

Recommitting to accelerate progress towards malaria elimination

**Draft resolution proposed by Botswana, Canada, Chile, China,
Colombia, Eswatini, Guyana, Indonesia, Kenya, Monaco,
Mozambique, Namibia, Philippines, Peru, Sudan, Switzerland, United
Kingdom of Great Britain and Northern Ireland, United States of
America, Zambia and Member States of the European Union**

The Seventy-fourth World Health Assembly,

(PP1) Recalling resolutions WHA58.2 on malaria control, WHA60.18 and WHA64.17 on malaria, including the proposal for establishment of World Malaria Day, and United Nations General Assembly resolutions 69/325, 70/300, 71/325, 72/309, 73/337 and 74/305 on consolidating gains and accelerating efforts to control and eliminate malaria in developing countries, particularly in Africa, by 2030 and resolution WHA68.2 on the global technical strategy and targets for malaria 2016–2030;

(PP2) Noting the report of the WHO Strategic Advisory Group on Malaria Eradication entitled Malaria eradication: benefits, future scenarios and feasibility;

(PP3) Noting with concern that two of the four Global Technical Strategy for Malaria 2016–2030 interval milestones for 2020 were not met, as reported in the World Malaria Report 2020, as the world has not been successful in reducing malaria mortality rates globally by 40% or in reducing malaria case incidence globally by 40%, compared to 2015 baselines, while welcoming the realization of country-level milestones on achieving national elimination in ten countries and preventing reintroduction of malaria in all eliminating countries;

(PP4) Recognizing that sustainable, equitable malaria control requires resilient health systems and the achievement of universal health coverage, and that the ongoing coronavirus disease (COVID-19) pandemic and other recent past epidemics have negatively affected health systems' functioning and the production and delivery of life-saving malaria interventions in environments safe for both health workers and communities;

(PP5) Taking into account the 1955 Health Assembly resolution WHA8.30 which decided “that the World Health Organization should take the initiative, provide technical advice, and encourage research and coordination of resources in the implementation of a programme having as its ultimate objective the world-wide eradication of malaria,” and acknowledging the 2020 African Leaders Malaria Alliance's call for elimination on the African continent and the 2015 East Asia Summit commitment to eliminate malaria across Asia-Pacific,

OP1. RECOMMITS to the goal of malaria eradication and affirms that this goal will be incorporated into the post-2030 iteration of the global technical strategy for malaria;

OP2. ADOPTS the updated global technical strategy for malaria 2016–2030 which emphasizes country ownership and promotes equitable and resilient health systems to deliver quality services, which are adaptive to local situations and which recognizes the need for capacity-strengthening so that countries can generate, analyse and use high-quality data, including surveillance data for making decisions and tailoring responses to leave no one behind so that countries can improve the effectiveness and quality of health services, introducing additional highly effective interventions into the existing package where this is cost-effective and aligned with country priorities; and better addressing the wider determinants that potentially disrupt or facilitate the reach and quality of services, particularly for women and for children under 5 years of age;

OP3. URGES Member States:¹

(1) to accelerate the pace of implementation, according to national contexts and priorities and their malaria strategies and operational plans consistent with the updated framework and principles of the global technical strategy for malaria 2016–2030 and the WHO Guidelines for malaria;

(2) to extend investment in and support to health services, including integrated, accessible, affordable and quality prevention, detection, diagnosis and treatment including through the use of technology-based solutions at facility and community levels ensuring no one is left behind including to improve access for the most rural remote, and marginalized populations that have the lowest access and coverage of interventions;

(3) to sustain and scale up as appropriate, sufficient funding of the global response against malaria;

(4) to extend investment in the development of new tools and support for implementation research and innovation to enable the efficient delivery and equitable access with a view to maximize impact and cost-effectiveness;

OP4. URGES international, regional and national partners from within and beyond the health sector, in particular those in the Roll Back Malaria Partnership to End Malaria, to strengthen their support for and further engage in implementation of the global technical strategy for malaria 2016–2030 and align this with existing health strategies and plans;

OP5. REQUESTS the Director-General:

(1) to continue to provide technical support and guidance to Member States¹ for the national adaptation, implementation and operationalization of the updated global technical strategy for malaria 2016–2030;

(2) to update regularly technical guidance on malaria prevention, care and control and elimination, as new evidence is gathered and innovative tools and approaches become available and support countries to adopt and implement this guidance effectively;

¹ And, where applicable, regional economic integration organizations.

- (3) to monitor the implementation of the updated global technical strategy for malaria 2016–2030 and evaluate its impact in terms of progress towards set milestones and targets;
- (4) to work with Member States,¹ civil society and other partners to increase investment in and efforts towards research to optimize current tools, develop and validate new, safe and affordable malaria-related medicines, products and technologies, including the R&D blueprint and foster the generation, translation and dissemination of normative, technical and operational guidance;
- (5) to provide a status report to the Seventy-seventh World Health Assembly in 2024, and a full progress report to the Seventy-ninth World Health Assembly in 2026, followed by a final status report to the Eighty-first World Health Assembly in 2028.

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¹ And, where applicable, regional economic integration organizations.