LMI: The President’s Malaria Initiative in the Greater Mekong Sub-Region

July 2012

BACKGROUND
The President’s Malaria Initiative (PMI) is a core component of the Global Health Initiative, alongside efforts to combat HIV/AIDS and tuberculosis. The PMI is a partnership between USAID, the Centers for Disease Control and Prevention (CDC), the USAID/DELIVER project and U.S. Pharmacopeia. Since 1999, the Greater Mekong Sub-region (GMS), comprised of Burma, Cambodia, Laos, Thailand, Vietnam and the Yunnan province of China, has substantially reduced the rate of malaria infections. However, much remains to be achieved as all countries except Burma and Laos are moving toward fully eliminating the disease. Resistance to artemisinin-based treatment compounds, the only anti-malaria medications proven effective for wide use, has spread from the Thai-Cambodian border to areas along the Burmese border and in Vietnam.

Malaria epidemiology in the Mekong Basin is complex. Each country in the region also holds varying degrees of ability to prevent and control the disease. The two dangerous types of the malaria parasite, *Plasmodium falciparum* and *P. vivax*, are prevalent and much of the malaria burden is concentrated along borders, in forests or forest-fringe areas. Those at greatest risk are mobile populations working in the forests to tap rubber, cut trees and engage in other agricultural economic enterprises.

APPROACH
The PMI was launched as a $1.2 billion worldwide initiative, primarily focused in Africa, to rapidly scale up malaria prevention and treatment interventions, as well as to reduce malaria-related mortality by 50 percent in high disease-burden countries. The PMI is now expanding to Southeast Asia to strengthen efforts to contain the spread of multi-drug resistant *Plasmodium falciparum* malaria. This will be accomplished by:

- Contributing to a further reduction in the level of transmission of malaria and the number of reported cases in the GMS;
- Supporting anti-malarial, drug resistance surveillance networks; and
- Establishing a national system to monitor the quality of anti-malarial drugs and to prevent distribution of substandard drugs.

Started in 2011, the President’s Malaria Initiative provides support to malaria control programs in the Greater Mekong Sub-region to strengthen management from national to community levels for containment of drug-resistant malaria.

Photo: Linna Khorn

Malaria health education trainings benefit taxi drivers as they drive to malaria-prone areas in western Cambodia. Taxi drivers can also help spread malaria prevention information to passengers, particularly mobile and migrant populations, who ride in their taxis.
Since 2011, the PMI program in the GMS has supported national malaria control programs and strengthened management at the national and community levels for containment of drug-resistant malaria. This includes support for commodity supply chain management, improved drug quality, community mobilization and behavior change communication. A key component of the PMI in the GMS is USAID’s Control and Prevention of Malaria project (CAP-Malaria). The objective of the CAP-Malaria project is to establish an effective system to control malaria in the affected border regions in Burma, Cambodia and Thailand through standardized treatment, enhanced interventions, information sharing and surveillance of disease incidents.

Gender is an important dimension of malaria prevention and treatment. The majority of malaria cases are male laborers who work in forested areas at night without protective equipment. These workers carry the parasite and then accidentally expose family members, women and children to malaria. Meanwhile, many of the migrants crossing the border through forested areas from Burma into Thailand are pregnant women seeking health care services. Thus, programming for malaria control in GMS requires detailed attention to gender-related behavioral patterns.

**IMPACTS**

Between 1998 and 2010, the GMS countries have collectively achieved an 81 percent reduction in the annual number of deaths attributed to malaria. Multiple factors contributed to this progress, including the commitment between national governments and partners to prioritize and increase investment in malaria control, growing international funding, integrating malaria control efforts into national health systems, and intensifying cross-border collaboration. At the same time, external factors including deforestation, economic development, demographic stabilization, political stability and improved coverage of basic health services have contributed to the decrease in morbidity and mortality associated with malaria.

The PMI program in the GMS will contribute to reducing the incidence and mortality related to malaria, particularly in the high disease-burden areas of Burma, Cambodia and Thailand. As a result of malaria prevention interventions, women, men, and children and particularly mobile and migrant populations, will be able to protect themselves against malaria and prevent the spread of drug-resistant malaria. At-risk populations will have better access to high-quality diagnosis and treatment services by community volunteers, practitioners and providers.

**PARTNERS**

Implementing Partners: University Research Corporation, LLC., Save the Children, Kenan Institute Asia, World Health Organization, Centers for Disease Control and Prevention

Cooperating Partners: Malaria Consortium, National Malaria Control Programs of Burma, Cambodia, Laos and Thailand