Overview: Malaria in the Asia-Pacific

Global efforts to scale-up malaria control interventions are producing impressive results. According to the most recent numbers by the World Health Organization, malaria mortality rates have decreased by 42% globally and 49% in Africa alone since 2000, contributing to a 20% reduction in child mortality and helping drive progress against other development targets. These efforts have helped avert an estimated 3.3 million deaths between 2001 and 2012 – 69% of which were in the 10 countries with the highest malaria burden in 2000, and 90% of which were estimated to be children under the age of 5. Yet malaria continues to cause approximately 207 million cases of infection around the world each year, killing an estimated 627,000. Recognized in Millennium Development Goal (MDG) 6, malaria impacts nearly all areas of development and has been named by the United Nations Secretary-General Ban Ki-moon as a top priority of his second mandate.

The Asia-Pacific continues to carry the second largest burden of malaria globally – behind Africa – with 22 malaria-endemic countries accounting for approximately 28 million cases and 45,000 deaths each year. These numbers account for 85% of cases and 91% of deaths outside of Africa respectively. In these 22 countries, 2.1 billion people live in areas where they are at risk of contracting malaria. According to WHO figures, in the Asia-Pacific region, India, Indonesia, Myanmar, Pakistan and Papua New Guinea carry the highest malaria burden, accounting for 89% of all malaria cases in the region.

Unfortunately, the emergence of resistance to the most effective antimalarials on the market – Artemisinin-based Combination Therapies (ACTs) – in areas of the Greater Mekong sub-Region poses a very real threat on global progress to date. Artemisinin resistance has been detected in five countries of the Greater Mekong Sub-region in the Asia-Pacific – Cambodia, Laos, Myanmar, Thailand and Vietnam – and if it spreads to India or sub-Saharan Africa, the public health consequences could be dire, as no alternative antimalarial medicine is available with the same level of efficacy and tolerability as ACTs.

Given the ever-increasing levels of population movement in Asia and the Pacific, the geographic scope of the problem could widen quickly, posing a health security risk for many countries in the region that have ongoing malaria transmission. There is therefore a limited window of opportunity to avert a regional public health disaster, which could have severe global consequences. The Greater Mekong subregion has long been the cradle of antimalarial drug resistance and the spread of resistant parasites to India and Africa led to a dramatic rise in the global malaria burden in previous decades. The spread—or independent emergence—of artemisinin resistance in other parts of the world could again trigger a global resurgence of malaria-related illness and death, with major social and economic costs to societies.