is the impact of interventions?

What interventions should be used for impact? Where and for whom?

How much does it cost?

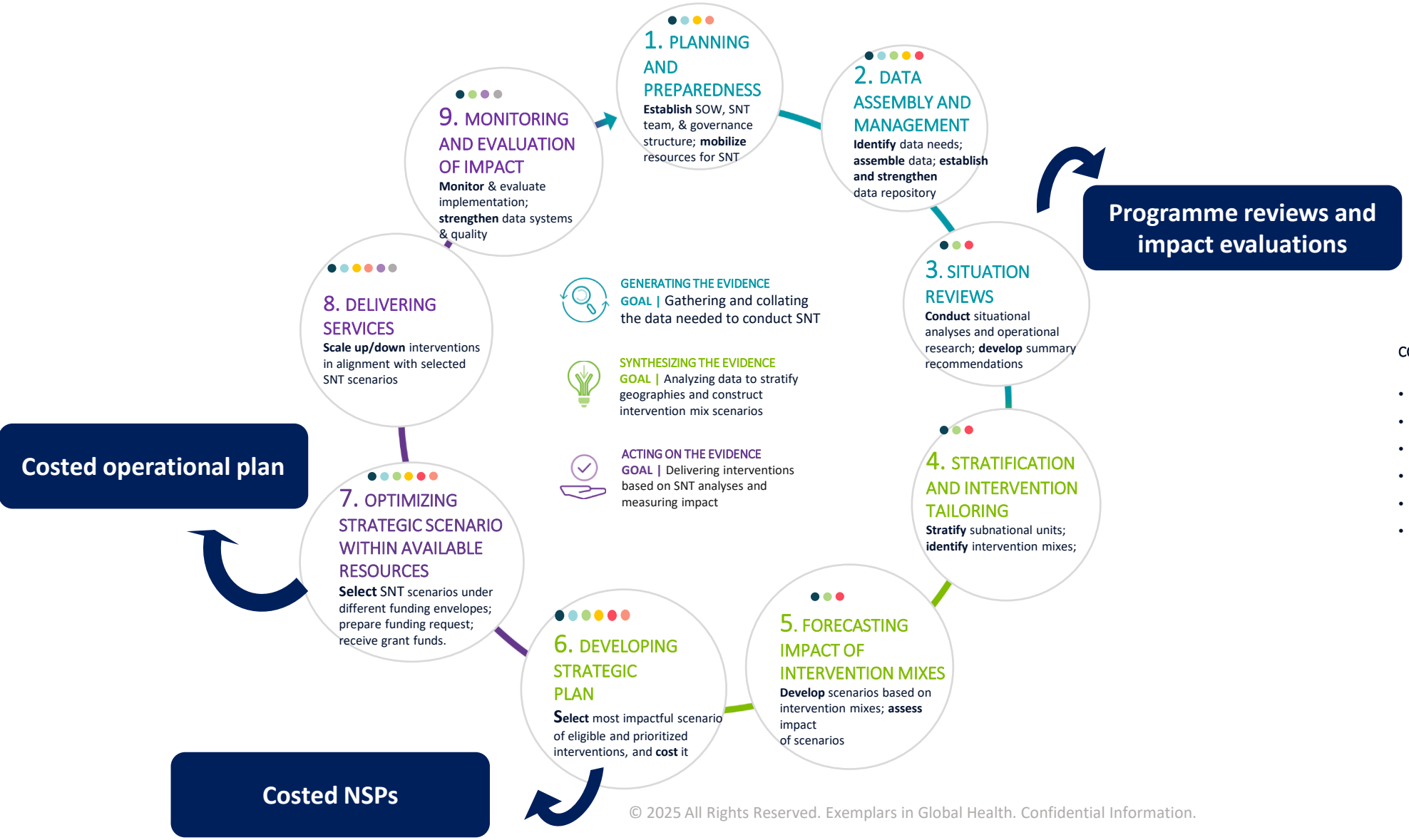
What interventions can we afford, Where and for whom?

How and when should interventions be implemented?

Subnational tailoring of malaria interventions (SNT) - the use of local data and contextual information to determine the appropriate mixes of interventions and strategies, for a given area, for maximum impact on transmission and burden of disease

SNT approach is not a stand-alone process but should be **integrated** within malaria planning and implementation processes

Malaria SNT Conceptual framework



ENABLERS

- Effective National Malaria Programme leadership and governance
- Effective engagement of local and global stakeholders
- Subnational data quality and accessibility
- Availability of funds for the SNT process
- Internal and external analytical capacity and support
- Engagement and alignment of funders with national priorities
- Effective delivery systems and quality M&E processes
- Health system governance

CONTEXTUAL FACTORS

- Malaria epidemiology
- Health system strength, structure, and inputs
- Socioeconomic conditions
- Governance and accountability
- Weather, climate, and environment
- Funding

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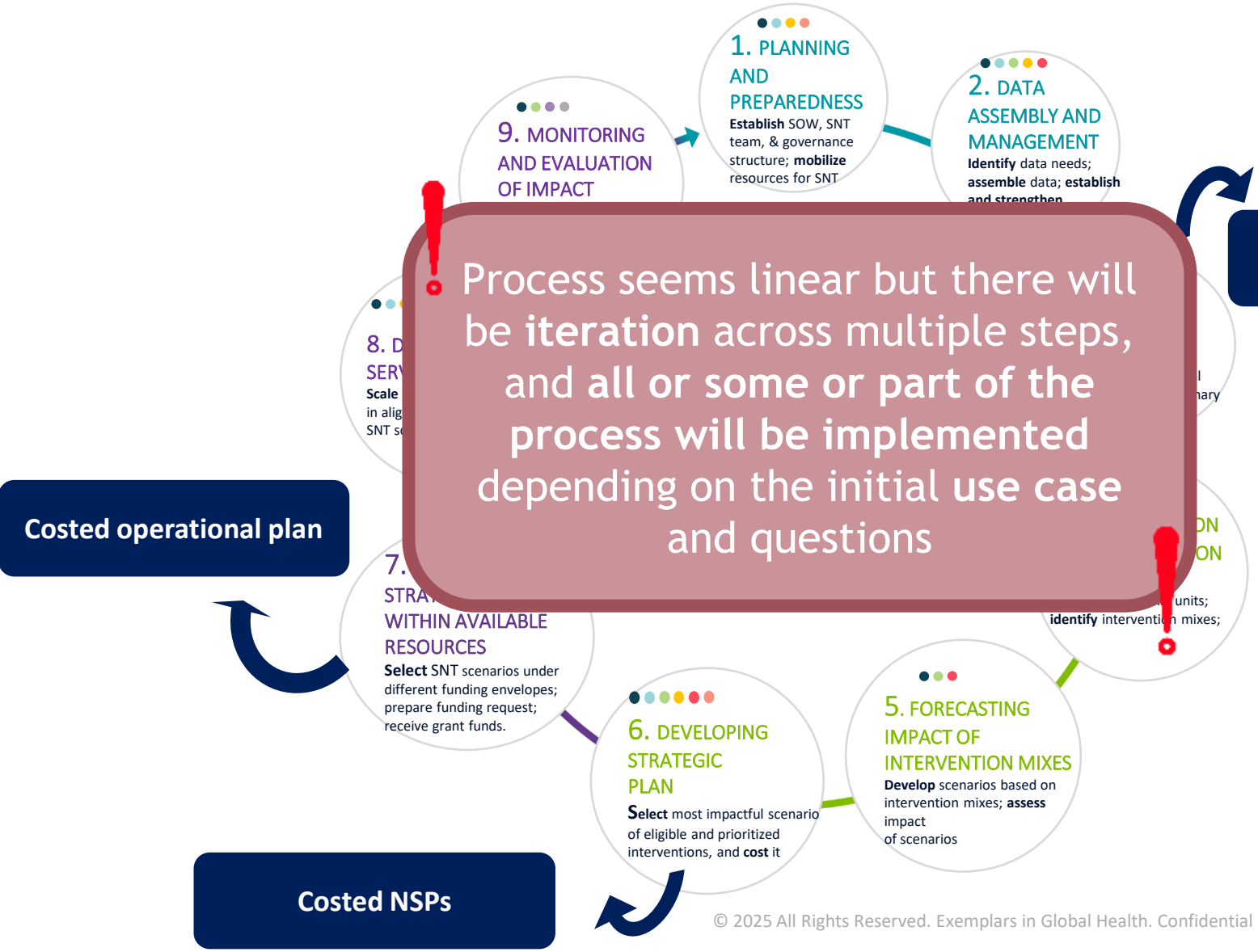

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Scope and audience of the manual

Scope of the manual

- Describe **the use of subnational data** including analytical approach to address key questions* and inform processes and deliverables (e.g. MPR, NSP, Operational plan) during the **malaria planning and implementation cycle**
- Does not describe how to conduct a malaria program review or formulate an NSP or operational plan
- Does not prescribe which interventions to use where
  - Complementary to the "*Malaria Multi-Model Comparison of Priority Interventions*" that will **inform** global guidance on interventions prioritization, and can be **considered** by countries if relevant during SNT process

User of the manual

- **National malaria programmes** and their **implementation partners**
- **Subnational entities**, especially in devolved governance and decision-making systems, responsible for coordination of implementation activities and engagement with communities on health priority setting
- **Technical experts** supporting countries in subnational tailoring of interventions
- **Funders**

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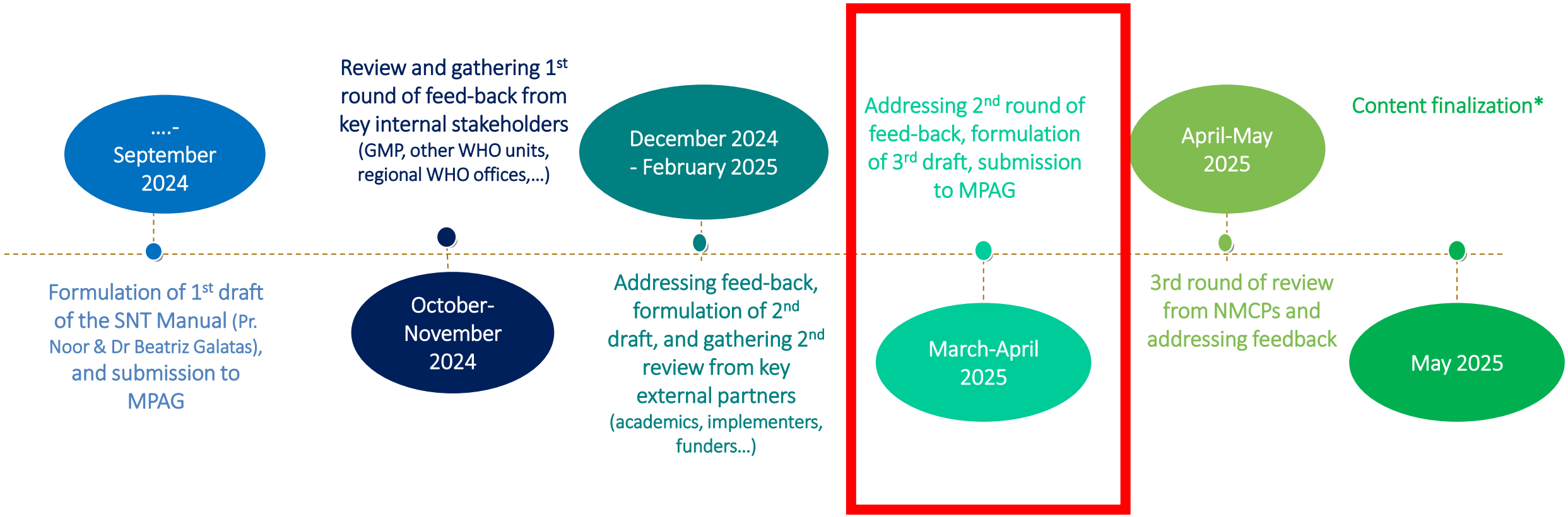
** Where do we intervene? Which interventions (or strategies) should we use? Which interventions can we afford and how do we prioritize? How and when do we deliver them? How do we design systems to monitor their impact?*

Timelines of the development and production of the SNT manual



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*6-8 weeks for editing, layout and publication

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Internal and external reviews to ensure the manual relevance to the various end-users

Manual shared with

- WHO
  - GMP
  - WHO other technical units: Monitoring, forecasting and inequities, Health planning, Health financing, Health services performance assessment, Clinical services and systems, Vaccine, and Maternal, newborn, child and adolescent health
  - WHO regional offices
- MPAG-Members
- Donors: BMGF, GF, PMI*
- Implementing partners: CHAI, AHADI, PSI, PATH, MC, RBM
- Academic & research: STPH, Northwestern, IDM, MAP, KEMRI, IHI

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*Not able to review

Consolidated feedback – structure and technical

	Feedback	How it has been addressed
1	Improve **navigation of the manual** for different users, including condensing and/or moving to some sections to annexes	• Added A 'How to Use the Reference Manual' section • Developed step-by-step SNT implementation framework • Added a **glossary** aligned with WHO Malaria Terminology 2021 • Streamlined text (e.g. introduction chapter) and formulated summary tables (e.g. summarizing SNT process) • Added WHO/external references for further reading (e.g. WHO malaria elimination framework and SME manual) • Improved readability of charts
2	Improve **integration of SNT process** with the NMSP cycle	• SNT alongside NMSP process with estimated timelines (Table 16.1)
3	Include **examples of how countries** have successfully applied prioritization	• Included theoretical country example as a defined section • Reference made to a specific country: Subnational tailoring of malaria interventions to prioritize the malaria response in Guinea
4	Provide more information for how to **prioritize interventions**	• Added table to summarized key points for prioritization of interventions • Additional references e.g. summarized details on IPT, how resistance data inform IRS and LLIN targeting

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Summary of feedback - technical

	Feedback	How it has been addressed
5	Clarify the **processes and methods behind key terms** (e.g. optimization and prioritization) including guidance on cost-effectiveness methods	• Developed glossary with all key terms defined • Elaborated specific terms e.g., eligible interventions, strategic scenario with prioritized interventions, and optimization within the main text • Reformulated chapter on the cost-effectiveness
6	**Provide practical guidance**: - Epidemiological indicators needed for stratification - Handling data gaps, including improving data quality aspects, age-disaggregated data and standardization* - Using modelling in the SNT process (including uncertainty)	• Added key metrics table (2.2), and recommendations for surveillance improvements (13.3) • Data Assembly & Management section expanded to include recommendations on data quality and minimum age disaggregation levels • Considerations for how to address uncertainties (e.g. multi-model comparison and its limitations)
7	**Document lessons learnt**, including comprehensive checklists for best practices	• **M&E checklist developed in Annex** • SNT team TOR is included as an Annex
8	Specify **local leadership** and clarify analytical capacity required	• **Capacity building section** added to detail how malaria programs can broaden access to data management and analytical expertise.

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New - M&E framework to guide the design, implementation, gaps, use and impact of SNT

Overview

- Adaptable to different epidemiological contexts, priorities, and resources.
- Uses mixed-methods, stakeholder engagement, and feedback loops for real-time decision-making.
- Aligns with existing surveillance systems (e.g., HMIS) and strengthens data analysis capacity at all levels.

Summary of checklist provided in the manual:

Component	Objective	Data Sources
1. Defining the starting point	Identify key malaria questions & data availability	Stakeholder input, HMIS, surveys
2. Approach & methodology	Assess methods, data integration & stakeholder involvement	Analysis reports, stratification reviews
3. Implementation	Track SNT steps, modifications & external influences	Workplans, tracking reports, consultations
4. Challenges & gaps	Document assumptions, data gaps & implementation barriers	Strategy notes, M&E reports, feedback
5. Findings & lessons	Record key findings, insights & shared lessons	Evaluation reports, country case studies
6. Utilization	Evaluate how findings shape strategies & decisions	Updated malaria plans, strategy updates
7. Impact	Assess cost efficiency, targeting & malaria reduction	Cost-effectiveness analyses, surveillance data

New – Capacity building section developed and to be tailored to country-specific needs

Key objectives:

- Boost technical expertise
- Improve data skills
- Support evidence-based decisions
- Enhance implementation & monitoring

Sustainability and long-term impact:

- Institutionalize training in health systems
- Integrate malaria skills into education programs
- Leverage existing trainings and resources
- Strengthen local mentorship, research & partnerships

Summary of focus areas provided in the manual

Focus Area	Key Skills	Tools & Resources
Data science	Data cleaning, geospatial analysis, modelling	GIS software (QGIS, ArcGIS), R, Python
Digital tools	Using digital platforms for malaria programs	DHIS2, digital microplanning tools
Scenario planning	Cost analysis, budget forecasting	Costing models, optimization tools
MEL	Setting indicators, designing dashboards	M&E templates, dashboard designs
Stakeholder engagement	Communication, advocacy, resource mobilization	Stakeholder frameworks, advocacy plans
Leadership & implementation	Operational planning, team coordination	Leadership frameworks, planning tools

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Next steps

1. Addressing remaining key comments from 2nd round of review by April

- Structure: focus on the Part III "Implementation of SNT" while other chapters will be incorporated within it or referred to in Annexes
- Describe how SNT informs strategic mix of interventions and optimization under budget constraints
  - Strategic plans: costed intervention mixes based on WHO recommendations, expected impact with some level of prioritization
  - Investment plans: under different budget scenarios and available resources, optimize interventions mixes through different approaches (cost-effectiveness, operational, etc ….)
- Show the integration of the SNT process within the malaria planning cycle
- Add more details on the methods for cost effectiveness, section on SNT in elimination settings, and address remaining specific comments (e.g. clarifying mortality metrics….)

2. Share with NMPs and MPAG SNT reviewers for 3rd and final round of comments by April

3. Finalize SNT manual content by May

4. Building capacity and implementing SNT in countries for GC8 ongoing in partnership with partners

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Thank you

For more information, please contact:
Name: Arnaud Le Menach
Title: Unit Head, Strategic Information for Response
Email: lemenacha@who.int

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Gender equality, human rights and health equity in malaria response.

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Global Malaria Programme

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For information

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Content

1. Overview
2. The challenge
3. Who is impacted?
4. What can be done?

Overview

- 2024 World Malaria Report (WMR) had a dedicated chapter focusing on *addressing inequities in the global malaria response*. The chapter emphasizes on:
  - The need for a more inclusive and effective malaria response.
  - Prioritizing reaching the most vulnerable populations.
  - Integrating gender equality, health equity, and human rights in malaria programming.

Aligning with the universal commitment under SDG 10, which calls for a reduction in inequalities within and among countries. Its specific goals and targets reinforcing the commitment to **“leave no one behind”** and **“reach those furthest behind first.”**

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The challenge

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Challenges Faced

1. Disproportionate Burden on Marginalized Populations

- *people living in poverty, women and girls, Indigenous Peoples, migrants, and persons with disabilities—face greater risk and less access to care.*

2. Insufficient Disaggregated Data

- *hinders the identification of high-risk populations, leaving vulnerable groups invisible in planning and reporting.*

3. Social and structural barriers

- *Harmful gender norms, low education levels, occupational exposure, and geographic isolation contribute to persistent inequities in malaria service access and uptake.*

4. Limited Community Participation and Inclusive Governance

- *Affected populations are often excluded from decision-making processes, limiting the relevance and effectiveness of malaria interventions.*

Compounding Crises Intensify Risk

- *Conflict, climate change, forced displacement, fragile health systems are amplifying inequalities, making it harder to reach those most at risk.*

Unless we address these challenges, we risk leaving behind the very people who need services most.

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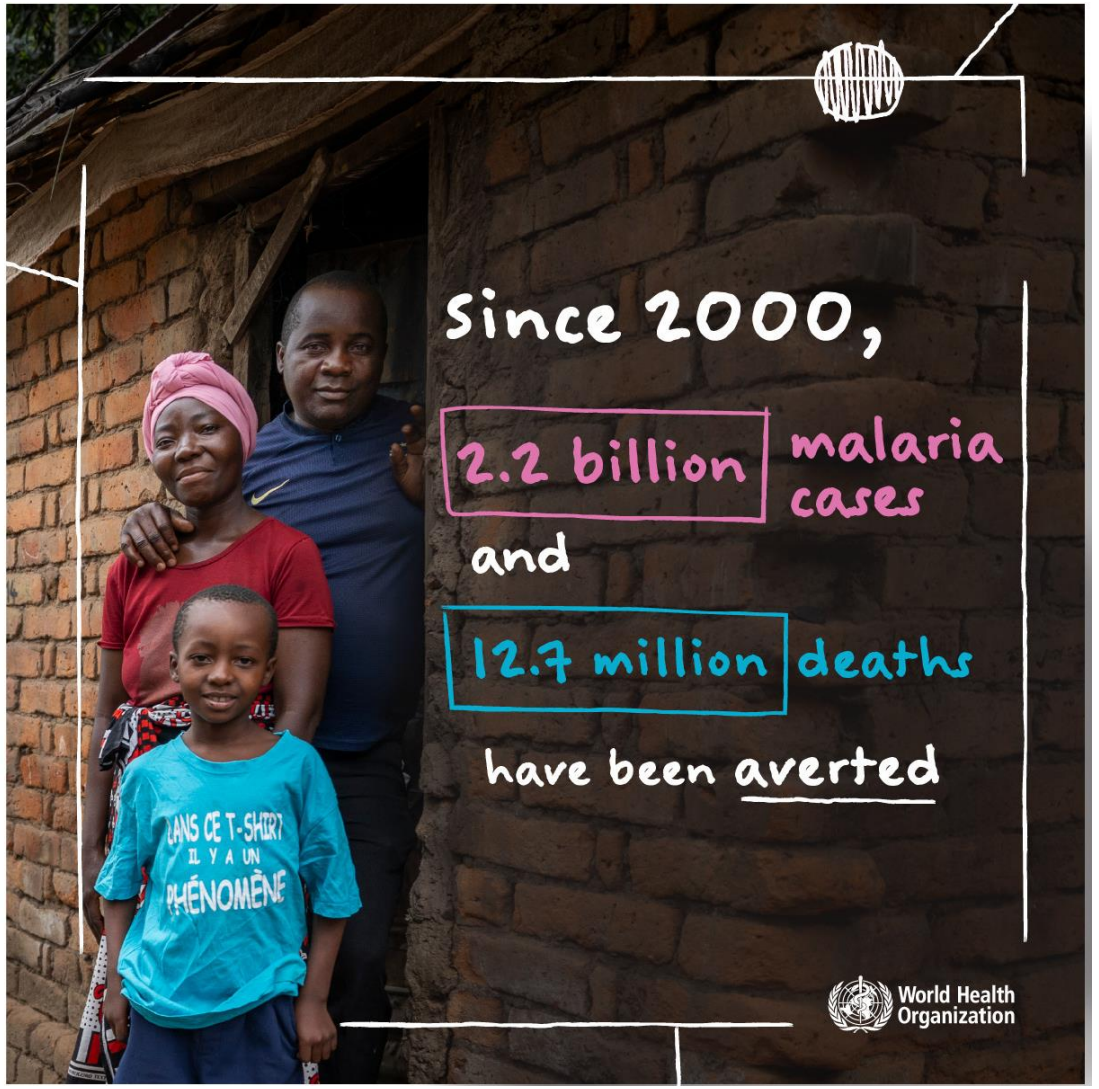
Key messaging

- **Persistent inequities** place marginalized groups at higher risk, limiting access to essential malaria services.
- **Climate-related and humanitarian crises**—including conflict, displacement, and natural disasters—are compounding these challenges.
- **Uneven progress in broader development gains**, e.g., improved socio-economic conditions and urbanization, means that malaria reduction will be concentrated in some areas- leaving behind populations living in poverty or underserved settings where vulnerability remains high despite targeted interventions.



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Who is impacted?

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Intersecting factors elevate disease risk and limit access to malaria services for specific groups

- Malaria vulnerability is driven by a complex interplay of factors – biological, environmental, social, structural and economic.
- These factors disproportionately impact people living in poverty, Indigenous Peoples, refugees, migrants and persons with disabilities. They also contribute to harmful gender norms that affect men, boys, women and girls.

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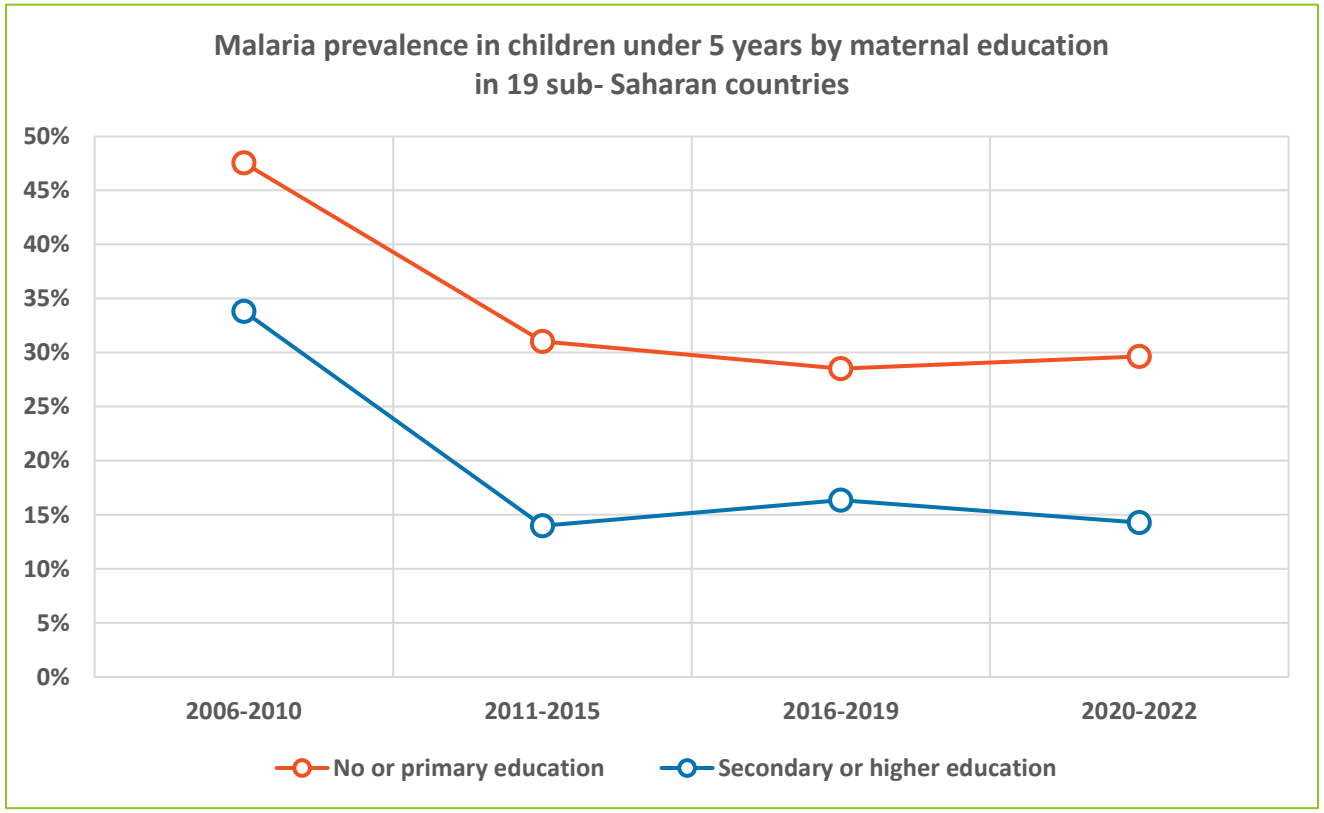
Women and Girls

Socioeconomic Status and Maternal Education on Malaria Risk

- Children in low-income households face significantly higher malaria risk, especially those under five.
- Maternal education is a key factor—children of mothers with little or no education are twice as likely to get malaria.
- Maternal education strongly influences malaria prevention uptake—higher education levels are associated with completing the recommended 3 or more doses of preventive malaria therapy and ITN use among pregnant women and adolescent girls.



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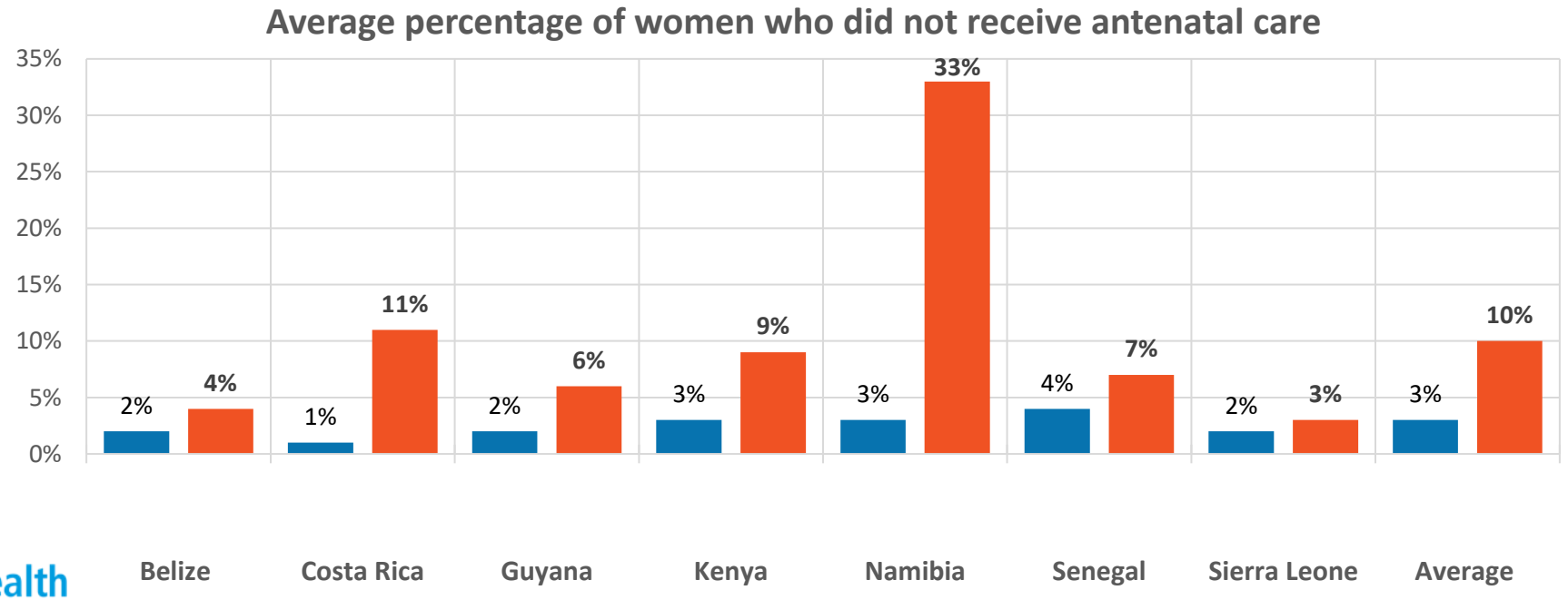
Indigenous populations

- Indigenous Peoples face higher rates of illness, disability, and significantly shorter life expectancy, often due to limited access to health services.
- **Example**: Indigenous women and adolescent girls experience barriers to antenatal care, increasing their vulnerability to malaria during pregnancy.
- Many Indigenous women miss out on preventive malaria treatments, putting both their own health and their children's at greater risk, further jeopardizing their own health and that of their children.



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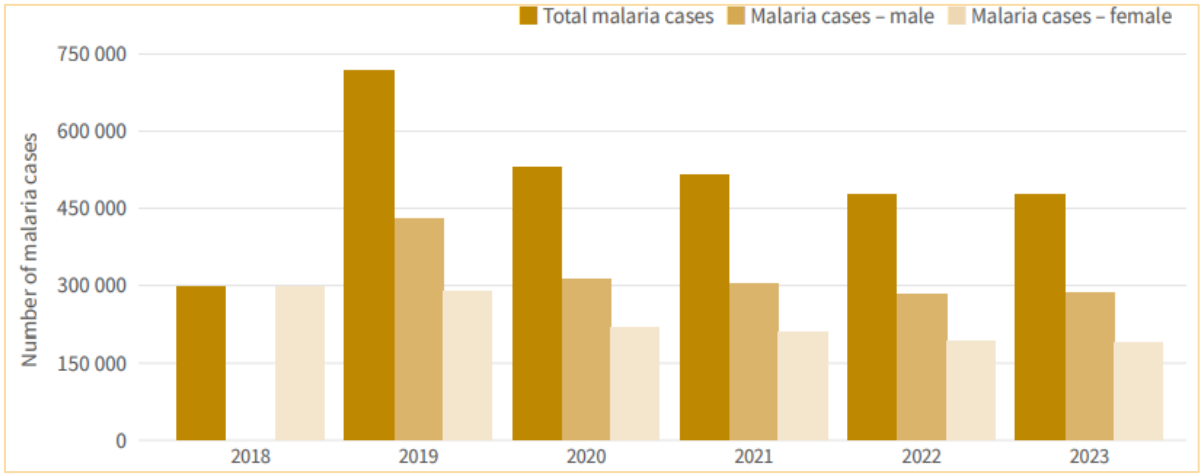
Men and Boys

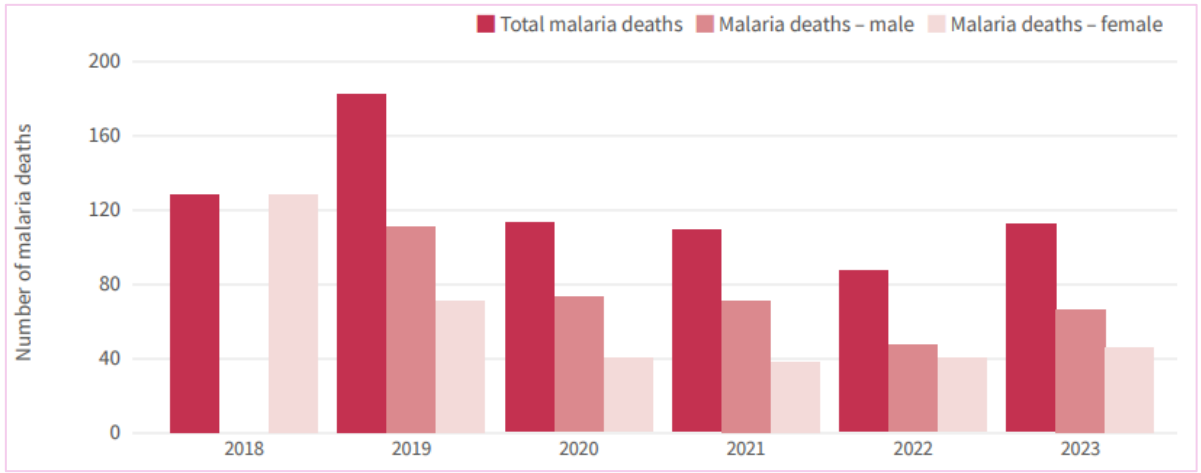
- Men and boys are also disproportionately vulnerable to malaria due to harmful gender norms, roles and behaviour. These factors shape both risk of infection and their ability or willingness to access health services.
- Occupational exposure—particularly in sectors such as agriculture, forestry, military, and mining—places men at heightened risk, often in remote or underserved settings, particularly in remote areas where services are limited or inaccessible.
- **Example:** In the PAHO region men and boys accounted for most of the malaria cases and deaths, particularly in areas where gold mining is undertaken.

Total reported malaria a) cases and b) deaths, by sex, in the PAHO region, 2018–2023 *Source: NMP country-reported data.*

a)



b)



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Persons with disabilities

- Persons with disabilities face multiple risk factors for poor malaria outcomes, including poverty, inadequate living conditions, lower education, and limited healthcare access, **example**:
  - *Financial barriers and inaccessible distribution points often prevent access to key prevention tools, such as insecticide-treated nets (ITNs).*
- Ensuring inclusive malaria responses requires amplifying the voices of persons with disabilities in policy design, service delivery, and monitoring.

Migrants and Refugees

- Poor living conditions , environmental exposure, economic instability and limited healthcare access—heighten malaria risk.
  - *Pregnant women face barriers to accessing preventive care*
  - *men and boys engaged in seasonal or mobile occupations may be excluded from routine malaria interventions.*
- Displacement and migration can drive onward transmission in low-transmission or non-endemic areas.
- Migrants and refugees entering high-transmission zones from non-endemic areas face greater risk of severe malaria due to low or no prior immunity

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Example: intersecting factors heighten malaria risk for pregnant adolescent girls

Increased vulnerability to infection and its consequences

- **Biological:** pregnancy
- **Social/environmental:**
  - daily chores and exposure to bites from infected mosquitoes
  - access to and use of prevention interventions (ITNs)

Barriers to accessing quality health and antenatal care services

- **Availability:** lack of services, medicines, health workers
- **Accessibility:** geographic and financial barriers to services + lack of information and compromised decision making
- **Acceptability:** respectful care, confidentiality
- **Quality:** standard of care, services and interventions

Underlying factors heightening vulnerability

- Economic status
- Education
- Harmful gender norms
- Indigeneity
- Context, such as conflict, migration or extreme weather events

What can be done?

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Reducing inequities in ITN ownership and use by economic status: Niger

- **Context-Specific Approach**: Addressing inequities requires tailored strategies based on country-specific challenges.
- **Success in Niger**: A targeted approach led to significant progress in equitable ITN ownership and use.
- **Strategy:** Free ITN distribution prioritized the most vulnerable—households in extreme poverty, children under five, and women of reproductive age.
- **Impact**: High ITN access and usage achieved across all socioeconomic groups, including the lowest-income quintile.

ITN a) ownership and b) use, by economic status, the Niger, 2006–2021 *Source: Health Inequality Data Repository*

Improving Disaggregated Data for Equity-Driven Malaria Programming

a) What we know?

- Current disaggregated data remain insufficient to capture key malaria burden demographics, example:

  Marginalized populations, especially those in hard-to-reach areas and persons with disabilities, are often invisible in routine malaria data.

➢ Programmes risk missing key populations due to a lack of detailed surveillance data

b) Why it matters?

- Without robust disaggregated data, interventions may overlook those at greatest risk, reinforcing inequities.
- Policies and programs will continue to be blind to overlapping vulnerabilities if gaps persist.

c) What is needed?

Deeper research and analysis to understand:

- Who is being missed, how and why
- Which approaches ensure no one is left behind
- How communities can be actively engaged
- How equity outcomes can be measured and monitored

➢ Strengthen systems to ensure data is disaggregated by sex, age, disability, geography, and socio-economic status.

Strengthening data systems and research will be critical to designing inclusive malaria programmes that truly ***leave no one behind***.

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Ensuring a more equitable and effective response can help bridge gaps in malaria care

- Addressing overlapping vulnerabilities requires data-driven policies and actions that are gender-responsive, equity-oriented, and grounded in human rights principles.
- African leaders of high burden countries are already championing equity in their malaria responses, as outlined in Yaoundé Declaration
- There are many positive examples of countries and communities reaching those left behind

Recommended policies and actions

Commit to primary healthcare (PHC) as the foundation of strong, equitable and efficient health systems.

Adopt gender-transformative strategies that tackle underlying determinants of malaria and other diseases.

Embed equity as guiding principle in antimalarial innovation and product discovery.

Invest in better data systems and knowledge to improve health outcomes, eliminate barriers to health services, and address inequities.

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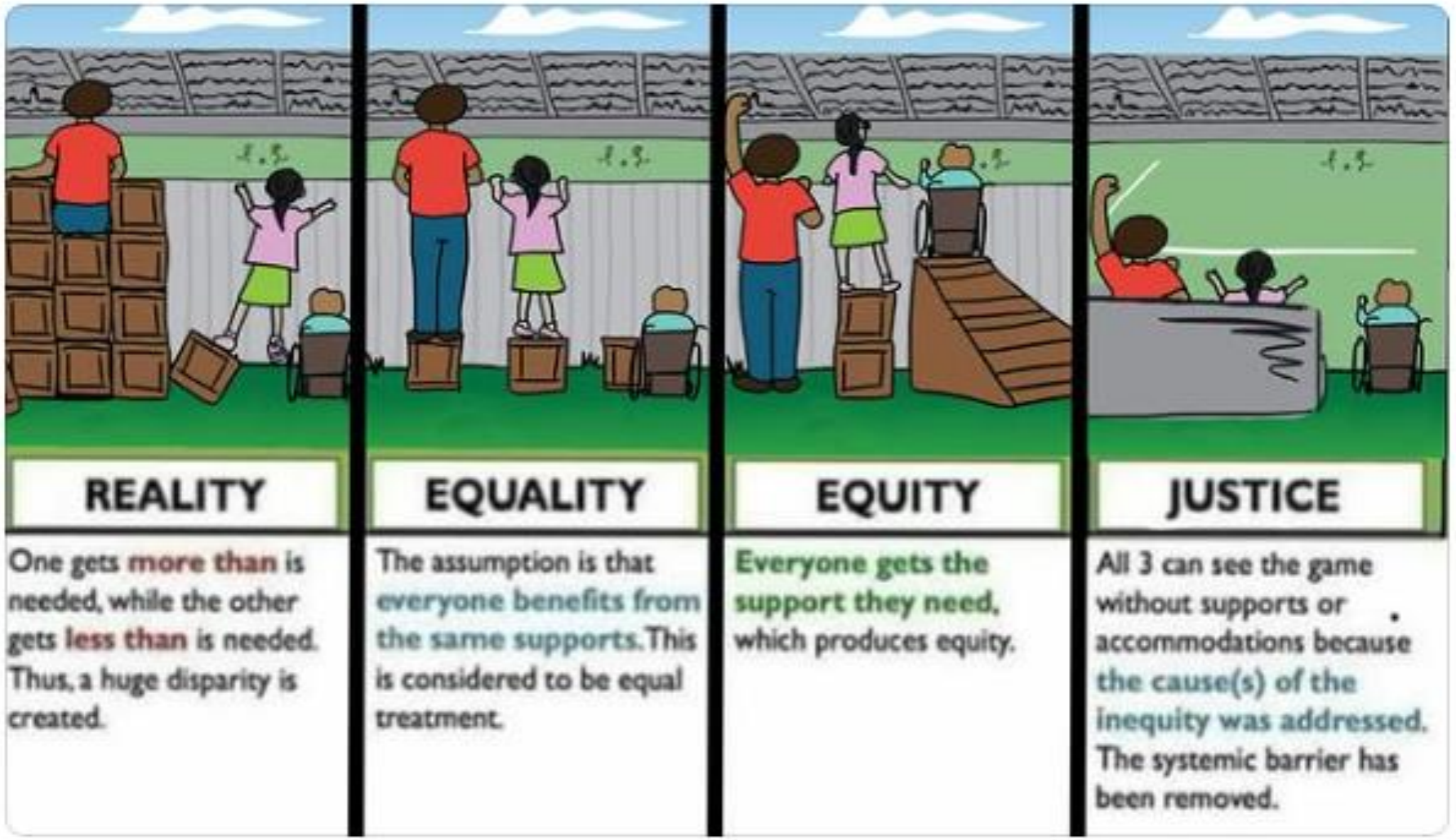

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Thank you

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