

**Opening speech of Honorable Union Minister for Health and Sports  
for Asia Pacific Leaders Malaria Alliance (APLMA) Senior Officials’  
Meeting**

**6 December 2017**

**Nay Pi Taw, Myanmar**

Mingalabar!

It is my distinct privilege to deliver the opening remarks at the ‘Third Asia Pacific Leaders Malaria Alliance (APLMA) Senior Officials Meeting’ in this golden land, Myanmar.

Programme staff from the Ministry of Health from Greater Mekong Subregion, colleagues from WHO, UNOPS, APLMA, Public Health Persons from national and international organizations, senior officials from the Ministry of Health and Sports, donors , Ladies and Gentleman.

Our leaders have committed to make the Asia and the pacific free from malaria by 2030 or sooner and this has been reiterated in last month’s 2017 East Asian Summit in manila.

In recent years, countries of the Greater Mekong Subregion (GMS) have accelerated their efforts to prevent, diagnose and treat malaria and are now joining their efforts to achieve malaria elimination by 2030. Region has made impression stride in curbing malaria cases and deaths. The number of malaria cases in the region fell by 86%, with a 47% drop

seen from 2015 to 2016 alone. We are making significant progress towards a common goal: eliminating malaria by the year 2030. Rest assured, our commitment will not be wasted.

We are contributing to 52% of the malaria cases in GMS region and 1% of the malaria cases in the region. We have reported 110,146 cases of malaria and 21 deaths in 2016. Myanmar has reduced the malaria cases by 77% and deaths by 91% in comparison to 2012. I personally appreciate my programme colleagues for this tremendous achievements.

Despite the success that we have achieved, the challenges still remains that can hinder our elimination efforts;

- to eliminate and prevent the emergence and spread of artemisinin resistant malaria parasite in light the resistance situation the region has
- availability of oral artemisinin-based monotherapy, substandard and falsified antimalarial
- mobile and migrant populations which are at risk of the disease, difficult to target due to their mobile nature, language barriers that can fuel transmission
- limited malaria prevention and control in unreached areas and non-government controlled areas,

- common challenges in the prevention and control of outdoor malaria transmission
- sub-optimal engagement of private sectors in malaria elimination efforts
- sub-optimal cross border collaboration and intercountry partnerships

We now urge the countries to join arms (not hands) to address these issues that can make our dream of malaria elimination come true. We have growing antimalarial resistance in our region and there is a persistent threat of spreading the tremors of resistance to global south. If drug-resistant malaria spreads further to the GMS, it will become increasingly difficult to ensure that malaria patients gets cured and this will ruin the efforts of the achievements gained to date.

The region has secured US\$244 million, a generous support from Global Fund for three years (2018-20). Apart from Global Fund, USAID support is acknowledged. WHO also provides a flexible fund to cover the gaps and we really appreciate their support. However, it is important to note that the level of funding beyond 2020 is likely to turn upside down and there is an acute need to raise the domestic funding. We urge governments, partners and donors to draw attention towards this.

The innovative financing mechanisms like, raise funds through corporate social responsibilities, tax from travel and tourism, tax from alcohol and tobacco would be crucial.

“Business as usual” will not work anymore. We need to practice out-of-the-box thinking, and apply innovative approaches in implementing activities of our health care delivery system in including malaria for promoting overall health status of the population at large. We are advocating our leaders to get a reasonably high and sizeable amount of budget for 2018-19 fiscal year. In order to utilize the budget efficiently, we are simultaneously working to make our health care delivery system efficient.

We are also cognizant that there are several instances where funding resources are diverted to areas which are not a priority for the country for that period of time. This fact is especially important for developing countries like ours where resources are limited. Myanmar and GMS countries are no exception.

We have allocated the budget follow the principles and practice of “Good Public Health Ethics”. Malaria will not be left out. The year 2017 has been a year of “technical monitoring of performance of health programs together with efficient handling of budget in the Ministry of Health and Sports (MoHS)”.

The National Health Plan 2017-2021 has been endorsed and already in action. The operational plan is being drafted. The vision of Universal health Coverage- “NO ONE SHOULD BE LEFT BEHIND”- will also benefit malaria at large.

As much as possible, we are going for the electronic or egovernance or e-system of work such as e-health. Our Health information system strategy has been endorsed, HMIS has adopted the DHIS2 platform and numerous workforce has been trained on the platform.

We need a regional thrust from our regional partners to continue the momentum for malaria elimination. We have the Asia Pacific Leaders' Malaria Alliance (APLMA), a high level advocacy body consisting of Asian and Pacific heads of government in place to accelerate progress against malaria and to eliminate the disease in the region by 2030. The Alliance recognizes and complements country efforts led by national governments and large number of existing organizations working to reduce and eliminate malaria. The alliance has recognized 6 priority roadmaps to accelerate progress towards malaria elimination. These will be thoroughly presented and discussed today. The roadmaps are;

- Roadmap 1: Unite national efforts and regional action
- Roadmap 2: map, prevent, test, treat the diseases everywhere
- Roadmap 3: Ensure high quality malaria services and commodities
- Roadmap 4: Improve targeting and efficiency to maximize impact

- Roadmap 5: Mobilize domestic financing and leverage external support and
- Roadmap 6: Innovate to eliminate

We recognize the technical backup provided by WHO. It has its strong presence in the region as Mekong Malaria Elimination Hub based in Cambodia and WHO country Offices in the countries and two regional offices in Manila and India. To unite national efforts, coordination of central agencies engaged in malaria elimination efforts including health, finance, foreign affairs, planning and defence agencies is key in increasing efficiency and effectiveness of such efforts. We also have numerous national and international implementing partners in the country to execute the operational plans for malaria elimination. Some border areas might need joint efforts between civil societies and defence forces to enhance the elimination efforts. We believe that working together, we will achieve more.

I am glad to open this meeting and I expect the meeting will;

- review annual policy and programmatic progress and identify critical success factors through innovative tools and discuss what further intervention and collaboration is needed to progress malaria elimination efforts;

- advocate for financial and programmatic sustainability of malaria and communicable disease programs, and nurture innovations in implementation and financing;
- showcase best practice approaches, share lessons and to discuss future actions;
- identify milestones and critical actions needed and map the successes and challenges for reporting progress to East Asia Summit Leaders in 2020;
- bring together key international and regional stakeholders in malaria, including the World Health Organization, the Global Fund, Asian Development Bank and others for collaborative regional action.

#### In conclusion

- We would like to highlight that through the leaders' commitment, every countries in the region must take ownership and lead its own malaria elimination efforts.
- Regional leaders' have committed to eliminate malaria by 2030. Hence there is a shared commitment from all of us to eliminate malaria from this region. We do not want our generations to blame us on our wrong deed.
- There is an urgent need to eliminate malaria by 2030 in all GMS countries in a collaborative way to address multidrug resistance in the GMS, this is by eliminating *P. falciparum* by 2025. This has

been reflected into the National Malaria Strategic Plans and National Malaria Elimination Plans of the countries in the GMS.

- We are joining arms to eliminate malaria from the region, cross border information sharing is critical.
- Collaborative approach is necessary as GMS nations' exhibits enormous complexity and the malaria is concentrated mainly in remote areas, unreached areas, and areas of conflict.

“Let us work collaboratively with the principle of ONE REGION ONE STRATEGY to ELIMINATE MALARIA”

GMS ministers are signing the Nay Pyi Taw Call for action in the ministerial meeting on 8 December to accelerate malaria elimination in the region. This will be a historical moment for the region.

Wish you good for this meeting.