

Ensuring Access to Malaria Commodities for High-Risk Populations

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Who is at Risk?

- There is a very diverse range of population groups at high risk of malaria in the Asia-Pacific Region. Most are static but a large number are mobile making them difficult for health authorities to quantify and target.
- As these groups move internally or across borders they carry with them malaria parasites.
- Not only do they therefore represent a potential source of re-introduction of malaria to areas where control efforts have been successful, they could potentially introduce drug resistant parasites to areas formerly unaffected.
- These groups thus have the potential to undermine malaria control efforts in the region and beyond, and to seriously affect the health of entire populations.
- Mobile groups are therefore not only an issue for individual countries working towards eliminating malaria, but for the region as a whole.

Migration Flows and Stock in Greater Mekong Subregion (GMS)



- Widespread migration: 3-5 million workers (est.) – Thailand is the hub (60%)
- Bulk of migrants are lowly skilled with irregular jobs
- Migration is driven by economic disparities, demographic inequalities
- Weak governance and law enforcement: low incentives to become regular workers
- Complex stakeholders groups
- Impact of natural disasters and political events (MYA)

Lao PDR = Lao People's Democratic Republic, PRC = People's Republic of China.

Note: The circles illustrate the migrant stocks in each country (colors indicate the origin of migrants, the surface of the circle illustrates the size of the stocks). Question marks indicate uncertainty in the ratio.

Source: ADB (2012) (in Capannelli (2013))

High Risk – Static Populations

Established villages

New settlements and shanty towns

Settled but stateless populations

Refugee, IDP and detention camps.

Large scale construction projects (dams, bridges)

Plantations (rubber, oil palm, food)

Commercial projects (mines, oil/gas facilities)

Communities in conflict areas

Ethnic minorities in remote often mountainous settlements

Highly geographically isolated populations on islands in the Solomon Islands and highlands in Papua New Guinea IDP – Internally displaced people.



High Risk – Mobile Populations

Traditional slash-and-burn and paddy field farming communities (commonly ethnic minority groups -EMGs)

Seasonal agricultural labourers

Forest workers - formal sector (police, army, forest/wildlife protection services)

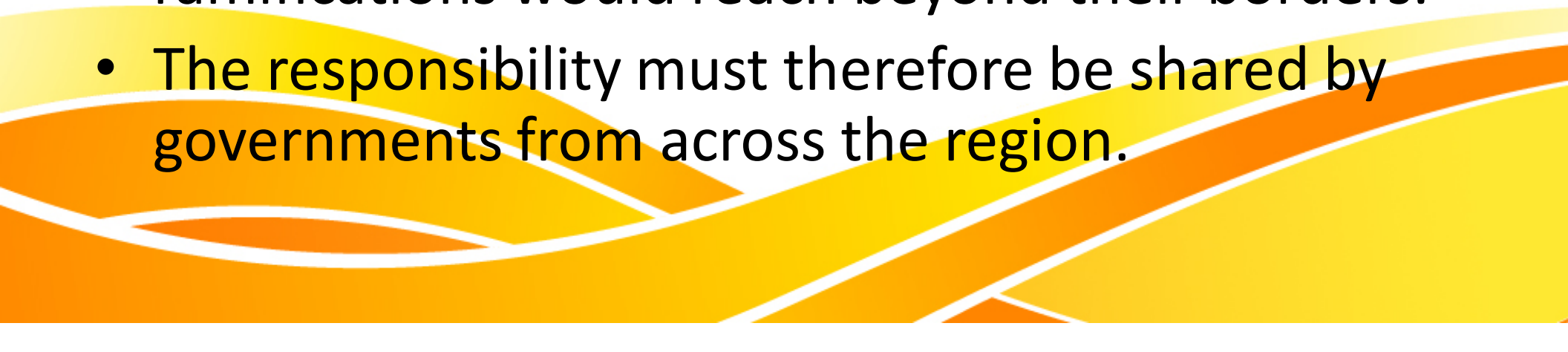
Forest workers - informal sector (hunters, small-scale gem/gold miners, people gathering forest products [precious timber, construction timber, rattan/bamboo])

Commercial projects (road/pipeline construction, large-scale logging).

People engaged in or affected by conflict (government and opposition)



Regional Responsibility

- The responsibility for controlling malaria, and particularly for eliminating resistant parasites and preventing their spread, cannot be left to the countries currently worst affected.
 - Many do not have the resources to mount an effective response and if they were to fail to mount an effective response the negative ramifications would reach beyond their borders.
 - The responsibility must therefore be shared by governments from across the region.
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Multi Sector Responsibility

- The burden of malaria is determined not only by factors within the domain of the health sector.
- The highly complex problem of malaria must be tackled not just through health policies but through policies that also address other factors that increase people's vulnerability to infection and disease.
- These policies may involve sectors such as transportation, public works, education, migration, labor, and agriculture .

What is happening?

- As a result of significant improvements in funding and service delivery over the last decade many of those living in established villages in endemic areas are now relatively well served by mainstream malaria interventions (LLINs delivered through mass distribution campaigns and facility based diagnostic and treatment services).
- A number of supplementary interventions have been developed in an effort to strengthen the delivery of services to high-risk groups underserved by mainstream interventions. However many of these supplementary interventions are still in the early stages of development and coverage is often patchy at best. As a result, many key populations still have very limited access to malaria commodities

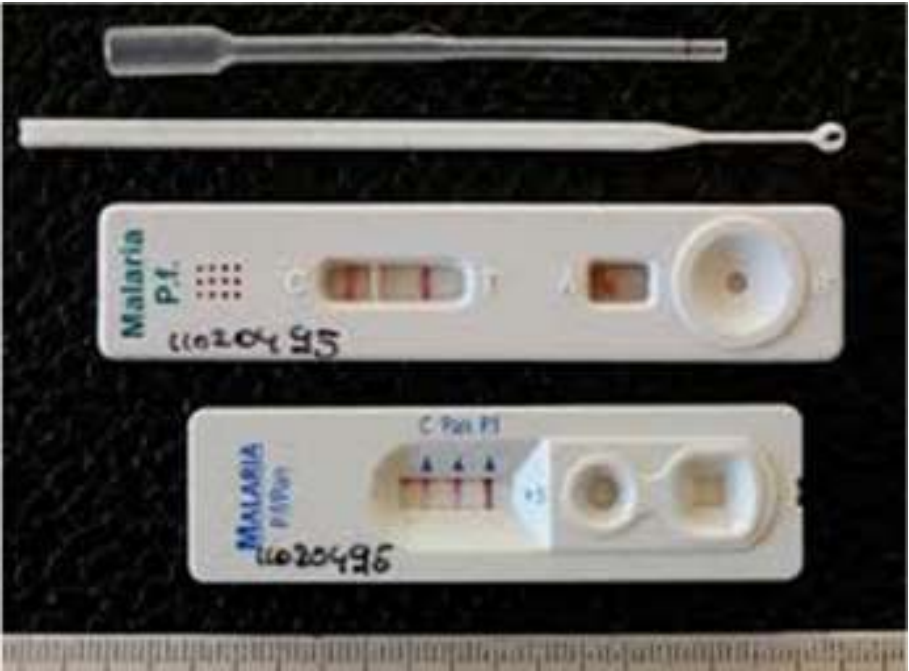
Long-Lasting Treated Nets



Hammock Net



Artemisinin Combination Therapy and Rapid Diagnostic Tests



What needs to be done?

- Ensure efficiency, effectiveness and sustainability of financing for regional country level activities.
- Ensure access to malaria commodities for all high-risk populations, irrespective of nationality, to progress commitments to Universal Health Coverage (UHC).
- Encourage the development of public-private partnerships and foster a culture of corporate responsibility.
- Show leadership for a multi-sector, multi country approach to a multi-sectoral problem.

What needs to be done?

- Update Ministry of Defence strategies in line with NMCP strategies.
- Strengthen regulatory capacity and enable regional exchange of intelligence on counterfeit, poor-quality and inappropriate malaria commodities.
- Ensure the procurement and production of quality locally appropriate commodities, including through the development of regional capacity for commodity production.

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