

Can India eliminate malaria by 2030? | Explained

What does the National Framework for Malaria Elimination in India lay down? From 2015-2023, by what percentage has malaria cases reduced in India? What is the protocol for testing, treating and tracking the disease? What does the World Malaria Report 2025 state?

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The story so far: In 2016, under its National Framework for Malaria Elimination in India (2016-2030), India set an **ambitious target to eliminate malaria (zero indigenous cases) by 2030**, with an interim milestone of interrupting indigenous transmission across the entire country, including all high-transmission States and Union Territories (UT), by 2027. By the end of 2025, the Ministry of Health and Family Welfare (MOHFW) reported that robust surveillance and sustained interventions had led to 160 districts

across 23 States and UTs reporting zero indigenous malaria cases from 2022 to 2024. This was seen as a significant milestone as it meant that the country was getting closer to completely eliminating malaria.

How is prevalence of the disease measured?

According to the World Health Organization (WHO), a country is granted a certification of malaria elimination when “the chain of local transmission of all human malaria parasites has been interrupted nationwide for at least three consecutive years, and that a fully functional surveillance and response system is in place to prevent re-establishment of indigenous transmission”. As of mid-2025, 47 countries or territories have been officially certified malaria-free by the WHO.

Where does India stand?

The World Malaria Report 2025 notes that India made significant progress in reducing malaria incidence and mortality in its high-endemic States, officially exiting the WHO “High Burden to High Impact” Group, in 2024. Malaria cases reduced by around 80% from 2015 to 2023 in the country. In 2024, India accounted for 73.3% of the 2.7 million estimated malaria cases in the WHO South-East Asia Region. While localised transmission driven by population movement and cross-border importation remain as key challenges, India is on track to achieve the WHO Global Technical Strategy (GTS) for malaria 2016-2030 target of at least a 75% reduction in incidence by 2025 (compared with a 2015 baseline), having already achieved reductions exceeding 70% by 2024, the World Malaria Report added.

If Tamil Nadu is taken as an example, data from the State’s Directorate of Public Health and Preventive Medicine show a steady decline in malaria cases, from 5,587 in 2015 to 321 in 2025. Since 2023, 33 of 38 districts have reported zero indigenous cases, placing them in “Category O” (prevention of re-establishment phase). The remaining five districts, including the capital Chennai, are classified as “Category I” (Elimination phase) where the Annual Parasite Incidence (API) is less than one case per 1,000 population at risk (API is the number of confirmed new malaria cases registered in a specific year, expressed per 1,000 individuals under surveillance, for a given country, territory, or geographic area).

How is India working to eliminate malaria?

The country has put in place two national plans to guide and accelerate malaria elimination — the National Framework for Malaria Elimination in India (2016-2030), which outlines the vision, goals, and targets for a phased malaria elimination, and the National Strategic Plan (NSP) for Malaria Elimination (2023-2027) that builds upon earlier frameworks. According to the NSP, transforming malaria surveillance as a core intervention for malaria elimination, ensuring universal access to malaria diagnosis, treatment by enhancing and optimising case management by “testing, treating and tracking” and ensuring universal access to malaria prevention by enhancing and optimising vector control are among the key strategies.

In Tamil Nadu, measures to detect malaria are being carried out intensively in government hospitals and primary health centres. Larval control measures are implemented alongside. One of the key focus areas is to monitor migrant workers. Intensive surveillance is being taken up among workers coming from malaria-prone neighbouring States.

What are the challenges?

One of the challenges is migration from malaria-endemic neighbouring States that poses a risk of reintroduction in low-transmission areas. Urban areas, according to NSP, pose a different set of challenges for malaria elimination. Special focus is given to challenging malaria paradigms such as in urban, forest, tribal, project/and border areas, hard to reach areas and migrant populations, it said.

Acknowledging that the WHO South-East Asia Region has made major progress towards malaria elimination, achieving reductions in both incidence and mortality over the past two decades, the World Malaria Report stated that significant challenges remain. Persistent Plasmodium vivax transmission, which accounts for nearly two-thirds of regional cases, continues to complicate elimination efforts. Localised transmission in India and Nepal, driven by population movement and cross-border importation, points to the need for targeted subnational and regional coordination, it added. Other strategies by India include drug resistance monitoring, insecticide resistance monitoring and ensuring compliance with the 14 days of radical treatment for Plasmodium vivax cases.

The World Malaria Report 2025 has also highlighted the growing threat of antimalarial drug resistance. As the WHO noted: “Partial resistance to artemisinin derivatives — the backbone of malaria treatments after failures of chloroquine and sulfadoxine-

pyrimethamine — has now been confirmed or suspected in at least eight countries in Africa, and there are potential signs of declining efficacy of some of the drugs that are combined with artemisinin.”

With the government focusing on achieving zero indigenous cases by 2027 and ensuring prevention of malaria re-establishment, measures to strengthen the surveillance system and diagnostic capacities, and intensifying control measures in high burden districts, are pivotal.

What is the road ahead?

In its annual report of 2024-2025, the MOHFW said that in 2023, 34 States/UTs achieved an annual parasite incidence of less than one except in two States, Tripura (5.69) and Mizoram (14.23).

T. Jacob John, senior virologist, said the most important aspect in this phase is the accuracy of data. Next, to ensure that private practitioners report cases, strict public health surveillance is needed. “All doctors should mandatorily report even suspected cases of malaria,” he added.

T.S. Selvavinayagam, former Director of Public Health and Preventive Medicine, Government of Tamil Nadu, said malaria in urban areas continues to be a challenge. “Urban areas or larger metropolitan cities such as Chennai face challenges due to rapid urbanisation, growing infrastructure and a large number of apartment complexes where water storage conditions need to be looked at. Here, the government alone cannot play a role but needs measures at the individual household level as the source is clean water,” he said.

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In Case You Missed It

