

## FOREWORD

Mekong Malaria III (MMIII) provides an excellent overview and trend of recent malaria situation in the Greater Mekong Subregion (GMS) with data from 2002 to 2010, building upon MMI, which covers the period 1996-1998 and MM II from 1999 to 2001. This volume's data reveal rapid and dynamic changes in the GMS which impact upon the regional malaria situation, the regional problem of growing drug resistance, and extends to global efforts towards malaria control and elimination.

This most recent volume, *Mekong Malaria III: towards malaria elimination in the Greater Mekong Subregion*, was compiled with the invaluable contributions and support of the Ministries of Health of Cambodia, PR China, Lao PDR, Union of Myanmar, Viet Nam; the Ministry of Public Health, Thailand; SEAMEO TROPMED; WHO-WPRO, WHO-SEARO and WHO Mekong Malaria; the Malaria Consortium; the Mahidol-Oxford Research Unit (MORU); the Bill and Melinda Gates Foundation (BMGF) and the President's Malaria Initiative/US Agency for International Development (PMI/USAID).

The chapters cover the highly complex and diverse GMS context of malaria infection and management, epidemiology, malaria vectors, regional migration, drug resistance (*in vivo* protocols and progress towards molecular markers), the state of play in malaria research, the management of malaria, and progress towards malaria elimination. The current review of the regional situation reveals a set of contexts and circumstances that are specific to the GMS. We see an overall declining trend in the incidence of malaria in the Region, which is encouraging. However, critical challenges must be overcome for the achievement of the ultimate goal, the elimination of malaria – among them, remaining focal hotspots, especially in the more remote and inaccessible forested/forest-fringe areas of the Region, mainly along international borders; growing evidence of resistance to artemisinin-based combination therapies; the increased incidence of fake/substandard antimalarial drugs; and a complex of cultural, geographic, political, and legal impediments to healthcare access by minority, mobile, remote, and border populations. Strengthened networks of research institutions, NGOs, and national malaria programs, with overall coordination and support by a regional body, may be the best way to facilitate evidence-based decision-making and appropriate coordinated future action.

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