

# Meeting Report

## Informal Consultation with Partners on Emergency Response to Artemisinin Resistance in the Greater Mekong Subregion



11-12 February 2015  
Bangkok, Thailand



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WORLD HEALTH ORGANIZATION  
REGIONAL OFFICE FOR THE WESTERN PACIFIC

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MEETING REPORT

INFORMAL CONSULTATION WITH PARTNERS ON EMERGENCY RESPONSE  
TO ARTEMISININ RESISTANCE IN THE GREATER MEKONG SUBREGION

Convened by:

WORLD HEALTH ORGANIZATION  
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11-12 February 2015

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## NOTE

The views expressed in this report are those of the participants of the Informal Consultation with Partners on Emergency Response to Artemisinin Resistance in the Greater Mekong Subregion and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Informal Consultation with Partners on Emergency Response to Artemisinin Resistance in the Greater Mekong Subregion in Bangkok, Thailand from 11 to 12 February 2015.

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## SUMMARY

Over the past few years, national governments in the Greater Mekong Subregion (GMS) have achieved a great deal of success in leading the fight against malaria. Countries have made significant progress in reducing malaria case numbers, working in partnership with World Health Organization (WHO) country offices, the Regional Hub of the WHO Emergency Response to Artemisinin Resistance (ERAR), donors and other key stakeholders. National programmes are now revising their malaria strategies from containment to the goal of elimination.

However, significant challenges remain. The simultaneous appearance and spread of malaria multi drug resistance, including ACT resistance in several foci is a major obstacle to eliminating malaria, not only in the GMS. Resistance to artemisinin and other partner drugs may pose a very real threat of malaria becoming untreatable.

The move to regional economic integration through the Association of Southeast Asian Nations (ASEAN) Economic Community has resulted in large-scale movements of populations within and across borders, which can further contribute to the spread of resistant malaria parasites, thus contributing to an even greater challenge to eliminating malaria. Reaching mobile and migrant populations is often difficult due to geographical limitations as well as legal issues that often prevent migrants from crossing at official check points. In addition, porous borders facilitate the flow of undocumented migrants between areas with different transmission intensity and untapped resistance patterns.

Overcoming these and other challenges to malaria elimination in the GMS requires a multipronged approach. The WHO ERAR Hub worked closely with all partners to facilitate an improved, technical response and better coordination. Through ERAR, WHO and other stakeholders advocate for adequate financial resources with built-in flexibility to enable innovative interventions and to improve donor coordination, avoiding any duplication and thereby maximizing impact.

WHO ERAR has also galvanized efforts towards strengthening surveillance to facilitate real-time reporting, strengthening the capacity of those involved in combatting malaria and ensuring adequate numbers of health facilities are sharing information needed for program planning and management. Other coordination activities included strengthening regional mechanisms for drug regulatory authorities, facilitating policy dialogue for the development of an appropriate governance mechanism and supporting operational research for improved tools to eliminate resistance. Improving cross-border cooperation and collaboration, maintaining malaria drug resistance and elimination high on the political agenda, and helping countries to adapt global strategies to country settings also benefited from increased attention among ERAR Stakeholders, as a result of ERAR Hub coordination activities.

Forum participants agreed that malaria multi-drug resistance, including ACT resistance should no longer be seen only as a regional issue but as a threat to the entire global community. There is a sense of urgency and a need to tackle more aggressively the malaria drug resistance situation in priority, by eliminating *P. falciparum* as soon as possible. The general consensus was that all stakeholders work together to ensure that efforts are aligned with the WHO *Global technical strategy for malaria 2016-2030*, and *Strategy for malaria elimination in the Greater Mekong subregion 2015–2030*, launched during the 68<sup>th</sup> session of the World Health Assembly.

## 1. INTRODUCTION

### 1.1. Background

The WHO ERAR *Regional framework for action 2013-2015*, launched in April 2013, defined 15 essential actions along four priority areas. The Framework is aimed at stepping up efforts to preserve artemisinin-based combination therapies (ACTs) as an effective tool to treat *P. falciparum* malaria, the deadly form of the disease, and ultimately eliminate malaria. Implementation of the framework is estimated to cost around US\$ 175 million per year.

Besides government contributions and other bilateral agreements, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) has pledged US\$ 100 million over three years to fund operations in priority areas affected by artemisinin resistance in five GMS countries through the Regional Artemisinin Initiative (RAI). Countries include Cambodia, the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam.

ERAR received funding from the Bill & Melinda Gates Foundation (BMGF) and the Department of Foreign Affairs and Trade of Australia (DFAT), and has established a regional hub in Phnom Penh, Cambodia to coordinate initiatives in artemisinin resistance containment and elimination in the GMS. The goal is to preserve the effectiveness of artemisinin-based combination therapies by containing and ultimately eliminating artemisinin resistant *P.falciparum* parasites from the GMS. As part of the oversight mechanism, the ERAR Forum of Interested Parties was established and is comprised of all stakeholders involved in the implementation of the ERAR Framework.

Annual meetings on containment and elimination of artemisinin resistance represent an opportunity for the Forum to review the progress, issues and challenges in implementing an effective response to the threat posed by artemisinin resistance in the GMS, and to discuss opportunities and future directions, with the full participation of senior government officials from GMS countries, WHO, donors and other partners and stakeholders.

The first ERAR annual meeting was held on 11–12 February 2015 in Bangkok, Thailand, as an informal consultation with all stakeholders in the GMS. The meeting was led by the ERAR Regional Hub, in collaboration with the WHO Regional Offices for the Western Pacific and South-East Asia, GMS countries and partners. ERAR, along with governments and key stakeholders, is in the process of developing a GMS Malaria Elimination Strategy in response to new evidence emerging from the region. This includes the identification of multiple foci of artemisinin resistance in the GMS that

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