Brief: Malaria and Health Security in Asia Pacific

In 2014 through the East Asia Summit (EAS), with the support of the Pacific-malaria endemic countries, 18 Heads of Government, representing 55% of the global population agreed to the goal of an Asia Pacific free of malaria by 2030. The Co-Chairs of the Asia Pacific Leaders Malaria Alliance (APLMA), the Prime Ministers of Australia and Viet Nam, requested the APLMA Secretariat to develop a plan to achieve this. The APLMA Co-Chairs will present the Leaders’ Malaria Elimination Roadmap at the 10th EAS in November 2015.

There is also an increasing global interest in health security, specifically around pandemic threats and antimicrobial resistance. Malaria elimination, as a response to the threat of multi-drug resistant malaria, is now an established regional priority. It is also part of a larger concern addressing the rise of Emerging Infectious Diseases (EID) across the region.

Key points

The regional and global challenge

• The Asia Pacific has historically been the global epicenter of EID and this is intensifying;

• In addition, the other major concern is microbial resistance to life saving modern medicines. For example, the development and spread of new strains of drug resistant malaria from the Greater Mekong Sub-region to other parts of the world.

The global and regional response

• In 2014, the G20 members committed to support other countries to implement the International Health Regulations and make the investments required to mitigate communicable disease risks;

• Investments in malaria can be leveraged across a range of health threats by creating robust health systems that are better able to detect and rapidly respond to communicable diseases through integrated approaches;

• Current domestic and external development assistance spending is inadequate to ensure health security. Underfunded health services put everybody in the region at risk. For example, a future SARS-like outbreak could cost Australia as much as AUD$121 billion.
A communicable disease outbreak is likely in the Asia Pacific

The Asia Pacific has historically been the global epicenter of EID and drug-resistance. This is due to various factors including proximity of humans to animals, travel by migrant workers, traders and tourists, and rapid economic development. The region is becoming increasingly interconnected due to trade and investment, which will further accelerate risks.

Three major airborne mutated influenza outbreaks have emerged from the region over the past decade: SARS (2003), H5N1 (2004–05) and H7N9 (2015) from China. Many experts believe a mutation – likely of greater virulence – is almost inevitable as humans and animals interact more as a result of urbanization, increased mobility and pockets of extreme poverty.

Risks for the region: economic, human and political costs

The frequency of communicable disease outbreaks in the region has risen over the past 50 years with huge impact on the Asian economy. SARS rapidly damaged East and Southeast Asia’s tourist industry with an estimated cost of US$18 billion (about US$2 million per person infected). Similarly, Avian Influenza A (H5N1) had a profound effect on the poultry industry, with Viet Nam culling 45 million birds in 2003–04, and Thailand’s poultry exports dropping by over US$500 million in 2004. The estimated economic losses globally in 1997–2009 from the six major outbreaks of EID were at least US$80 billion.

South Korea’s 2015 MERS Crisis

In mid-2015, a businessman brought the Middle East Respiratory Syndrome (MERS) virus to South Korea. The public health crisis escalated to a political and economic crisis within a month. South Korea’s President Park Geun-hye’s approval rating dropped to 33%. Overall retail sales fell nearly 17% within 30 days of the outbreak; tens of thousands of tourists cancelled their trips; the Bank of Korea cut interest rates to a record low citing the spread of MERS as a threat to growth. Within a month of the finding of the first case, the world’s 14th largest economy started showing signs of economic slowdown.

The disease also had an impact on the social fabric of the country. Some residents commented – “people aren’t playing sports together, people aren’t going to clubs; baseball teams play to empty stadiums; movie theater attendance dropped by a third; society is becoming paralyzed; right now the fear is nationwide and we can’t go anywhere.”

The Ebola crisis in West Africa led to the loss of several billions of dollars in the countries’ GDP in 2015 and disrupted health services led to increase in about 15,000 malaria related deaths. Whilst Ebola did not spread to Asia Pacific, the underlying causes (proximity of humans to animals, weak health systems and mobile populations) are all commonplace.

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4 Bloomberg, www.npr.org
A pandemic on the scale of SARS in today’s increasingly connected world will have devastating human and economic consequences to the region and its trading partners. The 2015 Swine Flu outbreak in India infected 33,000 people, killing over 2,000. Multidrug-resistant tuberculosis is being closely monitored in Bangladesh, China, India, Indonesia, Myanmar, Pakistan, Papua New Guinea, the Philippines and Viet Nam.

**Multi Drug-Resistant Malaria**

Another major concern is microbial resistance to life saving modern medicines. Malaria parasite resistance to artemisinin-based medications was initially detected in 2006 on the Thailand–Cambodia border. It is rapidly spreading across the Greater Mekong Sub-region, with resistance found in Myanmar just 25km from the Indian border. Currently, 61% of the Asia Pacific population live in areas that are at risk of malaria. Multi Drug-resistance malaria threatens to undermine a decade of progress globally, potentially costing billions.7

The risk of the potential increased spread of artemisinin resistance poses a risk to global health security and economic development. The WHO has recognized this mounting crisis as “a regional public health disaster, which could have severe global consequences”. It has concluded that malaria elimination in the GMS is the only way to address resistance.

**The importance of health security in the Asia Pacific**

Health security is both a health and foreign policy issue – it requires national preparedness and a regionally coordinated approach. Greater regional connectivity provides opportunities for stronger collective action. Yet, under ASEAN Community 20158 population mobility is set to increase, which will present new challenges in containing the spread of communicable disease.

Countries with weak health systems and low per capita government spending are a threat to the region and their neighbours. This is particularly true where large numbers of people live in poverty and close proximity. New emerging powers in the region have a strong self-interest and responsibility to support security within their sphere of influence. They have an excellent opportunity to show leadership on, for example, drug resistant malaria in the GMS.

It is the primary responsibility of government to secure borders and promote prosperity. The Ebola outbreak demonstrated that the world, and indeed the Asia Pacific, is underprepared to respond collectively, rapidly and stop an outbreak in its tracks. Improving health security is vital for this economic and political stability. The signs are positive with the recent G209 statement and 2030 malaria goal10 showing nascent political commitment to health security.

Countries of the region must recognize that the combined costs of mounting a pandemic response and the economic impacts of an outbreak at scale, far outstrip the investment required to improve preparedness. The hard financing realities clearly demonstrate that Ministries of Finance, Planning and Leaders themselves must become directly involved. Disease outbreaks are not the sole responsibility of Ministries of Health or the WHO.

**Summary**

A regional response requires political will at the highest level and adequate financing. Malaria elimination offers a pathway for the Asia Pacific to build an effective regional health security architecture not on an abstract risk, but by responding to an active threat. It is a strategic, politically attractive investment that delivers tangible results that Leaders can stand behind. More, however, must be done. In underestimating the risk of emerging threats, we risk neglecting a core responsibility of Government.

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9 G20 Leaders’ Brisbane Statement on Ebola
10 [http://aplma.org](http://aplma.org)