MALARIA FREE MEKONG
A Platform of NGOs

CSO and Community Contribution to Malaria Elimination in Thailand

October 2019

raks thai foundation
ARC American Refugee Committee
มูลนิธิพัฒนารักษ์ PATTANARAK FOUNDATION
World Vision
YMAT
STELLA MARIS
IOM • OIM
SMRU. Shoklo Malaria Research Unit

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With financial and logistics support from

The Regional CSO Malaria Platform, hosted by the American Refugee Committee, and Raks Thai Foundation

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Executive Summary

In advance of the Regional Steering Committee (RSC) for the Regional Artemisinin-resistance Initiative to Elimination (RAI2E), the Regional CSO Malaria Platform is hosting a consultation with CSOs working across the Greater Mekong Subregion (GMS). To ensure that all CSOs and non-state actor interests are represented, the Thailand CSO Focal Point, Alistair Shaw, from Raks Thai Foundation, conducted consultation with implementing entities, and sought feedback from representatives of affected communities to ensure community priorities are adequately reflected at a decision-making level.

Purpose: to engage all implementing CSOs and non-state actors to collect evidence of success, challenges, lessons learned and to understand community and civil society needs for future malaria programming

Expected Outputs: each consultation aims to collect a short case study on the work of the implementing organization, and a list of the key requirements for future malaria programming in Thailand.

Consultations:

- The first consultation was conducted in Mae Sot, Tak Province from 23rd to the 24th of September 2019. The consultation included a site visit to Ban Tham Suea community and Wang Pha medical clinic. Participating organizations included the International Organization for Migration and the Shoklo Malaria Research Unit. These organizations represent communities and civil society in the northern region of Thailand.
- The second consultation was conducted in Bangkok on 25th of September 2019. Participating organizations included Raks Thai Foundation, the American Refugee Committee, Pattanarak Foundation and World Vision Foundation of Thailand. These organizations represent communities and civil society in the northeast, central and southern Regions of Thailand.
- The final consultation was conducted in Yala Province from 1st to the 2nd of October 2019. The consultation included a site visit to Bannang Sata district. Participating organizations included the Young Muslim Association of Thailand and Stella Maris Seafarers Center. These organizations represent communities and civil society in Deep South Region of Thailand.
- Following endorsement by participating organizations, the report is intended to be shared with Government counterparts before presentation or public dissemination.

Report:

Civil Society Organizations (CSO) and communities across Thailand have been actively engaging in Thailand's effort to eliminate malaria. The success of non-state actors should not be underestimated, as a community response is critical to reaching Thailand's elimination goal of 2024. Key findings and recommendations in this report are expected to facilitate further discussion on opportunities for improving impact and increasing responsiveness of malaria programming. Recommendations included in this report are based on broad support, but must be further contextualized to each malaria-affected province.

Civil Society Organizations in Thailand

Role and Added-Value

Thailand has made significant progress toward elimination of malaria. Since the implementation of the Regional Artemisinin-Resistance-initiative (RAI) and RAI2E, between 2014 and 2018, Thailand saw an 81% decrease in incidence from (34,611 to 6,722) and is on track to further reduce incidence by the end of 2019. Success can be attributed to the strong engagement and collaboration between governments, civil society organizations, academia and communities across Thailand. All actors should be commended.

As Thailand entered the elimination phase, case detection and our collective response became more difficult, requiring health workers and community mobilizers to think more creatively and prioritize populations most at-risk. The majority of remaining cases have shifted toward borders and geographically hard-to-reach areas; areas where some of the most vulnerable and at-risk people within our society live. Although Thailand provides free testing and treatment to everyone, regardless of their nationality or migration status, traditional health services face challenges in accessing affected communities, other socio-cultural, political and geographical factors limit engagement of some marginalized populations including migrant, mobile and ethnic minority populations, people travelling to forested areas for informal work and other vulnerable subgroups.

To ensure all people in society enjoy a high quality of life, and are afforded equal rights, civil society organizations (CSO) have become critical actors in the fight against malaria. Eight CSOs and other non-state actors (NSA) work across 14 border provinces covering Thai, Myanmar, Cambodian, Laos, Karen, Mon, Dawei and other ethnic monitory groups whom are often overlooked in the malaria response. These eight organizations implement activities under five main strategies; **building community resilience**, **worksite-based interventions**, **cross-border collaboration, 1-3-7 response**, and **health research**.

Interventions, led by communities for communities, complement the work of existing government health providers and build a bridge between communities and traditional services with an aim to ensure all people have access to health services. By engaging workers from within communities most at-risk, our activities also build on their pre-existing knowledge of population movements, health literacy, health behaviors and local languages; reducing barriers to delivering health services and maximizing our contribution to malaria elimination in Thailand, and the Greater Mekong Subregion.

Figure 1: Provinces covered by CSOs and other NSAs

Raks Thai Foundation

Raks Thai Foundation's (Raks Thai) mission is to ensure all people enjoy quality of life and equal rights, that local voices are represented in decision making fora, and capacities of disadvantaged communities are strengthened to respond to development issues. Raks Thai has implemented a number of initiatives aimed at engaging and empowering communities to take control of their health outcomes, including malaria in four provinces of Thailand bordering Myanmar, Cambodia and Laos.

Raks Thai conducted worksite, household and individual mapping across four implementing provinces, covering a total of 517 worksites (1,955 people), 4,090 households (16,652 people) and 8,376 individuals. Based on results, the nearest formal health facility was up to 20km from the communities, and between 61-96% of the population regularly work or travel within forests during peak transmission times of the day. In some provinces, as low as 25% of the population slept under a net the previous night, highlighting the ongoing need for community-based interventions that address and respond to social behaviors counteractive to malaria elimination efforts.

Contribution to Elimination (Jan 18 – Jun 19)	
# of LLIN distributed	1763
# of worksite health session participants	2270
# of community health session participants	26236
# of BMC clients	446

Ubon Ratchathani
Si Sa Ket
Prachuap Kiri Khan
Surat Thani

A unique activity conducted by Raks Thai is the assisted referral and follow-up of suspected malaria patients. This can occur due to the funding provided to two provinces covering transport and volunteer stipend for up to 5 post-treatment follow-up visits. These visits are critical in the malaria elimination efforts and prevention of artemisinin-resistance as they ensure people comply with treatment regimens, have no complications, and have full parasite clearance. Ubon Ratchathani and Si Sa Ket provinces, the only two provinces funded to provide follow-up, have over 30% greater follow-up success compared to other unfunded implementers working with Raks Thai.

Raks Thai is also supporting the national programme to conduct 1-3-7, an elimination strategy to ensure all cases are reported within 1 day, classified within 3 days, and community response within 7 days. Raks Thai primarily engages for day 1 to ensure symptomatic individuals attend health facilities for testing, and during day 7 to provide health education and facilitate access to the communities for foci investigation. A successful 1-3-7 response, and efforts toward elimination, can be attributed to strong collaboration between local governments and civil society, and an understanding of the important role of CSOs as the entry point and trusted facilitator at a community-level.

Acting as a community facilitator, Raks Thai community workers continue to provide localized, context-specific information in local languages – and builds trust between some of the most marginalized communities in Thailand and the government health workforce.

American Refugee Committee

The American Refugee Committee (ARC) recognizes that a person's life is about more than simply satisfying basic needs, but also working with people to help them find connection, purpose and joy within their lives. Under the RAI2E, ARC works with migrants who regularly traverse the Thai-Myanmar border, providing them with insecticide treated mosquito nets, prevention education, and facilitate diagnosis and treatment services.

Under a community resilience model, community must remain center to the malaria elimination response by civil society organizations. ARC conducted worksite and household-based mapping in both implementing provinces, covering a total of 308 worksites (10,339 people) and 3,843 households (15,934 people). Based on results, the nearest formal health facility was an average of 4km from the communities, and between 20-50% of the population, depending on the site, travel to forests in peak transmission times of the day. Further, only 21-40% of the surveyed population slept under a net the previous night, highlighting the ongoing need for community based interventions that address social and cultural behaviors counteractive to the fight against malaria.

Contribution to Elimination (Jan 18 – Jun 19)	
# of LLIN distributed	4550
# of worksite health session participants	6235
# of community health session participants	20818
# of BMC clients	1380

Provinces of Implementation
Kanchanaburi
Ranong

The ARC has dedicated time to building a strong network of volunteers across Kanchanaburi and Ranong provinces in Thailand; both of which border Myanmar. These volunteers are based in the communities and facilitate engagement with the services. Selected based on criteria including community acceptance, leadership skills and communication skills, these volunteers are critical actors in Thailand's malaria elimination programme.

Together with the Malaria Posts (MP), ARC and their volunteers collaborate to conduct Border Malaria Corners (BMC), which are located in the border communities between the origin and destination of the migration pathway. These BMCs are the easiest method of delivering health education and accessing migrant, mobile and ethnic minority populations.

Linkage between ARC, local and provincial governments, and community-based volunteers has also been an effective strategy for planning malaria elimination activities. Regular meetings between these stakeholders allows for sharing of transmission profiles, performance and progress, as well as community needs, and has encouraged collaborative planning to ensure all activities are impactful. Success has been evident in Bong Ti sub district in Sai Yok, Kanchanaburi, where ARC's health education following an outbreak identified by a government MP led to a significant and rapid decrease in malaria incidence.

Pattanarak Foundation

Pattanarak Foundation (Pattanarak) builds long-term relationships with remote populations along Thailand's western border, working in partnership and using local wisdom to effectively enhance quality of life through improving health and nutrition, facilitating dignified livelihood opportunities, and guide environmental preservation. Pattanarak has implemented malaria control and elimination activities in Ratchaburi province, near the border with Myanmar, for over 10 years.

To ensure community needs are effectively addressed, Pattanarak conducted worksite and household-based mapping, covering a total of 50 worksites (576 people) and 719 households (3,337 people). Based on results, the nearest formal health facility was up to 6.6km from the communities, all people surveyed at worksites worked in forests or plantations during peak transmission times of the day, and 60% of these people were day laborers who are often mobile and difficult to link with government health services, demonstrating a unique role for civil society organizations to reach the populations from within the community itself.

Contribution to Elimination (Jan 18 – Jun 19)	
# of LLIN distributed	500
# of worksite health session participants	698
# of community health session participants	4535
# of BMC clients	215

Provinces of Implementation
Ratchaburi

Pattanarak positioned themselves as a principle actor in the malaria eliminations efforts in Ratchaburi. By taking initiative at a community level to observe and understand the social and cultural interactions of the population, they have gained the trust and respect of local administrative organizations. During regular meetings, Pattanarak presents new research findings which are then used by government staff to improve activity planning and outreach. They have demonstrated a core capacity of civil society organizations, having the flexibility and time to understand the unique local contexts of communities.

Pattanarak are also involved in local strategic planning and activity design, and have found opportunities to engage migrant health volunteers into official processes. As Thailand's malaria response becomes more and more decentralized, and available funding becoming the responsibility of sub-district administrative organizations, Pattanarak has commenced capacity building of community representatives to develop proposal writing skills. This presents an opportunity for communities themselves to conduct inclusive consultations and propose interventions that reflect their health needs.

World Vision Foundation of Thailand

World Vision Foundation of Thailand (World Vision) is currently implementing the RAI2E in Chumphon province, Thailand. Their mission is to work with disadvantaged communities to promote human transformation and seek justice. As an experienced organization working for malaria, World Vision was selected to work in Chumphon commencing in 2018, filling a capacity gap where no CSO has previously worked. Although only working in Chumphon for 2 years, World Vision can already see the impact of their malaria elimination activities.

During the initial phase of RAI2E, World Vision spent time building new relationships and engaging local authorities to understand and recognize the value of CSOs in the local malaria response. This involved stakeholder mapping to understand influence and impact of various actors, and clear communication about CSO strategies in RAI2E. Through effective engagement, World Vision became a trusted ally rather than being seen as a competitor.

Contribution to Elimination (Jan 18 – Jun 19)	
# of LLIN distributed	1726
# of worksite health session participants	1166
# of community health session participants	5823
# of BMC clients	156

Under a community resilience model, community needs remain center to the malaria elimination response by civil society organizations. World Vision conducted worksite-based mapping of 187 worksites covering 632 migrant workers. Based on results, the nearest formal health facility was an average of 28km from the worksites, highlighting the critical need for community based malaria services. The population at these worksites were also conducting high risk activities, with over 90% indicating that they regularly stay overnight in forest areas.

In order to reduce transmission of malaria across worksites, World Vision took a facilitating role, building linkages between health service providers and communities. CSO staff and volunteers, recruited from within the migrant population, provided translation support and accompanied suspected cases during health service access to ensure communities felt comfortable. World Vision is also exploring innovative opportunities for information dissemination, recognizing that sustainability required creativity.

Provinces of Implementation
Chumphon

Young Muslim Association of Thailand

The Young Muslim Association of Thailand (YMAT) works with Thai nationals based in the southernmost provinces of Thailand. YMAT implements projects relating to malaria, HIV, vaccinations and consumer protection, as well as broader social inclusion projects. Under the RAI2E, YMAT implements work within an environment of increased security, and works within some of the highest malaria incidence districts in Thailand. Activities include the distribution of bed nets, health education, and relationship building with local authorities in order to create an enabling environment for malaria elimination.

YMAT and government community health workers collaborate to conduct activities in active transmission areas incuding health education, testing and treatment. Areas of focus have been to influence behaviors relating to youth, farmers and drug -users who have been least likely to engage in elimniation activities, and providing education relating to drug adherance to combat traditional beliefs about contraindications and natural remedies. YMAT has also been building capacity of malara posts to provide health education, in an effort to rapidly scale-up the malaria response, and reduce the burden on the few community workers employed.

Contribution to Elimination (Jan 18 – Sep 19)	
# of LLIN distributed	600
# of health session participants	6135
# of Communicators	177

Provinces of Implementation
Yala
Narathiwat

YMAT follows a four-pillar approach to collaboration for effective implementation which engages community leaders, religious leaders, local authorities and informal leaders. YMAT has established strong relationships with sub-district administration organizations, local vector-borne disease units and soldiers to ensure activities have the largest reach and impact possible. One community worker highlighted the change in engagement, where previously a formal letter was required to meet with the chief officers, now they communicate regularly through social media to share information and coordinate actions.

Bannang Sata Distict, Yala, an area of heightened security and difficult landscape, is one of the highest malaria incidence districts in Thailand, seeing 492 cases during the last fiscal year. This was a 30% decrease from the previous year as a result of the flexible and responsive collaboration between YMAT and the local vector-borne disease unit. Malaria Posts (MP) and CSO communicators have also attributed their success to their networking with community 'gate-keepers' to encourage buy-in to the RAI2E project, and the regular collaboration between community workers to provide cross-village support during outbreaks or for case management.

Stella Maris Seafarer's Center

The Stella Maris Seafarer's Center (Stella Maris) works primarily with migrants vulnerable to labour exploitation in Thailand, and supports them with building life skills, support with access to legal and social services, and providing HIV, TB and malaria health information to communities. Under the RAI2E, Stella Maris work with people living in Songkhla province, including mobile populations travelling from the southernmost of Thailand for work, providing them with treated mosquito nets, prevention education, and facilitating diagnosis and treatment services.

Stella Maris has been working tirelessly in plantation and forest areas to reduce malaria incidence through effective behavior change communication at a community level. Although mobile populations are often at greatest risk of malaria, many students and young adults are seeking health services due to bites occurring from within households. Evidence suggests that LLINs are underutilized by this sub-population, and therefore Stella Maris is identifying opportunities to increase prevention through other means. Stella Maris is also working closely communities to implement 1-3-7 alongside local authorities. Due to difficult geographic and security situations, many areas require careful planning and facilitation in order to gain access.

Stella Maris has also been working with SMRU to build capacity of CSO Communicators, who are key to providing health education. Communicators were recruited from an existing pool of community health volunteers, but needed technical and communication competency building. Through building capacity of these Communicators, Stella Maris is now able to coordinate a more comprehensive service which includes community-based testing and treatment of uncomplicated malaria.

An example of Stella Maris' success in Songkhla can be observed in Khunha, Saba Yoi District. Communicators who have become confident and effective health education facilitators have broadened their work to develop strong working relationships with government and community stakeholders. Their interventions have prioritized engagement of communities with proven results due to increased acceptance and trust. Their motivation has been recognized by local health administration units who now rely on Communicators for case follow-up and support with resistance monitoring in active transmission areas.

Contribution to Elimination (Jan 18 – Sep 19)	
# of health session participants	600
# of Communicators	23

Provinces of Implementation
Songkhla

International Organization for Migration

The International Organization for Migration (IOM) is currently implementing malaria elimination activities in Mae Hong Son and Tak provinces, Thailand. IOM delivers and promotes a comprehensive preventive project which is beneficial, accessible, and equitable for migrants and mobile populations.

Worksite interventions are the primary activities conducted by IOM, targeting agricultural and construction sites in areas that have seen active transmission within the last 6 months (A1). At these sites, IOM advocates to owners to allow health education sessions to be conducted with employees during the work day, many of whom are undocumented migrant workers from Karen State, Myanmar. By engaging the worksite owners, IOM has seen an increase in employee health as many owners are identifying and referring suspected cases to local malaria clinics.

To support activities, IOM mapped existing village health volunteers to identify potential malaria service providers. These village health volunteers were already trained by the local health promotion hospital to provide a broad range of health services including diabetes and blood pressure screening, influenza, fever and other uncomplicated health conditions. IOM provided supplementary malaria training on transmission, symptoms, treatment and behavior change communication. Volunteers now see approximately 8-10 fever cases per month, who they encourage to test at the nearby malaria clinic. In Ban Tham Suea, Maesot, an example of IOM's impact at a community level was observed. One migrant worker from nearby corn fields visited the village health volunteer's business, a local restaurant. During the visit, the VHV recalled information from the IOM training and identified malaria signs and symptoms in the migrant worker, who was then referred and tested positive at the nearby malaria clinic.

Contribution to Elimination (Jan 18 – Sep 19)	
# of volunteers	264
# of health session participants	36,932
# of nets distributed	4700

Provinces of Implementation
Mae Hong Son
Tak

IOM also coordinates with Malaria Posts (MP) to conduct border malaria corners (BMC) at formal and informal border crossings between Thailand and Myanmar. The BMC is a collaboration between IOM and the MP to ensure a complete elimination package is implemented. IOM provides comprehensive health education, including distribution of IEC material, and the MP conducts rapid diagnostic testing or blood smears to identify positive cases and provide subsequent treatment. During 2019, two positive cases were identified in children, and the broader demand for health information and malaria testing far exceeded expectations; demonstrating that malaria was still of concern for many communities around border areas.

Shoklo Malaria Research Unit

The main objective of the Shoklo Malaria Research Unit (SMRU) is to provide quality health care to marginalized populations living on both sides of the Thai-Myanmar border near the Mae Sot area, Tak Province. This is achieved by the dual activities of research and humanitarian services, with an emphasis on maternal-child health and infectious diseases including malaria. The integration of malaria with maternal-child health services allows their staff to remain relevant in an elimination environment, and provides an entry point for malaria testing and treatment for vulnerable populations, including migrants, pregnant women and children under 5 years of age.

SMRU is currently operating two fully-staffed, 24 hour community-based border clinics (Wang Pha and Mawker Thai) serving migrant and mobile populations at no cost to the patient. Although SMRU does not conduct any mobile or outreach services, their clinics play a unique role in Thailand's malaria elimination efforts, in that they, as registered medical clinics, are able to provide routine testing and treatment for malaria, and ongoing monitoring for potential drug resistance. In the last 10 years, these clinics have seen significant impact of their work; previously seeing up to 100 Pf cases per day in 2008, to less than 1 per month in 2019. For vivax malaria, SMRU employs an innovative method of digital fingerprinting to determine new or recurring infections in symptomatic patients.

Contribution to Elimination (Jan 18 – Sep 19)	
# of malaria tests	977
# positive (pf)	27
# positive (pv)	944
# positive (other)	6

Provinces of Implementation
Tak
Si Sa Ket
Yala

The migrant populations attending clinics include Thai, Burmese and Karen populations, in addition to smaller ethnic minority groups. These people work nearby in factories, the agricultural sector, construction sites, small community based stores, and as housekeepers. Recently, there has also been an increase in Chinese workers from a construction project on the Myanmar site of the border which has required adaptation of services and a new approach to sexual and reproductive health and education for the communities.

There are many reasons why people cross the border into Thailand for services. These include the higher quality of facilities, a larger health workforce, and a 24 hour service. But the most significant factor impacting service access is the geography and infrastructure. On the Thai side of the border, the nearest major city is within 20 minutes' drive, whereas 50 meters across the river, the nearest city is over 2 hours' drive.

In addition to their routine services, SMRU also partners with the Young Muslim Association of Thailand (YMAT) in order to further collaborate with Thai local health authorities to implement effective case reporting, treatment and monitoring, and capacity building and quality control for rapid diagnostic testing. Further, SMRU works on school-based malaria education activities in collaboration with Phu Sing Hospital in Si Sa Ket province.

Looking to the Future

Leaving No One Behind

Thailand's health system has responded positively to facilitate malaria elimination, with Thai and non-Thai populations having free access to malaria testing and treatment. However, a holistic and equitable health system needs to recognize that access to healthcare is not simply about out-of-pocket expenditure, but rather affected and determined by multiple socio-cultural identities of people at one, some, or all points of their life[1]. Health services need to be integrated where it makes the most sense, by providing context specific and community driven responses[1]. Strategies that focus on engaging and empowering underserved and marginalized subpopulations are essential to inform policy and decision-makers on how they can improve access to quality health services and address broader societal goals of equity, social justice social inclusion[1].

The elimination of malaria from Thailand is impossible without the political will and understanding that the right to health is truly the right of each person – regardless of their ability to pay, where they are located, and their identity. Equal access to health could not be achieved without first enabling equitable access to the most excluded communities. For malaria, this includes migrant, mobile and ethnic monitory communities, displaced people and refugees, and those living in border or forest areas. Further, all implementers need to consider the various legal, social and cultural factors that influence an individual's decision to access healthcare, including legal right to stay in Thailand, trust in a health system, safety and security, language, age, disability and sexual identity. In addition, Thailand's malaria response must have an enabling environment for all people to access health programmes and services by removing laws and structures working against malaria-affected populations including documentation status, registration requirements, and associated out-of-pocked costs.

Improving Impact

1. Invest strategically in civil society, who are best placed to reach the most marginalized and vulnerable groups, contributing to appropriate and effective planning, service delivery, surveillance and response.
2. Frame malaria responses in the context of social justice and human rights, and within equitable universal health coverage systems. In the GMS, the concentration of malaria among communities with limited access to quality and affordable health services has accelerated the emergence of drug resistance that now threatens the world at large.
3. Make malaria decision-making spaces more inclusive. Governments and other institutions should meaningfully engage representatives of vulnerable communities and civil society actors in all levels of policy planning, activity design, implementation and evaluation.
4. To eliminate malaria, testing, treatment and surveillance requires an effective and timely response. Communities and civil society are the first responders, and will have the clearest insight into what interventions are effective. We encourage building up of surveillance systems that involve communities as analysts, advisors, decision-makers and responders.

[1] GFAN-AP & APCASO (2017), "The UHC That We Want", accessible at: https://apcaso.org/wp-content/uploads/2017/12/v1-Final-UHC-AP-Statement-for-UHC-Forum-2017.pdf

Integrating with Other Community Needs

Elimination efforts by civil society and government in Thailand should be commended. Malaria has dramatically decreased in all provinces as result of community-based approaches. However, as we move closer and closer to elimination, our strategies need to reflect the scarcity of cases in some foci areas. For community workers and health services to remain relevant in Thailand's malaria response, we need to integrate malaria services with other health conditions and livelihood development approaches.

Each organization in Thailand works with a unique population; those engaging in varying occupations, from different ethnic groups, speaking different languages and living within varying levels of human and health security. Integration cannot be standardized across all regions of Thailand, and therefore a core and secondary set of modules has been proposed to address the needs of varying communities.

Core Integration Modules

The core integration modules have been identified through consultation with all implementing organizations and based on their observation and understanding of community needs. The core modules are recommended to develop into a training curriculum and training package for all existing and newly recruited community-based staff. The core modules are:

- Sexual and Reproductive Health
- Nutrition
- Noncommunicable Diseases (including diabetes, obesity and hypertension)
- Immunization
- Dengue and Chikungunya
- HIV and Tuberculosis
- Chemical and Poisons Injuries

Secondary Integration Modules

To supplement the core modules, a series of secondary modules have been identified that reflect existing community needs relating to livelihoods development and community strengthening. The secondary modules are to be selected by implementers according to local community contexts. These secondary modules include:

- Influenza
- Injecting Drug Use and other Drug Use
- Waste Management and Climate Adaptation (including disaster risk reduction)
- Migrant Health Insurance
- Human Rights, Labour Violations and Trafficking in Persons
- Gender-based Violence
- Workplace Health and Safety (WHS)
- Livelihood Development

Effective and Efficient Programming

Active Case Detection (elimination phase)

Test and Treat: The Government should reconsider its policy on Rapid Diagnostic Testing (RDT) by CSOs to minimize the gap in referral conversions, and ensure key affected and marginalized populations are able to access health services. RDT by CSO would also eliminate the costs and time involved for government officials to travel to remote areas and greatly support the populations who are often unwilling to attend traditional health services. Community health workers, including volunteers, are critical actors in Thailand's efforts to eliminate malaria. Their value at a community level should not be underestimated, and resources should be allocated to build their capacity to deliver effective activities. Recognizing the success of SMRU in building capacity of MPs and YMAT staff to conduct RDT, CSOs recommend to expand the role of SMRU to build capacity in other CSO implementing provinces. This responds to current national trends which have seen a decrease in active Malaria Posts (MPs) in all provinces to now only between 20-60% of active foci areas having an active MP based within the community. Rapid Diagnostic Testing (RDT) using oral fluid for HIV has already been approved and implemented by CSOs in Thailand during early 2019, and therefore there should be no barriers to extending this policy to malaria. To reach elimination, Thailand must detect, treat and follow-up every case. To demonstrate CSO capacity and commitment to elimination by applying RDT, CSOs propose pilot initiatives, before scaling-out, according to four criteria; (1) the A1 area is particularly hard-to-reach, (2) the community does not have an active MP based within the community itself, (3) the community worker has received training and has a functioning quality control mechanism, and (4) a formal, funded, referral mechanism is established between the community worker and nearest malaria clinic.

Border Malaria Corners: A Border Malaria Corner is a focal point for migrants to access malaria information at the point of crossing (formal and informal). Each BMC is co-facilitated with the Malaria Post (MP) to conduct Pro Active Case Detection (PACD). It is also a key method of raising awareness about malaria protection, testing and an opportunity for staff to conduct verbal screening based on a set criteria. In many provinces, the BMCs are only operational one time per month, yet see double the number of attendees compared to expectations - demonstrating a clear need for scaling up to reach a population which does not access traditional health services. Although generally a successful initiative, due to MP availability and inconsistently applied policies for travel, some BMC sessions are not co-facilitated and therefore testing is not conducted. Building on this successful initiative, CSOs recommend to increase the number of BMC events per month and draft operational policies that remove barriers to collaboration. Alternative options include fully funded referral and follow-up or recognition of community workers as ideal RDT providers for hard-to-reach populations.

Mapping and Coverage: The current CSO interventions are limited to A1 active transmission areas of Thailand, and many CSOs are restricted to worksite-based interventions rather than working with the broader community. CSOs understand that A1 worksites are a priority area for elimination, but unanimously agree that A1, A2 and B1 residual areas including broader community clusters, need to maintain zero transmission in order for Thailand to eliminate malaria. Communities in A1, A2 and B1 foci areas should not be neglected, as experience has suggested that prevention behaviors do not last when malaria is perceived to be nonexistent within a community. CSOs and Government should maintain health education and passive case detection within these areas.

Case Management

Integrated Community Case Management

Follow-up: Access to health services by hard to reach populations is increasingly becoming a priority as cases in Thailand diminish. A critical part of elimination is ensuring follow-up for parasite clearance, particularly in communities where government services have limited oversight, or, where the population does not feel comfortable with government surveillance. Follow-up success rates vary across provinces, but in general are too low. For example, for P.falciparum, overall follow-up success is 34.72% (2018 data) while M1 and M2 populations are 25% and 3.57% respectively. P.vivax overall follow-up success is much lower, with government data showing 5.85% in Thai populations and as low as 0.7% success for migrants. CSOs have the community trust and access to support follow-up by linking VMWs to their respective health facilities for follow-up according to 3-7-28-42-60 (Pf) and 14-28-60-90 (Pv). This involves training and expansion of existing VMW network, developing of guidelines (including SOP) and a standardized follow-up form with government services, sufficient costs for each return trip and the potential for patient incentives. Alternatively, CSOs are willing and well-placed to support the Government by collecting slides to reduce costs and burden on community members; likely increasing follow-up success rate significantly, particularly for the most remote and hard to reach areas where government staff are generally unwilling to visit.

Integration: For community workers and civil society organizations to remain relevant in Thailand's malaria response, we need to integrate malaria services with other health conditions and livelihood development approaches (see page 15). CSOs recommend an integration package that can be collaboratively drafted with government and other key actors. This requires agreement for the malaria grant to support development of non-malaria and non-health modules within the volunteer and community outreach manuals.

Differentiated Travel Cost: Many of the remaining active transmission areas in Thailand are in geographically remote villages and islands. The current unit costs for travel and case management to these sites is not sufficient. Some locations require many hours of travel and for staff to stay away from their homes overnight. CSOs request that future budgets include differentiated budget lines according to the expected travel distance. Further, budgets should be consider funding government staff to attend all community activities due to the limitation on test, treatment and follow-up by CSO.

1-3-7 Response: CSOs in all 14 implementing provinces are supporting government with the 1-3-7 elimination strategy, particularly with BCC activities occurring during day 7 and facilitating access to hard-to-reach (geographically, politically, culturally) communities by mobilizing community members and providing translation in local languages. In most provinces, the current budget is prohibitive to facilitating 1-3-7 activities, as activities are organized using an already low health education budget line, and therefore CSOs are unable to engage to the satisfaction of government expectations. 1-3-7 budget lines need to be differentiated and more flexible to respond with 1, 3, and 7 days of an identified case which includes transportation, materials, staff costs and accommodation. Further, financial support is needed to conduct trust building and policy drafting meetings to ensure CSOs are included within 1-3-7 task force mechanisms, including access to the required case information.

IEC/BCC

Training of Community Volunteers: All provinces in Thailand have difficulty with behavior change communication activities aimed to influence testing and treatment behaviors. Communities have indicated that they prefer traditional medicines, believe in inaccurate drug contraindications, or have varying beliefs about the cause of malaria. Additional capacity building of the community workforce is required, particularly technical aspects of medicines and communication skills, to ensure that they can appropriately convey behavior change information to their respective communities.

Development of Materials: Experience from civil society organizations suggests that standardized IEC material is not an effective means of communicating to all populations in Thailand. Even though materials are translated into some minority languages, varying dialects impact an individual's engagement with the material. CSOs recommend a more creative approach to developing IEC materials, which better engages affected communities, and takes advantage of increasing technology use – particularly with access to smart phones and other mobile devices. There has not been any evidence to suggest that provincial malaria campaigns or billboards are effective, and therefore a new approach by both CSO and government is recommended.

Vector Control

LLINs (continuous distribution)

LLIN Distribution: During community based mapping of approximately 30,000 people (57% Thai), evidence suggested only 31% of people slept under a net the previous night, and only 65% of households had at least one insecticide treated net for every 2 persons. Further, subgroups at greater risk including children under 5 and pregnant women are also not adequately covered, with data indicating 33% and 59% respectively sleeping under a net the previous night. To improve vector control, CSOs believe that the current allocation of 1 net per 2 persons is insufficient as it does not consider sleeping behaviors or other socio-cultural factors for household organization. Further, under the current grant, most civil society organizations are limited to distributing LLINs to non-Thai populations, however communities are not homogenous, and CSOs cannot ethically exclude Thai people from receiving health prevention commodities. Finally, all communities in all provinces have indicated that the size of nets is too small and not practical in their homes. CSOs believe that the additional costs for purchasing larger nets upfront is significantly less than the wasted finances for nets that are not used because they do not meet community needs. It is recommended that future programming include a greater allocation of LLINs for distribution by CSO to cover all people in transmission areas, and that those nets are appropriate to the needs of the community.

Other Vector Control Measures

Coils, Topical Repellent and Locally-made Repellents: Vector control measures in Thailand need to be better adapted to local contexts. Many at-risk populations engage in formal work during the night, dusk or dawn to avoid working during the high day temperatures. This means that LLINs should not be considered a single vector control measure. To support populations working in plantations, forest areas and other high transmission areas, CSO's recommend to include additional vector control commodities including coils, and topical repellents. Further, some provinces currently distribute local repellent-making kits which have the additional benefit of being used as a community education activity to engage people in malaria elimination efforts. Financing for malaria should take advantage of local solutions to prevention, in addition to conventional malaria prevention methods.

IEC/BCC

Training of Community Volunteers: All provinces in Thailand have difficulty with behavior change communication activities aimed to influence malaria prevention behaviors. Many communities prefer natural substances compared with chemical insecticides, and a large proportion of the communities do not use LLINs. CSOs and Government need to consider a more practical means of vector control by LLIN which includes developing an influential behavior change curriculum and training of the community workforce. Further, behaviors of specific sub-groups in some provinces, including forest-goers, youth, people consuming alcohol in outdoor venues, and drug users, have shown to be at a high risk as they tend to take more risks and become inattentive to personal protection. Additional capacity building of the community workforce is required, particularly to better target sub-groups and to provide more influential vector control behavior change communication to their respective communities.

Health Management Information Systems

Analysis, Review and Transparency

Malaria Online: Malaria Online, Thailand's malaria information system, developed by the Division of Vector-borne Disease within the Ministry of Public Health, is a commendable effort. The system demonstrates the success of Thailand malaria elimination program and is a valuable resource for implementing agencies. However, CSO's contribution to malaria elimination is under-represented and unfortunately left out of the visualization. CSOs and communities across Thailand have played a significant role in supporting and filling gaps of government health providers, and feel that their work is not valued or presented effectively. Further, there have been some issues identified with the current system which are creating challenges with elimination activities. The 24 hour reporting is not currently set to be within 24 hour of finding a case, rather within the working day of 0000-2359. This means that if a case is identified at 2300, there is only 59 minutes to enter the case into the system which is placing a large burden on human resources. Further, many people consulted, including local government agencies believe that the number of cases included in malaria online does not reflect the true number of cases, either due to delayed reporting at the health center level or undetected cases within the community which are both counterproductive to the 1-3-7 response. Finally, civil society organizations are contributing valuable information to the national malaria control program, yet fail to receive enough information back to support case management and 1-3-7 response. CSOs recommend that the Malaria Online system be reviewed to become more transparent and practical to elimination activities.

Community Response Systems

Community-based Monitoring

Establishment of Complaint Mechanisms: Mobile, migrant and ethnic minority populations continue to face barriers to accessing health services. Barriers are largely attributed to their legal status in Thailand, and a workforce which is often not migrant friendly or responsive to their needs. Further, many other groups, including people with disabilities, LGBTIQ+, and drug users face challenges or barriers accessing health services. CSOs recommend to establish a formal and responsive complaint mechanism which monitors the performance and quality of malaria interventions by both government and civil society organizations. CSOs believe that all people in Thailand deserve and should be afforded equal and equitable health rights, regardless of their identity, social or cultural behaviors. The design of a complaint mechanism can be modelled from currently successful labor rights and consumer protection models already used across Thailand.

Program Management

Policy, planning and coordination

Relationship Building: Civil society organizations and communities rely on local relationships in order to implement effective malaria elimination activities. As consistent policy does not exist to integrate civil society into the malaria response, significant time and financial resources are dedicated to establishing informal relationships and building trust between government and non-government malaria actors. In the elimination phase, a rapid response is required to identify cases, and therefore civil society must be integrated into local elimination taskforces. Support is required to facilitate trust building activities, regular meetings and the establishment of communication channels between communities and government health services.

Stipend for Volunteers: Volunteers and other community workers are the backbone of malaria elimination efforts, yet their contribution is not reflected in national or regional budget allocations. Volunteers, who spent hours of their days conducting health education, net distribution, referral, follow-up and translation support, do not receive a fair stipend, and in many provinces do not receive any financial support for their work. Further, all volunteers interviewed during consultation indicated that they use their own personal finances and vehicles for transporting malaria patients to and from hospital for testing, treatment and follow-up. The inequitable financing of community workers does not reflect their role in elimination. CSOs request a fair stipend or allowance for the community workforce, either as a monthly rate or incentive for referral and successful follow-up, in addition to covering fuel and transport costs.

Medical Laboratory Technician: Under Thai Policy, use of rapid diagnostic testing or medical equipment generally requires oversight by accredited medical laboratory technicians. To support CSO's desired role in active case detection, future budgets would need to allocate funds to hiring a qualified medical laboratory technician, including any continuing medication education (CME).

Community Staff: As malaria cases decrease, community-based Malaria Post (MP) positions are being reduced and embedded into health promotion hospitals. However, community-based staff are key to an effective malaria elimination program and should not be reduced. Further, there is inconsistency in the funding of positions by both CSO and Government, where we observe 3 field offices across 14 clusters in some provinces, yet only 3 field officers covering 211 clusters in other provinces. CSOs recommend that field officers and other critical community-based staff are expanded to fill the gap and ensure that all communities have someone available to support with case identification, testing and treatment, as well as health education on priority heath issues faced by the community.

Pictures from Consultations