Malaria is a disease of high priority in the South-East Asia Region. Though trends in morbidity and mortality have been steadily decreasing, they remain unsatisfactory. This is largely due to several technical and managerial reasons. In order to address the situation, in consultation with experts in the Region and malaria programme managers, a Revised Malaria Control Strategy for South-East Asia Region 2006-2010 has been developed. It has the following goal and objectives:

The main goal is to achieve a reduction in malaria morbidity and mortality by 50% of the level in 2000 by 2010 and to achieve the relevant MDG in Member countries of the Region by 2015.

The objectives are: to increase coverage of malaria prevention among populations at risk; to increase access to early diagnosis and prompt treatment; to strengthen technical and managerial capacity of the malaria control programme; and to increase visibility of malaria in order to mobilize sufficient resources for malaria control.

There are five broad strategies to achieve these objectives. These are: reform approaches to programme planning and management; revamp surveillance and strengthen monitoring and evaluation; target interventions to risk groups; scale-up control of vivax malaria; and increase coverage and proper use of insecticide-treated mosquito nets.

In this context, the Health Ministers are requested to:

(a) endorse the Revised Malaria Control Strategy for South-East Asia Region as a national policy;

(b) support and expedite implementation of the Revised Malaria Control Strategy for South-East Asia Region at country level;

(c) take necessary actions in advocacy and repositioning malaria in the global context; and

(d) participate in the Asia Malaria Campaign in 2007 that should be scheduled during the same week as the World Malaria Day on 25 April 2007.
Introduction

1. Malaria is endemic in all countries of the South-East Asia Region except Maldives, which has remained free of malaria transmission since 1984. The burden of malaria in the Region is second only to Sub-Saharan Africa.

2. While the reported deaths due to malaria have declined and there is a slow declining trend in reported cases of malaria, the proportion of fatal cases of \textit{P falciparum} has increased steadily and drug resistance is expanding geographically. The Region is fast becoming an epicentre of drug-resistant malaria. The Region also suffers from the highest burden of \textit{P vivax} malaria which is non-fatal but affects both health and socioeconomic development, and threatens the rapidly developing economies of several countries.

3. Malaria is not just a public health problem but a disease related to development as well as social, ecological and environmental changes. Asia has the highest proportion of people below the poverty line and malaria is perpetuating the vicious cycle of poverty from which they are unable to escape. Unfortunately, the malaria problem has lost its visibility due to insufficient factual information and lack of a comprehensive understanding of the epidemiology and dynamics of the disease.

4. In 1992, the countries of the Region adopted the Global Malaria Control Strategy and, in 1998, Member countries endorsed the WHO Roll Back Malaria Initiative. The latter provided a new avenue for partnerships for malaria control. However, as the initiative mainly focused on malaria in Sub-Saharan Africa, several control strategies were not relevant to the South-East Asia Region.

5. In order to ensure effective and sustained malaria control activities in the Region and achieve the Millennium Development Goals (MDGs), there is an urgent need to take a fresh look at the malaria situation in the Region and revise the strategy accordingly.

6. The Regional Technical Advisory Group (RTAG) on malaria for the South-East Asia Region was established in 2004 to review the current policies, provide strategic directions and advise on the use of appropriate and new technology for malaria control. A brainstorming workshop was organized in August 2005 to review programme implementation and propose a Revised Malaria Control Strategy for the Region. The issue was further discussed at various fora and in consultation with malaria control programme managers, experts and developmental partners in the Region.

Goals

7. Reduction of malaria morbidity and mortality by 50% of the level in 2000 by 2010 and achieve the MDG in the Member countries of the Region by 2015.

Objectives

- To increase coverage of malaria prevention among populations at risk
- To increase access to early diagnosis and prompt treatment (EDPT)
• To strengthen technical and managerial capacity of the malaria control programme
• To increase visibility of malaria in order to mobilize sufficient resources for malaria control

The Revised Malaria Control Strategy for South-East Asia Region

8. The following broad strategies are proposed during 2006 – 2010 to reach the goals and targets set by the Global Malaria Control Strategy:
   • Reform approaches to programme planning and management
   • Revamp surveillance and strengthen monitoring and evaluation
   • Target interventions to risk groups
   • Scale-up control of vivax malaria
   • Increase coverage and proper use of insecticide-treated mosquito nets.

9. Through concerted efforts in the implementation of the Revised Malaria Control Strategy for SEAR, the Member countries are expected to reach the goals, objectives and expected outcomes established for malaria control by 2010.

Expected Outcomes by 2010

• 80% coverage of households with insecticide-treated nets or indoor residual spraying, focusing especially on risk populations
• Increased EDPT for 80% of fever patients
• All countries adopted and implemented Integrated Vector Management (IVM) as part of Healthy Public Policy
• Significant reduction (50%) of P falciparum case fatality rate
• Increased visibility and awareness of malaria in SEAR through high-level political commitment
• Significant increase in financial support for malaria control (doubled from 2005)

Implementation of the Revised Strategy

10. To implement the above strategies and interventions it is vital to prepare a roadmap for programme planning and management at country level. This roadmap should include advocacy, planning and information exchange, mobilization of additional resources, acceleration of human resource development, strengthening of health infrastructure and development of a monitoring and evaluation framework to track progress of programme implementation.
Points for consideration

(a) The Revised Malaria Control Strategy for SEAR includes guiding principles for Member countries to adopt and include in their national strategic plans. It is critical that the national malaria control programmes receive full political support to achieve the following:

- Recognize malaria as a priority disease
- Endorse the Revised Malaria Control Strategy as a national policy
- Promote multisectoral collaboration for malaria control
- Support and expedite implementation of the Revised Malaria Control Strategy at country level with the emphasis on revamping programme management.

(b) Malaria in the Region needs repositioning in the global context. This should begin with a re-analysis of available information and improved surveillance methodology, assessment of the disease burden and to demonstrate the economic loss due to the disease.

The following steps should be considered by Member countries:

- Demonstrate economic implications of malaria at national level
- Develop an advocacy plan and materials for different target audiences
- Support advocacy of the revised strategy at country level
- Participate in the Asia Malaria Campaign in 2007 that should be scheduled during the same week as the World Malaria Day on 25 April 2007.

(c) Regarding the financial resources for malaria control, it is well recognized that insufficient financial resources is one of the main obstacles. However, as the largest resource for malaria control is the national budget, Member countries should be encouraged to urgently review the financial status of national malaria control programmes and identify funding gaps. Resource mobilization for malaria control should be encouraged at all levels through appropriate advocacy activities and effective, well-targeted resource mobilization efforts.

(d) WHO recognizes malaria as a high priority health problem that requires special attention. WHO, at all levels, will assist Member countries to plan and implement the revised strategy as well as to monitor progress in its implementation.