



WHO

Agenda Item:

**Ways of combating malaria in African
countries**

BOARD MEMBERS

SAAD ABDULLAH MEHMET KENAN

Letter from the Secretary General

Dear Participants,

As the Secretary-General, it is a pleasure for me to welcome you all to the first official session of OFBALJMUN, on behalf of the whole academic and organization team.

OFBALJMUN'26 is organized to see future diplomats, decision makers, and students who are committed to defend what they believe in. In this conference, you will gain a solid understanding of the fundamentals of diplomacy while fostering a solution-oriented mindset. Through engaging discussions, you will develop the skills needed to effectively tackle complex diplomatic challenges and generate innovative solutions.

All of the committees in our conference are selected considering the real-life topics that requires urgent solutions. Each of them are going to be places where you can experience real-life diplomacy but, at the same time, also helping personal growth. Besides the academic experience, you will also have the chance to learn from your mistakes and make new memories, connections, and, most importantly, friendships that are hopefully going to last longer than the upcoming two days of diplomacy, debate, empathy and understanding.

We can not wait for you to join us on this journey, and inspire you to be the best version of yourself.

Sincerely,

Yusuf Altuğ Lokman

Secretary-General of OFBALJMUN'26

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Letters from the committee board

Dear Delegates,

It is my great pleasure to welcome you to OFBAL JMUN 2026. We hope this conference will be one of the most rewarding experiences of your academic journey, and we are confident that you will leave with both valuable knowledge about global health issues and unforgettable memories of collaboration and debate.

My name is Saad Abdullah, and I have the honour of serving as one of your Committee Chairs in the World Health Organization (WHO) Committee. Our agenda is “*Combating Malaria in Africa: Strategies for Prevention, Treatment, and Universal Health Coverage.*” This topic is one of the most urgent public health challenges of our time.

Malaria continues to affect millions of people every year, with Africa carrying the greatest burden. Children under five and pregnant women are the most vulnerable, and families face daily struggles to access prevention tools, medicines, and vaccines. At the same time,

governments and health systems must balance limited resources while striving to protect their populations.

At OFBAL JMUN 2026, delegates are expected to come together to design cooperative, innovative solutions that address both the immediate needs of communities and the long-term strategies for health system strengthening. The WHO Committee provides a platform to demonstrate diplomacy, negotiation, and strategic vision in tackling these pressing issues of global health and humanitarian concern.

Together with my esteemed fellow Committee Chair, Mehmet Kenan, I am committed to ensuring that this committee will be an engaging, action-oriented experience. We will work hard to make sure that WHO at OFBAL JMUN 2026 is remembered not only for its debates but also for the spirit of collaboration, empathy, and determination it inspires.

The malaria crisis is ongoing, and the responsibility lies with us to decide: will our committee rise to the challenge and deliver meaningful solutions, or fall short in the face of global responsibility? The answer will be written by you, our delegates. I am very excited to meet you all, and I wish you the best of luck in your preparations.

If you have any questions, please feel free to reach out via:

saadmuhammada8@gmail.com

Sincerely,
Committee Chair of WHO

Saad Abdullah

Hello dear delegates, My name is Mehmet, and it's a pleasure to say that I will be your chair, in the WHO at OFBAL JMUN 2026. We welcome everyone to debate, discuss, and have fun!

To introduce myself, I can say that I am attending MUN's as a hobby, I enjoy and have fun while debating. I hope you also will like to being as a delegate in a committee discussing health problems.

I suggest you do a little bit of research about: what MUN is, what is the meaning of WHO and what is the importance of it. You can watch videos about it, read documents etc.

Don't be stressed too much, just attend this MUN to have fun and see what MUN is and to go to different MUN's.

Good luck delegates, see you soon!

Your Chair,
Mehmet Kenan

1. Introduction



1.1. Overview of WHO and Its Mandate

The **World Health Organization (WHO)** is part of the United Nations. It was created in **1948** to help countries work together on health problems. WHO's main office is in Geneva, Switzerland, but it also has six regional offices and more than 150 smaller offices around the world. This makes WHO close to many countries and able to respond quickly when health problems happen.

WHO's main job is to guide and support countries so people everywhere can live healthier lives. It helps governments fight diseases, improve hospitals and clinics, and prepare for health emergencies like outbreaks or pandemics. WHO also shares medical knowledge, gives advice to governments, and sets health rules that countries can follow. These rules are called **global standards**, and they make sure health care is safe and fair everywhere.

WHO believes that health is not only about avoiding sickness. It is about complete physical, mental, and social well-being. This means WHO cares about many things: clean water, safe food, good medicine, and strong health systems. It also works to make sure poor and rich countries both get fair access to health care.

In recent years, WHO has set three big goals called the **Triple Billion Targets**. By 2025, WHO wants one billion more people to have health care, one billion more people to be protected from health emergencies, and one billion more people to enjoy better health and well-being. These goals show WHO's focus on fairness and helping all people, not just a few.

For malaria, WHO leads the global fight. It supports African countries with plans like the **Global Technical Strategy for Malaria 2016–2030**, which aims to reduce malaria cases and deaths. WHO also helps with new tools such as the **RTS,S malaria vaccine** and promotes programs like **High Burden to High Impact (HBHI)** to focus on countries where malaria is most serious.

1.2. Importance of Combating Malaria in Africa

Malaria is one of the biggest health problems in Africa today. The disease is caused by parasites that spread through the bite of infected mosquitoes. Even though malaria can be prevented and treated, it continues to kill hundreds of thousands of people every year. In

2024, the WHO African Region had about **265 million malaria cases** and **579,000 deaths**.

This means Africa carries almost all of the world's malaria burden.

The people most affected are **children under five years old** and **pregnant women**. Malaria is dangerous for children because their bodies are not strong enough to fight the infection. Pregnant women are also at high risk because malaria can cause serious problems for both the mother and the baby. Protecting these groups is very important for the future of African communities.

Malaria also has a strong impact on **society and the economy**. Families spend money on treatment instead of food, school, or housing. Children miss school when they are sick, which affects their education. Adults miss work, which reduces income and slows down economic growth. Countries with high malaria rates often struggle to develop because the disease keeps communities weak and poor.

Climate and environment make malaria harder to control in Africa. Warm weather and rainy seasons create good conditions for mosquitoes to breed. In many rural areas, people live close to water sources where mosquitoes grow. Weak health systems and poverty mean that many people do not have access to prevention tools like bed nets or medicines.

Fighting malaria is very important because it saves lives and helps countries grow stronger.

WHO and its partners have already made progress with tools like **insecticide-treated bed nets, indoor spraying, antimalarial medicines**, and the new **RTS,S malaria vaccine**. These tools have reduced deaths, but malaria is still a big challenge. Drug resistance, insecticide resistance, and funding gaps make the fight harder.

If malaria is reduced, Africa will benefit in many ways. Children will be healthier and able to go to school. Families will spend less money on treatment. Economies will grow faster, and countries will be able to focus on other important goals like education and infrastructure.

Combating malaria is not only about health — it is about building a stronger future for Africa.

2. Key Concepts

2.1. Definition of Malaria and Transmission

Malaria is a disease that many people in Africa face. To understand how to fight malaria, it is important to know some basic ideas.

Malaria and Transmission

Malaria is caused by small parasites called *Plasmodium*. These parasites spread to humans through the bite of infected *Anopheles* mosquitoes. When the mosquito bites, the parasite enters the blood and makes people sick.

Vector Control

“Vector” means the mosquito that carries malaria. Vector control is about stopping mosquitoes from spreading the disease. The most common tools are **insecticide-treated bed nets (ITNs)**, which protect people while they sleep, and **indoor residual spraying (IRS)**, which kills mosquitoes inside houses.

Antimalarial Treatment

Malaria can be treated with medicines. The most common treatment is **artemisinin-based combination therapy (ACTs)**. These medicines kill the parasite in the blood and help people recover. Quick treatment is very important because malaria can become deadly if not treated fast.

Malaria Vaccine

The first malaria vaccine, called **RTS,S**, is now being used in some African countries. It gives children protection against malaria, but it does not replace other tools like bed nets or medicines. It is one more way to reduce malaria cases and deaths.

Universal Health Coverage (UHC)

Universal health coverage means that all people can get the health services they need without financial hardship. For malaria, this means making sure prevention tools, medicines, and vaccines are available to everyone, especially poor and rural communities.

2.2. Vector Control Strategies

Malaria spreads through mosquitoes, so one of the best ways to fight malaria is to control the mosquitoes. This is called **vector control**. A “vector” is the insect that carries the disease. For malaria, the vector is the *Anopheles* mosquito.

WHO says vector control is the most effective way to reduce malaria. The two main tools are:

Insecticide-treated bed nets (ITNs):

These are special nets that people sleep under at night. The nets are treated with insecticide, which kills or weakens mosquitoes. This protects people while they sleep, when mosquito bites are most common. Bed nets are simple, cheap, and very effective. In many African countries, WHO and partners give millions of nets to families every year.

Indoor residual spraying (IRS):

This means spraying insecticide on the walls inside houses. When mosquitoes land on the walls, the insecticide kills them. This reduces the number of mosquitoes in the home and

lowers the chance of malaria spreading. IRS is often used in areas where malaria is very common, and it can protect whole communities.

Other methods can also help:

- **Larviciding:** putting chemicals in water to kill mosquito larvae before they grow into adults.
- **Environmental management:** cleaning or draining water sources where mosquitoes breed, like puddles or stagnant ponds.
- **New tools:** scientists are testing new insecticides and even genetic methods to reduce mosquito populations.

Vector control is very important because it not only protects individuals but also reduces malaria in the whole community. If fewer mosquitoes survive, fewer people get sick. This makes vector control one of the strongest weapons in the fight against malaria.

2.3 Antimalarial Treatments and Vaccines

Malaria can be treated with medicines. The most common treatment today is called **artemisinin-based combination therapy (ACTs)**. These medicines combine artemisinin with another drug to make sure the parasite is killed completely. ACTs are very effective if given quickly, but if treatment is delayed, malaria can become very dangerous.

For people who get malaria, it is important to start treatment as soon as possible. Quick treatment reduces the chance of death and also stops the disease from spreading to others. In many African countries, WHO and partners work to make ACTs available in hospitals, clinics, and even community health centers.

Medicines are also used to **prevent malaria**. Pregnant women and children in high-risk areas sometimes receive preventive treatment to protect them before they get sick. This is called **intermittent preventive treatment (IPT)**. It helps reduce the number of malaria cases in vulnerable groups.

A new tool in the fight against malaria is the **RTS,S vaccine**. This vaccine is given to young children, who are the most at risk of dying from malaria. The vaccine does not give full protection, but it reduces the number of malaria cases and deaths. WHO recommends using the vaccine together with other tools like bed nets and medicines.

Another vaccine, called **R21/Matrix-M**, has also been approved recently. It shows strong results in protecting children and is being introduced in some African countries. Vaccines are a big step forward, but they are not enough on their own. They must be combined with vector control and medicines to make a real difference.

Treatments and vaccines are very important because they save lives, reduce suffering, and help communities grow stronger. Without them, malaria would continue to cause millions of cases and deaths every year.

2.4 Universal Health Coverage and Integration

Universal health coverage (UHC) means that **all people can get the health services they need without financial problems**. It is about fairness and equality. Rich or poor, living in cities or villages, everyone should be able to see a doctor, get medicines, and use prevention tools like bed nets or vaccines.

For malaria, UHC is very important. In many African countries, people in rural areas live far from hospitals or clinics. Sometimes families cannot afford transport or treatment. Without UHC, these people are left behind, and malaria continues to spread. Malaria is not only a health problem but also a social problem, because it affects poor families the most.

WHO works with countries to make malaria services part of the **basic health system**. This is called **integration**. Integration means malaria prevention and treatment are included in everyday health care, not separated. For example:

- Pregnant women can receive malaria prevention during routine check-ups.
- Children can get malaria vaccines along with other childhood vaccines.
- Community health workers can provide malaria medicines while also treating other common diseases like pneumonia or diarrhea.

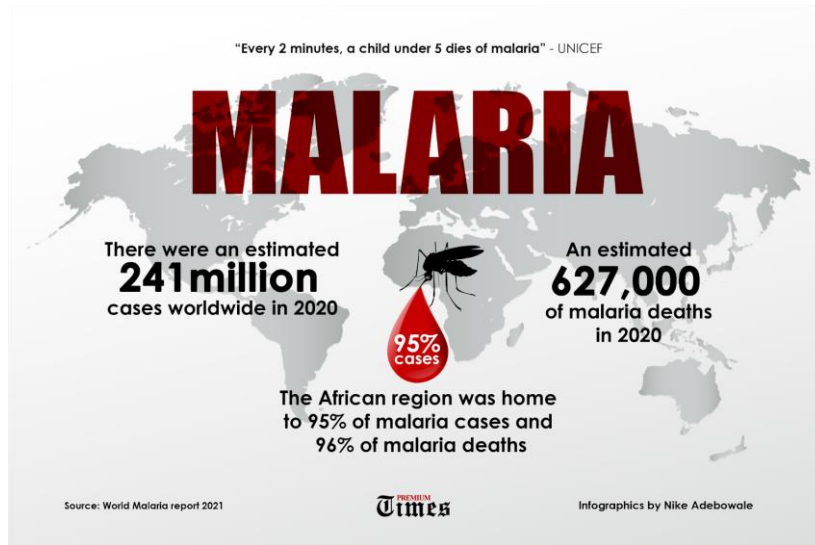
Integration makes health systems stronger. It saves time and money because services are combined. Families trust the health system more when they can get many services in one place. It also helps governments use resources better, because malaria programs are linked with other health programs.

Universal health coverage and integration are key to ending malaria. If everyone has access to prevention, treatment, and vaccines, malaria cases and deaths will drop. At the same time, stronger health systems will be ready to fight other diseases too, such as tuberculosis, HIV, or future pandemics.

UHC also has a long-term benefit. When people are healthy, they can work, study, and support their families. This helps countries grow stronger and reduce poverty. Fighting malaria through UHC is not only about saving lives today, but also about building a healthier and more successful future for Africa.

3. Background of Malaria in Africa

3.1 Global and Regional Statistics



Malaria is still one of the most serious diseases in the world. According to the **World Health Organization (WHO)**, there were about **249 million malaria cases** worldwide in **2022**. Out of these, more than **600,000 people died**. This shows that malaria continues to be a big global health problem, even though it can be prevented and treated.

Most malaria cases and deaths happen in **Africa**. The WHO African Region carries about **95% of the world's malaria burden**. In 2022, Africa had around **233 million cases** and **580,000 deaths**. Children under five years old made up about **80% of malaria deaths** in Africa. This means malaria is not only a health issue but also a serious challenge for the future of African communities.

Other regions also face malaria, but at lower levels. The **South-East Asia Region** and the **Eastern Mediterranean Region** report millions of cases each year, but deaths are fewer compared to Africa. In the **Americas** and **Western Pacific**, malaria is less common, but outbreaks still happen in some countries.

The global fight against malaria has made progress in the last 20 years. Millions of lives have been saved thanks to bed nets, medicines, and better health systems. However, progress has slowed in recent years. Challenges like **drug resistance**, **insecticide resistance**, **climate change**, and **lack of funding** make it harder to reduce malaria further.

In Africa, malaria remains one of the leading causes of death and illness. It affects health, education, and economic growth. This is why WHO and partners continue to focus strongly on Africa in their malaria programs.

3.2 Historical Efforts Against Malaria

Malaria has been part of Africa's history for thousands of years. Ancient writings and records show that people in Africa suffered from fevers that were likely malaria. The disease became more serious when farming and settlements grew, because mosquitoes had more places to breed near water and villages.

During the colonial period in Africa, malaria was one of the biggest challenges for both local people and foreign settlers. Many colonial projects, such as building railways and plantations, were slowed down because workers became sick with malaria. This made malaria not only a health problem but also an economic and political issue.

In the 20th century, scientists discovered that malaria is caused by *Plasmodium* parasites and spread by *Anopheles* mosquitoes. This discovery helped create new medicines and prevention tools. For example, chloroquine was widely used in Africa for many years. However, over time, the malaria parasite became resistant to chloroquine, which made treatment harder.

WHO and African governments have tried many campaigns to reduce malaria. In the 1950s and 1960s, there were global efforts to eliminate malaria, but Africa faced difficulties because of poverty, weak health systems, and the large size of the continent. These challenges made elimination impossible at that time.

In the 21st century, new tools such as insecticide-treated bed nets, artemisinin-based combination therapies (ACTs), and vaccines have given hope. Programs like **Roll Back Malaria** and WHO's **Global Technical Strategy for Malaria 2016–2030** focus strongly on Africa, because the region carries most of the world's malaria burden.

Malaria has shaped African societies for generations. It has influenced population growth, economic development, and even migration patterns. Families and communities have long struggled with the disease, but progress in recent decades shows that malaria can be controlled and eventually eliminated with strong action.

3.3 Case Studies: Nigeria, Uganda, Democratic Republic of Congo

Nigeria

Nigeria carries the **largest malaria burden in the world**. In 2023, Nigeria alone accounted for about **25.9% of global malaria cases**. Millions of Nigerians get malaria every year, and thousands die, especially children under five. The government, with WHO's support, has distributed insecticide-treated bed nets, improved access to ACT medicines, and started using malaria vaccines. However, challenges remain: poverty, weak health systems, and resistance to insecticides make malaria control difficult.

Uganda

Uganda is another country with a very high malaria burden. In 2023, Uganda accounted for about **4.8% of global malaria cases**. Malaria is the leading cause of illness and death in the country. Uganda has made progress with community health workers who provide malaria testing and treatment in villages. Bed nets and indoor spraying are also widely used. Still, malaria continues to affect schools, families, and the economy. WHO supports Uganda with new strategies like seasonal malaria chemoprevention and vaccine rollout.

Democratic Republic of Congo (DRC)

The Democratic Republic of Congo has one of the highest malaria burdens in Africa. In 2023, DRC accounted for about **12.6% of global malaria cases**. Malaria is the leading cause of death among children under five. The country faces special challenges because of its large size, poverty, and conflict in some regions, which make it hard to deliver health services.

WHO and partners provide bed nets, medicines, and vaccines, but reaching remote communities is still very difficult.

Summary

Together, Nigeria, Uganda, and DRC account for a very large share of malaria cases worldwide. These three countries show how malaria is not only a health problem but also a social and economic challenge. Fighting malaria in these countries is key to reducing malaria globally.

3.4 Current Challenges in Malaria Control

Even though many lives have been saved in the fight against malaria, there are still many challenges that make it hard to control the disease, especially in Africa.

Drug Resistance

Malaria parasites are becoming resistant to some medicines. This means the medicines do not work as well as before. Artemisinin-based combination therapies (ACTs) are still effective, but resistance has already been seen in some places. If resistance spreads, treating malaria will become much harder.

Insecticide Resistance

Mosquitoes are also becoming resistant to insecticides used in bed nets and indoor spraying. This reduces the power of vector control, which is one of the strongest tools against malaria.

Scientists are working on new insecticides, but resistance is a growing problem.

Weak Health Systems and Funding Gaps

Many African countries have weak health systems. Hospitals and clinics may not have enough medicines, staff, or equipment. Rural areas are especially affected because health centers are far away and transport is difficult. At the same time, malaria programs need money for bed nets, medicines, vaccines, and training health workers, but funding is not always enough.

Climate Change and Conflict

Changes in weather and environment also make malaria harder to control. Warmer temperatures and longer rainy seasons create better conditions for mosquitoes to breed. In countries with conflict, like parts of the Democratic Republic of Congo, it is very hard to deliver health services. People who move or flee from conflict zones may carry malaria with them, spreading the disease to new areas.

Community Awareness

Some families do not use bed nets correctly or do not finish their medicines. Lack of awareness and education makes prevention less effective. WHO and partners work to teach communities about malaria, but changing habits takes time.

Summary

Malaria control faces many challenges: resistance, weak health systems, lack of funding, climate change, and social problems. These challenges show why malaria is still a big problem in Africa. Stronger action, more resources, and new tools are needed to overcome them.

4. International Legal Frameworks and WHO Involvement

4.1 Global Technical Strategy for Malaria 2016–2030

GOALS	MILESTONES		TARGETS
	2020	2025	2030
1. Reduce malaria mortality rates globally compared with 2015	At least 40% 18% reduction achieved 22% off track	At least 75%	At least 90%
2. Reduce malaria case incidence globally compared with 2015	At least 40% 3% reduction achieved 37% off track	At least 75%	At least 90%
3. Eliminate malaria from countries in which malaria was transmitted in 2015	At least 10 countries On track	At least 20 countries	At least 35 countries
4. Prevent re-establishment of malaria in all countries that are malaria-free	Re-establishment prevented On track	Re-establishment prevented	Re-establishment prevented

The Global Technical Strategy is built on three key pillars. First, it aims to ensure universal access to malaria prevention, diagnosis, and treatment through measures such as vector control, diagnostic testing, and effective antimalarial medicines. Second, it seeks to accelerate efforts toward malaria elimination and achieving malaria-free status in countries where transmission levels are low. Third, it emphasizes transforming malaria surveillance into a core intervention in order to improve data collection, detect outbreaks rapidly, and guide public health responses.[source](#)

In addition to these pillars, the strategy highlights the importance of innovation, research, and strong health systems to support malaria elimination efforts. Strengthening national health infrastructure, increasing investments, and fostering international cooperation are considered essential components for achieving the strategy’s long-term vision of a malaria-free world.[source](#)

4.2 Roll Back Malaria Partnership (RBM)

The Roll Back Malaria Partnership (RBM) is a global platform established in 1998 to coordinate international efforts to control and eventually eliminate malaria. The partnership was originally launched by the World Health Organization together with major international actors such as UNICEF, United Nations Development Programme, and World Bank. Its creation aimed to bring together governments, international organizations, non-governmental organizations, the private sector, and research institutions in order to strengthen global cooperation against malaria.

The main objective of RBM is to support countries, particularly those in Sub-Saharan Africa whose malaria burden remains highest, in implementing effective malaria control strategies.

RBM also plays an important role in health strategies developed by the World Health Organization, including the **Global Technical Strategy for Malaria 2016–2030**.

In addition, RBM supports campaigns such as the distribution of insecticide-treated mosquito nets, improved access to antimalarial medicines, and strengthened health systems. By coordinating international actors and promoting sustained investment in malaria control, the partnership plays a key role in advancing global progress toward eliminating malaria.

4.3 WHO's High Burden to High Impact (HBHI) Approach

The World Health Organization launched the High Burden to High Impact Approach (HBHI) in 2018 as a targeted response to countries that carry the highest malaria burden worldwide. The initiative was introduced after global progress in reducing malaria cases began to slow in several highly affected regions, particularly in Sub-Saharan Africa.

The HBHI approach focuses on eleven countries that account for a significant proportion of global malaria cases and deaths. These countries include Nigeria, Democratic Republic of the Congo, Uganda, Mozambique, and Ghana among others. The initiative aims to rapidly reduce malaria-related mortality by strengthening national malaria control programs and improving coordination between governments and international partners.

The HBHI strategy is based on four key pillars. First, it emphasizes strong political commitment to ensure that malaria remains a national priority. Second, it focuses on strategic use of information and data to guide decision-making. Third, the approach promotes better guidance, policies, and implementation strategies. Finally, it highlights the need for coordinated national responses involving governments, international organizations, and local communities.

By prioritizing countries with the highest disease burden and strengthening national leadership, the HBHI approach seeks to accelerate progress toward global malaria reduction targets established by the Global Technical Strategy for Malaria 2016–2030.

4.4 Vaccine Rollout and International Cooperation

Recent scientific developments have introduced vaccines as an important new tool in the fight against malaria. The World Health Organization recommended the first malaria vaccine, RTS,S/AS01 malaria vaccine, for widespread use among children in regions with moderate to high malaria transmission. The vaccine represents a significant milestone in global public health efforts to reduce malaria-related deaths, particularly among children under five years old.

The vaccine rollout has been supported through international cooperation involving governments, international organizations, research institutions, and private sector partners.

Organizations such as Gavi, the Vaccine Alliance, UNICEF, and the World Health Organization have played key roles in financing, distributing, and implementing vaccination programs in malaria-endemic regions.

Initial pilot vaccination programs were conducted in countries including Ghana, Kenya, and Malawi. These programs demonstrated that the vaccine can significantly reduce severe malaria cases and hospitalizations when used alongside other preventive measures such as insecticide-treated mosquito nets and antimalarial treatments.

The rollout of malaria vaccines highlights the importance of international collaboration in addressing global health challenges. Continued investment in vaccine development, distribution infrastructure, and public health systems remains essential to maximize the impact of vaccination programs and support long-term malaria control efforts.

5. Previous Efforts and Resolutions

5.1. World Health Assembly Resolutions

The World Health Assembly, the decision-making body of the World Health Organization, has adopted several resolutions aimed at strengthening the global response to malaria. These resolutions provide guidance for member states on developing national malaria control strategies and improving international cooperation.

One of the most significant outcomes was the endorsement of the Global Technical Strategy for Malaria 2016–2030 during the 2015 World Health Assembly. This strategy established global targets for reducing malaria incidence and mortality rates and encouraged countries to implement integrated malaria prevention and treatment programs.

World Health Assembly resolutions also emphasize the importance of strengthening health systems, increasing funding for malaria control programs, and expanding access to effective prevention tools such as mosquito nets, diagnostic testing, and antimalarial medicines. In addition, these resolutions encourage collaboration between governments, international organizations, and research institutions to develop innovative solutions for malaria elimination.

Through these policy frameworks and commitments, the World Health Assembly plays a crucial role in coordinating global action and maintaining international momentum toward the long-term goal of eliminating malaria.

5.2. Abuja Declaration (2000)

The 2001 Abuja Declaration is a pledge by [African Union](#) member states to allocate at least 15% of their annual budgets to the health sector, specifically targeting HIV/AIDS, tuberculosis, and other infectious diseases. It was adopted in Abuja, Nigeria, to address the continent's health crisis through improved funding and a stronger, multisectoral response.

By the African Heads of State and Government 25 April 2000, Abuja, Nigeria

We, the Heads of State and Government of African countries, meeting in Abuja.
Nigeria on 25 April, 2000.

Recalling the Organization of African Unity (OAU) Harare Declaration of 4th June 1997 on Malaria Prevention and Control in the context of African Economic Recovery and Development, and the subsequent African Initiative for Malaria control in the 21st century which became Roll Back Malaria in Africa in late 1998, Bearing in mind other major Declarations on health and development adopted by the Organization of African Unity.

Recognizing the disease and economic burden that malaria places on hundreds of millions of Africans and the barrier it constitutes to development and alleviation of poverty,

Taking note that Malaria accounts for about one million deaths annually in Africa.

Nine out of ten cases of malaria worldwide occur in Africa south of the Sahara,

Malaria costs Africa more than US\$12 billion annually, and can be controlled for a small fraction of that amount.

Those who suffer most are some of the continent's most impoverished and that malaria keeps them poor.

A poor family living in malaria affected areas may spend up to 25% or more of its annual income on prevention and treatment.

Malaria has slowed economic growth in African countries by 1.3% per year. As a result of the compounded effect over 35 years, the GDP level for African countries is now up to 32% lower than it would have been in the absence of malaria,

Malaria can re-emerge in the areas where it is under control, Considering that malaria is preventable, treatable and curable,

Acknowledging:

The strong commitment to improving health and promoting well-being of Africa's people by their governments, communities and development partners,

That all African countries have signed and ratified the Convention on the Right of the Child (CRC) which recognizes the right of all children to good health and nutrition.

Appreciating the momentum offered by Roll Back Malaria movement to help reduce their malaria burden,

Emphasising that a unique opportunity now exists to reverse the malaria situation in Africa,

5.3. WHO Global Malaria Programme

The World Health Organization coordinates global efforts against malaria through the WHO Global Malaria Programme (GMP), which serves as the Organization's technical department responsible for malaria control and elimination worldwide. The Programme supports Member States in implementing the objectives outlined in the Global Technical Strategy for Malaria 2016–2030 and monitors global progress in the fight against malaria.

The Global Malaria Programme plays a central role in shaping the global malaria response by providing technical leadership, establishing international norms and standards, and supporting countries in developing and implementing malaria control strategies. It works closely with WHO regional and country offices, as well as governments, research institutions, and international partners, to ensure that malaria interventions are effectively implemented at the national and local levels.

A key function of the Programme is the collection, analysis, and dissemination of strategic information on malaria trends. By consolidating global data and monitoring epidemiological developments, the Programme provides evidence-based guidance to policymakers and health authorities. One of its most important outputs is the annual **World Malaria Report**, which tracks global malaria cases, deaths, financing trends, and emerging threats such as drug resistance and climate-related changes in transmission patterns.

Additionally, the Global Malaria Programme supports countries in strengthening national malaria control programmes by improving surveillance systems, promoting data-driven decision-making, and assisting governments in adapting global guidelines to local contexts. Through these efforts, the Programme helps countries allocate resources more effectively and design interventions that target the populations most at risk.

Overall, the WHO Global Malaria Programme acts as the primary technical authority guiding the international community's response to malaria. By coordinating research, policy development, and implementation strategies, it aims to accelerate progress toward reducing malaria morbidity and mortality and ultimately achieving global malaria elimination.

[Resource](#)

5.4 Achievements and Shortcomings

Over the past two decades, the international community has made significant progress in combating malaria, particularly through coordinated initiatives led by the World Health Organization and global partnerships. Expanded prevention strategies, improved treatment, and increased funding have collectively reduced malaria mortality rates and improved access to essential interventions in many endemic regions.

One of the most notable achievements has been the substantial decline in malaria-related deaths and infections since the early 2000s. According to the WHO's *World Malaria Report*, global malaria control efforts have helped avert more than **2.3 billion malaria cases and approximately 14 million deaths since 2000**.

Programs supported by international funding mechanisms have also significantly expanded access to preventive tools such as insecticide-treated mosquito nets, which protect hundreds of millions of people in sub-Saharan Africa. In countries supported by the The Global Fund to Fight AIDS, Tuberculosis and Malaria, coverage of insecticide-treated nets increased from **4% of the population in 2002 to around 61% in 2023**, contributing to a **51% reduction in malaria mortality rates** in these regions.

Another key achievement has been progress toward malaria elimination in several countries. As of 2024–2025, **47 countries and one territory have been certified malaria-free by WHO**, demonstrating that elimination is possible with sustained investment and effective public health strategies. Additionally, innovations such as malaria vaccines, improved diagnostic tools, and seasonal malaria chemoprevention programs have expanded the available toolkit for prevention and treatment. These developments have helped prevent millions of cases and deaths each year.

Despite these accomplishments, significant shortcomings remain, particularly in Africa, which continues to carry the overwhelming burden of the disease. The WHO African Region accounts for approximately **94–95% of global malaria cases and deaths**, with young children and pregnant women among the most vulnerable populations. In recent years, global progress has slowed, and in some areas malaria cases have begun to increase again. For instance, the number of global malaria cases reached **around 282 million in 2024**, indicating a rise compared to previous years.

Several factors contribute to these ongoing challenges. Growing resistance to antimalarial drugs and insecticides has reduced the effectiveness of traditional interventions such as insecticide-treated nets and artemisinin-based therapies. At the same time, insufficient funding, weak health systems, conflict, and climate-related environmental changes have made malaria control more difficult in high-burden regions. Furthermore, global progress toward the targets established in the Global Technical Strategy for Malaria remains off track, highlighting the need for stronger political commitment and sustained international cooperation.

6. Challenges and Ethical Considerations

6.1. Drug and Insecticide Resistance

One of the most significant challenges in the global fight against malaria is the increasing resistance of both malaria parasites and mosquito vectors to the tools used to control the disease. Drug resistance occurs when malaria parasites evolve in ways that allow them to survive treatment with antimalarial medicines, reducing the effectiveness of therapies and increasing the risk of treatment failure. According to the **Centers for Disease Control and Prevention**, resistance to antimalarial drugs has historically been one of the greatest threats to malaria control and has contributed to increases in malaria morbidity and mortality in endemic regions.()

One major concern is the emergence of resistance to artemisinin-based combination therapies (ACTs), which are currently the most widely used first-line treatment for malaria caused by *Plasmodium falciparum*. Partial resistance to artemisinin has been detected in several regions, threatening the long-term effectiveness of this critical treatment. If resistance continues to spread, it could significantly undermine global malaria control programs and lead to increases in severe malaria cases and deaths, particularly in high-burden regions such as sub-Saharan Africa.

The World Health Organization has warned that increasing insecticide resistance could significantly reduce the effectiveness of these interventions and potentially reverse many of the gains achieved in malaria control over the past two decades. To address this challenge, **WHO** has developed global strategies such as the Global Plan for Insecticide Resistance Management to help countries monitor resistance patterns and adapt their vector control strategies accordingly.[Resource](#)

6.2. Equity in Access to Healthcare

Equity in access to healthcare is a major challenge in the global fight against malaria. Although effective prevention methods, diagnostic tools, and treatments exist, many people in malaria-endemic regions—especially in rural areas of Africa—still face difficulties in accessing these services. Limited healthcare infrastructure, shortages of trained medical personnel, and insufficient funding often prevent communities from receiving timely diagnosis and treatment.

Economic inequality also plays an important role in healthcare access. Many families in malaria-endemic areas cannot afford transportation to clinics, diagnostic tests, or preventive tools such as insecticide-treated bed nets. Even when international programs distribute these resources, gaps in distribution systems can prevent them from reaching the most vulnerable populations.

Another important issue is unequal access to new technologies and innovations. For example, the introduction of malaria vaccines and improved treatments offers new opportunities to reduce infections. However, these tools may not be distributed equally across all countries or communities due to financial, logistical, or political challenges. Ensuring fair and equitable distribution of these resources is essential for effective malaria control.

Addressing healthcare inequality requires stronger health systems, increased international cooperation, and targeted policies that prioritize high-risk populations. Expanding community health programs, improving supply chains for medicines and prevention tools, and increasing investment in healthcare infrastructure can help ensure that malaria interventions reach all populations equally. Ensuring equitable access to healthcare is therefore a key component in achieving long-term malaria control and eventual elimination.

6.3. Funding Gaps and Donor Dependence

Funding gaps remain one of the major challenges in global malaria control efforts. Effective malaria prevention and treatment programs require continuous financial support for medicines, mosquito nets, vaccines, diagnostics, and healthcare infrastructure. However, many malaria-endemic countries—particularly in Africa—do not have sufficient domestic resources to fully fund their malaria control programs.

Many malaria-endemic countries rely heavily on international donors to finance their malaria programs. Major contributors include organizations such as the The Global Fund to Fight AIDS, Tuberculosis and Malaria and initiatives supported by governments and international partners. While donor support has played a crucial role in reducing malaria cases and deaths, this dependence can create long-term sustainability concerns.

For example, if donor priorities change or global economic conditions reduce funding levels, malaria programs in affected countries may face sudden resource shortages. This can disrupt prevention campaigns, delay treatment programs, and weaken surveillance systems. As a result, progress against malaria can slow down or even reverse in some regions.

To address this issue, experts emphasize the importance of increasing domestic investment in malaria control and improving the efficiency of resource allocation. Strengthening national health budgets, encouraging regional cooperation, and developing sustainable financing mechanisms can help reduce dependence on external donors. Ensuring stable and long-term funding is essential for maintaining progress toward global malaria control and elimination goals.

6.4 Balancing Malaria with Other Health Priorities

Balancing malaria control with other public health priorities remains a significant challenge for many countries, particularly those with limited healthcare resources. According to the World Health Organization, health systems in malaria-endemic countries often face multiple simultaneous health threats, including infectious diseases, maternal and child health concerns, and emerging public health emergencies. As a result, governments must carefully allocate limited financial, medical, and human resources across different health sectors.

The WHO Global Malaria Programme emphasizes that malaria control efforts should be integrated into broader national health systems rather than implemented as isolated programs. WHO highlights the importance of strengthening primary healthcare services so that malaria diagnosis, treatment, and prevention can be delivered alongside other essential health services. This integrated approach helps improve efficiency while ensuring that malaria interventions remain accessible to vulnerable populations.

Furthermore, WHO stresses that strengthening surveillance systems, improving healthcare infrastructure, and investing in community health workers can benefit multiple health programs at the same time. By building resilient health systems that address several diseases simultaneously, countries can improve overall public health outcomes while continuing progress toward malaria control and elimination goals.

7. Questions to be answered

1. How can African countries strengthen malaria prevention and treatment?
2. What role should WHO and international partners play?
3. How can resistance be addressed effectively?
4. Should vaccines be prioritized over traditional interventions?
5. How can funding gaps be closed sustainably?
6. How can equitable access be ensured in rural areas?
7. How can malaria control be integrated into broader health systems?

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