



RCDTA-8959: Malaria and Communicable Diseases Control in the GMS

Summary of Proceedings

Regional Knowledge Exchange Workshop on Malaria Interventions among Mobile Migrant Populations

Background

The knowledge exchange workshop was jointly organized by Asian Development Bank (ADB) and International Organization for Migration (IOM) and conducted at the Eastin Grand Hotel Sathorn in Bangkok, Thailand, from 17th to 18th May 2018.

The 2-day knowledge workshop was organized to share successes, challenges and lessons learnt from RCDTA projects in Cambodia, Lao People's Democratic Republic (PDR) and Myanmar on malaria and communicable diseases control in mobile and migrant populations (MMPs). The workshop was designed to allow respective countries to give an overview of the RCDTA projects, share implementation experiences and identify key features for success. The workshop was interactive and provided a platform for participants to share their varied experiences, best practices as well as the challenges associated with managing and executing this project in their respective countries. The workshop also consolidated recommendations for future malaria and communicable disease control projects in MMPs. The outcomes of this workshop will be included in an overall knowledge product in the form of a report.

Objectives

1. Strengthen local capacity by sharing RCDTA lessons between district/province health offices from the pilot interventions in Cambodia, Lao PDR and Myanmar;
2. Discuss experiences, lessons learned and challenges that will be the knowledge base for scale-up of RCDTA's pilot models for malaria prevention to national and regional level;
3. Explore appropriate malaria implementation strategies among MMPs and host communities and how these can be further developed as intervention models;
4. Strengthen cross border partnership and collaboration among malaria partners and governments in Cambodia, Lao PDR and Myanmar.

Workshop Participants

Twenty six Officials from MOHs and National Malaria Centers and Health Volunteers from Communities, villages and companies from Cambodia, Lao PDR and Myanmar were invited. Four ADB consultants; eleven IOM staffs from Cambodia, Lao PDR, Myanmar, Thailand and Regional Office; and one observer from NGO also attended the workshop.

Workshop Agenda Given that the list of participants included government officials from national and provincial levels including village health volunteers from three different countries, topics and activities were conducted in an interactive and informal way to encourage all participants to contribute to the discussions. Interpreters in Lao and Khmer languages were engaged to ensure that participants are able to get the most out of this workshop.

Workshop Activities

Day 1 - The workshop was opened by Dr Nnette Motus, Regional Director of IOM Asia and the Pacific. She welcomed all participants, thanked partners ADB and emphasized that diseases such as malaria know no borders and that malaria prevention and health services should reach migrants wherever they need to be reached.

After the official opening of the workshop, Mr Randy Dacanay, ADB Consultant facilitated an ice-breaking session and introduced representatives from National Malaria Centers to present an overview of Malaria and MMPs in the three countries. Dr Lek Dysoley, Dr Sonesay Ounekham and Dr Aung Thi presented situational overviews of Malaria and MMPs in Cambodia, Lao PDR and Myanmar respectively. The session was followed by a presentation of RCDTA project overview in all three countries by ADB Consultant, Dr. Kyi Thar.

The first group exercise was facilitated by Dr Chris Lyttleton, ADB Consultant, and consisted of mapping of MMPs and malaria program and services in the respective countries. The exercises required participants to list at both the country level and district level, key malaria players, the kind of activities they provide, and to indicate whether they include MMPs and areas of implementations. Participants deliberated in their respective country groups and each country presented a summary of their discussions to all participants.

IOM staff from Lao PDR, Myanmar and Cambodia then presented the implementation of RCDTA malaria projects in the three countries – from national to village levels. Dr Somphao Bounaphol, Dr Patrick Almeida and Mr Sophal Uch gave an overview of project interventions.

The second group exercise was facilitated by Dr Patrick Duigan, Regional Migration Health Advisor from IOM Regional Office and consisted of the mapping of non-health sector and private sector actors in malaria control and elimination. This exercise required participants in their country groups to brainstorm and map key stakeholders that have been involved in malaria elimination and control and their roles; and additionally stakeholders that they think can be involved in future malaria or communicable diseases control.

The day closed with crucial presentations from Village Health Volunteers (VHVs), Peer Educators and Field Workers from Lao PDR and Myanmar facilitated by Ms Amaralak Khamhong from IOM Thailand. Mr Bounthan Heu, peer educator from Donesahong Hydropower Camp; Mr Khamvon Bouavilay, mobile trader from Attapeu Province; and Ms Noy Xaignaleut, VHVs from Phouvong District represented Lao PDR and shared stories about their personal experiences participating in RCDTA projects as health educators to MMPs. Mr Myat Min Aye, Ms Wint Wah Htoo and Ms Chan Mya Nyein were VHVs in rubber plantations Mon State and mines in Sagaing Region who presented their experiences from Myanmar.

Day 2 – Dr Patrick Duigan opened Day 2 of the workshop with a wrap-up of the activities from Day 1. This was followed by an interactive Café Forum on challenges and lessons learned from the interventions. The three themes in this forum were:

1. MMPs Forum (facilitated by Dr Chris Lyttleton): Which MMPs are hard-to-reach, and which are harder-to-reach? What are the strategies to reach them?

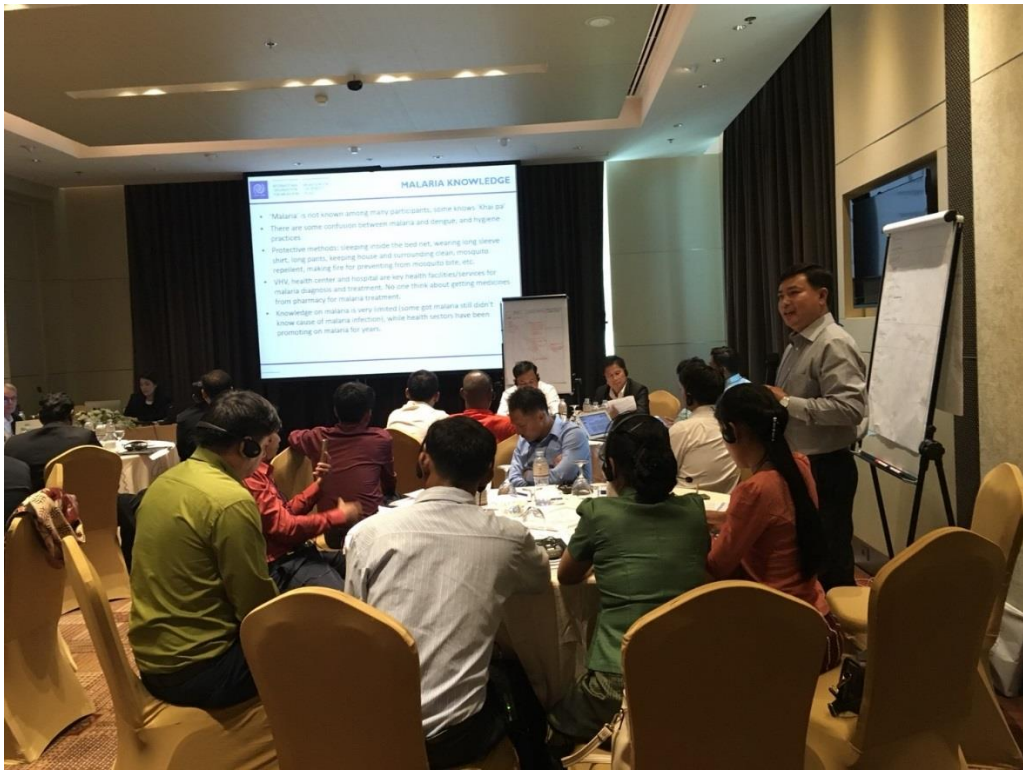
2. Partnership Forum (facilitated by Ms Amaralak Khamhong): What are the challenges in getting key malaria partners to cooperate at national and local levels? What can be done to engage non-health and private sector partners?
3. Capacity and Resource Mobilization Forum (facilitated by Dr Kyi Thar): What are the good resources related to malaria in your districts? What skills and resources are required to complement the success of an intervention?

The workshop's final session was a summary session on malaria and MMP intervention models in different settings. Participants discussed malaria and MMP intervention models in the context of their areas of work: Cambodia in military areas, Lao PDR in border areas and Myanmar in mines and rubber plantations.

Participants of Regional Knowledge Exchange Workshop in Bangkok, Thailand



Ms Wint Wah Htoo, VHV from Myanmar sharing her personal experience as a health educator



Group discussion session facilitated by Dr Somphao Bounaphol

Key Summary and Recommendations

Intervention Models	Cambodia	Lao PDR	Myanmar
Type of MMPs	Royal Cambodian Armed Forces (RCAF) areas	Rubber plantation workers (Vietnamese, Lao); Hydropower laborers (Vietnamese, Chinese); Traders (Lao, Vietnamese are mobile, Chinese are fixed); Mining (Lao, Vietnamese); Internal MMPs (Labor, forest goers, sex workers); Military (Lao)	Workers in gold mines, amber mines, jade mines, rubber plantations, road construction, quarries, police and military, prisoners, logging, settlements near work sites, illegal traders (i.e. cattle)
Partners and their roles	Ministry of National Defense, 4 th Military Region, Oddor Meanchey Military Sub-region, AFRIMS/Private sector	Military, industries, community leaders, district administrative offices, company owners, National Malaria Centers, Labor and Social Welfare	Health – NMCP, private clinics, company clinics; Non-health – village leaders, religious leaders, taxi drivers, boat drivers, local CBOs, general administrative departments; Private sector – site managers in mining, natural resources, agriculture, relief and resettlement
Priority areas	Every battalion and military camp along the border	High malaria prevalence areas, high number of MMPs, hard to reach places, seasonal areas (forest product)	Case management by work site volunteers, BCC, personal protection measures, treatment of minor illnesses
Recommendations for MMP involvement	Recruit and train MMPs among RCAF and families	Contact MMP leaders, involve private sector, involve MMPs in decision making/beginning of project, selection of VHV through their internal agreement, support from MMPs for translation of IEC/BCC materials	Assessment of MMPs in the area, advocacy and coordination with leaders/site managers, group discussions with leaders/site managers, incentives for employers (i.e. increased productivity and less absences), incentives for employees/MMPs (i.e. access to free health services)
Recommendations for Host community involvement	Involve their commanders and families	Contact village chief and ask for support (MMP data), project introduction	Advocacy and coordination with community leaders, group discussions with community leaders, incentives for communities, improve the awareness of communities to quality services
Recommendations for National strategies/plan	Integrate existing national strategic plan with RCAF	Dissemination/implementation of policies	Multi-sectoral involvement of country policy and framework for migrant health; policies need to be cascaded down to

			state, regional and township levels; specific approaches for different MMP groups; proven approaches and interventions need to be incorporated into NSP
Recommendations for Cross border collaboration	Regular coordination meetings between RCAF and RTAF	Disease surveillance	Twin city approach for information sharing, border health security (not just in project areas), access to health services for illegal/irregular MMPs
Key challenges	Lack of resources, lack of collaboration, no military data sources, no integration plans	VHVs lack capacity and can't speak other languages; hard to reach MMPs due to location, transport, rain, lack of data, frequent movement; safety and security of female VHVs; balance between project work and family support; trust (between Vietnamese or Chinese MMPs); financial support	Limited funding and sustainability, language barriers, attrition of volunteers, security issues, transport difficulties including high costs
Keys to success	Malaria prevention and promotion among RCAF and families, integrate RCAF into health system, military involvement	RCDTA is part of national program, close monitoring and support from national program, close collaboration with private sectors, ownership of DHO, knowledge gained for VHVs, solidarity among peer educators and volunteers	Prioritization of MMPs from central to grassroots levels, involvement and commitment by community, business owners, site managers and local actors including multi-sectoral government departments, improve motivation of volunteers

