



Global messaging briefing kit

World malaria report 2024

11 December 2024



World Health
Organization

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Malaria situation worldwide ➔

Since 2000, an estimated 2.2 billion cases and 12.7 million deaths have been averted worldwide. As of December 2024, 44 countries and one territory have been certified malaria-free by WHO, with many others progressing toward elimination. Some high burden countries are also making strong inroads against malaria. However, malaria remains a serious global health challenge, claiming nearly 600 000 lives in 2023 alone. Current progress towards key global targets is not on pace.

2

Key threats to progress ➔

Progress has been hampered by fragile health systems, weak surveillance, funding gaps and rising threats such as drug and insecticide resistance. Many at-risk groups continue to miss out on the services they need to prevent, detect and treat malaria. Climate change, conflict and violence, natural disasters and population displacement are compounding these challenges.

3

What is being done ➔

Encouraging trends include the wider rollout of new generation nets, vaccines and seasonal malaria chemoprevention. There has also been notable progress in providing timely diagnosis and treatment for young children. However, many at risk of malaria remain unprotected by insecticide-treated nets, preventive therapy and other critical interventions.

4

What is needed now ➔

Meeting the global malaria targets will require urgent and accelerated action – particularly in high-burden African countries. Malaria-endemic countries should be supported by an effective ecosystem of international partners. The “Big Push” framework aims to revitalize global malaria control by aligning international support more closely with the specific needs of affected countries.

5

Special focus on equity ➔

Various factors – biological, environmental, social, structural, and economic – heighten vulnerability to malaria and hinder access to treatment and preventive services. These factors often intersect, compounding an individual’s risk of malaria and its consequences. Addressing overlapping vulnerabilities requires data-driven policies and actions that are gender-responsive, equity-oriented and grounded in human rights.



[Download the report](#)

[Global Malaria Programme website](#)



Malaria situation worldwide

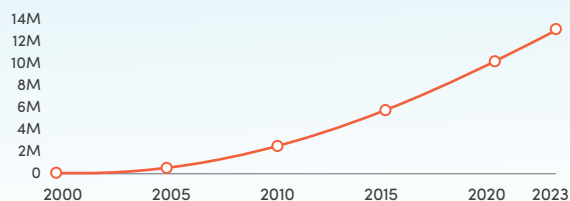
Malaria responses worldwide are preventing illness and saving lives

Since 2000, malaria control efforts have helped avert 2.2 billion cases and 12.7 million deaths worldwide. In 2023 alone, more than 177 million cases and 1 million deaths were averted globally. Most cases (80%) and deaths (94%) averted were in the WHO African Region.

Malaria cases averted (cumulative)



Malaria deaths averted (cumulative)

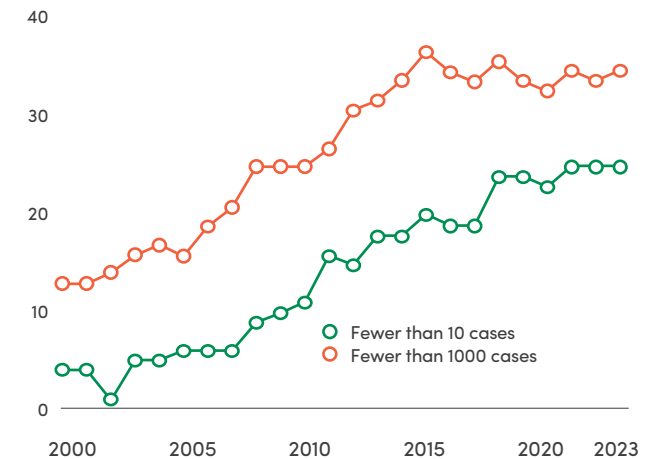


Alongside targeted interventions, other factors such as improvements in socioeconomic status, nutrition, infrastructure, housing and urbanization have also likely contributed to reducing malaria transmission and disease.

Progress has been reported across many countries

Many countries with a low burden of malaria continue to move steadily towards the goal of elimination. In 2023, more than half (47) of the 83 malaria-endemic countries worldwide reported less than 10 000 cases of the disease. From 2000 to 2023, the number of countries reporting fewer than 1000 malaria cases per year increased from 13 to 35, while those with fewer than 10 cases per year increased from 4 to 25.

Number of malaria-endemic countries reporting fewer than 10 and fewer than 1000 malaria cases per year, 2000–2023

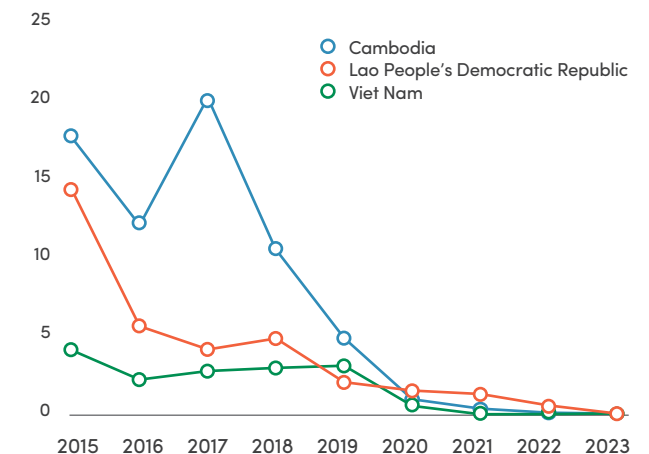


In the face of antimalarial drug resistance, elimination is now within reach in three countries of the Greater Mekong Subregion

In 2023, Cambodia reported only 34 cases of indigenous *P. falciparum* malaria, compared to more than 20 000 cases in 2017. Lao People's Democratic Republic and Viet Nam reported just 85 and 60 cases in 2023, down from more than 4000 and 2800 cases in 2017.

A near-zero level of *P. falciparum* malaria is notable in view of the historic threat posed by drug resistance in the subregion. The availability of effective antimalarial drugs coupled with a marked decline in *P. falciparum* cases present a unique window to defeat malaria in the Greater Mekong.

Number of *P. falciparum* indigenous cases reported in Cambodia, Lao People's Democratic Republic and Viet Nam, 2015–2023



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WHO has certified 44 countries and 1 territory as malaria-free

This certification is granted when a country can prove, beyond a reasonable doubt, that the chain of indigenous malaria transmission has been interrupted nationwide for at least 3 consecutive years. A country must also demonstrate the capacity to prevent the re-establishment of transmission.

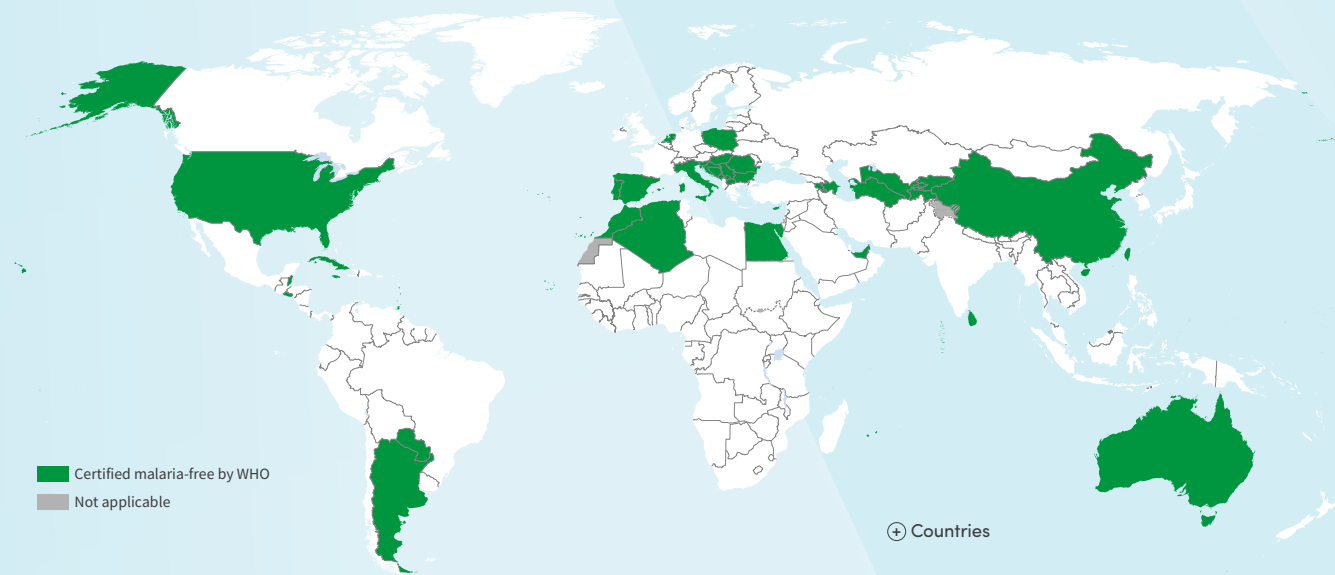
Four countries were certified malaria-free in 2023 (Azerbaijan, Belize, Cabo Verde and Tajikistan) and [Egypt achieved this milestone](#) in October 2024. As the third most populous country in Africa, Egypt's certification is a significant public health milestone. Malaria was detected in the country as early as 4000 B.C., with genetic markers of the disease identified in Tutankhamun and other ancient Egyptian mummies.

Three more countries (Georgia, Timor-Leste and Türkiye) have submitted requests for a malaria-free certification. An independent WHO advisory group will assess whether they are ready to be certified in the coming months.

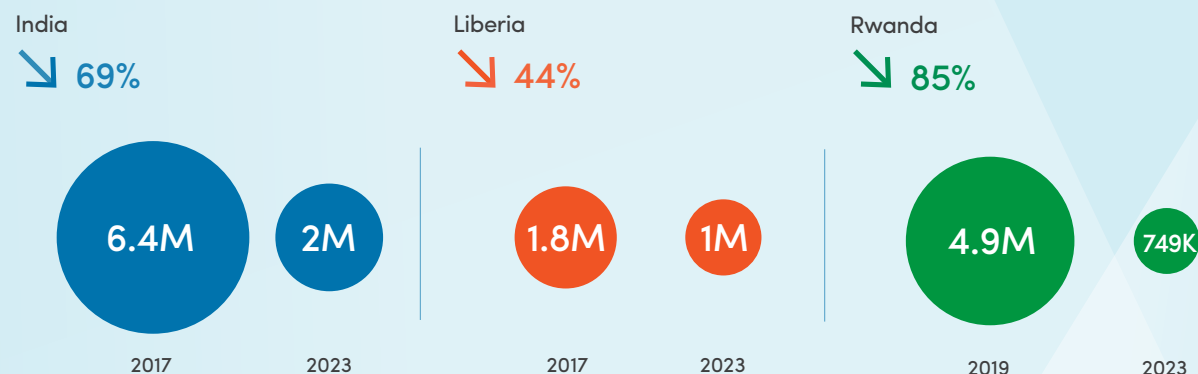
Some high burden countries are also making strong inroads against malaria

In the WHO African Region, Rwanda reduced its malaria caseload by 85% between 2019 and 2023 – from an estimated 4.9 million to 749 000 – while Liberia achieved a 44% reduction in cases since 2017, from about 1.8 million to 1 million. In South-East Asia, India lowered its cases by 69%, from 6.4 million in 2017 to 2 million in 2023.

Countries and territories certified malaria-free by WHO, as of December 2024



Reductions in malaria cases in 3 higher burden countries



1. Malaria situation worldwide

Malaria remains a serious global health challenge, particularly in the hard-hit African Region

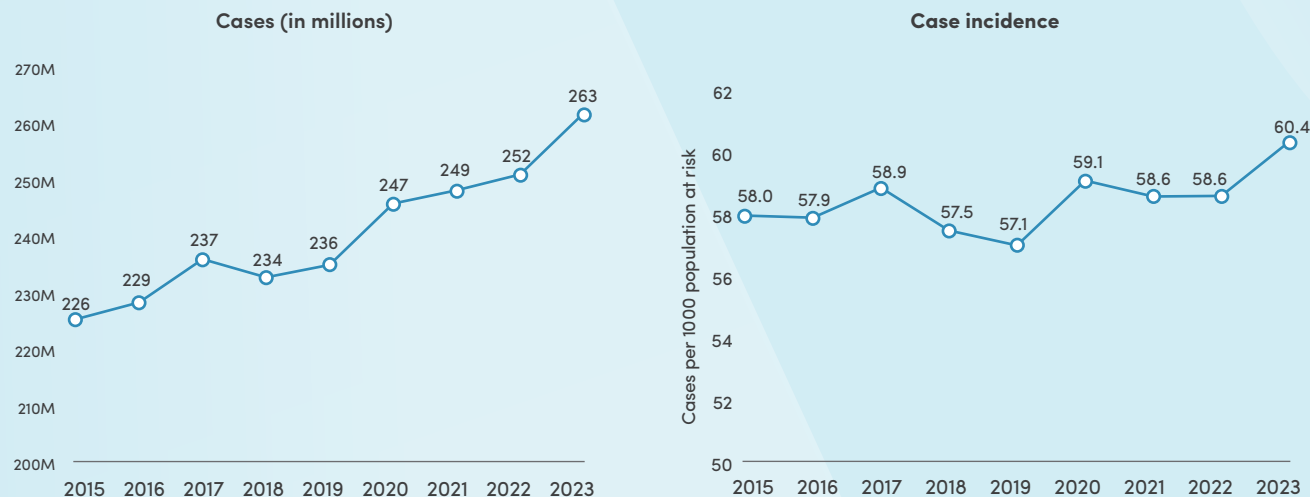
In 2023, there were an estimated 263 million new malaria cases in 83 countries worldwide, up from 252 million in 2022 and 226 million in 2015. The main countries contributing to a rise in cases between 2022 and 2023 were Ethiopia (+4.5 million), Madagascar (+2.7 million), Pakistan (+1.6 million), Nigeria (+1.4 million) and Democratic Republic of the Congo (+600 000). Malaria case incidence, which accounts for population growth, grew in the period 2015–2023 from 58 to 60.4 cases per 1000 people at risk.

The global tally of malaria deaths reached 597 000 in 2023 compared to 578 000 in 2015. In 2020, disruptions caused by COVID-19 led to a sharp increase in malaria-related deaths, with an additional 55 000 fatalities. However, the total number of deaths steadily declined in the post-COVID period, together with the malaria mortality rate.

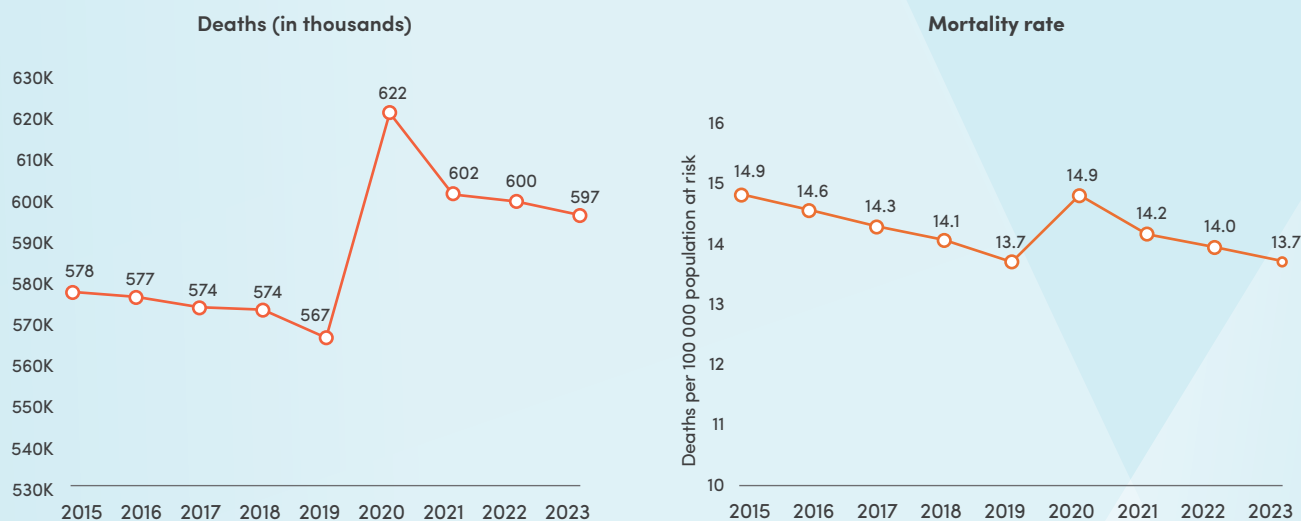
The African Region bears the heaviest burden of malaria, accounting for an estimated 94% of global cases and 95% of malaria-related deaths in 2023. Just over half of these deaths occurred in four countries: Nigeria (30.9%), Democratic Republic of the Congo (11.3%), Niger (5.9%) and United Republic of Tanzania (4.3%).

The Eastern Mediterranean was the second most affected WHO region in 2023, accounting for 3.9% of cases and 3.1% of deaths. Between 2021 and 2023, cases in this region increased by 62%, from 6300 to 10 200, largely driven by a surge in malaria cases in Pakistan following catastrophic flooding.

Malaria cases and case incidence worldwide, 2015–2023



Malaria deaths and mortality rate worldwide, 2015–2023



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1. Malaria situation worldwide

Meanwhile, the South-East Asian Region has achieved significant reductions in case incidence and mortality rates since 2015 of 61% and 67%, respectively. In 2023, the region carried the third highest malaria burden, with an estimated 4 million cases, or 1.5% of the global total. About half of these cases were in India, while Indonesia accounted for just under one third.

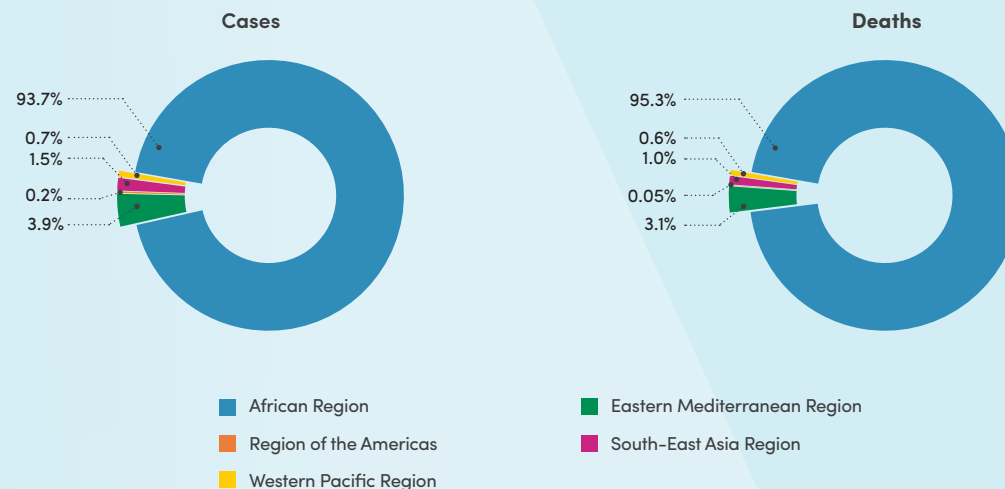
Despite some gains in Africa's malaria response, progress must be accelerated

Approximately two thirds of global malaria cases and deaths are concentrated in 11 African countries: Burkina Faso, Cameroon, Democratic Republic of the Congo, Ghana, Mali, Mozambique, Niger, Nigeria, Sudan, United Republic of Tanzania and Uganda. These 11 countries have adopted the "[High Burden High Impact](#)" (HBHI) approach, a targeted effort to reach populations at greatest risk of malaria with tailored packages of interventions informed by local data and disease settings.

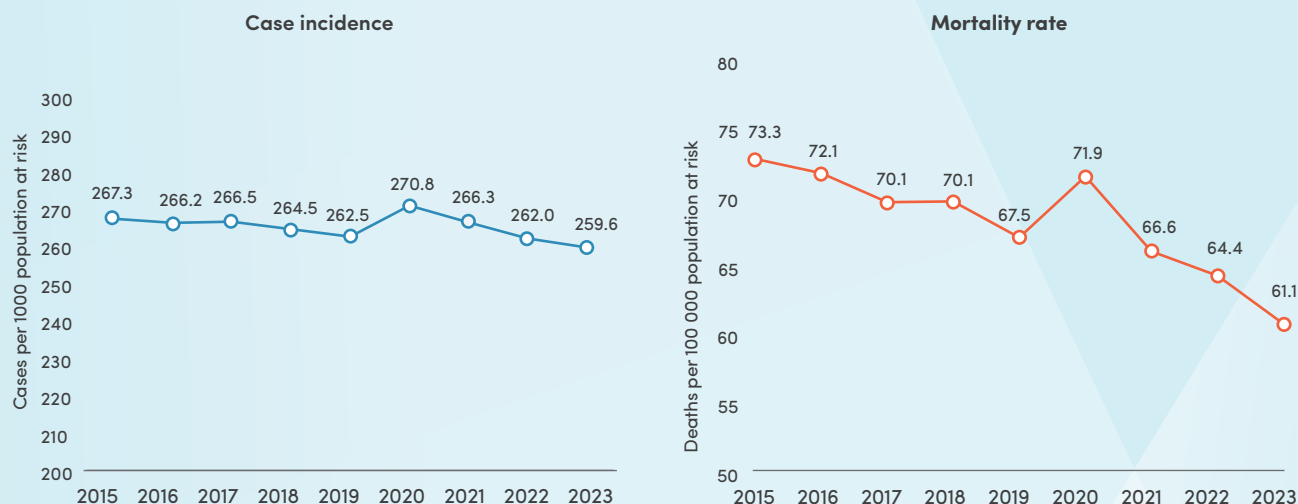
Case incidence (cases per 1000 population at risk) in the 11 HBHI countries stabilized between 2017 and 2023. In the same period, mortality rates (deaths per 100 000 population at risk) declined by 13%.

Between 2015 and 2023, the entire African Region achieved a 5% reduction in case incidence and a 16% decline in mortality rates. However, rates in 2023 for both indicators were still more than double the target levels set by the global strategy.

Distribution of cases and deaths by WHO Region, 2023



Malaria case incidence and mortality rate in HBHI countries, 2015-2023



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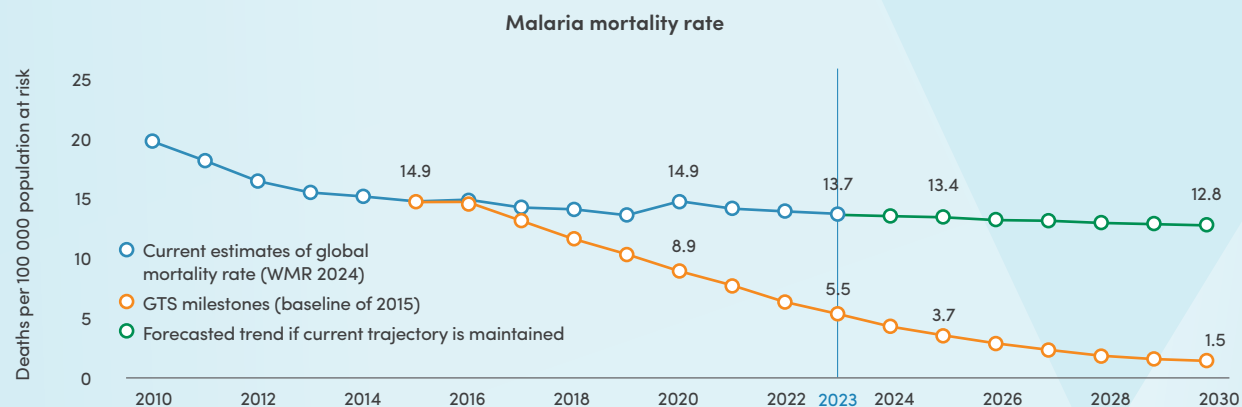
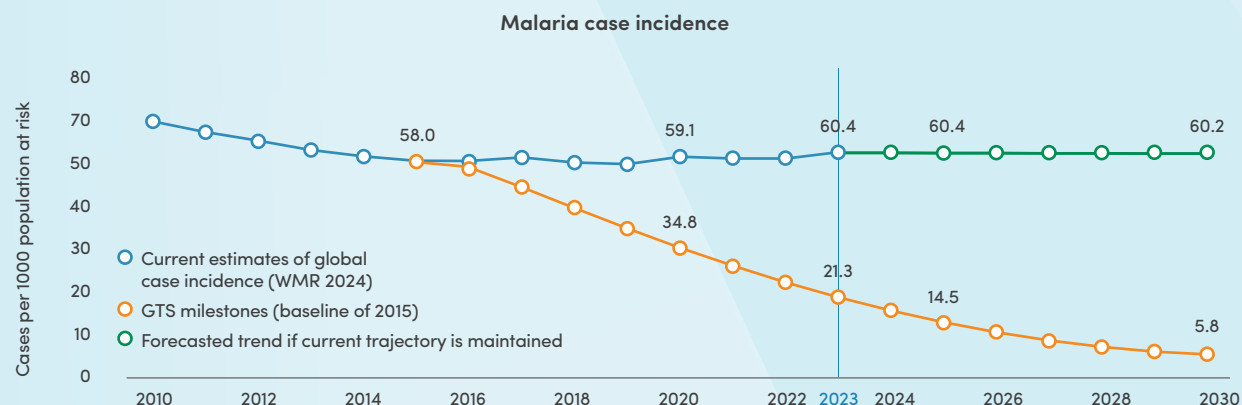


Progress towards key targets of WHO's global malaria strategy remains markedly off track

Adopted in May 2015 by the World Health Assembly, and updated in 2021, the [WHO global malaria strategy](#) serves as a comprehensive framework for countries working to control and eliminate malaria. Among other goals, the strategy calls for reductions in malaria case incidence and death rates of at least 75% by 2025 and 90% by 2030, compared to 2015 baseline levels.

The 2023 global malaria incidence rate of 60.4 cases per 1000 population at risk is nearly 3 times higher than the 21.3 cases per 1000 needed to reach the target. In addition, there were 13.7 malaria deaths per 100 000 population at risk in 2023, more than twice the target of 5.5 deaths per 100 000.

Comparison of global progress considering two scenarios: current trajectory maintained (green) and targets of the global strategy achieved (orange)



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Key threats to progress

In the wake of the COVID-19 pandemic, malaria-endemic countries continue to grapple with persistent challenges. Fragile health systems, weak surveillance, and chronic funding shortfalls endure as major barriers. Many at risk of malaria continue to miss out on the services they need to prevent, detect, and treat the disease. Rising biological threats, such as drug and insecticide resistance, are undermining the effectiveness of core malaria control tools. Compounding these threats are overlapping impacts of conflict, climate change and population displacement on malaria transmission, fueling a complex public health crisis that requires an urgent response.

Available funding fell far short of the US\$ 8.3 billion target in 2023

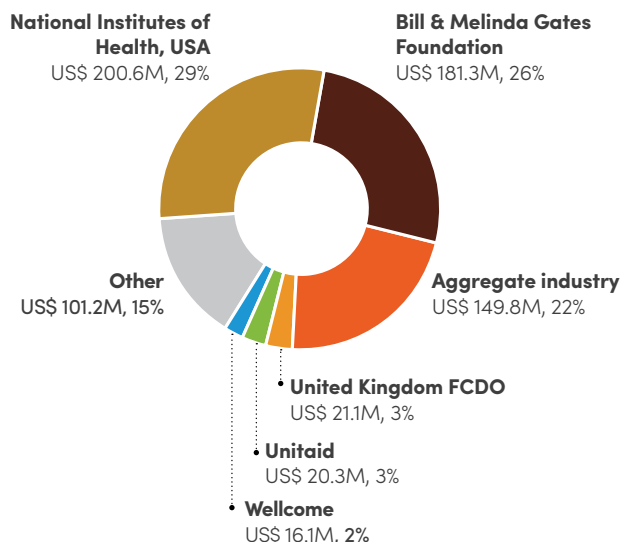
Globally, total investments in malaria control reached an estimated US\$ 4 billion in 2023, falling short of the US\$ 8.3 billion funding target of the WHO global malaria strategy. The funding gap has widened over the past 5 years, increasing from US\$ 2.6 billion in 2019 to US\$ 4.3 billion in 2023.

From 2010 to 2023, international sources provided an average of 67% of total malaria funding, while endemic countries contributed 33%. In 2023, the respective shares of contributions were 63% from international sources and 37% from endemic countries.

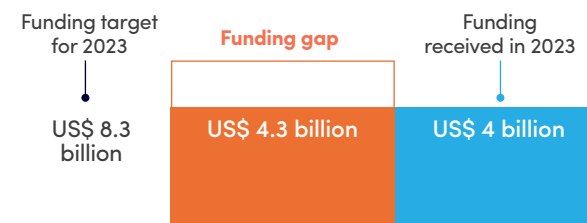
With a contribution of US\$ 1.1 billion, the United States was the top contributor to global malaria control efforts in 2023. Canada, France, Germany, Japan and the United Kingdom collectively contributed nearly US\$ 1 billion. An additional US\$ 400 million came from other Development Assistance Committee member countries and private donors.

In 2023, top funders to malaria-related R&D included the U.S. National Institutes of Health (US\$ 201 million) and the Bill & Melinda Gates Foundation (US\$ 181 million).

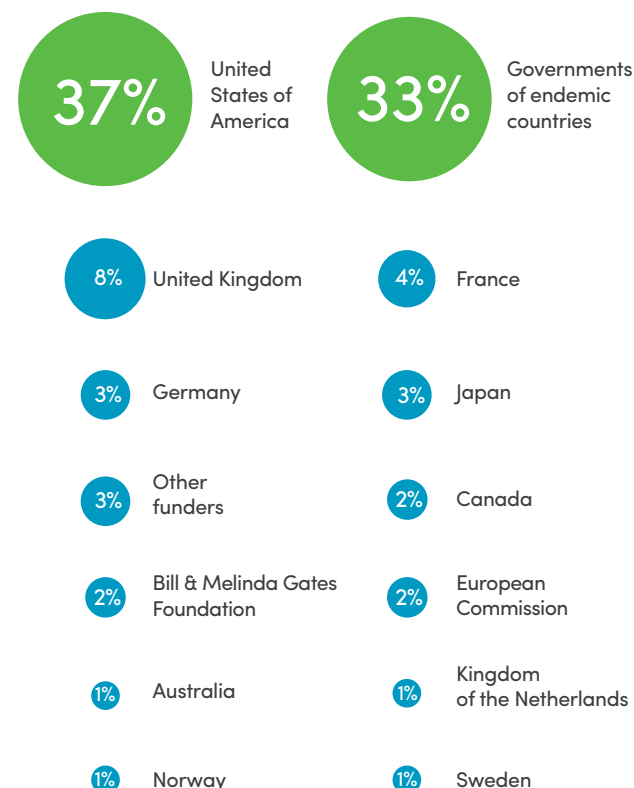
Top funders for malaria-related R&D, 2023



Global malaria funding gap, 2023



Funding sources for malaria control and elimination, 2010–2023



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Humanitarian emergencies are heightening malaria risks in many endemic areas

Humanitarian emergencies can displace populations, alter ecological habitats, and put a strain on healthcare systems. In 2023, an estimated 80 million people in malaria-endemic countries were internally displaced persons (IDPs) or refugees, of which approximately 70% were uprooted by conflict or natural disasters. IDPs and refugees often lack access to malaria prevention and treatment, leading to higher exposure and transmission rates. Vulnerable groups – especially women, children and marginalized communities – are disproportionately affected, often residing in camps or temporary shelters without adequate malaria control.

In Myanmar, estimated cases of malaria surged to 847 000 in 2023, 10 times the number seen in 2019. This increase is thought to be due, in part,

to political and social instability in the country, which has weakened its focus on malaria prevention and control. Instability in Myanmar has also affected neighbouring Thailand, where indigenous cases tripled (from 2426 to 9168) and imported cases rose nine-fold (from 800 to 7276 cases) between 2021 and 2023.

Ethiopia saw its estimated malaria cases more than triple, from about 2.6 million in 2019 to 9.5 million in 2023. In recent years, basic health services and malaria prevention measures have been disrupted in conflict-affected areas and the country has experienced other challenges, including the emergence of the *Anopheles stephensi* mosquito, insecticide resistance, and the impacts of climate change.

Climate change also threatens to undermine gains in the fight against malaria

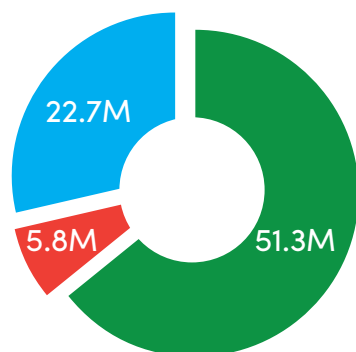
Rising temperatures and changing weather patterns are impacting the health, security

and livelihoods of people around the world. Vulnerable populations in Africa are particularly affected by the most severe impacts of climate change, and many of these same communities are also at high risk of contracting malaria.

A [recent analysis](#) from the Malaria Atlas Project and the Boston Consulting Group suggests that climate change could cause an additional 550 000 malaria deaths between 2030 and 2049, assuming current levels of malaria control. Extreme weather events are expected to drive most of the projected increase in mortality.

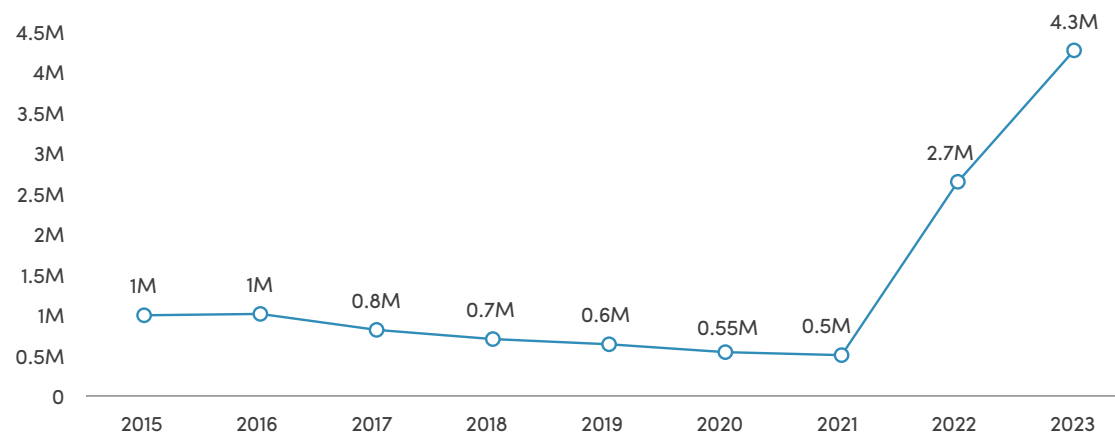
The 2022 flooding in Pakistan is example of the devastating effects of an extreme weather event on malaria transmission and burden. After the floods receded, pools of standing water created ideal breeding grounds for mosquitoes, leading to an eight-fold increase in malaria cases between 2021 and 2023, from about 500 000 to 4.3 million. These events will likely become even more common and severe due to climate change.

Estimated number of IDPs and refugees in malaria-endemic countries, 2023



■ IDPs in conflict settings
 ■ IDPs in natural disaster settings
 ■ Refugees

Malaria cases in Pakistan (in millions), 2015–2023



Many at risk of malaria still lack access to essential services for prevention, diagnosis, and treatment

Despite progress in increasing coverage and use of WHO-recommended malaria interventions, too many people at risk of malaria are still missing out on quality care and interventions. Groups at high risk of a malaria infection include children under five, women and girls, Indigenous Peoples, migrants, persons with disabilities, and people living in remote areas with limited healthcare access.

In 2023, for example, more than 40% of children under five and pregnant women and girls in sub-Saharan Africa were not sleeping under an insecticide-treated net – a primary malaria prevention tool. To bring attention to, and help reduce, these gaps, this year's *World malaria report* includes a dedicated chapter emphasizing the need for a more inclusive and effective response, with a focus on reaching those most vulnerable to malaria (see pages 17–21 for a chapter summary).

The spread of antimalarial drug resistance in Africa is an acute concern

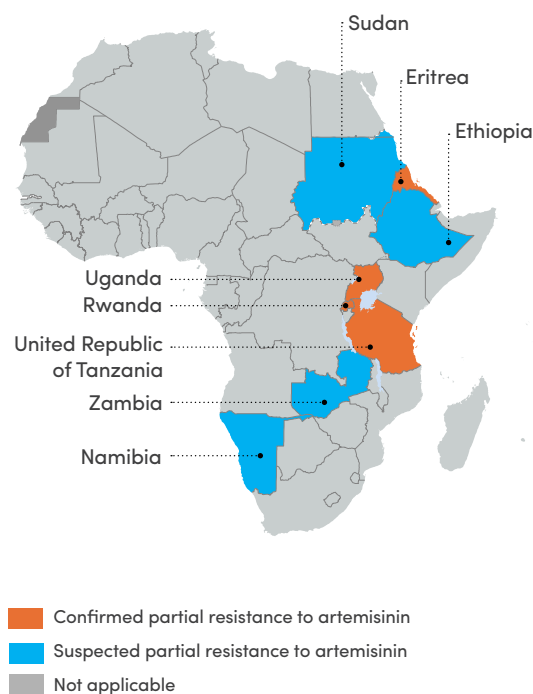
To date, four East African countries have confirmed the presence of partial resistance to artemisinin (Eritrea, Rwanda, Uganda and United Republic of Tanzania). Based on available evidence, such resistance is also suspected in at least four other countries (Ethiopia, Sudan, Namibia and Zambia).

Vigorous measures are needed to protect drug efficacy: given the heavy reliance on artemisinin-based combination therapies (ACTs) in the

region, full-blown treatment failure could have serious consequences.

In 2022, WHO [launched a strategy](#) to curb antimalarial drug resistance in Africa. The strategy builds on lessons learned from past global plans and complements existing strategies, including broader efforts to respond to antimicrobial resistance.

Status of partial resistance to artemisinin in Africa, November 2024



Four pillars of the “Strategy to respond to antimalarial drug resistance in Africa”

- 1 Strengthen surveillance of antimalarial drug efficacy and resistance.
- 2 Optimize and better regulate the use of diagnostics and therapeutics to limit drug pressure through pre-emptive measures.
- 3 React to resistance by limiting the spread of antimalarial drug-resistant parasites.
- 4 Stimulate research and innovation to better leverage existing tools and to develop new tools against antimalarial drug resistance.

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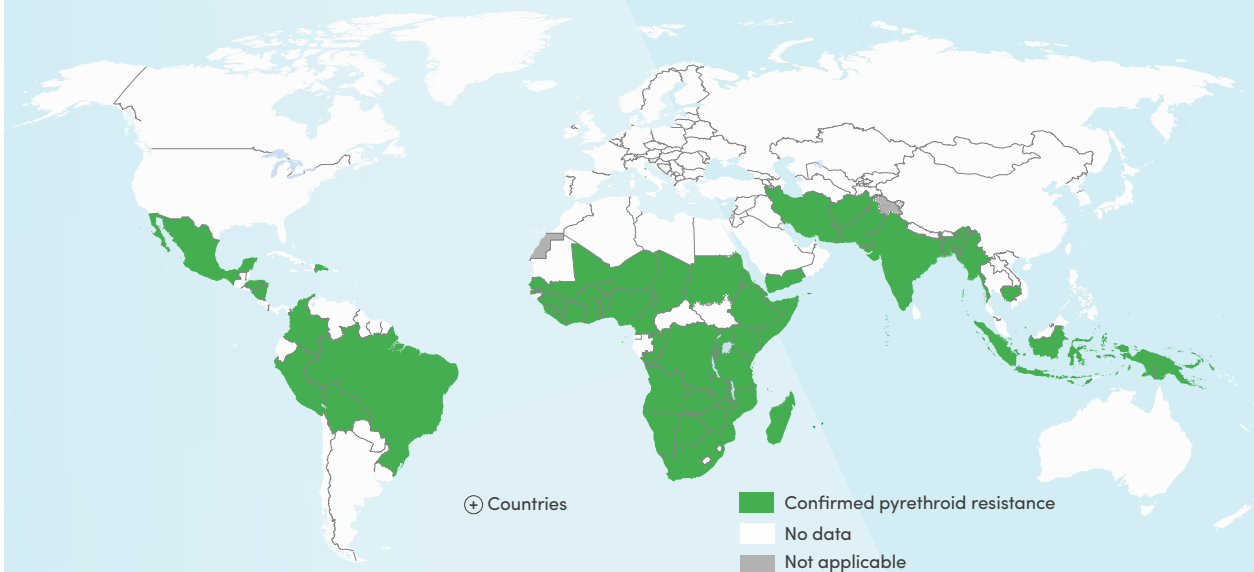
Mosquito resistance to pyrethroids remains widespread

Resistance to pyrethroids, the most commonly used chemical on insecticide-treated nets, was confirmed in 55 of 64 malaria-endemic countries where it was monitored between 2018 and 2023. New generation nets, which provide better protection against malaria than pyrethroid-only nets, are becoming more widely available and represent an important tool in global efforts to combat malaria. [WHO issued recommendations](#) for their use in 2017 and 2023, respectively.

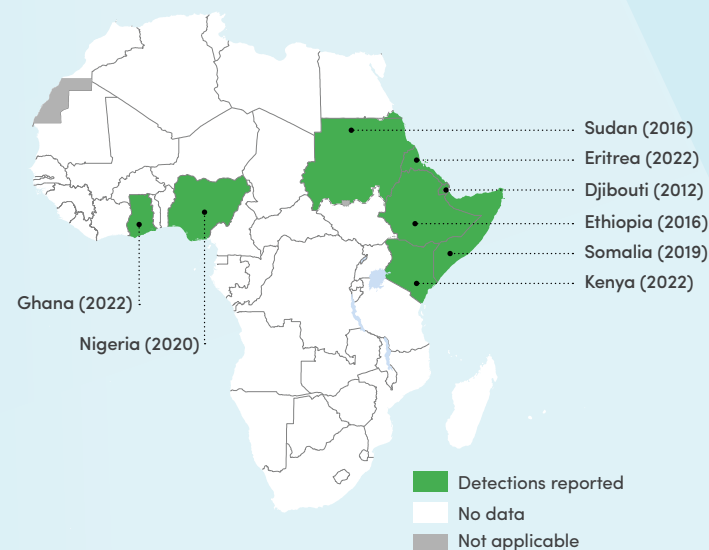
Anopheles stephensi presents an added challenge for malaria control in Africa

Originally native to parts of South Asia and the Arabian Peninsula, the invasive mosquito species has been expanding its range over the last decade, with detections reported to date in eight African countries. *An. stephensi* thrives in urban settings, endures high temperatures and is resistant to many of the insecticides used in public health. In 2022, [WHO launched an initiative](#) to raise awareness of this growing threat and catalyse existing efforts by its Member States and partners to stop the further spread of *An. stephensi* in Africa.

Countries reporting confirmed pyrethroid resistance, 2018–2023



Spread of *Anopheles stephensi* mosquito in Africa



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HRP2 gene deletions continue to spread, threatening lives of malaria patients

Most rapid diagnostic tests (RDTs) for malaria target one or two specific proteins produced by the *P. falciparum* malaria parasite: HRP2 and HRP3. However, parasites with genetic mutations that prevent the expression of these proteins are spreading – and, in some settings, becoming dominant among parasite populations.

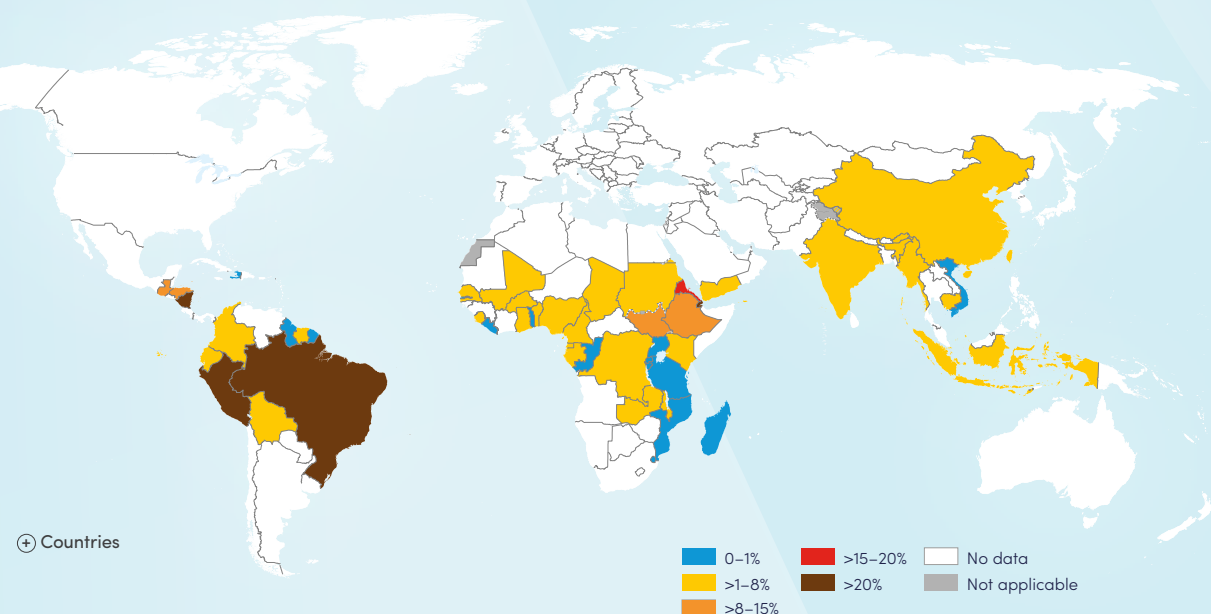
In 2023, these mutated parasites were reported in 41 malaria endemic countries, including in Burkina Faso, Chad, Togo, and Indonesia for the first time. Although their prevalence is still low in most countries, it exceeds 15% in Brazil, Djibouti, Eritrea, Nicaragua and Peru.

The *P. knowlesi* parasite poses unique challenges in South-East Asia

The zoonotic parasite is known for its severe and rapid onset. Globally, there were 3290 reported cases of *P. knowlesi* in 2023, an increase of ~19% over 2022, when 2768 cases were reported. The vast majority (87.4%) of these cases were in Malaysia, followed by Thailand (7.8%), Indonesia (4.4%) and Cambodia (0.3%).

The emergence of *P. knowlesi* could affect WHO's process for malaria elimination certification, which considers only the four human malaria parasite species transmitted by mosquitoes (*P. falciparum*, *P. vivax*, *P. malariae*, and *P. ovale*). WHO is reassessing certification criteria in light of *P. knowlesi*'s rise.

Estimated prevalence of *pfhrp2* gene deletions, 1996–2023



Countries reporting the highest numbers of *P. knowlesi* malaria cases, 2023



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What is being done

The 2024 report highlights positive trends in the scale-up of effective prevention tools, including new generation nets, the malaria vaccines and seasonal malaria chemoprevention. There has also been notable progress in providing timely diagnosis and treatment for young children. However, coverage of insecticide-treated nets and preventive malaria therapy for pregnant women and girls continues to lag, underscoring areas needing further action.

A wider rollout of vaccines promises to lower the disease burden in Africa

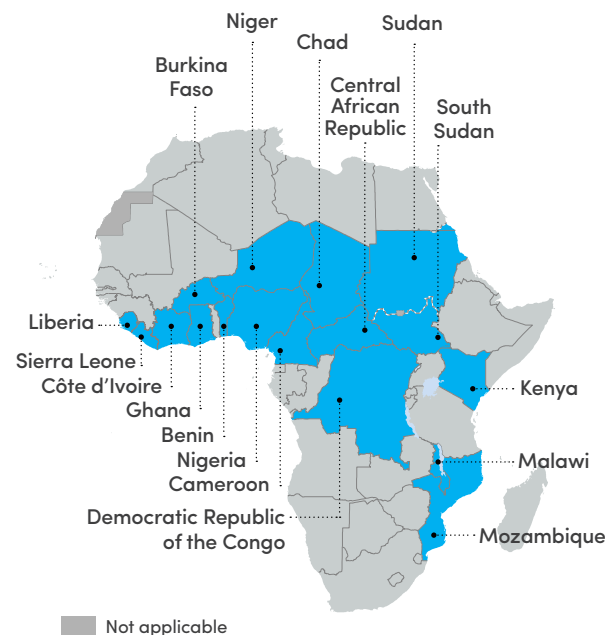
Two malaria vaccines, RTS,S/AS01 (RTS,S) and R21/Matrix-M, are now recommended by WHO for use in malaria endemic areas. Between 2019 and 2023, approximately 2 million children in Ghana, Kenya and Malawi received the RTS,S vaccine. An evaluation of impact demonstrated a 13% reduction in all-cause mortality (excluding injury) and a 22% reduction in hospitalizations of severe malaria among children age-eligible for vaccination during this period.

By early December 2024, a total of 17 countries had introduced the vaccine through routine childhood immunization, with many more to

follow. Demand for vaccines is high, and supply is sufficient to meet demand.

The scale-up of malaria vaccines in Africa is expected to save tens of thousands of young lives every year. The highest impact will be achieved when the vaccines are introduced alongside a mix of other WHO-recommended malaria interventions that are tailored to the local context.

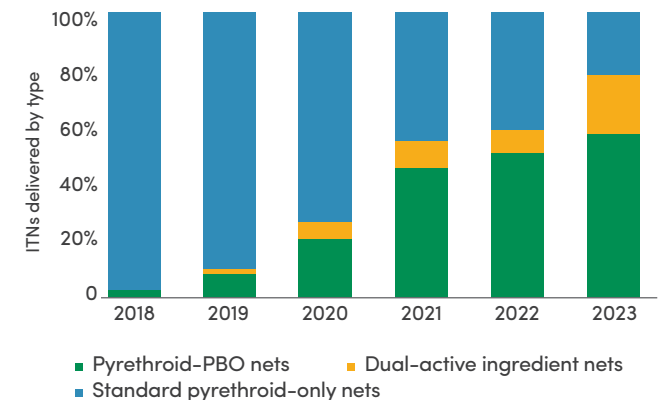
Countries that have introduced a WHO-recommended malaria vaccine subnationally as of December 2024



Significant progress has been made in recent years in deploying new generation nets

To date, more than 3 billion insecticide-treated nets have been distributed globally. Most of these nets were treated with insecticides from one class: pyrethroids. To combat rising mosquito resistance to insecticides, WHO recommends the use of pyrethroid-PBO and dual-active ingredient nets, which offer greater protection against malaria compared to standard pyrethroid-only nets. In 2023, these more effective nets accounted for 78% of the 195 million nets delivered to sub-Saharan Africa, a notable increase from 59% in 2022.

Insecticide-treated nets delivered in sub-Saharan Africa by type, 2018-2023



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3. What is being done

Expanded access to seasonal malaria chemoprevention is another bright spot in Africa's malaria response

Seasonal malaria chemoprevention (SMC) has proven highly effective in protecting young children from malaria. The intervention involves administering monthly doses of antimalarial drugs during peak season to children under five, the group most vulnerable to severe malaria.

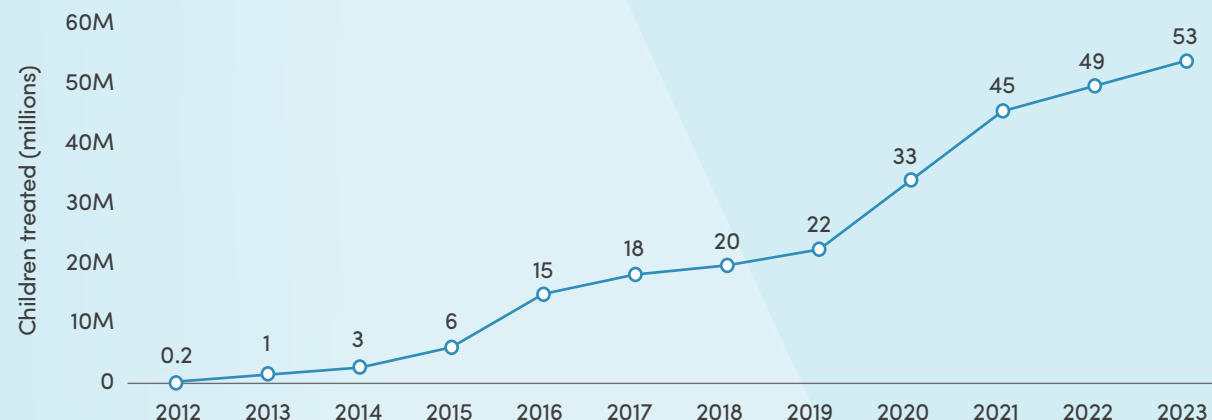
Between 2012 and 2023, the average number of African children treated per cycle of SMC rose from 170 000 to 53 million in 2023. In 2023, SMC was implemented in 19 African countries, with Nigeria alone treating 28.6 million children. Two countries introduced SMC for the first time in 2023: Côte d'Ivoire and Madagascar.

Case management for children under the age of five has seen improvements

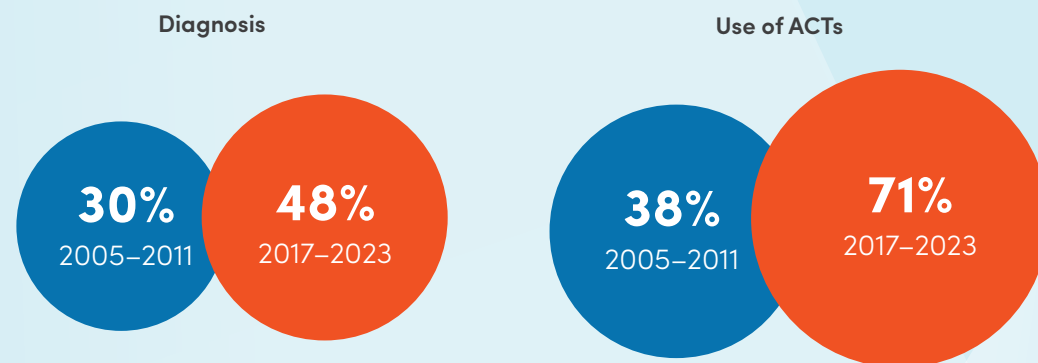
Data show a positive shift towards timely and effective malaria care in this vulnerable population. Across 26 sub-Saharan African countries, the proportion of febrile children who were taken to a health provider and received a diagnosis increased from a median of 30% in baseline studies (2005–2011) to 48% in more recent surveys (2017–2023). Of the children who reached a health provider and received an antimalarial drug, a median of 71% were treated with an ACT in the period 2017–2023 compared to 38% from 2005–2011.

ACTs are the most effective and widely recommended treatment for uncomplicated malaria – especially for infections caused by *Plasmodium falciparum*, the parasite responsible for most malaria deaths in Africa.

Average number of children treated with at least one dose of SMC, by year, 2012–2023



Diagnosis and ACT use among febrile children in sub-Saharan Africa, 2005–2011 and 2017–2023



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3. What is being done

Access to ITNs has improved, but many at risk of malaria remain unprotected

Over the past 2 decades, insecticide-treated nets (ITNs) have been a cornerstone of malaria prevention efforts in sub-Saharan Africa. But while 73% of households in the region owned at least one ITN in 2023 (up from 68% in 2015), only about half (52%) of those at risk of malaria were sleeping under them (as compared to 46% in 2015). Among young children and pregnant women and girls, ITN use reached 59% in 2023, up from 55% in 2022, but fell considerably short of the goal of universal coverage.

Efforts to expand access to preventive malaria therapy for pregnant women and girls should also be accelerated

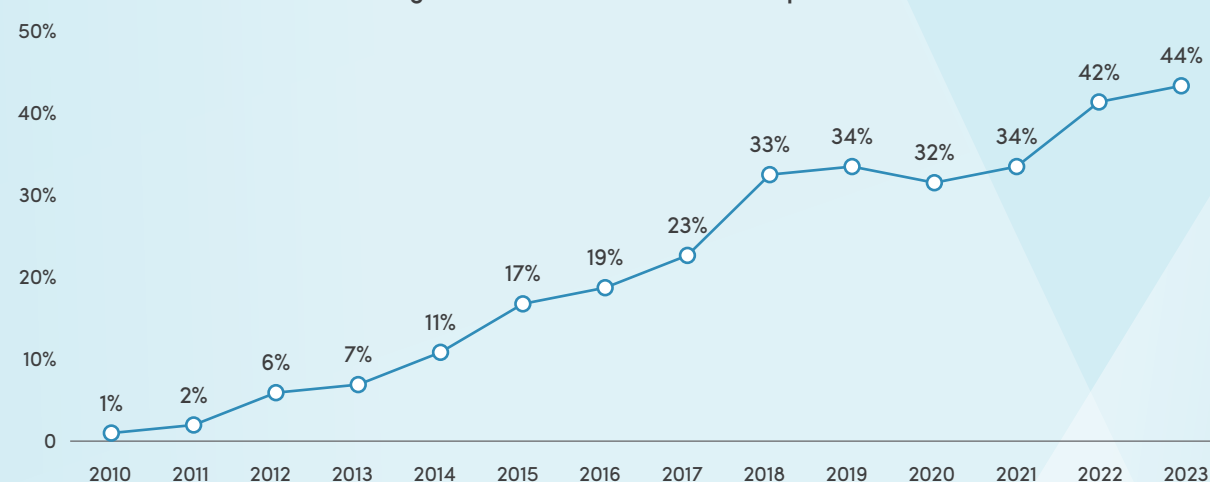
Intermittent preventive treatment of malaria in pregnancy (IPTp) is used to prevent malaria among pregnant women and girls living in areas of moderate-to-high malaria transmission. WHO recommends at least 3 doses of IPTp starting as early as possible in the second trimester. To date, 34 African countries have adopted IPTp.

Many pregnant women and girls continue to miss out on this critical malaria prevention tool. In 2023, an estimated 44% of pregnant women and girls at risk of malaria received the recommended 3 doses of IPTp, a modest increase from 42% in 2022 but still well below the target of 80%.

Indicators of population-level use of ITNs, sub-Saharan Africa, 2000–2023



Percentage of pregnant women and girls receiving the recommended 3 doses of IPTp 2010–2023



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What is needed now

Amid the current slowdown in progress and funding constraints, urgent and accelerated action is imperative. Malaria-endemic countries should be supported by an effective ecosystem of international partners. The “Big Push” framework aims to revitalize global malaria control by aligning international support more closely with the specific needs of affected countries.

Meeting the targets of the global strategy will require stepped-up resources and action in high burden African countries

Earlier this year, ministers of health from 11 high burden African countries committed to the principle that “no one should die from malaria” given the tools and resources available. By signing the March 2024 [Yaoundé Declaration](#), they further committed to seven key actions to accelerate progress against malaria. Political leaders must translate their stated commitments into tangible actions and resources that will save lives.

Malaria-endemic countries should be supported by an effective ecosystem of international partners

Coordinated action among global stakeholders is essential, particularly in view of the current slowdown in malaria progress and resource constraints. The Big Push is a collaborative, multi-stakeholder effort aimed at reinvigorating global malaria control by better aligning support from global partners with the specific needs of affected countries.

Seven key actions

- 1 Strengthen political will
- 2 Ensure the strategic use of information for action
- 3 Provide better technical guidance
- 4 Enhance coordination and multisectoral action
- 5 Strengthen national health systems
- 6 Build collaborative partnerships for resource mobilization, research and innovation
- 7 Ensure a functional malaria accountability mechanism

The Big Push framework underscores the importance of reinforcing primary healthcare and engaging communities. Leveraging the commitments of the Yaoundé Declaration and insights from the “High Burden High Impact” approach will further strengthen this collective response. The RBM Partnership to End Malaria will monitor the implementation of this initiative, which is set to launch in 2025.

Priority actions over the next 5 years

- ☒ 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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Focus on equity

This year's *World malaria report* includes, for the first time, a dedicated chapter emphasizing the need for a more inclusive and effective response, with a focus on reaching those who are most vulnerable to malaria and its consequences. Accelerating progress toward the global targets will require a more concerted effort to identify and address barriers to gender equality, human rights and health equity in malaria responses worldwide.

In addition to focusing on those who are biologically and geographically more vulnerable to malaria, it is important to consider social, structural and economic factors that elevate the risk of infection or hamper access to essential health services. These multiple, intersecting factors disproportionately impact people living in poverty, Indigenous Peoples, refugees, migrants and persons with disabilities and contribute to harmful gender norms that affect men, boys, women and girls.

For example, malaria prevalence among children under the age of five in sub-Saharan Africa is disproportionately high in low-income households and decreases with rising economic status. A child's malaria risk may be compounded by other factors, such as a mother's education

level. In the period 2020–2022, children under five whose mothers had no formal education or only a primary education faced double the risk of malaria compared to children with mothers who had attained secondary or higher levels of education.

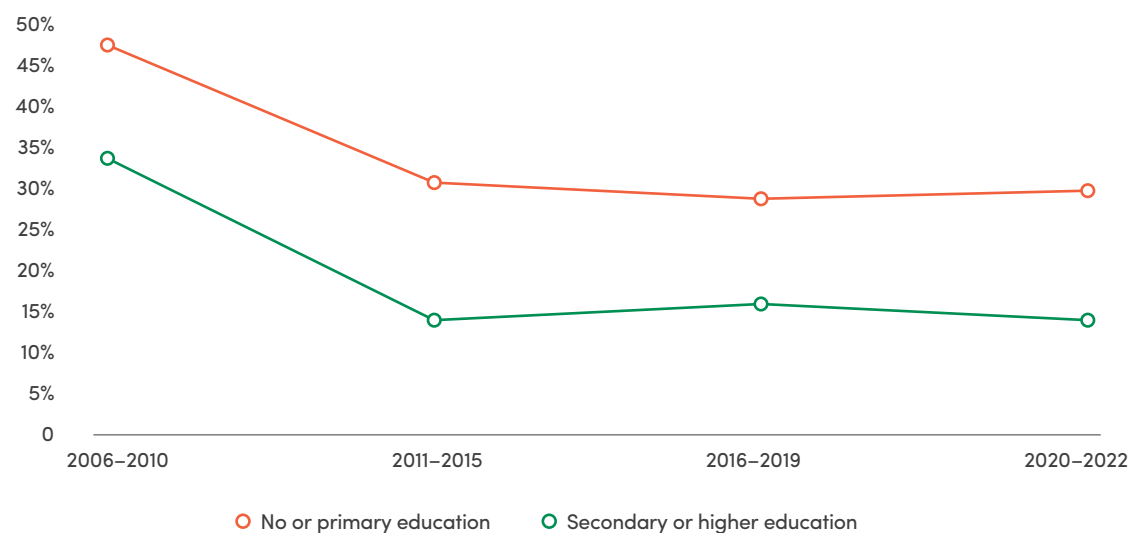
Research has also shown a correlation between a mother's education level and her own malaria risk. Pregnant women and girls who have attained higher education are more likely to complete the recommended 3 or more doses of preventive malaria therapy and to use an insecticide-treated net, compared with those who have little formal education.

Beyond challenges in accessing education, many women and young girls face other barriers to improvements in both malaria outcomes and gender equality – such as limited malaria

knowledge, restricted financial resources, and a lack of influence in household decision-making. Gender-based roles, reflected in divisions of labour and social expectations, influence the risk of disease exposure in malaria-endemic regions. For example, domestic tasks often assigned to women and girls are frequently performed outdoors in the early morning and evening – peak times for mosquito activity – elevating their risk of malaria.

In some areas, men and boys are also disproportionately vulnerable to malaria due to harmful gender norms, roles and relations. Occupations such as farming, forestry, military service and mining often involve working in environments that are conducive to malaria transmission, heightening exposure to the disease. For example, in the Pan American Health Organization (PAHO) region, where gold mining

Malaria prevalence in children under 5 years by maternal education in 19 sub-saharan countries



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contributes significantly to the pervasiveness of malaria transmission, men and boys consistently accounted for more malaria cases and deaths than women and girls in the period 2018–2023.

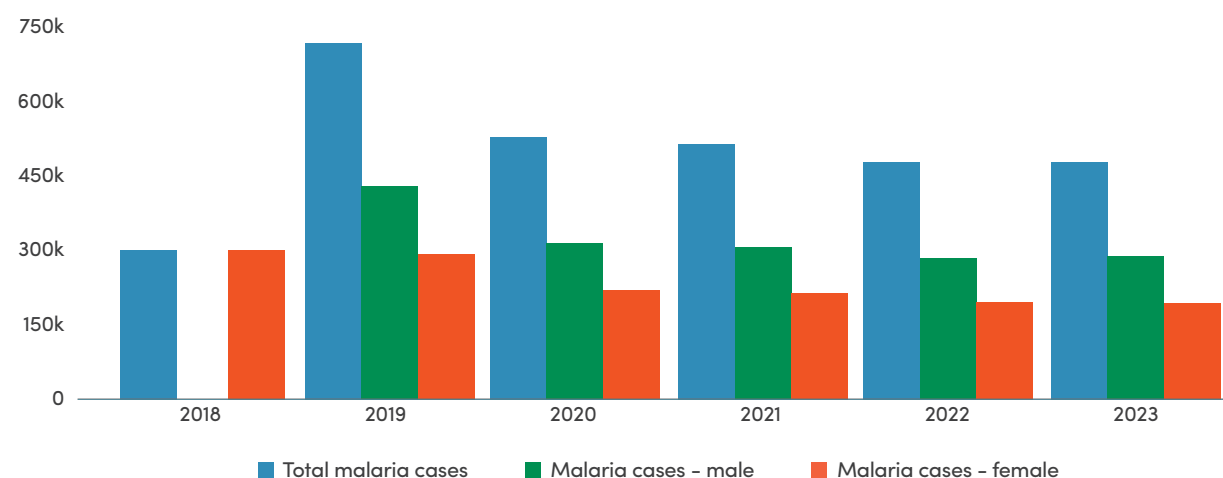
Across the globe, Indigenous Peoples tend to experience higher rates of illness and disability, greater difficulty in accessing health services and considerably shorter life expectancies compared to other citizens in their countries. Globally, for example, Indigenous women and adolescent girls experience challenges in accessing antenatal care. Indigenous women often miss out on preventive treatments for malaria prevention, further jeopardizing their own health and that of their children.

One in eight people worldwide are either refugees or migrants. Migrants have unique health care needs that, if unmet, can lead to serious consequences. Refugees and migrants, including those forced to flee their place of origin, may face a heightened risk of, and poorer health outcomes from, malaria due to poor living conditions, restricted health care access, environmental exposure and economic instability.

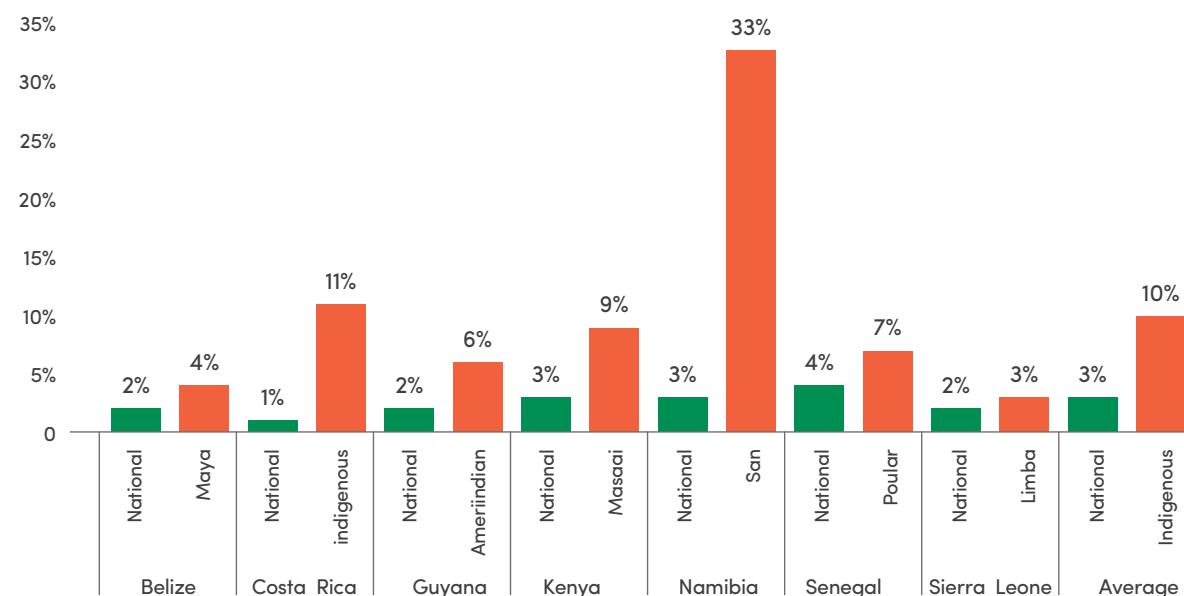
When considering the control of malaria in low-transmission or non-endemic areas, displacement and migration might pose a risk of onward transmission in some receptive settings and present challenges for diagnosis and treatment, particularly in refugee transit and reception centres or in labour migration contexts. Conversely, refugees and migrants moving from non-endemic areas to regions with high malaria transmission face an elevated risk of developing severe forms of malaria.

Persons with disabilities are more likely to experience risk factors associated with poor malaria outcomes, such as poverty, substandard

Total reported malaria cases by sex in the PAHO region (in thousands), 2018–2023



Average percentage of women who did not receive antenatal care



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living conditions, lower education levels, and limited healthcare access. [Amplifying the leadership](#) of persons with disabilities is essential to inform more inclusive and equitable malaria care, interventions, and policies.

Ensuring health-related rights requires addressing overlapping vulnerabilities through data-driven policies and actions that are gender-responsive, equity-oriented, and grounded in human rights

To improve responses worldwide and ensure they are reaching those most vulnerable to malaria, countries and their development partners should consider and pursue the following policies:

- ✓ **Commit to primary health care (PHC)** as the foundation of strong, equitable and efficient health systems. This includes:
 - **Providing affordable, good-quality health care** that is gender responsive and culturally appropriate, with financial protection for all, including at-risk populations and those living in remote areas and humanitarian settings. Health services, including malaria interventions, should be available, accessible, acceptable and of good quality for all in need. The services should be close to where people live and work, integrating where appropriate the contribution of community health workers in delivering basic and essential life-saving health services.
 - **Encouraging the active and informed participation of individuals and communities** in the decisions that impact their health, fostering ownership, accountability and sustainability of malaria interventions.

- **Promoting a broad multisectoral response** that addresses the root causes of malaria – with poverty reduction and gender-specific strategies at its heart – to prevent illness, improve well-being, increase productivity and prosperity, and ease burdens on health systems.
- ✓ **Tackle the root causes of gender-based inequalities** as well as other determinants of malaria. This involves challenging gender norms, power imbalances and discriminatory laws to achieve a “double dividend” of improved malaria outcomes and reduced inequity.
- ✓ **Embed equity as guiding principle in antimalarial innovation and product discovery.** End users of products – including women and girls, underserved populations and marginalized groups – should be engaged in the design of new tools and the assessment of technologies to ensure they are accessible and effectively meet the needs of those most at risk.
- ✓ **Invest in better data systems to improve health outcomes, eliminate barriers to health services, and address inequities.** This includes collecting and analysing disaggregated data that can reveal more insights related to sex and high-risk groups, such as migrant communities, marginalized ethnic groups, and persons with disabilities. In addition to quantitative data, qualitative data is needed to provide critical context on the social determinants of malaria and cultural dynamics.

Many governments in malaria-endemic countries, communities and organizations are already working to implement programmes that prioritize gender equality, human rights and health equity

- In March 2024, ministers of health of 11 high burden African countries committed to integrating malaria services into primary care as part of concerted action to end malaria deaths. In signing the [Yaoundé Declaration](#), they pledged to address the root causes of malaria, including gender-related and financial barriers to accessing quality health services. They also recognized the need to confront the challenges posed by inadequate domestic funding and humanitarian crises, including conflict and violence, natural disasters, migration and climate change.
- In Suriname, following the near-elimination of malaria in village communities, public health officials implemented a successful programme focused on [reaching remaining at-risk populations](#) with diagnosis, treatment and care, including undocumented migrants from Brazil working in gold mining. In 2023, Suriname reported zero indigenous cases of malaria for the second consecutive year.
- With support from the UN Capital Development Fund, [savings and loans groups](#) have helped female farmers in Uganda withstand and recover from economic shocks, such as those caused by a family member falling ill with malaria. Women contribute small sums each week and have access to loans to pay for preventive medicines and treatment costs at health facilities.

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- The [Stop Palu+ project](#) in Guinea works with health centers, providers and community health workers to bring malaria prevention and care closer to where women and girls at risk of the disease reside. Activities include routine distribution of insecticide-treated nets in weekly markets and the provision of malaria services in hard-to-reach areas through mobile clinics.
- The [National Union of Disabled Women](#) in Côte d'Ivoire is one example of an association that has been committed for many years to the inclusion of women with disabilities in health prevention services, including for malaria. With the support and backing of religious and community leaders, as well as health authorities in the region, the association conducts field visits to rural areas to raise awareness of the specific health care needs of this population group.
- [Goodbye Malaria](#), in partnership with Innovative Vector Control Consortium, conducts indoor residual spraying across southern Mozambique with a predominantly female workforce. It provides a template for how other vector control programmes can increase the role of women in intervention campaigns.
- In Uganda's [Bidibidi refugee settlement](#), where health clinics report that 70% of outpatient consultations and a significant portion of inpatient care are related to malaria, midwives play a crucial role in the malaria response by offering malaria education, distributing nets, and providing preventive malaria therapy for pregnant women and girls. The settlement, located in north-west Uganda near the borders of South

Sudan and the Democratic Republic of the Congo, primarily hosts women and children fleeing conflict, who make up 84% of its population.

- In Benin, a community health worker organization called [Mothers 2 Mothers](#) leverages group antenatal care, in which pregnant women and girls visit a health centre together and participate in group discussions to encourage and monitor adherence to preventive malaria therapy. Evidence suggests the participatory learning and peer support environment of these “pregnancy circles” leads to more women and girls taking recommended antenatal precautions.

- Many models for gender-responsive malaria strategies, as well as others of note, are highlighted in an August 2024 report by the Global Fund, “[How to strengthen gender approaches within the malaria response](#)”. It aims to provide practical guidance to malaria programmes on integrating key gender-based approaches that can accelerate progress against the disease.

Understanding gender-related barriers to uptake of malaria in pregnancy services

In areas that are malaria endemic or have moderate to high transmission of malaria, WHO recommends a three-part package of interventions for preventing and controlling malaria and its effects during pregnancy, including: 1) promotion and use of ITNs; 2) the administration of intermittent preventive treatment (IPTp); and 3) prompt diagnosis and appropriate treatment of malaria.

A gender-focused barriers assessment in Cameroon and Kenya – conducted by the U.S. President's Malaria Initiative in collaboration with Ministries of Health and other in-country partners – revealed key obstacles to accessing and adhering to malaria prevention services among pregnant women and girls. Among the main findings:

- In both countries, male partners and mothers-in-law frequently exert control over women and girls' choices regarding early antenatal care;
- Many women and girls who were able to access care felt their concerns were not taken seriously by health providers, impacting their experience and trust in the services.

Based on these findings, key recommendations include improving health provider skills in respectful interpersonal communication and implementing community-level interventions to shift harmful social norms that limit women's autonomy in healthcare decision-making.

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The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Graphs drawn from the *World malaria report 2024*. For more information on sources, please see the report.

Global messaging briefing kit: World malaria report 2024

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