

TASK FORCE PROGRESS REPORT 2014

Asia Pacific Leaders Malaria Alliance





Foreword

On behalf of the Secretariat of the Asia Pacific Leaders Malaria Alliance, I am pleased to convey this 2014 Report for your consideration. The result of rigorous analysis and intense deliberations, it makes the case for an ambitious, but essential commitment to achieving an Asia Pacific free of malaria by 2030.

The report outlines the progress of two APLMA Task Forces, mandated by the 2013 East Asia Summit. The Access to Quality Medicines and Other Technologies Task Force was jointly led by the now Secretary of the Australian Department of Finance, then Secretary of Health, Professor Jane Halton, PSM, and the Secretary of the Indian Ministry of Health and Family Welfare, Mr Lov Verma. Senior Managing Director of Government Relations Asia, MetLife, Mr C. Lawrence Greenwood led the Regional Financing for Malaria Task Force.

With support from the Asian Development Bank as the host of the Secretariat, the Chairs led a process that was only made possible through the active cooperation of the World Health Organization, its member states, officers and other leading experts.

Malaria remains endemic in 22 countries in the region, causing an estimated 32 million cases and over 47,000 deaths each year. Despite these alarming statistics, the region has made impressive gains over the past decade in reducing malaria. Fifteen countries are now on the path to eliminating the disease. Paradoxically with this success, comes the risk of complacency.

Global health security is now severely threatened by the emergence of drug-resistant malaria in the Greater Mekong sub-Region. Resistant malaria could undo the great gains of recent decades. It risks rapidly escalating the number of malaria cases and deaths. We know from history and from research that the costs of treatment and productivity losses would soar. The only strategy that will work in the longer term is elimination. This necessitates more intensive regional cooperation and additional financing to reach all populations under threat.

The international community is close to agreeing a target that would accelerate progress towards ending the malaria epidemic, and the resistance threat for over 2 billion people at risk. Right now, the Asia Pacific region has an opportunity to be a global leader in the fight against malaria. With bold leadership and adequate resourcing we could reduce the burden of malaria by close to 80 percent within five years, and build on national malaria elimination targets to achieve a region-wide goal of an Asia Pacific that is free of malaria.



Dr. Benjamin Rolfe
Executive Secretary *ad interim*
Asia Pacific Leaders Malaria Alliance Secretariat

Key Messages

Today we are presented with a tremendous opportunity to substantially shrink the global spread of malaria and to achieve long-term successes against a major threat to regional health security and economic growth.

There has been an unprecedented level of Overseas Development Assistance (ODA) and domestic investment in malaria control throughout the Asia Pacific region during the past decade which has funded aggressive control measures. This has succeeded in reducing the burden of malaria to levels where elimination is now technically achievable in a number of countries.

Many countries have already achieved or exceeded the 2015 goal of a 75 percent reduction in malaria cases compared to 2000, although progress is inconsistent across the region. Fifteen countries in the region have already articulated a more ambitious time bound vision for elimination in their national strategies by 2030. The international community is close to agreeing goals to accelerate progress towards elimination over the next decade.

While impressive, the gains of the past decade are now at risk of being lost. Without urgent action, the most important first-line treatment for malaria – artemisinin, could become useless within years; triggering a 25 percent rise in malaria mortality globally, coupled with tremendous productivity losses. It is now widely accepted that drug resistant malaria cannot be contained within the Greater Mekong sub-Region and therefore it needs to ultimately be eliminated as an urgent first priority. Anything less, and artemisinin resistant malaria will rapidly spread throughout the region, and eventually to other parts of the world.

A projected shortfall in malaria investment over the coming years especially as a result of an anticipated reduction of external ODA funding for malaria control, which the region is highly reliant on, places the region at risk for a resurgence of malaria. Investment in malaria control and elimination has one of the highest returns on investment. Malaria control improves the health of populations which in turn increases productivity and economic growth.

Achieving an Asia Pacific region that is free of malaria is both a regional and global public good. Given the porous borders of the Asia Pacific region and the interconnectedness of the countries' economies, countries are only as safe as their neighbours.

Based on our deliberations, we respectfully request Leaders to:

- Accept the findings and recommendations contained in this report.
- Adopt a collective common goal of an Asia Pacific region that is free of malaria by 2030 and work to mobilize the necessary financial and other resources to make this a reality.
- Strengthen and support aggressive, rapid and evidence based responses to artemisinin and insecticide resistance targeting hotspots along international borders, and amongst risk groups in remote areas.
- Work with the APLMA Secretariat over the coming year to develop an action plan to urgently implement these recommendations.

Background

At the 7th East Asia Summit (EAS), hosted by Cambodia in November 2012, world leaders endorsed the declaration on *Regional Responses to Malaria Control and Addressing Resistance to Antimalarial Medicines*. Leaders called for an urgent response to artemisinin resistance and agreed to work together to intensify efforts to control and eliminate the disease.

The Asia Pacific Leaders Malaria Alliance (APLMA) was formally established at the 8th EAS, hosted by Brunei Darussalam in October 2013 to unite countries and promote regional political leadership and collaboration against the disease. The Co-Chairs are the Prime Ministers of Australia and Viet Nam, and the Secretariat is hosted by the Asian Development Bank in Manila, Philippines. The World Health Organization (WHO), the Asia Pacific Malaria Elimination Network (APMEN), and the Roll Back Malaria Partnership are among APLMA's key institutional partners.

APLMA established Task Forces to examine options for two streams of regional policy action: improving access to quality medicines and other technologies, and for raising and sustaining additional finance for malaria. The work of both Task Forces commenced in early 2014. This report to the Co-Chairs of APLMA presents the findings and recommendations of the Task Forces' work to date.

Access to Quality Medicines and other Technologies Task Force (AQMTF) report and recommendations

The AQMTF is jointly chaired by former Secretary of the Australian Department of Health Professor Jane Halton PSM, and the Secretary of the Indian Ministry of Health and Family Welfare, Mr Lov Verma. The AQMTF is comprised of representatives from 18 APLMA member countries, international organisations and technical experts across the region with a common attribute: influence and interest in improving access to high quality medicines, diagnostics and other products.

The Task Force noted that the Asia Pacific region has made impressive gains over the past decade in reducing the burden of malaria, particularly because existing tools such as insecticide treated bed nets, rapid diagnostic tests and artemisinin containing therapies are effective in preventing, diagnosing and treating malaria. It identified however that both regionally and globally, the world is at high risk of losing its most effective tool to treat malaria – artemisinin – as a result of the emergence of artemisinin drug resistant malaria in the Greater Mekong sub-Region.

The Task Force therefore strongly urges leaders to address artemisinin resistance through a focus on eliminating malaria regionally (with an early priority on the Greater Mekong sub-Region), and to support regional coordination and build national capacities to make this possible.

As an immediate priority, the Task Force recommends political leaders protect the effectiveness of artemisinin by ensuring universal access to quality-assured, affordable artemisinin combination therapy and to take regulatory action to ban the production, marketing and use of stand-alone, oral artemisinin mono-therapy within the region. The Task Force identified 12 priority inter-dependent recommendations for leaders' consideration and these are detailed below.



AQMTF Recommendations

1. Ensure universal access to quality-assured, affordable anti-malarials to treat all confirmed cases of malaria.
2. Stop production, marketing and use of stand-alone, oral artemisinin monotherapy within the region by 2015, displace it from the market and promote the use of Fixed Dose Combinations.
3. Scale up, and ensure appropriate use of, affordable rapid diagnostic tests for malaria, particularly in the private sector.
4. Sustained and coordinated communication with healthcare providers, patients and consumers about how best to prevent, diagnose and treat malaria.
5. Intensify investments in prevention and integrated vector management.
6. Implement elimination interventions targeting hotspots, migrant and mobile workers and vulnerable and hard to reach communities, including the military, which could both stall elimination and increase the risk of spread of resistant malaria strains.
7. Improve the mapping of malaria cases and resistance to respond to resurgence and for better targeting of resources
8. Use regional and global cooperative measures to shape the market for malaria commodities, including through the application of best practice principles for, and coordination of, government and donor procurement to improve supply security, prices, acceptability and quality.
9. Regional cooperation and building of national capacity to facilitate effective regulatory action and to share specialist resources, for example in laboratory testing.
10. Support for research and development to develop new drugs and new formulations in response to emerging patterns of resistance, to refine rapid diagnostic tests and to support the development and refinement of other more effective commodities.
11. Develop partnerships with industry, multilateral and financing bodies, including donors, and across all sectors of government.
12. Harness private sector capacity and reach, and actively seek out and develop innovative win-win, private-public partnerships.

Regional Financing for Malaria Task Force (RFMTF) report and recommendations

The RFMTF is chaired by C. Lawrence Greenwood, Senior Managing Director of Government Relations, MetLife, and brings together 20 experts from the public and private sectors and academia to assess, review and discuss options to address the malaria financing gap at the country and regional level.

Many countries in the region are experiencing strong economic growth and therefore have an opportunity to invest in global public goods that will provide strong domestic returns in a healthy workforce and reduced healthcare burden. The Task Force noted that investment in malaria control and elimination has one of the highest returns on investment in the health sector.

Existing organisations are playing vital roles in the region's response to malaria, and all parties need to redouble their efforts in the future in the face of declining external resources, which has underpinned the region's malaria responses during the past decade or more.

The Task Force now urges political, business and NGO leaders to boost financing to address priority gaps, and to prioritize the elimination of artemisinin resistance malaria throughout the Greater Mekong Sub-region as a first step towards achieving an Asia Pacific region that is free from malaria by 2030. It recommends the establishment of a regional fund, or a scaled up and re-purposed existing fund that will complement and will provide additionality to existing mechanisms to finance activities that are beyond the scope of national action.

The Task Force identified 5 priority recommendations for leaders' consideration and these are summarized in the box below.

RFMTF Recommendations

1. National leaders commit to a common goal of an Asia-Pacific region free of malaria by 2030.
2. Increase financing to strengthen and support aggressive, rapid and evidence based responses to artemisinin and insecticide resistance.
3. Establish a regional 'health security' fund with a primary focus on malaria to finance priority strategic regional activities, provide support to high-burden countries in the region with least capacity to increase domestic funding and to scale up investment in national programs to eliminate drug and insecticide resistant malaria, malaria control and eventual elimination. The fund could expand over time to address other major, regional, cross border infectious diseases and provide a standing platform to address disease emergencies such as SARS and H5N1, H7N9.
4. Support regional coordination and build national capacities to improve the effectiveness and efficiency of malaria interventions.
5. Increase private sector participation in both financing and delivering malaria control and elimination.



APLMA summary

The Asia Pacific Region stands at a crossroads between two futures. One is achieving the historic elimination of a disease that has claimed millions of lives and cost billions of dollars. The other is the current trajectory involving the loss of the key products used to prevent and treat the disease followed by a likely global resurgence of this deadly disease.

The international community is close to agreeing goals to accelerate progress towards elimination over the next decade building on the post-2015 Sustainable Development Goals. The Asia Pacific region has an opportunity to take a leadership role in the fight against malaria.

Most countries in the region already have individual targets to eliminate malaria in their national plans by 2030 or before. The health and economic benefits of elimination of malaria transmission are enormous. Previous analyses by WHO suggests that adequate investment in malaria could see the number of cases being reduced by 80 percent from 32 million to around eight million within five years. Deaths from malaria could also decline by 75 percent with sufficient investments. The estimated value of the benefits achieved through investment in regional malaria elimination exceeds the costs by up to 400 percent.

Great progress has been made in reducing the burden of malaria in our region over the last decade, and the emphasis now should be on aggressively reducing malaria burden and transmission to very low levels, rather than simply controlling malaria, and on progressing to elimination.

Roadmap towards elimination

The entire region has a vested interest in avoiding resurgence and resistance. The cross-border nature of drug and insecticide resistant malaria and malaria elimination is both a regional and global public good that demands a commitment to collective action.

APLMA is uniquely placed to motivate high-level commitment and to frame and build consensus around high level political goals and strategies by leveraging off the convening power of existing regional governance structures.

Based on the findings and recommendations of the Task Forces, it is now for the co-chairs, and subsequently the leaders of the region to consider supporting a roadmap to elimination and potentially, a clear time bound target behind which the region can align.

