

Version updates to the “WHO guidelines for malaria”

16 FEBRUARY 2021 – The consolidated “WHO guidelines for malaria” bring together – for the first time – all of the Organization’s current recommendations for malaria in one user-friendly online resource. The Guidelines include:

- All WHO evidence-based recommendations for malaria prevention (vector control and preventive chemotherapies) and case management (diagnosis and treatment); recommendations for elimination settings are in development.
- Links to other resources, such as guidance and information on the strategic use of information to drive impact; surveillance, monitoring and evaluation; operational manuals, handbooks, and frameworks; and a glossary of terms and definitions.

These consolidated guidelines replaced two previous guideline documents: the *Guidelines for the treatment of malaria, third edition* and the *Guidelines for malaria vector control*.

WHO/UCN/GMP/2021.01

13 JULY 2021 – This update incorporates updates to the vector control guidance in the malaria prevention section. The following changes were made:

- Based on a recently completed systematic review of the impact of larval habitat modification and/or manipulation against malaria, it was determined that the evidence base for either of these interventions is currently insufficient to make a recommendation. This assessment and identification of evidence gaps requiring further data generation have been made explicit.
- A conditional recommendation for house screening was developed based on a recently completed systematic review on housing modifications.
- Background information was added on how insecticide treated nets (ITNs) elicit protection for both the individual users and for the community (net users and non) where nets are widely used. This additional information drew upon a recent review of studies describing the biological mechanisms of how ITNs function with a focus on the “community effect”.
- The sections on insecticide resistance management and insecticide selection were updated to make it clearer that data from insecticide resistance assays should not be used to select between different pyrethroid products.
- Estimates of the resources needed for WHO recommended interventions have been added to inform local costing studies as a first step to provide cost-effectiveness estimates and guide the selection of intervention packages. and
- Areas where evidence gaps remain and research is needed to inform further revisions of the guidance for malaria vector control have been updated.

WHO/UCN/GMP/2021.01 Rev.1

18 FEBRUARY 2022 – This current update includes the first ever WHO recommendation on a malaria vaccine. This was based on a full evidence review of the RTS,S/AS01 malaria vaccine and advice from the Malaria Policy Advisory Group (MPAG) and the Strategic Group of Experts (SAGE) on Immunization following a joint session on 6 October 2021.

WHO/UCN/GMP/2022.01

31 MARCH 2022 – This latest update incorporates revisions to the vector control guidance in the malaria prevention section. The following changes were made:

- The conditional recommendation for the deployment of pyrethroid-PBO nets was updated based on a recently completed revision of an earlier systematic review.
- A recommendation for the deployment of pyrethroid-only long-lasting insecticidal nets (LLINs) or pyrethroid-PBO nets and a separate conditional recommendation for the deployment of indoor residual spraying (IRS) in areas affected by humanitarian emergencies were formulated based on review of the evidence on vector control interventions reported in a recent systematic review.
- The sections on insecticide selection for IRS were updated to provide further detail about the risks of using DDT and importance of considering alternative insecticides.
- Further details on resource considerations, cost and cost-effectiveness for WHO-recommended interventions have been added to inform local costing studies and guide the selection of intervention packages.
- Areas where evidence gaps remain and research is needed to inform further revisions of the guidance for malaria vector control have been updated.

WHO/UCN/GMP/2022.01 Rev.1

3 JUNE 2022 – This version of the guidelines includes updates to the recommendations for malaria chemoprevention and specifically the recommendations for intermittent preventive treatment during pregnancy (IPTp), perennial malaria chemoprevention (PMC), previously referred to as intermittent preventive treatment in infants (IPTi), seasonal malaria chemoprevention (SMC), and new recommendations on intermittent preventive treatment in school-aged children (IPTsc), post-discharge malaria chemoprevention (PDMC), mass drug administration (MDA) for malaria burden and transmission reduction, and mass relapse prevention.

This version also includes the first ever WHO recommendations for interventions in the final phase of malaria elimination and prevention of re-establishment. These recommendations are based on full evidence reviews of mass testing and treatment, targeted testing and treatment, targeted testing and treatment at points of entry, reactive drug administration, reactive case detection and treatment and reactive indoor residual spraying by a Guidelines Development Group (GDG) in August, November and December 2021.

WHO/UCN/GMP/2022.01 Rev.2

25 NOVEMBER 2022 – This version of the Guidelines includes updates to the case management of malaria, specifically the addition of new molecules for the treatment of uncomplicated malaria and optimization of the dosage regimen for anti-relapse treatment, along with updates on the use of antimalarial medicines in special risk populations including pregnant women.

WHO/UCN/GMP/2022.01 Rev.3

14 MARCH 2023 – This version of the Guidelines includes new WHO recommendations on two classes of insecticide-treated nets that were established following the generation of evidence on the epidemiological impact of pyrethroid-chlorfenapyr and pyrethroid-pyriproxyfen ITNs. Given the increasing complexity in prioritization of limited resources across different ITN products, WHO and partners also developed separate guidance on ITN prioritization under resource constrained conditions.

WHO/UCN/GMP/2023.01

16 OCTOBER 2023 – This version of the Guidelines includes revised information regarding the WHO recommendation for use of indoor residual spraying to prevent malaria and the conditional recommendation against the use of topical repellents to control malaria at the community level. The update was informed by recently updated systematic reviews for these two interventions, and by the outcome of a technical consultation on comparative efficacy assessments, which reviewed data on the new insecticide broflanilide for use in IRS. While the recommendations themselves have remain unchanged, revised evidence profiles replace those of the older reviews, more detailed information is given regarding how the recommendations were formulated, practical information regarding the two interventions is provided, and broflanilide has been added as an insecticide covered under the WHO IRS recommendation for malaria control.

WHO/UCN/GMP/2023.01 Rev.1

30 NOVEMBER 2024 – This version of the Guidelines includes an updated recommendation for malaria vaccines, new recommendations on the use of near-patients qualitative and semiquantitative G6PD tests to guide anti-relapse treatment of *P. vivax* and *P. ovale*, updated recommendations on primaquine and the recommendation on the use of tafenoquine.

10.2471/B09146

13 August 2025 – This version of the Guidelines includes revised information regarding the WHO recommendation for use of indoor residual spraying (IRS) to prevent malaria. The update was informed by a guidelines development group review of data related to efficacy and contextual factors for two new insecticides for use in IRS (chlorfenapyr and isocycloseram). While the overarching recommendation remains largely unchanged, the evidence profiles have been updated with the addition of these two new insecticides, and there is an emphasis on continuing to reduce the use of DDT for IRS for malaria control. There is also a new recommendation for spatial emanators (also known as spatial repellents), in light of new evidence on the use of this intervention.

10.2471/ B09514
