BACKGROUND
The Control and Prevention of Malaria project (CAP-Malaria) is a key component of the President’s Malaria Initiative (PMI) Mekong program and the largest PMI activity in the Lower Mekong Initiative (LMI) region. Since 1999, the Greater Mekong Sub-region (GMS), comprised of Burma, Cambodia, Thailand, Vietnam, Laos and the Yunnan province of China, has seen the rate of malaria infections reduce substantially. Although malaria control in Cambodia and Laos has improved, malaria incidence is relatively high. Much remains to be achieved as all countries, with the exception of Burma and Laos, are moving toward fully eradicating the disease.

The two dangerous types of the malaria parasite, Plasmodium falciparum and P. vivax, are prevalent in the GMS. Ministries of health have observed an increase in therapeutic failures among patients with uncomplicated P. falciparum treated with artemisinin combination therapy (ACT), the only therapy proven effective for wide use. Self-medication, poor quality of treatment, and a high prevalence of counterfeit and substandard antimalarial medicines make it difficult to ensure proper drug usage.

APPROACH
Started in October 2011, the five-year USAID-supported CAP-Malaria project strives for systematic control of malaria in affected border regions of Thailand, Cambodia and Burma, by containing the spread of multi-drug resistant Plasmodium falciparum malaria in the GMS. This focus on cross-border malaria control includes the standardization of treatment regimens, increased information sharing and enhanced behavior change communication. To ensure a coordinated and collaborative approach to addressing these issues, CAP-Malaria works closely with local government and community leaders, health officials, community-based organizations and private companies in the activities listed below. The CAP-Malaria project aims to serve nearly three million beneficiaries in the LMI region.

ACTIVITIES
**Vector control:** CAP-Malaria uses a multi-pronged approach to prevent infected mosquitoes from biting people in Cambodia including the use of repellent, repellent-treated bed nets, and regular retreatment of bed nets along with behavior change communication to promote interventions among at risk populations.
The project works with experienced community-based organizations to create outreach messages targeted to communities, while building long-term capacity in malaria prevention and health communication efforts.

- **Early diagnosis and treatment:** CAP-Malaria strengthens existing networks of village malaria workers and mobile malaria workers by linking them with the public health system to improve delivery of services. The project shows success in helping groups beyond the reach of public facilities. Village and mobile malaria workers engage with communities in remote areas, particularly women, children, and mobile and migrant workers. The project provides training and job diagnostic aids to health providers and improves laboratory services and their involvement in the verification of malaria tests. The CAP-Malaria project works with private health providers, pharmacists and drug outlets to improve use of correct drugs, identify sub-standard drugs, and provides appropriate referrals to medical specialists.

- **Capacity building:** The project strengthens the capacity of malaria staff at the provincial, district and local levels, including community-based volunteers, to manage malaria control activities. These activities range from improved supportive supervision to increased laboratory capacity. Professional health staff and volunteers work with CAP-Malaria local partners to identify solutions that most effectively improve malaria control in communities and to coordinate resources and activities with other partners to maximize health impacts.

- **Strategic information:** Intensive case investigation at the community level has proven effective and ensures early diagnosis and treatment of potentially drug-resistant cases. In addition to expanding such approaches, CAP-Malaria builds the capacity of National Malaria Control Programs and partners in tracking a set of key indicators, improving the availability and quality of data.

**IMPACTS**

The outcomes of CAP-Malaria contribute to the reduction of the incidences and mortalities related to malaria, particularly in the high-burden areas of Burma, Cambodia and Thailand. As a result of the project’s malaria prevention interventions, women, men and children, particularly among migrant populations, will be able to better protect themselves against malaria and prevent drug-resistant malaria by taking the complete prescription of the recommended anti-malaria drugs. At risk populations will have better access to high-quality diagnosis and treatment services in their communities. With the project’s support, malaria control programs will have improved processes and programs based on up-to-date quality data on documented accounts from the field.

**PARTNERS**

**Implementing Partners:** The University Research Co., LLC (URC), Save the Children, Kenan Institute Asia