

Mekong Malaria Initiative

January 2006



Happy New Year, hope you had a good holiday. We would also like to wish you a Happy Chinese New Year and Thet.

A few people asked us about the December newsletter, which they did not receive. Unfortunately due to time constraints we were not able to produce last month newsletter, for which we apologize.

In October 2005, the ADB agreed to continue to support the malaria control initiative for ethnic minorities. The Strengthening Malaria Control for Ethnic Minority in the Greater Mekong Subregion Project was launched at the end of November 2005. The first advisory committee meeting was organized with participation of all the malaria control programme managers, representatives from the ADB, ACTMalaria, WHO and malaria specialist Dr Jo Lines from London School of Tropical Medicine, UK.

All the National Malaria Institutes in the GMS accepted and agreed to work with the Project. The goal of the project is to reduce the malaria burden among poor ethnic minority groups living in malaria-prone areas with the following specific objectives:

- i) To build capacity of national malaria institutions to develop acceptable, affordable and effective strategies for malaria control for ethnic minorities;
- ii) To scale-up malaria control efforts for these populations through NMCPs; and
- iii) To promote regional collaboration for malaria control.



During the meeting, programme managers shared experiences and achievements from Phase I of the project where the country teams used a participatory approach in IEC strategy and materials development. Here are some of the points that came out of discussion:

The teams have gained a better understanding of the situation and can develop appropriate education materials to suit the needs of target populations. Some of the national malaria control programmes have already adapted and used some materials for various target groups.

In general people accept bednets and use them especially when they are at home. But when they have to go into the forest or to work in the field many of them do not take bednets with them. One of the main concerns for malaria prevention is low re-treatment rate of bednets. This results from a lack of real understanding of the usefulness of insecticide. The logistic of organizing re-treatment of bednets also need to be improved. In addition to this, many people do not use bednets correctly. The NMCPs, therefore, need to educate target groups in the correct use and re-treatment of bednets.

People in the community do not consider malaria as a problem but rather think it is part of their life. They do not seek any treatment, especially from public health provider. In remote areas it may take people 1-2 days before seeking treatment with trained personnel, especially among

ethnic minorities who live in remote areas, and mobile populations. RDT is not widely available from village volunteers, malaria posts and malaria clinics.



Dr Samlane is sharing Lao team experiences and achievements from Phase I of the project.

People like to use the private sector for consultation because of easy access. They are more reliable in terms of availability. Private drug providers/ pharmacies are always there when people need them. The problem with private pharmacies is that some of them do not prescribe appropriate anti-malaria drugs. Many people cannot afford to pay for a full course of treatment. Some NMCPs started to introduce ACT but it is difficult to get it in the community due to distribution problems and insufficient training in their correct use. In Vietnam, commune health centres provide anti-malaria drugs to patients who come for diagnosis and treatment. There are also out-reach teams that visit villages to provide health services including malaria control. But these teams are not able to provide regular visits to remote villages and clusters. Some of those villages and clusters are not officially registered.

Following the identification of constraints in malaria control for ethnic minority groups, each country has identified target populations, health service structure and control intervention strategies. All the countries will continue working with the ethnic groups they worked with in Phase I.

Cambodia will work with the Kreung and some Tampun and Jarai ethnic groups in Rattanakiri Province. China NMCP will work with the Wa in Ximang district and also plan to work with the Dai ethnic group in Mangbi district, Yunnan province. The Lao team will continue to work with Brau-Lave and Taliang in Attapeu province. Myanmar will work in Tachileik, Eastern Shan State with the Shan and Lahu ethnic groups. Thailand will continue to work with the Karen in Maehongson province. Vietnam will continue with the Raglai in Khanh Hoa province.

All the countries have similar objectives: to increase re-treatment rate for bednets, to encourage the use of ITN, to encourage people to seek early diagnosis from trained personnel and to ensure that people complete the full course of treatment.



Dr Jo Lines is facilitating a discussion.

Dr Jo Lines, the project malaria specialist will work with each country to develop control intervention and to its indicators. He will also assist each country to develop tools and plans for monitoring and evaluation. The country teams will finalize them in the second advisory committee meeting in March.



Update from Lao PDR

Dr Soudsady, the focal person from CMPE, Lao PDR updates us about malaria IEC activities. Various education and communication materials, such as malaria prevention and treatment posters, a brochure for LLIN, and audio and video materials have been produced under the GFATM supported project. All materials have been pre-tested with target populations. Pre-testing is one of the key procedures and the team has found it an essential tool in ensuring that the materials

are effective. The team has adapted an audio tape that was developed with the Brau-Lave for Hmong people. When it was pre-tested with Hmong group, they totally rejected it. It contained a performance of a ritual, which was clearly not authentic, and the people found this disrespectful.

This clearly illustrates the need to take great care in preparing materials and take every opportunity to check them with the target populations.