Background
1. The Asia-Pacific region has made significant progress in reducing the burden of malaria since 2000, and the number of malaria deaths has fallen by more than 20 per cent. Despite this impressive progress, malaria remains a major killer in the Asia-Pacific with approximately 36 million new cases and 49,000 deaths each year. This high rate of illness and loss of human life affects economic development and is both unacceptable and preventable.

2. The emergence of resistance to artemisinin, the core ingredient in the world’s frontline drugs to treat malaria, is of major concern. Urgent action is required to prevent the predicted loss of hundreds of thousands of lives and billions of dollars.

3. Malaria remains inextricably linked with poverty. The highest malaria mortality rates are being seen in countries that have the highest rates of extreme poverty.

4. The leaders attending the Malaria 2012: Saving Lives in the Asia Pacific hosted by the Government of Australia in November 2012 agreed to:
   a. accelerate progress toward the goal set by member states of the World Health Assembly of a 75 per cent reduction in malaria cases and deaths by 2015, thus contributing to the United Nations Secretary General’s goal of near zero deaths from malaria worldwide
   b. urgent collective action to contain drug resistant malaria.

5. They also called for greater regional political leadership and collaboration to drive progress, to address the challenges of malaria drug resistance and ultimately eliminate malaria from the region. To do this it was agreed to establish the Asia Pacific Leaders Malaria Alliance (APLMA).

6. The East Asia Summit leaders agreed on the 20th November 2012 to the Australian-proposed declaration on Regional Responses to Malaria Control and Addressing Resistance to Antimalarial Medicines and have given further political leadership and support to this issue.

Purpose
7. The APLMA will motivate high-level commitment, mobilize country and regional action, and track progress and ensure accountability in meeting regional and national malaria targets to, by 2015:
   a. contain artemisinin-resistant strains of malaria; and
   b. reduce malaria cases and deaths by 75 per cent from 2000 levels.
8. Specifically, the APLMA will:
   a. drive and review progress on malaria targets (an annual report-card) and inform appropriate regional bodies to promote collaboration and accountability at all levels;
   b. review options and recommendations for closing the financing gaps for malaria control and elimination and for improving access to quality antimalarial medicines and technologies;
   c. ensure appropriate engagement across sectors to combat malaria; and
   d. consider the value of and lessons learned from engaging leadership for broader regional health security.

Approach
9. The APLMA will meet annually to review progress and consider outcomes, and will inform relevant regional political groupings, e.g. the East Asia Summit (EAS) and the Pacific Islands Forum (PIF), on progress in meeting malaria targets. In 2014 and 2015, annual meetings will be held on the margins of already planned leadership meetings (e.g., East Asia Summit, UN General Assembly) as agreed by the Co-Chairs and a majority of members.

10. The APLMA, supported by national ministries, will work to engage existing regional political fora such as the ASEAN+; EAS, APEC leaders, and PIF as appropriate on malaria targets and progress.

11. To support the APLMA in accomplishing these goals, it will
   a. Establish an APLMA secretariat to undertake the membership and coordination work of APLMA
   b. Convene a regional taskforce to explore options to close the financing gap
   c. Convene a regional taskforce to recommend options to improve access to quality antimalarial medicines and technologies
   d. Advocate to expand the coverage of effective malaria interventions in partnership with civil societies and the private sector

12. The APLMA will have an initial mandate through to the end of 2015, before which time, a review will inform decisions about the ongoing need for and structure of the APLMA.

Members
13. Concerned leaders of countries with a high burden of malaria, artemisinin resistant malaria or high-risk of resistant malaria will be encouraged to participate. APLMA will be open to other leaders who wish to support APLMA on issues of regional malaria control and containment of artemisinin resistance.

Secretariat
14. The Asian Development Bank (ADB) has agreed to host the APLMA Secretariat. The Secretariat, with support from national government officials, will support the APLMA leaders to manage the Alliance to obtain results, build regional cooperation on malaria and other communicable diseases, oversee work plans and progress of the task forces, and ensure a cross-sectoral approach to resolving financing and malaria drugs issues.

15. The Secretariat will also provide logistical and knowledge management functions for the APLMA, including organizing meetings, convening task forces, and ensuring access by leaders to up to date technical material, advocacy advice and support as well as links to the UN Secretary General’s Special Envoy for Financing the Health MDGs and for Malaria, the World Health Organization (WHO), the Roll Back Malaria Partnership, and other relevant partners.
16. The APLMA will advocate for approaches to combat malaria that are consistent with building overall health system strengthening capacity. Its mandate sits in the context of countries’ ability to respond to infectious and emerging disease threats more broadly.

17. A group of high level and influential leaders - a Champions Group - from the Asia and Pacific region may be formed by the UN Secretary General’s Special Envoy for Financing the Health MDGs and for Malaria to assist the APLMA in its work and advocate across sectors. It could include influential leaders from business in the region and representatives from across public and private sectors (e.g. health, tourism, finance, industry, research).

18. The Taskforces on Access to Quality Medicines and Other Technologies and Regional Malaria Financing will be convened by the APLMA Secretariat. Each Taskforce will have two co-chairs at the senior level, and membership will consist of leading experts, technical agencies, relevant stakeholders. The recommendations resulting from the work of the Taskforces will be communicated to the APLMA via its Secretariat.