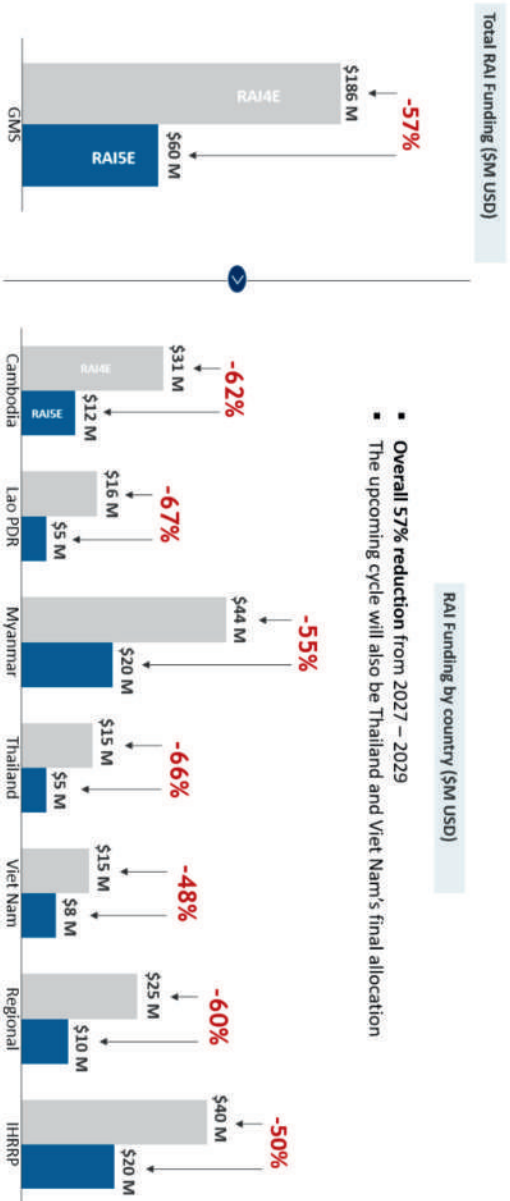


Urgent transition planning is crucial in ensuring the long-term sustainability of malaria programmes in GMS



Note: IHRRP stands for the Integrated Health Response and RSSH (Resilient and Sustainable Systems for Health) Package. RAI4E data obtained from the Global Fund's Data Explorer. RAISE data obtained from the GC8 GMS Allocation Letters.

A Call to Action

The data illustrates the historic reductions in malaria morbidity and mortality across the subregion, supported by various development partners, together with the RAI. It also indicates a divergent elimination landscape, with the Eastern GMS approaching elimination while the Western GMS faces renewed transmission challenges, necessitating a differentiated approach.

In the Eastern GMS, countries must recommit towards eliminating all forms of human malaria by 2030, while implementing Prevention of Re-establishment guidelines and maintaining robust surveillance systems for detection and surveillance. Strengthening the domestic sustainability of their 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 will be key.

In the Western GMS, countries must refresh their malaria control and elimination efforts, adopting programmatic responses to current epidemiological realities, including elevated transmission in border and underserved areas, and among hard-to-reach and other at-risk populations. These efforts can be further strengthened through the development of new programmatic strategies and investment cases that strengthen cross-border collaboration through joint action plans, ensure coordinated surveillance across borders, and expand engagement with stakeholders and neighbouring countries beyond the GMS.

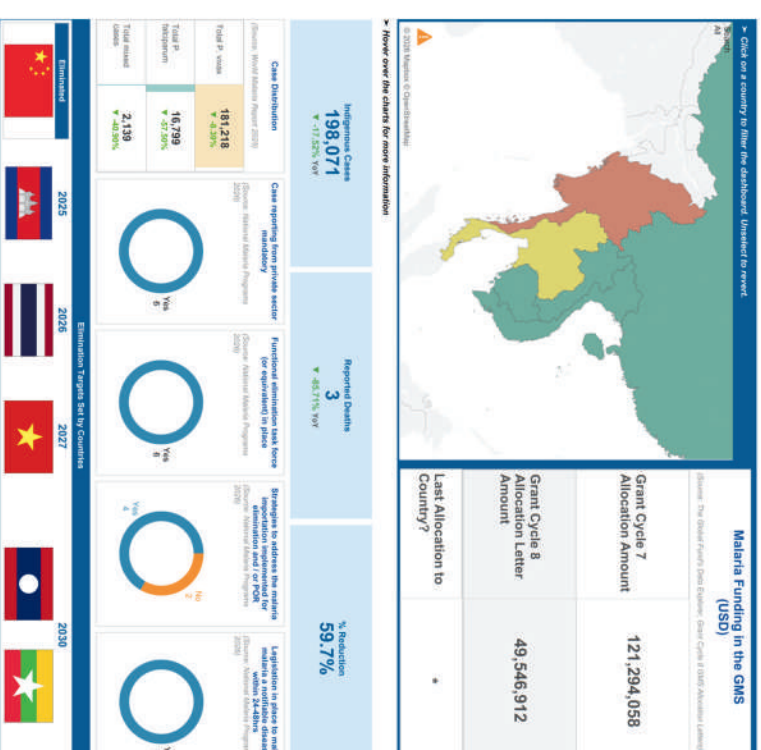
The gains made by the subregion over the last decade have been significant, yet fragile without sustained political and financial commitment; as countries move towards higher income statuses, national governments must take on increased responsibility for their malaria programmes. Through regional accountability and regularly monitored progress, a malaria-free Mekong is possible.

Malaria Elimination in the Greater Mekong Subregion

Sustainability
The ability of a health programme or country to maintain service coverage to a level – in line with epidemiological contexts – that continuously addresses malaria elimination needs with minimal external funding.

Transition
Transition involves shifting funding and operational responsibility from international donors to domestic governments, ensuring sustained progress without disrupting service delivery, health systems, or community-level interventions as domestic ownership increases.

Domestic Resource Mobilisation
In a landscape of declining donor funding, mobilising domestic resources for malaria elimination secures hard-won progress, strengthens national health systems, and safeguards the economic productivity that healthy populations make possible.



Regional Key Challenges

The Greater Mekong Subregion's progress has been enabled by sustained commitment, technical expertise, and coordinated action. It has been supported by various partners, together with the Regional Artemisinin-resistance Initiative (RAI). However, while countries in the Eastern GMS – Cambodia, Lao PDR, and Viet Nam – are approaching elimination, countries in the Western GMS – Myanmar and Thailand – face a more complex environment, with persistent transmission in border areas and among vulnerable communities.

The Way Forward
A differentiated strategy that protects the gains of the Eastern GMS while reinvigorating efforts in the Western GMS is needed, through long-term domestic ownership and the financing capacity to sustain progress beyond the current funding cycle. Strengthening institutional capacity and establishing policy frameworks, integrating malaria services into primary health care systems, leveraging the expertise of community health workers and reinforcing cross-border coordination mechanisms are similarly vital.

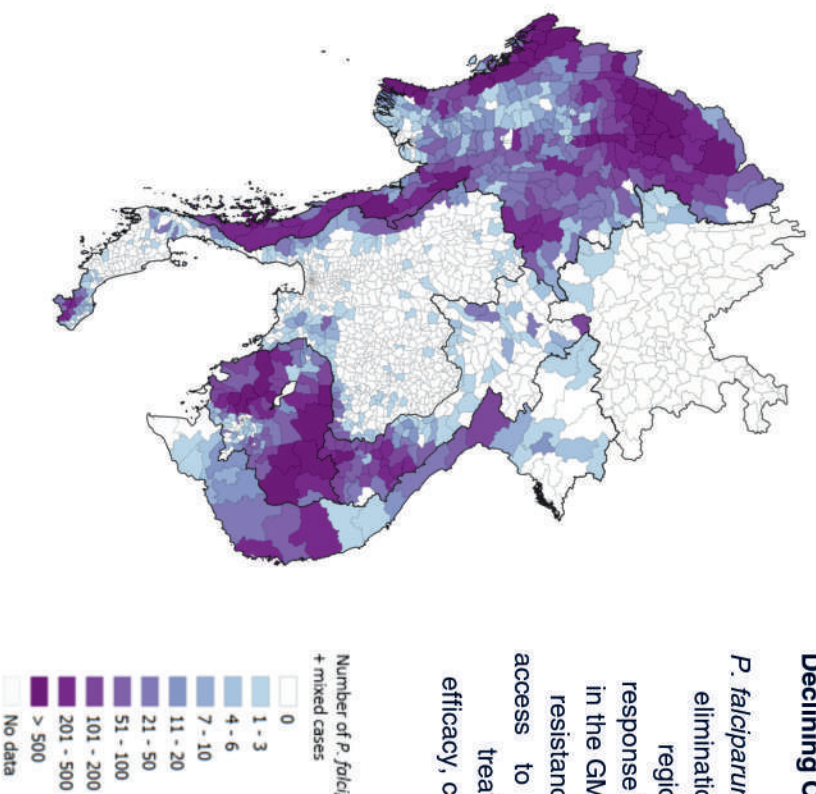
Explore the 2025 GMS Dashboard



P. falciparum in the GMS, 2016

Declining Cases of *P. falciparum*

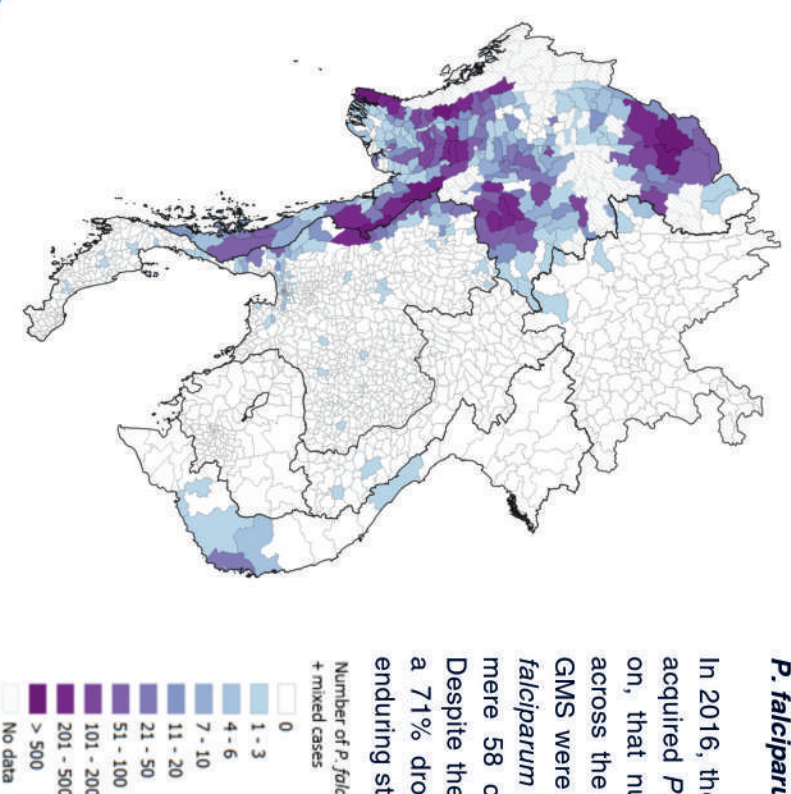
P. falciparum has been a central focus of regional elimination efforts over the last 10 years, driving the region's overall decline in cases. Established in response to the emergence of drug-resistant malaria in the GMS, the RAI has helped reverse antimalarial resistance. Together with ongoing efforts to provide access to quality drugs, early diagnosis and treatment, and appropriate surveillance of drug efficacy, cases of *P. falciparum* have seen significant reductions within the GMS.



P. falciparum in the GMS, 2025

P. falciparum cases over the last decade

In 2016, the GMS recorded a total of 91,802 locally acquired *P. falciparum* and mixed cases. A decade on, that number fell to 20,340, a 78% reduction across the region. Case reductions in the Eastern GMS were notable, with 22,144 locally acquired *P. falciparum* and mixed cases in 2016 falling to a mere 58 cases 10 years later – a 99.7% drop. Despite the challenges faced in the Western GMS, a 71% drop over that same period illustrates the enduring strength of the region's elimination efforts.

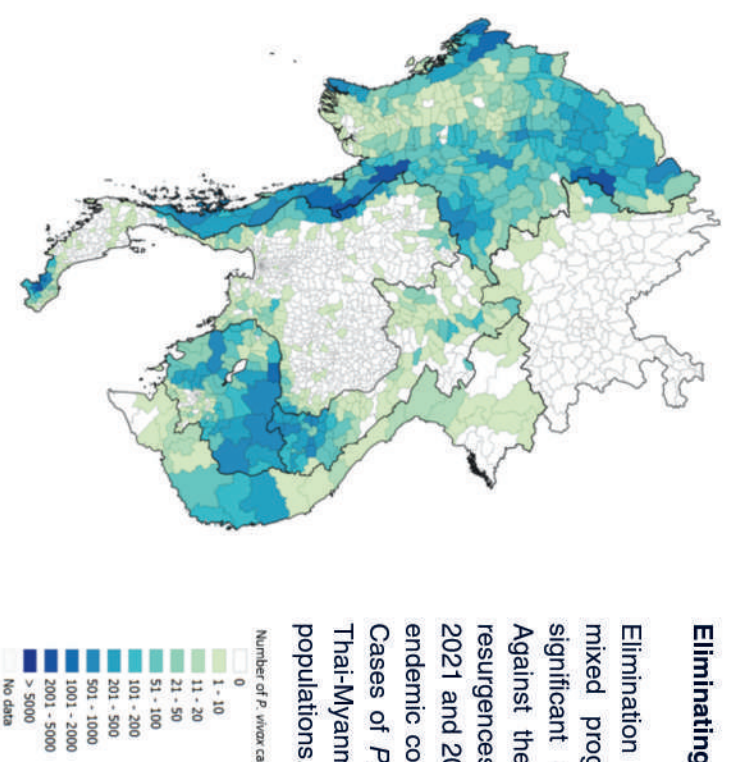


The data illustrates imported and locally acquired cases in 2016 and 2025. *P. falciparum* data includes mixed cases.

P. vivax in the GMS, 2016

Eliminating *P. vivax*

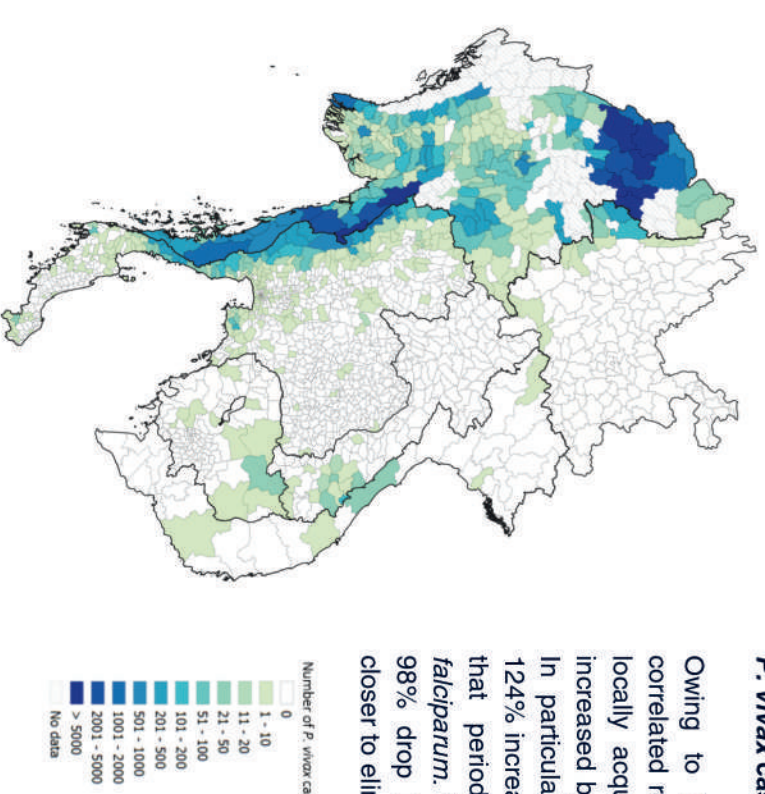
Elimination efforts surrounding *P. vivax* have seen mixed progress, with the parasite still posing a significant challenge to the region's aspirations. Against the backdrop of civil conflict in Myanmar, resurgences in the parasite were observed between 2021 and 2023, although the rest of the GMS' malaria-endemic countries recorded significantly fewer cases. Cases of *P. vivax* tend to be concentrated along the Thai-Myanmar border, driven by mobile and migrant populations.



P. vivax in the GMS, 2025

P. vivax cases over the last decade

Owing to the civil conflict in Myanmar and the correlated resurgence in *P. vivax* from 2021 to 2023, locally acquired cases across the entire subregion increased by 65% over a decade from 2016 to 2025. In particular, the Western GMS saw a concerning 124% increase in locally acquired *P. vivax* cases over that period, in contrast to its success with *P. falciparum*. The Eastern GMS has fared better, with a 98% drop in *P. vivax* cases bringing its countries closer to elimination than ever before.



Data and visualisations provided by the Mekong Malaria Elimination programme.