A Decade of Stagnation: Strengthening the Commitment to Prevent Setbacks in the Fight against Malaria

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Despite being a preventable and curable disease, malaria continues to take a heavy toll on human lives and development every year, disproportionately affecting the most vulnerable populations on the planet. In 2023, there were 263 million cases and nearly 600,000 deaths, 95% of them in sub-Saharan Africa and three out of four in children under five.[1] Although between 2000 and 2015 **mortality was reduced by almost half**,[2] **progress has since stalled**.[1] Factors such as funding shortfalls, the emergence of drug and insecticide resistance, humanitarian crises and climate change threaten to reverse decades of progress if efforts are not renewed. [3]

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1 World Health Organization. "World Malaria Report 2024", 2024. https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2024.

2 Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2021 (GBD 2021). Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2024. Available from: https://vizhub.healthdata.org/gbd-results/.

3 World Health Organization. "Reinvigorated global efforts needed to curb rising malaria threat", 2024. https://www.who.int/es/news/item/11-12-2024-reinvigorated-global-efforts-needed-to-curb-rising-malaria-threat.

TABLE 1.
At a glance: Malaria and the global response.

Malaria is an infectious disease caused by parasites of the genus Plasmodium, transmitted by Anopheles mosquitoes. It causes fever, anemia and, in severe cases, life-threatening complications. It is preventable and curable, but remains one of the leading causes of child mortality in Africa.

The WHO **Global Technical Strategy for Malaria 2016–2030**.
Its pillars are:
- universal access to prevention, diagnosis and treatment
- acceleration towards elimination
- strengthening surveillance as a basic control tool

Goal: to reduce incidence and mortality by 90% by 2030 and eliminate transmission in 35 countries.

The WHO **Operational Strategy 2024–2030**: focused on reorienting efforts and accelerating progress after the stagnation in previous years.

The **11 countries with the highest burden** adopted the **"High Burden, High Impact"** approach and signed the **Yaoundé Declaration (2024)**, committing to strengthen political will and mobilise resources with the objective of preventing any malaria-related deaths, given the tools currently available.

The **Global Fund to Fight AIDS, Tuberculosis and Malaria** is the largest multilateral funder, providing direct support to health systems with more than $20 billion invested since its creation in 2002.

Source:
ISGlobal.

1. From Decline to Stagnation

"The current burden remains disproportionately high in the African Region, with eleven countries accounting for two-thirds of global cases and ."

After a sustained increase since the 1980s, malaria reached its **peak in transmission and mortality between 2000 and 2010**, causing more than 900,000 deaths annually and exceeding 260 million cases per year.[1,2] More than 80% of this burden was concentrated in the WHO **African region**.

These alarming figures prompted international coordination: in 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria was created and in 2005, the United States launched its Presidential Malaria Initiative (PMI). These global efforts, together with the Roll Back Malaria [4] initiative and guided by the roadmap set by the World Health Assembly, succeeded - through significant and sustained efforts - in **reducing malaria mortality by almost half** and decreasing cases by 18% between 2000 and 2015. [2]

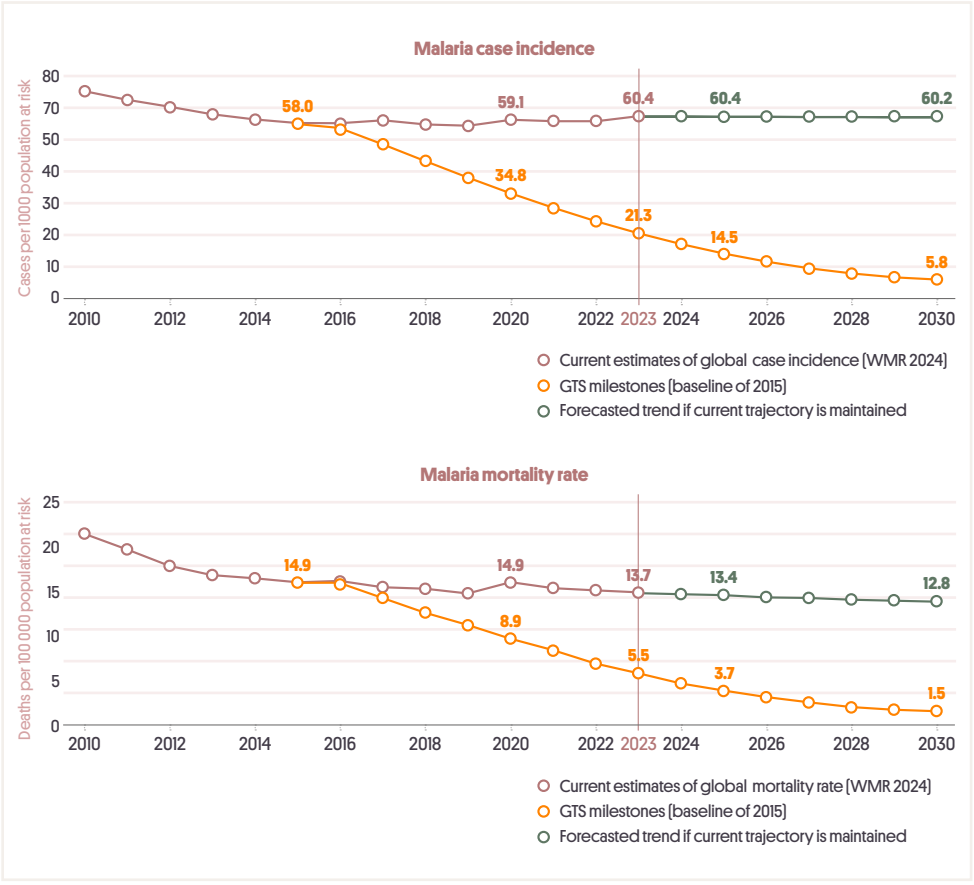
The most effective interventions during this period were the mass distribution of insecticide-treated **mosquito nets**, expansion of artemisinin-based **combination therapies**, and **indoor residual spraying with insecticides**. It is estimated that these measures prevented 1.2 billion cases and more than 6 million deaths worldwide between 2001 and 2015. In sub-Saharan Africa,

4 World Health Assembly. "Roll Back Malaria: Report by the Director-General (A52/6)", 1999. https://apps.who.int/gb/ebwha/pdf_files/WHA52/ew6.pdf.

it is estimated that during this period, these interventions were responsible for 70% of the decline in cases observed.[2] Alongside specific interventions, other factors such as improvements in socioeconomic status, nutrition, infrastructure, housing, and urbanisation also played a key role in the decline in transmission, although measuring their effect is much more complex. [1]

In order to maintain this downward trend and accelerate progress, the WHO launched the Global Technical Strategy for Malaria 2016–2030 (GTS), which sets targets to reduce incidence and mortality by 90% by 2030, eliminate malaria in at least 35 countries, and prevent its recurrence where it has already been eradicated. The path to these goals is based on three pillars: **universal access** to prevention, diagnosis and treatment; acceleration towards **elimination**; and **strengthening surveillance** as a basic tool for control. While between 2015 and 2023 the African Region achieved a 5% reduction in case incidence and a 16% decrease in mortality rates, these indicators are still double the target figures set by the Global Strategy. If this trend continues, we will move increasingly further away from achieving the set objectives.

FIGURE 1.
Comparison of global progress considering two scenarios: maintaining the current trajectory (green) and achieving the objectives of the global strategy (orange).



Source:

WHO. World malaria report 2024. https://www.who.int/es/publications/m/item/global-messaging-world-malaria-report-2024.

In light of this stagnation and the urgent need to change current trends, the WHO launched the 2024-2030 Operational Strategy of the Global Malaria Programme [5] This does not replace the 2016-2030 strategy but rather **refocuses efforts** on achieving the already defined goals. The funding gap, humanitarian crises, inequalities in access to prevention, diagnosis and treatment, the expansion of the vector driven by climate change, and growing resistance to insecticides and antimalarial drugs are the **key factors behind the stagnation** in the fight against malaria. The dynamic interaction between these factors increases the receptivity of ecosystems to malaria transmission and the vulnerability of populations to it, thereby creating an increasingly complex scenario for malaria control.

The current burden remains disproportionately high in the African Region, with eleven countries accounting for two-thirds of global cases and deaths: Burkina Faso, Cameroon, Ghana, Mali, Mozambique, Niger, Nigeria, the Democratic Republic of Congo, Tanzania, Sudan and Uganda. These countries have adopted the "High Burden High Impact approach",[6] a **targeted effort to reach populations at greatest risk of malaria** with tailored intervention packages based on local data and particular scenarios. Within this framework, in 2024 the health ministers of these countries signed the Yaoundé Declaration, reaffirming that "no one should die from malaria with the tools and systems available today" and committing to strengthen political will, mobilise resources and promote accountability to reactivate progress.[7]

Despite recent stagnation, the goal of **eradicating malaria remains achievable**, as demonstrated by Suriname and East Timor, countries that were certified as malaria-free by the WHO in 2025. However, sustaining this goal requires **renewed efforts** to recover lost progress and respond decisively and urgently to the threats that currently jeopardise the fight against the disease.

2. Preventive Measures: Key Strategies against Malaria

"The availability of two safe and effective vaccines has opened a new chapter in the prevention and reduction of child mortality in the most affected countries."

Malaria treatment is based on the well-established **artemisinin-based combination therapy (ACT)**, alongside other treatment regimens for severe cases or for Plasmodium species that have latent phases. Early diagnosis remains essential to reducing mortality and is supported by **rapid diagnostic tests (RDTs)**, used widely in endemic countries. In this field, promising innovations are emerging, such as the MultiplexAI mobile application,[8] currently in the clinical validation phase in several countries in the African Region. It combines traditional microscopy with artificial intelligence to rapidly and

5 World Health Organization. "Global Malaria Programme Operational Strategy 2024–2030", 2024. https://www.who.int/es/publications/i/item/9789240090149.

6 World Health Organization. "High Burden to High Impact: A Targeted Malaria Response", 2018. https://www.who.int/publications/i/item/WHO-CDS-GMP-2018.25.

7 African Union and World Health Organization. "Declaration for Accelerated Malaria Mortality Reduction in Africa: No One Shall Die from Malaria", 2024. https://cdn.who.int/media/docs/default-source/malaria/mpac-documentation/malaria-conference-declaration-final.pdf.

8 Instituto de Salud Carlos III. "Multiplex AI: transforming the diagnosis of parasitic diseases with artificial intelligence." https://www.isciii.es/w/multiplex-ai-transformar-el-diagn%C3%B3stico-de-enfermedades-parasitarias-con-inteligencia-artificial.

cost-effectively detect malaria parasites and other tropical diseases.

Beyond treatment and diagnosis, **prevention** is arguably the most decisive pillar in the fight against malaria, and it is precisely in this area that the most significant advances of the last decade have been made.

a. Vector control

Vector control remains one of the most effective and cost-efficient strategies, increasingly adapted to local epidemiological contexts to maximise its impact. Among the main interventions, the use of **insecticide-treated mosquito nets (ITNs)** continues to play a central role. In sub-Saharan Africa, population coverage increased from 4% in 2002 to 61% in 2023 thanks to the intervention of the Global Fund, protecting nearly 700 million people and halving mortality since 2002.[9] However, the resistance of the *Anopheles* mosquito to pyrethroids has prompted the introduction of **new-generation mosquito nets** that combine two active ingredients. Between 2019 and 2022, 56 million of these nets were distributed in 17 countries in sub-Saharan Africa, preventing around 13 million cases and improving disease control in areas with the highest resistance.[10] Despite these advances, **the effective use of mosquito nets remains insufficient**. Although three out of four households in the African Region had at least one ITN in 2023, only half of the people at risk of contracting the disease slept under them. While among children and pregnant women - the most vulnerable group - ,usage reached 59%, it is still far from the goal of universal coverage.[1] Another important measure is **indoor residual spraying (IRS)** which, despite having proven effective in areas of high transmission, has experienced an alarming decline in global coverage: from 5.3% in 2010 to 1.6% in 2022. [1]

b. Chemoprophylaxis and preventive treatment

Chemoprophylaxis and preventive treatment are fundamental strategies for protecting the most vulnerable groups and reducing transmission in high-incidence settings. Among these interventions, **intermittent preventive treatment for pregnant women (IPTp-SP)** is noteworthy and recommended by the WHO in areas of moderate or high transmission in sub-Saharan Africa. To date, 34 African countries have adopted this measure. In 2023, 44% of pregnant women at risk received the recommended three doses, representing an increase from the 34% in 2021, although coverage remains well below the 80% target. [1]

Another effective and proven preventive intervention is **seasonal chemoprophylaxis (SMC)**, implemented in 19 countries in the Sahel and other areas of seasonal transmission. This strategy protects **children under five**—the age group most vulnerable to developing severe forms of the disease—through the monthly administration of antimalarial drugs during the high transmission season. The number of beneficiaries rose from 170,000 in 2012 to 53 million in 2023, with significant reductions in incidence and child mortality. [11]

Meanwhile, **chemoprophylaxis in travellers** remains an important measure for preventing malaria among people travelling to endemic areas. Treatment effectiveness depends on the appropriate selection of the drug according to the destination, as well as strict compliance to the regimen before,

9 The Global Fund. "Results Report 2025." https://www.theglobalfund.org/en/results/.

10 The Global Fund. "New Nets Prevent 13 Million Malaria Cases in Sub-Saharan Africa." https://www.theglobalfund.org/media/13730/media_2024-04-17-new-nets-prevent-13-million-malaria-cases-sub-saharan-africa_newsrelease_es.pdf.

11 Djedanem M, Salé NM, Aminou EYYM, Testa J, Jambou R. "Status and Prospects of Seasonal Malaria Chemoprevention among Children in Sahelian Countries: A Systematic Review and Meta-analysis." PLOS Glob Public Health. 2025 Sep 12;5(9):e0005124. https://doi.org/10.1371/journal.pgph.0005124.

during and after the trip. Incorrect or inconsistent use of these drugs can promote resistance and reduce the effectiveness of available treatments, making it essential to follow the updated recommendations of the WHO and travel medicine centres.

c. Vaccination: a turning point in the fight against malaria

The introduction of immunisation against malaria is the most significant advance in the fight against the disease in the last decade. The availability of two safe and effective vaccines has opened a new chapter in the prevention and reduction of child mortality in the most affected countries. RTS,S/AS01 was the first malaria vaccine recommended by the WHO in 2021, following pilot programmes in Ghana, Kenya and Malawi. These trials demonstrated a **significant reduction in clinical and severe cases in children under five**, as well as a **substantial decrease in infant mortality**. In 2023, the WHO expanded this strategy with R21/Matrix-M, a second vaccine that showed slightly higher initial efficacy than the previous one. Both vaccines, approved for high risk countries, are administered in a four-dose schedule and are indicated for children living in areas of moderate or high transmission.

Currently, RTS,S is routinely administered in Ghana, Kenya and Malawi as part of national immunisation programmes, while R21 is being rolled out in Nigeria and Burkina Faso, with plans to expand to other high-burden countries. Preliminary results are encouraging: vaccinations have reduced child mortality by 13% and hospitalisations for severe malaria by 22%. [12]

By early 2025, **19 African countries** had already incorporated one of the two vaccines into their **childhood immunisation programmes**. These advances have been made possible by the collaborative work of Gavi and the Global Fund, which have provided funding, coordination and technical support for the safe and effective rollout of the vaccines. The simultaneous introduction of both vaccines enables diversification of supply, increases the number of available doses and enhances the overall impact on reducing preventable deaths. According to WHO estimates, expanding vaccination coverage could **prevent approximately half a million child deaths** by 2035, positioning vaccines as the new frontier in malaria eradication. [12]

12 World Health Organization. “Malaria vaccines (RTS,S and R21): questions and answers”, 2025. https://www.who.int/es/news-room/questions-and-answers/item/q-a-on-rts-s-malaria-vaccine.

3. The Crossroads

"Following the significant progress made in the first two decades of the 21st century, the fight against malaria now faces multiple threats that have slowed the momentum of achievements and put years of progress at risk."

Following the significant progress made in the first two decades of the 21st century, the fight against malaria now faces multiple threats that have slowed the momentum of achievements and put years of progress at risk:

a. Decrease in funding

The fight against malaria depends heavily on international funding, which accounts for around 67% of total resources. This is mainly channelled through the Global Fund, which provides 59% of all international funding,[9] thus making it a key player since its creation in 2002:

TABLE 2.
Achievements of the Global Fund in the fight against malaria.

Global investment	— Total investment in malaria since its creation in 2002 until June 2025: more than $20 billion. — Since 2023: more than $4 billion. — Share of international funding for malaria: 59%. — Between 2023 and 2025, the African Region received 90% of the Global Fund's total funding for malaria.
Main activities funded in 2024	— 360 million diagnostic tests performed in suspected cases. — 173 million cases of malaria treated. — 162 million insecticide-treated mosquito nets distributed. — 27 million people protected through indoor residual spraying. — 51 million children covered by seasonal chemoprophylaxis. — 18 million pregnant women received preventive therapy.
Measurable impact	**In countries where the Global Fund is active:** — Malaria deaths have fallen by almost 30% since 2002. — Without Global Fund-supported interventions, deaths would have increased by 94% over the same period. — Between 2002 and 2023, malaria cases increased by 8%. Without control measures, cases would have increased by 80% over the same period.

Source:
Global Fund.

In addition to the Global Fund, multilateral and bilateral donors also contribute to the financing of the fight against malaria, most notably the United States government with the PMI, which until recently was the largest bilateral contributor. In 2023, donors mobilised a total of $4 billion - barely half of the annual budget that the WHO estimated would be necessary to achieve the objectives of the Global Technical Strategy.[1] This deficit has not only become entrenched, but **has worsened** with the withdrawal of the US from the WHO in 2025, cuts in international aid and the paralysis of the PMI during Donald Trump's second term in office. Consequently, resulting in the loss of almost a quarter of the funding allocated to malaria control.

The consequences are tragic: a fully operational PMI could have prevented 14 million cases and 100,000 deaths in the African Region by 2025.[13] With the PMI paralysed, the question must be asked: who will take responsibility for preventing these avoidable deaths? Although the governments of endemic countries have increased their domestic contribution to financing the fight against malaria — from 33% in 2021 to 37% in 2023 [1] — these efforts remain insufficient given the magnitude of the disease burden and the global nature of the challenge. Without an urgent renewal of international commitment, the funding gap will continue to grow and result in hundreds of thousands of preventable deaths.

b. Climate change

Rising temperatures and changes in rainfall patterns are **expanding areas conducive to malaria transmission** and increasing the vulnerability of millions of people, especially in the African Region. It is estimated that between 2030 and 2049 climate change could lead to more than half a million additional deaths from malaria.[14] A clear example of this is the flooding in Pakistan in 2022, which increased malaria cases eightfold in just two years - from 500,000 cases in 2021 to 4.3 million in 2023.[1] This risk is not only limited to regions that are currently endemic. For instance, in Europe more and more areas are experiencing climatic conditions conducive to the spread of the vector, especially in the Mediterranean basin. This is also the case in Spain, where the widespread presence of the vector and its predictable increase due to climate change, together with more than 700 imported cases detected per year, make it essential to remain vigilant about the risk of malaria resurgence. [15]

c. Biological resistance

The spread of resistant parasites and vectors is another major threat to malaria control. In East Africa, artemisinin resistance in *Plasmodium falciparum* has already been confirmed in four countries (Eritrea, Rwanda, Uganda and Tanzania), with suspected cases in at least four others. Although most patients currently respond to combination therapies (CTAs), growing resistance to artemisinin may **seriously compromise the effectiveness of treatment in the near future**. The spread of parasites with genetic mutations that **escape the most commonly used rapid diagnostic tests** is also of increasing concern. In 2023, these mutations were detected in 41 countries, with prevalence above 15% in places such as Brazil, Djibouti, Eritrea, Nicaragua and Peru.

In addition, the recent transmission of the zoonotic parasite **Plasmodium knowlesi** to humans in Southeast Asia adds further complexity to the situa-

13 Symons TL, Lubinda J, McPhail M, Saddler A, Van Den Berg M, Baggen H, et al. "Estimating the Potential Malaria Morbidity and Mortality Avertable by the US President's Malaria Initiative in 2025: A Geospatial Modelling Analysis." The Lancet, 405(10496), June 2025: 2231–2240. https://doi.org/10.1101/2025.02.28.25323072.

14 Malaria Atlas Project. "Climate Impacts on Malaria in Africa", 2025. https://malariaatlas.org/project-resources/climate-change/.

15 Instituto de Salud Carlos III. "RENAVE Malaria Report 2024." CNE, 2024. https://cne.isciii.es/documents/d/cne/informe_renave_paludismo-2024.

tion. Cases increased by 19% in 2023 compared to the previous year and are of particular concern due to their virulence and rapid spread. [1]

In parallel, **mosquito resistance to insecticides** has become widespread, especially pyrethroids used in treated mosquito nets: between 2018 and 2023, this was confirmed in 55 of 64 countries monitored. New-generation mosquito nets treated with two active ingredients represent a key advance but their deployment is still insufficient, accounting for only one-fifth of all mosquito nets distributed. Added to this is the emergence of *Anopheles stephensi*, an invasive urban vector resistant to insecticides and already detected in eight African countries, **amplifying the risk in densely populated urban areas**. [1]

d. Conflicts and humanitarian crises

Conflicts and humanitarian crises represent another major threat to the fight against malaria by degrading health systems and drastically increasing the vulnerability of affected populations. In conflict situations, the **disruption of medical services, destruction of health infrastructure and loss of trained personnel** hampers the implementation of essential interventions and timely case management. **Mass displacements** and the concentration of people in **overcrowded conditions** create environments conducive to an intensified transmission. In 2023, it was estimated that 80 million people were internally displaced or refugees, 70% of them due to conflicts or natural disasters. The impact of these crises is undeniable: in Myanmar, malaria cases increased tenfold between 2019 and 2023, reaching 847,000 cases. This was mainly due to political and social instability that weakened prevention and control programmes, with collateral effects in Thailand, where indigenous cases tripled. In Ethiopia, estimated cases almost quadrupled in the same period— from 2.6 million to 9.5 million— driven by internal conflicts, alongside the expansion of the invasive vector *Anopheles stephensi*, insecticide resistance, and the effects of climate change.[1] War, political fragility and natural disasters amplify the transmission of malaria and threaten to reverse years of progress in its control and elimination, underscoring the urgency of **integrating the response** to malaria into **humanitarian action**, resilience and peacebuilding frameworks.

e. Fragility of health systems

The sustainability and robustness of health systems are crucial in the fight against malaria, as they directly determine the capacity of countries to prevent, diagnose and treat the disease effectively. Health systems facing shortages of qualified personnel, lack of essential medicines and resources, infrastructure deficiencies and difficulties in ensuring universal access are unlikely to sustain an effective response to malaria. **Difficult access** to health services is one of the main signs of health system fragility. It signifies that large sections of at-risk populations, especially in rural areas, do not fully benefit from essential interventions such as the distribution of treated mosquito nets, indoor fumigation, rapid diagnosis, timely treatment or chemoprophylaxis in vulnerable groups. This lack of access perpetuates transmission, encourages outbreaks and threatens to reverse the progress made even in regions where significant reductions in cases have been achieved.

Extraordinary events such as the COVID-19 pandemic demonstrated the **vulnerability of these systems**: service disruptions, supply issues, mobility restrictions, and resource redirection led to a global increase in cases and deaths, setting back several years of progress in the fight against malaria.[16] **Structural fragility** also leads to insufficient epidemiological surveillance, which in turn hinders early detection and timely response to outbreaks and limits the ability to adapt to emerging threats, such as drug resistance or changes in transmission patterns. The WHO stresses that strengthening primary care, investing in the training of health per-

sonnel, digitalising surveillance systems and ensuring financial sustainability are essential conditions for consolidating the progress achieved and avoiding a setback in malaria control. [1]

4. The Global Crossroads and the Role of the EU and Spain

"Spain can and must catalyse a European consensus to keep malaria on the international political agenda, promote cooperation with high-burden countries, and defend science and evidence against misinformation and denialist rhetoric."

The fight against malaria is at a critical juncture. While science and tools for prevention, diagnosis, and treatment have continued to advance, global progress has stalled since 2015, and we face a **real risk of regression**. The funding gap, biological resistance, the growing impact of climate change and humanitarian crises threaten to lead us further and further away from the goals of WHO's Global Technical Strategy. Added to this is the withdrawal of funding from the United States — the largest donor until 2025 — along with its discourse of mistrust towards science and international institutions, eroding public confidence and increasing uncertainty.

In this context, the **European Union must take a leading role** in the global health architecture. As the second largest contributor, it has the capacity to fill part of the void left by the US, mobilising additional funding through the Global Fund and Gavi, and **placing health diplomacy at the heart of its external action**.

Spain, in turn, occupies a unique position. Its geographical proximity, historical and migratory ties with West Africa and its role as a Mediterranean bridge make it an indispensable strategic partner. In addition, it has a solid and recognised track record in the fight against malaria, both in the field of international cooperation and in research. During the 2000s, **Spain consolidated** its position among the leading countries in funding and knowledge generation. It allocated €177 million to the Global Fund between 2003 and 2010, an investment that helped save the lives of more than 100,000 children. It was the **first country to announce funding for the rollout of the vaccine** through Gavi.[17] In terms of R&D, it played a key role in global milestones such as the clinical development of the RTS,S vaccine, the validation of artemisinin-based combination therapies, long-lasting insecticide-treated nets and intermittent preventive treatment. Spain also led the **coordination of international initiatives** such as Malaria Eradication Research Agenda (malERA), which guided the scientific agenda towards eradication and laid the foundations for subsequent WHO recommendations.[18] This comprehensive approach—based on cooperation, science, and knowledge sharing—has positioned Spain as a leading player and a model of effective cooperation in global health. Building upon this historical foundation, Spain has **reinforced its commitment** in 2025, announcing an increase in its

16 ISGlobal. What Impact Has the COVID-19 Pandemic Had on the Fight Against Malaria? [Internet]. 2025 [cited 30 Oct 2025]. Available from: https://www.isglobal.org/-/-que-efectos-ha-tenido-la-pandemia-de-covid-19-en-la-lucha-contra-la-malaria-.

17 Gavi, the Vaccine Alliance. "Donor Profile: Spain", 2025. https://www.gavi.org/investing-gavi/funding/donor-profiles/spain.

18 ISGlobal. "Spanish Contributions to the Fight Against Malaria (2000–2010)" ISGlobal Policy Paper, 2013. https://www.isglobal.org/documents/10179/25254/Paper+-+Contribuciones+espa%C3%B1olas+en+la+lucha+contra+la+malaria.pdf/55da83bb-a9ab-49d6-80ab-c1f4680b536b?t=1361964279000.

contribution to the Global Fund to 145 million.[19] Now, Spain can and must **catalyse a European consensus** to keep malaria on the international political agenda, promote cooperation with high-burden countries, and defend science and evidence against misinformation and denialist rhetoric.

For the response to be effective and sustainable, it is also essential that the governments of the most affected countries take the lead in the fight against malaria. International cooperation must focus on **strengthening their domestic capacities**, promoting accountability and facilitating access to resources and innovation. As emphasised in the Yaoundé Declaration of 2024, progress will only be lasting if international partnerships act as catalysts for local leadership, supporting and amplifying strategies defined from within the endemic contexts themselves.

TABLE 3.
Spain's contributions to the Global Fund.

Since the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2002, Spain has been a key partner in the global response to these diseases. Between 2002 and 2010, it contributed **more than $700 million** (about **€600 million**), making it one of the Fund's main donors. After several years without direct contributions, in **2017** Spain resumed its support through the **Debt2Health** mechanism, which released **€15.5 million** for health programmes in three African countries.

In **2019**, the Spanish government resumed direct financial contributions with a commitment of **€100 million**, marking its formal return as an active donor. Subsequently, for the **2023-2025** cycle, Spain increased its contribution to **€130 million**, reaffirming its leadership in global health. Finally, in **June 2025**, it announced a new contribution of **€145 million** for the **2026-2028** cycle.

Overall, according to official data from the Global Fund, Spain has contributed **more than €831 million and $65 million** as of October 2025, in addition to **€15.5 million in debt swap operations**, becoming the thirteenth largest donor government and reflecting a renewed and sustained commitment to the international fight against AIDS, tuberculosis and malaria.

Source:
ISGlobal.

19 Ministry of Foreign Affairs, European Union and Cooperation. "Albares defends Spain's commitment to global health, increasing funds for AIDS, malaria and tuberculosis", October 3, 2025. https://www.exteriores.gob.es/es/Comunicacion/NotasPrensa/Paginas/2025_NOTAS_P/Albares-defiende-el-compromiso-de-Espana-con-la-salud-mundial-aumentando-fondos-para-sida-malaria-y-tuberculosis.aspx.

5. Recommendations

"The current crossroad demands strengthening global commitments, transforming scientific evidence into effective political action, and ensuring the sustainability and equity of interventions, so that no vulnerable population is excluded from advances in malaria control."

The current crossroad demands strengthening global commitments, transforming scientific evidence into effective political action, and ensuring the sustainability and equity of interventions, so that no vulnerable population is excluded from advances in malaria control. To achieve this, we propose the following:

- Consolidate the role of Spain and the European Union as strategic actors in the international agenda against malaria. Spain can play a key role in building European consensus and promoting horizontal alliances based on shared responsibility and technical cooperation.
- Reaffirm Spain and the EU's commitment to science, multilateralism and health diplomacy, maintaining strong political and financial support for the Global Fund as a key element of more effective and coordinated global health governance under national leadership - especially in the face of budget cuts and the rise of isolationist rhetoric that questions the role of science.
- Ensure the continuity of international funding, while strengthening the domestic contribution of the affected countries, supported by a roadmap for a planned transition towards greater financial autonomy for countries most dependent on international aid.
- Promote leadership among high-burden countries, ensuring that they lead their own malaria control and elimination programmes. To this end, it is essential to strengthen national institutions, accountability mechanisms and regional coordination, in line with the commitments of the Yaoundé Declaration (2024).
- Promote comprehensive programmes aimed at strengthening health systems in endemic countries, so that the response to malaria is sustainable, effective and less sensitive to international political changes. Training health personnel, improving the supply chain and digitalising epidemiological surveillance are key elements in ensuring resilience.
- Encourage innovation in the face of biological resistance and the impact of climate change, promoting research and equitable access to new tools—vaccines, combination therapies and state-of-the-art mosquito nets—as well as adaptive strategies against emerging vectors.

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