The Asia-Pacific region has made impressive gains over the past decade in reducing the burden of malaria, particularly because existing tools are effective in preventing, diagnosing and treating malaria and as a result of sizeable and stable levels of domestic, multi-lateral and bilateral funding.

While impressive, the gains are not consistent. Four countries may not reach the 2015 World Health Assembly goal of reducing malaria by 75%\(^1\), one is experiencing a resurgence of malaria\(^2\) while others continue to have a high disease burden\(^3\). Most importantly, the emergence of artemisinin resistant malaria in the Greater Mekong Sub-region puts at risk the gains that have been made to date and may jeopardise further progress in malaria control and elimination in the Asia-Pacific.

The region is at an important crossroad in history and the choices that leaders make today will have a profound and lasting economic and health security impact across the region and indeed globally.

- **The potential for malaria resurgence is high** as national malaria programs are highly dependent on external financing. In the future, the emergence of artemisinin resistant malaria in the region, if not contained and eliminated, could have globally catastrophic public health and economic consequences.
- **Malaria control and elimination efforts need to become more efficient and effective** in response to funding constraints and new funding modalities that shift from an input model to financing results.
- **The region is in a position to contemplate accelerating towards region-wide malaria elimination** which is key to reducing future costs of countries that achieve elimination. Most countries in the region already have individual targets to eliminate malaria in their national plans by 2030\(^4\) or before. Many countries are experiencing strong economic growth and have an opportunity to invest in global public goods that will provide strong domestic returns in a healthy workforce and reduced healthcare burden.
- **External ODA financing for the region has plateaued and is likely to decline as countries move to middle income status**, given a shift in global priorities, the apparent lack of stated policies within the donor community for financing the maintenance of elimination\(^5\), and the expectation that the region should do more to translate its economic success into funding its own needs.

Regional health security and economic growth is at risk if countries in the region scale back aggressive control operations because of declining levels of external funding or complacency and fail to take the initiative for financing malaria interventions from domestic resources.

Some countries have already reduced their reliance on external ODA funding. The Philippines introduced a tax on tobacco which has significantly increased the annual health budget, including for malaria. In Cambodia, Government expenditure on health as a percentage of total government

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\(^1\) India, Indonesia, Myanmar and PNG
\(^2\) There was a resurgence of malaria in Lao PDR
\(^3\) High burdens in PNG, Timor Leste and the Solomon Islands
\(^4\) Lao, PDR and Timor Leste plans are still under development. Solomon Islands has set 2035 for its elimination target
\(^5\) Shrinking the Malaria Map, UCSF 2009
expenditure increased from around 8% in 2000 to 12% in 2010 and has remained stable since. Funding gaps still remain and lower income – higher burden countries will remain reliant on external financing for some years to come.

The cost of eliminating malaria in 19 countries by 2030 is estimated at $32 billion\(^6\), while the cost of containing artemisinin resistance in four Mekong Delta countries was estimated at $175 million per year.\(^7\) Countries require assistance to quantify the key funding gaps in order to develop a robust investment case for national and regional elimination and to support decision-making for resource allocation.

Due to the interdependence of nations on each other’s communicable disease control, the entire region has an interest in ensuring sustained financing to avoid resurgence and resistance. Regional financing is needed because of the cross-border nature of drug and insecticide resistant malaria and because malaria elimination is both a regional and global public good. Investment in surveillance, political agreements, norms and standards and cross border programs for migrant workers has had a dramatic impact, but these gains are now under threat.

The region must commit to collective action. Only such collective action, with a vision of a region-free of malaria, will be able to mobilize the resources needed to maintain current progress. Region-wide malaria elimination is the rational solution to artemisinin-resistance in Asia, and is key to containing future costs.

To address these issues the Task Force recommends the following urgent actions:

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.

\(^6\) Prabhat Jha, Ross McLeod, Patricia Moser (2014) Priorities in Financing the Control of Malaria in the Asia-Pacific
\(^7\) Global Plan for Artemisinin Resistance Containment, WHO 2011. The four countries were Cambodia, Myanmar, Thailand and Viet Nam. This has since expanded to include Lao, PDR.
To address these issues, the Task Force recommends the following urgent actions in detail:

1. National leaders commit to a common goal of an Asia-Pacific region free of malaria by 2030
   a. Advocate for the development of a malaria elimination strategy that;
      i. Is specific to and is strongly owned at the most senior levels across the region
      ii. Will achieve a malaria free region by 2030; and
      iii. Provides clear delineation between region (collective) and national level actions in support of an elimination agenda
   b. Use APLMA Champions group to reach out to networks in multiple sectors to ensure that the control and elimination of malaria becomes a whole of government priority, and that it remains high on the political agenda of each country
   c. Establish a scorecard and mutual accountability mechanism for achieving pre-elimination and elimination targets across the region

2. Increase financing to strengthen and support aggressive, rapid and evidence based responses to artemisinin and insecticide resistance
   a. Identify financing gaps in national and regional responses to drug and insecticide resistance
   b. Improve mapping of resistance hotspots to achieve better targeting of resources
   c. Advocate for financing from both GMS countries and other countries and agencies beyond the region that would benefit from preserving effective tools for malaria control to fund multi-national and cross-border responses to outbreaks, particularly bordering countries with confirmed artemisinin resistance
   d. Prioritize the elimination of P. falciparum artemisinin resistant malaria in the Greater Mekong Sub-Region.
   e. Finance regional and country-specific Regulatory Authority capacity building to support quality assurance and enforcement measures for malaria commodities including support for regional laboratory services to independently monitor the quality of ACT combination therapies
   f. Flexible funding for operational research to monitor artemisinin and insecticide resistance in partnership with the private pharmaceutical and agricultural industries
   g. Finance national regulatory action to 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. 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 for malaria control and eliminating drug insecticide resistant malaria., 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
   a. Develop country and stakeholder specific business cases for identifying the economic rationale for, and options available to government, the private sector and others to mobilize additional domestic and regional resources for malaria
interventions and elimination, noting a differentiated approach will be required between Asia and the Pacific

b. As part of work on developing the business case, involve existing and emerging donors in a process that identifies options for broadening the donor base to include both traditional and new donors.

c. Commission work to scope governance mechanisms and eligibility criteria to outline potential arrangements for such a fund, and evaluate options for positioning the fund to avoid duplication, including pros and cons of housing within an existing mechanism.

d. Quantify the priority financing & commodity gaps in malaria interventions at regional and national level (with the GMS prioritized) for the period 2015-2017, using the current cycle of revising and costing National Malaria Strategies as a starting point to obtain detailed analyses of malaria programme requirements.

e. Determine the longer term (2018-2030) finance and commodity gaps for scaled up malaria interventions and ultimate elimination based on our best understanding of the projected future funding environment, its key drivers, opportunities and challenges.

f. Pilot innovative ways for mobilizing and deploying finance, including cash on delivery, programs that blend loans and grants, and social bonds.

g. Encourage mutual accountability and monitor the returns on investment through scorecard metrics and other innovative management information initiatives.

4. Support regional coordination and build national capacities to improve the effectiveness and efficiency of malaria interventions

   a. Strengthen national malaria programs management capacity to facilitate results based financing approaches.

   b. Stimulate demand for enhanced surveillance systems, high quality epidemiological and evaluation data to establish a strong evidence base to improve stratified targeting of interventions and measure program effectiveness and the prospects of elimination.

5. Increase private sector participation in both financing and delivering malaria control and elimination

   a. With reference to previous Global pilot projects, evaluate the feasibility for supply side ‘best practice’ market shaping initiatives tailored to the Asia-Pacific context. For example regional pooled procurement mechanisms or an Affordable Medicines facility to ensure that quality assured anti-malarial treatment and commodities are affordable to all, particularly for poor and vulnerable populations.

   b. Build an evidence base amongst private sector industries that are highly vulnerable to malaria related absenteeism and the economic cost to the industry.

   c. Map large scale private sector companies in selected sectors (oil, mining, agriculture, logging) and high transmission areas and develop and implement an engagement strategy that includes initiatives that deliver mutual benefits.

   d. Develop strategies to tap into philanthropic and major foundation organisations in malaria endemic countries as an emerging, important source of funding.