

# Ministerial Advocacy to Support Malaria Elimination



## Why Commit?

- At the 10<sup>th</sup> East Asia Summit in 2015, Asia Pacific leaders reaffirmed their support of a region free of malaria by 2030 and endorsed the APLMA Malaria Elimination Roadmap.
- Countries in the Asia Pacific have achieved extraordinary success in the fight against malaria. Since 2000, the number of malaria cases and associated deaths in the region have been reduced by almost half; however, nearly 2 billion people remain at risk of infection.<sup>i</sup>

## Why Invest?

- Malaria elimination is an entry point for strengthening regional health security and national health systems, and achieving universal health coverage. Investing in the prevention of communicable disease threats, including malaria, Zika, and Dengue fever, is critical to ongoing economic growth.
- Elimination is a public health best-buy. The potential economic benefit of eliminating malaria from Asia Pacific by 2030 is estimated to be USD 90 billion—a 6-to-1 return on every dollar invested.<sup>ii</sup>

## Why Act?

- Sufficient and sustainable financing is a prerequisite for malaria elimination. Global progress against malaria has plateaued, coinciding with a reduction in available funding for key interventions.<sup>iii</sup>
- More remains to be done. New challenges, including the threats of artemisinin and insecticide resistance, require urgent collective action to strengthen surveillance and close coverage gaps in vector control, diagnosis, and treatment.
- The window of opportunity is now. Failure to act will likely result in a resurgence of malaria, reversing hard-won gains made under previous investments, causing otherwise preventable morbidity and mortality, and stunting economic growth.

The following country-level actions—identified by Asia Pacific malaria program managers and their technical partners—will create an enabling environment to accelerate progress toward the malaria-free vision of both APMEN and the APLMA Malaria Elimination Roadmap.



## Top Priorities for Vector Control Critical Challenges

- Existing funding is inadequate to achieve optimal coverage of current interventions, including indoor residual spraying (IRS) and insecticide-treated nets (ITNs).
- Outdoor-biting mosquitoes require new technologies and targeted approaches.
- Key vector control products remain inaccessible and expensive to programs because of cost-prohibitive taxes, inefficient supply chains, and regulatory systems.
- Insufficient entomological capacity in most Asia Pacific countries and limited private sector collaboration weaken the effective targeting and impact of integrated vector control measures.

### Key Actions for Vector Control

1. **Increase investment in novel, supplementary vector control interventions** to fill existing gaps in protection.
2. **Improve registration and regulatory systems to accelerate access** to high-quality, WHO pre-qualified vector control products; and reduce taxes and tariffs for vector control products to support scale-up.
3. **Train, recruit, and retain public health entomologists** to strengthen entomological surveillance and promote entomology as a career pathway for integrated vector management.
4. **Mandate collaboration with private employers**, including plantations owners and those hiring temporary workers for infrastructure projects in areas of high transmission.



### APLMA Leaders' Dashboard

- ✓ **Priority Action #3: Ensure high-quality malaria services, tests, medicines, nets and insecticides**  
Dashboard Milestone 5 - Formal mechanism in place to ensure quality of health commodities for the prevention, diagnosis and treatment of malaria and other priority diseases
- ✓ **Priority Action #4: Improve targeting and efficiency to maximize impact**  
Dashboard Milestone 6 - Targeting interventions based on up-to-date malaria risk stratification
- ✓ **Priority Action #6: Innovate to eliminate**  
Dashboard Milestone 8 - Innovative tools/approaches supported or implemented



### Top Priorities for *P. vivax* Malaria Critical Challenges

- *P. vivax* as a roadblock to elimination: Repeated relapse in *P. vivax* malaria is a major cause of morbidity in eliminating settings and carries an increased risk of onward transmission.
- Treatment safety concerns: Primaquine is the only currently available anti-malarial drug that can prevent relapse of *P. vivax* malaria; though widely recommended, it is commonly not given because of potential side effects in G6PD-deficient patients.

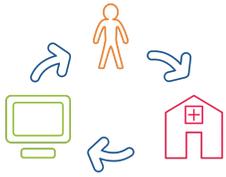
### Key Actions for *P. vivax* Malaria

1. **Consider the rollout of a radical cure**, such as Primaquine, and G6PD testing to safely treat patients, prevent relapses, and halt onward transmission.
2. **Support early adoption of highly sensitive diagnostic tests** to ensure that more cases are identified and treated.



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- ✓ **Priority Action #3: Ensure high-quality malaria services, tests, medicines, nets and insecticides**  
Dashboard Milestone 5 - Formal mechanism in place to ensure quality of health commodities for the prevention, diagnosis, and treatment of malaria and other priority diseases



## Top Priorities for Surveillance and Response Critical Challenges

- Malaria elimination requires strong, evidence-based surveillance strategies that enable programs to identify and respond to every malaria infection.
- While surveillance and response are core pillars of the WHO *Global Technical Strategy for Malaria*, there are significant gaps in knowledge, capacity, and quality of surveillance and response interventions.
- Areas of ongoing malaria transmission are often in remote places and infections are often clustered among mobile and migrant populations who may have limited access to health services.

### Key Actions for Surveillance and Response

1. **Guarantee adequate and dedicated human resources** at national and sub-national level to detect and respond to malaria cases.
2. **Support policy and financing** for the implementation of case-based reporting and response, such as the '1-3-7' strategy<sup>iv</sup> and engage other sectors (e.g. Ministry of Defence) to improve surveillance and response.
3. **Ensure access** to malaria prevention, diagnosis and treatment among high risk populations, such as migrant workers.
4. **Provide political support** to program managers to share incidence and importation data across regions, sub-regions, and border districts to improve the planning of effective malaria interventions.



### APLMA Leaders' Dashboard

- ✓ **Priority Action #2: Map, prevent, test and treat the disease everywhere**  
Dashboard Milestone 4 - Case reporting from all providers
- ✓ **Priority Action #4: Improve targeting and efficiency to maximize impact**  
Dashboard Milestone 6 - Targeting interventions based on up-to-date malaria risk stratification

*The Asia Pacific Malaria Elimination Network (APMEN) is a network composed of 18 Asia Pacific countries that are pursuing malaria elimination, as well as leaders and experts from key multilateral and academic agencies. With its unique composition of members from governments, public and private sector organizations, the Network's mission is to support the achievement of a malaria-free Asia Pacific. APMEN works in close partnership with the Asia Pacific Leaders Malaria Alliance (APLMA), to enhance and streamline the Asia Pacific's regional response to malaria. The APLMA-APMEN partnership aims to strengthen elimination efforts through combining the political advocacy and multi-sectorial access of APLMA with APMEN's technical expertise and direct engagement with malaria control programs.*

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<sup>i</sup> APLMA Press Release, *World Malaria Report 2017*, 29 November 2017.

<sup>ii</sup> UCSF Global Health Group, *An Investment Case for Eliminating Malaria in the Asia Pacific Region*, July 2017.

<sup>iii</sup> APLMA Press Release, *World Malaria Report 2017*, 29 November 2017.

<sup>iv</sup> WHO *Malaria Elimination Framework*, 2017.