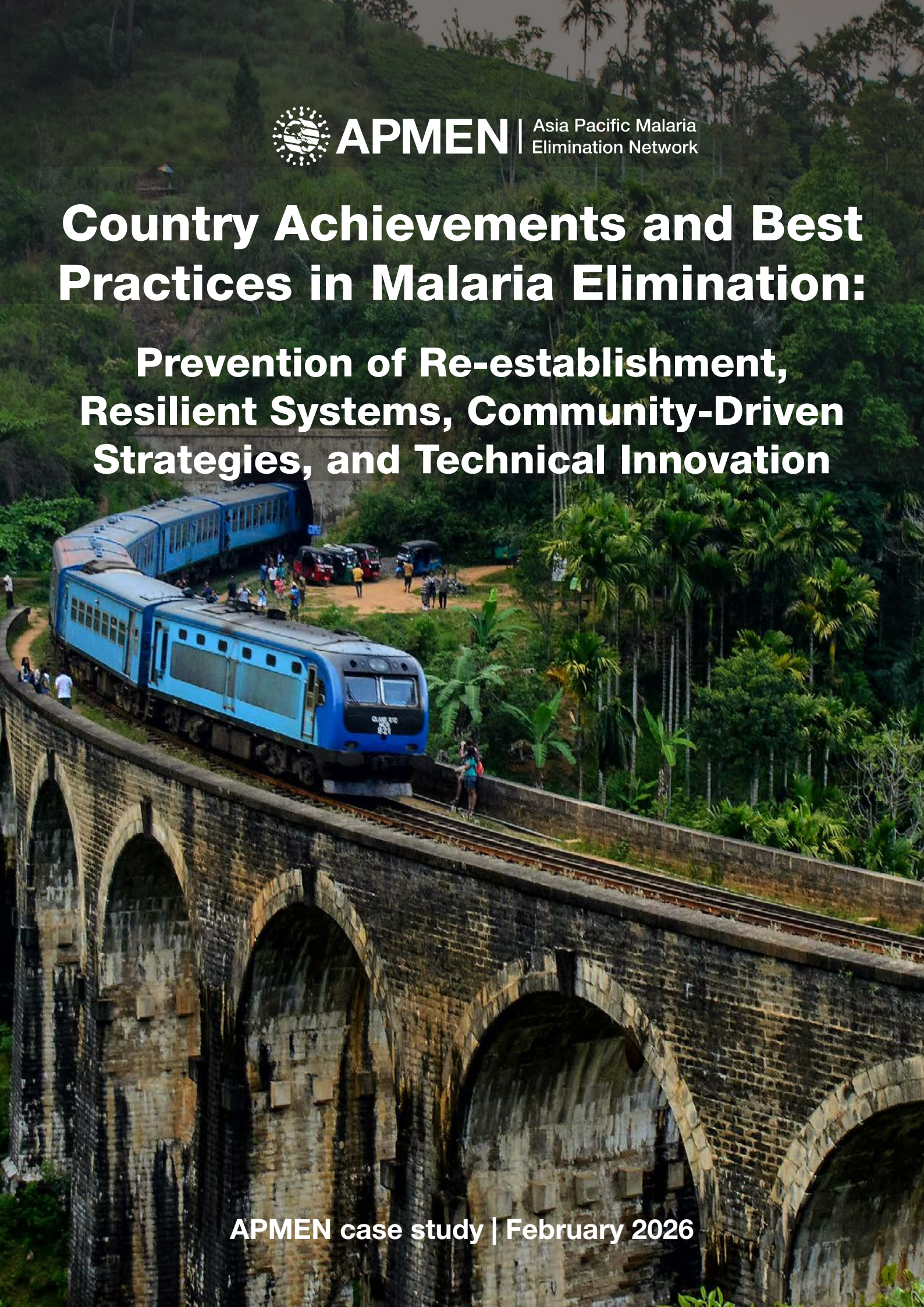
APMEN | Asia Pacific Malaria Elimination Network

Country Achievements and Best Practices in Malaria Elimination:

Prevention of Re-establishment, Resilient Systems, Community-Driven Strategies, and Technical Innovation



APMEN case study | February 2026

Executive Summary

The **Asia Pacific Malaria Elimination Network (APMEN)** unites 22 country partners and a growing coalition of research and technical institutions around a shared vision: a malaria-free Asia Pacific. This case study synthesizes the achievements and best practices of ten APMEN country partners, namely Bhutan, Cambodia, China, Lao PDR, Malaysia, Pakistan, Philippines, Sri Lanka, Thailand, and Timor-Leste, drawing on individual country narratives published on the APMEN platform in 2025. Together, these stories form a compelling regional tapestry: diverse in geography, epidemiology, and culture, yet united by the same core drivers of success.

The ten countries are organized into four thematic categories reflecting their stage on the malaria elimination continuum and distinctive strategic contributions. The first, **Achieving and Sustaining Malaria-Free Status: Prevention of Re-establishment**, includes China, Sri Lanka, and Timor-Leste. These nations demonstrate that certification is a transition into sustained vigilance, whole-of-government coordination, and proactive systems that detect and contain imported cases before local transmission can reignite.

The second category, **Building Resilience for Malaria Elimination: Surveillance, Digital Innovation and Integrated Systems**, features Bhutan, Malaysia, and the Philippines. These countries invest in robust, adaptive systems to address both persistent transmission and re-establishment risks. Bhutan approaches WHO certification with vigilant surveillance and border management. Malaysia addresses the zoonotic ***Plasmodium knowlesi*** threat through a pioneering One Health approach. The Philippines integrates digital surveillance, multi-disease elimination hubs, and climate-resilient strategies to close the final gaps in its near-national elimination programme.

The third category, **Community-Driven Elimination in Diverse Contexts: Reaching the Hardest to Reach**, highlights Cambodia and Lao PDR. Both have achieved over 99% reductions in malaria cases through community health worker networks, grassroots engagement, and equity-centred strategies reaching forest-goers, ethnic minorities, mobile populations, and border communities.

The fourth category, **Innovation and Systems Transformation to Accelerate Elimination: Tools, Treatment and Vector Control**, features Pakistan and Thailand. Thailand's inclusion of tafenoquine in its national treatment guidelines redefines ***P. vivax*** radical cure, while Pakistan's rapid registration of WHO-prequalified insecticide-treated nets and G6PD testing pilot demonstrate regulatory innovation and operational advancement.

Across all categories, APMEN plays a catalytic role, facilitating peer-to-peer learning, technical exchange, evidence generation, and regulatory support. Its working groups in Surveillance and Response, Vector Control, and Vivax malaria, and interest groups in climate change, border malaria, and outdoor transmission, convert country experience into regional knowledge, and regional knowledge into country action. This collective momentum provides both inspiration and a practical blueprint for achieving a malaria-free Asia Pacific.

Introduction

Malaria elimination in the Asia Pacific is one of the defining public health endeavours. From the highlands of Bhutan and the forests of Cambodia to the vast border provinces of China and the sun-warmed islands of Timor-Leste, a generation of national malaria programmes, community health workers, researchers, and policymakers has devoted sustained effort to driving this ancient disease to zero. The results have been remarkable. Several APMEN country partners have achieved significant reductions in malaria cases, and three countries have received WHO malaria-free certification within the past decade, with several others approaching this milestone.

The APMEN, established in 2009, is the premier technical and collaborative network underpinning this work. Through its three core Working Groups and three special Interest Groups, APMEN facilitates knowledge exchange, provides technical assistance, supports capacity building, and champions the evidence-based strategies propelling the region. With 22 country partners and an expanding network of partner institutions, APMEN embodies the principle that malaria elimination is not a solitary national endeavour but a regional project built on shared purpose, mutual learning, and solidarity.

In 2025, APMEN published a series of country narratives documenting the achievements and best practices of ten country partners. These blogs, spanning countries at different stages of the elimination continuum, collectively represent a living casebook of what works, what challenges persist, and what lessons can be shared across the region and adapted to other contexts. This APMEN case study synthesizes those ten narratives into a structured, thematic analysis organized around four categories that reflect both the elimination stage and the dominant strategic approach of each country. They are:

- Category 1: Achieving and Sustaining Malaria-Free Status: Prevention of Re-establishment, featuring China, Sri Lanka, and Timor-Leste.
- Category 2: Building Resilience for Malaria Elimination: Surveillance, Digital Innovation and Integrated Systems, featuring Bhutan, Malaysia, and the Philippines.
- Category 3: Community-Driven Elimination in Diverse Contexts: Reaching the Hardest to Reach, featuring Cambodia and Lao PDR.
- Category 4: Innovation and Systems Transformation to Accelerate Elimination: Tools, Treatment and Vector Control, featuring Pakistan and Thailand.

CATEGORY 1

Achieving and Sustaining Malaria-Free Status

Prevention of Re-establishment

Countries: China, Sri Lanka, Timor-Leste

Earning WHO malaria-free certification is among the highest honours in public health, but for the countries featured in this category, certification marks the beginning of a demanding new chapter rather than the end of the story. China, Sri Lanka, and Timor-Leste have each crossed this extraordinary threshold, joining a select group of nations that have demonstrated zero indigenous malaria transmission over multiple consecutive years. Together, they now lead the Asia Pacific region in showing what it takes not only to eliminate malaria but to keep it eliminated in perpetuity. Their collective experience reveals that sustaining a malaria-free status demands a qualitatively different set of systems, investments, and political commitments compared to achieving elimination in the first place. Robust prevention of re-establishment (POR) architectures, proactive surveillance for imported cases, whole-of-government coordination, and vigilant cross-border collaboration are the non-negotiable foundations of this new phase, and these three countries have built them with exceptional depth and sophistication.

China: Beyond Certification and Keeping Malaria at Bay

WHO Certified Malaria-Free (2021) | First in the WHO Western Pacific Region in over three decades

China's WHO certification in 2021, achieved after 70 years of sustained national effort, is one of the most remarkable achievements in the history of public health. From a peak burden of approximately 30 million annual cases in the 1940s, China progressively dismantled malaria transmission through landmark innovations: nationwide prophylaxis and treatment campaigns from the 1950s; the discovery of artemisinin through the '523 Project' in 1967 (the cornerstone of modern antimalarial medicine); early mass distribution of insecticide-treated nets in the 1980s; and the National Malaria Elimination Programme and Action Plan (2010–2020). The final domestic case was recorded in April 2016 in Yunnan Province.

Central to certification and ongoing POR success is the '1-3-7' approach: mandatory case notification within one day, case investigation within three days, and foci response within seven days. This real-time surveillance and response architecture, backed by the National Malaria Reference Laboratory Network, ensures imported cases are identified and contained before transmission can re-ignite. Sharing land borders with 14 countries, several malaria-endemic, makes China's POR challenge among the most complex globally.

In response, China developed a "3+1" border management model in Yunnan Province: cross-border cooperation to reduce importation at source; early detection and rapid response; prevention of re-introduction through vector surveillance; and grid-based community screening in high-risk areas. Thirteen ministries jointly issued the 2020 Administrative Management for the Prevention of Re-establishment of Malaria, formalising multi-sector coordination. China continues investing in AI-enabled training, GIS-based risk mapping, and collaboration through APMEN, sharing the '1-3-7' model regionally.

Read the full blog: Beyond Certification: How China Keeps Malaria at Bay

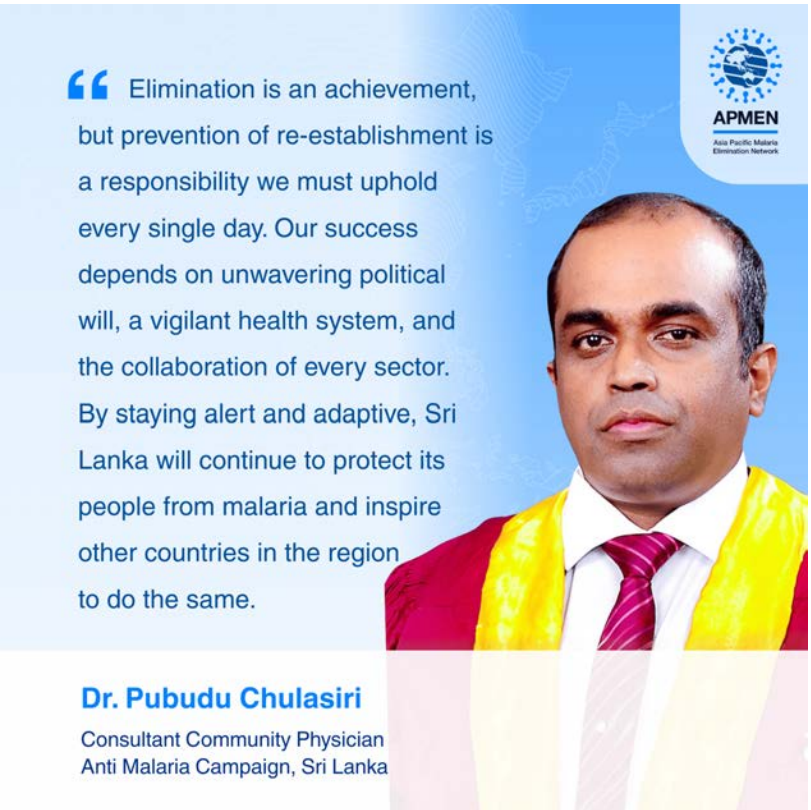
Sri Lanka: Safeguarding a Malaria-Free Future Through Leadership

WHO Certified Malaria-Free (2016) | Nine consecutive years of zero local transmission

Certified malaria-free by WHO in 2016, Sri Lanka has become a global model for sustainable prevention of re-establishment (POR). The Anti Malaria Campaign (AMC) under the Ministry of Health leads a nationwide POR programme based on three pillars: whole-of-government coordination, responsive surveillance, and sustained community awareness. Despite no local transmission, Sri Lanka detected 62 imported cases in 2023 and 38 in 2024, and none of these sparked local transmission, demonstrating the system's consistent effectiveness.

The whole-of-government approach mobilises the military, navy, immigration, border health authorities, private hospitals, laboratories, travel agents, and international partners such as IOM and UNHCR. This multisectoral network ensures airports, seaports, and land borders act as the first line of defence. Every confirmed case triggers mandatory 24-hour notification, immediate case investigation, treatment, active case detection among contacts, and targeted vector control. A Technical Support Group and Case Review Committee regularly review cases to refine strategies.

Continuous entomological surveillance monitors mosquito populations and vector hotspots, including the invasive urban vector *Anopheles stephensi*, which could alter transmission patterns if unchecked. Sri Lanka integrates malaria surveillance with programmes for dengue, lymphatic filariasis, and leishmaniasis, enhancing system-wide efficiency while maintaining malaria-specific capacity.



Sri Lanka's experience demonstrates that malaria elimination is not the endgame but a transition requiring sustained political will, adaptive systems, and unwavering engagement across the health ecosystem.

Read the full blog: Safeguarding a Malaria-Free Future: Sri Lanka's Leadership in Prevention of Re-establishment

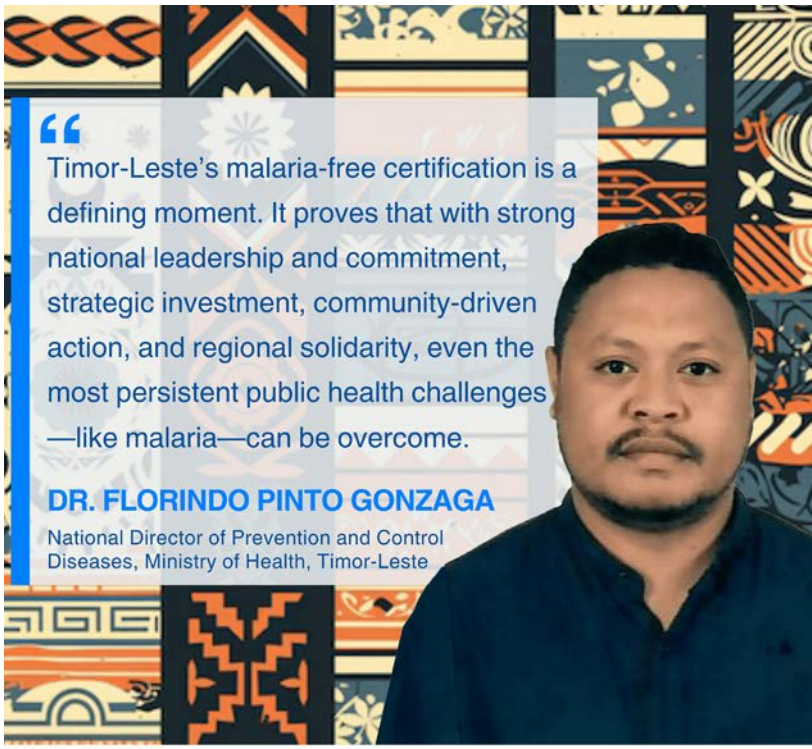
Timor-Leste: Certified Malaria-Free and a Victory for the Entire Region

WHO Certified Malaria-Free (July 2025) | Third APMEN Country Partner to achieve certification

Timor-Leste's WHO certification in July 2025 marks a historic milestone for the Asia Pacific region, culminating a journey from over 223,000 annual malaria cases in 2006 to zero indigenous cases for more than three consecutive years. This achievement reflects two decades of decisive government action, sustained investment in universal free health care, real-time integrated surveillance, targeted vector control, and strong community engagement.

Two strategic frameworks anchored this success: the National Strategic Plan for the Prevention of Re-establishment of Malaria (2021–2025) and the National Strategic Plan for Integrated Vector-Borne Diseases (2021–2030). These emphasised case-based surveillance, community participation, and cross-border coordination with neighbouring Indonesia to manage importation risks. WHO highlighted Timor-Leste's community-centred approach, integrated surveillance systems, and cross-border partnerships as key foundations of its success.

Joining APMEN as its 22nd Country Partner in early 2023, Timor-Leste actively engaged in the Surveillance and Response, Vector Control, and Vivax Working Groups, sharing experiences and learning from regional peers. Achieving WHO certification by July 2025 demonstrates the impact of rapid engagement with regional knowledge network and strong national leadership.



As Timor-Leste enters the prevention of re-establishment phase, APMEN will continue supporting its efforts, and the country's journey stands as an enduring inspiration for nations still pursuing malaria elimination.

Read the full blog: Timor-Leste Certified Malaria-Free: A Celebration Across the APMEN Community

CATEGORY 2

Building Resilience for Malaria Elimination

Surveillance, Digital Innovation and Integrated Systems

Countries: Bhutan, Malaysia, Philippines

Resilience in malaria elimination means more than reducing case counts. It means building surveillance systems that stay sharp even as cases fall, health platforms that detect and contain threats before they become outbreaks, and integrated governance architectures that hold together across sectors, borders, and disease programmes. Bhutan, Malaysia, and the Philippines represent distinct epidemiological contexts and stages on the elimination continuum, yet share a defining common thread: their most significant achievements have been in constructing the adaptive, multi-layered systems that make elimination durable. Bhutan is approaching WHO malaria-free certification with a precision-built surveillance and border management framework. Malaysia has achieved zero indigenous human malaria cases and is navigating the novel challenge of zoonotic *Plasmodium knowlesi* through an innovative One Health architecture. The Philippines has deployed digital dashboards, multi-disease elimination hubs, and climate-resilient strategies to drive progress across 82 provinces. Together, their stories illustrate how surveillance innovation, digital integration, and multisectoral collaboration build the institutional resilience that carries a programme across the finish line and keeps it there.

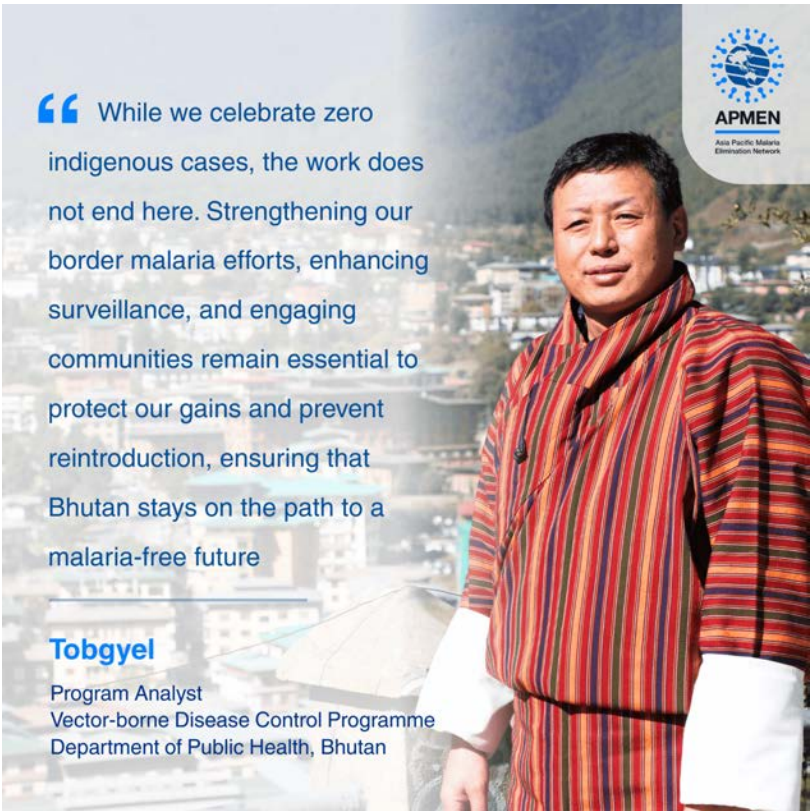
Bhutan: Overcoming Border Challenges and Building Toward Certification

Zero indigenous cases since 2021 | WHO E-2025 Country

Bhutan's malaria elimination journey spans over three decades, reducing nearly 40,000 cases and 62 deaths in 1994 to zero indigenous cases since 2021, a 99% decline. A WHO external review in June 2025 confirmed Bhutan's readiness for malaria-free certification, highlighting strong governance, adaptive surveillance, and community-driven approaches. The southern border with India's endemic states of Assam and West Bengal remains the main challenge, making Bhutan's management of imported cases a model for small nations with open frontiers.

Bhutan's border response is systematic. Malaria screening for migrant workers, proactive case detection at worksites, and the '1-3-7' strategy, case notification within one day, investigation within three, and response within seven, have maintained zero local transmission. The National Early Warning Alert and Response Surveillance (NEWARS) system, operated by the Royal Centre for Disease Control (RCDC), enables real-time, geographically targeted responses. Cross-border collaboration with India, supported by WHO SEARO and SRCMF, strengthens information sharing and synchronised vector control.

Vector control is rigorous. The National Insecticide Resistance Monitoring and Management Plan (2021), developed with APMEN support, guides early resistance detection and insecticide rotation. Two annual rounds of Indoor Residual Spraying in high-risk southern districts, mass LLIN distribution, 28,000 nets in Sarpang in 2023, larval source management, and community clean-up campaigns complement these efforts. Community Action Groups and local health workers ensure grassroots vigilance, sustaining elimination gains and fostering community ownership of malaria prevention.



Read the full blog: Bhutan's Malaria Elimination: Overcoming Border Challenges, Managing Insecticide Resistance, and Advancing Surveillance

Malaysia: One Health Innovation and Managing the Challenge of Zoonotic Malaria

Zero indigenous human malaria since 2018 | One Health approach to P. knowlesi

Malaysia's malaria elimination journey reflects resilience, innovation, and the willingness to confront biological challenges directly. Guided by the National Strategic Plan for Elimination of Malaria (2011-2020), the country achieved zero indigenous human malaria cases in 2018, a milestone reflecting decades of strategic planning, strong political commitment, and integrated vector management. Malaysia has since transitioned to the National Strategic Framework for Prevention of Malaria Re-establishment (2021-2025), introducing a stratification tool based on receptivity and vulnerability indices to maintain vigilance in the post-elimination phase.

Malaysia faced a unique challenge in the rise of *Plasmodium knowlesi*, a simian malaria transmitted from macaques to humans by *Anopheles leucosphyrus* mosquitoes in forested areas. With over 3,500 knowlesi cases reported in 2021, this zoonotic parasite became the primary malaria burden, requiring a fundamentally different response than for *P. falciparum* and *P. vivax*. Malaysia's innovative One Health approach integrates human health, wildlife management, and forestry sectors in a coordinated surveillance and response system.

The multisectoral response includes strengthened ecological surveillance, adapted vector control, and targeted engagement with communities at the forest–human interface. Public–private partnerships in Sabah and Sarawak support worker screening, onsite services, and shared malaria resources. Cross-border collaboration with Indonesia, supported through APMEN's Peer-to-Peer Exchange programme, has enhanced surveillance and response. Malaysia's experience shows that malaria elimination requires adaptability, cross-sector coordination, and strong community partnerships.

Read the full blog: Malaysia's Path to Malaria Elimination: Surveillance, Zoonotic Management, Vector Control and Collaboration

Philippines: Integrated Approaches and Climate-Resilient Elimination

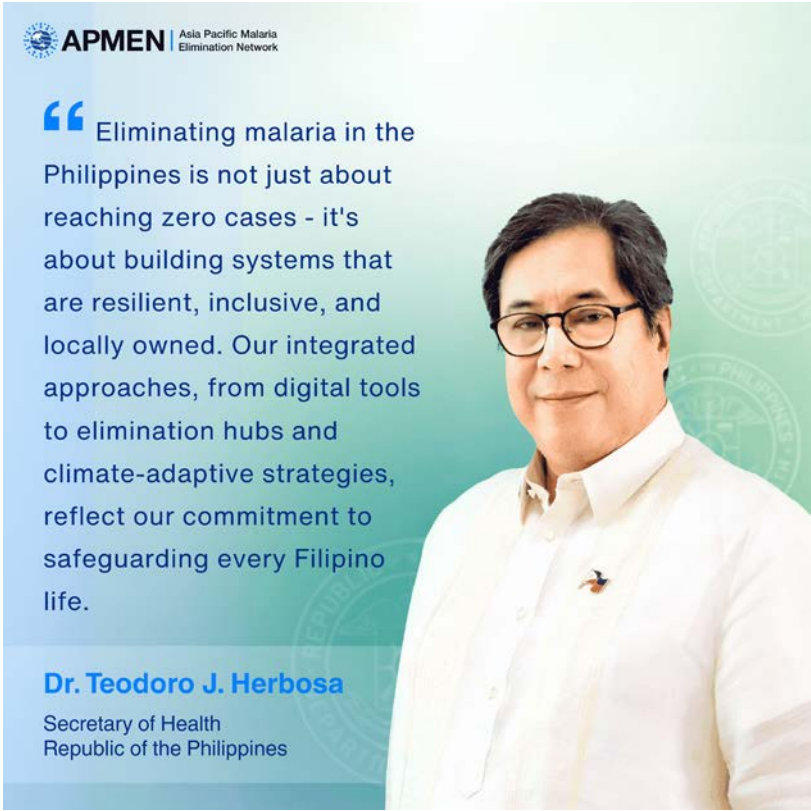
72 of 82 provinces certified malaria-free | 9 more provinces with zero indigenous cases

The Philippines has made major strides toward malaria elimination, with 72 of 82 provinces certified malaria-free and 9 more recording zero indigenous cases. This success reflects the Philippine Multi-Disease Elimination Plan (MDEP), which integrates malaria with lymphatic filariasis, leprosy, and schistosomiasis, optimising limited resources while strengthening surveillance, laboratory, and service delivery systems. The remaining challenge is concentrated in Palawan, where 732,900 people remain at risk and Anopheles flavirostris continues transmission in indigenous, and remote communities.

Surveillance is supported by the Online Malaria Information System (OLMIS), a real-time digital dashboard accessible via mobile and web platforms, which underpins the '1-3-5' Malaria Surveillance and Response Strategy. OLMIS enables provincial and national teams to visualise hotspots, track treatment compliance, monitor testing, and assess elimination status. It operates alongside the Philippine Integrated Disease Surveillance and Response (PIDSR) system, connecting local health units to regional epidemiologists and the national Department of Health for rapid, integrated feedback. Integrated Malaria and Lymphatic Filariasis Elimination Hubs, launched in 2021, coordinate multisectoral responses and maintain gains in certified provinces.

The Philippines recognises climate change as a structural driver of malaria risk in Palawan. Increased rainfall, seasonal typhoons, and El Nino events expand vector habitats, prompting integrated, climate-resilient malaria strategies. The 2025 mandate for a dedicated Health and Climate Change Office and the 8-Point Action Agenda, 'Sa Bagong Pilipinas, Bawat Buhay Mahalaga' (In the New Philippines, Every Filipino Life is Precious), reinforce the country's commitment to building resilient health systems capable of addressing current and future malaria risks.

Read the full blog: The Philippines' Journey to Malaria Elimination, Through Integrated Approaches



CATEGORY 3

Community-Driven Elimination in Diverse Contexts

Reaching the Hardest to Reach

Countries: Cambodia, Lao PDR

Malaria elimination, in its final stages, is fundamentally a human challenge. As transmission retreats to its last people, including border communities, forest margins, remote ethnic minority villages, and migrant worker populations, the ability to reach, test, treat, and protect the most vulnerable becomes the decisive factor in closing the final gap. Cambodia and Lao PDR both illustrate this challenge vividly. Their elimination journeys have been driven not only by technical innovation but by the sustained deployment of community health workers embedded in the very communities most at risk: individuals who share the language, culture, and experience of the populations they serve. Both countries have achieved over 99% reductions in malaria cases and are approaching elimination with community-anchored strategies that offer replicable lessons for the entire region. Their stories demonstrate that reaching the hardest to reach requires not only tools and technology but social capital, institutional trust, and the sustained commitment of governments to empower frontline health workers as genuine partners in elimination.

Cambodia: Innovation and Community Engagement Driving the Final Push

355 cases and zero malaria deaths in 2024 | Over 99% reduction since 2000

Cambodia's malaria elimination journey is among the most remarkable globally. In 2000, the country reported over 203,000 cases and more than 600 deaths. By 2024, cases had fallen to just 355 with zero deaths, a reduction of over 99% in incidence and mortality. This progress stems from a series of innovations: the 2018 Intensification Plan, responding to a surge in *Plasmodium falciparum* and rising artemisinin resistance; the 2020 Last Mile Elimination Strategy covering 186 target villages; weekly active fever screening; targeted drug administration; and forest packs for high-risk populations. Cross-border partnerships with Lao PDR, Thailand, and Viet Nam strengthened surveillance and coordinated strategies to prevent reintroduction along porous borders.

Central to Cambodia's surveillance is the Malaria Information System (MIS), upgraded in 2016 to a web-based, real-time case-based platform for rapid investigation and foci response. The national Health Management Information System (HMIS) will transition to DHIS2 by 2026, fully integrating malaria surveillance for sustainability. These digital systems guide allocation of Village Malaria Workers (VMWs) and Mobile Malaria Workers (MMWs) and monitor their contributions in real time.

A defining strength is the integration of community health workers. VMWs and MMWs, recruited from their communities and trained in local languages, conducted 70-80% of malaria tests and treated 50-60% of positive cases between 2019 and 2024. As elimination nears, VMWs will be integrated into the Village Health Support Group (VHSG) framework, retaining frontline capacity and supporting broader health services, sustaining elimination gains within a resilient, community-embedded system.

Read the full blog: Cambodia's Final Push: Innovation, Community, and Policy Driving Malaria Elimination

Lao PDR: Innovation, Inclusion, and Community-Driven Success

342 cases in 2024 | 99% reduction from 36,078 cases in 2015

Lao PDR has achieved a 99% reduction in malaria cases over the past decade, from 36,078 cases in 2015 to just 342 in 2024, making it one of the region's most impressive elimination successes. This progress reflects adaptive surveillance, community-driven service delivery, and the integration of equity principles. The Center of Malariology, Parasitology and Entomology (CMPE) leads a coordinated national response, working with provincial and district health teams, private providers, and a network of Village Malaria Workers (VMWs) who serve frontline roles in remote and forested areas.

A cornerstone of Lao PDR's approach is the DHIS2 platform, capturing real-time malaria case data from public and private providers across a geographically and linguistically diverse country. This digital backbone enables rapid case and foci investigation, programme monitoring, and district stratification for efficient resource allocation. Integration with the Public Health Emergency Operations Center (PHEOC) strengthens rapid response and cross-sector coordination. The Public-Private Mix (PPM) programme ensures cases diagnosed outside the public sector are included in national data and receive standard care. Cross-border collaboration with Cambodia, China, Thailand, and Viet Nam harmonises surveillance and response in high-risk border regions.

Lao PDR has also integrated gender equality, disability, and social inclusion (GEDSI) principles into malaria strategy, mandating disaggregated data collection by sex, age, ethnicity, and disability status. VMWs, working in local languages and adapting interventions to communities, are central to progress. Their planned integration into the Village Health Volunteer (VHV) framework ensures sustainability. Lao PDR demonstrates that equity-centred, digitally enabled, community-anchored approaches can accelerate malaria elimination even in complex contexts.

Read the full blog: Lao PDR's Path to Malaria Elimination: Innovation, Inclusion, and Community-Driven Success

CATEGORY 4

Innovation and Systems Transformation to Accelerate Elimination

Tools, Treatment and Vector Control

Countries: Pakistan, Thailand

For malaria programmes confronting the biological complexity of *Plasmodium vivax* (with its capacity for dormant liver-stage relapse) and the logistical challenges of expanding access to safer, more effective treatment tools, innovation is not optional: it is essential to progress. Pakistan and Thailand represent the vanguard of this innovation in the Asia Pacific. Their achievements are not incremental improvements to existing systems but genuine transformations: landmark changes to national treatment guidelines, pioneering regulatory approvals, groundbreaking clinical and operational research, and bold new frameworks for vector control tool access. Thailand's inclusion of tafenoquine in its National Malaria Treatment Guidelines in 2025 is the culmination of years of collaborative work between the Division of Vector Borne Diseases, APMEN's Vivax Working Group, and the Medicines for Malaria Venture, setting a new standard for *P. vivax* radical cure across the entire region. Pakistan's cluster of achievements, from the registration of WHO-prequalified insecticide-treated net brands to the completion of the country's first G6PD deficiency testing pilot, signals a country that has accelerated its pace of innovation and is translating political commitment into tangible operational gains. Together, their stories demonstrate that transformative breakthroughs in tools, treatment, and regulatory systems can compress elimination timelines and protect lives at scale.

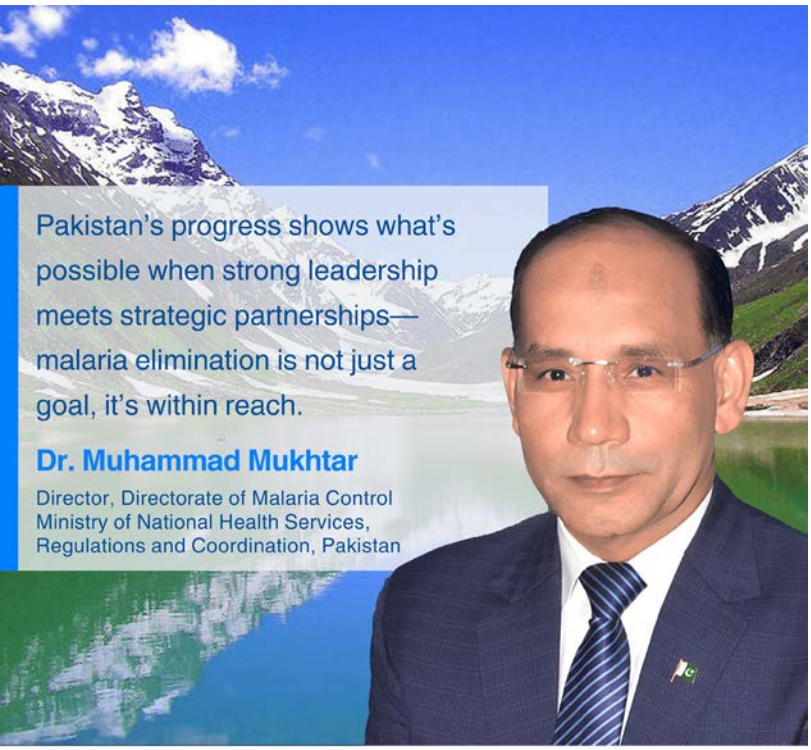
Pakistan: Accelerating Elimination Through Innovation and Partnership

G6PD pilot completed | Four WHO-prequalified ITN brands registered

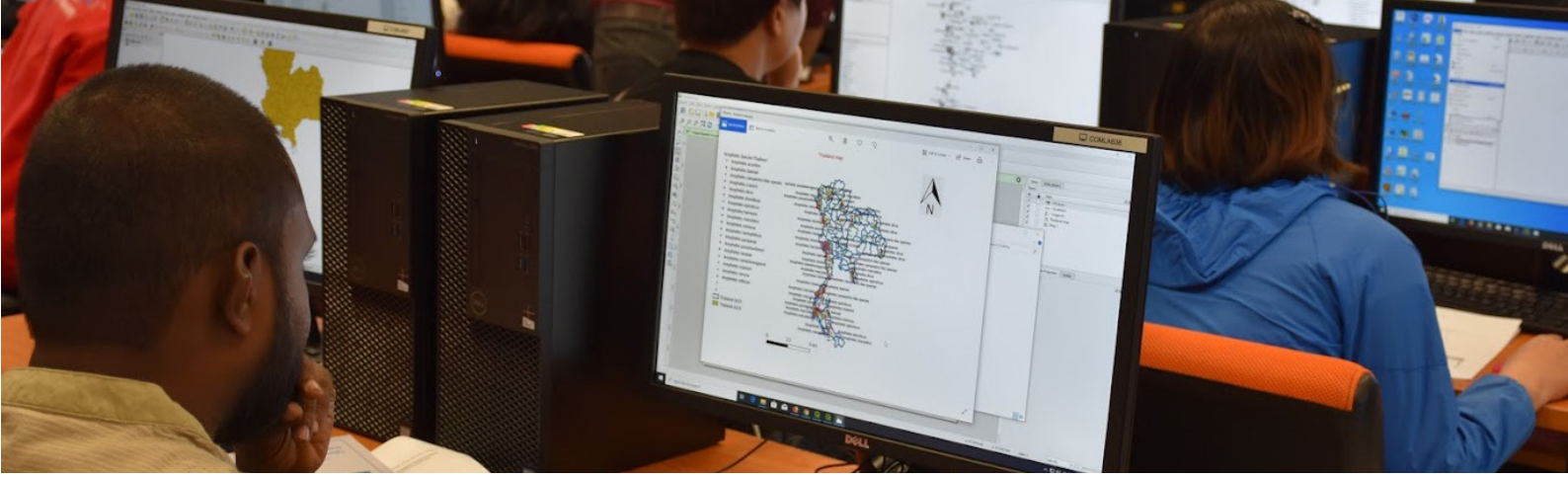
Pakistan's malaria elimination story reflects accelerating momentum, translating political commitment into tangible achievements. With one of the higher malaria burdens in the Asia Pacific and a complex federal health system, Pakistan's path to elimination has relied on bold policy decisions, sustained operational research, and strong partnerships with regional and global technical organisations. Recent milestones by the Ministry of National Health Services, Regulations and Coordination demonstrate the impact of national and international collaboration.

A key breakthrough has been the registration of four locally procured WHO-prequalified brands of insecticide-treated nets (ITNs) by the Drug Regulatory Authority of Pakistan (DRAP) within months. This enables broader deployment of vector control tools, improving equitable protection for at-risk populations across diverse epidemiological settings. This follows the earlier fast-tracking of tafenoquine registration, showing a pattern of proactive engagement with global innovations and results-focused regulatory reform.

Pakistan also completed its first pilot on glucose-6-phosphate dehydrogenase (G6PD) deficiency testing, essential for safe primaquine and tafenoquine use in *P. vivax* radical cure. Supported by APMEN Vivax Working Group, the pilot provided operational evidence to plan national scale-up of G6PD testing and safer radical cure strategies. Public dissemination of results demonstrates readiness to expand these approaches. Pakistan will convene a National Summit for Malaria Elimination in early 2026 to bring stakeholders together and chart an ambitious elimination pathway. Pakistan's experience illustrates how a country-led, partner-supported model can accelerate timelines, overcome regulatory and operational barriers, and deliver transformative malaria elimination results.



Read the full blog: Accelerating Malaria Elimination in Pakistan: A National Drive Powered by Innovation and Partnership



Thailand: Advancing Vivax Elimination with Tafenoquine

Tafenoquine included in National Malaria Treatment Guidelines (March 2025)

Thailand's inclusion of tafenoquine (TQ) in its updated National Malaria Treatment Guidelines in March 2025 marks a watershed moment for *P. vivax* elimination in the Asia Pacific. *P. vivax* forms dormant liver-stage hypnozoites, causing relapses weeks or months after infection. The standard 14-day primaquine treatment is hard to sustain operationally, perpetuating relapse cycles. Tafenoquine, a single-dose radical cure, overcomes adherence challenges, offering a clinically superior and operationally practical solution.

Thailand became the first malaria-endemic country in the region to approve tafenoquine in 2020, when the Thai FDA granted Marketing Authorization for single-dose TQ (150 mg tablets) for patients aged 16 and older. The five-year journey from regulatory approval to national guideline inclusion involved feasibility assessments, technical reviews, cross-country learning, and operational research. The ARCTIC (Assessing Radical Cure Treatment In Routine Care) study, in partnership with APMEN's Vivax Working Group and Medicines for Malaria Venture, demonstrated that quantitative G6PD testing, which is essential for safe tafenoquine use in G6PD-deficient patients, is operationally feasible in Thailand's public health system.

APMEN's Vivax Working Group supported stakeholder consultations, readiness assessments, and regional learning exchanges. Inclusion of TQ in national guidelines is accompanied by expanded quantitative G6PD testing across endemic provinces, ensuring safe, scalable implementation. Thailand's achievement sets a precedent for *P. vivax* elimination, demonstrating how sustained regional partnerships, shared evidence, and political will can transform a promising treatment into national policy, accelerating malaria elimination.

Read the full blog: Thailand Advances Vivax Elimination with Tafenoquine: APMEN's Continued Support

Conclusion: Walking Together Toward a Malaria-Free Asia Pacific

The ten country stories in this case study form a shared regional narrative. From post-certification vigilance in China, Sri Lanka, and Timor-Leste, to resilience-building systems in Bhutan, Malaysia, and the Philippines, to the community-driven final push in Cambodia and Lao PDR, and treatment and vector control innovations in Pakistan and Thailand, progress across the Asia Pacific has been remarkable. The lessons are consistent. Core principles recur across contexts and point to common conclusions.

Political will underpins success. Sustained government commitment through financing, legislation, multi-sector coordination, and national prioritisation has been essential. Where commitment weakened, transmission resurged. Where it endured, elimination has been sustained.

Community engagement is fundamental. Village Malaria Workers, Community Action Groups, Elimination Hubs, and frontline health workers provide the human infrastructure reaching high-risk populations. As cases and funding decline, integrating these roles into broader health systems offers a sustainable path forward.

Innovation must align with systems strengthening. Thailand's tafenoquine rollout and Pakistan's G6PD pilot reflect years of regulatory and operational preparation. Digital surveillance platforms in several countries demonstrate systems capable of real-time data use and response.

Cross-border collaboration remains critical. Institutionalised cooperation in border regions shows that elimination cannot be achieved in isolation. APMEN supports these efforts through peer exchange, joint working groups, and technical cooperation, translating country experience into regional action.

Equity is central to elimination. Efforts to reach migrants, forest communities, climate-vulnerable populations, and underserved groups reinforce that malaria cannot be eliminated while vulnerability persists.

As 2030 approaches, momentum must be sustained and accelerated. APMEN will continue supporting country partners so that each nation's progress advances the region toward a malaria-free Asia Pacific.

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