Situation

- Of the 11 Member countries in the WHO South-East Asia Region, 10 are endemic to malaria. Maldives has been malaria-free since 1984.
- Six countries (Bhutan, Democratic People’s Republic of Korea, Indonesia, Nepal, Sri Lanka and Thailand) are aiming for malaria elimination as a longer-term goal. Sri Lanka is already in the elimination phase. Subnational malaria elimination is progressing well in Indonesia and Thailand.
- In 2011, approximately 1.33 billion people, or 75% of the Region’s total population resided in areas that were at risk of malaria. High-risk groups include workers in development projects, agroforestry, rubber plantations, and mining; subsistence farmers; ethnic communities; and settlers in forest and forest fringes.
- Malaria affects poor and vulnerable populations, particularly in areas where access to health services is a challenge, including those along international borders.
- There were 2,144,849 confirmed malaria cases and 1,819 malaria deaths reported by the national malaria control programmes in the Region in 2011. Over 90% of reported cases and deaths in the past 10 years were from India, Indonesia and Myanmar.
- It is acknowledged that there are many more cases and deaths due to malaria than are reported. WHO estimated that there were 32,041,000 cases (range: 25,919,000–41,866,000) and 43,000 deaths (range: 31,100–60,300) due to malaria in the Region in 2010. The Region is second to Africa in terms of malaria burden.
- The malaria situation is complex due to several factors, such as the presence of 32 malaria vectors, population movement and varying environmental factors that affect malaria transmission. Moreover, all four human malaria parasites affect the Region.
- *Plasmodium falciparum* and *P. vivax* are the most common species of malaria parasite in the Region. The distribution of each species varies from country to country and even within a country. Overall, 61% of malaria cases reported in 2011 was due to *P. falciparum*. *P. malariae* and *P. ovale* are rare.
- Deaths due to malaria are mainly attributed to *P. falciparum*. In recent years, increasing numbers of malaria deaths due to *P. vivax* were noted.
- The malaria situation improved significantly during the period 2000–2011:
  - the annual parasite incidence per 1000 population at risk was reduced from 2.05 in 2000 to 1.61 in 2011;
  - the malaria mortality rate per 100,000 population at risk was reduced from 0.44 in 2000 to 0.14 in 2011;
  - the malaria case-fatality rate was reduced from 0.45% in 2000 to 0.17% in 2011.
- The impact of the programme from 2000 to 2011 varied from one country to another:
  - the reduction in malaria deaths ranged from 20% to 100%;
  - the reduction of confirmed cases ranged from 7% to 99.9%; but two countries had increased in confirmed cases due to expansion of diagnostic services to areas not previously served.

**Key challenges**

In spite of the progress made, the malaria burden is still high. WHO estimated that in 2010 there were 32,041,000 cases (range: 25,919,000–41,866,000) and 43,000 deaths (range: 31,100–60,300) due to malaria in the Region. To further reduce the burden, the following should be addressed:

- strengthening the health system, including national and local capacities for malaria control and elimination;
- ensuring universal coverage of key interventions such as long-lasting insecticidal nets, indoor residual spraying, rapid diagnostic tests, microscopy and artemisinin-based combination therapy through multisectoral approaches;
- containing artemisinin resistance in the Greater Mekong Subregion, and preventing its resurgence in other areas;
- sustaining the efficacy of insecticides against the malaria vectors;
- preventing resurgence of malaria;
- investing in research to develop tools to control outdoor transmission and test innovative mechanisms for delivering malaria control interventions to hard-to-reach populations at risk of malaria;
- sustaining political commitment and intercountry collaboration.
Strategic objectives

The strategic objectives for malaria control and elimination in the South-East Asia Region are as follows:

- to scale up key interventions in countries and areas with a high burden of malaria;
- to re-orient national malaria control programmes towards pre-elimination/elimination in countries with very low burden of malaria;
- to prevent the emergence of artemisinin-resistance and to contain it in areas where it has already emerged;
- to strengthen managerial and technical capacities for malaria control and elimination;
- to strengthen partnership, multisectoral participation and international collaboration in malaria control and elimination;
- to improve strategic information for policy and strategy development, operational planning and decision-making.

For further information, please visit website: www.searo.who.int/cds

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