

NAYPYITAW, 8 December 2017



Ministerial Call for Action to Eliminate Malaria in the Greater Mekong Subregion before 2030



We, the Ministers of Health and delegates attending the High level Meeting to Accelerate Elimination of Malaria in the Greater Mekong Subregion, Nay Pyi Taw, 8 December 2017,

ACKNOWLEDGING the commitment of the governments of all countries in the Greater Mekong Subregion (GMS) to the United Nations Sustainable Development Goals, adopted in September 2015, including the target to eliminate malaria by 2030, as reflected in the 2014 declaration at the 9th East-Asia Summit in Myanmar, the Strategy for Malaria Elimination in the Greater Mekong Subregion (2015-2030), GMS countries' national malaria strategic plans, and the essential commitment and contributions of the Global Fund and other development partners providing financial, technical and programmatic support;

DRAWING the urgent attention of policy makers and partners, civil society and the public, to the fact that though the burden of malaria has been substantially lowered in many areas of the GMS, the malaria burden is concentrated in some areas, including development project sites, hard to reach areas and international borders with at risk populations, which imposes significant human, financial and developmental costs, may lead to the continued high transmission of malaria including further spread of multi-drug resistance, and may jeopardize the 2030 GMS regional malaria elimination goals as well as national goals;

RECOGNIZING that multiple factors contribute to malaria vulnerability, including but not limited to challenges facing health systems, coverage gaps in prevention and case management efforts, civil unrest and humanitarian emergencies, development projects not accounting for health impact as well as climate change, and that the malaria burden is primarily borne by the economically and otherwise vulnerable households and communities, underscoring the importance of coordinated multi-sectoral action to achieve elimination of malaria;

NOTING that malaria multi-drug resistance, including resistance to artemisinin-based combination therapies (ACTs), threatens regional and international health security, requiring urgent implementation of the Strategy for Malaria Elimination in the Greater Mekong Subregion (2015-2030);

NOTING that in light of the threat posed by multi-drug resistance, the subregional strategy was amended in 2015 to move beyond containment of malaria to elimination, specifically with the goals to eliminate *Plasmodium falciparum* from the GMS by 2025 and all malaria parasites by 2030 at the latest, countries should be ready for rapid implementation of changes in first line therapies for *Plasmodium falciparum* malaria;

NOTING that oral artemisinin monotherapies, substandard and falsified medical products continue to be available in some GMS countries - especially in the private health sector - which are key factors in the development of malaria multi-drug resistance, and that stock-outs of quality-assured ACTs and malaria rapid diagnostic tests continue to deny at risk populations ready, universal, reliable access to malaria diagnosis and appropriate case management, and hamper surveillance and rational use of antimalarials;

RECOGNIZING that the strengthening of malaria surveillance systems and the expansion of case- and foci- based surveillance, management and response, which are key requirements for malaria elimination, is in the most areas not progressing as fast as required;

NOTING the transition in the Region from malaria responses that are donor-led to responses that are country-owned and country-led;

RECOGNIZING also that partner coordination is often inadequate, leading to duplication of efforts, insufficient targeting of underserved and difficult-to-reach populations and areas, and insufficient focus on operational research to guide programmes;

RECOGNIZING that strong collaboration with other key relevant sectors of government as well as with the private corporate sector and affected communities is essential for effective implementation and sustainability of the Strategy for Malaria Elimination in the Greater Mekong Subregion (2015-2030) as well as the national strategic plans, notably in terms of domestic funding, ready access to affordable quality pharmaceuticals, community involvement, multi-sectoral action to reduce vulnerability, access to malaria interventions for indigenous, mobile and migrant populations, and cross-border collaboration;

AND ACKNOWLEDGING the international visibility and interest that the malaria problem in the GMS has attracted, and the unprecedented partner and financial support this has elicited;

COMMIT OURSELVES THIS DAY to exceptional action, specifically including the following essential, high-impact steps:

1. **REAFFIRM** the 'One Region, One Strategy' as our guiding principle for malaria elimination in the GMS, with strong country ownership;
2. **SECURE** full and sustainable financing through:
 - a. Overseeing the full implementation of planned activities and related funds;
 - b. Committing our national governments to adequate domestic budgetary allocations for malaria elimination efforts;
 - c. Exploring innovative financing mechanisms that tap diverse resources, that may include the business sector (corporate social responsibility), taxation of tobacco and alcohol, special levies on tourism etc.;
 - d. Urging global and regional partners to sustain financing for malaria elimination;
3. **IMPLEMENT** a multi-sectoral response in every country to ensure that policies are effectively translated into time-bound, result-oriented actions at every level of administration, with ownership and access to real-time monitoring and collaboration across borders ensuring information exchange and joint actions along borders where required;
4. **ENABLE**, using innovative communication tools to engage and promote health literacy among communities on malaria elimination, and provide – as part of Universal Health Coverage (UHC) - the best possible prevention, diagnosis and care to all persons at risk of malaria, including development project sites, hard to reach areas and international borders with at risk populations;
5. **ENSURE** that oral artemisinin monotherapies, substandard and falsified antimalarials as well as ACTs which are not proven effective or quality assured are no longer available both in the public and private sector in any of the GMS countries, and that stock-outs of essential malaria supplies no longer occur including through improved supply management at all administrative levels plus the possible establishment of a GMS virtual stockpile;
6. **TRANSFORM** malaria surveillance into a core intervention in each GMS country, including effective information collection, analysis and dissemination systems, and switch to case-based surveillance for malaria elimination where appropriate and feasible as soon as possible;
7. **STRENGTHEN** national malaria elimination strategies and interventions and the coordination of partners and stakeholders and adapt them to changes in epidemiology and environment through utilization of technical leadership and support from WHO and support from other partners, and for oversight, establish national elimination committees;
8. **WORK** together with relevant entities as a sub-region to:
 - a. Develop and implement cross-border elimination strategies and action plans that concretely address the malaria-related needs and challenges of populations at risk of malaria living in border areas and cross-border mobile and migrant populations;
 - b. Under the concept of UHC, ensure that everyone is eligible for and can be reached by malaria prevention and diagnosis and treatment interventions, including the provision of free malaria services to mobile and migrant populations, ethnic minority groups and other vulnerable populations;
 - c. Exchange core surveillance data on malaria, including but not limited to imported or cross-border malaria cases and drug resistance;
 - d. Build collaboration among Member States for sharing and transferring 'good practices', and for strengthening technical and managerial expertise in malaria elimination;
 - e. Promote collaborative research and share best practices amongst countries;
 - f. Strengthen continuous monitoring of the sub-regional progress through the regional surveillance network for malaria, coordinated by WHO;
 - g. Ensure that all research efforts are nationally coordinated and adhere to international standards, and translate operational research findings into policy and action;
 - h. Establish an empowered independent sub-regional malaria elimination oversight body that issues quarterly national/regional as well as biannual sub-regional data, and for which WHO would act as the secretariat;
 - i. Ensure that all major development activities are preceded by a health impact assessment and that projects include measures to minimize malaria transmission, including provision of malaria related services and access to diagnostics and treatment for all workers on such projects;
 - j. Engage in regional regulatory partnerships aimed at improving the efficacy and quality of the regulatory review for new antimalarial treatments and diagnostic tests;
 - k. Strengthen GMS regulatory functions through increased convergence and reliance mechanisms to improve the accessibility of quality assured malaria commodities, including post marketing surveillance.

We call upon all leaders, policy-makers, partners, civil society and the public in the Greater Mekong Subregion and around the world to actively support this Call for Action to Accelerate Efforts to Eliminate Malaria in the Greater Mekong Subregion before 2030.

WORKING TOGETHER, WE WILL DEFINITELY ELIMINATE MALARIA IN THE GREATER MEKONG SUBREGION BEFORE 2030.