

# Meeting Report

## Technical Consultation on Improving Access to Malaria Control Services for Migrants and Mobile Populations in the Context of the Emergency Response to Artemisinin Resistance in the Greater Mekong Subregion



22–23 May 2014

Ha Noi, Viet Nam



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## MEETING REPORT

Technical Consultation on Improving Access to  
Malaria Control Services for Migrants and Mobile Populations in the  
Context of the Emergency Response to Artemisinin Resistance in the  
Greater Mekong Subregion

Convened by:

WORLD HEALTH ORGANIZATION  
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Ha Noi, Viet Nam  
22–23 May 2014

## NOTE

The views expressed in this report are those of the participants in the Technical Consultation on Improving Access to Malaria Control Services for Migrants and Mobile Populations in the Context of the Emergency Response to Artemisinin Resistance in the Greater Mekong Subregion and do not necessarily reflect the policies of the Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for governments of Member States in the Region and for those who participated in the Technical Consultation on Improving Access to Malaria Control Services for Migrants and Mobile Populations in the Context of the Emergency Response to Artemisinin Resistance in the Greater Mekong Subregion, which was held in Ha Noi, Viet Nam from 22 to 23 May 2014.

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#### Keywords:

Malaria - prevention and control / Mekong Valley / Artemisinins / Drug Resistance /  
Transients and Migrants

## SUMMARY

The Technical Consultation on Improving Access to Malaria Control Services for Migrants and Mobile Populations in the Context of the Emergency Response to Artemisinin Resistance in the Greater Mekong Subregion (GMS) was held in Ha Noi, Viet Nam, from 22 to 23 May 2014. This is the second planned consultation with national malaria control programmes of GMS countries and key stakeholders to address migrant and mobile population issues, especially in the context of malaria elimination and artemisinin resistance. The objective was to have a prioritized action plan for migrant and mobile populations in the GMS that pushes development partners and donors to support countries in immediate areas of implementation.

The containment of artemisinin resistance in the GMS has reached a critical juncture. A recent breakthrough has shown the K13-propeller mutations as the most important molecular marker for large-scale surveillance efforts to contain artemisinin resistance in the GMS and to prevent its global spread. With the launch of the Association for Southeast Asian Nations (ASEAN) Economic Community fast approaching and the consequent predicted explosion of mass migration for economic purposes, the time to act has never been more urgent.

In addition, cross-border collaboration needs to be improved in terms of timely information-sharing. The methodologies and tools are available, but commitment and funding are needed to move forward. The inclusion of private sector representatives in future strategy and implementation-level meetings will be an important step in facilitating the application of knowledge from public health to the business sector.

As donors look to providing additional support to GMS national malaria control programmes, they are encouraged to adopt a flexible approach to facilitate the development of innovative strategies required to combat this challenging disease.

## ABBREVIATIONS

ACT	Artemisinin-based combination therapy
ASEAN	Association of Southeast Asian Nations
BCC	behaviour change communication
CAP	Control and Prevention of Malaria Project
DOT	directly observed treatment
ERAR	Emergency Response to Artemisinin Resistance in the Greater Mekong Subregion
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GMS	Greater Mekong Subregion
IEC	information, education and communication
Lao PDR	Lao People's Democratic Republic
MMP	migrant and mobile population
NGO	nongovernmental organization
RAI	Global Fund Regional Artemisinin Initiative
USAID	United States Agency for International Development
VMW	village malaria worker
WHO	World Health Organization

## 1. INTRODUCTION

### 1.1 Background

The World Health Organization (WHO) estimates that there are 1 billion migrants globally, comprising around 214 million international and 740 million internal (i.e. domestic) migrants.<sup>1</sup> Migrants and mobile populations (MMPs), a diverse group including workers, refugees, students, undocumented migrants and others, have different health determinants, needs and levels of vulnerability. Many have been identified as most at risk for artemisinin resistance.

In 2009, it was estimated that the Greater Mekong Subregion (GMS) is home to more than 260 million people, including 3 million–5 million migrants.<sup>2</sup> Migration across the GMS is common and expected to increase with ongoing economic development in the Region and the commencement of the Association of Southeast Asian Nations (ASEAN) Economic Community in 2015. Thailand is the most popular destination country for labour migrants; however, increasingly, migrants are travelling from China to find work in the Lao People's Democratic Republic and Myanmar.

The majority of cross-border migrants use natural border crossing points, walking across mountains or wading across narrow rivers that divide the GMS countries, rather than official border crossings or check points. While legal migration channels have developed, these are generally not affordable or accessible to most migrants. Instead, migrants continue to cross the borders illegally to work as undocumented workers in a host country.

Many economic development projects in the GMS are influencing the malaria situation. The influx of foreign workers into one area can change the malaria parasite species ratio and introduce drug-resistant parasites. Further, without access to health services, migrant workers may self-medicate, and there may be an increase in substandard antimalarials and monotherapies. Further, as local populations are displaced, people may be moved from highland to lowland areas where they have low immunity and no protection against malaria.

Most of the malaria hotspots where antimalarial drug resistance has been confirmed are located right on, or in close proximity to, national road networks and international borders. Higher levels of potential drug-resistant malaria are also reported to be at locations with more dynamic population movements (e.g. Thailand–Myanmar and Thailand–Cambodia). In the GMS, virtually all of the Tier 1 areas (i.e. with credible evidence of artemisinin resistance) are located at the borders (Figure 1).

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