Malaria Situation in South East Asia Region

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Milestones and trend of malaria in South East Asia, 1948-2011

110-115* Million Cases
(Estimated)

7.2 million Cases

* Source: A decade of Health Development in South-East Asia, 1968-77, WHO / SEARO
API, Mortality and Case Fatality Rate, South East Asia Region, 1994-2011

Source: Country Reports, 2010; * Incomplete information for mortality from Indonesia; ** Provisional Information

API = Annual parasite incidence
Malaria Morbidity
MMR = Malaria mortality rate
CFR = Case fatality rate
Global Distribution of Malaria Burden by Region, 2010

MALARIA CASES

- Africa: 74.5%
- South-East Asia: 15.2%
- Western Pacific: 1.4%
- Eastern Mediterranean: 5.7%
- Americas: 3.2%
- Europe: 0.003%

MALARIA DEATHS

- Africa: 95.1%
- South-East Asia: 2.7%
- Western Pacific: 0.9%
- Eastern Mediterranean: 1.3%
- Americas: 0.1%
- Europe: 0.002%

Source: WMR 2011
Overview of Malaria Situation in SEA Region

- Endemic in 10 of 11 member countries; 1.33 billion people at risk (2011)
- Numerous vectors; complex epidemiology
- Mainly rural disease; also occurs in urban areas in India
- 28 million cases and 38,000 deaths in 2010 (WHO estimate)
- Pf (61%) and Pv are most common (2011)
- 95% reported cases and deaths are from India, Indonesia and Myanmar (2011)
Enabling Factors

- Political support and increased funding
- Scaled up key interventions based as per National Strategic Plan; improved surveillance, monitoring and evaluation
- Active involvement of NGOs and community participation
- Technical and management support by WHO
- Dedicated staff - general health services and National Malaria Control Programmes
Cumulative Availability of Effective LLINs/ITNs
SEA Region, 2003-2011

Source: Country Reports, 2011
RDTs Distributed in SEA Region, 2005 - 2011

![Bar chart showing RDT distribution in the SEA region from 2005 to 2011. The chart indicates a significant increase in RDT distribution from 2005 to 2011, with the highest distribution in 2010.](chart.png)
Distribution of ACTs and Reported Malaria Deaths
SEA Region, 2004-2011

Source: Country Reports, 2011
Many challenges.... but none is insurmountable

<table>
<thead>
<tr>
<th>Commitment:</th>
<th>Political and global cooperation</th>
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<td>Financial:</td>
<td>Sustained financing</td>
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<td>Programmatic:</td>
<td>Scaling up access to interventions, reaching the unreached people, improving programme implementation</td>
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<tr>
<td>Health system:</td>
<td>Surveillance, M&amp;E, responsiveness</td>
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<td>Biological:</td>
<td>Drug resistance, insecticide resistance, <em>P. vivax</em></td>
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<td>Research:</td>
<td>Disease epidemiology, new tools and delivery mechanisms</td>
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<td>Regulatory:</td>
<td>Diagnostics and drugs quality, rational use, monotherapy ban</td>
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<td>Collaboration:</td>
<td>Multi-sectoral, private sector, Healthy Public Policies</td>
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<td>Environment:</td>
<td>Water management, climate change impact</td>
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<tr>
<td>Community:</td>
<td>Awareness and active participation</td>
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Key challenge: reaching the unreached populations

- **WHO:**
  - Migrants, ethnic, forest workers, etc

- **WHERE:**
  - Difficult areas, forests

- **WHY:**
  - Critical for malaria elimination

- **HOW:**
  - Strengthen commitment, programme and health system
  - Involve communities
Key challenge: artemisinin resistance
Key challenge: sustaining the gains and preventing resurgence

Malaria in Sri Lanka: 1931 - 2011

The graph shows the number of positive cases of malaria in Sri Lanka from 1931 to 2011. The number of cases peaked in the early 1940s and then declined significantly. There were minor fluctuations in the late 20th century, but the overall trend was downward. The graph highlights the success in reducing the number of malaria cases over the decades.
Moving Forward: Strategic Objectives

1. To scale up key interventions in countries and areas with high burden of malaria

2. To re-orient national malaria control programmes towards pre-elimination / elimination in countries with very low burden of malaria

3. To prevent emergence of artemisinin-resistance and contain it in areas where it has already emerged

4. To strengthen managerial and technical capacities for malaria control and elimination

5. To strengthen partnership, multi-sector participation and international collaboration in malaria control and elimination

6. To improve strategic information for policy and strategy development, operational planning and decision making