

Best practice (2)

**THE INTEGRATED ACTION PLAN OF NATIONAL MALARIA
ELIMINATION IN THAILAND: STUDY IN THE NORTH EAST AND
THE EASTERN PART OF THAILAND**

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ABSTRACT

Background: In 2024, the National Malaria Elimination Strategy proposed to eliminate indigenous malaria cases in all districts and expected that Thailand would be certified as free a malaria case areas before 2026. Even though the national malaria elimination policy focuses on accelerating malaria elimination in Thailand by improving diagnosis & treatment, intensifying active case detection, increasing ITN coverage and ensuring DOTs & follow up and Therapeutic Efficacy Surveillance.

Aims: The objective of the study on the action plan of national malaria elimination in Thailand as the area study in the Northeast and the East of Thailand is to convince all partnerships to make integrated action plans. All provinces in the Northeast and the East of Thailand were selected with significant partnerships in transmission areas.

Methods: Through the community participation and strategic planning workshops, an integrated process of data collection and analysis was undertaken and descriptively presented. Strengths, Opportunities, Aspirations and Results (SOAR) analysis was employed in the context of strategic planning of eliminating malaria cases from transmission areas. The registered partners in the workshop were divided into ten groups. In each working group, there were approximately 10-12 partners who were key persons and lived in the same community.

Results: The findings showed that there were practically integrated action plans from significant partnerships in each transmission area. Twenty seven action plans of all provinces were presented to the provincial level for approval before being launched in their communities. Some outcomes from strongly launched action plans have been obviously regarded as the best practices of each province.

Conclusion: The study suggested that in order to manage and to convince some key partners to join relevant malaria elimination activities, regular active participation at the national level, provincial level and community level by specifically focusing on sustainably maintaining malaria-free areas is needed. Local Administrative Organization support is also required to maintain the sustainability of the malaria-free areas in Thailand.

Keywords: malaria, elimination, integrated action plan

INTRODUCTION

There has been a steady reduction of malaria cases by over 75% in 55 countries in the world [1]. Since 2000, Thailand has made significant progress in controlling malaria. The number of malaria cases was reduced by 28% in 2016 compared to the number of 2015, with a morbidity rate of 0.28/1000 population [2]. The majority of cases were reported along the borders where the population movement crossed international borders. Especially, Thailand has a big problem of malaria parasites resistance antimalarial drugs. There were also the same problems in the countries of the Greater Mekong Subregion. During 2016-2030, the Global Malaria Program aims to move towards malaria elimination and encourage countries that have malaria morbidity rates to lower the rate to 1/1000 population. A rate at which these countries are supposed to change their policy and reprogram. New strategies and challenges to achieve malaria elimination will be discussed [7].

Thailand expects that there will be no indigenous malaria cases in Thailand by 2024. Therefore, changes in malaria policy will move forward from malaria control to malaria elimination. The Department of Disease Control in Ministry of Public Health has developed a National Malaria Elimination Strategy for Thailand 2017-2026 and a Malaria Elimination Operational Plan for Thailand 2017-2021 [2]. Thailand is at present focusing on eliminating malaria in response to the target of the Sustainable Development Goals of the United Nations. There is four malaria elimination strategies, strategy 1: Scale-up malaria elimination in Thailand, strategy 2: Develop technologies, innovations, measures and models that are appropriate for malaria elimination, strategy 3: Develop partnerships among stakeholders at national and international levels to launch malaria elimination, and strategy 4: Promote and empower communities to protect themselves from malaria. These strategies were approved by Thai government in 2016.

The important mechanisms in driving action plans towards achieving the global target including setting up the Committee on Sustainable Development, the Steering Committee on Malaria Elimination, the Administrative Committee on Malaria Elimination and four subcommittees on strategy 1, 2, 3 and 4 under the leadership of the Prime Minister [2]. According to challenges and future plans, limited funding and decentralization are main gaps seriously related to the study. As a result of these gaps, Thailand has the future plans such as advocacy to increase domestic fund, prioritized and focused investing, partnerships with Civil Society Organization, engagement with Local Administrative Organization, internal reorganization to streamline various activities managed by the national program and local organization involvement. The objective of the study is to convince all partnerships especially Local Administrative Organization in the Northeast and the East of Thailand to make integrated action plans which are responded to malaria elimination activities in all transmission areas.

METHODS

Community participation is a significant qualitative method [5-6]. This was employed to convince significant partners to join together in eliminating malaria cases from transmission areas. This study preferred an example of the area study only in two areas (The Northeast and the East of Thailand) In community, we selected partners who have done work in malaria infected areas. Then, each province arranges a meeting for sharing malaria prevention so that these selected partners at district level should come and discuss what suitable measures implemented in several levels of the spreading malaria cases.

Key informants

The study areas included the Northeast and the East provinces in Thailand. The level of analysis in this study is the district level. Target population is all 27 provinces in the Northeast (20 provinces) and the East (7 provinces) included in the study. In cluster sampling, there are two stages are there and are follows: In the first stage, the random selection of clusters is divided into small distinct geographic areas namely communities. In the second stage, the random selection of representatives who consisted of at least 4 representative from the Vector Borne Disease Control, Provincial Public Health Office, Local Administrative Organization and Health Promoting Hospital. Inclusion criteria are all mentioned

representatives having their own job related to malaria at least a year. On the opposite, the exclusion criteria are those who have not experiences in malaria and have lower experiences than a year.

Instruments

This study employed a community participation workshop for sharing and creating integrated action activities to achieve the target of malaria elimination in their communities. Moreover, Bureau of Vector Borne Diseases provided the malaria elimination guideline of Local Administrative Organization to all participants in this workshop in order to be an outline of making malaria elimination plans.

Procedure

Previously, we were accustomed to use the SWOT analysis in the context of strategic planning. However, at this workshop in Ubonratchathani province, the researcher explained that we would use the SOAR method showed of it as being a “positively re-framed SWOT analysis”. SOAR stands for Strengths, Opportunities, Aspirations and Results [8]. We divided registered partners in the workshop into ten groups. In each working group, there were approximately 10-12 partners who were key persons and lived in the same community. The researchers asked partners to respond to the following questions: To seek the strengths, opportunities, aspirations and results, there were four questions (1) Could you describe the outstanding outcome in your work? (2) Could you explain the role model in your work or in your office? (3) What was the best practice in your work? (4) Could you identify the best mechanism for collaboration? To seek the opportunities, the specific question was what were the best possible opportunities to achieve malaria free in your community? To seek the aspirations, the question was who did you want to be and what was your target to eliminate malaria cases in your community? To seek the results of your action plans, the question was what are the measurable results you want to achieve? Each question invited the partner to expand on and provide a wide range of descriptions or perceptions of group work. Facilitators of each group helped them point to create their own integrated action plans of malaria elimination. The researchers shared and discussed extensively with the example of ten integrated action plans of malaria elimination. For a week later, the representatives from twenty seven provinces participated in their provincial meetings, arranged their workshops and conducted the malaria elimination action plans.

RESULTS

All provinces in the Northeast of Thailand begin implementing Malaria Elimination Operational Plan with important partnerships in risk areas such as Local Administrative Organization, Health Promoting Hospital, Soldiers, forest workers, border patrol polices etc. Networking involvement is the key method for launching four strategies. Strategy 1: Scale-up malaria elimination in Thailand, Strategy 2: Develop technologies, innovations, measures and models that are appropriate for malaria elimination, Strategy 3: Develop partnerships among stakeholders at national and international level to launch malaria elimination, and Strategy 4: Promote and empower communities to protect themselves from malaria. Especially, the action plans of malaria elimination focused on strategy 3 to develop local partnerships in communities.

The collaboration of the above mentioned partners will work towards the elimination of malaria by integrated action plans. Twenty seven provinces in the Northeast and the East areas are able to convince specific partners who have their own work related to malaria to attend a lot of meetings and workshops for improving malaria elimination action plans. Surprisingly, the specific activities including improving diagnosis & treatment, intensifying active case detection, increasing ITN coverage and ensuring DOTs & follow up and Therapeutic Efficacy Surveillance were showed in action plans of malaria elimination [3-4]. Unbelievably, some provinces could identify specific partners in their action plans who were responsible for sharing resources especially budget allocation. Some outcomes from effective launching action plans have been obviously promoted as the best examples in each community. It was suggested that in order that the significant partners should adopt the action plans that have been considered the

best. Each of the twenty seven action plans of all provinces were at first presented for approval at the provincial level before being launched in their communities.

DISCUSSION

The study concerns only the integrated malaria action plans in local Thailand. The implementation of these action plans will lead to strengthen Thailand being a malaria free country in 2024 [1-2]. However, these partners should be made aware that the malaria elimination policy leads the malaria to be a significant disease of the health of the country as follows: “Health in All Policy” [2]. The challenge is that significant partners are concerned with other job of their own already. Besides, there are three critical challenges. First, there is the limitation in the finance concerning the launching of action plans. The province mentioned partners are being asked to contribute part of their budget. Secondly, the problem of mobile migrant population and cross border movement can spread incidence of malaria [3-4]. The last challenge is malaria surveillance in undocumented migrants. In order to gain collaboration from community at district level, it is hoped that there will be budget allocation to support local partners in these malaria elimination activities. The government should see to it that malaria infected migrant registration should receive special malaria surveillance and documented.

CONCLUSION

Thailand has been an outstanding profile in malaria prevention for several decades. Nowadays, in 2016, the government makes greater effort to reduce and eliminate the number of indigenous malaria cases in Thailand by developing partnerships among stakeholders at national and international level to achieve the sustainable development goal and malaria elimination goal [4]. Fortunately, Thailand has contributed two mechanisms of moving forward Malaria Elimination Strategy namely the national mechanism and the international mechanism. The national mechanism is composed of two committees run by SDGs committee. One is The Steering Committee which has Deputy Prime Minister as the chair person. The other is the Administrative committee which has Permanent Secretary as the chair person. Therefore, at the same time the Administrative committee has appointed four sub-committees of its roles and responsibilities. In 2017, newly established Monitoring and Evaluation committee and Malaria Research Advisory Group have been created.

Currently at provincial level, each province has its own the Provincial Disease Control Committee to push forward action plans that are included related malaria elimination activities. At district level of all provinces, there are sorts of health facilities e.g. community hospital, Health Promoting Hospital, Malaria Clinic, Malaria Post, Border Malaria post, private hospital and health facilities from Civil Society Organization. All the national and provincial committees are also the main advisors for giving comments and advice considering results-based M&E system [4]. This system helps to answer the all important “so what” question and respond to malaria elimination partners’ growing demands for results of action plans. Especially, financial allocation is needed to be considered and approve from the highest authority of each level.

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