

Meeting Report

INFORMAL CONSULTATION ON MALARIA AND MOBILE AND MIGRANT POPULATIONS: ADDRESSING PRIORITY GAPS IN THE CONTEXT OF MALARIA ELIMINATION IN THE GMS



27–28 October 2016
Bangkok, Thailand



Informal Consultation on Malaria And Mobile and Migrant Populations: Addressing Priority Gaps in the Context of Malaria Elimination in the GMS
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WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR SOUTH-EAST ASIA
AND REGIONAL OFFICE FOR THE WESTERN PACIFIC

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INFORMAL CONSULTATION ON MALARIA AND MOBILE AND MIGRANT
POPULATIONS: ADDRESSING PRIORITY GAPS IN THE CONTEXT OF
MALARIA ELIMINATION IN THE GMS

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR SOUTH-EAST ASIA
AND REGIONAL OFFICE FOR THE WESTERN PACIFIC

Bangkok, Thailand
27–28 October 2016

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NOTE

The views expressed in this report are those of the participants of the Informal Consultation on Malaria and Mobile and Migrant Populations: Addressing Priority Gaps in the Context of Malaria Elimination in the GMS and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for South-East Asia and Regional Office for the Western Pacific for Member States in the respective regions and for those who participated in the Informal Consultation on Malaria and Mobile and Migrant Populations: Addressing Priority Gaps in the Context of Malaria Elimination in the GMS in Bangkok, Thailand from 27 to 28 October 2016.

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Malaria - prevention and control / Transients and Migrants / Asia, Southeastern

ABBREVIATIONS

APLMA	Asia Pacific Leaders Malaria Alliance
CSR	corporate social responsibility
ERAR	emergency response to artemisinin resistance
GMS	Greater Mekong Subregion
MMP	mobile and migrant population
MMW	mobile malaria worker
NMCP	national malaria control programme
RAI	Regional Artemisinin-resistance Initiative
UHC	universal health coverage
WHO	World Health Organization

SUMMARY

The World Health Organization (WHO) framework for emergency response to artemisinin resistance (ERAR) in the Greater Mekong Subregion (GMS) has a distinct objective to address issues concerning malaria and mobile and migrant populations (MMPs) through technical guidance and coordination efforts. The Global Fund to Fight AIDS, Tuberculosis and Malaria has placed a high priority on MMP and cross-border issues in its Regional Artemisinin-resistance Initiative (RAI) country grants including its Inter-Country Component (ICC). Collectively, these efforts have contributed significantly to the scale-up of efforts to improve the access of MMPs to malaria services, especially in border areas of the GMS.

Within the context of the World Health Assembly endorsement of the *Global Technical Strategy for Malaria 2016–2030* (resolution WHA68.2) and the *Strategy for Malaria Elimination in the Greater Mekong Subregion (2015–2030)*, beyond drug resistance containment efforts, the GMS countries have committed to the time-bound goals of malaria elimination. Since the adoption of the World Health Assembly resolution, the GMS countries have moved quickly on developing costed national strategic plans for elimination, translating key principles of malaria elimination into activities for both immediate and short-term implementation. Both the regional and global strategies highlight the critical nature of universal access to malaria prevention, diagnosis and treatment for elimination, and the need to scale up efforts for hard-to-reach populations and in the context of population mobility both within and across country boundaries including migrants.

The GMS countries have now pursued an expansion of activities geared towards MMPs, largely through funding of the Global Fund country grants and RAI ICC. Through various supranational/regional approaches initiated by WHO ERAR and partners, there have also been greater bilateral cross-border initiatives relating to early detection and treatment; information, education and communication/behaviour change communication (IEC/BCC); engagement with the private sector; the armed forces; and regional activities for information sharing. However, persisting challenges remain with regard to MMPs' access to early diagnosis and treatment and prevention tools, case management practices and surveillance systems that are able to capture MMP cases. Solutions need to be found quickly to remedy these problems and to ensure interventions are adopted within current funding and within country elimination plans, targeting MMPs and other most at-risk populations.

1. INTRODUCTION

1.1 Background

The World Health Organization (WHO) emergency response to artemisinin resistance (ERAR) initiative has a distinct objective to address issues concerning malaria and mobile and migrant populations (MMPs) through technical guidance and coordination efforts. The Global Fund to Fight AIDS, Tuberculosis and Malaria has placed MMPs and cross-border issues as the highest priority in its Regional Artemisinin-resistance Initiative (RAI) country grants as well as in its Inter-country Component (ICC). Collectively, these efforts have contributed significantly to scaling up efforts to improve access to MMPs, especially in border areas.

Within the context of resolution 68.2 of the May 2015 World Health Assembly endorsing the *Global Technical Strategy for Malaria 2016–2030* and the *Strategy for Malaria Elimination in the Greater Mekong Subregion (2015–2030)*, beyond efforts to contain drug resistance, the countries of the Greater Mekong Subregion (GMS) have committed to the time-bound goals of malaria elimination. Since the World Health Assembly resolution was passed, the GMS countries have moved quickly on developing costed national strategic plans for elimination, translating key principles of malaria elimination into activities for both immediate implementation and in the short term (five-year strategic plans). Both the regional and global strategies highlight the critical nature of universal access to malaria prevention, diagnosis and treatment for elimination as well as the need to scale up efforts for hard-to-reach populations and in the context of population mobility both within and across country boundaries including migrants.

The GMS countries have now pursued an expansion of activities targeted at MMPs largely due to country grants from the Global Fund and RAI Inter-country Component. Through various supranational/regional approaches initiated by WHO ERAR and partners, there have also been greater bilateral cross-border initiatives around early detection and treatment regimes; information, education and communication (IEC)/behaviour change communication (BCC); engagement with the private sector; the armed forces; and regional activities for information sharing. However, persisting challenges remain with regard to MMP access to early diagnosis and treatment and prevention tools, case management practices and surveillance systems that are able to capture MMP cases. Solutions need to be found quickly

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