



PRE-DISTRIBUTION SURVEY AND MAPPING SURVEY IN MAE HONG SON © IOM 2012

OVERVIEW

Migration within and across the Greater Mekong Sub-region (GMS) is a long-standing and common practice and is expected to increase as the region continues to develop, especially following the commencement of the ASEAN Economic Community (AEC) in 2015. Well-managed migration can contribute to achieving eventual malarial elimination in the GMS. Enough evidence suggests that malaria may not be a forest-dependent disease, but may be influenced by population movements. While migration alone is not itself a risk factor for increased malaria transmissions, several factors may make migrants and the local populations vulnerable to malaria.

The region shows a primary clear pattern of migration characterized by population movements from Myanmar, Cambodia and Lao PDR to Thailand. Thus, Thailand is by far the main receiving country in the GMS hosting more than 3 million migrants. Also, secondary migration flows occur, including population movements from Myanmar, Lao PDR and Viet Nam to the border provinces of China or cross-border mobility between Cambodia and Viet Nam. Malaria is endemic in the five GMS countries—with high prevalence areas in the Myanmar-Thai border and in some provinces in Cambodia.



IOM MALARIA PROJECTS IN THE GMS



Community-based Malaria Projects in Myanmar (2011-Ongoing) & Thailand (2011-2015)



MALARIA SERVICES FOR MIGRANT POPULATIONS IN MYANMAR
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In the Greater Mekong Subregion (GMS), 79% of malaria cases are in Myanmar and case incidence are noticeably higher in border provinces. The link between migration and the spread of malaria is well documented in the GMS. Migrants particularly those working in forest areas are highly vulnerable to malaria due to lack of access to prevention and knowledge of symptoms. Emerging strains of Artemisinin-resistant malaria at border areas have further threatened regional and global efforts to control and eliminate malaria. Containment activities have been ongoing in vulnerable areas across the region.

The border between Thailand and Myanmar is considered to have the world's highest rates of multi-drug resistant *P. falciparum* malaria. A community-based Global Fund project has been ongoing since 2011 to contain Artemisinin resistance in mobile communities in Myanmar. It is now implemented in Mawlamyine, Thanbuzayat, Mudon, Kyaikmayaw, Thaton, Ye, Bilin, Kyaikhto, Paug, Chaung Sone Townships in Mon State; and Hpa-an, Myawaddy, Thantaung Gyi Kyar Inn Seik Gyi and Hlang Bwe in Kayin State. The goal is to reduce malaria morbidity and mortality and prevent or delay the spread of Artemisinin resistant *P. falciparum* parasites within project townships and beyond its borders. Activities carried out in this project include: 1. Distribution of long-lasting insecticide treated bednets (LLINs); 2. Outreach and health education; 3. Case detection and referral; 4. Technical and operational support or community representatives; 5. Capacity building for health staff.

A community-based containment project has also been funded by Global Fund in Thailand from 2011-2016. Target areas include 11 provinces: Chiang Mai, Chiang Rai, Mae Hong Son, Tak, Chanthaburi, Sakeaw, Phang Nga, Kanchanaburi, Phetchaburi, Chumpon and Ranong. Similarly, this project included community mapping, distribution of LLINs, community outreach and health education programmes and strengthening capacities of provincial migrant workers' networks to improve malaria information sharing in source, transit and destination sites.

Projects at a Glance:

Community-based Artemisinin Resistance Containment for Mobility Impacted Communities in Mon and Kayin States, Myanmar

Target Areas:

15 townships in Mon and Kayin States

Timeframe:

January 2011—Ongoing

Donor:

The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria

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*Containment of Artemisinin Resistance toward Elimination of *P. falciparum* in Thailand*

Target Areas:

11 Provinces in Thailand

Timeframe:

September 2011–September 2016

Donor:

The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria

Key Highlights

In Myanmar

(Reporting period Jan—Jun 2017)

4,773 LLINs distributed to at-risk populations through mass campaigns

23,739 suspected malaria cases that received parasitological tests

157 confirmed malaria cases that received first line anti-malarial treatment

204 Village Health Volunteers trained and supported

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In Thailand:

(Reporting period Jul2016–Sept 2016)

24,272 LLINs distributed to at-risk populations through mass campaigns

15,596 people reached through behaviour change communication activities

57 districts reached via radio broadcasts delivering health messages

7,400 people reached through peer education by migrant health workers and volunteers

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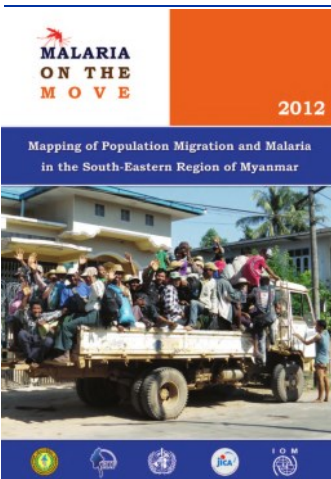
FOCUS GROUP DISCUSSIONS WITH MMPs IN LAO PDR AND MMPs SETTLEMENT IN CAMBODIA © IOM 2012

Regional Capacity Development for Malaria in Mobile & Migrant Populations (MMPs) in Cambodia, Lao PDR and Myanmar, 2016-Ongoing

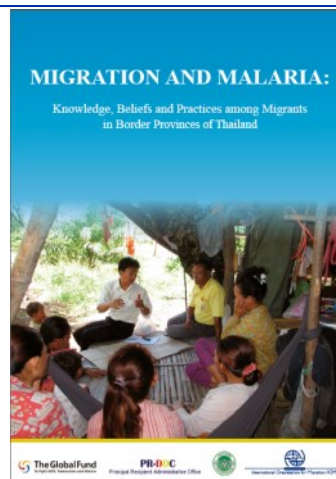
Malaria continues to be a major public health concern in the GMS especially among MMPs. Forest goers has the highest malaria prevalence rates. Asian Development Bank (ADB) is funding ongoing projects in Cambodia and Lao PDR to develop capacity and provide technical assistance for malaria and communicable disease control in MMPs at a regional level. In Myanmar, ADB is funding an ongoing project to increase access to malaria prevention, testing and treatment for MMPs. In Cambodia, a situation assessment and health facility mapping report was produced to identify areas of high MMP concentration. Migration and mobility patterns in border districts, along with distribution and availability of malaria and health services were also studied and mapped. An Memorandum of Understanding between Ministry of health and IOM was signed in 2016. In Lao PDR, a mapping study, situational assessment and community outreach activities were conducted in Champasak and Attapeu provinces to determine appropriate MMPs catchment villages. This project works closely with District Health Office and Provincial Health Department at implementation level. In Myanmar, the project focuses on increasing access to malaria prevention, testing and treatment for MMPs in 3 private sector work sites in operations including plantations, mines and infrastructure projects.



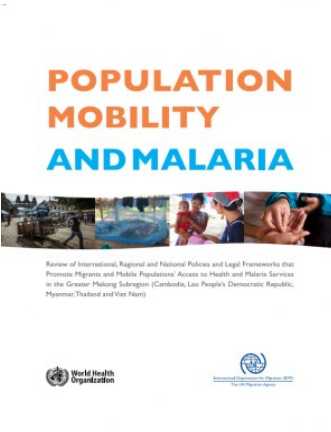
IOM MALARA & MIGRATION PROJECTS IN ASIA AND THE PACIFIC PUBLICATIONS



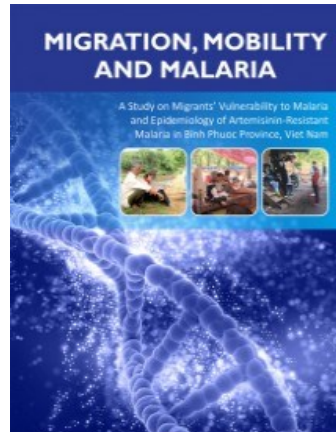
Malaria on the Move: Mapping of Population Migration and Malaria in the South-Eastern Region of Myanmar (2012) - This study mapped population movement in 21 townships in Myanmar to provide programmatic responses. Available on: http://www.themimu.info/sites/themimu.info/files/documents/Report_Migrant_Malaria_Mapping_SE_2012.pdf



Migration and Malaria: Knowledge, Beliefs and Practices among migrants in Border Provinces of Thailand (2012) - This study contributed to the Global Fund's project to move towards elimination of *P. falciparum* in Thailand, strengthened comprehensive behaviour change interventions among migrants.



Population Mobility and Malaria (2017) - This study reviews the international, regional and national policies and legal frameworks that promote MMPs access to health and malaria services in the GMS. Available on: https://www.iom.int/sites/default/files/our_work/DMM/Migration-Health/MMP_GMS_Legal%20Frameworks_2017.pdf



Migration, Mobility and Malaria (2016) - This was a study on migrants' vulnerability to malaria and epidemiology of Artemisinin-resistant malaria in Binh Phuoc Province in Viet Nam. Available on: <https://publications.iom.int/books/migration-mobility-and-malaria-study-migrants-vulnerability-malaria-and-epidemiology>





IOM Migration Health Programme Areas

H1	MIGRATION HEALTH ASSESSMENT AND TRAVEL HEALTH ASSISTANCE <p>IOM conducts migrant health assessments including resettling refugees, labour migrants and displaced persons either pre-departure or on arrival. This reduces and manages the potential public health impact of human mobility on migrants, receiving countries and communities. Pre-departure services include treatment for conditions such as malaria, and diagnostic treatment for tuberculosis (TB) sexually transmitted infections. IOM also immunizes migrants against preventable diseases and offers specialized counseling.</p>
H2	HEALTH PROMOTION AND ASSISTANCE FOR MIGRANTS <p>IOM promotes the health of migrants through advocating for migrant-inclusive policies, delivering technical assistance and enhancing partners and government capacity to provide migrant-friendly services. IOM's programmes include HIV, cholera, TB, malaria, non-communicable diseases, environmental health and influenza, in addition to assisting governments in managing the migration of health workers. Among other key interventions, IOM's regional, multi-sector coordination Joint UN Initiative on Migration and Health in Asia (JUNIMA) advocates for the right to health and access to health in Asia.</p>
H2	MIGRATION HEALTH ASSISTANCE FOR CRISIS-AFFECTED POPULATIONS <p>Health is an integrated component of IOM's overall humanitarian response. IOM is a Coordination Camp Management Cluster lead, coordinating the response of UN agencies to emergencies and crises. IOM a) assists crisis-affected populations, governments and host communities to strengthen and re-establish primary health care systems; b) delivers health care and psychological support for displaced persons, facilitates medical referrals and arranges medical evacuations for individuals who cannot be cared for locally; c) assists in rebuilding community based services and strengthens crisis-affected health care systems.</p>



IOM'S GLOBAL APPROACH TO MIGRATION AND HEALTH

Monitoring Migrant Health <p>Research and Information Dissemination</p> <p>STRENGTHENS knowledge on the health of migrants via research and information dissemination to ensure evidence-based programming and policy development.</p>	Policy and Legal Framework <p>Advocacy for Policy Development</p> <p>ADVOCATES for migrant inclusive health policies and programmes at a national, regional and global level, and assists in the development of policies to promote and protect the health of migrants.</p>
Migrant Sensitive Health System <p>Health Service Delivery and Capacity Building</p> <p>DELIVERS, FACILITATES and PROMOTES equitable access to migrant-friendly and comprehensive health care services.</p>	Partnerships <p>Strengthening Inter-Country Coordination and Partnership</p> <p>COMMITTED to developing and strengthening multi-sectoral partnerships and coordination among member states, stakeholders and migrants.</p>

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