Malaria elimination strategy in the Greater Mekong subregion

February 2015, Geneva, Switzerland

Introduction

A report looking at the feasibility of falciparum malaria elimination in the Greater Mekong subregion (GMS) was presented to the Malaria Policy Advisory Committee (MPAC) in September 2014. MPAC recommended the adoption of a *Plasmodium falciparum* elimination goal in the GMS by 2030. Since then, a GMS malaria elimination strategy has been drafted under the leadership of the WHO Emergency Response to Artemisinin Resistance (ERAR) Regional Hub. The attached draft strategy has been revised based on feedback from countries and partners at regional meetings and at in-country consultations. It is shared with MPAC for the committee’s technical input and advice.

Background

About 120 million people are at risk of malaria in the GMS. It is estimated that, in 2012, there were approximately 1.8 million malaria cases (range 1 522 000 – 2 484 000), of which 58% were due to *P. falciparum*. The incidence of malaria has been greatly reduced over the past decade; however, it is concerning that falciparum malaria in the GMS is becoming increasingly resistant to antimalarial medicines. At their meeting in September 2014, MPAC considered malaria elimination as technically and operationally feasible at a reasonable cost, and thus recommended the adoption of a goal of falciparum malaria elimination by 2030.

In parallel, the Heads of States at the 9th East Asian Summit in Myanmar in November 2014 agreed to the goal of an Asia Pacific free of malaria by 2030. In the declaration, the co-chairs of the Asia Pacific Leaders Malaria Alliance (APLMA) were tasked with development of a plan (a roadmap) for achieving this goal.

Strategy development process

Following the MPAC recommendation, WHO and consultants developed and presented the first draft elimination strategy to countries and partners at a workshop in Cambodia in November 2014. At the workshop there was consensus that time-bound elimination of not only *P. falciparum*, but of all malaria species, should be pursued in the GMS. Most GMS countries already have national malaria elimination goals within the 2030 time frame. A second draft was prepared based on the findings and recommendations at the workshop, and was presented and discussed at in-country consultations in Cambodia, Lao People’s Democratic Republic (PDR), Myanmar, Thailand and Viet Nam. Further revision was made and presented at a GMS regional meeting in Thailand in February 2015.
The current draft GMS malaria elimination strategy will be updated based on inputs from MPAC, and from partners and countries. The final version is expected to be finalized and launched in May 2015. It will be used to update the national malaria strategic plans of the six GMS countries. Also, the final version will support the preparation of detailed, costed national action plans that will be agglomerated and supplemented with regional activities, to serve as a complete GMS action plan (expected to be finalized by the end of 2015).

**Strategy priorities and interventions**

The GMS malaria elimination strategy refers to the Global Malaria Technical Strategy 2016–2030 and operationalizes it for the GMS, taking into account GMS specificities. The draft elimination strategy describes the current malaria situation and interventions in the GMS, and defines a strategy for malaria elimination in the subregion. The rationale is the worsening multidrug resistance, including artemisinin resistance, situation in the GMS, which poses a threat to regional and global health security and thus necessitates urgent action. The strategy stresses that *P. falciparum* should be a priority; however, it also notes that planned interventions against falciparum malaria will have considerable impact on vivax malaria transmission as well, because in most endemic areas both species are found, and the same vector control strategies are applied.

Resources, in particular human resources, are limited (at least initially). Although the strategy aims for an accelerated scale-up of appropriate interventions in all endemic areas, tailored to the local epidemiology, there is a need to prioritize (at least initially).

At regional level, the draft strategy proposes the following priorities:

- interrupting transmission in areas with multidrug resistance, including artemisinin resistance, in the border areas between Cambodia and Thailand;
- reducing transmission in the high-transmission areas in Myanmar; and
- controlling malaria in areas of resurgence.

At country level, the draft strategy proposes the following priorities:

- eliminating transmission in areas of multidrug resistance;
- flattening the epidemiological landscape by reducing transmission in areas of high transmission; and
- undertaking local analysis that may identify additional priorities (e.g. measures targeting certain mobile populations).

The prioritization suggested does not mean that efforts to eliminate in low-transmission areas should be put on hold, only that such efforts must not take precedence over addressing multidrug resistance, including artemisinin resistance, and reducing the burden of malaria.
**Governance**

One of the conclusions of the feasibility report presented to MPAC was that national leadership of a regional elimination effort is essential, and that the effort will depend on national governments working together. The report recommended that a joint inclusive governance platform to monitor and coordinate implementation should be agreed upon by all parties involved. A governance options paper was prepared and presented to countries at the meeting in Thailand in February 2015. A possible model for regional governance and coordination of malaria elimination in the GMS discussed at the meeting is to have WHO/ERAR hub as the technical arm, APLMA as the political arm, and a revised version of the Global Fund’s Regional Artemisinin Resistance Initiative (RAI) Regional Steering Committee (RSC) to oversee activities.

**Figure 2. Possible model for governance and coordination of malaria elimination in the GMS**

![Diagram showing the possible model for governance and coordination of malaria elimination in the GMS]

**Issues for MPAC's consideration**

MPAC is requested to consider the following questions:

a) Are the proposed regional priorities appropriate?

b) Are the proposed country priorities appropriate?

c) Should an additional, less technical document be produced, targeted at senior GMS government officials and donors?

**Requested action by MPAC**

MPAC is requested to provide technical input and advice for the further development of the strategy, with specific attention to the above questions.