Malaria, other Vectorborne and Parasitic Diseases

Malaria

Strategy and actions

While malaria continues to pose a significant threat to health in the Western Pacific Region, all malaria-endemic countries have continued to make important progress towards achieving the 2015 targets of the Regional Action Plan for Malaria Control and Elimination in the Western Pacific (2010–2015). Some countries, such as the Philippines, are even ahead of set targets in terms of reductions in malaria cases and deaths. All endemic countries are now considering malaria elimination a feasible goal and have incorporated elimination into their national malaria strategic plans.

However, the problem of falciparum malaria parasites resistant to artemisinin has grown, posing a significant risk to existing progress. New foci of artemisinin resistance have been detected in the Lao People’s Democratic Republic, bringing the number of countries affected in the Greater Mekong Subregion to five.

Established in April 2013, the Emergency Response to Artemisinin Resistance (ERAR) in the Greater Mekong Subregion Regional Hub is now operational. Located in the WHO Cambodia country office, this biregional programme aims to strengthen the response to artemisinin resistance by coordinating action, strengthening technical leadership and catalysing resource mobilization. It is anticipated that by reinforcing monitoring and evaluation and increasing focus on the most vulnerable groups, such as mobile and migrant populations, the project will lead to more equitable access to malaria prevention, diagnosis and treatment – all crucial to containment and elimination efforts.

Continued strong political will and commitment are vital to ensure further progress against malaria. As a follow-up to a high-level malaria conference hosted by the Australian Government in Sydney in November 2012, the Asia Pacific Malaria Leaders Alliance (APLMA) was established during the 8th East Asia Summit in Brunei Darussalam in October 2013. WHO will work closely with APLMA to reduce malaria further in the region.
Results achieved

In close collaboration with WHO, national malaria programme reviews were completed in the Lao People’s Democratic Republic, Papua New Guinea, the Philippines, Solomon Islands and Vanuatu, providing important opportunities for countries to address programmatic gaps, draw on lessons learnt and inform future strategic plans. Programme reviews also serve as important elements in the process of securing funding from development partners for continued anti-malaria efforts. WHO is working closely with all Member States and partners to support this fund mobilization.

WHO also worked closely with the Asian Development Bank to assist with the establishment and implementation of the APLMA initiative. Through APLMA, WHO will support work on pharmaceuticals, regional financing for malaria, and malaria monitoring and evaluation. A monitoring scorecard has been developed for APLMA with input from WHO to help track progress in malaria control and elimination in Asian and Pacific countries.

The first biregional malaria-elimination training course was conducted in February 2014. The course was attended by 20 senior malaria programme staff members from 11 Member States in the WHO Western Pacific and South-East Asia regions with a shared goal of malaria elimination. The training course was designed to provide the necessary knowledge and skills to strengthen the development and implementation of national or subnational plans for malaria elimination.

The Global Fund to Fight AIDS, Tuberculosis and Malaria is supporting a Regional Response to Artemisinin Resistance (RAI) in the Greater Mekong Subregion with a budget of US$ 100 million over three years. WHO provided technical support in developing the concept note for RAI and will now be the secretariat of the regional steering committee based at the WHO Cambodia country office.

Future directions

To set global and regional directions in malaria control and elimination, WHO is developing a new Global Technical Strategy for Malaria: 2016–2025 in collaboration with experts, organizations and national control programmes. This technical strategy will also be used to develop the second Global Malaria Action Plan of the Roll Back Malaria Partnership and serve as a framework for advocacy and mobilization of funds as well as a multisectoral response for continued strong efforts against malaria. Future national strategies will likewise build on this global strategy, forming the basis for tailored operational plans for further progress towards elimination of malaria in the Region.

A village malaria worker checks the temperature of a patient at his home in Pailin province. Cambodian villagers are the nation’s new foot soldiers in the fight against drug-resistant malaria, diagnosing with a quick blood test and treating free of charge.
Emergency response to antimalarial drug resistance

A Cambodian man gives blood for a malaria test. Efforts to control drug-resistant malaria are complicated by porous borders and the movement of people, especially in rural areas.

Emergency response to antimalarial drug resistance

The emergence in the Greater Mekong Subregion of resistance to artemisinin poses a serious potential threat to global health, warned WHO Regional Director for the Western Pacific Dr Shin Young-soo in Phnom Penh, Cambodia, on World Malaria Day 2013.

Dr Shin spoke at the launch of WHO’s Emergency Response to Artemisinin Resistance in the Greater Mekong Subregion: Regional Framework for Action 2013–2015, a cross-border, multi-pronged initiative designed to provide Cambodia, China, the Lao People’s Democratic Republic, Myanmar, Thailand and Viet Nam with the strategic direction to beat resistance to artemisinin.

Dr Shin warned the audience of malaria experts and development partners: “Failure to contain resistance to artemisinin in this part of the world may have tragic consequences globally.”

Artemisinin-based combination therapies are the most effective treatment for uncomplicated falciparum malaria in most endemic countries and have been central to recent successes in global malaria prevention and control. With the support of donors, a regional hub has been set up in the Cambodian capital to provide coordination and support for intensified containment and preventive measures.

Dengue

Strategy and actions

Over the past decade, dengue cases have continued to increase in the Western Pacific Region, with large outbreaks in several Member States. More than 400 000 new cases of dengue and 900 deaths are now reported annually in the Region.

WHO responded to dengue outbreaks in Fiji, Kiribati, the Lao People’s Democratic Republic, the Federated States of Micronesia, Solomon Islands and Vanuatu, providing supplies, equipment and technical support for rapid entomological assessments and vector control. Together with WHO collaborating centres, the Organization continued to support regional capacity-building activities for dengue laboratories on vector surveillance and programmes on integrated vector management.

WHO provided technical support to Cambodia for implementation of an effective response to climate-sensitive vector-borne diseases, with a focus on dengue and outbreak response. This project contributed to identifying the correlation between climatic risk factors and increases in dengue vector densities and clinical cases. The project also raised awareness on dengue risks and the need for protective measures in vulnerable communities. Through replenishment of its Pacific stockpile of vector-control supplies, WHO
facilitated the rapid delivery of needed supplies to deal effectively with outbreaks in Pacific island countries and areas, potentially limiting their scale and impact. WHO also assisted Fiji in the development and launching of its dengue strategic action plan for vector control.

Results achieved

Cooperation between WHO and Member States saw dengue outbreaks successfully controlled in Fiji, Kiribati, the Lao People’s Democratic Republic, the Federated States of Micronesia, Solomon Islands and Vanuatu. Dengue surveillance and data collection improved, with Pacific island countries and areas able to identify and establish the presence of DENV-3 serotype through WHO’s partnership with WHO collaborating centres. Dengue activities were implemented with broad intersectoral and community participation. In the Lao People’s Democratic Republic, the clinical management of dengue improved through capacity-building. In collaboration with the Asian Development Bank, countries and communities in the Region were provided with evidence for community-based vector control through the environmentally friendly use of larvivorous fish. WHO continues to provide programmatic and financial gap analyses in the Region.

Future directions

WHO is engaging with national programmes to help them evolve from reactive to proactive dengue vector control. To optimize this effort—and in keeping with the objectives of WHO’s new global strategy for dengue control – the Regional Office will facilitate estimates of the dengue burden in Cambodia, Fiji and the Lao People’s Democratic Republic. WHO will continue to engage in resource mobilization to strengthen dengue vector surveillance and control, including improving intersectoral collaboration with communities, partners and other key stakeholders. Integrated vector management, case management, laboratory detection and isolation of the dengue virus from mosquito vectors will be further strengthened. WHO will also continue to facilitate monitoring of insecticide resistance in dengue vectors, and a regional integrated vector management strategy for the Western Pacific will be developed.
Neglected tropical diseases

Neglected tropical diseases (NTDs) affect more than a billion people worldwide, with poor people suffering the greatest toll. These debilitating diseases can be controlled, eliminated or even eradicated with recommended interventions, including preventive chemotherapy and intensified disease management. In the Western Pacific Region, NTDs are endemic in 28 countries and areas. The battle against lymphatic filariasis (commonly known as elephantiasis) is steadily moving towards the global goal of elimination in the Region. Fiji, French Polynesia, the Lao People’s Democratic Republic, the Federated States of Micronesia, Papua New Guinea, the Philippines, Samoa and Tuvalu are implementing preventive chemotherapy through mass drug administration campaigns.

WHO supported the campaign to rid children of yaws in Tanna Island and other parts of Vanuatu where the prevalence is as high as 90%. The highly contagious disease causes weeping ulcers and possible disfigurement and disability.
Meanwhile, Cambodia, Cook Islands, Fiji, Kiribati, the Marshall Islands, the Federated States of Micronesia, the Philippines, Samoa and Viet Nam are engaged in surveys to confirm transmission status. Malaysia has conducted national training on the monitoring and evaluation of lymphatic filariasis elimination.

To combat soil-transmitted helminthiases, school deworming programmes are being carried out in 12 countries in the Region, with Cambodia, Kiribati and Tuvalu already achieving the global target of 75% coverage. Cambodia, the Lao People’s Democratic Republic and Viet Nam have carried out mass treatment against foodborne trematode infections. Still, programmes need to be scaled up. Palau, Solomon Islands and Viet Nam are developing and updating national action plans on NTDs in line with the Regional Action Plan for Neglected Tropical Diseases in the Western Pacific Region (2012–2016).

Results achieved
Among the remaining 22 lymphatic filariasis-endemic countries and areas in the Region, Niue, Palau and Vanuatu have submitted dossiers for verification of elimination, which are being evaluated by WHO. Papua New Guinea drafted a national plan for NTDs and secured United States Agency for International Development (USAID) support to eliminate lymphatic filariasis. A pilot mass drug administration campaign against lymphatic filariasis was conducted in the New Ireland province of Papua New Guinea.

Schistosomiasis is endemic in Cambodia, China, the Lao People’s Democratic Republic and the Philippines. Programme reviews in Cambodia, the Lao People’s Democratic Republic and the Philippines showed large reductions in infections. Mass drug administration in Cambodia reduced the prevalence of schistosomiasis to less than 5% in 2011. In the endemic districts of Khong and Mounlapamok in the Lao People’s Democratic Republic, the rate is currently 2.1% and 0.4%, respectively. These achievements suggest that schistosomiasis may soon be eliminated in Cambodia and the Lao People’s Democratic Republic. In the Philippines, 760 000 people were treated in 2012. Significant progress was also made in China, but challenges include behavioural changes to reduce exposure to river water and improved animal health, water and sanitation.

Mongolia recognized emergence of echinococcosis as an important public health problem and included the parasitic disease in the national plan of action on NTDs. Vanuatu is one of seven countries worldwide selected for a pilot mass treatment campaign against yaws and, as a result, achieved more than 90% coverage.

Future directions
To meet regional action plan goals for NTDs, lymphatic filariasis, schistosomiasis and trachoma must be eliminated and yaws eradicated by 2020, which will require intensified intervention and monitoring. Reduced morbidity from soil-transmitted helminthiases and foodborne trematodiases requires transmission-control measures that involve all sectors: health, water and sanitation and agriculture.