



Since 2006, IOM has been working with migrant workers on rubber plantations in South East Myanmar providing mobile clinic services, training volunteers in plantations and surrounding villages, and ensuring they have rapid tests and treatment supplies to identify and properly treat malaria. © IOM 2015/Muse Mohammed

Profound disparities, skill shortages, climate change, natural and man-made disasters and economic and political crisis have driven up the number of both internal and cross-border migrants. Over one billion people are now on the move, of which 244 million are international migrants and 740 million internal migrants.<sup>1</sup> Migration is a social determinant of health, it is often associated with poverty and social exclusion, which impede migrants' willingness and ability to access health services.

The health of migrants is included as a cross-cutting priority on various global platforms including the Global Compact on Safe, Orderly, and Regular Migration, which focuses on investment in the healthcare component of immigrant integration and the 70th World Health Assembly Resolution 'Promoting the health of refugees and migrants', which includes the development of a Global Action Plan, promoting Universal Health Coverage and the inclusion of migrant populations in migration-sensitive health systems.

Malaria is the fifth leading cause of death by communicable disease worldwide. In 2017 alone malaria caused an estimated 435,000 deaths resulting from 219 million cases, and 97 countries and territories had on-going malaria transmission.<sup>2</sup> Factors relating to migrants' living, working and transit conditions increase their likelihood of contracting malaria. As such it is important to understand migrant mobility patterns and associated malaria risk factors to protect the health of migrant and host communities and improve migration outcomes.

Due to the complex interplay between migration and malaria, a multi-sectoral approach to malaria control and elimination is necessary. Dialogue both within and between countries to share best practices, and coordination between civil society, health, labor, immigration, social services, transportation, environment and private sectors is critical if effective migrant-inclusive policies are to be developed.

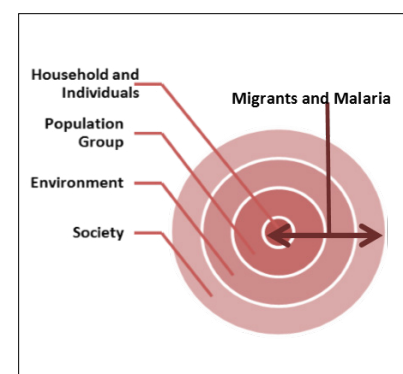
For more information on the above activities please contact the Migration Health Division (MHD) at [mhddpt@iom.int](mailto:mhddpt@iom.int)



## THE LEVELS OF MIGRANT MALARIA PREVENTION

Determinants of malaria risk among migrants range from proximal (household and individual) to distal (social). At the **household and individual level**, families must make decisions on how to spend limited resources. Awareness of and access to preventive measures may be lacking, resulting in higher risks of infection. This in turn may impact school and work attendance, thus reducing productivity and economic development at the national level.

As a population group migrants may face increased risk of malaria due to marginalization, frequent mobility, high-risk work conditions, transitory and unhealthy living conditions, as well as limited access to health care. High mobility places migrants at a particular risk due to low immunity to local strains.

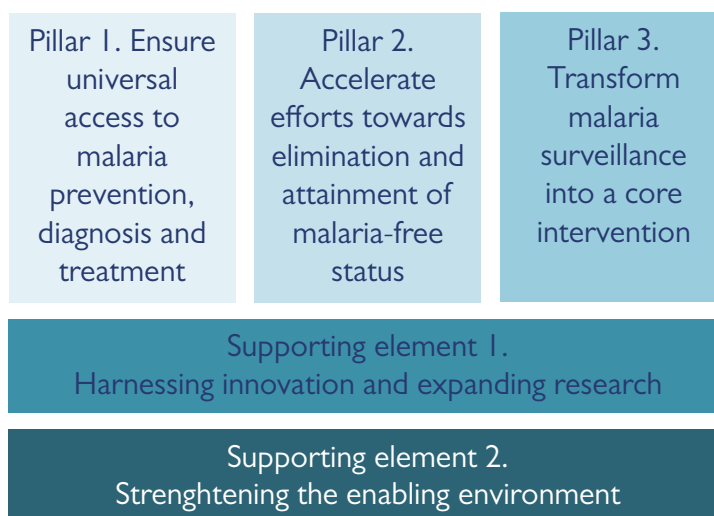


The prevalence of malaria vectors in the **environment** is dependent on mosquito reproduction and life cycle as well as the type of malaria-causing parasite. Mosquito reproduction and spread of malaria are increased by cramped living conditions. Climate changes, like rising temperatures, changes in humidity, and water availability, can increase vector distribution and behaviour. Migrants' vulnerability to the disease is linked to the fact that they often live and work in forest-related industries, agriculture or construction areas that are susceptible to mosquito breeding.

At the **societal level**, economic and legal factors, as well as social stigma, can increase susceptibility of migrants to contracting malaria. Inequitable distribution of power and resources across and within countries as well as human rights practices have great influence on migrants' living conditions and access to health.

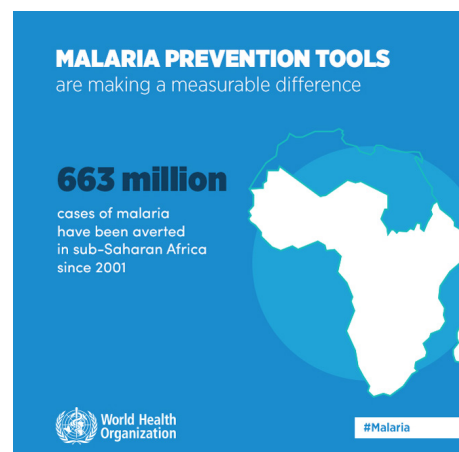
## THE WHO GLOBAL TECHNICAL STRATEGY FOR MALARIA 2016-2030

### Strategic framework

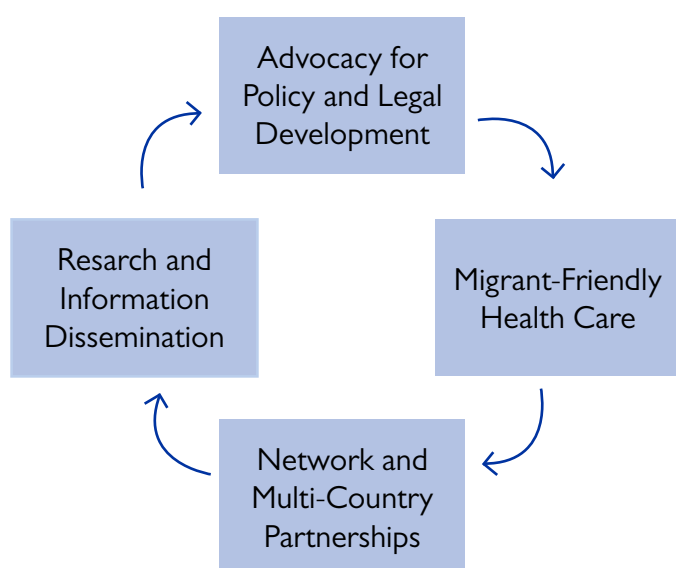


Adopted by the WHA 2015, the Global Technical Strategy (GTS) provides a comprehensive framework to guide countries in their efforts to accelerate progress towards malaria elimination. The strategy sets the target of reducing global malaria incidence and mortality rates by at least 90% by 2030, and includes several migrant specific action points under its three pillars. Under **Pillar 1**, the strategy stipulates the extension of universal health coverage to migrants which includes the administration of chemoprophylaxis as well as other preventive, diagnostic, and treatment measures. **Pillar 2** of the strategy focuses on the elimination *P. falciparum* resistance to artemisinin in the Greater Mekong Subregion (GMS), where there are many types of migration. Screening and treatment of migrants is of particular importance in preventing the spread and development of new artemisinin-based combination therapy (ACT)-resistant strains. The strategy stresses regional collaboration to provides accessible healthcare services to itinerant populations and migrant workers. In **Pillar 3**, the strategy recognizes the importance of proactive case detection and provision of treatment to migrants to prevent the re-introduction of malaria<sup>5</sup> to areas that are near elimination.

Migrants, mobile, cross-border and internally displaced populations (IDPs) are key vulnerable groups who may be affected by malaria largely because they lack or have limited access to malaria prevention, treatment and continuum of healthcare support at points of origin, travel and transit, at destination and upon returning home. IOM joins WHO and partners every year on April 25th to solidify support for malaria elimination.



## ADDRESSING MALARIA THROUGH THE CONTEXT OF MIGRATION



- Focusing malaria control and elimination efforts on addressing the socio-economic causes for malaria's spread will prevent re-emergence.
- Collecting accurate data regarding malaria and human mobility is essential for policy development and effective advocacy
- Developing policies that allow access of migrants to health care and legal status greatly strengthen malaria prevention and control.
- Multi-sector and multi-country partnerships allow malaria to be addressed across borders and services.

## TOWARDS A REGIONAL APPROACH FOR MALARIA ELIMINATION: THE GREATER MEKONG SUBREGION (GMS) EXAMPLE

Malaria is endemic in five of the six Greater Mekong Subregion (GMS) countries – Cambodia, Lao Peoples Democratic Republic, Myanmar, Thailand and Viet Nam. The WHO strategy specifically addresses falciparum elimination in the GMS due to the emergence of artemisinin resistance, threatening progress in this region and the overall disease burden. This area also experiences high levels of migration, especially labour migration, with Thailand as the main receiving country. Coupled with rapid development within the GMS, human movement is influencing regional trends in malaria transmission. Trans-border disease control campaigns provide evidence showing that understanding migrant and mobile populations (MMPs) is important to evaluate trends in disease transmission and targets of elimination efforts. IOM and WHO have collaborated at the national level to provide up-to-date recommendations on technical implementation and policy implications of addressing malaria for MMPs.



IOM Mawlamyine staff provide malaria rapid tests for rubber plantation workers in Mudon Township, Mon State, Myanmar. © IOM 2016/Muse Mohammed



## MYANMAR

As a result of ongoing conflict in Myanmar, the country has witnessed a large volume of internal and international displacement. Internally, migrants move to work in the south-eastern region of the country in areas where artemisinin resistance has been confirmed. Since 2006, IOM has supported the community-based, National Malaria Control Programme in nine mobility impacted townships, all of which are priority for artemisinin resistance containment. IOM provided malaria services through Rapid Diagnostic Tests (RDTs), microscopy units, education and prevention campaigns, and screening sites at transit points.



IOM staff provide health education for rubber plantation workers in Myanmar. © IOM 2016/Muse Mohammed

## PARAGUAY

According to Pan American Health Organization (PAHO), between 2000 and 2010, there was a reduction of 99.6 per cent in the number of malaria cases in Paraguay. To achieve the WHO certification as a Malaria free country, IOM supported the Ministry of Health and Social Welfare in implementing the project Strengthening of the National Strategy for the Prevention of the Reintroduction of Malaria in 2016, placing a special emphasis on disease prevention, identification of potential cases, accurate diagnosis, treatment as well as the empowerment of resources and skills in the 18 health regions of the country. Paraguay was certified as Malaria Free Country in 2018.



Entomology personnel of the Malaria Eradication Service working on classification of vectors, as an integrated vector management activity. © IOM 2017

## SOUTH SUDAN

After years of conflict, South Sudan has many human mobility concerns, but malaria remains the leading cause of morbidity in IDP sites. IOM has been providing malaria prevention, diagnostic, treatment and care services to IDPs, returnees and host community members since 2009. IOM's clinics tested and treated 93,760 cases of malaria through rapid diagnostic tests in 2017. Additionally, IOM reaches out to pregnant and lactating mothers through its reproductive health programme by distributing insecticide treated mosquito nets, providing two doses of intermittent preventive treatment (IPT2), and sensitizing the mothers on the correct use of mosquito nets.



Blood samples are being tested in an IOM rehabilitated clinic in South Sudan. © IOM 2016/Muse Mohammed

## THAILAND

Thailand is by far the main receiving country in the Greater Mekong Subregion hosting more than 3 million migrants, with many performing labour intensive work in documented and undocumented settings. From 2011 to 2015, with support from the Global Fund, IOM provided malaria services to populations and host communities along several border provinces. Services included vector control, distribution of long lasting insecticide treated bed nets (LLIN) and behaviour change communication campaigns to enhance treatment seeking, drug compliance and self-protection.



LLINs distribution to the Baannai Village's migrants at Kapong District in Phang-Nga, Thailand. © IOM 2014

## References

<sup>1</sup> IOM (2017) 'Migration and migrants: A global overview', in IOM (2017) World Migration Report 2018, IOM: Geneva.

<sup>2</sup> 'World Malaria Report 2018. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

<sup>3</sup> Global Technical Strategy for Malaria 2016-2030: World Health Organization, 2015.