

Thailand radical cure kit (TRACK)

Protecting communities on the Thai–Myanmar border with a tailored radical cure intervention to treat *Plasmodium vivax* malaria and prevent relapse

Background

Until 2021, Thailand was making strong progress toward malaria elimination. It drastically reduced *Plasmodium falciparum* cases, reporting only 3,000 cases of malaria that year, mostly due to *Plasmodium vivax*.^[1] However, conflict and the collapse of the health system in neighbouring Myanmar have led to a resurgence of malaria in border areas of Thailand.^[2]

In 2025, Medicines for Malaria Venture (MMV) partnered with the Thai National Malaria Control Programme to initiate the rollout of glucose-6-phosphate dehydrogenase (G6PD) testing and tafenoquine (TQ) treatment in hospitals across Tak province, an area with a high malaria burden. G6PD testing is mandatory before giving radical cure (treatment to prevent relapse of *P. vivax* malaria). Radical cure — with single-dose TQ or different regimes of primaquine (PQ) plus chloroquine (CQ) — is selected according to the person's degree of G6PD deficiency, to avoid fatal haemolytic anaemia in G6PD-deficient individuals. The CSO Platform — now part of Malaria Consortium — has helped to raise community awareness and improve adherence to G6PD testing and radical cure, and to ensure patient follow-up in the catchment areas of malaria clinics where TQ has been introduced.

Access to timely malaria treatment and radical cure for mobile and migrant populations living near the border is critical to contain the current outbreak, but a tailored approach is needed to overcome political, sociocultural and economic barriers to healthcare access.

Country

Thailand

Funder

Medicines for Malaria Venture (MMV)

Length of project

June 2026 – April 2027

Partners

MMV

Tak Provincial Health Office

Project outline and objectives

Border populations require tailored approaches to ensure they are reached with effective antimalarial treatment and can safely access radical cure to prevent relapse. Malaria Consortium is partnering with MMV to carry out a proof-of-concept study for a malaria self-test and treatment kit — Malakit — as part of the Thailand radical cure kit (TRACK) project. Cases of *P. vivax* malaria are being targeted in three high-risk groups living in Mae Ramat and Phop Phra districts in Tak province: workers who cross from Myanmar to Thailand on a daily or weekly basis, longer-term workers who occasionally cross the border to visit family in Myanmar and the indigenous Karen population who permanently live in the area.

The project uses an adapted version of the Malakit self-care pouch developed for highly mobile and remote populations in the Guiana Shield, South America.^[3] The adapted kit includes three rapid diagnostic tests, artemisinin-based combination therapy (ACT) to treat active malaria infection, PQ plus CQ radical cure, a card with the individual's G6PD activity, health worker details and educational materials. Participants' G6PD activity will be measured prior to dispensing the kit. Individuals who are G6PD deficient will be excluded from the study but will be referred for treatment if they have malaria symptoms.

Objectives:

- To determine the feasibility of providing community-based Malakit services (with malaria clinics and community members working in tandem) to mobile and migrant communities facing barriers to formal healthcare access.
- To identify mechanisms that effectively link the community level with formal health system to scale Malakit to border populations in high-risk areas.

Activities

Malaria Consortium and MMV will identify key points along migrant travel pathways where feasibility, kit use and return patterns can be assessed.

The project team will carry out training, sensitisation and engagement with community leaders, and obtain approval from provincial health authorities.

A census will assess travel plans, movement patterns, treatment-seeking behaviour and reported malaria cases in neighbouring areas to identify eligible individuals. Malaria Consortium will coordinate with malaria clinics and hospitals to facilitate G6PD testing and radical cure provision for participants.

During follow-up with those who have received vivax radical cure to check for adverse events ahead of their travel, project staff will distribute the Malakit, explain the trial process and provide information and contact details. During regular check-ins, staff will ask Malakit recipients about their experiences in using the kit.

Findings will be presented at regional meetings and published in peer-reviewed journals.

Outcomes and impact

Underserved communities reached to put Thailand back on track for malaria elimination. The Malakit project offers a promising model for delivering the latest antimalarial drugs to mobile and migrant populations along the Thailand–Myanmar border. If scaled effectively, this approach could contribute to curing patients and eliminating malaria in the region. Malaria Consortium will engage with Thailand's Department of Vector-borne Diseases, the World Health Organization and MMV to advocate for policy support and integration of Malakit into Thailand's malaria elimination strategy.

Outbreak preparedness for border regions. Beyond malaria, the set-up of Malakit and the community networks established could be leveraged to deliver other essential medicines during future outbreaks or health emergencies for marginalised populations in border regions. Advocacy efforts aim to highlight the potential of Malakit as a delivery model in future health emergencies.

References

1. World Health Organization (WHO). Accelerating malaria elimination in the Greater Mekong. WHO; 2022.
2. WHO. World Malaria Report 2025. WHO; 2025.
3. Douine M, Sanna A, Galindo M, et al. Malakit: An innovative pilot project to self-diagnose and self-treat malaria among illegal gold miners in the Guiana Shield. *Malaria Journal*, 2018; 17(158).

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Cover image: Session to raise community awareness of G6PD testing and improve adherence to malaria radical cure, Tak province, Thailand

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