World Health Organization

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Recommitting to accelerate progress towards malaria elimination

Report by the Director-General

1. In May 2015, the Sixty-eighth World Health Assembly adopted resolution WHA68.2 on the global technical strategy for malaria 2016–2030. The strategy, which was updated in 2021 through resolution WHA74.9,[1] provides a comprehensive framework to guide malaria-endemic countries in their efforts to accelerate progress towards malaria elimination and the attainment of malaria-free status. The strategy's targets include the elimination of malaria in at least 10 countries by 2020, an additional 10 countries by 2025 and at least 15 more countries by 2030.

2. In line with the strategy's milestones and targets, WHO launched the E-2020 initiative in 2017 to support 21 countries in their efforts to achieve zero indigenous cases of malaria by 2020.

3. Seven of the 21 countries identified in the E-2020 initiative succeeded in reaching the elimination milestone by 2020: Algeria, Belize, Cabo Verde, China, El Salvador, the Islamic Republic of Iran and Malaysia. In addition, three countries that were not part of the E-2020 initiative – Azerbaijan, Sri Lanka and Tajikistan – also reached the milestone. Consequently, the 2020 elimination milestone set out in the strategy has been met.

4. On 21 April 2021, building on the success of the E-2020 initiative, WHO identified a new group of 25 countries with the potential to eliminate malaria and launched the E-2025 initiative to provide specialized support and technical guidance to countries as they work towards the target of zero malaria cases.

5. Overall, progress towards malaria elimination has continued, with more countries achieving and maintaining zero indigenous cases. In 2024, a total of 80 countries (including the territory of French Guiana) remained malaria-endemic, a decrease from 108 in 2000 and 82 in 2023.

6. The number of malaria-endemic countries reporting fewer than 10 000 cases increased from 27 in 2000 to 46 in 2024. Over the same period, the number of countries reporting fewer than 100 indigenous cases increased from six to 26, while the number of countries reporting fewer than 10 indigenous cases increased from four to 24. Overall, the steady increase in the number of countries falling below each threshold between 2000 and 2024 demonstrates sustained global progress in reducing malaria.

[1] Global technical strategy for malaria 2016–2030, 2021 update. Geneva: World Health Organization; 2021.

7. In the Greater Mekong subregion, several countries are nearing elimination. Through the strategy for malaria elimination in the Greater Mekong subregion (2015–2030), covering Cambodia, China (Yunnan Province), the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam, notable strides have been made towards eliminating all species of human malaria by 2030. Between 2015 and 2024, the Greater Mekong subregion recorded a 36.8% reduction in indigenous malaria cases and an 88.8% reduction in indigenous cases due to *Plasmodium falciparum*. China was certified malaria-free in 2021, while substantial declines were reported between 2015 and 2024 in Cambodia (99.5%), the Lao People's Democratic Republic (99.1%) and Viet Nam (97.4%).

8. Between 2000 and 2025, WHO certified malaria elimination in 21 countries. These include eight E-2020 and E-2025 countries: Algeria, Belize, Cabo Verde, China, El Salvador, Paraguay, Suriname and Timor-Leste. As at the end of 2025, a total of 47 countries and one territory had been certified malaria-free by WHO.

9. However, progress slowed between 2015 and 2024, with little change in the number of countries reporting fewer than 1000 or 10 000 cases, indicating that many countries have reached a plateau despite continued elimination efforts.

10. Malaria cases reported by the E-2025 countries show substantial fluctuations, with an overall decline from 192 337 reported cases in 2010 to 25 340 in 2020, followed by a sharp increase to 98 170 cases in 2024. The increase between 2023 (64 397) and 2024 (98 170) represents a 52.4% rise, reversing earlier progress and underscoring the fragility of gains in several settings.

11. While several countries, such as Bhutan, Saudi Arabia and Timor-Leste, have successfully maintained zero indigenous cases for three years or more, increases in other countries have contributed to the rise in cases.

12. These trends highlight the continued vulnerability of countries to malaria importation and the risk of introduced cases that could lead to the re-establishment of transmission, potentially reversing hard-won gains.

13. The increase in malaria cases is attributable to multiple factors, such as emerging insecticide and drug resistance, and challenges in achieving and maintaining high coverage of vector-control interventions; these factors are relevant in any endemic setting, but particularly among populations displaced due to economic reasons, conflicts, severe weather events and other natural disasters. Furthermore, weaknesses in surveillance systems can lead to delays in case notification, investigation and response.

14. Health inequities not only impede efforts to reduce malaria in high-burden countries but also undermine progress in completing the "last mile" towards malaria elimination. In many low-burden countries, malaria cases are concentrated among vulnerable, hard-to-reach populations, such as mobile and migrant workers, refugees and Indigenous communities.

15. Although malaria elimination is achievable in some settings using existing tools and strategies, as demonstrated by countries that have successfully eliminated the disease, there are contexts where current tools are unlikely to suffice. To accelerate the reduction in malaria mortality and the malaria burden, and to achieve elimination, sustained investment is required to develop new tools, including more effective medicines and combination therapies, improved diagnostics, vaccines, new insecticides, and other innovative vector-control interventions, including genomic approaches.

16. The E-2020 and E-2025 initiatives, which were previously supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria, have remained unfunded since 2024, constraining ongoing efforts to accelerate malaria elimination.

17. WHO therefore encourages all malaria-endemic countries, regardless of transmission intensity, to sustain political commitment and ensure adequate financing and investment to accelerate progress towards malaria elimination, in line with the global technical strategy for malaria 2016–2030.

Action by the Health Assembly

18. The Health Assembly is invited to note the report and provide guidance on the questions set out below.

- How can the Secretariat and Member States sustain political and financial commitment to ensure continuous investment in malaria elimination?
- The global technical strategy for malaria 2016–2030 calls for accelerating progress towards malaria elimination. What strategic measures would help to ensure that the 2030 elimination targets can be reached?