Report on Regional Malaria Civil Society Organization Consultation Workshop

BEAT HOTEL, BANGKOK, THAILAND

17-18 November 2015

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Abbreviations

ACD	Active Case Detection
ACT	Artemisinin combination therapy
AIDS	Acquired Immunodeficiency Syndrome
AP	Asia Pacific
APCASO	Asia Pacific Council of AIDS Service Organizations
APLMA	Asia Pacific Leaders Malaria Alliance
BCC	Behavior Change Communication
CBO	Community Based Organization
CCM	Country Coordinating Mechanism
CRG	Community, Right and Gender
CSO	Civil Society Organization
DOT	Directly Observed Treatment
GF	Global Fund
GFAN	Global Fund Advocates Network
GMS	Greater Mekong Sub-region
HE	Health Education
HIV	Human Immunodeficiency Virus
HPA	Health Poverty Action
ICC	Inter-Country Component
IEC	Information Education and Communication
LLIN	Long Lasting Insecticide-treated Net
M&E	Monitoring and Evaluation
MAM	Medical Action Myanmar
MMP	Mobile Migrant Population
NGO	Non-Government Organization
PDR	People's Democratic Republic
RAI	Regional Artemisinin Resistance Initiative

RDT	Rapid Diagnostic Test
RSC	Regional Steering Committee
TB	Tuberculosis
TOR	Terms of Reference
UNOPS	United Nations Office for Project Services
USAID	United States Agency for International Development
VMW	Village Malaria Worker
WHO	World Health Organization

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1. Introduction

1.1. Background

Raks Thai Foundation, with support of the Global Fund Regional Artemisinin resistance Initiative (RAI) Regional Steering Committee (RSC) and the Global fund Secretariat, organized a CSO consultation workshop on 17-18th November 2015 at Beat Hotel, Bangkok, Thailand. As a follow-up to the 4th December 2014 meeting, this workshop was conducted to explore existing challenges of CSOs in malaria work, their progress and prioritize future steps.

A total of 46 participants from Thailand, Myanmar, Cambodia, Vietnam, Lao PDR and representatives from Global Fund Secretariat, the RAI RSC secretariat and GFAN AP participated in the workshop. The modality of the two-day workshop was based on presentations, group works and open discussions along with information and experience sharing.

1.2. Objectives of the CSO Consultation workshop

1. To build CSO engagement in national responses and Global Fund processes and share and document experiences and lessons learned in CSO engagement.
2. To create a regional civil society malaria platform that can operate to strengthen national and regional responses to malaria with a particular focus on the needs of vulnerable and key population.
3. To identify and agree on key CSO engagement, human rights, and gender issues in the regional malaria response.

2. Workshop proceedings

Promboon Panitchpakdi, executive director of Raks Thai foundation, opened the workshop welcoming the participants. During his welcome speech, he pointed out the lack of malaria CSO representation in country and regional level dialogue including national program and CCM. He also focused on the need of CSO collaboration to achieve malaria elimination goal by 2030. Louis Da Gama, RAI RSC, CSO representative, provided a background of CSO platform work and meeting in 2014, emphasizing that CSO collaboration was crucial for the advocacy and resource mobilization. He stated that the platform offered an opportunity to

malaria project implementing CSOs to share their best practice, challenges and barriers, and learn from each other for best outcome.

2.1 Overview of the RAI program and its achievements

Artemisinin-resistance is seen as an emergency that requires a regional approach. Amelie Joubert, from the RAI RSC secretariat, gave an overview of the RAI program and highlighted its key achievements. The UNOPS in Myanmar serves as the regional principal recipient of the fund, which is over sighted by a regional steering committee. The fund of US$ 100 million for Lao PDR, Vietnam, Myanmar, Cambodia and Thailand has been split between country components (US$ 85m) and the inter-country component (US$ 15m) for the period of 2014-2016. The country component intensifies malaria control interventions in areas of resistance (Tier 1&2) and inter-country component targets border areas, focusing on mobile and migrant population. Based on disease burden and financial gap analysis, the RAI country component was allocated as follows: Cambodia ($15m), Laos ($5m), Myanmar ($40m), Thailand ($10m) and Vietnam ($15m).

Key Achievements of RAI

- Expansion of coverage and range of interventions by national programs (e.g. active case detection, DOT, VMW networks)
- Introduction/expansion of interventions by national programs to target risk populations (e.g. border screening, standby treatment for forest-goers)
- Establishment of malaria posts and "corners" on strategic routes to serve MMPs and ethnic groups
- Piloting of innovative approaches to malaria elimination (e.g. TMT)
- Improving analysis/ understanding of key target groups (e.g. MMP surveys)

Amelie specified that community engagement was key for the RAI since most at-risk groups for malaria are hard to reach (ethnic community, mobile and migrant populations). Progress has been reported in some of the output indicators such as 2.7 million long lasting insecticidal nets (LLINs) were distributed to risk population in tier 1 & 2, 100% parasitological tests were conducted for 1.59 million suspected cases, 93% confirmed malaria cases were treated according to national guidelines, 90% health facilities reported no stock out of antimalarial commodities, 33% PF cases in low endemic areas and 53% of the PF cases treated by DOT on average.

Apart from Cambodia, other countries showed decreasing malaria trends. Although Artemisinin-resistance was documented in all RAI countries, progress is

being made in fighting malaria and drug resistance. However, improved targeting of malaria activities, greater awareness of resistance threat, a strong commitment at all levels, sustained financing and expansion of stakeholders were identified to be crucial for successful elimination of malaria in the region.

In the discussion that followed the presentation, there were acknowledgements of issues between some CSO and national program at the country level. Some of the implementing partners were unaware of civil society representation in the national CCM and RSC. The need to address the barriers of CSOs and their representation in the CCM and RSC was also stressed during the discussion.

2.2 Working towards malaria elimination in the GMS

2.2.1 CSO experiences & lessons learnt

Representatives from implementing partner organizations shared their project experiences in reaching the key populations and implementing community-based responses to malaria, calling for a greater role and importance of CSO. Dr. Frank Smithuis, director of Medial Action Myanmar (MAM) presented the work done by MAM in three different states of Myanmar; Kachin, Kayah and Kayin state.

The MAM trained the Volunteer Health Worker (VHW) to provide RDT & ACT + primaquine, providing incentives per patient tested, community engagement, LLIN distribution and monthly monitoring visits by staffs including medical doctor. He gave an account of MAM monitoring team activities such as quality control, health education session and mobile clinics. Beside malaria, the mobile clinics also gave services to the patients of respiratory tract infection, diarrhea, malnutrition, skin diseases, abdominal pain, family planning, TB and identification and referral of severe cases. Despite difficult transportation and hard to reach areas, MAM was successful to reach remote villages and provide services to malaria and other health problems.

Cambodia CSO shared their best practice on community network for early diagnosis and treatment and education, follow up, LLIN/LLIHN distribution, public private mix scheme, outreach health education by volunteers at the farm, BCC and IEC. However, they also mentioned challenges in integration with other programs, active case detection by community volunteers have been problematic, difficult to follow up patients till day 28 for Malaria DOT, volunteers’ capacity development and incentives.

Thailand CSO had trained their volunteers to test and treat patients. But, they were not allowed to perform due to policy barrier. Thailand is doing well working through migrant health volunteer to reach vulnerable migrant workers and their community. The BCC materials are developed in majority of migrant languages.

In Thailand, only government health officers and/or village health volunteers under the government are allowed to do RDT and provide treatment, not the NGO volunteers. The CSO work is limited to community mobilization and providing BCC activity. Migrant volunteers are not given equal responsibility as government village health volunteer.

Lao PDR has a clear national strategy for high risk groups. The CSO has a strong network in village level, health care centers are established in village levels and the national M&E system is in place. However, quality of national BCC strategy, delayed reporting system, esp. at village level – local – regional to the central level, lack of CSO working in malaria, cross border collaboration and work are challenging. Mobile clinics are not sufficient at the risk areas of Lao PDR. Volunteers have more workload, they cannot go to the forest and reach the high risk population and provide services. Volunteer only get funded for DOT, they don't get paid for diagnosing.

The group highlighted the importance of ICC component in providing services to the most vulnerable population, but they voiced that the coverage was not enough. The RAI ICC also needs to focus on cross border collaboration and data sharing since information sharing and collaboration between two countries are at a higher level and not done sufficiently at the local level.

Reaching the high risk population is a big challenge in the remote areas along the border with Thailand and Myanmar. Health centers are not friendly for the migrants. Language is a main challenge, while some migrants also face discrimination receiving health services.

The country contexts, key experiences and challenges of CSO's have been summarized in the following table:

Table 1. CSO experiences and challenges		
Country	**Positive experience/ Effective measures**	**Challenges/Issues**
Myanmar	• Community based malaria program • Tested by volunteers and treated by workers • HE by workers • Regular coordination between government and other sectors • Piloting mobile application system in smart phone for correct treatment regimen • Joint coordination with ARC Thailand for cross border • Mobile clinics with integration with other health care services in some places.	• Limited access and hard to reach remote areas. Difficult to work in rainy season • Cannot integrate with other diseases in some townships (need approval from central and also local level) • Difficult to find qualified volunteers • Use of expired drugs • Issues of funding with integration of other diseases • Sustainability
Cambodia	• Community network for early diagnosis and treatment and education, follow up • LLIN/LLIHN distribution • Public private mix scheme • Outreach HE by volunteers at the farm • BCC and IEC • Public health care services provided • Coordination between multi-sectors • Roles are divided among village malaria worker under national program (supported by global fund) and VMW supported by other projects such as USAID, PMI etc. • Mobile malaria worker: they might work in the forests, mining, channels, and are trained in collaboration with national program for testing and education.	• Difficulty in integration with other program • Active case detection by community volunteers have been problematic • Difficult to follow up patients till day 28 for Malaria DOTey affected population are not identified and provided intervention with esp. in the north near the border • Problems with some volunteers who are not active, some VMW are passive • Funding for testing (incentive) • The incentives are different for village malaria worker under national program (supported by global fund) and VMW supported by other projects such as USAID, PMI etc.

Thailand	• CSO trained volunteers to test and treat patients • Working through migrant health volunteer to reach migrant community • BCC materials are developed in majority of migrant languages	• Only government staff can do RDT and provide treatment, not the NGO volunteers • Due to policy, the role of NGO is limited to providing BCC activity and mobilizing community • Migrant volunteers are not given equal responsibility as government village health volunteer
Laos	• Clear National strategy for high risk groups • Strong network in village level • Health care centers in village levels • National M&E system	• Quality of national BCC strategy • Delayed ME reporting system, esp. at village level – local – regional to central level • Only one CSO working in malaria • Cross border collaboration is challenging, esp. when referring case to case • Don't have mobile clinics for malaria • Since the volunteers have more workload, they cannot go to forest and reach high risk population for reducing malaria • Volunteer only get funded for DOT, they don't get paid for diagnosing
Cross-border	• Several malaria posts have been established and people have been treated under the ICC component • The MORU has good backing of the Thai government because they are not seen as a threat due to their academic nature, being devoid of an humanitarian agenda • Role of CSO in cross border activity: Facilitation for both side to meet	• Networking only at high level, not working at lower levels, in terms of sharing information, CSO engagement in higher level is ignored. • People who need access are remote and present with infection quite late and often severe • Reaching the targeted population is a big challenge in the remote areas • Health centers are not friendly for the migrants: language, culture, some migrants are facing discrimination receiving health service • Different treatment regimes in different countries • Cross border Coordination needs to improve between CSO for information sharing • There is no platform for the Malaria

		implementing CSOs to come and share experience and also learn from the best practices • Need good network for referral • Increased workload for national health system in existing administration • Sustainability of project

2.2.2 Overcoming key gaps and barriers

Mobile and migrant population (MMP) are the key vulnerable population. To understand their demographic and occupational history, movement patterns and vulnerability to malaria, the MMP survey was carried out in Laos from 23rd February to 31st March 2015. Dr. Chansamone Thanabouasy, from HPA Laos, shared key findings of the survey.

The survey utilized 27 Key Informant Interviews, 27 Malaria Case Investigations, 8 Focus Group discussions and interviewed 189 MMPs across 40 villages in 4 high case density Districts of 3 provinces in Lao PDR. The MMP's who participated in the survey were predominantly male (68.3%), Laotians (66.7%) and had an average age of 33 years.

The MMP worked mostly in hard labor jobs such as agriculture, dam construction, logging, mining, land clearing and improvement, palm plantation planting & harvesting grass, rattan processing, rubber plantation and truck driving. On an average, the MMP spent 4 months on their current location of work and migrated frequently. The average MMP

Key MMP survey findings

Health Seeking Behavior:

- 76.7% of MMPs and their family members used Government Hospital due to easy access.
- 13.2 % did not seek treatment

Fever and Malaria:

- 25% of participants had experienced fever over the past month
- 24% of those who reported fever sought treatment from a healthcare provider
- 21.7% of those that sought treatment, received a blood test and 18% were diagnosed with Malaria
- These MMPs were also provided with medicine after diagnosis

Malaria knowledge and prevention:

- 77.8% had heard of Malaria
- 54% understood that Malaria is transmitted by mosquitoes
- 94.7% reported that they slept under a mosquito net the previous night
- 70% used conventional untreated nets

MMP network:

- An informal MMP network may exist

had 2 to 3 immediate family members with them, thus adding a sizeable number to the vulnerable population.

Dr. Thanabouasy concluded that in light of these findings, further research and in depth analyses is required to hone in on specific items of interest. The 2nd HPA MMP survey has been planned towards the end of 2016.

2.2.3 Roles of civil society in implementing the response to malaria, in collaboration with other national/regional partners

A group work session was conducted to discuss on the potentials, constraints and challenges working with other stakeholders. Three groups outlined the optimal roles of the CSOs to fight malaria in collaboration with three levels of partners, namely: CCM, National program and non-governmental malaria program implementing partners (national and regional).

Malaria CSO and Key Affected Population (KAP) have not been well represented in the CCM. It was well recognized by the participants that coordination between CCM and CSO needed to improve. There were difficulties in coordination between national CCM and the CSO for the RAI ICC project plan approval. Since CSO need to coordinate between national program and the CCM, process was time consuming. In some countries, CCM members are overly represented by experts from the HIV, lacking malaria representatives.

Most of countries representatives mentioned that that the national program did not consult with CSO sufficiently during their program development. Participants stressed on the need of collaboration with the regional and global level malaria organization and platform for technical support and advocacy. The group demanded increased number of malaria CSO in the CCM and RAI RSC for better understanding the situation from the community.

The role of CSO when collaborating with CCM, national program and NGO partners were discussed in detail. The key outcomes of the group work are presented in a table below:

Table 2. CSO roles in collaboration with		
Country Coordination Mechanism (CCM)	**National Malaria Program**	**Non-governmental partners/Malaria implementers**
• **Improve effective**	• Prepare the CSO project to	• Identify partners in the

CSO representation in CCM • **Expand coordination between ICC and CCM** • **Increase attention of CCM to malaria**	align with National Malaria strategy. • Collaborate positively with gatekeeper. Collaboration of CSO with National program is important for the sustainability • Voice CSO's concerns and influence the government • Dual funding mechanism for NGO's • Effective communication about ground realities • Ensure quality delivery of services and compliance with quality assurance guidelines • Fill the gaps of government services • Monitoring and watch dog votes	regional level • Support on national and regional malaria advocacy issues • Fund raising (international and domestic) • Provide policy recommendations particularly on Community, Right and Gender (CRG) • Partnership with GFAN and GFAN AP for the advocacy and resource mobilization • Information sharing and monitoring progress and budget • Provide coordination at local, national, regional and global levels • Cross-border coordination and program implementation

2.3 Regional Civil Society Organization work on AIDS, TB and malaria within a broader health framing

Asia Pacific Council of AIDS Service Organizations (APCASO) presented their experience of networking with CSOs in national and regional level. RD Marte, executive director of APCASO, summarized how APCASO collaborated with the CSOs working on HIV, and its work in a broader health framing fulfilling and advancing the rights of communities most in need. She reiterated the need of cross linkages and intersectional approaches in the broader health and development landscape. She directed the focus of the participants to make the Malaria CSO platform more relevant to address threats related to funding and political interest for malaria.

APCASO is also hosting the Global Fund CRG Communication and Coordination Platform for Asia-Pacific, covering HIV, TB and Malaria. Jennifer Ho, deputy director of APCASO, briefed about the Asia Pacific Community, Rights and Gender (CRG) Coordination and Communication Platform and presented a few of the key action points from the previous CRG platform launching meeting. She pointed out that empowering communities and increasing synergies across HIV, TB and malaria were absolute necessities in the changing funding landscape. She also

called for a need to prioritize the inclusion and engagement of civil society and communities in the Pacific. The three diseases CRG platform is to provide technical support to the CSO in development of national and regional concept note.

2.4 Strengthening the role of civil society in regional/national governance mechanisms

In a panel discussion, CCM representatives from Thailand, Cambodia, Myanmar and Laos interacted with the participants and their work, gaps and future steps were discussed. The CSOs mentioned that there was less awareness about CCM guidelines. While each country had its own composition of members in the CCM, a genuine lack of representation from CSO's working in Malaria was felt. Participants also disclosed that most of them were not aware of CCM members' selection process from the CSO in their country. Coordination and inclusion of the CCM and national program in RAI ICC were also discussed. The general consensus of the discussion was the CCM to be more inclusive and responsible for the communities they work for.

Key recommendations:

- Improve RSC/CCM interaction,
- Expand oversight plans,
- Bring people from TB, HIV and malaria to work together,
- Uniform outline for CCM in all countries,
- Focus on successful community engagement and effective governance,
- Simplify technical and language barriers,
- Proper documentation and inclusion of key affected population in the CCM
- Increased number of CSO representatives in the RAI RSC.

2.5 Regional Malaria CSO working group

The Malaria CSO working group was drafted in the 2014 Consultation meeting, after which, there has been a significant increase in engagement of CSO members in national and regional malaria discussion. However, some member positions were still vacant from the Lao PDR, Vietnam and Myanmar.

In this follow up workshop, working group members were revised by increasing member quota from each RAI country from 2 to 3. There was also a discussion to

extend membership to include India and Bangladesh. The CSOs nominated potential member/organizations, with some positions to be finalized after consultation with other malaria implementing CSO in the country.

Draft TOR of the working group was discussed. Roles, responsibilities and the criteria for membership were specified in the TOR. The TOR is on the process of being finalized by the working group through online discussions. The working group will function to facilitate the CSO Platform and its activities, provide technical support and coordinate with national and regional partners and stakeholders. Working group will also finalize the activities of the platform that were discussed in this workshop to be incorporated in the new concept note.

The CSO platform is planned for the coordination, information sharing, resource mobilization and advocacy and also for the better linkage with RSC, national program and CCM. The Raks Thai foundation has agreed to coordinate for the CSO working group and malaria platform activities.

2.6 Malaria CSO Platform potential activities

A group work was organized to determine the key platform activities and identify the possible funding sources. It was agreed that the CSO working group will finalize key activities based on following possible activities for the regional Malaria platform covering RAI implementing countries.

In a short discussion that followed the group presentations, RAI RSC CSO representative Louis Da Gama suggested to prioritize the activities with a certain timeline, taking into consideration that all the activities listed may not be feasible to implement.

Following Malaria CSO working group and platform activities were drafted during the meeting:

1. Increase CSO engagements and organizations involvement in malaria response at country and regional level focusing cross-border areas.
2. Advocate for standardized treatment protocols, integrated data tracking system and operational research data at particular sites, more research on issues of worker rights in illegal industries, discrimination, gender etc
3. Manage effective communication and information sharing via updated webpage

4. Mobilize resources and donor funding and provide technical support to the CSOs in resource mobilization
5. Identify and access available technical assistance for the CSO work including the Global Fund CRG
6. Begin discussions around cross-border referral mechanisms
7. Work with APLMA, GFAN AP and other regional organization for greater coordination and engagement
8. Develop policy briefs and highlight through multi forums including national forums, CCM meetings and the RAI RSC meeting
9. Facilitate regional dialogue between government and CSOs
10. Formulate strategies to mobilize money for malaria response in mobile migrant population
11. Conduct quarterly meeting at country level and biannually at regional level and identify advocacy issues, technical support need, and resource mobilization to address gap

2.7 Inclusion of CSO in the Global Fund new regional concept note development

In an effort to determine the best possible ways to include CSO in preparation of the new concept note, an open discussion was held on the second day of the workshop. The participants underlined the intervention gap while developing the concept note in the country, which ICC should fulfill. Following are the suggestions from the CSO representatives based on their past experiences and country scenarios:

- Focus on cross-border issue, with CSO led approach for cross-border issues
- Prioritize better regional collaboration and coordination
- The GF needs to increase inclusive dialogue in selection of regional PR
- The RSC should take lead in coordination and consultation with the National program and the CCM for the RAI ICC Concept note
- Regional gap should be decided by RSC in consultation of CSO and other donors focusing on mobile migrant population, ethnic community farm workers and forest goers
- Some countries are going to apply for one GF malaria grant. The role of CSO needs to be specified during the concept note development and the RSC should help CSO to increase CSO participation and role in Malaria program (example; Myanmar)

- Be sensitive to different contexts and cultures while announcing Malaria ICC grant. Initiate country dialogue and include government along with CCM, facilitated by the RSC.

Shreehari, from Raks Thai Foundation, added that there should be more linkage between ICC and the national activities in the new concept note, emphasis on capacity building, and the needs of ethnic minorities and MMP be addressed by the national plan in with support of the Global Fund.

It was also suggested to conduct separate meetings with CSO and bring CSO partners, ICC and CCM together to finalize the concept note. The participants also advocated for significant funding to CSO for effective community system strengthening. They shared their past experience of facing some resistance and needing technical assistance. APCASO representative informed that CRG TA could be a potential funding source.

The participants also suggested for a change in the top-down approach in CCM member selection and review its composition to improve and increase malaria CSO/KAP representation in CCM. The need of private sector involvement and engagement of other donors were suggested for sustainability.

Three steps were identified for involving CSO in concept note development:

1. Pre-consultative meetings with the regional CSOs for cross border issue
2. Country based consultative meeting
    - Invite all important/involved stakeholders
    - Find gaps
3. Post-consultative meeting
    - Discuss and finalize the concept note

3. Global Fund Advocates Network Asia-Pacific (GFAN AP) meeting, Increasing Malaria CS advocacy on the Global Fund Replenishment

Following Malaria Civil Society consultation workshop, Raks Thai Foundation, Global Fund and Global Fund Advocates Network Asia Pacific (GFAN AP) organized a meeting on the afternoon of 18th November 2015 to inform and update CSO representatives about GFAN AP and CSO engagement and its efforts to support Global Fund replenishment. The meeting built upon discussions and action plans agreed at the GFAN AP meeting in June 2015 that convened regional malaria CS representatives. The External Relations Division of the Global Fund supported this portion of the Malaria CS meeting. RD Marte (GFAN AP Steering Group Chair), Louis Da Gama (RAI RSC member) and Shreehari Acharya from Raks Thai facilitated the meeting. Discussion also followed up to the meeting conducted in June 2015 to increase malaria CS advocacy on the global fund replenishment. Total 49 representatives including CSOs from five GF RAI implementing countries, GF secretariat and APLMA were participated in the session.

The Global Fund Advocates Network (GFAN) was established in 2011 to unite the

Objectives of the meeting:

- Build awareness on Malaria CSO advocates in the MEKONG region on the 5th Global Fund Replenishment and GFAN AP
- Follow up on key issues and actions from the malaria CSO meeting held during the 2nd Global Fund Partnership Meeting held in Bangkok, June 2015

voices and efforts from all over the world. The Global Fund Advocates Network Asia-Pacific (GFAN AP) is a partner organization of GFAN and works towards sufficient investments in health, and especially in HIV, TB and malaria, through the mobilization of resources as well as increased domestic financing for the three diseases in countries of the Asia-Pacific region.

Louis set the context for the meeting reminding that global fund has contributed 32% of its total budget on malaria which is almost 80% of all funds for malaria. Shreehari highlighted the lack of data in Malaria, especially in terms of community and gender disaggregated information. In addition, RD Marte called for a greater activation of malaria advocates.

3.1 Global Fund Replenishment Mechanism and relevance on investment in the Asia Pacific Region on Malaria

Pauline Mazue, Global Fund Secretariat, introduced about Global Fund Replenishment mechanism for increasing malaria advocacy. Pauline highlighted the works of global fund and its activities in the fight against AIDS, TB and malaria as a leading contributor of resources. The GF invests nearly US$4 billion a year to support countries and communities most in need. It has an active portfolio of 496 active grants in over 100 countries, implemented by local experts.

The Global Fund financing and its sources was also presented. Governments, private sectors, social enterprises, philanthropic foundations and individuals are the main contributors to the GF. Pauline also briefly presented the replenishment strategy, challenges, opportunities and indicators. She stressed on the partner-focused strategy to traditional donors, private sectors, implementing countries, emerging powers and civil society and parliamentarians. She also made a note on the lives saved by the work of GF and declining trend of global burden disease pattern such as AIDS, TB and malaria. She highlighted the key messages such as impact, innovate and accelerate on the health perspectives. The pivotal role of civil society in replenishments such as wider NGO support base, national CSOs and networks as well as GFAN network was highlighted.

"A total of 8.1 million people are on antiretroviral therapy, 13.2 million people tested & treated for TB and 548 million mosquito nets distributed to protect children & families from malaria with the global fund support. The global fund contribution has saved 17 million lives, on track to reach 22 million lives saved by end of 2016."

There were certain challenges she underlined such as complex global economic and geopolitical environment, challenge in Europe due to refugees, continued depreciation of non-US dollar. However, there are greater opportunities such as scope of support from private sector, political sector notably from G7, strong network of high level advocacy. For the sustainability of the programs she added few points such as increased domestic financing and commitments, supporting and mobilizations of domestic resources and advocate potential leadership from the domestic government level.

3.2 GFAN AP and activities/campaigns

RD Marte GFAN AP Steering Group Chair, briefly introduced about GFAN AP. Information of GFAN AP members, organization and number of countries was presented. She presented the objectives of GFAN, its activities and work. GFAN AP has more than 340 individual members representing more than 190 organization form 68 countries.

The first GFAN AP meeting was held on 9-10 April 2014 in Bangkok, Thailand with representatives from regional networks, communities, civil society delegations, Global Fund (GF), CSOs, GF secretariat. The same meeting gave the output for the regional plan leading up to 5th replenishment and agreed on mechanism and tools for coordination.

The role of GFAN AP is focused mainly on sharing and disseminating policy and replenishment, supporting communities and civil society mobilization and providing a platform for advocacy. GFAN AP further plans to reconstitute the interim working group for malaria representation, improve advocacy in key events, domestic financing and platform for information exchange and introduce more active participation on malaria and TB as well.

3.3 Asia Pacific Leaders Malaria Alliance (APLMA)

Jeffery Smith from APLMA provided an overview about the work of APLMA which involves high level political advocacy for malaria elimination at national and regional level. APLMA's key priorities are to mobilize national and regional action and track the progress to reduce malaria, in line with regional and global targets, ensuring high quality malaria services, tests, medicine nets and insecticides increasing domestic investment.

There has been a strong support from leaders for elimination of malaria by 2030. Elimination of malaria is vitally important as the possible spread of drug resistance present in Asia to Africa could be dangerous. There has been a dramatic decrease in the disease burden since 2000 and elimination of malaria would strengthen national and regional health security. There have been positive experiences as shown by Srilanka that malaria elimination is achievable.

Jeffery focused on resource mobilization, especially mobilizing domestic financing to leverage external support. He also introduced innovative financing concepts such as hypothecated taxes for alcohol and tobacco taxes ('sin taxes"), tourism and

airline levies, leveraging national lotteries and earmark financing for elimination, expanding innovative debt financing mechanisms such as malaria bonds. He also explained the advocacy plans of APLMA for malaria elimination.

3.4 Identification of key advocacy activities for Global Fund Replenishment

In the afternoon session, there was a group work and participants were divided into three groups for the task. Each group was given a specific topic to discuss such as advocacy for messaging, strategy for advocacy and networking.

There were different highlights in the each discussion topic. In terms of advocacy for messaging; problems for MMPs, ethnic groups and internally displaced population was mentioned. Priorities of government, insufficient data, lack of representatives from ethnic groups and geographic barriers were the common issues. Some messages like elimination by community volunteer, needed more resources for the malaria work, sharing of data and its collection, voicing for KAP, multi-sectorial work and "mosquito have no borders" were generated during the discussion. However, there were still points of discussion such as inefficient engagement of MMPs, marginalized groups. Prioritizing of remote areas and human rights, strong surveillance system and decentralization of fund was highlighted.

In this session there was discussion regarding mobilization of key populations (MMPs, refugee). Some of identified key activities are listed below:

a) CSO platform in early Feb. 2016 after CSO in country and regional level
b) Platform will do literature review
c) Academic institution receive and find key documents and share information
d) Share, consult and advocate donors by April 2016.

Different levels and its stakeholders for networking discussed during the group work are listed below:

Country level

CCM secretary, Ministry of Public health- public planning-interior, defense, WHO, mass media, local partners and private, research organization,

Regional Level

Donors, regional partners, APLMA, Malaria KAP networks, private sectors

Global level

GF, USAIDs, PMI, Private sector, G-FAN,

Moreover, the importance of private sector was heavily cited, which can be valued with the collaboration and asking big companies to take responsibilities for such noble work. Identification of focal person in different levels was suggested for continuation of the work and networking. Creating an online platform for information sharing and meeting was also suggested.

4. Outcomes and summary of the CSO consultation workshop

1. Agreed process for the CSO consultation and engagement in new concept note development.
2. Regional working group for the Malaria Platform and its activities
3. Identified key issues and challenges for malaria elimination in the GMS from the civil society perspective and formulated recommendations to be taken forward by RSC & CCMs

5. Immediate key steps

1. Form a complete Malaria CSO platform working group by December 2015, adding members in the vacant position. The working group will also nominate malaria CSO representative to the GFAN-AP. The country focal person shall facilitate for the same.
2. Organize the first conference call in December to finalize key activities for the platform.
3. Create a platform and communication channel to all CSO/CBO/NGO in the GMS country for advocacy, communication and; sharing information and best practice.

4. Concept note development for the platform and submit to potential donor after finalizing the key activities of platform.

Annexes

Annex 1: Agenda of the workshop

Regional Malaria Civil Society Organization Consultation Workshop

Beat Hotel, Sukhumvit Road, Phrakhanong Nua

Bangkok, Thailand

17-18 November 2015

Objectives

1. To Build CSO engagement in national responses and Global Fund processes and share and document experiences and lessons learned in CSO engagement;
2. To create a regional civil society malaria platform that can operate to strengthen national and regional responses to malaria with a particular focus on the needs of vulnerable and key population
3. To identify and agree key CSO engagement, human rights, and gender issues in the regional malaria response

November 17th

8:30-9:00	**Registration**
9:00-9:15	**Welcome and introduction** **Promboon Panitchpakdi,** Executive director, Raks Thai Foundation and RAI RSC CSO representative **Background and objectives, Shreehari Acharya,** Raks Thai Foundation
9:15-9:45	**Overview of the RAI program and achievement** Presentation by Ms. Amelie Joubert
9:45-10:00	**Questions and discussions**

10:00-10:15	**Coffee break**
10:15-11:30	**Working towards malaria elimination in the GMS:** **CSO experiences & lessons learned in reaching key populations and implementing community-based responses to malaria** **Louis Da gama**, Director, Princess of Africa Foundation and RAI RSC CSO representative - 10 minutes Presentation by **Dr. Frank Smithuis**, Director, Medical Action Myanmar - Experiences & lesson sharing by the CSOs representative of each country (open discussion)
11:30-12:00	**Questions and discussions**
12:00-13:00	**Lunch**
13:00-13:15	**Working towards malaria elimination in the GMS** (*continued*): **Overcoming key gaps and barriers** (programmatic, gender, rights, geographic, and financial) **MMP finding, Dr. Chansamone Thanabouasy,** HPA Laos PDR
13:15-14:45	Roles of civil society in implementing the response to malaria, in collaboration with other national/regional partners Group work **Group 1.** Roles of civil society in implementing the response to malaria and collaboration with the country CCM **Group 2.** Roles of civil society in implementing the response to malaria and collaboration with the National program **Group 3.** Roles of civil society in implementing the response to malaria and collaboration with the National and regional non-government partners
14:45-15:00	APCASO work on AIDS, TB and malaria within a broader health framing. **Rodelyn M. Marte**, Executive Director, APCASO **Jeniffer Ho**, Deputy Director, APCASO
15:00-	**Coffee break**

15:15	
15:15-16:30	**Strengthening the role of civil society in regional/national governance mechanisms:** **Panel discussion,** CCM Representative from Thailand, Cambodia, Laos and Myanmar - RSC/CCM interactions - How the CCM is working in the country - What works, what doesn't - What is the next priority based on country experience **Facilitators:** Louis Da Gama and Promboon Panitchpakdi
16:30-17:00	**Follow-up on Regional Malaria CSO consultation meeting 4th Dec. 2014** - Update on regional malaria platform, working group and next steps **Facilitator:** Louis Da Gama and Shreehari Acharya
17:00-17:15	**Summary of day 1**

November 18th

8:30-9:15	**Malaria CSO Platform possible funding source proposal and activities,** Open discussion - Potential donors - Platform activities - High level budget. **Facilitator:** Louis Da Gama and Shreehari Acharya
9:15-10:15	**The best process to include CSO in preparation of new concept note** Group work in 2 group **Facilitator:** Louis Da Gama

10:15-10:30	**Coffee break**
10:30-11:30	**Presentation of group work and; Questions and discussions**
11:30-12:00	**Summary of the CSO consultation meeting** Shree
12:00-13:00	**Lunch**

Annex 2: Some pictures of the workshop