

We have many conversations about global security, including the rise of and threat posed by individual regimes, non-state actors and the nature of and access to weapons. Less common is the discussion about the threat posed to global stability and security by chemical and biological weapons, and even less again about the threat posed by naturally occurring health events.

Intermittently global leaders focus on these health threats, most notably in the aftermath of an event such as the recent outbreak of Ebola, or in the shadow of pandemic influenza. However, sustaining sufficient interest to treat and mitigate health threats can be hard.

In some cases, the investments needed are in preparation for a health threat, in others prevention, and in some elimination is both a desirable and achievable objective. We have succeeded in eliminating health threats previously, think Smallpox as the best-known example, and we now have a reasonable prospect of achieving the elimination of Polio. Another prospect, while further off, is Malaria.

The First Malaria World Congress held recently in Melbourne has shone the light very firmly on the challenge, prospect and reward of Malaria elimination.

We think of Malaria rarely and mainly when we travel to countries where it is endemic. It is an inconvenience and not a burden. Even those of us who travel often can be blind to the consequences of a disease which can have a debilitating effect on the economies, lives and security of affected countries. The burden both social and financial placed on these countries is a real barrier to economic development and the security that this brings.

More so than the transient visit of individual tourists, businesses seeking to work in endemic countries have real experience of the effects of Malaria. Lost productivity, absenteeism and high mortality are real and not theoretical consequences. In our immediate region, this is clearly seen in many countries in the Mekong, and in places like Papua New Guinea, and in South Pacific countries like the Solomon Islands.

Many companies across our region who work in areas affected by Malaria recognise the importance of working with their workforce, governments and members of civil society to tackle these issues. Providing practical assistance to communities in which these businesses live and work, such as through the provision of bed nets and access to effective treatments are, at minimum, sensible investments. Increasingly business is a critical partner in the drive to elimination. As the search for new, creative and innovative approaches are needed, and in some cases, governments and NGOs are not best placed to deliver these. For example, in regions where marginalised and often transient populations work there may be issues of mistrust of authority, and we need to be open to new approaches. Business has a key role and opportunity to intervene effectively often when more traditional actors cannot.

The collective drive to reduce the Malaria burden makes good economic and business sense. The conference heard that the impact on national GDP could be as much as 5-6%, slowing growth by 1.3% in endemic countries. It affects health systems, employee absenteeism and productivity, can reduce foreign investment and tourism and has real impacts on individuals, including death and impaired learning and cognitive development. It particularly affects Children.

Riding the world of Malaria is neither a simple or a small job. The aim of preventing this loss of life and productivity is undeniably worthy. So how are we going?

Dragoman

Investment in Malaria programs increased by 2.5 times between 2000 and 2014. The Bill and Melinda Gates Foundation, the Global Fund to Fight HIV/AIDS and others have been key players in reducing the global burden with incidence rates down by 37% and mortality rates by 60%. This sounds encouraging, and it is. However, we need to see this in context. With the 2016 estimate of 216 million clinical episodes and 445,000 deaths, the burden is still very high. There are also real challenges emerging. Drug and insecticide resistance are gathering pace. Much as is the case with antibiotic resistance which many people now know is a threat to their health so too is the spread of drug-resistant malaria and insecticide resistant vectors (mosquitoes).

We know that even when the burden of Malaria is significantly reduced, it can re-establish itself with full force quickly. It is for this reason, much like Polio and Smallpox, that the objective must be to work methodically, country by country, to full elimination.

The World Health Organisation's global technical strategy for Malaria which has been adopted by the World Health Assembly, the Commonwealth Heads of Government Meeting communique of 2018 urging acceleration of efforts to reduce Malaria globally by 90% by 2030, the African Union committing to zero Malaria by 2030, and the East Asia Summit committing to the goal of an Asia Pacific free Malaria by 2030, are all signs of global commitment towards this objective. However, as is often the case with health issues, we are shooting at a moving target. The target is evolving as we watch. There is a need for new medicines, diagnostics and investment in new techniques.

Australia is one of the countries which was declared Malaria free by the World Health Organisation last century, and our memories of the impact of Malaria are faint or non-existent. Other countries aspire to make the impact of Malaria a faint, or non-existent memory too. The conference heard that there are 44 countries who are reporting less than 10000 cases of malaria, and it is possible to chart a path to elimination, although on different timelines depending on the strength of cross-sectoral collaboration, the health system and levels of investment. China reported no cases last year which is a huge achievement. But in a number of endemic countries progress is less positive, and there is a real risk that investments have stalled. New efforts are needed to find ways to tackle the burden all the way to the end.

The Conference committed to cross-sectoral action to bring the ideal of a Malaria free world into reality. In truth, this will only be realised with a sustained and increased investment in countries in our region.



Jane Halton AO PSM is a member of the board of ANZ, Clayton Utz, the Australian Strategic Policy Institute, the US Institute of Health Metrics and Evaluation, and the Coalition for Epidemic Preparedness Innovations, and is Chairman of Vault Systems. Her 33-year career within the Australian public service included nearly 15 years as Secretary of the Departments of Finance and Health (and Ageing). Jane was formerly Executive Co-ordinator (Deputy Secretary) of the Department of the Prime Minister and Cabinet. Jane has held a number of significant roles in Global Health Governance including as Chair of the board of the WHO and at the OECD.