Background

Malaria control activities in Thailand have been very successful in reducing malaria transmission. However, as malaria control programs are being integrated into the routine health system at the provincial level, local health systems must be strengthened to maintain vigilant control efforts. More than half of the confirmed cases of malaria in Thailand occur among migrants living and working in the border areas, and high cross-border traffic from Cambodia and Myanmar represents a potential threat for the re-emergence of malaria in Thailand. There have also been reports of reduced efficacy of artemisinin combination therapy (ACT) in the adjoining remote areas of neighboring Cambodia and Myanmar where counterfeit and substandard antimalarial medicines reduce treatment successes and increase drug resistance.

CAP-Malaria/Thailand Project Goals and Objectives

In Thailand, the USAID | PMI Control and Prevention of Malaria Project (CAP-Malaria) is working to reduce malaria morbidity and mortality and to contribute to the containment of artemisinin resistant malaria (ARM) in four provinces along the Myanmar and Cambodia, provinces that have a high malaria burden and evidence of drug resistance. The project objectives are to:

1. Increase access to and uptake of malaria prevention through scale-up of village-level community engagement,
2. Increase availability and accessibility of malaria services (diagnosis and treatment), and increase uptake of these services through engagement with local public health offices and non-health sectors,
3. Facilitate use of malaria information in developing an effective response to the local situation and context, and
4. Support the twin-cities model for cross-border collaboration in malaria control and prevention.

CAP-Malaria Overview

The Control and Prevention of Malaria Project (CAP-Malaria), funded by USAID and the President’s Malaria Initiative (PMI), is a region-wide project that strives for systematic prevention and control of malaria and artemisinin resistant malaria in affected regions of Thailand, Cambodia, and Myanmar, aiming to stem the spread of multi-drug resistant *P. falciparum* malaria in the Greater Mekong Sub-region. CAP-Malaria/Thailand is implemented by University Research Co., LLC. (URC) and Kenan Institute Asia (KIA).
A poster in Khmer that describes LLIN use and care. The posters are handed out during distribution of bed nets. Photo by CAP-Malaria.

A tuk tuk rallies people in Ranong during World Malaria Day, celebrated jointly with Kawthaung Township across the border in Myanmar. Photo by CAP-Malaria.

**Highlights of Results to Date**

**LLIN Distribution:** To increase coverage of long-lasting insecticide treated bed nets (LLINs), CAP-Malaria has distributed 10,000 LLINs in 14 villages, mainly for migrant workers. In addition, in eight villages CAP-Malaria has introduced a LLIN lending scheme that provide employers with LLINs for distribution to their temporary migrant workers.

**Health Education and Behavior Change Communication:** CAP-Malaria is expanding the network of bilingual community volunteers and migrant volunteers to better target interventions to migrant workers. These volunteers have reached more than 2,386 Thai and 1,484 migrants with malaria education. The project also recruited and trained motorcycle taxi volunteers to educate passengers. To date, 299 Thai and 1,882 migrant passengers have been reached. In addition, project produced 13 bilingual billboards installed at the Thai-Myanmar and Thai-Cambodia borders.

**Case Management:** CAP-Malaria trained public health staff and migrant volunteers in malaria diagnosis and case management, including case investigation, treatment adherence, and follow-up.

**Cross-border collaboration:** CAP-Malaria is leveraging local networks in order to gain access to Burmese migrant workers in Thai border villages, increase access to malaria services, and strengthen cross-border collaboration. CAP-Malaria also works to strengthen malaria control across the borders by promoting bi-lateral collaboration between the countries’ national programs and the local public health offices through the Twin-Cities model of collaboration.

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