

2012 DECLARATION OF THE 7TH EAST ASIA SUMMIT ON REGIONAL RESPONSES TO MALARIA CONTROL AND ADDRESSING RESISTANCE TO ANTIMALARIAL MEDICINES

Adopted at Phnom Penh, Cambodia, 20 November 2012

WE, the Heads of State/Government of the Member States of the Association of Southeast Asian Nations (ASEAN), Australia, People's Republic of China, Republic of India, Japan, Republic of Korea, New Zealand, Russian Federation and the United States of America, on the occasion of the 7th East Asia Summit (EAS) held in Phnom Penh, Cambodia, on 20 November 2012:

RECALLING that in 2011 at the 6th East Asia Summit in Bali, leaders committed to expand existing cooperation in avian flu prevention to address broader global health issues and pandemic diseases;

NOTING that resistance to antimalarial medicines (specifically resistance to artemisinin) in the region is an emerging public health threat with significant human costs, potential impact for regional socio-cultural, security and wider economic implications including for trade and tourism;

ACKNOWLEDGING that malaria is a major burden causing significant death and illness in the region;

NOTING that Cambodia, China, Indonesia, Malaysia, Philippines, Republic of Korea, Thailand and Vietnam have declared malaria elimination a national goal;

ACKNOWLEDGING the need to implement integrated approaches to malaria prevention and control through multisectoral collaboration and community responsibility and participation according to the World Health Assembly (WHA) 60.18;

RECOGNISING that although many countries have made significant progress in malaria control and elimination in the last decade in our region, there is still a significant human cost and more concerted action is needed to protect our citizens;

NOTING that resistance to antimalarial medicines is now emerging in the region and that resistance to antimalarial medicines threatens the considerable gains made in malaria control in the region, and its possible spread represents a major threat to national, regional and global malaria control;

ACKNOWLEDGING that further coordinated action is necessary to sustain the gains we have made to date and to contain resistance to antimalarial medicines and that regional cooperation to address resistance of antimalarial medicines has broader application to protect the effectiveness of existing medicines used to combat tuberculosis and other diseases;

ACKNOWLEDGING current World Health Organisation (WHO) estimate of the funding gap for addressing resistance to antimalarial medicines in currently affected countries is approximately USD175 million per year;

RECALLING the outcomes of the ASEAN Health Ministers' Meeting, and the ASEAN+3 Health Ministers' Meeting in July 2012, where it was agreed that resistance to antimalarial medicines is a regional concern;

NOTING the consensus achieved on malaria control and elimination in the Asia-Pacific at the Malaria 2012 conference convened by Australia and the UN Special Envoy for Malaria;

RECOGNISING that success in controlling and eliminating malaria, including in containing resistance to antimalarial medicines, is a national, regional and global responsibility that requires close urgent coordinated efforts among governments, communities and private sector with the active participation of appropriate regional and international organisations;

RECOGNISING that emerging resistance to antimalarial medicines represents a risk to the development of the region and that addressing resistance to antimalarial medicines requires urgent and coordinated action within and between countries, and across the region.

DECLARE THAT we will strengthen the national and regional responses to contain resistance to antimalarial medicines through existing bilateral, regional and multilateral channels by:

1. Reaffirming our political commitment to increase efforts in eliminating malaria in the region;
2. Reaffirming the critical role of ASEAN and ASEAN Health Ministers in leading the response to public health threats in the region including drug resistant malaria as demonstrated at the ASEAN Health Ministers' Meeting in July 2012 and by lending support to the ongoing efforts of the ASEAN Health Ministers to continue to address this issue;
3. Agreeing that a regional commitment to malaria control and elimination requires a comprehensive approach including the promotion of public health issues, prevention, control, and elimination by integrating cross sectoral programmes;
4. Recognising the achievements of the Global Fund to Fight AIDS, Tuberculosis and Malaria in malaria prevention and treatment in the region and calling on the Global Fund to enhance the efforts to contain resistance to anti-malarial medicine with adequate level of investment;
5. Recognising that the EAS could explore ways to assist further with the containment of resistance to antimalarial medicines, including in areas such as financing and improving access to adequate and affordable health care, medical services, and medicines;
6. Recognising the leading role of the WHO in working with countries to develop global and regional technical responses to malaria control and elimination, including resistance to antimalarial medicines;
7. Supporting implementation of the WHO Global Plan for Artemisinin Resistance Containment 2011 and its related operational plans, and noting that the Plan calls for sustained national monitoring of the efficacy of antimalarial medicines to prevent a wider emergence of artemisinin resistance;
8. Agreeing to work together across the region to intensify access to affordable, safe, and effective antimalarial combination treatment, consistent with WHA60.18 which urges Member States, inter alia, to cease progressively the provision of oral artemisinin monotherapies;
9. Agreeing that strong national responses to malaria control and elimination require cross sectoral approaches beyond the health ministries to include areas such as education, finance and immigration and that cross sectoral approaches are critical in addressing resistance to antimalarial medicines given the potential to spread resistance through mobility of people across the region, and in ensuring the sustained quality of antimalarial drugs;

10. Tasking our relevant Ministers or Authorities to keep progress on this matter under regular review and work in close consultations with ASEAN Health Ministers with the support of WHO, with a view to achieving a 75 per cent reduction (from 2000 baseline) in malaria cases and deaths as soon as possible and preferably by 2015 and the containment of resistance to antimalarial medicines.

Adopted in Phnom Penh, Cambodia, on the Twentieth Day of November in the Year Two Thousand and Twelve.