

## Thailand CSO Consultation

### Malaria Free Mekong (Regional CSO platform)

9th September 2022

Avani Atrium Bangkok Hotel, New Petchburi Road

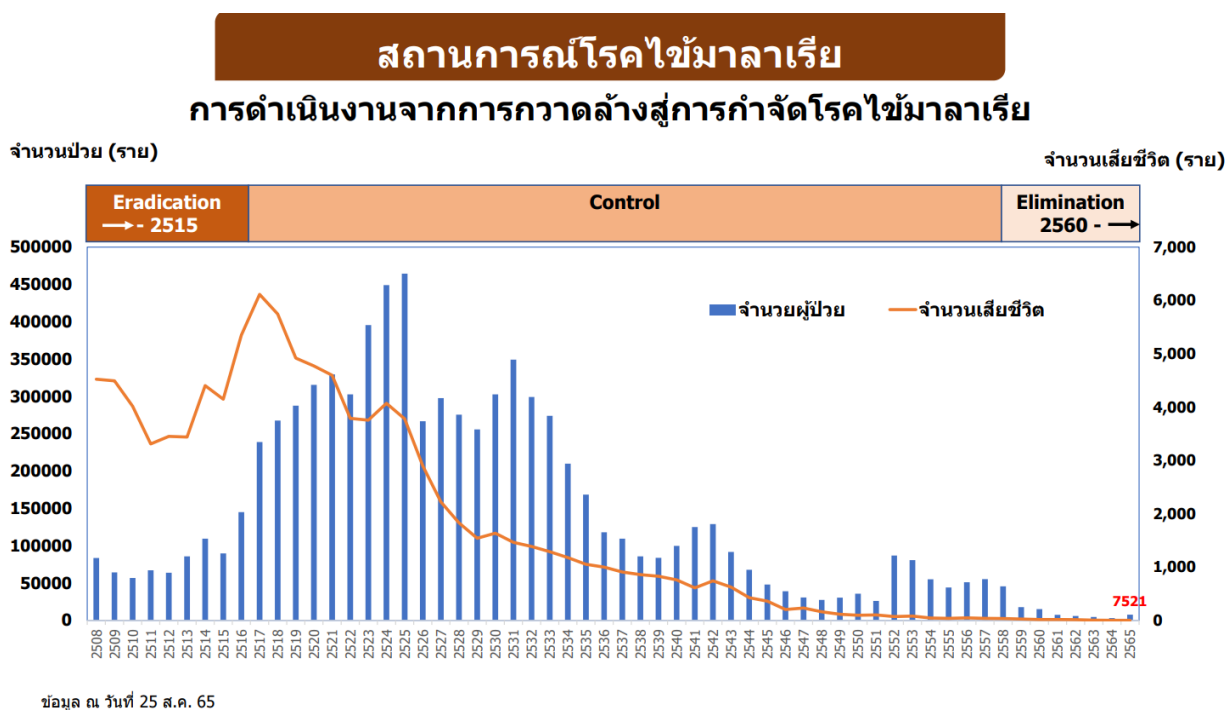


Malaria Free Mekong, a platform of communities and civil society organizations organized a national CSO consultation on 9th September. Representatives from National Malaria Program (NMP), RAI3E implementing CSOs, CCM, and RAI RSC CSO representatives were invited to the consultation. The main objectives of the consultation were to understand the progress and challenges of RAI3E implementation from Implementing Partners and to identify practical strategies and activities to respond to increased cases in border provinces. The meeting was organized in Avani atrium Petchaburi hotel, Bangkok.

## Situation and progress update

### Malaria situation in Thailand,

Dr. Rungrawee Tipmontree, Thailand's national malaria program manager provided an overview of Thailand's malaria situation and strategy to address it. Thailand worked to eradicate malaria from 1964 - 1972 but ran into complications due to geographic restrictions. Thailand changed its plan to control malaria from 1973 - 2016 and later eliminated malaria from 2017 - the current.



The graph of malaria situation from 2017 - 2022

From 2017 - 2021, the case significantly decreased in the eastern region on the Thai - Cambodia border and some provinces in the southern region, like Phangna and Yala. In 2022 there will be

41 provinces with zero malaria infection cases. Five provinces reintroduced the cases (Phuket, Chaiyaphum, Lampoon, Phitsanulok, Kamphaeng Phet).

In 2013, the P.f cases were 16,660 cases which gradually decreased by 99.5% to 69 cases in 2021 but then jumped up to 222 cases in August 2022 due to loosening restrictions of the COVID-19 along the Thai - Myanmar border (information from 25th of August 2022).

Thailand recorded 7,521 malaria cases from October 2021 - August 2022, which is 2.7 times higher compared to the same period in the previous year (2,727 cases). below is the disaggregated data for fiscal year 2022

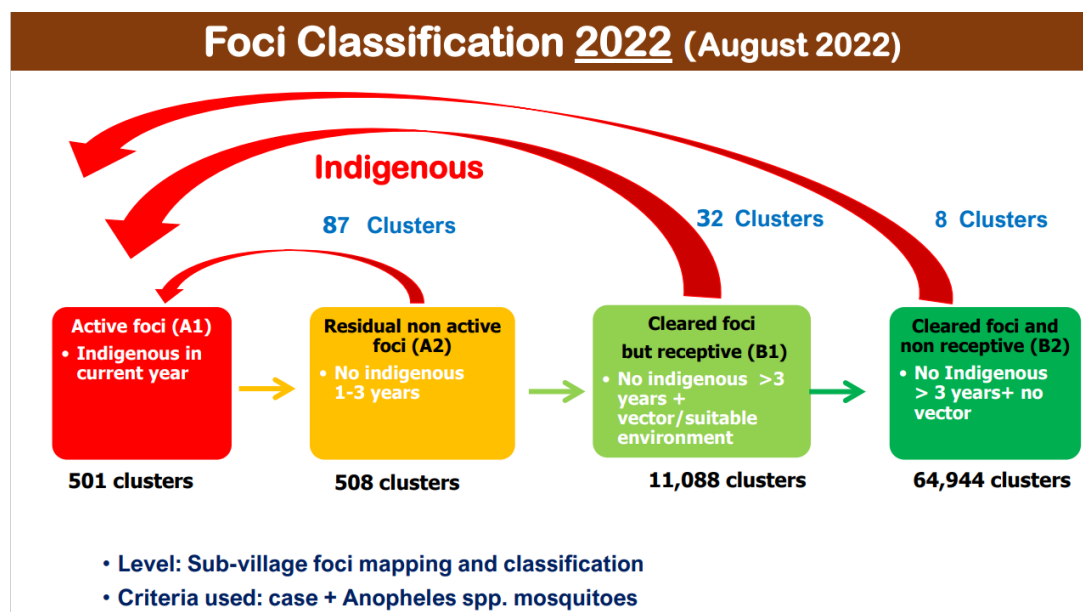
Nationality: Thai 45% (3,413 cases), Non-Thai 55% (4,108 cases)

Gender: Male 70% (5,229 cases), Female 30% (2,292 cases)

Age: 25 - 44 years old 28.4%, 15 - 24 years old 26.3%, 5 - 14 years old 23.4%, >= 45 years old 16.3%, and less than 5 years old 5.4%

Malaria type: P.v 94.6% (7,118 cases), P.f 3% (222 Cases) others 2.4% (181 cases)

Death rate: 1 case (P.k case in Songkla)



The Foci area classification flow in 2022

### Malaria situation along Thai - Myanmar border

From October 2021 - August 2022 the 6 provinces along the Thai Myanmar border reported the highest case. Those provinces are Tak, Mae Hong Sorn, Petchaburi, Kanchanaburi, Ratchaburi, and Prachupkirikan. The Tak province reported the highest number of 4,496 cases followed by Mae Hong Son at 1,284 cases, Kanchanaburi at 609 cases, Ratchaburi at 308 cases, and Prachuapkirikan at 270 cases respectively. The cases can be disaggregated into the following group:

Nationality: Thai 59%, Non-Thai 41%

Gender: Male 69%, Female 31%

Age: Less than 15 years old 30%, 15 - 45 Years old 55%

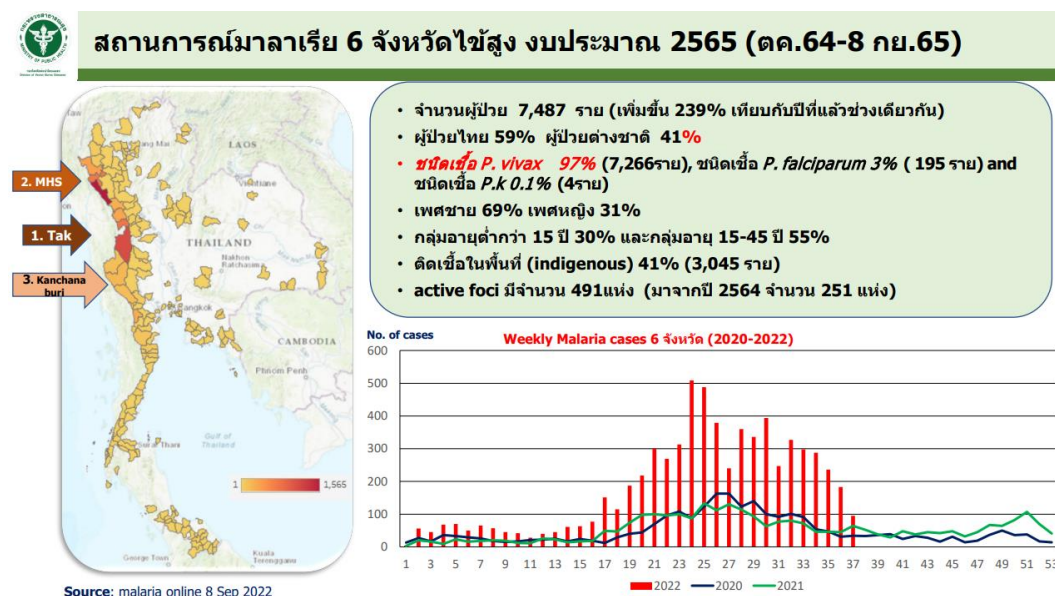
Malaria type: P.v 97% (7,266 cases), P.f 3% (195 Cases), P.k 0.1% (4 cases)

Active foci 491 areas (251 areas in 2021)

Case classification in 2022: Indigenous 3,045 cases (41%), Imported 2,749 cases, Unclassified 8 cases, and Not investigated 1,684 cases.

The season that malaria occurs is in the rainy season starting in May and hitting its peak in June then gradually decreasing until September, during November - January the case also slightly increases due to the fact that during the winter villagers increase forest-related activities.

The P.k cases are increasing this year according to the data, The outbreaks are in the Ranong, Songkla, and Yala provinces which are located in the southern and Trat province in the eastern parts of Thailand. Even though the national program has not had specific interventions for the P.k case yet but the Malaria Post is still working and following the case as they are in the same area.



Malaria information in the 6 highest cases provinces.

### Outbreak response in 2021 - 2022

- Reprogramming the GF RAI3E to respond to the outbreak.
- Request additional financial support from DDC to conduct the case detection activities in Public Health Department 1-2 and focus on 1-3-7 activity especially 7.
- Establish an emergency operation center (EOC) at the central level.
- Intensify 1-3-7 activities in the target areas including camps.
- Increase the coverage of LLIN and ITN among migrants.
- Additional commodities - Covid-19 prevention kit
- Proactive case detection targeting schools.
- IEC/BCC in the communities.

- Chemoprevention with Chloroquine is being considered. Taking Chloroquine 3 days once a month. This program is still during the negotiation process with the Thai FDA on the distribution procedure to assure it will be safe for the target audiences.

### Challenges

- Due to the situation in Myanmar, the service on the Myanmar side is limited. The malaria intervention could only be conducted from the Thailand side which needs to cover the increased population movement.
- Contingency planning is needed for continuing/worsening scenarios (diagnostics, drugs, prevention, etc) at least in 2022-2023.
- The situation on the border is increasing the demand for more focused human resources.

### Raks Thai Foundation

Raks Thai foundation is managing 2 SRs (ALIGHT and WVFT) and also has implementation sites in 4 districts - Kukan, Phu Sing, Khun Han, and Kantarak along the 127 km border line between Thailand - Cambodia. There are 13 unofficial borders and 4 official checking points, which see movement through of approximately 3,000 people per month.

### Malaria Situation

Srisaket used to be one of the top 10 provinces in the malaria cases ranking. But recently malaria cases occur only in 4 districts and there are a very low number of cases. The main at-risk population in the area can be categorized into 3 groups - working in the forest, those living along the forest site, and the population that does not live in the area but owns the land in the risk zone. The province also has the large number of migrant workers from Cambodia.

#### Number of case in Srisaket province

Fiscal year (Oct 2021 - Sep 22)	P.f	P.v	Mix
2020	3	T = 62, M1 = 1	0
2021	0	T = 20	T = 1
2022	0	T = 15, M =1	0
	3	99	1

### Activities progress



Raks Thai Foundation has trained 30 community volunteers from the 15 villages to work as representatives for the CSO. Regarding communication, RTF has created a Line group with the volunteers on the work; planning and sharing the report between the officer and volunteer.

The official border checkpoints opened in August after having been closed for 2 years due to Covid-19 restrictions - RFT conducted activities at Border Malaria Education and Consultation Corner (BorMECC) 2 times a month, the purpose of this activity is to provide educational sessions and tests to the migrant who is crossing the border to work in Thailand. This provided malaria educational sessions to 3,200 people and tests to 2,240 people.

RTF has collaborated with the Subdistrict Administrative Organization to provide consulting to the village leader and volunteer on the project development and local grant request. The purpose of this activity is to include the local government in the malaria work for sustainability.

### Challenge

- None of the cross-border meeting activities between the health providers in Thailand and Cambodia, and there is no situation sharing and cooperation plan due to COVID-19.
- There is still no activity to prevent the reinfection of malaria cases, RTF and local government are encouraging the forest goers and the at-risk population to do other jobs to reduce the time spent in the forest.

### World Vision Foundation

World Vision Foundation implements RAI3E in Tak and Mae Hong Son provinces.

**Tak:** 7 Districts, 18 Sub-districts, 54 Villages, 77 Clusters/worksites, 5 BMC (3 BorMECC-CSO), Approximate population in 2021 - 98,965 Thai and Non-Thai, 67 malaria volunteers, 14 WVFT staff, 1 FSN Vacant position.

**Mae Hong Son:** 4 Districts, 17 Sub-districts, 46 Villages, 65 Clusters/worksites, 1 BMS (3 BorMECC-CSO), Approximate population in 2021 - 39,002 Thai and Non-Thai, 71 malaria volunteers, 9 WVFT staff, 1 FSN Vacant position.

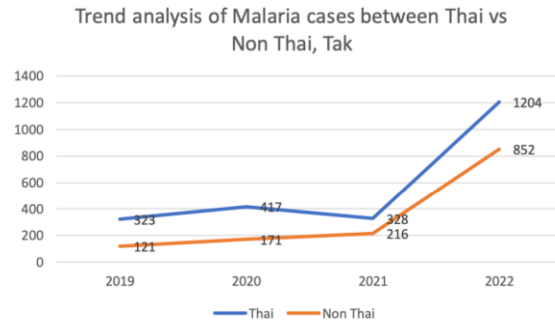
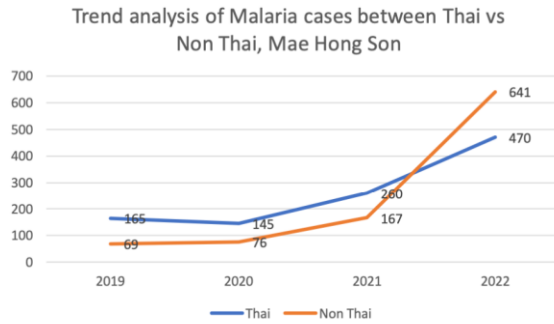
### Malaria Situation

Mae Hong Son - Total case 1,111 cases, P.f - 35 cases, P.v - 1,068 cases, Mix - 8 cases.

Tak - Total case 2,056 cases, P.f - 35 cases, P.v - 2,021 cases.

Tak and Mae Hong Son situations are similar since they are neighboring provinces where there are ethnic minority groups with relatively similar cultures and languages.





The graph shows the number of cases in Mae Hong Son and Tak

## Challenges

- inadequate commodities such as RDT and medication for MP in some areas. This problem is temporarily solved by borrowing medicine from nearby areas
- The conflict situation in Myanmar caused the influx of population in the border area, and some of the incoming migrants coming with malaria symptoms.
- Thai working in the plantations are at risk of malaria area but still not using mosquito nets.
- Not enough mosquito repellents product for the community.
- The LLINs are covered for the main target but inadequate for temporary migrant residing.

## ALIGHT

ALIGHT operates malaria implementation in Kanchanaburi province, in 6 districts, Tongphaphoom, Sangklaburi, Srisawat, Sriyok, Muang, Dan Makamtia. It covers 46 A1 villages and 28 A2 villages in those districts.

ALIGHT Migrant Health Volunteer (MHV) works closely with the Provincial Administrative Office, Health Promoting Hospital, VBDU, and community leaders to plan and implement the activities.

 [Malariacsoplatformgms](#)
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 [Malariafreemekong.org](#)
 [Malaria CSO Platform GWS](#)



## Ratchaburi Situation

Ratcha Buri province was out of the CSO coverage provinces during RAI3E planning due to province progress in decreasing cases. Because of increased in movement and Myanmar situation malaria cases in the province in 2022 have increased. ALIGHT doesn't implement a malaria project in Ratchaburi but implements Global Fund Funded HIV and TB project. Since ALIGHT is implementing its HIV-TB project in the malaria risk areas it is also contributing to the local authorities in the planning malaria response.

Malaria cases are increasing in Ratchaburi; the number of cases in 2021 was 218 cases and 290 cases in 2022. The ALIGHT team conducted meetings with Ratchaburi Vector-Borne Disease Unit, Public Health Office, Suanpueng District Health Office, Malaria Clinic, and Malaria Post in the Suanpueng district.

Type of Malaria	Year	
	2021	2022
<b>All case</b>	<b>218</b>	<b>290</b>
<b>F</b>	3	13
<b>V</b>	211	274
<b>Mix</b>	1	3
<b>unknown</b>	3	0

## Key finding

- Lack of MHVs support, only MPs working in community and are overloaded with work trying to cover all activities.
- Malaria treatment for children can't be provided in MP or MC, the patients need to go to the hospital. Limited volunteers to coordinate services between patients in the hospital.
- Inadequate IEC materials for malaria awareness, and lack of Karen and Myanmar language.
- Lack of community mobilization activities for malaria response.

## Innovative strategies

### Health education and prevention Equipment

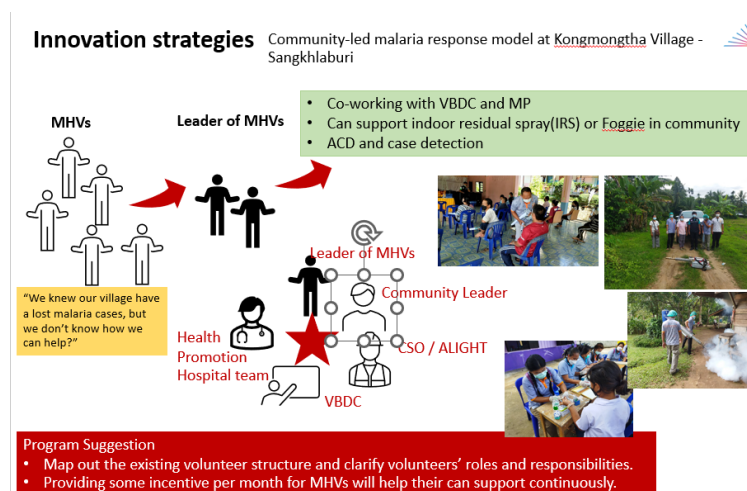
- Behavior Survey/KAP for BCC strategy and planning.
- Mosquito repellent is produced locally using local herbal ingredients.
- Created Youth network volunteer for malaria.



ALIGHT team special study of mosquito repellent lotion, spray, and soap developed from essential oils ( Citronella, Eucalyptus, lavender, and local Thai herb)

## Data and community-led monitoring

- Sharing data with the CSO and community so they are able to understand their situation and be involved in making the action plan in the community.



Kong Mong Tha promoting hospital is using the model of sharing data and is involved into making an action plan with CSO and VBDC

## Public Private Partnership

- Routine to Research (R2R) in the community in collaboration with the Promoting Hospital.
- Workshop in the community for the project planning and requesting local funds.
- Supported the local police on psychosocial support health services like malaria and Covid-19 testing in the detention center during the legal process. The team has found 2 positive cases out of 200 from this activity.



Malaria and Covid-19 support in the detention center

### Community response and MHV

- Increasing the role of MHVs such as blood testing for RDT and working with the health team for ACD and spraying
- Epidemic control training

### Challenges

- Inadequate RDT for Active Case Detection activity.
- Currently, the M2 population needs additional support on LLIN and other health services.
- Inadequate budget for the patient support since the number of targets in the work plan is underestimated - ACD activity, mosquito repellent, covid prevention kit.
- To implement the invention strategies the volunteer who works with ALIGHT might need to run or set up lots of small jobs but the incentives that we provide are per time per activity. To set up the new innovation the incentive should be provided per month so they can run the setup work and be committed.
- The difficulties to follow up on treatment adherence for the positive malaria case in the detention center after they have been sent back through the immigration process. Need cross-border collaboration.

### International Rescue Committee (IRC)

IRC works in collaboration with the Department of Disease Control (DDC) as the Sub-recipient (SR) and partners with MI as SSR (Sub-sub recipient). The project implementation areas are the 9 temporary shelters (refugee camps) in Tak, Mae Hong Son, Kanchanaburi, and Ratchaburi provinces.

- Ratchaburi: Tham Hin
- Kanchanaburi: Ban Don Yang
- Tak: Mae Lah, Um Piem, Nu Po
- Mae Hong Son: Ban Mai Nai Soi, Ban Mae Surin, Mae La Oon, and MaeRama Luang,



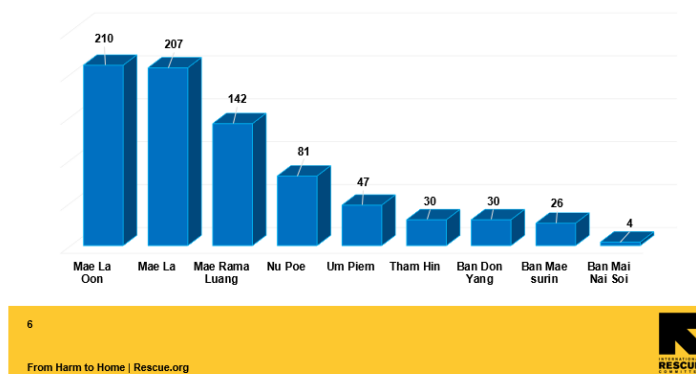
The map of the camps in the IRC implementing area.

## Malaria situation

In January - August 2022, Mae La Oon, Mae La, and Mae Rama Luang contain the top 3 highest caseloads in the IRC implementation area, which are 210, 207, and 142 cases respectively. Mae La Oon and Mae Rama Luang's case numbers are significantly higher since the population in those two camps is approximately 10,000 people meanwhile Mae La camp has 40,000 people.

The number of cases in 9 camps is 771 cases which can be divided into 4 cases of P.f, 754 cases of P.v, 5 cases of P.m, and 8 cases of Mix.

## Malaria Situation updates in the 9 refugee camps (Jan-Aug 2022)



The graph showing number of cases in the 9 camps.

### Challenge

- During the Covid-19 situation, all the camps were on lockdown, so the number of malaria cases decreased. The loosening of the lockdown situation created some movement inside and outside the camp that led to a surge of imported cases and subsequently increased local transmission.
- Intensive follow-up schemes and close monitoring of patients who stay outside the camps could not be performed due to the fact they are outside the IRC scope of work
- For those living in the camps, the patients are reluctant to come to the lab for follow-up testing due to day-to-day earning/work outside the camps
- Shortage of lab CBAs/frequent turnover of CBAs affect day to day implementation.
- Although CBAs provide health education about the promotion of LLINs usage, the patients are not able to carry LLINs to their workplace (such as plantation sites, forests, etc.)
- There are around 80,000 camp residents but there is no baseline information on the LLIN usage and needs. LLIN mass distribution in the camp hasn't been done since last 10 years.
- Currently, LLIN is only provided to new malaria-positive cases.
- The camp residents are registered with UNHCR or the government agency, and IRC can not access that information - IRC staff have noticed the movement of the temporary residents during the conflict on the Myanmar side but could not record the evidence base or identify the precise number.

### Stella Maris

Stella Maris implemented RAI3E in Songkla province in the southern region. They cover 4 districts - Sabayoi, Natawee, Sadao, and Klong Hoikhong.

**Sabayoi** - 3 Subdistricts, 4 villages

**Natawee** - 1 Subdistrict, 1 village

**Sadao** - 1 Subdistrict, 1 village

**Klong Hoikhong** - 1 Subdistrict, 1 villages

### Malaria Situation

Type of malaria	Thai	Migrant 1	Migrant 2	Total
P.f	2	0	0	1
P.v	5	1	6	12
P.k	19	1	0	20
Total	26	2	6	34

The table of malaria information in Yala from October 2021 - September 2022

The number of P. knowlesi malaria cases is increasing this year. Even though the RAI3E program does not have specific activities for P.k cases, but only during work in communities, CSO still provided some services to P.k patients as much as possible. The incident of P.f cases comes from the forest goer and durian plantation worker, also the area in Songkla is close to the national park.

### Challenge

- Extending the roles of communicators to integrated diseases besides malaria - integrated services will create more opportunities for the communicator to meet villagers and all the stakeholders more consistently and reach a wider group.
- More movement and migrants seeking jobs after the Covid-19 situation got better.

### Young Muslim Association of Thailand (YMAT)

YMAT is a faith-based organization, implementing a malaria project in Yala province. YMAT has a strong vision to promote and empower communities to protect themselves from malaria. The key activities focus on capacity building to strengthen the community and prepare them to be able to work sustainably after the RAI3E program

### Malaria Situation

The number of cases in Yala has gradually decreased since 2017. In 2022 (Fiscal year) the total number of cases in Yala was 45 cases. The riskiest area in Yala is in Bannangsata and Krong Pinang subdistrict.





The graph of malaria cases in Yala from 2017 - 2022

### Key activities

- Training/ capacity building for Malaria Risk communicators in the community.
- Providing information/education related to malaria to the community and focusing on youth and students.
- Providing malaria tests.
- Follow-up with positive cases for treatment adherence.
- Set up a working group/ committee to get funding from the local government organization.
- Vector control, IRS (Indoor Residual Spraying) in households, and ultra-low volume (ULV) aerosol spraying at breeding sites

### Working mechanisms

- Support team: this team is made up of government partners such as provincial health, provincial immigration, VBDU, malaria post, etc.
- Facilitator Team: This team consists of 4 pillars such as religious leaders, community leaders, local leaders, and local sage persons. This team will support communicators to coordinate and facilitate between communicators and communities
- Malaria Risk Communicators: 50 communicators were selected from more than 200 villagers; this is a core team that coordinates YMAT work with the communities. The role of communicators is to provide malaria information to the community, follow up and support treatment adherence, and distribute LLIN.



YMAT conduct a workshop on how to make repellent lotion

## Challenges

- The geography of the area in Yala and most of the population working in at-risk areas such as forests or plantations.
- Population movement: the Royal Thai Paramilitary Force relocate every 3 months, The students that go to school in the risk area and go back home during breaks, and the movement of people who work on the plantation.

## Open discussion

### What needs to improve?

- The inadequate number of commodities like RDT for ACD activities to respond to the surge of the malaria case during the conflict on the Myanmar side. The procurement process will take too long to respond to the crisis in time the stock number of commodities could be an issue to reconsider.
- Staff shortage is affecting the quality of follow-up activities and coverage.
- Raising awareness in the community and with patients on the importance of treatment adherence, some of the patients understand the effect of not taking treatment in full dose but they still do not make it a priority to meet appointments.
- Redesign or prepare for border activities post-Covid-19 situation. Prepare for the surge of movement and plan to boost the consistency and effectiveness of the BorMECC activity to make the linkage between 2 sites of stakeholders and create the channel for sharing information and lessons learned.
- Understand the target belief from a social science aspect, trying to understand their difficulties in many factors (barriers, financial situation). This information could be the key to designing the activities and approach to the target population for example the use of LLIN, and people's adherence to treatment.
- Advocating on task shifting for the migrant health worker to be able to conduct the RDT test for quick response to the case in the border area.
- Enhance coordination with the Local Administrative Organization (LAO) importantly because the promoting hospital will move to operate in line with the Subdistrict Administrative Organization instead of the District Health Office in 2022.
- Integrate the community health worker into the health system for community ownership and sustainability.
- A certification document for the communicator to certify that they have received the standard training and are allowed to work in the community from the government agency.
- The low case of malaria in the past few years was mainly due to Covid travel restrictions, reconsidering the area of implementation and mobilization can lead to the re-emergence of malaria cases.
- A support system for volunteers rather than contacting them just to conduct activities in the community. This system should engage CSO and volunteers for refresher courses, training, or as a mechanism that keeps both in contact.
- Beyond the health service in the border area - create some activities where a wide group of people can participate.
- Extend the mandate of prevention - provide mosquito repellent along with the LLIN or hammock.

### What are the new innovations that should be included in the new project?

- Extend the target group of the program to all the groups since the area and geography is at risk and expand the coverage of the M2 group.
- Use Tafenoquine for the P.v case instead of Primaquine. The single-dose treatment will be easier in terms of following treatment adherence, especially in the migrant group even though the G6PD testing will cause extra cost.
- Community-led services: Task shifting the community and the supporting government agencies to conduct one-stop service in malaria work - consulting, testing treatment services.
- Integration between different grants, especially in areas where implementing more than one project with the same target group, for better management and coverage and benefit to the beneficiary.
- Digital Technology for engagement and awareness-raising activities eg, LINE group/account to communicate and share upcoming activities
- Invest in innovative portable mosquito protection devices.

## Mapping Exercise

Answers to the following questions were discussed during the group work. Group was divided by geographic region.

- Where is the area where the number of malaria cases is increasing?
- Where is the area where population movement is increasing and why?
- Number of LLIN needed for one year.
- Where are the areas that have a re-introduction of malaria?

### Yala and Songkla



Pink dot mark the area with remaining cases

#### Increased malaria cases in the districts

There is no increase in malaria cases in Yala but there are still some remaining cases in Yaha, Bannang Sata, Than To, and the north of Betong district and Songkla in Sadao, Nathawi, Sabayoi district.

#### Areas where population movement is increased and why?

There is no MMP in the area, and the situation in the southern region is different than in the north and the west, there are barely any migrants to Thailand but some Thai migrants cross the border to Malaysia seeking jobs.

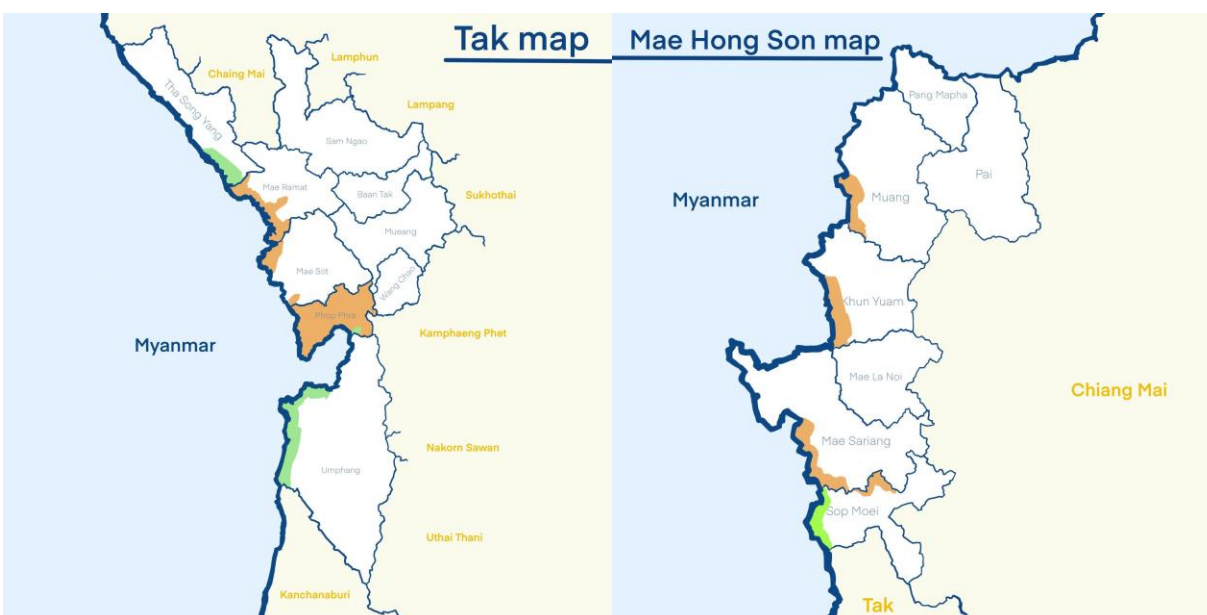
#### Number of LLINs need for one year.

No LLINs need - The migrants in the area are mainly M2 or migrants during the immigration process with Thai authorities.

### Where is the area that sees a re-introduction to malaria?

There is a case that occurred in the Raman district but could not be classified as it was an indigenous case or an imported case.

### Tak and Mae Hong Son



Green marks the incident in the camp  
Orange marks the incident in the migrant group

### Increased malaria cases in the districts

The number of cases in Tak is still high in most of the border areas. Phop Phra district is where high incidents occur due to the fact that the main source of work for the villagers is in plantation fields.

In Mae Hong Son, two refugee camps; Mae La Oon and Mae Rama Luang in Mae Sariang district are high incident areas.

### Areas where population movement is increased and why?

The estimated number of MMPs is around 20,000 people per year, but there is no details on the specific area of the movement. The figures are from United Nations reports on the conflict situation in Myanmar.

### Number of LLINs need for one year.

- 80,000 LLINs for the camps (9 camps)
- 20,000 LLINs for MMP in the camps.

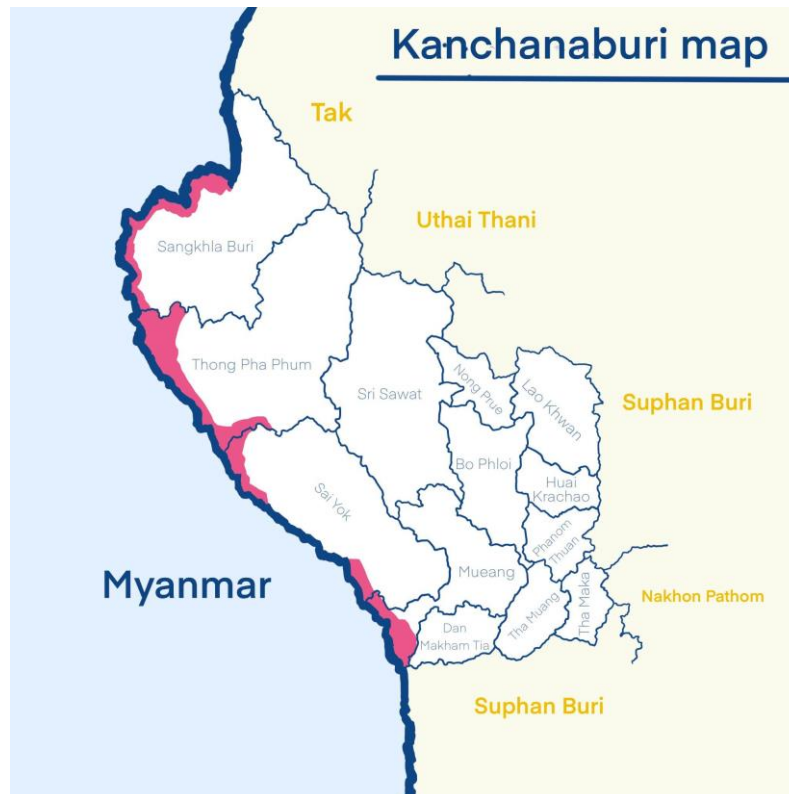


- 500 LLIN and 500 hammocks for migrants SMRU's implementation area.

### Where are the areas that have a re-introduction of malaria?

The malaria cases in the areas are still persisting, however, there is a report of case numbers as low as 10 cases in some areas.

## Kanchanaburi



Pink is the area of malaria incidents

### Increased malaria cases in the districts

In Sangkla Buri and Thong Pha Phum district near the border to Utai Thani district

### Areas where population movement is increased and why?

In the Muang district, the number of MMPs surged at the border during the conflict situation in Myanmar, and in Sangkla Buri later they moved down to Thong Phaphum.

**Number of LLIN needed for one year.**

M1 - 1,000

M2 - 5,510

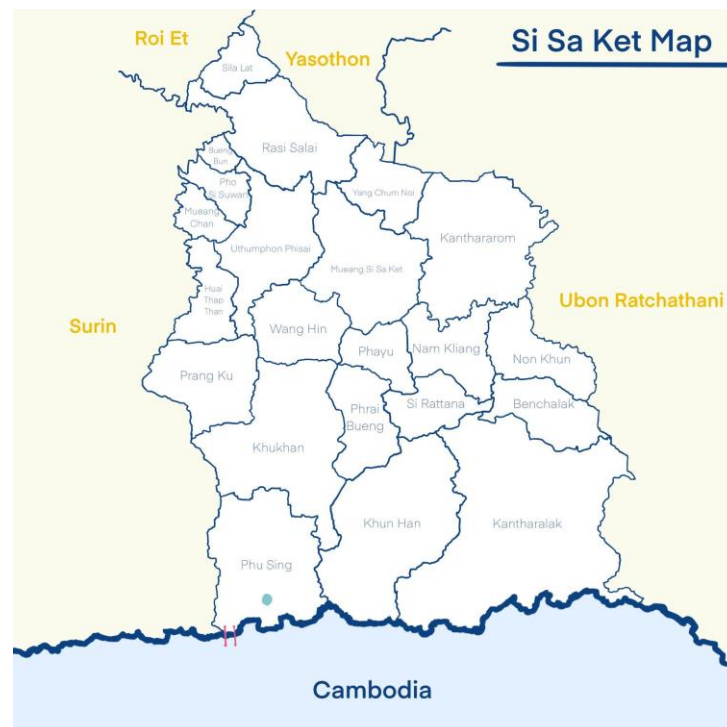
IDP - 2,224

TBC - 2,800

**Where are the areas that have a re-introduction of malaria?**

The malaria situation in Kanchanaburi has occurred continuously in the areas where ALIGHT provides services. Last year Srisawat had a very low number of cases but it is increasing again this year.

## Sri Sa Ket



Pink marks the official border crossing  
Blue dot marks where malaria incidents occurred

### Increased malaria cases in the districts

Phu Sing district is the area where the number of cases still remains constant. Khun Han, Kantharalak's number of cases is steadily decreasing, the Raks Thai Foundation team assumes it will move to the A2 tier.

### Areas where population movement is increased and why?

Sai Gnam official border has an estimated 3,000 people crossing the border per month. The estimated number of M1 is 126 people and M2 24 people.

### Number of LLIN needed for one year.

150 LLIN is needed for M1 and M2 for one year.

### Where are the areas that have a re-introduction of malaria?

None

## Integrated health services - Existing services and opportunities

**What type of volunteer is in the implementing project?**

**Are they providing more than malaria services?**

### **Shoklo Malaria Research Unit (SMRU)**

- SMRU clinic - The medic nurse or health worker.
- In the Community
  - Village Health Volunteer - provides general disease services.
  - Volunteer from the VBDU (MP) - provides malaria and other vector-borne diseases services.

### **ALIGHT**

- Thai Health Volunteer - the volunteer from the government. This type of volunteer is stationed in every village.
- Migrant Health Volunteer - could also be Village Health Volunteer.
- The Volunteer from the STAR program - the community-based program, mainly provides HIV and TB services with some information about malaria.
- Red Cross Volunteer - provides only Covid- 19 services during the pandemic period.

### **International Rescue Committee (IRC)**

- Camp Base Assistance (CBA) - IRC has trained refugees in different courses with different diseases. After receiving funding from the Global Fund, IRC has developed a malaria curriculum to train the existing CBA. This position is recruited to provide overall primary health care.

### **Raks Thai Foundation**

- Thai Health Volunteer / Village Health Volunteer provides primary health care
- Migrant Health Volunteer
  - Trained by the government
  - Trained by CSO

### **Stella Maris**

- The communicator provides malaria information.



- Migrant Health Volunteer working under STAR project for HIV and TB services.
- Village Health Volunteer provides primary health care.

#### **Young Muslim Association of Thailand (YMAT)**

- The communicator provides malaria information.
- Village Health Volunteer provides primary health care.

**Thailand CSO Consultation**  
**Malaria Free Mekong (Regional CSO platform)**  
**9<sup>th</sup> September 2022**  
**Avani Atrium Bangkok Hotel, New Petchburi Road**

#### **Objectives:**

1. To understand the progress and challenges of RAI3E implementation from Implementing Partners.
2. To identify practical strategy and activity to respond to the increased case on the border provinces

Time	Description	Facilitator/Presenter	Remarks
<b>Friday 9 September 2022</b>			
08.30-9.00 Registration			
<b>09:00 - 09:20</b>	Overview of the meeting (Agenda Overview)	Shreehari Acharya and Kittibhorn Punpieng	
<b>09:20 – 09:30</b>	Welcome speech	Prof. Maxine Whittaker	
<b>09:30 – 09:45</b>	Introduction of Participants		
Situation and Progress Update			

<b>09:45 – 10:30</b>	Thailand Malaria Situation and strategy to respond on the border provinces	Dr Rungrawee Tipmontree, National Malaria Program, Thailand	30 mins presentation 15 mins Q&A
<b>10:30 – 10:50</b>	World Vision Foundation (WVFT)		15 mins presentation and 5 mins Q&A
<b>10:50 – 11:10</b>	Shoklo Malaria Research Unit (SMRU)		15 mins presentation and 5 mins Q&A
<b>11:10 - 11:30</b>	Coffee Break		
<b>11:30 - 11:50</b>	Raks Thai Foundation (RTF)	Wasurat Homsud/ Korakod Inthapan	15 mins presentation and 5 mins Q&A
<b>11:50 – 12:10</b>	ALIGHT	Thanadon Chanthathadawon	15 mins presentation and 5 mins Q&A
<b>12:10 – 13:10</b>	Lunch Break		
<b>13:10 – 13:30</b>	International Rescue Committee (IRC)	Preeyalak Sataranon	15 mins presentation and 5 mins Q&A
<b>13:30 – 13:50</b>	Stella Maris (STM)	Nattaya Petcharat	15 mins presentation and 5 mins Q&A
<b>13:50 – 14:10</b>	Young Muslim Association Thailand (YMAT)	Rawsidee Lertariyawongkul	15 mins presentation and 5 mins Q&A
<b>14:10 - 14:30</b>	Open discussion on all presentation		
<b>14:30 – 15:00</b>	Cross border/border interventions and needs		Open Discussion by border provinces
<b>15:00 - 15:15</b>	Coffee Break		

<b>15:15 – 16:00</b>	High-risk area, population, service and gap, and priority activity Mapping Exercise	Guiding questions will be provided G1: Southern team (YMAT and STM) G2: Northern team (SMRU, IRC and WVF) G3: Northeastern and West team (RTF and Alight)	in Group 3 Groups
<b>16:00 -16:45</b>	Group work presentation	One focal person each group.	15 mins each presentation
<b>16:45 - 17:15</b>	Integrated health services Existing services and opportunities	Facilitated open discussion	
<b>17:15 -17:30</b>	Wrap-up of the meeting	Thailand Focal person or SC member	