

Eliminating Malaria In India and Southeast Asia

POONAM KHETRAPAL SINGH
WHO Regional Director for Southeast Asia

The WHO Southeast Asia Region has made dramatic progress in malaria prevention and control. As the recently released World Malaria Report documents, since 2010 Southeast Asia has led the world in reducing the number of people falling ill and dying from malaria, slashing the caseload by 50% and associated mortality by 60%. Two countries in the region — Maldives and Sri Lanka—have been certified malaria free. In 2016 four countries recorded fewer than 10,000 cases, while Bhutan and Timor-Leste reported zero deaths since 2013 and 2015, respectively.

These are substantial achievements, particularly in a world where the battle against malaria remains as challenging as ever. That eight of the Region's nine malaria endemic countries are on course to reduce malaria cases by 40% by 2020 (with three countries — Bhutan, Nepal and Timor-Leste identified as having the potential to achieve elimination) is proof that with the right policies and robust political will, malaria's deadly burden can be lifted.

To make that happen Region-wide by 2030, high burden countries such as India, Indonesia and Myanmar must continue their forward trajectory. While each has made substantial gains in driving down malaria incidence and mortality, their further success will have a decisive impact on the Region's fortunes given that together they account for around 98% of its burden.

More importantly, they will have a decisive impact on vulnerable populations now suffering the disease, raising up their health and wellbeing and promoting social and economic advancement. To achieve these outcomes, a number of tools outlined in WHO's Technical Strategy for Malaria 2016-30 are of critical function.

Key among them is deepening community engagement and action at the grassroots. Countries across the Region have benefitted immensely from working directly with affected communities. Whether by disseminating insecticidal nets or carrying out rapid diagnostic testing, grassroots volunteer networks have the ability to catalyse real change where effectively engaged. India's Accredited Social Health Activist programme is a good example of how this can be done, and how countries can reach the unreached and underserved while establishing greater community buy-in.

The embrace of innovation and new technologies is likewise crucial. That means strengthening and expanding support for basic, clinical and implementation research able to enhance understanding of both malarial parasites and the mosquitoes that spread them. It also means investing in new technologies and forms of service delivery that can hasten progress in specific contexts.

Stronger surveillance and information systems also hold great potential. By building on existing surveillance, national malaria programmes will be in a better position to allocate or redirect resources to affected areas, especially in the event of an outbreak. Stronger surveillance will also help gauge the effectiveness of interventions, allowing authorities to modify their approach where appropriate.

Importantly, given that malaria's burden transcends national borders and can be reintroduced where it has already been eliminated, Region-wide cross-border collaboration is essential. To this end, WHO's data-sharing platform in the Greater Mekong Subregion is a great example of how countries can pool information to pursue common goals and empower national malaria programmes. A similar model should be considered for the entire Region, allowing authorities in each country to access robust and up-to-date data that can help guide their efforts. Political obstacles must be overcome in all countries and transparency pursued as a matter of principle.

Recent momentum in each of these areas is encouraging. In November, a ministerial roundtable was held in New Delhi where, among other things, member countries focussed on operationalising the Southeast Asia Region's 2017-30 malaria eliminating action plan. To follow that up, in early December the health ministers convened once again, this time in Myanmar's capital Naypyidaw, to share experiences and learn from one another in an effort to accelerate progress at local, national and regional levels.

For the Region's three high-burden member countries, as well as those that have eliminated or are on the cusp of eliminating the disease, the need to retain focus and deepen the implementation of key tools and strategies cannot be overemphasised. Across the Region, we can accelerate progress and help secure the health and well-being of vulnerable populations. We can—and must—eliminate malaria.