



World Malaria Day Webinar - Report

Malaria: Global Trends, Regional Insights and Country Action Plans

hosted by **National Academy of Vector Borne Diseases (NAVBD)**,
in collaboration with **APMEN**

Introduction

The *National Academy of Vector Borne Diseases (NAVBD)* is a premier body dedicated to fostering scientific research, education, and public health initiatives related to vector-borne diseases. Established with the vision of creating a healthier community free from the burden of these diseases, NAVBD brings together leading experts, researchers, and policymakers. NAVBD's mission is to advance knowledge, develop innovative strategies, and disseminate critical information to combat diseases transmitted by vectors such as mosquitoes, ticks, and flies.

The *Asia Pacific Malaria Elimination Network (APMEN)* is a country-led regional network bringing together 22 Asia-Pacific countries and over 50 partner institutions to accelerate and sustain malaria elimination across the region. APMEN translates evidence into policy and practice, strengthens national capacity, and connects technical expertise through its Technical Working Groups and Special Interest Groups, grounded in country ownership, peer-to-peer collaboration, responsive to diverse elimination contexts, and a shared commitment to regional health security.

Webinar description

In commemoration of World Malaria Day 2026, this webinar aligned with the global theme "*Driven to End Malaria: Now We Can. Now We Must*", a shared rallying cry for renewed commitment and collective action towards malaria elimination. Hosted by the National Academy of Vector Borne Diseases (NAVBD) in collaboration with APMEN, the webinar titled "*Malaria: Global Trends, Regional Insights and Country Action Plans*" brought together leading global and regional experts to reflect on progress and priorities. Representatives from WHO Malaria and NTD Programme, WHO Regional Office for South-East Asia, and India National Center for Vector Borne Diseases Control shared perspectives on global malaria trends, regional dynamics, and country-level actions needed to accelerate elimination efforts.

Date & Time: 22 April 2026, Wednesday (17:00 IST; 19:30 SST)

Moderator

- **Dr Neena Valecha**, President, National Academy of Vector Borne Diseases (NAVBD), and Chair, APMEN Vivax Working Group

Panelists/ Speakers

- **Dr. Andrea Bosman**, Head, Diagnosis, Medicines and Resistance, WHO's Malaria and Neglected Tropical Diseases, Geneva
- **Dr. Risintha Premaratne**, Regional Advisor (Malaria), WHO Regional Office for South-East Asia
- **Dr. Tanu Jain**, Director, National Centre for Vector Borne Diseases Control (NCVBDC), India

Agenda

Time	Agenda item/ Presentation titles	Moderator/ Speaker
5 mins	Opening and introduction	Moderator: Dr. Neena Valecha
15 mins	<u>Presentation 1</u> : Fighting Emerging Threats: A Global Perspective	Dr. Andrea Bosman
15 mins	<u>Presentation 2</u> : Accelerating Malaria Elimination in South-East Asia Region	Dr. Risintha Premaratne
15 mins	<u>Presentation 3</u> : India's Path to 2027: From High Burden to Localized Elimination	Dr. Tanu Jain
35 mins	<u>Questions & Answers</u> : Panelists: Dr. Andrea Bosman, Dr. Risintha Premaratne, and Dr. Tanu Jain	Moderator: Dr. Neena Valecha
5 mins	Quick poll and closing	

Summary Notes

Opening and Introduction

The webinar was opened by **Dr. Neena Valecha**, President of the National Academy of Vector-Borne Diseases and Chair of the APMEN Vivax Working Group, who welcomed participants on behalf of the co-hosting institutions. She framed the discussion within the context of World Malaria Day 2026, highlighting the global theme “*Driven to End Malaria – Now We Can, Now We Must*” as a call for renewed urgency and collective action. The introduction underscored recent global progress alongside persistent challenges, positioning the webinar to examine malaria trends from global, regional, and country perspectives while linking scientific advances to actionable policy and programmatic responses.

Presentation 1 - Fighting Emerging Threats: A Global Perspective

Dr. Andrea Bosman presented a global overview of emerging malaria threats, warning that a convergence of financial, biological, and systemic risks could trigger a “perfect storm” capable of reversing decades of progress. Drawing on Global Technical Strategy (GTS) targets, he showed that malaria incidence and mortality remain more than three times higher than 2025 targets, with global funding gap at USD 3.9 billion in 2024. Key threats highlighted included the spread of antimalarial drug resistance, HRP2 gene deletions undermining diagnostics, widespread pyrethroid resistance, and the expansion of *Anopheles stephensi* in Africa. Despite these risks, the presentation underscored important advances, including improved case management for children under five, expanded chemoprevention and vaccine rollout, and recent WHO prequalification of new rapid diagnostic tests. Dr. Bosman emphasized that sustained political leadership, multi-stakeholder involvement, community engagement, and sustainable financing are essential to safeguard gains and keep malaria elimination within reach.

Presentation 2 - Accelerating Malaria Elimination in South-East Asia Region

Dr. Risintha Premaratne presented a regional analysis highlighting that the WHO South-East Asia Region has achieved the largest reduction in malaria burden globally and remains the only WHO region to have met the GTS 2020 milestone and stay broadly on track for future targets, despite emerging signs of plateauing progress. He underscored major elimination successes in Sri Lanka, Maldives, Timor-Leste, and noted that Bhutan is preparing for WHO

malaria-free certification, reflecting the region's strong technical capacity and long-term commitment. However, he cautioned that progress is increasingly threatened by two major converging drivers: a severe funding collapse (a 64% decline in regional malaria funding) and escalating conflict and population displacement. These pressures are compounded by additional biological and operational challenges, including *Plasmodium vivax* predominance, HRP2 gene deletions, insecticide resistance, expansion of *Anopheles stephensi*, climate variability, antimalarial drug resistance, population mobility, and cross-border transmission, all converging simultaneously at a critical phase of elimination. Dr Premaratne stressed that sustaining gains will require sub-national strategies tailored to local epidemiology, strengthened provincial and district ownership, data-driven surveillance, and grassroots actions that translate national political commitment into local impact. He emphasized the need to increase domestic financing, strengthen cross-border collaboration, and empower communities, particularly among hard-to-reach and mobile populations. He reaffirmed that the goal of malaria elimination remains within reach, but only if countries act decisively now to protect and accelerate recent gains.

Presentation 3 – India's Path to 2027: From High Burden to Localised Elimination

Dr. Tanu Jain presented India's progress toward malaria elimination, highlighting a decisive shift from nationwide burden reduction to localised, sub-national elimination. The presentation demonstrated an over 80% reduction in malaria cases and an 85.6% reduction in deaths between 2015 and 2025, with the Annual Parasite Incidence declining from 0.92 to 0.17. India has narrowed transmission to 32 high-burden districts, which contribute the majority of remaining cases, while 160 districts across 23 States/UTs reported zero indigenous malaria cases between 2022 and 2024, triggering Sub-National Malaria Elimination Verification (SNMEV) processes. Programmatic strengths emphasized included village-level stratification, the 1-3-7 surveillance strategy, real-time monitoring through the Integrated Health Information Platform (IHIP), robust microscopy quality assurance via the National Reference Laboratory, and decentralized case management and vector control. Tailored tools and delivery models adapted to specific local contexts would be needed. The presentation also highlighted India's transition away from Global Fund support, increased reliance on domestic systems, and ongoing innovations such as point-of-care G6PD testing, radical cure regimens, and operational research. Dr. Jain concluded by underscoring that sustained vigilance, political commitment, and targeted action to address internal migration are essential to prevent resurgence and achieve India's goal of zero indigenous malaria by 2027.

Questions & Answers

The panel discussion addressed practical and policy-oriented questions on sustaining elimination efforts amid competing health priorities, private-sector engagement, funding transitions, and tailored interventions. Panelists emphasized the long-term economic and health returns of malaria elimination, the importance of integrating private providers into surveillance systems, and the need for context-specific approaches rather than one-size-fits-all solutions. Discussions also covered subnational elimination versus subnational tailoring, the limits and potential of preventive chemotherapies outside high-transmission African settings, and the cautious but growing role of digital tools and AI in diagnostics, surveillance, and response planning.

Technology platform

The World Malaria Day webinar was hosted on the Zoom webinar platform, which allowed for audience engagement using interactive polling during the session. The Q&A function also provided the ability to 'upvote' questions from the audience. The invitation was sent out via email and posted on [LinkedIn](#), [X.com](#) and [Facebook](#). The webinar was recorded and later made accessible on [YouTube](#).

Registration and Attendance

The webinar received 1,009 registrations from 87 countries, with 498 participants from 67 countries attending, resulting in a 49% attendance rate. Attendees represented diverse backgrounds and sectors (Annex I).

Q&A session

Following the presentations of speakers, a Q&A session was held, during which the speakers addressed and discussed questions from the audience (Annex II).

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Annex I. Summary of Zoom reports

Zoom report	Details																																																																																										
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Annex II. Webinar Q&A

Q&A Box

Dr S N Misra	To Dr Bosnan, Since, the first point of contact for testing and treatment continues to be the private sector, don't you think we explore better ways to engage them, rather than continue taking this as a bottleneck ? Thank you
Dr. Andrea Bosman	Totally correct and there is a need to develop country plans for engagement of the private sector to improve quality of care, and this should be guided by data. For malaria the ACTWatch Lite survey is a rapid assessment survey to obtain a cross-sectional picture of malaria commodities in the private sector. It has been recently completed in African countries and can be implemented in all countries where the private sector takes a large share of malaria case management
Jenny Kerrison	How do we convince countries to engage in malaria elimination when countries have other priorities and competing demands?
Dr. Andrea Bosman	Am J Trop Med Hyg. 2019 Apr 15;100(6):1445–1453. doi: 10.4269/ajtmh.18-0897
Robert Bos	To Dr Bosman: hello Andrea, is WHO planning to address the issue of resilience -not in the financial, but in the technical sense- (in particular reducing the environmental receptivity to malaria through environmental engineering/management involving other sectors) to counter the breakdown of service-dependent control measures in these times of insecticide resistance, dwindling external support and expanding areas of war and civil strife?
Dr. Andrea Bosman	Environmental management interventions are important to "destabilize" for malaria transmission specific malaria vectors, may not apply to all vectors and transmission settings. The "rain-water" breeder <i>An. gambiae</i> s.l. and <i>An funestus</i> which are the main malaria vectors in Sub-Saharan Africa are not destabilized by environmental management interventions
Paresh Gosai	Sir which insecticide replace pyrethrin for ITNs?
Dr. Andrea Bosman	live answered
Dr Poonam Sharma Velamuri	For Dr. Premaratne---What were the major challenges and limitations encountered during malaria elimination efforts in these countries, and what were/are the key targets and strategies planned to ensure the sustainability of malaria elimination and prevention of re-establishment of transmission?
Jaysinh Dodiya	Could you please confirm whether a certificate will be provided? If so, kindly share the procedure to obtain it.
MESHACH IDOKO	Questions for Dr. Andrea Bowman 1. Children who take these vaccines, is there a record of no occurrence of malaria in them even when exposed to infected

	<p>mosquitoes?</p> <p>2. what is the schedule for the vaccine?</p> <p>3. why are there no vaccines yet for adults?</p>
Dr. Andrea Bosman	<p>The current malaria vaccines are "leaky vaccines" which do not provide total prevention of malaria, but reduce the frequency of uncomplicated malaria, reduce hospitalisation for malaria and reduce total mortality in children. The vaccine is given starting at around 6 months of age with 3 doses given one months apart, and a 4th booster dose given 18-22 months later. The vaccine has been developed as anti-disease vaccine for children and all studies completed were in children. A recent study has started in West Africa to cover all age-groups and evaluate its impact also on transmission.</p>
P T Joshi	<p>Dr Bossman Sir, When India reporting 90 % Pv malaria and Radical cure require 14 days long Can we get O malaria?</p>
Dr. Andrea Bosman	<p>There are new recommended regimens recommended by WHO for primaquine over 7 days and tafenoquine (single-dose) which offer very good impact on P. vivax malaria. Tafenoquine is being evaluated in India too.</p>
David Duncan	<p>Dr Premaratne - in the regional snapshot you highlighted the plateau of recent years and even a slight uptick. The projection shows a return to diminishing burden along the lines of the GTS - what factors in the coming years are expected to deliver that pattern?</p>
Patricia Graves	<p>To both speakers: great talks. Could WHO consider showing the statistical prediction and incidence graphs separately by species, because they are likely on different trajectories</p>
Dr. Andrea Bosman	<p>Very good and possible to report this way for trends from countries which are by malaria species, unfortunately not many</p>
David Duncan	<p>Dr Andrea - do you think it will be important to continue the existing RDT regime alongside the newly approved diagnostic tests in order to calibrate trend estimates?</p>
Dr. Andrea Bosman	<p>Please can you clarify more your question? The trends that we have presented from WHO World Malaria Report are a combination of estimates and reported figures from countries. Not sure what are you proposing and to which newly approved diagnostic tests you are referring to.</p>
David Duncan	<p>I was referring to the gene deletion problem you mentioned, and the good news of new diagnostic tests that target more fundamental genes [you can see that I am not familiar with this element]. If one test type was missing infections and it is suddenly replaced by a more reliable one, there could be an misleading sense of an increase in incidence?</p>
Zaw Win	<p>Do you have any advocacy meeting or coordination meeting with Ministry of Health, Myanmar about reestablishment of elimination plan countrywide</p>
P T Joshi	<p>Dr Rishanta.. Rightly point each states are different country</p>

Ohnmar -	What is the existing strategy to distribute commodities for malaria diagnosis and prevention for Myanmar and what are the challenges in distribution? How the distribution should be expanded through various channels involving several organizations in Myanmar? I think organizations involved in conflicts should get easy access.
Dewa Wati	to dr. risintha.. very good presentation Dr.. as i want to know.. in malaria prevention especially for pregnant women and child. mostly programme was initiated by the government. Sometimes community is not much involved in the programme. do u have any suggestion or tips how to increase the community involvement in malaria prevention especially for pregnant women and child? and how to measure it ? maybe you can share with us for the instrument to measure community involvement in malaria prevention? thank you
Dr Poonam Sharma Velamuri	<p>For Dr. Tanu -----What strategies are being implemented in the specific districts of North East India and other high-burden regions where the Annual Parasite Incidence (API) has remained as high as 10–56 over the last five years? What are the primary challenges in these districts, such as Bijapur, Dantewada, and Narayanpur in Chhattisgarh; Siaha, Mamit, Lunglei, and Lawngtlai in Mizoram; Kandhamal and Rayagada districts of Odisha; and Dhalai in Tripura?</p> <p>Despite the accelerated malaria elimination strategies being implemented, these districts continue to report persistently high API over the past five years.</p> <p>In view of this, what additional district-specific measures have been planned for these persistently high-burden areas that continue to show an increasing trend? Furthermore, considering these unresolved transmission hotspots, is India realistically on track to achieve malaria elimination by 2027, or is the target more likely to extend beyond 2030, particularly for these difficult-to-eliminate districts?</p>
Dr S N Misra	Dr Rishinta, could you please point out anything done differently in these few countries, which have got the certification or nearing elimination in the region, especially in border areas... Thank you
Tobgyel Tobgyel	How the India integrated the malaria cases reported by the private clinics and hospitals??
Tobgyel Tobgyel	One concerning interventions in India , IRS was stoped in many risk areas as their API were below 1/1000 risk population and LLIN coverage ???

Muhammad Naeem Habib	When did you start the use Tafenoquine which is the game changer and give information about the insecticide resistant in the country and progress regarding Dengue and Leishmansis?
RAJENDRA BAHARIA	Private hospital reporting strength
Abhay Khandagle	Being associated with a higher education institute, can we initiate a mandatory 1or 2 credit course on vector management, ways and means of control and general awareness at Senior College and ask all students to have a survey in the neighborhood under the supervision of teachers in Zoology, Life Sciences etc.
P T Joshi	Valecha Mam.. We are try to eliminate .but. many new Dr Valecha Mam.....VBDs waiting to enter India ? Why? Guj faced CHPVE.. killing paediatrics age.... too
Paresh Gosai	To dr. Tanumem what is measured to prevent cross border Malaria and reduce imported Malaria cases due to migration population?
Siddieg Smail	Im pleased to see our Boss Adrea Bosman again, and about DR in malarious areas due you advice to introduce malaria vaccine?
Qutbuddin Kakar	The gains in some south Asian countries as Pakistan couldn't have been sustained. The 10 times increase in incidence in 2022-25 as a result of unprecedented rains and floods, increase in humidity and surface temperature (all consequent to climate change) discussed too much but no evident solution in terms of interventions. Here vivax is predominant (73%) where vaccines may not work and not cost effective. What is the best choice for SMC in identified intense transmission foci of vivax and where vivax and falciparum both transmitted?
Qutbuddin Kakar	Stephensi expansion considered a big threat for Africa but not in South Asia where it originated. Here its considered as a challenge. Any species difference or something else?
Qutbuddin Kakar	Aedes and Stephensi share the same habitat but recent entomological surveillance in dengue endemic settings didn't show any abundance of stephensi or any upsurge of malaria in the same region where malaria has been endemic in the past. Any factor contributing in this natural species imbalance ?
AMIT KUMER NEOGI	Is there any ongoing MDA or scaling-up activities targeted to malaria elimination in Tripura and Meghalaya?

Qutbuddin Kakar	Unavailability of effective and safe treatment of vivax malaria through CQ due to discontinuity of manufacturing of CQ globally and availability and compliance issues with PQ as radical treatment-May we expect effective vivax control targets to be achieved? Recent field reports in Pakistan patients treated with AL in vivax cases have slow clinical response compared to CQ, forcing the patients to seek treatment from different source. I have studied one case at sentinel site which was still parasitaemic after complete treatment with AL. Treated with CQ and treated. Any scientific explanation possible?
Shiva Murugasampillay	Dr Kakar. There is a case to reintroduce CQ for Vivax elimination in Pakistan. Please also note that Primaquine compliance is more of a problem of poor malaria elimination program & PHC health design other than Vivax patient compliance

Chat Box

Jenny Kerrison	The 2015 incidences of decreased bioavailability of insecticide on certain brand of LLINs probably contributed to the increase in malaria cases?
Jenny Kerrison	Dr Andrea, please can WHO talk to countries who do not contribute much of their health budget to malaria elimination?
Jacob Kisomb	What is the best way to engage with private sector multi-national corporations, especially those in the extractive industry?
Jenny Kerrison	Dr Risintha's presentation flags that need for countries to co-contribute, to continue the malaria work when external funding is withdrawn.
Jacob Kisomb	what is the difference between sub-national elimination and sub-national tailoring?
Hemantkumar Arya	which type of challenges face against low global fund in India
Jenny Kerrison	Dr Tanu, a great presentation. How do you avoid overburdening your community volunteers Asha who will be in high demand in many areas e.g. maternal and newborn, and child health etc.
Vishakha Raval	Dr Jain, from category 1 to category 0 is also a big step. So what are the steps to be taken at district level or village level to reach cat 0?

Naveen Rai Tuli	Can we issue directions to health units to give PQ even G6 PD facilities not available
Shiva Murugasampillay	Why is India struggling to keep on track for district by district malaria elimination? India is home of malariology when China has succeed with National Elimination by 2023
Hoon Sang Lee	Would the use of AI based malaria microscopy diagnostic tool be helpful for malaria elimination efforts in India? If there can be funding for an operational research of the use of AI based malaria diagnostics tool, would it be helpful?
Shiva Murugasampillay	Do we have data on number of women and pregnant women die of malaria in India
Sayeda Milky	Indeed a very in informative and fruitful discussion specially on the real situation of the disease, challenges of the region and funding condition. Thanks for arranging a timely and necessary webinar. Hope to have more discussion session with more panelists.

DRAFT