Outline

- Progress in the GMS
- Key challenges
- WHO Activities for 2018
- Future Priorities
- Summary
Progress: Significant case reduction in GMS

**Malaria Cases**

- 618,242 in 2012
- 444,145 in 2013
- 349,992 in 2014
- 300,807 in 2015
- 174,997 in 2016
- 161,751 in 2017
- 47,819 in Jan-Jun 2018

**Malaria deaths**

- 548 in 2012
- 342 in 2013
- 111 in 2014
- 53 in 2015
- 54 in 2016
- 38 in 2017
- 11 in Jan-Jun 2018
Progress: Cases are concentrated in a few provinces

Parasite Incidence (PI) by province

Jan-Jun 2015
Jan-Jun 2016
Jan-Jun 2017
Jan-Jun 2018

PI (per 1000)

- 0
- 0 - 0.1
- 0.1 - 1
- 1 - 5
- 5 - 10
- 10 - 20
- 20 - 50
- > 50
Cases are highly concentrated in a few health centres in Cambodia and Lao PDR.

In both Cambodia and Lao PDR, top 20 facilities account for approx. 40% of cases, while top 50 account for approx. 60% of cases (Jan-June, 2018).

* Cambodia/Lao PDR/Thailand data are at commune/HC levels. Viet Nam is at Provincial level.
% of reported cases by VMW biannually (2015 1H to 2018 1H)

VMW reporting rate in top 7 provinces (January vs. August 2018)
During the World Health Assembly in May 2018, Health Ministers and Senior representatives from GMS countries signed the Ministerial Call for Action to Eliminate Malaria in the GMS

• Reconfirming commitment for elimination before 2030

• Emphasizing cross-country collaboration and joint action ("one region, one strategy" approach)
Challenge: Case increase in Cambodia

Cases significantly increased in Cambodia in 2H 2017 and 1H 2018

Possible reasons for increase include:
- VMW network not fully functional in some places
- Insufficient reach out to forest goers
- Delayed switch from DHA-PIP
- Insufficient coordination among partners and NMCP
- Environmental factors (e.g. population movement)
Challenges: Operation in remaining endemic areas
Challenge: Continued circulation of multi-drug resistant strains

Recent Therapeutic Efficacy Studies (TES) indicate that multi-drug resistant strains continue to circulate in GMS countries, especially east of Bangkok (i.e. Cambodia, Lao PDR, Thailand, Viet Nam).

Still, GMS countries have multiple (at least two) ACT options effective for all parasites.

The current challenges are largely policy-related and implementation, not biological.

- Timely revision and implementation of national treatment guidelines based on TES data
- Identification of second-line ACTs
- Registration of all available ACTs
<table>
<thead>
<tr>
<th>Key Areas of Work</th>
<th>Challenges</th>
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<tbody>
<tr>
<td>Data Collection and Reporting</td>
<td>• Include surveillance data from partners and private sector</td>
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<tr>
<td></td>
<td>• Timely reporting of aggregated data to the national database</td>
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<td></td>
<td>• Implement case-based surveillance and iDES</td>
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<tr>
<td>Data Use</td>
<td>• Analyse &amp; share surveillance data especially sub-national levels</td>
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<td></td>
<td>• Take timely programmatic actions</td>
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<tr>
<td>Validation</td>
<td>• Regular validation of surveillance data</td>
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<td></td>
<td>• Surveillance assessment</td>
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Challenge: Circulation of *P. vivax* cases

- In Jan-Jun 2018, 59% of cases were *P. vivax* or *P. vivax* + *P. falciparum*

- Relative importance of *P. vivax* cases is likely to increase as countries approach elimination

- Insufficient or lack of implementation of radical cure with primaquine in Cambodia, Lao PDR and Viet Nam
### Trend in Pf/Pv cases by country

<table>
<thead>
<tr>
<th>Country</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018 1H</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>50%</td>
<td>48%</td>
<td>46%</td>
<td>67%</td>
</tr>
<tr>
<td>Lao PDR</td>
<td>60%</td>
<td>63%</td>
<td>51%</td>
<td>44%</td>
</tr>
<tr>
<td>Myanmar</td>
<td>40%</td>
<td>43%</td>
<td>32%</td>
<td>45%</td>
</tr>
<tr>
<td>Thailand</td>
<td>67%</td>
<td>76%</td>
<td>84%</td>
<td>86%</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>54%</td>
<td>44%</td>
<td>37%</td>
<td>43%</td>
</tr>
</tbody>
</table>
Structure of WHO activities in GMS

Major Objectives

1. **Country Offices** continue support to national malaria elimination programmes

2. **HQ and Regional Offices** ensure timely technical support

3. **Mekong Malaria Elimination** (MME) team addresses partnership coordination and cross-country issues
MoH, Cambodia with WHO and partners launched the new intensification plan, targeting hard-to-reach populations.

The plan has two objectives:

- Objective 1: To strengthen program coordination and ensure full implementation of MEAF interventions
- Objective 2: To implement aggressive approach in populations with highest risk with Mobile Malaria Workers (MMWs)

All eligible forest goers receive forest packs (LLIHN, insect repellent, health education leaflet) and pre-exposure treatment*.

* Piloted in 2 provinces (Mondulkiri and Ratanakiri) for 6 months before scale up
Given the remaining challenges, the following may be priorities for WHO as the GMS approaches elimination:

- Strengthen technical support at sub-national levels in endemic areas to improve operations, particularly in remote areas
- Help countries monitor drug efficacy (esp. implementation of integrated drug efficacy surveillance) and update/implement national/sub-national treatment guidelines accordingly (inc. use of low dose primaquine and Pv radical cure)
- Support the implementation of the Ministerial Call for Action, including the Independent Oversight Body
- Help countries scale-up elimination programme (e.g. case-based surveillance)
- Assess and support implementation of new approaches/tools (e.g. new ACTs, prophylaxis among forest goers, and impregnated hammock nets)
• GMS countries significantly reduced the number of malaria cases from 2012-2017. As a result, malaria cases are concentrated in small geographical areas, requiring the strong focus of programmatic activities and the strengthening of technical and operational support in these places.

• Major common challenges include: project implementation among forest goers in remote areas, monitoring and addressing multidrug resistance, and improving surveillance.

• Under the revised support structure, WHO HQ, RO, CO as well as the Mekong Malaria Elimination (MME) team support malaria elimination in the GMS.

• As GMS countries approach elimination, WHO continues to support National Malaria Control Programmes to address new challenges and priorities in the next biennium.