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Community engagement and priority for next round of the Global Fund RAI grant (2021-2023)

Regional Malaria CSO platform, GMS- Cambodia

PARTNERS FOR DEVELOPMENT Local Solutions. Sustainable Outcomes.
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CRS CATHOLIC RELIEF SERVICES

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Situation Update

- There have been 25,502 malaria cases in the first 9 months of 2019, showing significant decline of malaria[1].
- 85% of these cases are P. vivax while 14% are P. falciparum and 1% is mix[1].
- The VMWs and MMWs, with which the CSOs work closely, have performed well in 2019, especially under the Intensification Plan where they continue to detect the majority of cases (versus the health facilities).
- The geography of *Pf* cases continues to decline, with the majority of Pf cases now found around in the few remaining forest areas.
- Good budget absorption by CSOs and improved coordination between CSOs and between CSOs, UNOPS and WHO.

[1] CNM MIS

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What is Working

- ❑ Full functioning of VMWs/MMWs in 2019: increased testing, participation in meetings, e-payment working on time
- ❑ Net distribution reached target population and MMPs
- ❑ Stock report shows progress and good stock at VMW; some stock-outs, at a decreasing level, still happening at HCs
- ❑ Program Management improved through increased intensity of support from CSOs to sub-national level; however, there remains a dependency on CSOs to actually complete the work in many cases

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What is Working

- PMEC task force meeting regularly; though could be strengthened by improving content and action points.
- Good collaboration and coordination between CSOs and WHO under IP, but WHO also very dependent on CSO staff or facilitation, translation, etc (WHO proposal had planned for 1 CNM staff originally).
- WHO had improved data sharing across and within provinces, but still insufficient sharing of data freely by CNM.
- Better use of current data; though still difficult to follow the data due to inflexibility of funding.

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Challenges

- Proposed TA model faces structural challenges: insufficient staff at the PHD, OD and health center levels, with competing priorities, makes full completion of activities and full spend of allocated budget near impossible.
  - Insufficient CSO staff at the OD level, who, in order to support the delivery of all activities, must take an extremely active role of doing with (or doing for) the health center staff to ensure activity completion.
- Over centralization for training responsibilities and protocol development at national level delays implementation and roll out of activities across province.

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Priority Geographic Areas for Next RAI

- Intensive support should be focused on the provinces with on-going higher case loads
  - Under the efforts of *Pf* elimination, the country is also moving to more precise targeting to the health center level (rather than only the OD level), targeted resources even more precisely.
- To reach elimination of all malaria, all of the country must remain covered for passive surveillance and improved behavior change activities to meet this goal.

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Priority Interventions

Priority 1: Early detection and effective treatment of all cases focusing on forest goers

- 2019 data shows VMWs/MMWs identifying the majority of cases; remain focused on this channel to test & treat remaining malaria cases
- VMWs/MMWS need training and supervision on more effective SBC activities to change vector control and health seeking behavior of forest goers, such as improved acceptance of asymptomatic testing
- Improve QA support to ensure proper testing, treatment, and data recording
- VMWs begin to offer integrated services to remain relevant and meet needs of community.

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Priority Interventions

Priority 2: *Extension of surveillance for elimination activities nation-wide*

- 100% of cases need to be investigated, cleared, and documented to interrupt transmission and prevent re-establishment. Health centers likely to need to support to complete this work and enter data correctly and completely.
- Support surveillance data use at OD, HC and community level to quickly respond to foci.

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Priority Interventions

Priority 3: Scale-up of P. Vivax radical cure

- Roll-out radical cure following G6PD pilots (85% of cases are *Pv*)
- Using evidence from pilots, leverage VMWs/MMWs to support follow-up of patients for adherence
- Design evidence-based SBC activities for community level for radical cure adherence, followed by training and supportive supervision for VMW/MMW and HC implementation of activities
- Radical cure for women will need to be introduced following OR for quantitative test

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RAI3 Proposed Implementation Model

- CSOs work in high caseload priority provinces, to be defined, for example as 7 IP provinces (Pf focus) or 10 provinces with API >1
  - Remaining provinces managed by CNM
  - Hybrid approach whereby health facility implementation follows current technical assistance model (PMG and subgrants to PHDs supported by 1 staff per OD) and then direct implementation of activities by VMWs/MMWs (1 staff per OD).

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RAI3 Proposed Implementation Model

- CSOs can provide pure TA (exclusive of grant management) for epidemiological support to use and analyze data and do foci investigation organized on a regional basis.
- In the CNM-managed provinces, CSOs can provide pure TA (exclusive of grant management) focused on elimination activities (foci investigation).

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Thank You