

Approaches for mobile and migrant populations in the context of malaria multi-drug resistance and malaria elimination in the Greater Mekong Subregion



World Health
Organization

**Approaches for mobile and migrant populations
in the context of malaria multi-drug resistance
and malaria elimination in
the Greater Mekong Subregion**

WHO Library Cataloguing-in-publication data

World Health Organization, Regional office for South-East Asia.

Approaches for mobile and migrant populations in the context of malaria multidrug resistance and malaria elimination in the Greater Mekong Subregion.

- | | | |
|---------------------------------------|---------------------------------|------------------------------------|
| 1. Antimalarials. | 2. Communicable Disease Control | 3. Malaria -Prevention and control |
| 4. Malaria -Drug Resistance, Multiple | | 5. Malaria – epidemiology |
| 6. National Health Programmes | | 7. South-East Asia. I. Title. |

ISBN 978-92-9022-499-0

(NLM classification: WC 765)

© World Health Organization 2016

All rights reserved.

Requests for publications, or for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – can be obtained from SEARO Library, World Health Organization, Regional Office for South-East Asia, Indraprastha Estate, Mahatma Gandhi Marg, New Delhi 110 002, India (fax: +91 11 23370197; e-mail: searolibrary@who.int).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

This publication does not necessarily represent the decisions or policies of the World Health Organization.

Printed in Thailand

Front cover: Migrant worker temporary housing in a rubber plantation, Attapeu province, Lao Peoples Democratic Republic. Photo credit: Dr Bousay Hongvanthong

Contents

Acknowledgements	iv
Acronyms	v
Summary of key points	vii
Key recommendations	viii
1. Introduction	1
2. Background	5
2.1 Human population movement as a factor in malaria transmission.....	5
2.2 Towards a conceptual framework for addressing population mobility	7
3. Strengthening program activities to engage mobile populations	13
3.1 Malaria prevention through health promotion.....	13
3.2 Early diagnosis and treatment	17
3.3 Vector control	22
3.4 Surveillance and response	26
3.5 Program capacity development	30
4. Special issues facing the Greater Mekong Sub-region.....	33
4.1 Rural economic development and shifting land use: Building cross-sectoral collaboration to eliminate malaria.....	33
4.2 Conflict, disaster and forced displacement	36
4.3 Processes for security personnel, civil servants and special groups	39
5. Migrant policy frameworks	41
5.1 Gaps and opportunities on health laws and policies	42
5.2 Gaps and opportunities on labour laws and policies.....	42
5.3 Gaps and opportunities on malaria policies	43
6. Conclusions	47
References.....	49
Annexes	
1. Country definitions and sub-categories of migrant and mobile populations	55
2. Mobile population groups, challenges and opportunities for the GMS malaria programmes.....	59

Acknowledgements

This publication was developed by the WHO Emergency Response to Artemisinin Resistance (ERAR) in the Greater Mekong Subregion (GMS) and the Malaria Unit of the Department of Communicable Diseases of the WHO Regional Office for South-East Asia. It is based on WHO's Emergency response to artemisinin resistance in the Greater Mekong Subregion - Regional framework for action 2013-2015, Strategy for malaria elimination in the Greater Mekong Subregion 2015–2030, and the Global technical strategy for malaria 2016–2030. Addressing the needs of mobile and migrant populations (MMPs) is an integral part of responding to multi-drug resistance and to eliminate malaria in the GMS. The publication aims to take stock of interventions to date, attempts to harmonize approaches and forge a new path to rapidly scale up innovative actions to reach MMPs.

We acknowledge with thanks the contributions of Catherine Smith and Deyer Gopinath, who drafted the document, and the many people who participated in the collection and analysis of information in this publication and provided valuable feedback, including Leonard Ortega, Walter Kazadi and Eva Maria Christophel, Mark Andrew Jacobs, Rabindra Romauld Abeyasinghe, Gawrie Loku Galappaththy, Jaime F. Calderon and Montira Inkochasan.

The report was edited by Martha Lorena Bonilla Espinosa. The cover and layout was designed by Subhankar Bhowmik and the typesetting was done by Chander Prakash Sharma.

The publication of this document was supported by the Australian Government and the Bill & Melinda Gates Foundation.

Acronyms

ACT	artemisinin-based combination therapy
AIM	Action and investment to defeat malaria 2016-2030
ASEAN	Association of Southeast Asian Nations
BCC	behavior-change communication
BMP	border malaria post
CAP Malaria	Control and Prevention Malaria project
CBM	cross-border malaria
CSR	corporate social responsibility
DOT	directly observed treatment
EDAT	early diagnosis and treatment
ERAR	Emergency Response to Artemisinin Resistance in the GMS
GMS	Greater Mekong Subregion
GPARC	Global plan for artemisinin resistance containment
GTS	Global technical strategy for malaria 2016–2030
HIA	health impact assessment
HiAP	Health in All Policies
IEC	information, education and communication
ILO	International Labour Organization
IOM	International Organization for Migration
IRS	Indoor residual spraying
IPC	interpersonal communication
ITN	Insecticide-treated mosquito net
JUMINA	Joint Initiative on Mobility and HIV/AIDS
KAP	knowledge attitude and practices
LLINs	long-lasting insecticidal net
MC	Malaria Consortium
MMPs	mobile and migrant populations
MMWs	mobile malaria workers
MoU	Memorandum of Understanding
MDR	multi-drug resistance
OSH	occupational Safety and Health
PCR	polymerase chain reaction
PPM	Public Private Mix
PPP	Public Private Partnership
PRA	Participatory Rural Appraisal
PSI	Population Services International
<i>P. falciparum</i>	<i>Plasmodium falciparum</i>
<i>P. vivax</i>	<i>Plasmodium vivax</i>

RBM	Roll Back Malaria
RDS	Respondent Driven Sampling
RDTs	rapid diagnostic tests
UHC	Universal Health Coverage
USAID	United States Agency for International Development
VHW	village health worker
VMW	village malaria worker
WHA	World Health Assembly

Summary of key points

- Artemisinin resistance has been confirmed in the Greater Mekong Subregion (GMS), emerging in the same location as resistance to earlier anti-malarial drugs. Drug resistance has hastened the commitment of GMS countries to eliminate malaria by 2030.
- Population mobility is a key priority for addressing drug resistance, but a range of challenges has inhibited the capacity for countries to effectively engage Migrant and Mobile Populations (MMPs). New strategies are currently underway and should be evaluated, refined and replicated across the region.
- Population mobility in the GMS is strongly associated with shifting land use, including large rural infrastructure projects and agricultural industries that attract migrant labor and influence human-vector contact.
- The epidemiology of malaria in many parts of the GMS is shifting toward adult migrant men who are exposed to vectors through high-risk work in the forest or on construction sites, and who have variable access to health services.
- Outdoor biting mosquitoes present a major challenge for vector control for MMPs working at night or sleeping outdoors and forest-fringe communities.
- Border communities, ethnic minorities and forest-fringe communities are strongly impacted by mobility. Programs should approach mobility as a system involving multiple demographic groups.
- Mechanisms should be in place for soldiers and other special groups, and risk reduction strategies should be established to prepare for disasters.
- Containing artemisinin resistance and eliminating malaria in the GMS will require a future-oriented and cross-sectoral response, involving non-health government agencies and the private sector. Cross-sectoral commitments to address the links

预览已结束，完整报告链接

<https://www.yunbaogao.cn/report/index>