

# Ann Morgan visits Thailand and shares her thoughts

## Containment project in South-East Asia

I first get an inkling of what a massive topic malaria is when I meet Dr Sylvia Meek, the Malaria Consortium's technical director. We're sitting outside a café in the park on Russell Square during London's traditional half hour of summer. It's about 45 minutes since I discovered that the containment project on the Thai/Cambodian border is my finalist assignment in the Guardian International Development Journalism Competition, and the piece of paper I'm clutching, along with a brief holiday in Malawi a few years back, represent the sum total of what I know about the disease.

'So, um, I say, 'tell me about malaria. I mean, how does it, er, work?'

If Dr Meek's heart sinks at this point, she is kind enough not to show it. Instead, she explains patiently that malaria is caused by parasites in the blood (four different strains of parasites, of which two, *plasmodium vivax* and *plasmodium falciparum*, are the most common); that it is transmitted by up to 40 species of anopheles mosquito, which bite in different seasons and at different times of the day, depending on their habits and region; that it is treatable and preventable, yet, despite a global eradication drive in the 1950s and 60s and renewed efforts now, we are still a long way from getting rid of it.

I scribble notes on my brand new pad: 'Prevention drugs?' '1 type bite in afternoon' 'ongoing need for resources'. Hmmn. Perhaps I better do a bit of reading around. It seems I know even less about malaria than I thought.

And I'm not the only one. In the weeks leading up to my trip, I lose count of the number of people who ask me when I'm going to get my malaria jab. As my research takes shape, I become rather smug at telling them that actually there isn't a vaccine, certainly not one that could be given to travellers, and that that is part of the problem.

My smugness is short-lived, however, when it comes to the situation on the Thai/Cambodian border. There, on top of the standard challenges of bed-net distribution, education and treatment, there is the added problem of emerging drug resistance, which means that *plasmodium falciparum* is taking longer to be killed by Artemisinin Combination Therapies (our most cost-effective and widely used anti-malarial drugs). Given that two previous treatments, chloroquine and sulphadoxine-pyrimethamine, have been rendered useless by drug-resistant parasites spreading from this region before, this is very worrying, particularly for African countries such as Nigeria, where malaria kills more than 200,000 people a year.



Ann interviews Cambodian migrants working on fruit farms in Thailand

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And that's not all. Being so much richer than its neighbours, Thailand acts like a magnet for South-east Asia's unskilled workers, prompting thousands of Cambodians and Burmese to cross the borders to work during the harvest season. Some come legally, others illegally, and few stay in any one place for very long, making it difficult for medical staff to identify, track and treat malaria sufferers.

Add to this the fact that South-east Asia does a roaring trade in counterfeit drugs, the diplomatic tensions between some of the countries in the region, and the existence of asymptomatic carriers (people with the parasite in their blood but no symptoms) and you start to get a picture of just how exceptionally tricky tackling malaria here really is.

Luckily, extraordinary challenges seem to attract extraordinary people. Certainly that's the case in Thailand where, alongside the national malaria programme employees, scientists, World Health Organization staff and NGOs such as the Malaria Consortium, thousands of local people are involved in the fight against the disease. I meet people who go house to house to offer education and prevention advice, and business owners who help build links between the clinics and hard-to-reach migrant groups.

Then there are people like Ahwat Masarath, who opens up her home to run a malaria post, providing free testing and treatment to all comers.

'My role is to make sure a service is provided to everyone, to make sure that the door is open,' she says. 'In the future we want to have no malaria at all here. So we have to teach people how to protect themselves.'

And it seems to be working, too. Despite all the challenges in the region, the message is getting through, certainly as far as the local population is concerned. The infection rate has dropped dramatically over the last ten years and bed nets are a permanent fixture in almost every house.

No-one asks for a malaria jab here. After all, when you live in a place where, until recently, it was commonplace for people to sicken and die from a preventable disease, ignorance is a luxury you simply can't afford.



Cambodian and Burmese migrant workers enter Thailand daily to work; they make up roughly half of all malaria patients

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