

ZERO MALARIA STARTS WITH INCREASED INVESTMENTS & POLITICAL COMMITMENT

25th April 2020 marks World Malaria Day 2020, which is observed at a time as COVID-19 continues to ravage health systems across the world five months since it was detected. Even as we are facing the devastation to health systems and economies from COVID-19, the Global Network of Civil Society for Malaria Elimination (CS4ME), Global Fund Advocates Network Asia-Pacific (GFAN AP), and Regional Malaria CSO Platform (GMS) express grave concern as the rate of progress globally towards malaria elimination has slowed down in recent years and given the current trajectory, we would not achieve malaria elimination by 2030.

The incidence rate of malaria declined globally between 2010 and 2018, from 71 to 57 cases per 1,000 population at risk. In 2018, the investments in malaria responses saved almost 600,000 lives and prevented nearly 100 million malaria cases compared to 2000 levels. An estimated 228 million cases of malaria were detected, 93% in the African Region, 3.4% in South-East Asia, and 2.1% in the Eastern Mediterranean Region. 19 countries in sub-Saharan Africa and India carry almost 85% of the global malaria burden.

Vietnam is working towards ending malaria as an epidemic as the country has changed its approach from malaria control to malaria elimination, with an aim to eliminate malaria by 2030. Vietnam has achieved all of the targets set out in its 2011 – 2020 National Strategy for Malaria Control and Elimination and is among 44 countries with less than 10,000 cases of malaria per year in 2016. However, to build on these achievements and overcome challenges in the last mile towards malaria elimination, Governments and international partners should re-affirm their commitment to malaria elimination by means of increased investment to US\$5 billion. Governments around the world should also uphold their commitments to achieving Universal Health Coverage that leaves no one behind. That is not only the right thing to do, it is the “must do” for us to end malaria as an epidemic by 2030.

Dr Khuat Thi Hai Oanh
Executive Director, Centre for Supporting Community Development Initiatives (SCDI), Vietnam and
Chair, GFAN AP Steering Committee

Drug resistant malaria remains a major threat in the Asia-Pacific region, threatening to undo gains in every other part of the world. Cambodia, Lao PDR and Vietnam remain ground-zero for drug resistant malaria, and the molecular markers of artemisinin resistance has been reported in Bangladesh, India, Myanmar and Thailand. With the exception of Myanmar, failure rates of *P. falciparum* to first-line ACTs were found to be

India over the last two decades has made consistent efforts in keeping malaria under check. Yet, we cannot abnegate the fact that as long as malaria exists, it threatens the poorest and most vulnerable and may escalate and reverse the achievements in times of public health crisis like the one we all are facing now: COVID -19. This is an opportune time for all of us to collaborate; upholding commitment, progress and renewed partnerships to improve the health and wellbeing of the people and protect what has been earned against malaria. Beyond medicines and bed nets, meaningful engagement of local communities and CBOs/NGOs is crucial in ensuring sustained responses in preventing, monitoring and controlling malaria. Malaria Elimination is closer than ever before and we need both public and private sectors to unite in this war against malaria, using the latest technology for effective vector management, smart diagnosis and early treatment .

Paul Moonjely, Executive Director, Caritas India;
Jayaram Parasa, Programme Head, Lepra Society, India; and
Dr Satyabrata Routray, Director, Neglected Tropical Diseases and Malaria, PATH, India

above 10% and were as high as 93% in Thailand¹.

Investments in malaria responses are significantly below the required levels to end malaria as an epidemic. With the exception of India, direct domestic investment remains very low relative to international funding in the High Burden to High Impact (HBHI) countries. In 2018, a reduction of 15% was seen from 2017 levels of funding at US\$3.2 billion to US\$2.7 billion in malaria control and elimination efforts globally by governments of malaria endemic countries and

international partners. This amount in 2018 fell short of the US\$5 billion estimated to be required globally to stay on track towards the [Global Technical Strategy for Malaria 2016 – 2030](#) milestones adopted by the World Health Assembly in May 2015.

¹ [World Malaria Report 2019](#), World Health Organisation

The current COVID-19 pandemic further challenges malaria responses around the world and aggravates the plight of those most vulnerable to and affected by malaria. Pregnant women; infants and children; and mobile, migrant, internally displaced and ethnic communities in malaria-endemic areas are facing multi-fold increases in their vulnerability to malaria, whilst nationwide lockdowns and curfews are in place to control the spread of COVID-19 across the world. Malaria health services including access to prevention, diagnostic testing, and treatment services have been disrupted across all countries in the Asia-Pacific region².

With additional stigma brought about by COVID-19, many affected individuals may not seek health services in fear of further stigma and discrimination. Furthermore, access to essential requirements such as food will pose a greater challenge for communities vulnerable to malaria such as migrant status, proof of identity, legal citizenship status, access to adequate financing, and as a result of structural discrimination, criminalization and violence.

We cannot allow COVID-19 to derail our efforts and successes to date, and at the same time do everything we can to protect our 30,000 community health workers in the GMS as they continue to be at the frontline fighting malaria until we reach elimination.

Louis Da Gama
GF-RAI RSC CSO Representative

Reducing the burden of malaria and reducing related inequities and inequalities will contribute towards progress of the Sustainable Development Goals (SDGs) – including good health and well-being, no poverty, reduce inequalities, and gender equality. Effective investments and interventions to end malaria as an epidemic will include and invariably contribute towards building resilient and sustainable systems for health; and address stigma, discrimination and various means of criminalisation that impede access to prevention, diagnostic testing and treatment services and achieve Universal Health Coverage (UHC).

CS4ME, GFAN AP and the Regional Malaria CSO Platform (GMS) recognise the important role played by national governments and international funding mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) in investing to end malaria as an epidemic by 2030, and also express appreciation for all donor countries of the Global Fund Sixth Replenishment for showcasing unprecedented solidarity with the largest amount raised for a global health institution to end AIDS, Tuberculosis and malaria. More countries than ever, are closer towards eliminating malaria, yet, with only a decade more to 2030, the investments and political will to end malaria as an epidemic need to be significantly increased.

Therefore, we call upon all the stakeholders working towards malaria elimination, including governments, international funding agencies, WHO and technical partners, private sector, to work alongside with communities and civil society to:

- Ensure, while robust COVID-19 responses are in place, they do not compromise access to life-saving malaria prevention, diagnosis and treatment services as this threatens the reversal of decades-long hard-fought progress against malaria;
- Ensure the continuation of safe, universal coverage campaigns for long-lasting insecticide treated nets (LLINs) and indoor residual spraying (IRS). Focusing on reaching those at highest risk – Pregnant women; infants and children; and mobile, migrant, internally displaced and ethnic communities in malaria-endemic areas;
- Increase investments in the global malaria responses through direct domestic investments and investments in international financing organisations such as the Global Fund, to close the US\$2 billion gap in malaria funding to develop transformative tools, reach the most vulnerable communities with the life-saving malaria interventions, and end malaria as an epidemic by 2030 to achieve UHC;

² According to initial results compiled by the Regional Malaria CSO Platform (GMS) on RAI2E implementation challenges at the community level in the context of COVID-19 epidemic in the GMS. The report will be released shortly.

- Invest in building robust, resilient and sustainable systems for health with the inclusion of community and civil society responses and ensuring that every dollar invested in the fight against malaria contributes towards building stronger and more resilient systems for health; and
- Solidify the engagement of communities affected by and vulnerable to malaria through establishing formal mechanisms for community engagement, increasing investments in building strong and sustainable community systems, and community-led and -owned interventions.

The global theme for World Malaria Day 2020 – “Zero Malaria Starts With Me” emphasises the power and responsibility – no matter where we live – to ensure no one dies from a mosquito bite. CS4ME, GFAN AP and Regional Malaria CSO Platform (GMS) with our local, national and regional partners across Asia-Pacific and Africa are committed to working together with governments and other regional and international bodies to end malaria as an epidemic by 2030.

CIVIL SOCIETY FOR MALARIA ELIMINATION

Civil Society For Malaria Elimination (CS4ME) is a global network of civil society organizations and communities contributing to malaria elimination and ensure that communities are at the centre of malaria programs. Firm in the belief that empowered community and civil society are game-changers in health responses, CS4ME facilitates a platform for representatives of malaria communities and civil society to come together as part of their commitment to jointly advocate for more effective, sustainable, people-centred, rights-based, equitable, and inclusive malaria programmes. For more information, please visit www.cs4me.org

GLOBAL FUND ADVOCATES NETWORK ASIA-PACIFIC

Global Fund Advocates Network Asia-Pacific (GFAN AP) is a platform of community and civil society advocates for a fully funded Global Fund. It supports community and civil society mobilisation in the areas of increased domestic financing for HIV, TB and malaria responses; increased donor contributions towards the Global Fund; and ensuring that policy frameworks on health financing take into account community, rights and gender issues. For more information, please visit www.gfanasiapacific.org

REGIONAL MALARIA CSO PLATFORM

Regional Malaria CSO Platform (GMS) is a platform for the civil society organizations working in malaria and or serving to the vulnerable population including mobile and migrant populations, ethnic communities, forest and farm workers and internally displaced people.

The main purpose of the platform is to provide a common space to the civil society organizations in the GMS especially RAI implementing countries Thailand, Myanmar, Cambodia, Lao PDR and Vietnam for communication, harmonized programmatic interventions, capacity strengthening, promote best practices and coordinated actions for advocacy to address malaria issues of malaria vulnerable and at risk population. For more information, please visit www.malariafreemekong.org