

Greater Mekong Subregion

April 2012



Background

Although considerable progress has been made in malaria control in the Greater Mekong Subregion (GMS) during the past 10 years, malaria remains a major concern for the international community and ministries of health in the region. This is exacerbated by the development and possible spread of resistance to artemisinin drugs, the principal component of the combination therapies for malaria that are now the first-line treatment for malaria throughout the GMS and the world. *Plasmodium falciparum* resistance to artemisinin drugs has now been confirmed in western Cambodia; failures in artemisinin combination therapy (ACT) have been reported from multiple sites on the Thai-Cambodian border; and an early warning sign of artemisinin resistance – prolongation of parasite clearance times – has been reported from the Thailand-Burma and Thailand-China borders and in southern Vietnam.

The President's Malaria Initiative (PMI)

The President's Malaria Initiative (PMI), led by the U.S. Agency for International Development and implemented together with the U.S. Centers for Disease Control and Prevention was launched in 2005 as a five-year (fiscal year [FY] 2006–2010), \$1.265 billion expansion of U.S. Government resources to reduce the burden of malaria and help relieve poverty on the African continent. The 2008 Lantos-Hyde Act authorized an extension of PMI funding through FY 2013. With congressional authorization and the subsequent launch of the U.S. Government's Global Health Initiative, PMI's goal was expanded to achieve Africa-wide impact by halving the burden of malaria in 70 percent of the at-risk populations on the continent (i.e., approximately 450 million residents), thereby removing malaria as a major public health problem and promoting development throughout the African region. Furthermore, PMI support extends to the GMS, which is made up of six countries: Burma, Cambodia, China (Yunnan Province), Lao People's Democratic Republic, Thailand, and Vietnam.

To reach its goals, PMI works with national malaria control programs (NMCPs) and coordinates its activities with national and international partners, including the Roll Back Malaria Partnership; The Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization (WHO); the World Bank; numerous nongovernmental organizations, including faith-based and community groups; and the private sector.

Key Interventions

The PMI GMS program differs in approach and implementation from the PMI Africa country programs. The program includes support for regional/cross-cutting activities, such as surveillance for antimalarial drug resistance and antimalarial drug quality monitoring. It also focuses on activities to reduce malaria transmission in geographically focused cross-border areas, where there is already strong evidence of artemisinin resistance, as a means of reducing the likelihood of it spreading beyond those areas.

Malaria Burden in the GMS (2010)

Indicator	Burma	Cambodia	China ¹	Lao PDR	Thailand	Vietnam
Probable and confirmed malaria cases	649,522	56,217	14,491	24,045	22,969	54,297
Microscopy-confirmed malaria cases	420,808	46,101	9,287	22,813	22,969	17,515
Of the microscopy-confirmed cases, proportion due to <i>Plasmodium falciparum</i>	69%	58%	10%	99%	41%	73%
Proportion of malaria cases with parasites detected on day 3 after treatment with an ACT ²	0–30%	0–45%	0–37%	0%	0–18%	0–20%
In-patient deaths attributed to malaria	788	151	12	24	80	21
All data are 2010 NMCP data, except where indicated. ¹ WHO World Malaria Report 2010 ² Therapeutic Efficacy Study data 2009–2010						

National and Subnational Survey Data for GMS Countries*

Indicator	Burma ¹	Cambodia ²	Lao PDR ³	Thailand ⁴	Vietnam ⁵
Malaria prevalence	-	0.9%	-	-	-
Proportion of households with at least one mosquito net	91%	99%	-	-	99%
Proportion of households with at least one insecticide treated mosquito net (ITN)	-	75%	90%	-	19%
Proportion of persons who slept under an ITN the previous night	-	53%	-	36%	-
Proportion of children under five years old who slept under an ITN the previous night	-	56%	81%	-	5%
Proportion of pregnant women who slept under an ITN the previous night	-	60%	-	-	-
¹ Chin, Kachin, Sagaing 2008 ² Cambodia Malaria Survey 2010 ³ Bednet 2009 ⁴ The Global Fund to Fight AIDS, Tuberculosis and Malaria Round 7 Household Survey 2009 ⁵ Multiple Indicator Cluster Survey 2006 *Data are not available for China.					

PMI Funding	FY 2011	FY 2012
Budget (in millions)	\$12	\$14

For details on FY 2012 PMI activities in the GMS, please see the **Greater Mekong Subregion Malaria Operational Plan**: http://pmi.gov/countries/mops/fy12/mekong_mop_fy12.pdf.

