

Malaria is a tropical disease caused by a parasite transmitted by the bites of infected female *Anopheles* mosquitoes. After a period spent in the liver, malaria parasites multiply within red blood cells, causing symptoms such as fever, headache and vomiting. Malaria is preventable and curable, although no vaccine currently exists. But if left untreated, malaria can become life-threatening by disrupting the blood supply to vital organs.

As part of the MDG targets, the UN set a goal to halt the spread of malaria by 2015 and begin to reverse the incidence and death rates. The Global Malaria Action Plan also set several targets, including the reduction of malaria cases by 75% from 2000 levels by 2015, and the reduction of malaria deaths to near zero by 2015.

About 2.3 billion people live at some risk of malaria and 1 billion people are at high risk in the Asia/Pacific region. Malaria-endemic countries in the region are Papua New Guinea, Solomon Islands, Pakistan, India, Nepal, the Philippines, Indonesia, Myanmar, the Lao PDR, Cambodia, Thailand, DPR Korea, China, Viet Nam, Sri Lanka, Bangladesh, the Republic of Korea and Malaysia. Malaria transmission is intense in most of Papua New Guinea and the Solomon Islands, and it is also intense in focal areas in the Greater Mekong Subregion, including in parts of Cambodia, Yunnan province (China), the Lao PDR and Viet Nam. In several countries such as Cambodia, Viet Nam and Lao PDR, malaria is mainly found in remote forest areas, where it disproportionately affects ethnic minorities and migrant workers. Malaria is also restricted in its distribution in Malaysia, the Philippines and the Republic of Korea. Mobile and indigenous populations as well as infants, young children and pregnant women are especially vulnerable.

In 2012, there were 152 million suspected cases and 8 million probable or confirmed cases in Asian countries (WHO, 2013h) and they were concentrated in Pakistan, India and Indonesia (Figure 1.11.1, left panel). Death rates are estimated to be highest in Papua New Guinea, the Solomon Islands, Myanmar and the Lao PDR (Figure 1.11.1, right panel).

Many countries made substantial progress to control malaria cases and deaths in recent years. Since 2000, malaria cases have been reduced by over 75% in countries including Bangladesh, Cambodia, China, DPR Korea, Malaysia,

Nepal, the Philippines, the Republic of Korea, the Solomon Islands, Sri Lanka and Viet Nam. Based on the recent progress, Lao PDR and Thailand are also expected to achieve this goal by 2015. The mortality was also reduced by over 75% in countries such as Bangladesh, Cambodia, the Lao PDR, the Philippines, the Solomon Islands, Sri Lanka and Thailand between 2000 and 2012. However, the progress has been slow in Papua New Guinea, which has the highest mortality rate (WHO, 2013h).

Successful control was achieved by the national commitment to fight against malaria. In Sri Lanka, for example, the national malaria control programmes include active case detection (including mass screening), compulsory notification of cases within 24 hours using text messaging (SMS), case and focus investigation and quality-assured microscopic diagnosis of cases (WHO, 2013h).

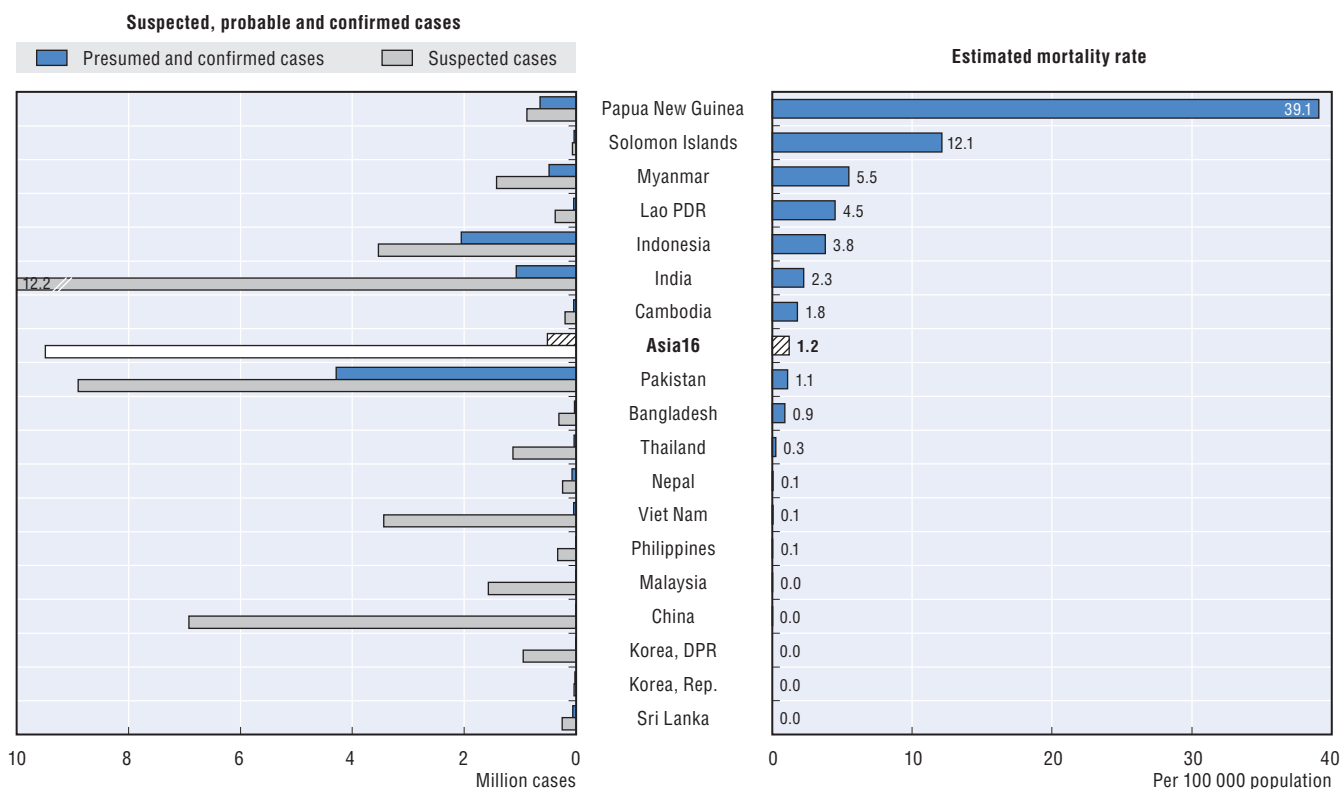
The use of insecticide-treated nets (ITN) by people at risk and indoor residual spraying (IRS) with insecticides are important preventive measures for at-risk populations to avoid mosquito bites, but the coverage is still low in a few countries (Figure 1.11.2). Despite the high prevalence, Pakistan, India and Indonesia had low ITN and IRS coverage, and the Republic of Korea and Viet Nam had not distributed sufficient ITNs or IRS to cover half of the population at high risk in 2012 (WHO, 2013h).

Prompt treatment with artemisinin-based combination therapies could save people with malaria. But China, Indonesia, Papua New Guinea, Pakistan and the Republic of Korea reported delivering insufficient quantities of antimalarial medicines in 2012 (WHO, 2013h) (Figure 1.11.3).

### Definition and comparability

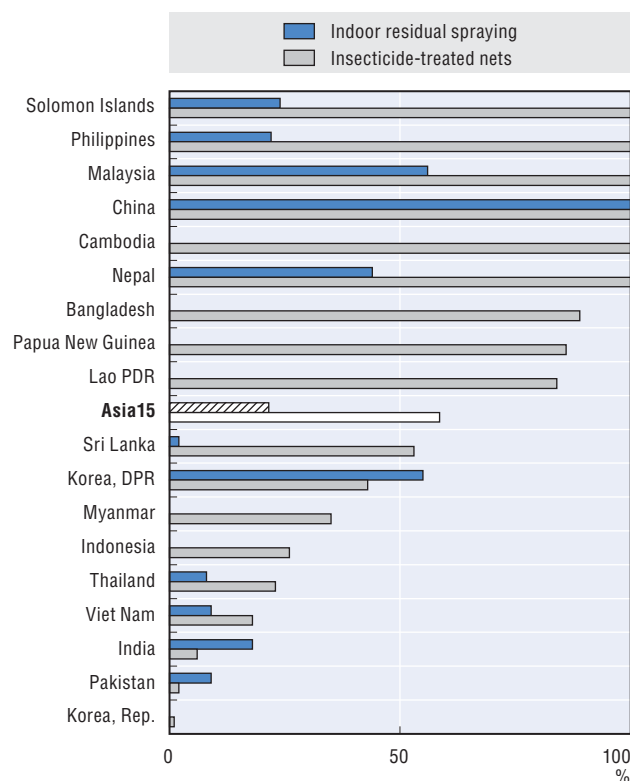
Underreporting of malaria cases and deaths remain a major challenge in countries with inadequate and limited access to health services and weak surveillance systems (WHO, 2008a). The number of deaths were estimated by adjusting the number of reported malaria cases for completeness of reporting, the likelihood that cases are parasite positive, and the extent of health service use.

1.11.1. Malaria cases and deaths, 2012



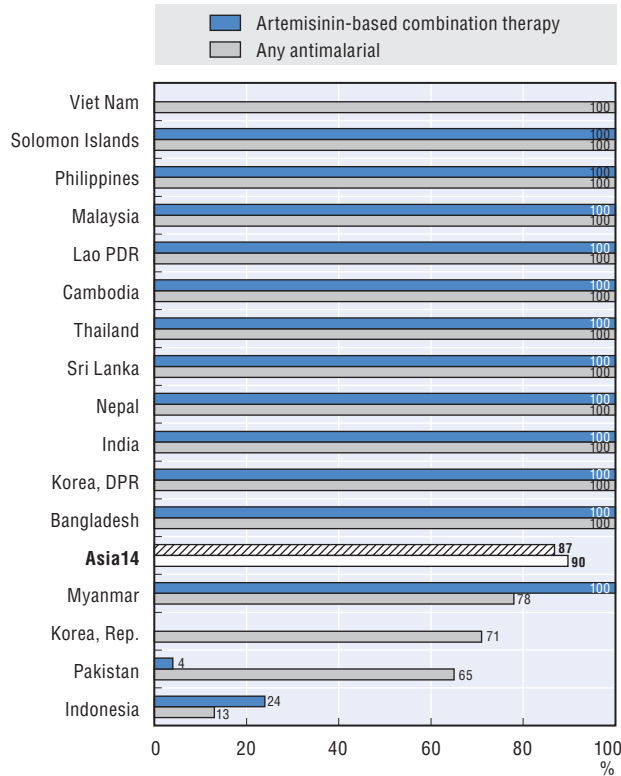
Source: WHO (2013h); WHO GHO 2014.

1.11.2. Malaria prevention, estimated coverage, 2012



Source: WHO (2013h).

1.11.3. Estimated coverage of at-risk persons with malaria control interventions, 2012



Source: WHO (2013h).

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