Message from the Regional Director, WHO South-East Asia Region, on the occasion of World Malaria Day, 25 April 2014

The WHO Regional Office for South-East Asia commemorates World Malaria Day on 25 April 2014, in solidarity with the global community, to accelerate progress towards eliminating malaria. World Malaria Day, instituted by the World Health Assembly in 2007, is an event to highlight progress in defeating malaria as well as the needs and challenges to be addressed. It is an opportunity to galvanize actions to control and eliminate this deadly disease.

We are gaining ground in the fight against malaria, and this momentum needs to be sustained. Member States in malaria-endemic countries, WHO and other United Nations agencies, development partners, donors and civil society as well as communities affected by malaria have good reasons to be optimistic that together we can conquer malaria. In recent years, four countries have been certified by the WHO Director-General as having eliminated malaria: United Arab Emirates (2007), Morocco (2010), Turkmenistan (2010), and Armenia (2011). Fifty-two of 97 countries endemic for malaria are on track to reduce their malaria case incidence rates by 75%, in line with World Health Assembly and Roll Back Malaria targets for 2015. Fifty-nine countries are on track to meet the Millennium Development Goal target of reversing the incidence of malaria.

Between 2000 and 2012, the scale-up of interventions helped to reduce malaria incidence rates by 29% and malaria mortality rates by 45%, globally. During that period, an estimated 3.3 million lives were saved; 90% of which were in the under-5 age group, in sub-Saharan Africa. In the South-East Asia Region, the number of confirmed malaria cases in the Region decreased from 2.9 to 2 million, while the number of reported malaria deaths decreased from 5500 to 1200. Of the 10 countries with ongoing transmission, five have reduced malaria-case incidence by over 75%, two are on track to achieve a decrease of over 75%, and one a
decrease of 50–75% by 2015. In the remaining two countries, progress is also noted but the massive scale-up of interventions, including surveillance in previously unreached areas, makes trend analysis difficult.

I am pleased to note that Maldives has remained malaria-free since 1984. Sri Lanka could be the next malaria-free country in the Region. This country has made remarkable progress; there have been no more indigenous cases or locally acquired malaria since November 2012 compared with 203 000 cases reported in 2000. Bhutan too is on the verge of conquering malaria, having reduced malaria cases from 5935 cases in 2000 to just 23 cases in 2013.

However, we must not be complacent. We need to eliminate malaria and prevent its re-introduction. Otherwise the disease will come back with a vengeance, as in the past.

Invest in the future: defeat malaria, the theme of World Malaria Day from 2013 until 2015 agreed by the Roll Back Malaria Partnership including WHO, is indeed very meaningful. Malaria is not just a disease; it is major public health problem that impacts on socioeconomic development of individuals, families and the society as a whole. It is closely linked to economic activities and poverty. In the South-East Asia Region, groups at high risk of malaria include: workers in development projects, such as agroforestry and mining; subsistence farmers in hilly and forested areas; settlers in forests and forest fringes; ethnic communities; and those residing along international borders where ecological conditions favour malaria transmission. Eliminating malaria will help alleviate the vicious cycle of poverty and disease among those people.

Investments in malaria control programmes should not only be in terms of financial resources to achieve universal coverage of key interventions. We also need investments to improve managerial and technical skills, to conduct operational research to solve bottlenecks in programme implementation and reach the unreached populations at risk, to strengthen surveillance and response, and to develop new tools.

Moreover, mosquito resistance to at least one insecticide used for malaria control has been identified in 64 countries. Resistance to artemisinin – the first-line treatment for malaria – has been detected in four countries: Cambodia, Myanmar, Thailand and Viet Nam. Management of these threats, as described in the Global Plan for Insecticide Resistance Management in Malaria Vectors, the Global Plan for Artemisinin Resistance Containment, and the framework for Emergency Response to Artemisinin Resistance in the Greater Mekong Subregion, requires enormous financial and technical resources.
During the period 2014–2020, our strategic objectives for malaria control and elimination in the South-East Asia Region are as follows:

- generate evidence and strategic information for policy and strategy development, operational planning and decision-making;
- scale-up key interventions in countries and areas with a high burden of malaria, particularly in foothills, forested and border areas, at development project sites and among indigenous communities;
- reorient national malaria control programmes towards pre-elimination/elimination in countries with a very low burden of malaria;
- prevent the emergence of artemisinin resistance, and eliminate it in areas where it has already emerged;
- strengthen managerial and technical capacities for malaria control and elimination;
- strengthen partnerships, multisectoral participation and international collaboration in malaria control and elimination.

On the occasion of World Malaria Day 2014, I humbly call upon all stakeholders to further strengthen our determination to eliminate malaria. Let us be united in support of the strategic objectives for malaria control and elimination in South East Asia in 2014–2020. Let us *Invest in the future. Defeat malaria.*

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Regional Director