10th Asia Pacific Leaders' Summit on Malaria Elimination

5th June 2026

Vientiane, Lao PDR

SUMMIT REPORT

COMMITTED TO 2030:
REGIONAL ACTION FOR THE LAST MILE

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Hosted by the Government of Lao PDR, in partnership with the Asia Pacific Leaders Malaria Alliance:

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Executive Summary

Hosted by the Government of the Lao People's Democratic Republic in partnership with the Asia Pacific Leaders Malaria Alliance (APLMA), the 10th Asia Pacific Leaders' Summit on Malaria Elimination convened on 5 June 2026 in Vientiane, Lao PDR, bringing together Ministers of Health, senior government officials, development partners, researchers, financing institutions, civil society organizations, and the private sector to reaffirm regional commitment towards achieving malaria elimination by 2030. Under the theme "Committed to 2030: Regional Action for the Last Mile", the successful Leaders' Summit featured warm welcome remarks by H.E. Sonexay Siphandone, Prime Minister of Lao PDR, and H.E. Madame Baykham Khattiya, Minister of Health of Lao PDR, on the progress as well as measures needed to accelerate malaria elimination across the Greater Mekong Subregion (GMS).

This Summit brought together health ministers from Lao PDR and Myanmar, alongside senior representatives from Cambodia, China, France, Japan, Thailand, Timor-Leste and Viet Nam as well as the Asian Development Bank, the Global Fund, and the World Health Organization. National malaria programme directors from five countries in the GMS were also well-represented. Overall, approximately 110 participants attended the Summit, including representatives from academia, regional technical partners, as well as local civil society organizations and partners.

Across three high-level sessions, the event strengthened regional collaboration and facilitated critical discussions on sustainable financing mechanisms across Asia Pacific, as well as the need for differentiated approaches tailored to diverging epidemiological landscape in the GMS. Participants engaged with technical evidence revealing a complex landscape where several countries have made significant progress toward elimination while others face increasing case numbers. The Summit acknowledged that maintaining elimination will depend not only on continued technical excellence, but also on sustained political leadership, domestic ownership, resilient surveillance systems, community-based service delivery, and strong cross-border collaboration. The Summit also drew lessons from malaria-eliminated countries, including China and Timor-Leste, as countries which have successfully demonstrated these principles.

With donor support expected to decline substantially across the GMS over the coming funding cycle, financing emerged as a central theme throughout the Summit. Participants acknowledged that while countries are progressively increasing domestic contributions, critical functions remain vulnerable to funding gaps. Discussions highlighted the need to transition individual malaria functions into broader health systems, leverage innovative financing opportunities, and align malaria investments with wider health security, pandemic preparedness, climate resilience, and primary healthcare agendas.

Key outcomes of the Leaders' Summit included the below regional and national commitments:

Joint Call to Action to Malaria Elimination in the Greater Mekong Subregion

At this year's Summit, health ministers and senior officials in attendance renewed their commitment to eliminate malaria in the subregion through a Joint Call to Action. The Joint Call to Action sets out the need for tailored strategies, sustained political and domestic financial support, stronger partnership, and greater regional accountability to protect hard-won gains. This builds on regional action taken in 2018, when health ministers from six GMS countries signed a joint Ministerial Call for Action at the World Health Assembly to eliminate malaria in response to the growing threat of multidrug-resistant malaria.

Lao PDR Transition and Sustainability Roadmap for Malaria

The Government of Lao PDR officially published its Transition and Sustainability Roadmap for Malaria, outlining a structured pathway for transitioning from externally supported malaria programmes towards domestically-owned malaria programming: a plan that addresses financing, institutional arrangements, health system integration, and the preservation of critical functions.

Lao PDR National Strategic Plan for Malaria Elimination (2026 - 2030)

The Government of Lao PDR also formally launched its National Strategic Plan for Malaria Elimination (2026–2030), which charts Lao PDR's course for the final mile, setting targets, defining strategies, and allocating responsibilities. It reflects the realities of where transmission persists in Lao PDR, and provides a credible, costed pathway to achieving elimination by 2030.

Lao PDR Prevention of Re-establishment Guidelines

The Government of Lao PDR has published its first National Prevention of Re-establishment Guidelines, providing standardized operational guidance for surveillance, case investigation, classification, and rapid response following elimination. The Ministry of Health would be disseminating the guidelines with provinces.

Lao PDR Integrated Roadmap to align malaria programme with TB and HIV responses

The Government of Lao PDR announced that the Ministry of Health is working closely with the WHO to develop a roadmap that will integrate malaria with the other two diseases currently also funded by the Global Fund: TB and HIV. This integrated approach aims to optimize the use of existing resources, and to build the primary health care infrastructure that will outlast any single disease programme.

His Excellency Sonexay Siphandone, Hon. Prime Minister of Lao PDR

Opening Session

Opening Remarks

His Excellency Sonexay Siphandone, Hon. Prime Minister of Lao PDR, welcomed Ministers of Health, government representatives, development partners, researchers, financing institutions, civil society organizations, and private sector representatives to Vientiane for the 10th Asia Pacific Leaders' Summit on Malaria Elimination. He expressed appreciation to APLMA and all partners who contributed to convening the Summit, noting that the breadth of representation reflected the region's shared commitment to eliminating malaria.

Reflecting on the commitments made by Greater Mekong Subregion (GMS) leaders over the past decade, the Prime Minister highlighted the remarkable progress achieved through sustained regional collaboration. Since the signing of the Ministerial Call for Action to Eliminate Malaria in the GMS before 2030 in Geneva in 2018, confirmed malaria cases across the GMS have declined substantially, while countries in the eastern GMS — Cambodia, Lao PDR, and Viet Nam — have reduced malaria cases by approximately 99% over the past decade, with fewer than 300 cases reported collectively in the previous year.

He attributed these achievements not to the efforts of individual countries alone, but to sustained regional cooperation through mechanisms including the Regional Artemisinin-resistance Initiative (RAI), the Regional Steering Committee, and the WHO Mekong Malaria Elimination programme. These initiatives, he noted, demonstrate what can be achieved through coordinated political leadership, technical collaboration, and international partnership.

The Prime Minister reaffirmed Lao PDR's commitment to eliminating malaria by 2030, recognizing that achieving this goal will require more than continued technical implementation. As countries transition towards elimination, greater domestic ownership, sustainable financing, stronger governance, and clear accountability mechanisms will become increasingly important.

Looking ahead, he acknowledged several emerging challenges that threaten continued progress. Climate change is altering malaria transmission patterns, while declining external financing is placing increasing pressure on national malaria programmes. Cross-border transmission remains a persistent vulnerability in an interconnected region, reinforcing that no country can eliminate malaria in isolation. At the same time, conflict, population displacement, and hard-to-reach communities continue to place the region's most vulnerable populations — including women, children, and mobile populations — at continued risk.

The Prime Minister emphasized that the Summit represented an opportunity not only to review progress but also to translate regional achievements into coordinated action and renewed political commitment. He encouraged participants to engage openly throughout the discussions and thanked APLMA, WHO, the Global Fund, bilateral partners, development agencies, and the private sector for their continued support. Declaring the Summit officially open, he expressed confidence that participants would leave with renewed political commitment and a shared regional plan to complete the final mile towards malaria elimination.

Welcome Remarks

Her Excellency Madame Baykham Khattiya, Hon. Minister of Health of Lao PDR, followed with a striking illustration of her country's transformation. In 1997, Lao PDR recorded nearly 460,000 malaria cases, a disease woven into daily life for millions, particularly forest-goers, border communities, and those living in remote areas.

Her Excellency Madame Baykham Khattiya, Hon. Minister of Health of Lao PDR

In 2025, the country recorded fewer than 300 confirmed cases. She attributed this to deliberate, sustained action: scaled-up distribution of long-lasting insecticide-treated nets, trained village health volunteers reaching communities beyond the formal health system, expanded rapid diagnostic testing and artemisinin-based combination therapy at community level, and strengthened surveillance to ensure every case is found, investigated, and treated. She expressed gratitude to partners including the Global Fund, WHO, APLMA, and bilateral donors whose technical and financial support made these achievements possible. Looking ahead, she was clear-eyed that the task now shifts from reducing cases to sustaining gains. Minister Khattiya called on all delegates to engage frankly and substantively in the Summit's three sessions, noting that the quality of collective outcomes depends on the depth of dialogue in the room.

Guest Remarks

His Excellency Professor Thet Khaing Win, Union Minister for Health, Myanmar, reflected on a malaria journey that captures both the promise and the fragility of regional progress. Between 2012 and 2020, Myanmar recorded an 84% reduction in malaria cases and a 96% fall in deaths. Since 2021, however, gains have eroded due to COVID-19, conflict, and restricted healthcare access in remote and border areas, a stark reminder that elimination gains are never self-sustaining. The funding outlook compounds the challenge. Myanmar's Global Fund RAI allocation for 2027–2029 has been set at US$19.73 million, roughly 55% lower than the previous cycle, demanding rigorous and evidence-based prioritization around the highest-impact interventions: diagnosis and treatment, community-based delivery, surveillance, and services for mobile, migrant, and forest-going populations. Myanmar is responding with stronger domestic co-financing commitments and a phased, differentiated approach suited to its unique epidemiological context. His central message to regional partners was direct: sustaining malaria services in high-burden border areas is not just a national priority but a critical contribution to regional health security, and cross-border collaboration, harmonized surveillance, and sustained partner alignment remain indispensable to the shared 2030 goal.

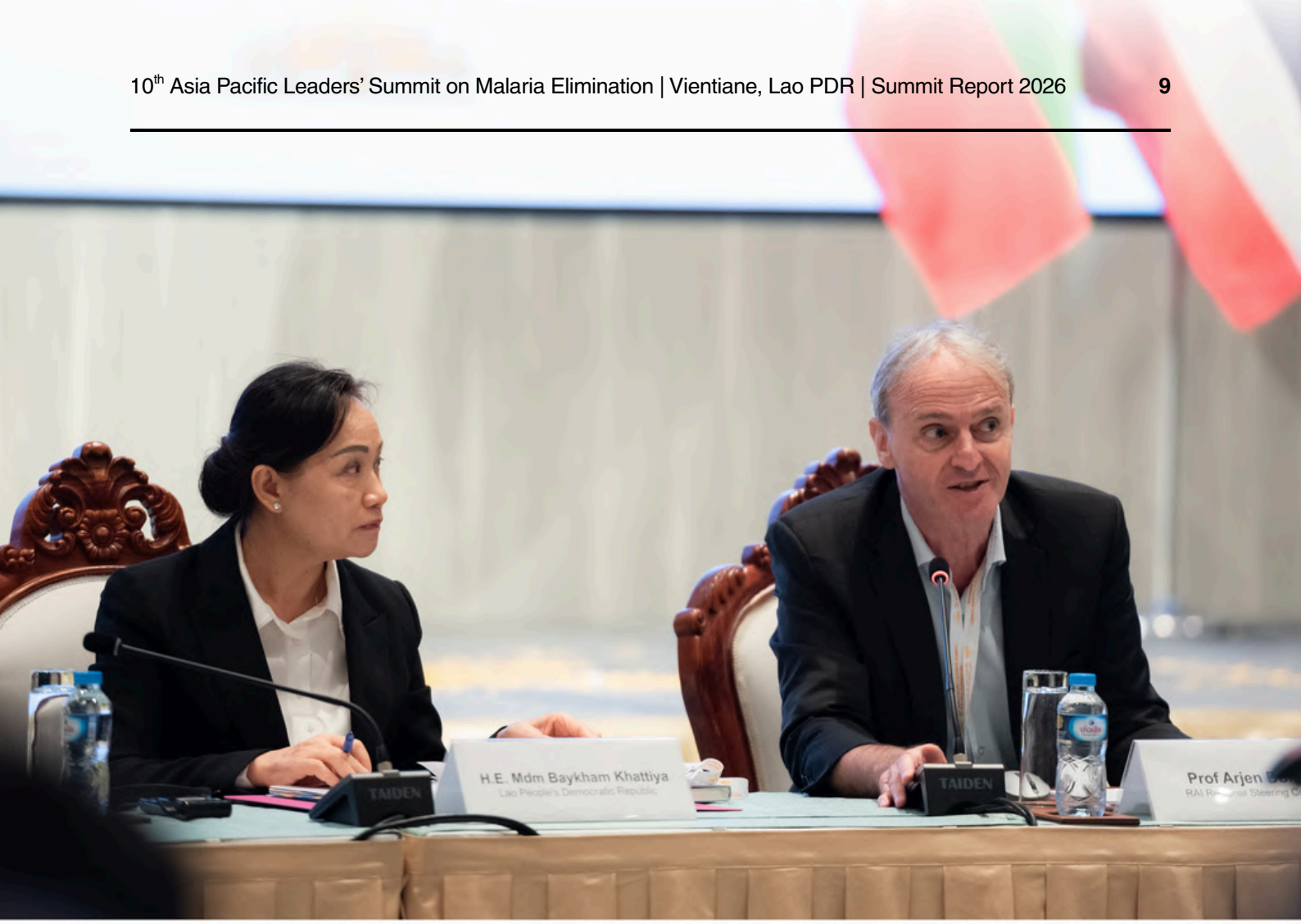
His Excellency Professor Thet Khaing Win, Union Minister for Health, Myanmar

Dr. Sarthak Das, Chief Executive Officer, Asia Pacific Leaders Malaria Alliance, opened with the symbolism of the early monsoon rains, the season that nourishes the land and also brings the return of malaria transmission. He grounded the Summit's urgency in two cautionary lessons from history. In 1963, Sri Lanka stood at just 17 malaria cases. Surveillance relaxed, spraying stopped, and funding fell away. Within four years, the country was recording 1.5 million infections, spending the next four decades climbing back before finally achieving malaria-free certification in 2016.

In 1993, Korea saw a single vivax malaria case emerge, growing to over 4,000 by 2000. Korea had declared itself malaria-free in 1979 and more than 30 years later has still not reclaimed that status. Dr. Das's message was unambiguous: 17 is not zero. One is not zero. There is no substitute for zero. Against a backdrop of shifting climate, ecology, geopolitics, and financing, the GMS's gains remain acutely fragile. He also elevated the global stakes, noting that multidrug-resistant malaria has historically originated in this region and spread westward, meaning that eliminating it here is not a regional act alone but a defense of the medicines keeping the rest of the world alive. The political will gathered in the room, he concluded, offers a beacon to regions like Papua New Guinea and sub-Saharan Africa still bearing the heaviest burden, and must now be converted into living reality.

Across all four speakers, the overarching message was one of fragile progress at a decisive moment. Decades of regional collaboration have delivered extraordinary results, but declining donor financing, multidrug resistance, climate change, conflict, and cross-border transmission mean that gains can unravel rapidly, as history has plainly shown. Political commitment must now be urgently converted into domestic ownership, rigorous prioritization, and coordinated regional action. Reaching zero and staying there demands differentiated strategies suited to diverse epidemiological contexts, sustained investment in community-based systems and surveillance, and a shared recognition that eliminating malaria in this region is not just a development imperative but a global health security obligation.

Dr. Sarthak Das, Chief Executive Officer, Asia Pacific Leaders Malaria Alliance



(L-R) Her Excellency Madame Baykham Khattiya, Hon. Minister of Health of Lao PDR; Professor Arjen Dondorp, Chair, Regional Steering Committee for the RAI

Session One: High-level Roundtable: Celebrating Progress and Acknowledging the Need for a Differentiated Approach

This opening roundtable brought together Ministers of Health, senior government representatives, technical experts, and regional partners to review progress towards malaria elimination across the Greater Mekong Subregion and discuss the policy priorities required to reach and sustain elimination by 2030. While recognizing the extraordinary reductions in malaria achieved over the past decade, participants acknowledged that the epidemiological landscape has diverged considerably across the region. Countries in the eastern GMS are entering the final stages of elimination and preparing for prevention of re-establishment, while Myanmar and border areas of western GMS continue to face ongoing transmission driven by conflict, population mobility, and complex operational challenges.

Chaired by **H.E. Madame Baykham Khattiya, Minister of Health, Lao PDR** and moderated by **Professor Arjen Dondorp, Chair, Regional Steering Committee for the Regional Artemisinin-resistance Initiative (RAI),** country representatives and invited partners provided remarks on the progress and key priorities for the region moving forward. Participating country representatives and partners were:

- H.E. Dr. Phayvanh Keopaseuth, Vice Minister of Health, Lao PDR
- H.E. Professor Thet Khaing Win, Union Minister of Health, Myanmar
- Dr. Yong Zhang, Deputy Administrator, National Disease Control and Prevention Administration, People's Republic of China
- H.E. Dr. Lo Veasnakiry, Secretary of State, Ministry of Health, Cambodia
- Dr. Cheewanan Lertpiriyasuwat, Medical Officer (Advisory Level), Ministry of Public Health, Thailand
- Dr. Hoang Dinh Canh, Director, National Institute of Malariology, Parasitology and Entomology, Viet Nam
- Dr. Suman Rijal, Director, Department of Health Promotion, Disease Prevention and Control, WHO Regional Office for South-East Asia
- Professor Richard Maude, Head of the Epidemiology Department, Mahidol Oxford Tropical Medicine Research Unit
- Mr. Shreehari Acharya, Programme Manager, CSO Platform

Remarks from the Moderator

Professor Arjen Dondorp, Chair, Regional Steering Committee for the RAI, opened the discussion by reflecting on the origins of the regional malaria elimination effort, tracing it back to the emergence of artemisinin resistance and declining efficacy of artemisinin-based combination therapies (ACTs) across the GMS. He recalled that early evidence of delayed parasite clearance prompted concerns that resistance to partner drugs would inevitably follow, creating an urgent need for coordinated regional action. This threat catalyzed an unprecedented regional response, supported by governments, WHO, the Global Fund, academia, civil society, and development partners. The RAI and its Regional Steering Committee (RSC) were established to coordinate investments and ensure resources were directed towards the interventions most critical for eliminating Plasmodium falciparum malaria and containing drug resistance.

Professor Dondorp emphasized that one of the defining strengths of the regional response has been its inclusive governance model. The RSC has brought together governments, technical partners, donors, civil society organizations, academia, ASEAN, APLMA, and WHO to jointly guide regional priorities through transparent, evidence-based decision-making. He also highlighted the central contribution of village malaria worker networks, which expanded to approximately 35,000 workers across the GMS and became the foundation of malaria service delivery in remote communities. As countries approach elimination, however, he stressed that these networks should not be dismantled but instead transitioned into broader community health worker models capable of delivering integrated primary healthcare services while maintaining malaria surveillance and response capacity.

Looking ahead, Professor Dondorp noted that the region now faces two distinct challenges requiring differentiated approaches. In the eastern GMS, where malaria transmission has fallen dramatically, maintaining surveillance systems, community health infrastructure, and prevention of re-establishment capacities will be critical. Conversely, western GMS countries continue to contend with increasing malaria transmission associated with insecurity, population movement, and border areas, requiring sustained investments in burden reduction, surveillance, and monitoring of antimalarial drug efficacy.

Throughout the discussion, Professor Dondorp repeatedly emphasized that maintaining cross-border collaboration, preserving regional coordination mechanisms, and safeguarding the institutional architecture established through the RAI would be as important as replacing the financial resources provided through the initiative.

Country Remarks

Security, population mobility, and border transmission remain Myanmar's greatest challenges. **H.E. Professor Thet Khaing Win, Union Minister of Health, Myanmar**, explained that Myanmar's malaria epidemiology differs substantially from that of countries nearing elimination. While significant progress has been achieved nationally, malaria transmission has become increasingly concentrated in insecure border areas where conflict and highly mobile populations continue to complicate service delivery. He noted that security remains the principal constraint affecting programme implementation, making it difficult for health workers to consistently reach affected communities. Population movement across porous international borders further increases the complexity of surveillance, diagnosis, and treatment, requiring strengthened mechanisms for tracking mobile populations and preventing onward transmission.

While acknowledging concerns regarding antimalarial drug resistance across the region, Professor Thet Khaing Win indicated that Myanmar has not observed widespread evidence of significant resistance within its current programme. Instead, Plasmodium vivax now represents a larger proportion of reported malaria cases, presenting new challenges for elimination efforts. Despite ongoing operational difficulties, he reaffirmed Myanmar's commitment to containing transmission within affected border areas, strengthening surveillance systems, and collaborating with neighbouring countries to minimize cross-border spread.

H.E. Professor Thet Khaing Win, Union Minister of Health, Myanmar

Dr. Yong Zhang, Deputy Administrator, National Disease Control and Prevention Administration, People's Republic of China, reflected on China's own malaria elimination journey, describing how the country reduced an annual malaria burden of approximately 30 million cases in the mid-twentieth century to achieving WHO malaria-free certification in 2021 through sustained political commitment, scientific innovation, and broad public participation. Although China has eliminated indigenous malaria transmission, he emphasized that imported malaria remains an ongoing challenge, particularly in Yunnan Province, where cross-border movement from Myanmar continues to present risks for re-establishment. Maintaining elimination therefore requires continuous vigilance, strong surveillance systems, and close collaboration with neighbouring countries.

Dr. Zhang outlined several priorities for strengthening regional cooperation. These included expanding integrated cross-border surveillance systems, establishing mechanisms for timely case reporting and feedback between countries, strengthening joint health education campaigns targeting migrant and mobile populations, developing regional networks to monitor antimalarial drug sensitivity, and continuing technical capacity building across the GMS. He highlighted China's willingness to continue sharing technical expertise, including implementation of the 1-3-7 surveillance and response strategy, laboratory strengthening, operational research, and cross-border prevention approaches. He also stressed that sustained international investment and stronger partnerships among governments, WHO, the Global Fund, and development partners remain essential to protecting regional gains.

Dr. Yong Zhang, Deputy Administrator, National Disease Control and Prevention Administration, People's Republic of China

H.E. Dr. Lo Veasnakiry, Secretary of State, Ministry of Health, Cambodia, described Cambodia's remarkable progress towards malaria elimination, noting that the country has reduced malaria cases from approximately 170,000 annually in the late 1990s to just over 100 cases in 2025. Importantly, Cambodia reported no locally acquired malaria cases during 2025, marking a major milestone in its elimination journey.

He attributed this achievement to sustained political commitment, strong national leadership, frontline health workers, and long-standing support from regional and international partners. Cambodia's experience, he noted, demonstrates that even countries once at the epicentre of multidrug-resistant malaria can successfully achieve elimination through coordinated investment and evidence-based programming.

As Cambodia transitions into the prevention of re-establishment phase, Dr. Lo Veasnakiry explained that the country's priorities are evolving. Alongside maintaining surveillance and rapid response systems, Cambodia is implementing a new National Strategic Plan for 2026–2035 to guide prevention of re-establishment, strengthen health financing arrangements, and integrate malaria activities more sustainably within broader health systems.

He emphasized that cross-border collaboration with Lao PDR and Viet Nam will remain essential, particularly in border areas where imported malaria continues to pose risks. Looking ahead, he called for sustained domestic financing, continued regional cooperation, community empowerment, and local adaptation of elimination strategies to ensure that recent achievements are protected.

H.E. Dr. Lo Veasnakiry, Secretary of State, Ministry of Health, Cambodia

Dr. Cheewanan Lertpiriyasuwat, Medical Officer (Advisory Level), Department of Disease Control, Ministry of Public Health, Thailand, reaffirmed Thailand's commitment to eliminating malaria, noting that 51 provinces have already achieved malaria-free status. However, she emphasized that the country's remaining burden is now highly concentrated, with approximately 90% of cases occurring in eight provinces along the border with Myanmar. Thailand has established ambitious national targets of eliminating Plasmodium falciparum malaria by 2028 and interrupting indigenous transmission of all malaria species by 2030. Achieving these goals, however, will require navigating an increasingly challenging financing environment.

Dr. Cheewanan noted that Thailand's forthcoming Global Fund allocation of US$5 million represents approximately one-third of current support and is expected to be the country's final Global Fund malaria grant. In response, Thailand has committed more than US$43 million in domestic financing to maintain universal malaria programme coverage. Nevertheless, she acknowledged that important financing gaps remain, particularly for interventions targeting undocumented migrants and displaced populations, who account for more than half of Thailand's remaining malaria burden but are largely excluded from domestic health insurance schemes.

Dr. Cheewanan further highlighted strengthened government-to-government collaboration with Myanmar as a priority for improving cross-border surveillance and response. She also noted that decentralization requires stronger coordination across national and subnational levels to ensure programme continuity during transition. She concluded by calling on regional and international partners to provide catalytic financing to bridge remaining funding gaps and sustain technical support for innovation during the final phase of elimination.

Dr. Cheewanan Lertpiriyasuwat, Medical Officer (Advisory Level), Department of Disease Control, Ministry of Public Health, Thailand

Dr. Hoang Dinh Canh, Director, National Institute of Malariology, Parasitology and Entomology, Viet Nam, described Viet Nam's substantial progress towards malaria elimination, reporting a 98% reduction in malaria cases between 2014 and 2024. The country recorded only 246 malaria cases in 2025, with remaining transmission largely confined to districts bordering Lao PDR and driven by mobile populations. He outlined Viet Nam's phased elimination roadmap, under which four provinces will eliminate in 2027, two provinces will eliminate in 2028, and three provinces in 2029.

While describing these goals as achievable, Dr. Hoang acknowledged that the final stages will be increasingly challenging as the Global Fund support of approximately US$7.5 million for the 2027–2029 funding cycle is a reduction of nearly 50%, as compared to the previous cycle. Elimination activities have been incorporated into the country's Global Fund Grant Cycle 8 funding request; however, reductions have left a remaining funding gap of approximately US$1.3 million.

Dr. Hoang identified several strategic priorities for the coming years. First, cross-border collaboration between Lao PDR, Cambodia, and Viet Nam must be strengthened, including timely sharing of surveillance data for mobile and migrant populations. Cross-border platforms will remain key, especially during outbreaks. He suggested the three countries should harmonize and implement a coordinated subnational implementation model integrated with border security.

He noted the need for strong monitoring and evaluation, including on the implementation of prevention of re-establishment (POR) activities, sustained surveillance and research on antimalarial drug resistance, catalytic financing for cross-border collaboration, transition planning and integration of services away from a vertical programme model, and technical support for WHO certification, including from partners such as the Clinton Health Access Initiative (CHAI) and PATH.

Dr. Hoang Dinh Canh, Director, National Institute of Malariology, Parasitology and Entomology, Viet Nam

H.E. Dr. Phayvanh Keopaseuth, Vice Minister of Health, Lao PDR, highlighted Lao PDR's achievement of reducing indigenous malaria cases by more than 99% over the past decade through sustained collaboration with regional and international partners. He noted that malaria transmission has become increasingly localized, with remaining cases concentrated in remote forested border areas.

Dr. Phayvanh announced four major policy milestones that collectively represent Lao PDR's roadmap for the final phase of malaria elimination. The Ministry of Health is formally launching the country's Transition and Sustainability Roadmap for Malaria, outlining strategies to transition from externally supported programming to greater domestic ownership while preserving critical malaria functions. Lao PDR is also launching its National Strategic Plan for Malaria Elimination (2026–2030), establishing priorities, responsibilities, implementation strategies, and accountability mechanisms for achieving elimination. Recognizing the importance of sustaining elimination, Dr. Phayvanh also announced the publication of Lao PDR's first national Prevention of Re-establishment Guidelines, providing operational protocols for surveillance, investigation, and rapid response following elimination. Finally, he announced that the Ministry is working with WHO to develop a roadmap integrating malaria, tuberculosis, and HIV programmes to improve programme efficiency under constrained financing. He described these four documents as Lao PDR's strongest statement yet of national commitment, transparency, and accountability, while inviting regional partners to view them as practical models for shared learning across the Greater Mekong Subregion.

H.E. Dr. Phayvanh Keopaseuth, Vice Minister of Health, Lao PDR

Partner Remarks

Dr. Suman Rijal, Director, Department of Health Promotion, Disease Prevention and Control, WHO Regional Office for South-East Asia, described what he termed the "last mile paradox" of malaria elimination. As malaria burden declines and countries approach certification, securing political attention and financial investment often becomes more difficult precisely when maintaining intensive surveillance and response systems becomes most important.

He warned that many countries in the region continue to depend heavily on external financing and that declining donor support risks reversing a decade of hard-won gains. Rather than viewing malaria investment solely through the lens of disease burden, he argued that preventing resurgence represents a sound economic investment that protects previous development gains. Dr. Suman also emphasized that interventions should become increasingly targeted as transmission declines, recognizing that approaches appropriate in one setting may not be effective elsewhere. He called for clearer coordination among governments, WHO, implementing partners, civil society organizations, and donors to maximize efficiency and ensure complementary roles.

Dr. Rijal concluded with three priorities for regional partners: sustaining financing through 2030, maintaining malaria as a political priority despite declining case numbers, and strengthening coordination across the regional malaria partnership.

Dr. Suman Rijal, Director, Department of Health Promotion, Disease Prevention and Control, WHO Regional Office for South-East Asia

Professor Richard Maude, Head of the Epidemiology Department, Mahidol Oxford Tropical Medicine Research Unit, presented findings from a regional policy review examining opportunities to strengthen cross-border collaboration for malaria elimination. Drawing on literature reviews, national strategic plans, key informant interviews, and regional consultations, he outlined six policy recommendations and five actions for GMS stakeholders aimed at improving coordination between neighbouring countries.

In terms of policy, Professor Maude recommended that cross-border collaboration must be institutionalized into routine programmatic function beyond ad-hoc projects; that malaria surveillance data should be shared routinely and reciprocally; that subnational and frontline capacity must be strengthened; that flexible and sustainable financing must be secured for border malaria initiatives; that malaria should be integrated into broader health and surveillance systems; and that regional and neutral convening platforms should be strengthened to support coordination.

He called on Ministers of Health to champion border malaria as a national and regional priority and establish multisectoral coordination mechanisms; national malaria programmes to embed cross-border malaria collaboration, focal points and joint reviews within national malaria strategies and plans; regional partners (APLMA, APMEN, WHO) to establish a sustainable platform for regular dialogue, data sharing and technical cooperation for the Western GMS and neighbouring countries including Thailand, Myanmar, Bangladesh and China; communities and frontline services to strengthen community engagement, trust and access to malaria services in border areas; and funders and development partners to support sustainable financing for border malaria through domestic resource mobilization, joint initiatives and health security, climate and One Health funding mechanisms.

Professor Richard Maude, Head of the Epidemiology Department, Mahidol Oxford Tropical Medicine Research Unit

Mr. Shreehari Acharya, Programme Manager, CSO Platform, shared the importance of civil society organizations and community support for burden reduction. Over 35,000 community health volunteers have supported local health responses, funded through RAI. Communities and CSOs have also played key roles in supporting 1-3-7 surveillance, Plasmodium vivax management, routine bed net distribution, and reporting. In the "last mile" of elimination, he stressed that communities and CSOs can provide crucial support in outreach and referrals, reactive case detection and accelerator activities such as targeted drug administration and mass drug administration, and support for distributing targeted personal protection and tailored social and behaviour change communication in ethnic, local, and migrant languages.

He emphasized that achieving total elimination relies entirely on sustained, collaborative ecosystems, knowledge and expertise of local communities. Community-led data and integrated services at the primary healthcare level can support sustain malaria elimination and POR, and partnerships between communities, community-based organizations, NGOs, and government bodies at the subnational levels remain crucial.

Mr. Shreehari Acharya, Programme Manager, CSO Platform

Moderated discussion

Following the invited remarks, Professor Arjen Dondorp led a discussion exploring country commitments to sustaining the institutional architecture that has underpinned regional malaria elimination.

Dr. Huy Rekol, Director of the National Center for Parasitology, Entomology and Malaria Control (CNM), Cambodia highlighted the importance of maintaining strong district- and community-level cross-border collaboration. Dr. Rekol described long-standing communication channels between neighbouring districts and villages in Cambodia and Lao PDR as critical to rapid information sharing and coordinated responses, while also emphasizing the growing role of civil society organizations in facilitating cooperation across borders. He emphasized the need to strengthen operational research and ensure research activities increasingly generate practical programme improvements that directly support elimination and prevention of re-establishment.

Dr. Phayvanh Keopaseuth reaffirmed that operationalization of the newly finalized Lao PDR Prevention of Re-establishment Guidelines is the key commitment and priority for the country as it advances towards malaria elimination. Mr. Shreehari Acharya reinforced this message, emphasizing that POR must remain community-centred and integrated with other primary healthcare services to maintain community trust and demand for care.

Dr. Than Naing Soe, Deputy Director of the National Malaria Control Programme, Myanmar, reiterated that, despite continuing conflict in some areas, the country remains committed to protecting gains in areas nearing elimination while pursuing every opportunity to strengthen collaboration and intensify malaria control where access permits.

Discussion also touched on sustaining community health worker networks as countries transition towards elimination. Professor Dondorp noted that the village malaria worker model has been instrumental in reducing malaria transmission across the region and argued that these networks should be integrated into broader primary healthcare systems rather than dismantled as malaria declines.

Finally, the discussion turned to the future and legacy of RAI. **Dr. Christoph Benn, Director, JLI Center for Global Health Diplomacy and Chair, APLMA Board of Directors,** reflected that the greatest legacy of RAI lies not simply in the funding it mobilized, but in the collaborative principles it established.

He argued that while financial resources can be replaced through domestic investment and new partners, the multi-stakeholder governance model, regional coordination mechanisms, and inclusion of civil society should be preserved as countries move beyond donor-supported programming. Professor Arjen Dondorp concurred, while noting growing international interest in adapting lessons from the GMS for malaria elimination efforts in Africa.

Signing of the Joint Call to Action to Malaria Elimination in the GMS

In the spirit of the discussion — reflecting both the progress achieved and the challenges that remain across the GMS, and the shared recognition that regional solidarity and coordinated action are essential to reaching a malaria-free subregion — Dr. Viengsavanh Kittiphong, Deputy Director, Communicable Disease Control, Ministry of Health, Lao PDR, invited senior officials from the six GMS governments on stage to sign the Joint Call to Action to Malaria Elimination in the Greater Mekong Subregion (Annex 1).

The Joint Call to Action reaffirms the region's commitment to a malaria-free Asia Pacific by 2030 and recalls the Ministerial Call for Action to Eliminate Malaria in the GMS, signed in Geneva in 2018. It sets out differentiated commitments for countries and areas approaching elimination, alongside commitments for countries and areas with moderate malaria burden to reinvigorate control efforts and strengthen cross-border collaboration and surveillance. Collectively, all six governments committed to reaffirm regional accountability, transparently monitor and report on progress, and position malaria elimination within the broader regional health security and pandemic preparedness agenda.

The Joint Call to Action was signed by Dr. Lo Veasnakiry, Secretary of State, Ministry of Health, Cambodia; Dr. Zhang Yong, Deputy Administrator, National Disease Control and Prevention Administration, China; Her Excellency Madame Baykham Khattiya, Minister of Health, Lao PDR; His Excellency Professor Thet Khaing Win, Union Minister for Health, Myanmar; and Dr. Cheewanan Lertpiriyasuwat, Medical Physician, Advisory Level, Ministry of Public Health, Thailand. Viet Nam was represented on stage by Dr. Hoang Dinh Canh, Director, National Institute of Malariology, Parasitology and Entomology; Viet Nam's official signature will be added following the Summit once formal approval has been granted.

(L-R) Dr. Guoding Zhu, Head, Department of Vector-borne Diseases, Jiangsu Institute of Parasitic Diseases, China; Dr. Phonepadith Xangsayarath, Director General, Department of Communicable Disease Control, Lao PDR; Professor Gao Qi, Chair, National Malaria Expert Committee, China and Member, APLMA Board of Directors; Dr. James Kelley, Team Lead, Malaria & Arboviruses, WHO Western Pacific Regional Office; Acting Coordinator, WHO Mekong Malaria Elimination (MME) Programme; Mr. Raul Sarmento, National Malaria Programme Manager, Timor-Leste

Session Two: Lessons Learned from Malaria-Eliminated Countries: Transition, Prevention of Re-establishment, and Multisectoral Coordination

The second session, chaired by **Professor Gao Qi, Chair, National Malaria Expert Committee, China and Member, APLMA Board of Directors,** and moderated by **Dr. Phonepadith Xangsayarath, Director General, Department of Communicable Disease Control, Lao PDR,** shifted the discussion from achieving malaria elimination to sustaining it. Drawing on the experiences of China, which was certified malaria-free in 2021, Timor-Leste, certified in 2025, and the World Health Organization, the fireside discussion explored how countries can successfully transition into POR. Panellists reflected on maintaining political commitment, sustaining surveillance and technical capacity, financing essential malaria functions after donor transition, and managing continuing risks associated with imported malaria and population mobility. Panellists were:

- Dr. Guoding Zhu, Head, Department of Vector-borne Diseases, Jiangsu Institute of Parasitic Diseases, China
- Mr. Raul Sarmento, National Malaria Programme Manager, Timor-Leste
- Dr. James Kelley, Team Lead, Malaria & Arboviruses, WHO Western Pacific Regional Office; Acting Coordinator, WHO Mekong Malaria Elimination (MME) Programme

Remarks from the Session Chair

Professor Gao Qi, Chair, National Malaria Expert Committee, China, opened the session by reflecting on five types of considerations countries must address when moving towards POR, including how to sustain political commitment; how to mobilize financial support from domestic sources; how to ensure multisectoral cooperation, especially for imported cases; how to continue capacity building, especially in light of new innovations and new challenges; and how to strengthen implementation of key technical interventions.

Remarks from the Moderator

Dr. Phonepadith Xangsayarath, Director General, Department of Communicable Disease Control, Lao PDR, framed the discussion by emphasizing that while the GMS is quickly approaching malaria elimination and malaria-free certification, elimination does not equate to zero risk. He noted that as GMS countries transition from control to elimination and into the POR phase, they face a distinct set of challenges. Dr. Xangsayarath called on the panellists for the fireside discussion to distil practical lessons for the GMS countries rapidly progressing toward elimination, including concrete insights on sustaining political commitment and domestic financing post-elimination, approaches for maintaining essential technical capacity during and after transition, and actionable lessons for implementing POR and transition strategies.

Dr. Phonepadith Xangsayarath, Director General, Department of Communicable Disease Control, Lao PDR

Elimination Journey and WHO Certification

Certification reflects the strength of national systems rather than the absence of malaria alone

Dr. James Kelley, Team Lead, Malaria & Arboviruses, WHO Western Pacific Regional Office, opened the discussion by explaining that WHO malaria-free certification is not simply awarded after three consecutive years without indigenous malaria transmission, but is based on a comprehensive assessment of a country's ability to detect, investigate, classify, and respond to every malaria case. Certification requires evidence that surveillance systems remain highly sensitive, laboratory networks are functioning effectively, programme governance is strong, and imported malaria can be rapidly identified and contained before local transmission occurs.

He emphasized that countries should begin preparing for certification well before reaching zero indigenous cases by strengthening operational systems rather than focusing solely on documentation. The certification process, he noted, provides an opportunity to evaluate whether the systems required to sustain elimination have already been institutionalized.

Mr. Raul Sarmento, National Malaria Programme Manager, Timor-Leste, described Timor-Leste's elimination journey as one characterized by persistence rather than a straightforward progression towards certification. The environmental conditions in Timor-Leste are very suitable for malaria transmission. By 2018, Timor-Leste reported no indigenous cases and prepared to undergo the certification process. However, in 2020, an outbreak in a district bordering Indonesia led the country to postpone the process. In 2021, the country successfully interrupted local transmission. In 2024, a team from WHO arrived to evaluate the country's systems and capacities, reviewing ten years of documentation from national to village levels, and undertaking field visits. In July 2025, the Timor-Leste was successfully certified as malaria-free.

Dr. Guoding Zhu, Jiangsu Institute of Parasitic Diseases, China, reflected on China's long pathway to malaria elimination, describing how decades of sustained government commitment transformed a country that once recorded millions of malaria cases annually into one certified malaria-free by WHO in 2021.

Dr. Guoding Zhu, Jiangsu Institute of Parasitic Diseases, China

He noted that China began to consolidate gains in malaria control in the 2000s, before launching the National Malaria Elimination Action Plan in 2010. After reporting the last indigenous case in 2017, China applied for malaria-free certification in 2020 and received certification in 2021. However, this process was not without its challenges; he noted that there was a decline in attention from government departments as malaria was removed the list of major infectious diseases; the funding mechanism for malaria changed as it was incorporated with other infectious diseases; the clinical diagnosis capacity of medical professionals and the malaria prevention awareness among public health professionals decreased; and the malaria control workforce was reduced.

Dr. Zhu noted that it became very important that political commitment to elimination must be ensured at every administrative level, supported by sustained funding, a maintained workforce, and continued monitoring of response to imported cases.

Prevention of Re-establishment

Dr. Guoding Zhu outlined the technical capacities China considers essential during the POR phase. These include quality-assured laboratory testing — both RDT and microscopy — to confirm true cases and identify the infecting species, with microscopy playing a particularly important quality control role. Equally critical is entomological surveillance to determine the dominant local vector, its biting behaviour (zoophilic versus anthropophilic), and any shifts linked to ecological or environmental change, alongside ongoing monitoring of insecticide sensitivity to inform vector-control decisions. Dr. Zhu noted that chemical control alone is insufficient, pointing to China's collaboration with the Gates Foundation to develop new technologies targeting outdoor biting mosquitoes.

Dr. Zhu also noted that China has maintained a sensitive and rapid malaria surveillance, and has established a three-tier foci classification system — areas with potential for possible transmission, areas where transmission is not possible, or areas where transmission has already occurred — which allows interventions to be tailored accordingly. China has also maintained a malaria laboratory testing network, alongside a quality control system of laboratories at medical institutions.

Dr. Zhu emphasized that for sustainability, integrating malaria functions into broader infectious disease and public health systems has allowed China to retain technical capacity despite declining case numbers and the end of Global Fund support. Malaria remains a statutory Category B infectious disease in China, meaning imported cases must still be managed in accordance with the law even in the absence of indigenous transmission. This legal status has helped preserve institutional attention. The professional workforce has been sustained by folding malaria control into other infectious disease control and public health functions, supported by multi-level training and regular competitions to keep diagnostic and response skills current among medical professionals. Dr. Zhu noted that after Global Fund support was discontinued in 2012, such that budgeting for malaria elimination had to be incorporated into local government financial plans, the government began drawing on the basic public health service programme to help cover elimination-related costs in both community and urban settings.

Mr. Raul Sarmento described how early detection is safeguarded by ensuring health facilities are equipped with RDTs and microscopy, supported by trained laboratory technicians and quality-control processes. Given high population movement, Timor-Leste maintains community volunteers in border areas and trains border police to take blood samples from documented and undocumented crossers. Rapid response is guided by classification based on historical infection sources, while entomological surveillance and indoor residual spraying (IRS) support vector control.

Mr. Raul Sarmento, National Malaria Programme Manager, Timor-Leste

Mr. Sarmento emphasized the importance of fast, ground-level case reporting via WhatsApp, backed by a formal decree mandating investigation at all levels to preserve institutional skills. He noted that cross-border training — covering not only malaria but other vector-borne diseases such as dengue — is conducted jointly with neighbouring countries to harmonize practices.

Mr. Sarmento reported that Timor-Leste achieved malaria-free certification the previous year, and that the next Global Fund grant cycle (2027 - 2029) will allocate resources jointly across TB, malaria, and HIV rather than to malaria alone. A key unresolved challenge is determining how much domestic funding will be allocated to malaria maintenance activities, an amount not yet confirmed. He stressed that continued investment in maintenance is essential: without it, any resurgence of cases would be met with delayed intervention, particularly given that vectors and high-water conditions conducive to transmission remain present in the country.

Dr. James Kelley drew on WHO's experience supporting malaria-free countries globally to identify the most critical capacities and systems to protect during the transition from elimination to POR. He stressed that POR represents a fundamentally different kind of programme — one that must be integrated rather than run as a standalone malaria effort. The single greatest risk during this phase, he noted, is complacency: as case numbers reach zero, the achievement is celebrated, but systems must actively guard against a subsequent loss of vigilance. Dr. Kelley observed that both China and Timor-Leste had independently emphasized vector surveillance and entomological capacity as central to risk stratification, which he characterized as the defining responsibility of the POR phase.

Sustaining Financing and Political Will During POR

Dr. Zhu explained that China now relies on domestic funding, though some funding gaps remain. He noted that the Global Fund period supported an intensive control strategy, including the resource-intensive 1-3-7 approach — that required substantial funding. Following the transition, the challenge became sustaining funding within shared infectious disease control programmes so that local health facilities could continue to meet POR-phase needs.

China's strategy has been to integrate all malaria activities into the broader public health services framework and budget, ensuring ongoing funding and salary support for routine staff.

On multisectoral coordination, Dr. Zhu described a mechanism established by the National Health Commission in collaboration with twelve other departments to jointly manage the prevention of malaria re-establishment, including joint public awareness activities. He cited cross-border collaboration with Myanmar and Laos, including joint case screening and health education, and specifically noted joint surveillance between Yunnan province and Myanmar. Dr. Zhu also noted that malaria control indicators have been incorporated into the performance assessment systems of local governments at all levels, and that regular multi-level training and emergency response exercises further help sustain capacity.

Mr. Sarmento reported that malaria staff salaries have so far been paid through domestic funds, and there are ongoing discussions at higher government levels on how to commit increased domestic funding for malaria. A new National Strategic Plan for malaria is also ongoing development, which will support targeted advocacy with relevant ministries and the Ministry of Finance to discuss funding allocation.

Timor-Leste and WHO both emphasized that the most important issue for countries to consider as they reach elimination and aim to sustain POR is to strengthen cross-border surveillance and collaboration, especially when neighbouring countries still report indigenous cases. This must be addressed to ensure that elimination is not only achieved but sustained.

Audience Q&A

Dr. Rattanaxay Phetsouvanh, Senior Advisor of Fondation Merieux and Vice Chair, Lao Country Coordinating Mechanism, asked the panellists what interventions can effectively address malaria transmission among mobile and migrant populations. In response, Dr. Zhu shared that the starting point is identifying who the mobile populations are, so that health education on malaria risk and mosquito-bite prevention can be prioritized and delivered early, particularly ahead of overseas travel.

He noted that health authorities need to collaborate directly with customs, and that outbound workers should be given health education and preventive guidance, including vaccination where relevant, before departure, work that is also carried out in partnership with the companies employing these workers. On the return side, Dr. Zhu described a practice of adding a single additional question during routine hospital treatment of febrile patients, asking where the patient has recently travelled from, so that individuals returning from Africa or other endemic countries can be identified quickly and tested by RDT. He stressed that surveillance cannot focus on airports alone and needs to extend further into routine health system contact points.

Closing remarks by Session Chair

In conclusion, Professor Gao Qi described the experience of subnational verification in China, where local government leaders and programme managers frequently raised similar concerns: that once elimination is achieved, government funding and human resources are often cut. He recounted the Ministry of Health's consistent response to this concern, asking to be informed of the budget needed and the specific challenges and issues requiring funding and human resources for POR, and that it needs to be differentiated from what was required to eliminate.

(L-R) Dr. Christoph Benn; H.E. Dr. Lo Veasnakiry; Mr. Amandeep Singh; Dr. Than Naing Soe

Session Three: Financing Resilience Against Malaria Resurgence

This financing roundtable aimed to facilitate a dialogue between countries, multilateral financing institutions, development and implementing partners on practical pathways through which domestic, catalytic, and systems-oriented financing approaches may support long-term resilience and prevention of re-establishment in evolving epidemiological and financing contexts. **Chaired by Dr. Christoph Benn, Director, JLI Center for Global Health Diplomacy and Chair, APLMA Board of Directors,** the roundtable brought together representatives from multilateral financing institutions, GMS country delegations, and development partners to discuss practical financing pathways for sustaining malaria programmes through the transition. Contributors were:

- Mr. Matt Gordon, Senior Health Financing Manager for the Asia Region, Global Fund
- Mr. Amandeep Singh, Senior Social Sector Specialist, Asian Development Bank
- H.E. Dr. Lo Veasnakiry, Secretary of State, Ministry of Health, Cambodia
- Dr. Viengmany Bounkham, Director General of the Department of Planning and Finance, Ministry of Health, Lao PDR
- Dr. Siriporn Yongchaitrakul, Chief, Entomology and Vector Control Group, Division of Vector Borne Diseases, Department of Disease Control, Ministry of Public Health, Thailand
- Dr. Than Naing Soe, Deputy Director of the National Malaria Control Programme, Myanmar
- Dr. Rattanaxay Phetsouvanh, Senior Advisor of Fondation Merieux and Vice Chair, Lao Country Coordinating Mechanism
- Dr. To Nhu Nguyen, PATH SEA Hub and Vietnam Country Director, PATH
- Mr. Achmad Naufal Azhari, Senior Adviser – Policy & Advocacy, Global Institute for Disease Elimination (GLIDE)
- Dr. Rita Reyburn, Technical Lead, Integrated Communicable Diseases, Disease Prevention and Control Unit, WHO Lao PDR Country Office

Remarks from the Session Chair

Dr. Christoph Benn, Director, Center for Global Health Diplomacy, Joep Lange Institute, opened the session by noting that financing had surfaced in virtually every session throughout the Summit, making it the natural centrepiece of the afternoon roundtable. He identified two distinct trends converging to create the current transition moment. The first is the natural, long-anticipated phase-out of Global Fund support as countries' per capita incomes rise and disease burdens fall, a process China navigated successfully over a decade ago. The second is more acute: a broader contraction in global health financing driven by significant donor funding reductions across multilateral institutions, UN agencies, and partnerships including the Global Fund itself. Despite a relatively successful replenishment last year, Global Fund allocations to countries worldwide are declining, and governments are increasingly acknowledging their responsibility to step up domestic financing in response.

Reflecting on what must be preserved during this critical transition phase, Dr. Benn stressed an important nuance: money alone is not the point. The RAI Initiative was cited during the Summit as a powerful example of how the value of external partnership extends well beyond funding. It was the structures that RAI enabled — cross-border collaboration, civil society inclusion, and regional coordination mechanisms — that made many of the GMS's successes possible. Preserving those structures, he argued, is just as important as addressing the financing gap itself.

Global Fund transition should be gradual and sequenced around specific at-risk functions

Mr. Matt Gordon, Senior Health Financing Manager for the Asia Region, Global Fund, presented the first of the Summit's focused institutional inputs, framing transition as a data-driven, system-wide process. Across the next two grant cycles (GC8 beginning 2027 and GC9 beginning 2030), 47 countries globally will transition away from Global Fund support across HIV, TB, and malaria. In the GMS, he noted, this is largely a reflection of success: countries have brought down disease burden while achieving impressive economic growth. The Global Fund's goal, he said, is to make these transitions gradual, predictable, and transparent, avoiding the abrupt funding cliffs that leave services unfunded and communities without support.

Mr. Gordon noted that current Global Fund malaria expenditure in transitioning countries represents a very small fraction of total health spending (less than 0.1%), meaning the financial case for domestic absorption is strong. The harder questions, he said, lie elsewhere: domestic government budgets and social health insurance systems may be structurally ill-suited to fund certain functions, regardless of whether countries can afford them. He identified five such functions as presenting genuine transition challenges: cross-border collaboration, which national budgets rarely prioritize; community-led services, historically delivered through vertical programmes outside national health systems; services to underserved and hard-to-reach populations, often deprioritized in national planning; services to stateless, refugee, and undocumented migrant populations, typically excluded from social health insurance entitlements; and intensified elimination and post-elimination surveillance and outbreak preparedness, which public budgets tend to fund poorly.

On financing pathways, Mr. Gordon outlined a layered picture in which domestic health and development budgets, national and social health insurance funds, multilateral development bank loans and grants, and innovative finance mechanisms each have a role, though no single stream covers everything.

For cross-border activities and pandemic preparedness, he pointed to regional MDB instruments such as past ADB grants to the GMS as a model; for underserved and migrant populations, he suggested that a combination of domestic budget advocacy and multilateral development finance offers the most realistic path. He also highlighted a practical opportunity: the Global Fund is working to allow countries to benefit from its bulk procurement prices for malaria commodities even after they transition to domestic funding, which could significantly reduce the cost of sustaining essential biomedical commodities.

ADB called for transitioning malaria functions individually rather than the programme as a whole

Mr. Amandeep Singh, Senior Social Sector Specialist, Asian Development Bank, spoke as someone who came from the malaria field and now sits on the financing side at ADB. He observed that the conversation around malaria financing has not evolved at the same pace as the science and programming: while the field has moved from elimination strategies to prevention of re-establishment, the financing narrative remains packaged around the malaria programme as a whole, which he characterized as a weak economic case when presented to a Ministry of Finance against declining case numbers.

Mr. Singh proposed a conceptual shift with practical implications: rather than transitioning the malaria programme, countries should transition individual functions of the elimination programme and identify future owners for each. Surveillance and outbreak response in a district that has not seen a malaria case in seven years, he argued, should not sit with the malaria programme but with whoever owns health security; cross-border sentinel surveillance and community health each have different natural owners. He called for a practical roadmap tracing each critical function to its future home within government and connecting it to a durable financing stream, describing this as a step the malaria community has not yet taken seriously enough.

Mr. Singh identified pandemic preparedness and response (PPR) financing as the most promising and realistic opening for many of these functions. Surveillance, outbreak detection, community-based response, and cross-border information sharing, he noted, are precisely what PPR financing is designed to fund, and ADB's own investments over the past decade in regional health security, event-based surveillance, and outbreak readiness are already building the same capacities malaria programmes have spent years developing. He observed that malaria is almost entirely absent from those investment frameworks despite having some of the most advanced programmatic infrastructure in the region, and called for malaria to be brought intentionally into the broader PPR agenda, provided PPR investment designers understand what exists on the country side and what is at risk of being lost.

Country Reflections

GMS country delegations were invited to reflect on the financing pathways discussed at the Summit and comment on which opportunities might complement domestic financing efforts. Senior officials from Lao PDR, Cambodia, Myanmar, and Thailand shared their country perspectives, with a consistent theme emerging: each country is working to integrate malaria functions into broader health systems and increase domestic contributions.

Much of the co-financing discussion centred on meeting Global Fund co-financing requirements, which are set as a percentage of grant size, rather than on countries genuinely absorbing historically externally funded functions into domestic budgets and systems — a distinction the session repeatedly returned to.

Dr. Viengmany Bounkham, Director General of the Department of Planning and Finance, Ministry of Health, Lao PDR, shared that external funding accounted for 20.4% of Lao PDR's total health expenditure in 2019, and with Global Fund and Gavi transitions approaching alongside constrained fiscal space, the delegation described three strategies: mobilizing domestic resources through earmarked health taxes on tobacco, alcohol, and sugary beverages, supported by a medium-term expenditure framework led by the Ministry of Finance; improving cross-programmatic efficiency by reducing fragmentation and duplication across disease programmes, integrating funding streams, and advancing digital health solutions; and reprioritizing spending by cutting ineffective components and strengthening primary healthcare. Government co-financing for malaria has grown from US$200,000 in 2020 to US$450,000 this year.

H.E. Dr. Lo Veasnakiry, Secretary of State, Ministry of Health, Cambodia, said that Cambodia is increasing domestic co-financing by 20% in the next Global Fund cycle, while also acknowledging a projected 50% funding gap for 2027–2029; delegates noted that as RAI allocations decline sharply over the same cycle, a rising co-financing percentage does not necessarily translate into growth in absolute domestic financing. **Dr. Than Naing Soe, Deputy Director of the National Malaria Control Programme, Myanmar,** said that Myanmar drew on a useful precedent, noting that the government already procures all TB and HIV drugs domestically while channelling operational costs through partners, signalling some experience with absorbing specific commodity functions.

Community health worker integration featured prominently across country interventions. H.E. Dr. Lo expressed that Cambodia is working to institutionalize village health support groups into the national community health worker structure, developing technical guidelines and an interministerial working group process to sustain performance through financial and non-financial incentives. Dr. Than shared that Myanmar has already integrated its malaria community health workers into a unified community health volunteer cadre covering multiple diseases, with plans to deploy one volunteer per village across 200 townships. **Dr. Siriporn Yongchaitrakul, Chief, Entomology and Vector Control Group, Division of Vector Borne Diseases, Department of Disease Control, Ministry of Public Health, Thailand,** shared that Thailand's domestic architecture is relatively settled, with the National Health Security Office covering diagnosis and treatment and local administrations covering prevention and control, though the delegation flagged that external financing remains essential for migrants, displaced persons, and undocumented populations outside national insurance entitlements. Countries also pointed to integration of data systems, streamlining of volunteer workflows, and programme-based budgeting as tools to extract more value from existing resources.

What was less evident across the country interventions, delegates and partners observed, was a clear demand signal for MDB or complementary financing to support specific functions at risk of falling through the transition gap. The harder question of who will own and fund cross-border collaboration, surveillance in low-transmission settings, and services to populations outside national systems after Global Fund exits was largely left open, underscoring a continuing gap between transition planning and transition readiness.

Partner Reflections

Partner interventions reinforced several themes raised earlier in the Roundtable. While the session had aimed to bring together a broader group of global and regional financing institutions and in-country development partners, including bilateral donors, MDB resident missions, and health financing specialists, the partners present offered grounded observations from years of in-country implementation experience.

Dr. Rattanaxay Phetsavanh, Vice Chair, Lao Country Coordinating Mechanism, raised three practical concerns. First, community health volunteers created under vertical programmes remain largely unfunded outside those programmes, and most countries have not resolved how to sustain them once Global Fund support ends — Viet Nam being an exception, where volunteers are already government-funded. Second, transitioning countries will lose access to Global Fund bulk procurement pricing for antimalarial commodities, facing significantly higher costs when purchasing small quantities independently; **Dr. To Nhu Nguyen, PATH SEA Hub and Vietnam Country Director, PATH** added that even where budget is allocated, procurement fails in elimination settings due to small order sizes and limited supplier interest, and pointed to a central procurement mechanism as a practical solution. Third, malaria risks becoming a victim of its own success, as political visibility, community awareness, and health worker capacity all tend to decline together with case numbers.

On financing pathways, **Mr. Achmad Naufal Azhari, Senior Adviser – Policy & Advocacy, Global Institute for Disease Elimination (GLIDE)** highlighted innovative mechanisms as a complement to domestic resources, citing Indonesia's 2024 debt swap with Germany, worth approximately 74 million Euros (equivalent to US$78 million), as a regional proof of concept. **Dr. Rita Reyburn, Integrated Communicable Diseases, Disease Prevention and Control Unit, WHO Lao PDR Country Office,** outlined a pragmatic integration roadmap linking malaria functions to broader investments in health security, climate resilience, and digital health, and mapped concrete partner-specific entry points already in development.

Closing remarks by Session Chair

Closing the session, Dr. Benn noted that the most significant gap in the day's discussion was the absence of bilateral donors, MDB resident missions, and health financing decision-makers, leaving the question of where future financing will come from largely unresolved. He nonetheless struck a note of measured optimism: almost every country in the region is on the last mile, domestic financing is growing, and political will is present and active. The last mile is cost-intensive, he acknowledged, and there is no sustainable endpoint short of zero cases — but the trajectory is clear and the commitment is real. In his words, this region can do it.

Conclusion of the Summit

Closing Remarks

Her Excellency Madame Baykham Khattiya, Hon. Minister of Health of Lao PDR, closed the 10th Asia Pacific Leaders' Summit on Malaria Elimination by reflecting on the day's three sessions. She noted that the region's progress is real but so are its risks, that the last mile is as much a test of sustained political will as a technical challenge, and that the experiences of China and Timor-Leste offered proof that elimination is achievable rather than merely aspirational. She described the discussion on financing pathways as a necessary first step in confronting a shifting funding landscape with no easy answers. She called particular attention to the signing of the Joint Call to Action by GMS governments, which she characterised as a collective commitment to mutual accountability. Extending her gratitude to APLMA, the Global Fund, WHO, bilateral partners, and all delegates, she closed by affirming that elimination by 2030 has moved from ambition to shared obligation, and expressed her hope for a malaria-free GMS.

Annex 1: Joint Call to Action to Malaria Elimination in the Greater Mekong Subregion

Signed in Vientiane, Lao People's Democratic Republic, 5 June 2026

WE, the representatives of the Kingdom of Cambodia, the People's Republic of China, the Lao People's Democratic Republic, the Republic of the Union of Myanmar, the Kingdom of Thailand, and the Socialist Republic of Viet Nam, convened in Vientiane on 5 June 2026 at the 10th Asia Pacific Leaders' Summit on Malaria Elimination;

RECALLING the regional commitment adopted at the 9th East Asia Summit to a malaria-free Asia Pacific by 2030; the Greater Mekong Subregion (GMS) Health Cooperation Strategy 2024–2030; and the Ministerial Call for Action to Eliminate Malaria in the GMS, signed in Geneva on 22 May 2018;

AFFIRMING that the collective efforts of GMS governments, supplemented by the Regional Artemisinin-resistance Initiative and other development partners, have delivered historic reductions in malaria morbidity and mortality across the subregion;

RECOGNIZING that since 2018, the malaria landscape has diverged sharply: while some countries in the GMS and areas are approaching elimination, other countries and areas have faced renewed transmission challenges, and that this divergence necessitates a differentiated approach to ensure all countries reach the regional elimination goal;

ACKNOWLEDGING that elimination gains are fragile without sustained political and financial commitment, and that as our countries transition to higher income status, responsibility for financing and managing malaria programmes must shift progressively to national governments;

ACKNOWLEDGING that the interconnected nature of malaria transmission across shared borders calls for continued subregional solidarity and coordinated action in pursuit of our common elimination goal;

DO HEREBY COMMIT OURSELVES to the following actions[1]:

In countries and areas approaching elimination, we commit to:

1. Protect the gains of the past decade and recommit to eliminating all forms of human malaria by 2030, while implementing Prevention of Re-establishment (POR) guidelines to sustain zero-transmission status and maintain high-quality surveillance systems for rapid detection and response, particularly in border areas.

2. Strengthen the domestic sustainability of malaria programmes, developing costed National Malaria Sustainability and Transition Roadmaps by the end of 2026; and integrating community health worker networks into national primary health care systems, as appropriate.

3. Call upon all donors and international development partners to sustain their financial and technical support through this critical last-mile phase, in recognition that continued engagement is essential to safeguard hard-won gains and ensure that the collective investment of the past decade delivers its full and lasting impact.

[1] For the People's Republic of China, this commitment applies only to Yunnan Province and Guangxi Zhuang Autonomous Region.

In countries and areas with moderate malaria burden, we commit to:

1. Reinvigorate national malaria control and elimination efforts, adapting programmatic responses to the current epidemiological realities, including elevated transmission in border and underserved areas, and among hard-to-reach and other at-risk populations.

2. Develop a new programmatic strategy and investment case that:
   - Strengthens cross-border collaboration through joint action plans that address the malaria-related needs and challenges of at-risk populations in shared border areas;
   - Ensures coordinated surveillance including cross-border case notification of imported malaria cases across our borders to sustain and safeguard regional elimination progress; and
   - Expands engagement with stakeholders and neighbouring countries beyond the GMS as partners in advancing the shared goal of a malaria-free region.

COLLECTIVELY, WE ALL COMMIT TO:

1. Reaffirm regional accountability and the role of existing regional platforms and mechanisms as key forums for mutual learning, coordination, and cross-border collaboration across the subregion.

2. Regularly monitor progress towards our respective malaria goals, present findings at relevant regional health forums, and commit to transparent reporting to enable timely course correction where required.

3. Reaffirm our conviction that the elimination of malaria in the GMS is integral to the broader regional health security agenda, strengthening pandemic preparedness, advancing One Health approaches, and reinforcing the resilience of our health systems against emerging and re-emerging infectious diseases; and call upon development partners, multilateral institutions, and the international community to sustain their collaboration and financial commitment to a malaria-free Mekong as a cornerstone of a healthier, more secure Asia Pacific.

WORKING TOGETHER, WE WILL ELIMINATE MALARIA IN THE GREATER MEKONG SUBREGION.

Signed in Vientiane, Lao People's Democratic Republic on the 5th day of June 2026

Annex 2: Agenda for the 10th Asia Pacific Leaders' Summit on Malaria Elimination

Holiday Inn & Suites Vientiane
Level 1, Grand Ballroom
5 June 2026

Time	Programme
8:30 – 9:30	Registration
9:30 – 9:50	Opening Remarks by His Excellency Sonexay Siphandone, Hon. Prime Minister of Lao PDR
9:50 – 10:05	Group Photo
10:05 – 10:15	Welcome Ceremony
10:15 – 10:30	Welcome Remarks by Her Excellency Mdm Baykham Khattiya, Hon Minister of Health of Lao PDR
10:30 – 10:40	Guest Remarks by His Excellency Professor Thet Khaing Win, Union Minister for Health, Myanmar
10:40 – 10:50	Guest Remarks by Dr. Sarthak Das, Chief Executive Officer, Asia Pacific Leaders Malaria Alliance
10:50 – 11:10	Tea Break
11:10 – 12:45	**High-level Roundtable: Celebrating Progress and Acknowledging the Need for a Differentiated Approach** • *Review progress towards malaria elimination across the GMS, recognizing the diverging trajectories* • *Examine the anticipated funding landscape for 2027-2029 and implications for national programmes* • *Explore how countries are undertaking sustainability and transition planning, and highlight priorities* **Session Chair:** Her Excellency Mdm Baykham Khattiya, Hon Minister of Health of Lao PDR **Moderator:** Professor Arjen Dondorp, Chair, Regional Steering Committee for the Regional Artemisinin-resistance Initiative

Time	Programme
11:10 – 12:45 (cont.)	1. Setting the Context by the Session Chair (5 minutes) 2. Setting the Context by the Moderator (10 minutes) 3. Invited Remarks (30 minutes) 4. Moderated Roundtable Discussion (40 minutes) 5. Conclusion by Moderator (5 minutes) **Participants:** 1. H.E. Dr. Phayvanh Keopaseuth, Vice Minister of Health, Lao PDR 2. H.E. Professor Thet Khaing Win, Union Minister of Health, Myanmar 3. Dr. Yong Zhang, Deputy Administrator, National Disease Control and Prevention Administration (NDCPA), China 4. H.E. Dr. Lo Veasnakiry, Secretary of State, Cambodia 5. Dr. Cheewanan Lertpiriyasuwat, Medical Physician, Advisory Level, Department of Disease Control, Ministry of Public Health, Thailand 6. Dr. Hoang Minh Canh, Director, National Institute of Malariology, Parasitology and Entomology, Viet Nam 7. Dr. Suman Rijal, Director of the Department of Health Promotion, Disease Prevention and Control, WHO Regional Office for South-East Asia 8. Professor Richard J. Maude, Professor of Tropical Medicine; Head of Epidemiology, Mahidol-Oxford Tropical Medicine Research Unit (MORU) 9. Mr. Shreehari Acharya, Project Manager, CSO Platform, a platform of communities and civil society organization
12:45 – 13:00	Signing of the Joint Call to Action among GMS Representatives
13:00 – 14:10	**Lunch**
14:10 – 15:10	**Lessons Learned from Malaria-Eliminated Countries: Transition, Prevention of Re-establishment, and Multisectoral Coordination** • *Provide an overview of the experiences from malaria-eliminated countries on sustaining elimination* • *Explore effective approaches to POR strategies, including surveillance, response systems, and risk stratification* • *Examine transition strategies used by countries to sustain political commitment, domestic financing, and technical capacity post-elimination and after donor transition*

Time	Programme
14:10 – 15:10 (cont.)	**Session Chair:** Professor Gao Qi, Chair, National Malaria Expert Committee, and Co-chair, National Severe Malaria Diagnosis & Treatment Expert Committee, China; Member, APLMA Board of Directors **Moderator:** Dr. Phonepadith Xangsayarath, Director General, Department of Communicable Disease Control, Lao PDR 1. Setting the Context by the Session Chair (5 minutes) 2. Setting the Context by the Moderator (5 minutes) 3. Fireside Chat (45 minutes) 4. Closing remarks by the Moderator (5 minutes) **Speakers:** 1. Dr. Guoding Zhu, Head of Department of Vector-borne Diseases, Jiangsu Institute of Parasitic Diseases, China 2. Mr. Raul Sarmento, Malaria Program Chief, Timor-Leste 3. Dr. James Kelley, Team Lead, Malaria & Arboviruses, WHO Western Pacific; Acting Coordinator, WHO Mekong Malaria Elimination (MME) Programme
15:10 – 15:35	**Tea Break**
15:35 – 17:10	**Financing Resilience Against Malaria Resurgence** • *Facilitate dialogue between countries, financing institutions, and development partners on practical pathways through which domestic, catalytic, and systems-oriented financing approaches may support long-term resilience and POR in evolving epidemiological and financing contexts* • *Highlighted areas of interest across key thematic areas including donor transitions, integration, pandemic preparedness and climate change and potential for further exploration* **Session Chair and Moderator:** Dr. Christoph Benn, Board Chair, APLMA; Director, Centre for Global Health Diplomacy, Joep Lange Institute 1. Setting the Context by the Session Chair (5 minutes) 2. Focused inputs (20 minutes) 3. Country reflections (up to 30 minutes) 4. Partner perspectives (20 minutes) 5. Open exchange (15 minutes) 6. Closing remarks by the Session Chair (5 minutes)

Time	Programme
15:35 – 17:10 (cont.)	**Participants:** 1. Mr. Matt Gordon, Senior Health Financing Manager, The Global Fund 2. Dr. Amandeep Singh, Senior Social Sector Specialist, Asian Development Bank (ADB) 3. Dr. Lo Veasnakiry, Secretary of State, Ministry of Health, Cambodia 4. Dr. Viengmany Bounkham, Director General of the Department of Planning and Finance, Ministry of Health, Lao PDR 5. Dr. Than Naing Soe, Deputy Director General (Public Health), Department of Public Health, Ministry of Health, Myanmar 6. Dr. Siriporn Yongchaitrakul, Deputy Director, Division of Vector Borne Diseases, Department of Disease Control, Ministry of Public Health, Thailand 7. Dr. Rita Reyburn, Technical Lead, Integrated Communicable Diseases, WHO Lao PDR 8. Mr. Achmad Naufal Azhari, Senior Advisor, Policy & Advocacy, Global Institute for Disease Elimination 9. Dr. Nguyen To Nhu, Regional Director of PATH Southeast Asia (SEA) Hub and Viet Nam Country Director, PATH
17:10 – 17:25	Closing Ceremony and Remarks
19:00 – 21:00	**Gala Dinner**

For further information, please contact:

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