Malaria among mobile and migrant populations: Progress to date in the GMS - Importance of MMPs and approaches in malaria elimination

WORKSHOP
INFORMATION AND EXPERIENCE SHARING ON RECENT MALARIA RESEARCH, CONTROL AND PREVENTION TARGETING MOBILE AND MIGRANT POPULATIONS

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Emergency Response to Artemisinin Resistance (ERAR) in the GMS
WHO
Mobility and Migration

- Push Factors
  - Poor Medical Care.
  - Not enough jobs.
  - Few opportunities.
  - Primitive Conditions
  - Political fear
  - Fear of torture and mistreatment
  - Not being able to practice religion
  - Loss of wealth
  - Natural Disasters

- Pull Factors
  - Chances of getting a job
  - Better living standards
  - Education
  - Better Medical Care
  - Security
  - Recreation
  - Family Links
Definitions - is it important?

residence, migrants, borders, 1 year, 6 months, work, permanent, temporary, cross, internally, less, working, registered, place, period, 1 month, moves, another, laborers, displaced, trade, visitors, stays, arrested, seasonal, documented, official, undocumented, personnel, registered, less, formal, irregular, labor, residents, households, village, healthcare, military, system, access, usual.
Overview

• Snapshot of the situation
• Future scenario in the GMS
• Efforts to date addressing mobile and migrant populations
• Global and regional frameworks
• Lessons learned
• Areas of focus
Malaria is at its highest burden in border areas.
Future scenario in the GMS
Current and planned hydro dam projects in the GMS
A) P. falciparum flows originating from the Great Mekong subregion.

B) P. vivax flows originating from the Great Mekong subregion.

Huang and Tatem Malaria Journal 2013, 12:269.
Migration is a common phenomenon. The world is shrinking. The world is becoming a global village. Country boundaries and barriers no longer restrict people movement.
Country B
programmes on both sides of a border, in townships in endemic areas
Country A

- Largely occupationally/economically driven
- Within borders and across borders
- Multiple factors, complex dynamics of movement
- Different subsets of moving populations
Country B programmes on both sides of a border, in townships in endemic areas.

Country A

? Population at risk
? Border
? Migrant

What would we do differently to improve access?
Malaria & Mobile and Migrant Populations - Strategies to date:

- Global
- Regional
- GMS
Global Technical Strategy for Malaria 2016-2030

1. All countries can accelerate efforts towards elimination through combinations of interventions tailored to local contexts.

2. Country ownership and leadership, with involvement and participation of communities, are essential to accelerating progress through a multisectoral approach.

3. Improved surveillance, monitoring and evaluation, as well as stratification by malaria disease burden, are required to optimize the implementation of malaria interventions.

4. Equity in access to services especially for the most vulnerable and hard-to-reach populations is essential.

5. Innovation in tools and implementation approaches will enable countries to maximize their progression along the path to elimination.
The GMS Malaria elimination strategy

VISION:
- A GMS free of malaria and the continual threat posed by antimalarial drug resistance.

GOALS:
- The ultimate goal of this regional strategy is to eliminate malaria by 2030 in all GMS countries and, considering the urgency of action against multidrug resistance in the GMS, to eliminate *P. falciparum* by 2025.
- In areas and countries where malaria transmission has been interrupted, the goal is to maintain the malaria-free status and prevent reintroduction of malaria.
Emergency Response to Artemisinin Resistance (ERAR)

ERAR Framework highlights key action areas in which progress is urgently needed in the coming years if we are to contain resistance and move towards elimination of malaria in GMS.

**FULL COVERAGE OF QUALITY INTERVENTIONS IN PRIORITY AREAS**

- Action 1. Increase quality and coverage of key interventions in the private and public sector
- Action 2. Engage health and non-health sectors to reach high risk populations
- Action 3. Implement measures to ensure continuous and uninterrupted supply of essential commodities

**TIGHTER COORDINATION AND MANAGEMENT OF FIELD OPERATIONS**

- Action 4. Strengthen coordination of field activities
- Action 5. Monitor staff performance and increase supportive supervision
- Action 6. Promote the integration of containment, elimination and malaria control while maintaining the focus on resistance

**BETTER INFORMATION FOR ARTEMISININ RESISTANCE CONTAINMENT**

- Action 7. Improve collection and use of data to target operations
- Action 8. Fast-track priority research and refine tools for containment and elimination
- Action 9. Increase monitoring of antimalarial therapeutic efficacy and strengthen the therapeutic efficacy networks worldwide
- Action 10. Increase monitoring of insecticide resistance

**REGIONAL OVERSIGHT AND SUPPORT**

- Action 11. Enhance accountability and exchange of information
- Action 12. Build political support at all levels
- Action 13. Facilitate progress and regional cooperation on pharmaceutical regulation, production, export and marketing
- Action 14. Create regional community of practice on approaches to high-risk populations
- Action 15. Support cross-border coordination
Key meetings in the last 3 years on migrant/cross border issues

GMS: 2013-2015

More than 20+ meetings/workshops on migrants/cross border issues
Toolkits and strategies

http://who.int/malaria/areas/greater_mekong/toolkits/en/
Broader Global and Regional frameworks
A set of 17 goals and 169 targets

[MDGs had 8 goals and 20 targets]

**SDG target 8.8:** protect labour rights and promote safe and secure working environments of all workers, including migrant workers, particularly women migrants, and those in precarious situations

**SDG target 10.7:** facilitate orderly, safe, regular and responsible migration and mobility of people, including through implementation of planned and well-managed migration policies

**SDG target 10.c:** by 2030, reduce to less than 3% the transaction costs of migrant remittances and eliminate remittance corridors with costs higher than 5%

**SDG target 17.18:** data disaggregation, including by migratory status
Mission statement

To promote a healthy and caring ASEAN Community, where the people achieve maximal health potential through healthy lifestyle, have universal access to quality health care and financial risk protection; have safe food and healthy diet, live in a healthy environment with sustainable inclusive development where health is incorporated in all policies.
GMS: Lessons learned

&

What is needed for elimination by 2030?
GMS: Lessons learned – strategies

Key strategies for target MMP populations:

- understand **current and anticipated** dynamics of the local area (vulnerability and receptivity)

- **risk mitigation**

- interventions need to factor **timing and duration** of mobility etc (one size doesn’t not fit all)

- need to **prioritize** population movements with the most significance to malaria
GMS: Lessons learned – enabling factors

- National/subnational elimination of Pf (also requires multisector and policy guidance on MMPs)

- Strategies need to be **not just responsive but more anticipatory** (involving economic, agricultural, and environmental planning bodies, understanding the influence of land use change as part of routine malaria program surveillance)

- Border/Cross border strategy must involve synergistic/complementary activities on the opposite side.

- **Standardized** key data variables to be collected and **platform/s** for data sharing and response across countries.
GMS: Lessons learned - engagement

Engage **private sector** – “it’s the only sustainable way forward”:

- **Public-private partnerships (PPP):**
  - access to services
  - mobilize additional resources (direct and indirect - eg taxes)
  - establish **private sector codes of practice** (e.g. ILO) for providing health services to migrants

Engage **civil society**:

- Increase migrants’ and local populations’ knowledge on:
  - rights to health services,
  - labour protection, and
  - information on legal status
GMS: Lessons learned – safeguards

- Health and environmental impact assessments
  - Improve methodologies
  - Improve enforcement

- Social protection mechanisms
  (e.g. health insurance access & coverage, portability across countries)

- Framework for multisectoral approach, response, harmonized results framework with key indicators across key sectors

  - ASEAN/ASEAN + 3 (political lead),
  - WHO (technical lead/convener) and partners

- Constraints in cross-border collaboration - timely and regular policy dialogue with national and regulatory authorities (role of APLMA, ASEAN, Development partners, WHO).
Areas of focus

• Comprehensive assessment of the mobility situation – current and anticipated (at least in the short term):
  - dynamics of population movement
  - receptivity and vulnerability in relation to malaria elimination
  - local/regional stakeholder (multi sector) mapping
  - local health systems – access (UHC) and delivery, migrant/mobility friendly services, human resources & capacity, commodities especially in border areas, translating SDG at local levels

• Border specific approaches – defined objective, menu of options/strategies for malaria elimination adapting to context

• Empowering local capacities - more anticipatory vs reactive

• Health and social security initiatives

• Policies and legal frameworks
### Strength of Surveillance

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Type of mobility

- Inbound
- Outbound
- Internal

Speed/Timing of mobility

- Seasonal
- Regular/frequent
- Perineal/Continuous

Early diagnostic, treatment and preventive strategies

Origin & transit

- Malaria post
- Border malaria post
- Fixed Scheduled Mobile Clinics
- Mobile migrant worker/volunteer
- Buddy health clinics

Screening points
- Border-Crossing Malaria Corners
- Twin city initiatives

Destination/at risk location

- Mobile migrant worker/volunteer
- Buddy health clinics
- Village health worker/volunteer, teachers etc in border villages
- Plantation malaria workers
- Military camps and outpost/patrols

Policies and Legal Frameworks allowing access

- Health protection of migrants, rights of workers
- Regional Legal Instruments and Policies in Asia Pacific
Photo credit: Migrant worker temporary housing in a rubber plantation, Attapeu province, Lao Peoples Democratic Republic. Dr Bouasy Hongvanthong.