# **ELIMINATING MALARIA**

IN THE GREATER MEKONG SUBREGION

# TO END A DEADLY DISEASE





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# ELIMINATING MALARIA IN THE GREATER MEKONG SUBREGION

# UNITED TO END A DEADLY DISEASE





### **Overview**

"For decades, WHO has worked alongside countries and partners in the Greater Mekong Subregion to provide strategic guidance and technical support in the malaria fight. We will continue to support this effort until we have achieved our shared goal: eliminating malaria transmission altogether."

Dr Pedro Alonso, WHO Global Malaria Programme Director Recent efforts to fight malaria in the Greater Mekong Subregion (GMS) have yielded impressive results. According to the latest WHO estimates, the six GMS countries cut their malaria case incidence by an estimated 54% between 2012 and 2015. Malaria death rates fell by 84% over the same period (Figures 1 and 2).

Progress was made possible through greater access to effective malaria control tools, particularly artemisinin-based combination therapies (ACTs), rapid diagnostic tests (RDTs), and insecticide-treated mosquito nets (ITNs). Since 2012, the targeted provision of these core tools for vulnerable populations has increased substantially across the subregion, leading to an acceleration in the pace of progress.<sup>1</sup>

However, the spread of antimalarial drug resistance threatens to undermine these gains. To date, resistance of malaria parasites to artemisinin – the core compound of the best available antimalarial medicines – has been detected in five countries of the GMS.<sup>2</sup> In some areas, resistance to artemisinin and its partner drugs has reached alarming levels (Figure 3).

WHO has coordinated global efforts to counter artemisinin resistance from the beginning, providing technical guidance and mobilizing partners to action. In 2013, WHO launched the *Emergency response* to artemisinin resistance (ERAR) in the Greater Mekong Subregion, a high-level plan of attack to contain the spread of drug-resistant parasites and to provide life-saving tools for all populations at risk of malaria.

The ERAR initiative brought fresh energy and resources to the GMS, generating new research, facilitating coordination and technical

<sup>&</sup>lt;sup>1</sup> Between 2012 and 2015, there was a 54% decline in malaria case incidence across the GMS compared to a 6% increase over the preceding 3-year period (2008-2011). Malaria mortality rates fell by 84% from 2012-2015 compared to a 48% decline from 2008-2011 (data not included for Yunnan Province, China).

<sup>&</sup>lt;sup>2</sup> To date, artemisinin resistance has been detected in Cambodia, Lao People's Democratic Republic (PDR), Myanmar, Thailand and Viet Nam.

84%

reduction in malaria deaths between 2012 and 2015. support and accelerating progress. But even as this work was under way, additional pockets of resistance emerged independently in new geographic areas of the subregion. In parallel, there were reports of increased resistance to ACT partner drugs in some settings. A new approach was needed to keep pace with the changing malaria landscape.

In 2014, the Malaria Policy Advisory Committee – a WHO advisory body comprised of leading malaria experts – agreed that there was only one way forward: eliminating malaria transmission altogether from the GMS. In collaboration with national malaria programmes and partners, WHO led the development of the *Strategy for malaria elimination in the Greater Mekong Subregion (2015–2030)*.

Urging immediate action, the strategy calls for the elimination of all species of human malaria across the GMS by 2030, with priority

#### **TIMELINE AND KEY TARGETS**

#### 2006

Early warning signs of *P. falciparum* resistance to artemisinin detected in Cambodia.

#### November 2008

Artemisinin resistance containment project, supported by WHO and funded by the Gates Foundation, initiated along the Cambodia-Thailand border.

#### 2013

WHO launches the Emergency response to artemisinin resistance in the Greater Mekong Subregion, Regional framework for action 2013–15, and establishes a regional hub in Phnom Penh, Cambodia, to coordinate multi-partner action.

P. falciparum resistance to artemisinin first confirmed along the Cambodia– Thailand border.

2008

WHO launches a Global plan for artemisinin resistance containment (GPARC). The GPARC sets out a high-level plan of attack to protect ACTs as an effective treatment for *P. falciparum* malaria.

January

2011

action targeted to areas where multi-drug resistant malaria has taken root. This subregional strategy is fully aligned with the goals and targets of the WHO *Global Technical Strategy for Malaria* 2016–2030, adopted by the World Health Assembly in May 2015.

With technical guidance from WHO, all GMS countries have developed national malaria elimination plans. Together with partners, WHO will provide ongoing support for country elimination efforts through the Mekong Malaria Elimination (MME) project – a new initiative that replaces the former ERAR hub.

To succeed, GMS countries must continue to develop and roll out effective policies that address the challenges head-on and galvanize action on the ground. This report offers a brief overview of several tried-and-tested approaches that can help countries across the subregion end transmission of this deadly disease.

### м<sub>ау</sub> **2015**

GMS Ministers of Health adopt the WHO Strategy for malaria elimination in the Greater Mekong Subregion. The plan aims to eliminate *P. falciparum* malaria from the subregion by 2025 and all species of human malaria by 2030.

#### ву 2020

P. falciparum malaria eliminated in Cambodia.

All species of human malaria eliminated in Yunnan Province, China.

#### <sup>By</sup> 2030

All species of human malaria eliminated in all countries in the GMS.

The WHO Malaria Policy Advisory Committee recommends adopting the goal of elimination of *P. falciparum* malaria in the GMS.

September 2014

Transmission of *P. falciparum* malaria interrupted in all areas of multi-drug resistance, including ACT resistance.

2020 or earlier

*P. falciparum* malaria eliminated in all countries of the GMS.

All species of human malaria eliminated in Cambodia and Thailand.

ву 2025

# A steep decline in malaria cases and deaths across the GMS (2010-2015)

FIGURE 1.

Malaria cases in the six GMS countries

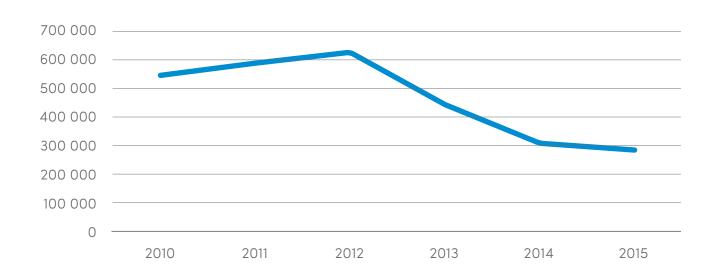


FIGURE 2.

Malaria deaths in the six GMS countries

1200

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