

Growing malaria drug resistance worldwide threatens to be ‘disastrous’

It's not clear why, but the Greater Mekong Subregion—Cambodia, southern China, Laos, Myanmar, Thailand, and Vietnam—is a major source of malaria drug resistance. Each time a drug has been deployed in the area, resistance mutations in local *Plasmodium falciparum*, the parasite that causes the mosquito-borne disease, have followed close behind.

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In the 1990s, artemisinin—a compound derived from the wormwood plant that was used for centuries in natural medicine to treat pain and fever—was released globally as a new malaria [treatment](#).

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With no viable alternative to artemisinin, increasing numbers of malaria infections with delayed clearance following artemisinin treatment are concerning, experts say—and if resistance develops in Africa, the results could be disastrous.

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Ultimately, most experts agree that ACT resistance needs to be monitored, but when it comes to extinguishing malaria—which has stubbornly maintained a constant global burden since 2015—there are bigger fish to fry. Drug resistance has thankfully not played a role in the current stall, says Pedro Alonso, the director of the WHO Global Malaria Program: it seems ACTs are enough to keep resistance from affecting mortality rates for the time being, including in Africa.

Read full, original post: [Are We Headed for a New Era of Malaria Drug Resistance?](#)