So What Will We Do Differently?
Target actual malaria transmission foci & people traveling there

- Identified 7 forest 'islands' as malaria transmission foci (map above left)
- In study area, 85% of transmission locations (microfoci) accessible by vehicle, allowing for direct access and monitoring interventions (1, map below)
- Remaining 15% accessible at 2 forest pathway checkpoints

Rapidly eliminate drug-resistant parasites "island-by-island."

Binh Phuoc area "island" - #1 priority

Improve effectiveness of invested resources

- Eventhough households have been provided with > 4 treated nets, usage in transmission areas is very low (<20%) (1,2)
- We will improve intervention targeting using transformative smartphone-based reporting (2) and direct on-going monitoring (maps below)

Simplified intervention coverage by microfoci

How intervention coverage should look

RED to GREEN, keep it GREEN!

References -
(1) ASTMH 2016 - Abstract # 1565
(2) ASTMH 2016 - Abstract # 1561
So What Will We Do Differently (continued)?

Add local NGOs & security personnel to the already effective national teams (multi-sector approach)

Prevent transmission by security personnel themselves
- Independent evidence shows they are a substantial part of the malaria transmission reservoir (1)
- Some are deploying to sub-Saharan Africa on UN Peacekeeping missions without proper screening (1)
- We can to equip these troops at high risk with malaria prevention measures that a Western military would use

Harness their strengths to support on-going efforts
- Nearly all malaria ia transmitted in or very near to the forests in SE Asia, with nearly all of the forest being protected by security personnel
- Proper pay-for-performance incentives to utilize their organization and discipline to help check transmission among those traveling to risk areas

PARTNERS TOGETHER TO ELIMINATE MALARIA

Reference -
(1) ASTMH 2016 - Abstract # 1561

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