MALARIA IN THE WESTERN PACIFIC REGION

Key facts

- Malaria is a life-threatening disease caused by parasites that are transmitted to people through the bites of infected mosquitoes.

- Malaria is transmitted by female Anopheles mosquitoes. Many species of Anopheles are capable of malaria transmission; each has its own breeding preferences and biting habits.

- Malaria is preventable and curable.

- In the WHO Western Pacific Region, 10 out of 37 countries and areas are endemic for malaria. They are Cambodia, China, the Lao People's Democratic Republic, Malaysia, Papua New Guinea, the Philippines, the Republic of Korea, Solomon Islands, Vanuatu and Viet Nam.

- In 2011 there were 221,384 confirmed malaria cases reported in the Region, and 635 deaths.

- Over the past decade, many countries in the Region have been successful in reducing the burden of malaria, but progress varies. From 2000 to 2011, the
malaria incidence rate was reduced by 46%, while the malaria mortality rate declined by 73%. However, many cases and deaths still go unrecorded.

- Nine out of 10 malaria-endemic countries in the Western Pacific are embarking on malaria elimination and implementing elimination strategies. These nine countries have incorporated elimination objectives into their national malaria strategic plans.

- A major challenge is the emergence of artemisinin-resistant malaria has emerged in Cambodia, Myanmar, Thailand and Viet Nam.

**Regional milestones**

- The Regional Action Plan for Malaria Control and Elimination in the Western Pacific (2010-2015) was developed in close association with Member States and was endorsed by WHO's Regional Committee Meeting in 2009. The plan calls for consolidating and building on achievements made in malaria control, and progressively eliminating malaria where possible.

- In July 2012, the 11th ASEAN Health Minister Meeting in Phuket, Thailand, included combatting malaria and artemisinin-resistant malaria in their joint statement.

- In November 2012, top-level representatives from over 30 countries and 130 organizations in the Asia Pacific and beyond gathered in Sydney, Australia, for "Malaria 2012, Saving Lives in the Asia Pacific", organized by the Australian Government. The ensuing consensus document summarised priority actions to achieve global and national malaria targets in the Asia Pacific and, importantly, emphasized the need for collective regional action.
• Also in November 2012, malaria figured high on the agenda of the 7th East Asia Summit in Phnom Penh, Cambodia, which brought together heads of state or government of the Member States of the Association of Southeast Asian Nations (ASEAN), plus Australia, China, India, Japan, New Zealand, the Republic of Korea, the Russian Federation and the United States of America. The leaders threw their support behind WHO's drive against malaria in the Asia Pacific and pledged to strengthen national and regional responses to resistance to artemisinin, the frontline drug in the war on malaria.

**Artemisinin resistance**

• Artemisinin-resistant malaria was first identified on the Cambodia-Thailand border. Containment operations began in 2008.

• Resistance is now known to be present in Cambodia, Myanmar, Thailand and Viet Nam.

• On 25 April 2013, World Malaria Day, WHO launched a framework for the "Emergency Response to Artemisinin Resistance in the Greater Mekong Subregion". The launch, in Phnom Penh, Cambodia, was accompanied by the setting up of a WHO regional hub in the Cambodian capital to coordinate and support response activities.

• Artemisinin, a traditional Chinese herbal drug called Qing-haosu, was used for more than 1,500 years, primarily to treat fevers. Artemisinin and its derivatives are the most rapidly effective antimalarial drugs known and are active against malaria parasite strains that are resistant to other common antimalarials.

• Artemisinin combination therapies combine artemisinin with another antimalarial drug. The artemisinin component kills the majority of parasites at the start of the treatment, while the partner drug clears the remaining parasites.
• However, patients treated with an artemisinin-based monotherapy may discontinue treatment prematurely following the rapid disappearance of malaria symptoms. This can lead to the development of resistance to artemisinin.

• WHO recommends that artemisinin drugs should always be used in specific combinations.

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