
Meeting



Report

Regional Malaria Civil
Consultation Meeting

raks thai

Society Organization



10TH MAY 2016
BEAT HOTEL
BANGKOK, THAILAND

Raks Thai Foundation

Abbreviations

AFAO	Australian Federation of AIDS organization
AIDS	Acquired Immune Deficiency Syndrome
APCAP	Asia Pacific Community Action & Partnership
APCASO	Asia Pacific Council of AIDS Service Organization
APCOM	Asia Pacific Coalition on Male Sexual Health
APLMA	Asia Pacific Leaders Malaria Alliance
BCC	Behavior Change Communication
CCMs	Country Coordinating Mechanism
CN	Concept Note
CSO	Civil Society Organization
DOT	Direct Observed Treatment
EDAT	Early Diagnosis and Treatment
GF	Global Fund
GMS	Greater Mekong Sub-region
HF	Health Facility
ICC	Inter Country Component
ITN	Insecticide Treated bed Nets
LLINs	Long Lasting Insecticidal Nets
MHV/MHW	Malaria Health Volunteer/Worker
MMPs	Mobile Migrant Population
MOPH	Ministry of Public Health
NFM	New Funding Model
PDR	People's Democratic Republic
RAI	Regional Artemisinin resistance Initiative
RBM	Roll Back Malaria
RSC	Regional Steering Committee
TA	Technical Assistance
TMT	Targeted Mass Treatment
UNOPS	United Nations Office for Project Services
USAID	United States Agency for International Development

VMW/MMW Village Malaria Worker/ Mobile 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 regional level Malaria CSO consultation meeting on 10th May, 2016. This meeting was the third of its kind - the first two meetings of the CSOs were held on 4th December 2014 and 17-18th November 2015 respectively.

Malaria remains a major killer in the Asia Pacific region, with the five countries of Greater Mekong Sub-region (GMS) also heavily affected by artemisinin resistance malaria. Significant progress has been made in reducing the burden of malaria in the region in the past 15 years and currently, the push is towards eliminating malaria by 2030.

This meeting was conducted to further consolidate malaria situation and the experiences of CSOs from 5 RAI implementing countries and provide consultative inputs to aid in the development of a new global fund concept note (2018-2020).

More than 40 participants from Thailand, Cambodia, Laos PDR, Viet Nam and Myanmar, along with the representatives from APLMA (Asia Pacific Leaders Malaria Alliance), French 5%, RAI RSC, Global Fund secretariat, UNOPS Myanmar and Bill & Melinda Gates Foundation were present at the meeting.

1.2 Objectives

1. Build regional and national level CSO engagement around malaria in the Greater Mekong Sub region
2. Participate in the regional-level strategic governance mechanisms and dialogue (e.g. RAI RSC, APLMA SOM) by identifying key strategic issues and priorities from the perspective of communities / civil society
3. Share experiences and lessons learned in the implementation of community-based malaria programs targeting hard-to-reach populations under the Global Fund RAI
4. To hold consultations in preparation for the global fund concept note development process
5. To update partners on the regional civil society malaria working group and platform activities.

2. Meeting proceedings

Promboon Panitchpakdi, executive director of Raks Thai foundation, commenced the meeting, highlighting the complexity and challenges of malaria elimination in the GMS region. Shreehari from Raks Thai foundation, the facilitator of this meeting, briefed the participants about the meeting background, agenda and objective. Louis Da Gama, RAI RSC and CSO representative, welcomed the key note speaker - Dr. Nafsiah Mboi and other participants.

2.1 Key note speech

Civil society champion, Dr. Nafsiah Mboi, a former Minister of Health of Indonesia and Chair of Global Fund (GF), provided the key note speech at the meeting as a special envoy of APLMA. She appreciated the positive energy in the meeting hall amongst the participants whom she considered as “comrades in arms”. Dr. Mboi acknowledged the vital role of CSOs in malaria control and elimination, and

“We are all here because we care about the commitment of our leaders to eliminate malaria by 2030. And it won’t be possible without community participation

emphasized on Malaria free Asia-pacific by 2030.

Three critical factors pointed out in the key note

1. Address malaria in the broad context of development and beyond the confinements of geographical boundaries and organizations.
2. Effective leadership at all levels
3. Follow the road map of APLMA, which was endorsed by the East Asia summit.

Being an AIDS activist in the past, she initially thought malaria response was not as difficult as there was no stigma involved. However, upon a closer look, she admitted that malaria elimination was challenging and a complex task. There are no standalone heroes; and partners are needed along with a better policy, improved finance, appropriate equipment, adequate resources and a shared goal for a common effort. She also outlined three critical factors for malaria elimination.

“Where the road ends, malaria begins”, said Dr. Mboi as she focused on community development efforts and the need to link malaria response with it. There is also a need for active and effective leadership at government, community and local levels utilizing local knowledge and networking among different stakeholders such as women groups, schools, religious organizations and community groups. The road map of APLMA has a broad consensus and opens the door to direct partnership which allows different players in the field to work together.

Following her speech, there was an open discussion and sharing of experiences. Dr. Mboi stressed on working in tandem with the local government as they are the personnel nearest to the community and have seen the problem much closely than other people. When asked about dealing with corruption in the government system, she pointed out that there was corruption

on both sides: government and CSO, but they are limited to a few people. So there is a need to tackle the corrupt ones and motivate other staff to be determined and committed.

She praised the role of CSOs as advocates, community educators and mobilizers; and highlighted the need of improved funding from the government, donor and private sector. CSO representatives urged her to carry the message from CSO to private sector. She signed off the meeting, thanking the participants for their past services in malaria response and asked the CSOs to make the most of the opportunity at the Malaria week to interact with private sector and government people from their respective countries.

2.2 RAI RSC activity and RAI update

Amelie Joubert, RAI RSC secretariat, updated the participants about RAI program activities in the GMS region. In 2015, 2.92 million long lasting insecticidal nets (LLINs) were distributed to potentially cover around 63% of the risk population, parasitological tests were performed in 100% of suspected malaria cases, and 90% of 120,000 confirmed malaria cases received treatment according to national guidelines. In the inter-country component, (ICC), more than 1099 Malaria posts were established and functional. Three rounds of targeted mass treatment (TMT) were completed in 43 villages, and community engagement activities such as health education and advocacy were conducted. Initial post-TMT data showed significant decrease in malaria prevalence in these villages.

Three crucial future steps for RAI RSC activity were outlined. The RAI grant would be extended further till December 2017, with expanded support to addressing malaria in forested areas with poor access to malaria services (including mobile people, military and migrants) and improved targeting and planning of tailored interventions (including through the greater use of appropriate implementing partners with access to populations at risk). The RSC would engage further with the national CCMs and also strengthen the CSO platform. In the mean while the plan for next phase of RAI would also be developed.

Next Steps for RAI:

1. Reprogramming / extension of RAI grant (2016-2017)
2. RSC engagement with national CCMs and continue work to strengthen CSO platform
3. Plan the next phase of RAI including Concept Note development process

Amelie also presented the results of a brief CCM survey which was completed in April 2016 and circulated to all 5 national CCMs. Main outcomes of the survey showed that RAI had generally been well incorporated into the oversight scope of national CCMs and ownership for RAI activities at national level had increased. On the contrary, a few CCMs still felt that the respective mandates of RSC and CCM needed some additional clarifying. The survey also found that expect for Myanmar, other four countries had malaria-specific CSO representation in the CCM, while CSO members participated in CCM oversight activities in 2015 in all the five countries.

Concerns about effectiveness of TMT in small scale were raised in a discussion. Although scientific evidence is scarce about TMT, it was explained that TMT is theoretically effective in a small zone of high malaria transmission if it is surrounded by zones of low malaria transmission. But in high malaria transmission zones surrounded by other zones of high malaria transmission, then TMT in few zones will result in only a temporary decrease in malaria. The infection would eventually return to the area from near-by untreated high malaria transmission zones. Therefore, TMT should be either done on a large level or in a geographically circumscribed area.

2.3 APLMA CSO engagement for advocacy

Jeffery Smith, from The Asia Pacific Leaders Malaria Alliance (APLMA), presented the vision of APLMA and threw some light on CSO engagement for advocacy for malaria elimination. APLMA has developed a roadmap to eliminate malaria in 22 different countries, saving 1.3 million lives and averting 216 million cases. The Roadmap has been developed as a high-level policy document, aimed at leaders. It aligns with global and regional strategies such as the WHO Global Technical Strategy for Malaria 2016-2030, WHO Strategy for Malaria Elimination in the Greater Mekong Sub-region (2015-2030), and RBM Action and Investment to Defeat Malaria 2016-2030.

The Roadmap has set forth six priority actions that leaders can take to accelerate towards elimination:



Fig 1: Leader's malaria elimination road map (6 priorities)

The Roadmap proposes governance and accountability mechanisms to keep nations and the region on track for a malaria-free Asia Pacific by 2030. This includes that the National Task Force Chairs join the APLMA Envoy for an annual SOM to review progress and make recommendations to keep elimination efforts on track. These officials will use a Dashboard

with Roadmap-based performance indicators to assess progress, both nationally and regionally. Within the same roadmap, APLMA considers community and CSO as vital for malaria elimination. It advocates for increased community and civil society engagement in leadership, health finance decision-making, service delivery, program and technical assistance for concerted efforts to end malaria.

In a discussion that followed the presentation, it was made clear that the CSOs needed a multi-pronged approach to engage with the national government, and APLMA would facilitate the process by encouraging the government to work together with CSO and private sector. CSOs need to both work in collaboration with the government and also hold it accountable. Jeffery further clarified that APLMA are facilitators for capacity building, but don't have a funding mechanism to support CSOs.

2.4 RAI Project Site Visit in Umphang District, Thailand

On 6-7 May, 2016 a team from Global Fund Regional Steering Committee and CSO representatives from Raks Thai foundation, World vision, ARC Myanmar and SCDI Vietnam visited RAI project sites at Mokro and Mae Chan sub-district of Umphang district in Tak province of Thailand. A total of 2 border crossing check points, 2 malaria clinics/corners and 1 community center were visited.

The purpose of visit was:

- To observe the program implemented by CSO along the border
- To observe coordination/collaboration between malaria service providers
- To find the gaps and needs for MMP along the border areas



Site visit at Naung Lon Malaria Clinic, Mokro sub-district

Naung Lon Malaria clinic was found to be well functioning in Mokro sub-district which provided free malaria diagnosis and treatment services to 3 Thai villages and 5 villages from across the Myanmar border from Kayin state of Myanmar. Diagnosed malaria cases decreased from 57 in 2014 to 8 in 2016. Complicated malaria cases were referred to Umphang hospital and other diseases were referred to near-by health promotion hospital. World Vision RAI project staff linked with malaria clinic staff for mobile outreach activities on quarterly basis, but faced difficult transportation in Myanmar villages during raining season.

Similarly, Ploeng Khlong Malaria Corner/Clinic provided free malaria services to local Thai communities and migrant workers. Mobile outreach activities were supported on quarterly basis by World Vision's Frontline Service Network Worker. ARC/KDHW supported border malaria corner established in other side of border since May 2015. World Vision supported Migrant Health Volunteers (MHV) served as a bridge for migrants/mobile populations to get free malaria services from the clinic. However, local level coordination/collaboration was lacking between Myanmar and Thailand malaria services providers.

The team also visited the border check points at Tapaphu village, Mokro sub-district and Ploeng Khlong/ Joe Phyu in Mae Chan sub-district and a community center in Mae Oh Khoe village, Mae Chan sub-district.



Ploeng Khlong / Joe Phyu Check Point Border Crossing Point, Mae Chan sub-district

Some challenges were recognized and recommendations were given. Louis de Gama, RAI RSC, pointed out a high prevalence rate of infection in M2 migrants despite less tests. CSOs in the field do not get to see the data in real time, leading to uncoordinated efforts. Data sharing between two sides on the border needs to be facilitated by strong CSO collaboration. Easy access to diagnosis and treatment in Thai side should be ensured, and CSOs need to be enabled to encourage or even escort the migrant worker to go to the clinics for testing and

treatment. Migrants usually don't want to venture outside their work environment and when they get sick, they return to their country, delaying diagnosis and treatment. Therefore outreach activities need to be scaled up for malaria elimination. CSO representatives were urged to advocate for increased finance allocation for testing and treatment in the entire border area.

Access to the clinics also remain problematic as they may not be open when needed. A real incident that took place during the site visit was that one clinic was open specifically just for inspection visit of the team. A young girl came seeking treatment for *Plasmodium vivax* malaria infection. If not for the inspection, she would have had to return without availing any treatment services on that day. Therefore, in addition to government support, CSOs need strong commitment to eliminate malaria effectively.

Recommendations of the inspection team:

- Identification of malaria service gaps along the border areas by malaria partners working in Myanmar side
- Additional malaria posts/volunteers and border malaria corners based on the gaps and needs to cover IDPs, local ethnic communities and MMPs near and along the border
- Real time reporting and sharing between malaria service providers working along border areas
- Cross border field exchange visits
- Coordination and collaboration among CSO workers

2.5 Country Presentations: Sharing of experiences from 5 RAI implementing countries representatives

CSOs from the 5 RAI implementing countries Cambodia, Myanmar, Thailand, Vietnam and Lao PDR reported their country's progress on malaria response and shared their field experiences. Although malaria cases are decreasing in the region in general, several challenges and gaps exist at the national regional levels. Malaria data and information sharing is limited due to lack of collaboration and coordination between the malaria service providers. Difficult terrain and geographical challenges hinder the coverage of LLINs in the remote areas in most countries. People in rural area lack adequate knowledge about malaria and treatment. A consistent finding in all country presentations was that the CSOs worked for MMP with limited resources, while the governments did not focus on MMP. Therefore CSOs need more support from the government.

Vietnam

Vietnam plans to eliminate malaria by 2030 and currently malaria has been eliminated from 16 provinces. Out of 93.7 million Vietnamese people, 11.9 million reside in malaria endemic communities. Majority of the cases are caused by *Plasmodium falciparum* and *Plasmodium vivax*, seen mostly in central coastal and central highland region. Dealing with malaria cases remains challenging, especially among vulnerable groups such as ethnic minority who cannot speak Vietnamese language, illegal logger and illegal border crossing people, illegal gold miners, hunters and seasonal agricultural laborers.

Lack of community engagement, limited human resources, inadequate accessibility to health care services, lack of knowledge on malaria among CSOs, lack of CSO network and their participation are some of the major challenges. Increased CSO consultations, piloting a model with the CSO engagement in the endemic area, trainings on malaria for selected CSO representatives and setting up a CSO network were some of the recommendations.

Thailand

Thailand is scheduled to eliminate malaria by 2024. The cases caused by malarial parasites are also in decreasing trend since 2014. Mobile and migrant population, forest and farm worker and ethnic community are the most vulnerable population to malaria in Thailand. Different initiatives have been carried out to support malaria elimination, such as establishment of CSO working group, community mobilization identifying vulnerable populations' network, cross border coordination in Thai-Myanmar border, and coordination with local government agencies.

The key CSO activities in Thailand are health education targeting vulnerable populations, campaign and awareness activities in the community, advocacy to local key stakeholders, malaria outreach activities, development of bilingual BCC materials and LLIN distribution. However, Thailand is still facing challenges in cross border collaboration and data sharing, case management, migration routes and patterns. Geographical situation and remote setting is hampering CSO to reach community and provide services, especially to mobile and migrant population.

Myanmar

In Myanmar, according to 2014 census, around 54% of population of people live in endemic area. However, Myanmar has made significant progress in reducing malaria morbidity and mortality. Mobile migrant population such as seasonal agriculture and farm workers, military, ethnic armed groups, forest workers, gold miners are more vulnerable to the disease. Different factors contributing to inequality have been identified such as language, remoteness, poverty, marginalization and mobility. Mapping of MMP countrywide and malaria detection in non-endemic areas have been challenging. Due to difficult transportations, delivery of commodities and site visits are delayed, especially during raining season, disasters and conflict situations. The volunteers may have a lower motivation due to low incentives and low malaria morbidity.

Despite the challenges, there has been significant process in the field of malaria CSO networking since last year. Myanmar held the first CSO meeting in Yangon with 35

participants. Three core CSO members and 8 extended CSO members were elected for different roles to coordinate with CSO in Myanmar. The effort is being led by ARC Myanmar. The CSO meeting provided suggestions such as establishment of a health task force model, expansion of cross-border activities for referral, and added roles and responsibilities to CSO network. CSO participation in concept note development group was emphasized to bring the real challenges and gaps from the local context and prioritize in the concept note.

Cambodia

There has been a steep decrease in malaria cases in Cambodia, however, in 2015, the cases were higher than previous years. Cambodia faces the problem of people seeking malaria services late, resulting in delayed malaria investigation and response. CSOs are working in the community with different approaches such as community mobilization and BCC, early warning system, LLINs/LLIHN distribution, surveillance and malaria testing as well as case management.

Some of the challenges faced by the CSOs are the difficulty in identifying and accessing MMPs for LLINs/LLIHNs distribution, low use of LLINs/LLIHNs among MMPs, difficult to complete DOT and follow up among MMPs, low knowledge on how to prevent malaria through ITN use, and GF delayed approval which lead to postponement of VMW/MMW activities. The strategies identified to progress in the malaria response comprised of community mobilization and BCC to reach MMPs, increasing service utilization at VMW/MMW and health facility, strengthening malaria surveillance system, ensuring bed net coverage and increased net use among residents and MMPs, expanding EDAT service at all levels, ensuring appropriate treatment through DOT, continuing work with private providers on EDAT and referring malaria patients to HFs, strengthening and expanding plantation projects to reach MMPs and implementing KAP project.

Lao PDR

By 2025, Lao PDR plans to eliminate *Plasmodium falciparum* malaria in entire country and *Plasmodium vivax* malaria in the northern and central provinces, and by 2030 the plan is to eliminate *Plasmodium vivax* malaria from the whole country. The trend of malaria is decreasing in Laos.

Main CSO targets in Laos are mobile migrant population, community leaders and local forest workers. CSO is engaging with the target population with different intervention such as malaria education, timely health care seeking encouragements, screening as well as referral for treatment. The rates of mosquito net use and treatment are higher compared to previous years. However, lack of accurate data, difficulty to access MMP, lack of sufficient budget, limited mosquito nets are some of the existing challenges.

Lao PDR CSO recommended for strengthening BCC/IEC components, improve cross-border collaboration, harmonize BCC strategy among countries working with MMPs, tailored BCC strategy for target areas, and standardized MHV/MHW training curriculum across borders,

periodic evaluation of cross border activities, and integration of CRG-based malaria-related policies and programs.

2.6 Planning the next Regional Concept Note: process and next steps

RAI will have costed extension till December 2017, and a new grant will start on 2018 until 2020. Amelie Joubert from RAI RSC secretariat, explained about regional concept note (CN) planning and process for next phase of the RAI. Main purpose of the presentation was to anticipate process/planning of activities for the next CN. Although a formal guidance is yet to arrive from GF, RSC proposes to examine what the process might look like should RSC need to coordinate a multi-country regional malaria proposal which consolidates all GF funding streams.

The regional planning requires great care and sufficient time, since it is a multi-country program. There should be a broad consultative approach with the country-level stakeholders. The RSC advises to maintain governance in the new CN by a regional stakeholder body and GF to decide allocations to all components of the multi-country program. The PR and GF interface should be kept as simple as possible to ensure funding to countries for malaria is through a single channel (i.e. one malaria grant per country); manage the multi-country program, of which the country malaria grants are part, through a single GF team; and use a single PR for all components of the multi-country program.

Technical Review Panel (TRP) will provide an independent opinion to GF about the proposal and the GF may reject or warrant re-writes. GAC – Grant Approvals Committee is the internal GF mechanism which will review final proposal and put forward for approval. Concept Note development is typically based on national strategic plans but requires significant discussion around strategic priorities, whether this is regional only or multi-country with national elimination components. Assuming that some form of country components subsist these would be developed at national level but the process would have to be coordinated/aligned in timeframe, with RSC guidance on high-level aspects of the proposal. To ensure adequate time, it was suggested to start 6 months ahead of submission deadline.

Development of new CN will start in September/October of 2016 and its submission will be on March 2017. Generally, concept note development will take 3-6 months and then reviewed. The process of review and grant making will take around 6-9 months. CN development is a robust method of planning and executing the next step of project.

For Vietnam, Cambodia and Lao PDR, the current grant will end in December 2017 after costed extension, and Thailand's current grant will end in September 2017, whereas Myanmar will end its grant in December 2016 and will continue its next cycle until 2020 (4

years). Meanwhile, other countries will have 3 year new grant on the project.

Timeline for the concept note development is allotted for 6 months. Following the national level strategies and policies, RSC CN writing committee will have high level strategic priorities and CN components by September/October 2016. An initial CN draft will be prepared by November 2016 by consultant(s) with guidance from CN Writing Committee. Country-level consultations (5 countries) and development of country components will be led by CCMs in December 2016/January 2017. A final version should be drafted by February 2017 to be reviewed by RSC and it will be submitted to GF in March 2017.

Present terms end in December

- Timeline:**
- Sept-Oct 2016: start to develop
 - Nov. 2016: Initial draft
 - Dec 2016/Jan 2017: Country-level consultations
 - Feb 2017: Final draft and review
 - March 2017: Submission to

2016

Costed extension till December 2017

New grant starts in 2018 until 2020 Timetables for different countries

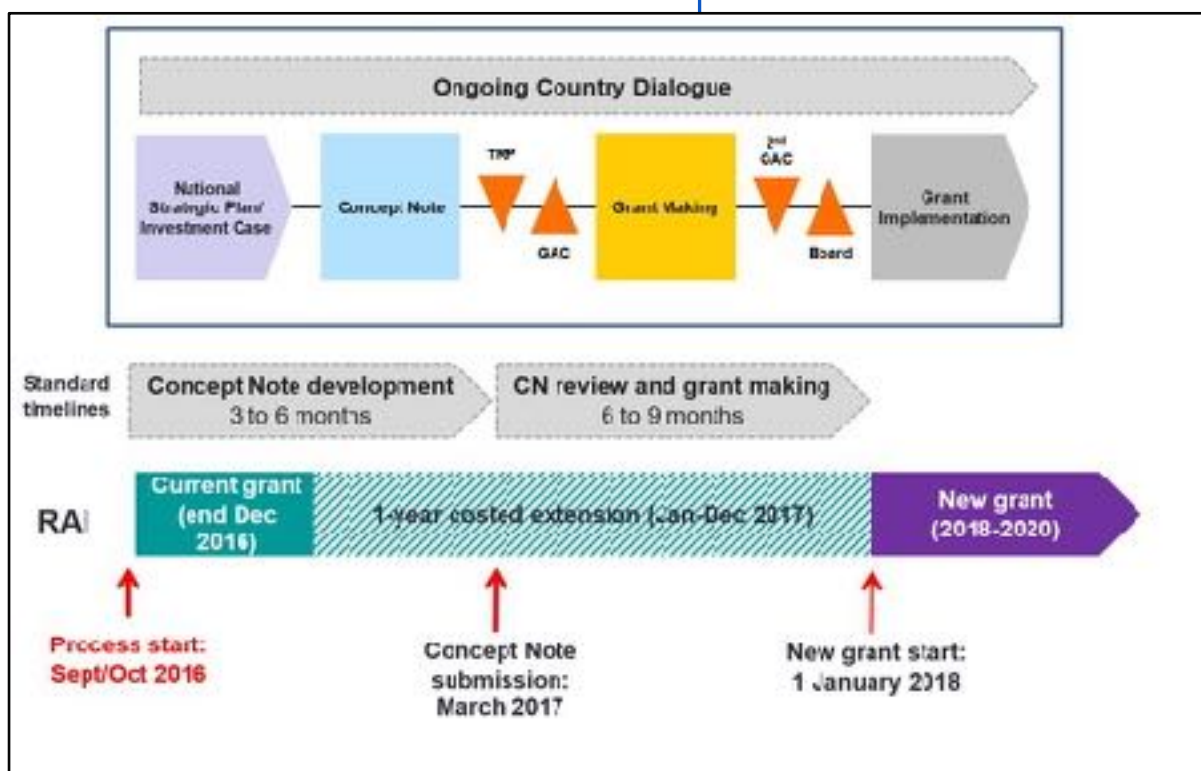


Fig 2. Global Fund funding model cycle

Immediate steps:

Activity	Timeline	Process
Constitute RSC CN writing committee	May 2016	Agree on TORs/ composition
Plan TA support & funding	June-July 2016	TORs to be approved remotely by RSC
Recruit consultant(s)	Aug-Sept 2016	RSC Secretariat / WHO
Plan country-level consultations and inputs from CCMs & other stakeholders	Aug-Sept 2016*	

**Assuming Future funding structure of RAI + NFM malaria grants is known*

After a vigorous discussion on CSO representation and composition of the RSC CN writing committee, the participants in the meeting agreed to a final recommendation of having 5 focal representatives from CSO of 5 countries along with 1 representative each from RSC, academics, private sector, donor organization and 3 regional experts.

2.7 Community Right and Gender (CRG) platform and Technical Assistance (TA) support

Asia Pacific Council of AIDS Service Organizations (APCASO) is the host organization of Asia Pacific regional CRG coordination and communication platform. James Malar from APCASO, briefed about CRG platform and TA support. The “Platform” is a GF mechanism to enhance community awareness of GF processes & TA program; to coordinate with other TA providers; improve understanding of TA gaps & needs; and provide strategic capacity building.

The TA program is available to organizations working in at least one of the three diseases among HIV, TB and malaria. There are a number of issues on which technical assistance could be applied such as situation analysis and needs assessment, community engagement to strengthen knowledge of GF processes, consultation processes to develop plans & budgets on CRG to be incorporated in the Concept Note, and community review of the Concept Note. However, technical assistance is not provided for CCM strengthening, long-term CSO capacity-building, and Concept Note writing. The application form is available at

<http://www.theglobalfund.org/en/fundingmodel/technicalcooperation/communityrightsgender/> and should be submitted to CRGTA@theglobalfund.org

TA can only be accessed prior to grant signing. GF has a list of prequalified TA provider for the CRG TA requests. In Asia-Pacific: APCASO, Australian Federation of AIDS Organizations (AFAO); Asia Pacific Community Action & Partnership (APCAP); and, Asia Pacific Coalition on Male Sexual Health (APCOM).

2.8 French 5% initiative call for proposal update

Fleutelot Eric, regional health counselor from Expertise France, enlightened the participants about the French 5% initiative. The 5% initiative was created in 2011 under the supervision of French Ministry of Foreign Affairs. The 5 countries of GMS region are the one of the eligible regions for French 5% initiative.

With a total of 5% of France's total annual contribution to the Global Fund (totaling € 18 million per year), the initiative's objective is to respond to the request made by the beneficiary countries for support in the design, implementation, monitoring and evaluation of Global Fund programs

The expected impacts of the initiative are to improve impact on health of Global Fund Grants and better access to Global Fund resources for francophone countries. There are two complementary channels:

Channel 1: Rapid Mobilization of Expertise for 12 months maximum

Channel 2: Projects funding for a period of 2 to 3 years.

The 5% initiative does not entertain the duplication of work done by GF but complements the work of GF. The key principles of channel 2 are to be improve the capacity of implementers, result and impact oriented with focus on innovation.

In 2016, two mutually complementary but distinct Calls for proposals from the initiative are:

1. Strengthening community-based and national health systems
2. Access to quality health-care services for marginalized populations

Eligible types of proposals:

1. Operational research projects
2. Capacity building projects for national and community actors
3. Projects to strengthen the supply and procurement chain

The 5% Initiative

- *Complements the GF*
- *Aims to strengthen the community and national health system*
- *Provides expertise*
- *Works for rural, vulnerable and key affected population*

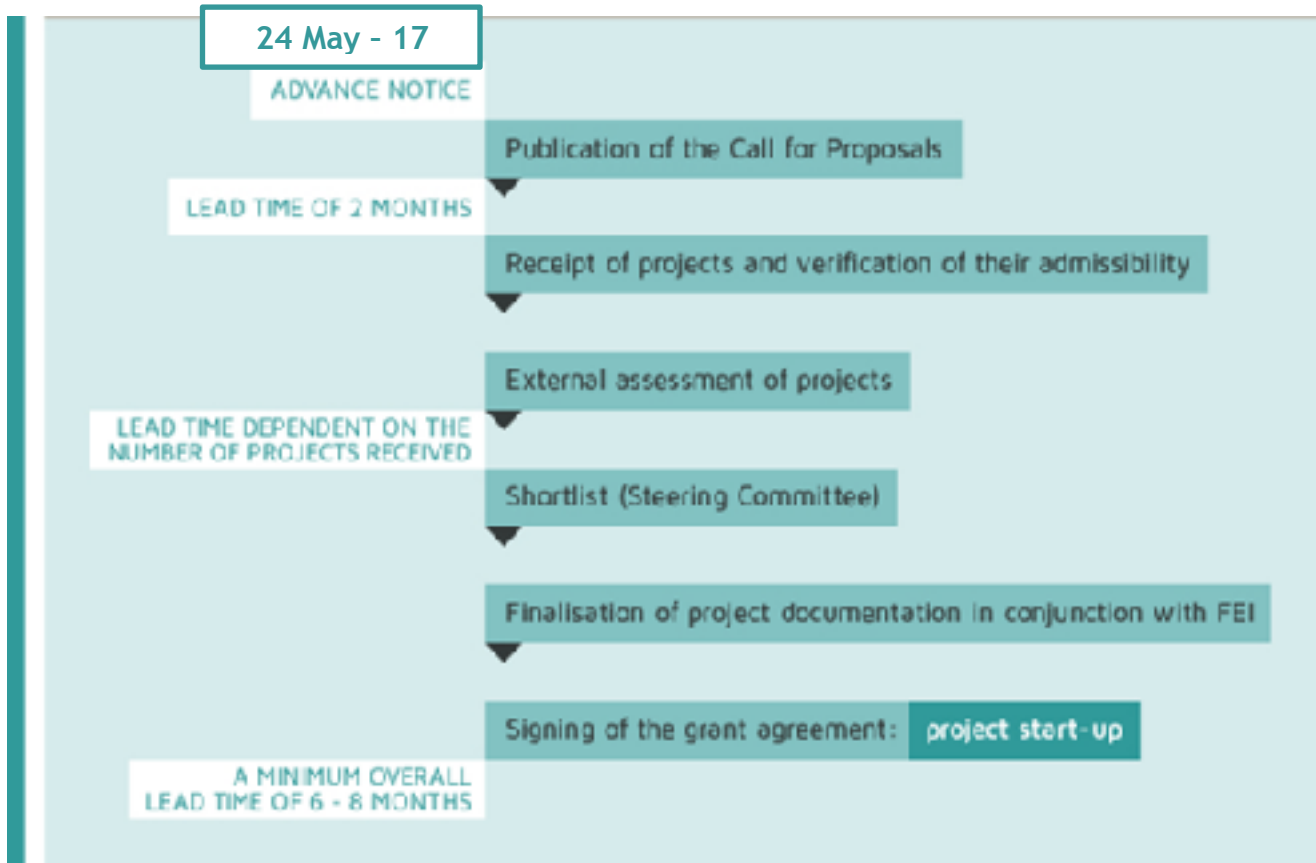
2.9 RAI RSC CSO Member Election process

26 February

The RAI RSC has 17 seats with 2 seats allotted for civil society representation. The current civil society members of the RAI RSC are P. Panitchpakdi and L. Da Gama. CSO representatives requested to increase CSO representation to get the voice of different

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Fig 3. 2016 timeline of the 5% initiative proposal



community from the region. When there was an interview arranged for national NGOs, they were not aware of representative for their organizations, therefore there is a need to increase the number of CSO representation. Representative also suggested to have malaria affected people in RSC. There are some eligibility criteria for representation in CCMs/RCMs global fund. Those CCM are generally from member of affected communities and members representing non-government constituencies. However, there are some challenges within civil society members. Sometime civil society member tend to put forward their own interest rather than broader constituency. There are always risk of competition between CSO members and they show, lack of knowledge to participate in government mechanisms.

There are 17 seats in RSC composition which have different stakeholders includes

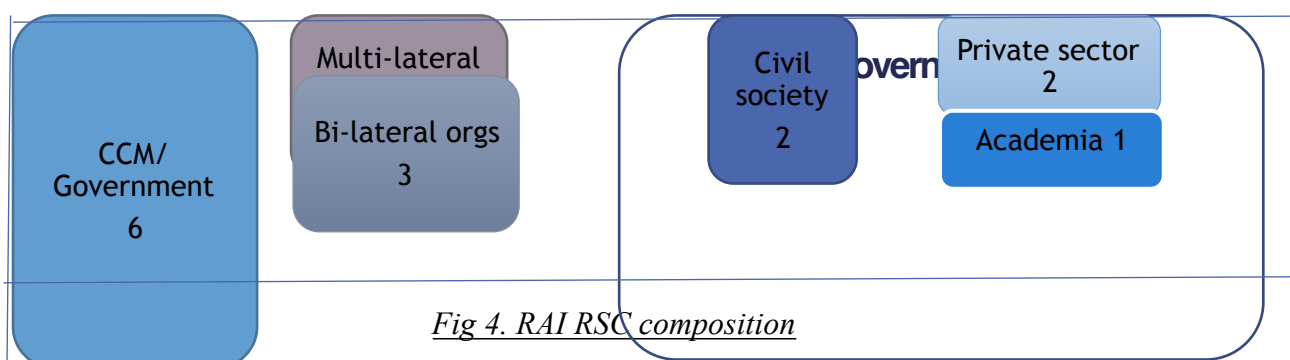
Government (6),

Multi-lateral organizations (3) i.e. WHO, ASEAN, ADB;

Bi-lateral organization (3) i.e. France, DFID-UK, DFAT-Australia;

Private sector (2) i.e. Sanofi, Gates Foundation;

Academia (1) - MORU and CSO (2).



CSO member selection process for RSC was also discussed since existing RAI RSC is going to expire in December 2016 if it is not extended. The membership lasts for 3 years and it is renewable. Recommendation was made to select CSO which is not implementing the GF malaria grant.

2.10 Regional malaria CSO working group and platform activities

The activities of the regional malaria CSO working group was updated with the main focus on preparation of platform proposal to the 5% initiative. A closed session discussion was held at the day, regarding a proposal titled “Regional Malaria CSO Platform for strengthening community capacity and advocacy on malaria elimination in GMS countries” to be submitted on 23rd May 2016 to the French 5% initiative.

The Meeting generated a consensus on strengthening and refining the proposed activity and role of each CSO in the national and regional level. All CSOs have agreed to join proposed following activities to the 5% initiative.

CSO also agreed to work with one focal CSO in the country to coordinate for the national activities including other malaria CSO and community. Following are the focal organization for the platform:

Regional coordination: Raks Thai Foundation
 Thailand: ARC international
 Cambodia: PFD
 Vietnam: SCD
 Myanmar: ARC Myanmar
 Lao PDR: LaoPHA

Output

1. Strengthened regional and national level CSO engagement around malaria in the Greater Mekong Sub region

2. Identified key strategic issues and priorities from the civil society and community perspective for regional-level strategic governance mechanisms and dialogue.
3. Shared experiences and lessons learnt in the implementation of RAI programs and recognized existing gaps and challenges
4. Initiated consultations for preparation for the global fund concept note development process
5. Updated partners on the regional civil society malaria working group and platform activities and

Follow up actions

1. Execute immediate steps for finalizing final draft of regional cso platform proposal for submission to the 5% initiative by 23rd May 2016.
2. Follow up on RAI RSC meeting and RAI RSC CN writing committee.
3. Represent CSO at the APLMA senior level meeting at the Joint malaria week and voice the concerns of CSO.

Annex

1. Meeting agenda



Regional Malaria Civil Society Organization Consultation Meeting

Beat Hotel, Sukhumvit Road, Phrakhanong Nua

Bangkok, Thailand

10th May 2016

Objectives

1. Build regional and national level CSO engagement around malaria in the Greater Mekong Sub region;
2. Participate in the regional-level strategic governance mechanisms and dialogue (e.g. RAI RSC, APLMA SOM) by identifying key strategic issues and priorities from the perspective of communities / civil society;
3. Share experiences and lessons learned in the implementation of community-based malaria programs targeting hard-to-reach populations under the Global Fund RAI;
4. To hold consultations in preparation for the global fund concept note development process;
5. To update partners on the regional civil society malaria working group and platform activities.

Agenda

8:30-9:00	Registration
9:00-9:05	Welcome to the workshop participants Promboon Panitchpakdi, Executive director, Raks Thai Foundation
9:05-9:15	Overview of the meeting, Shreehari Acharya, Program officer, Raks Thai Foundation
9:15-9:30	Key note speech Dr Nafsiah Mboi, Envoy, Asia Pacific Leaders Malaria Alliance (APLMA)
9:30-10:00	RAI RSC activity and RAI update Amelie Joubert, Executive secretary, RAI RSC
10:00-10:15	APLMA CSO engagement for advocacy Jeffery Smith, Team Leader, Advocacy and Partnerships, APLMA
10:15-10:45	Coffee break

10:45-12:45	Country presentation Sharing of experience from 5 RAI implementing countries representatives -Malaria and MMP situation update - Progress -Key challenges and gap -What next
12:45-13:45	Lunch
13:45-15:15	Preparing for the next RAI Concept Note (2018-2020) <ul style="list-style-type: none"> - Recommendations from the CSO representatives on priority issues to be addressed in the next CN. - Consultation on the process to develop a new RAI concept note 2018-2020. how will consultations work and who will be consulted Promboon Panitchpakdi, louis da gama, and Amelie Joubert, RAI RSC
15:15-15:30	The Community Right and Gender (CRG) platform and TA support Jennifer Ho, Deputy Director APCASO
15:30-15:45	French 5% initiative call for proposal update Eric Fleutelot, French Embassy in Thailand
15:45-16:00	Coffee break
16:00-16:30	RAI RSC CSO Member Election process Promboon Panitchpakdi/ Amelie Joubert
16:30-17:30	Regional malaria CSO working group and platform activities <ul style="list-style-type: none"> - Update on regional malaria platform, working group activities - Preparation of platform proposal, role of CSO working group member in preparation of proposal to French 5% and timelines to be ready to send louis da Gama /Shree Acharya
17:30-17:45	End of the workshop

2. List of participants

PARTICIPANTS LIST
Regional Malaria Civil Society Organization (CSO) on Consultation Workshop
Beat Hotel, Sukhumvit, Bangkok, Thailand
10 May 2016

No	Country	Organization	Name of Participant	Position
1		APLMA	Nafsiah Mboi	
2		APLMA	Jeffery Smith	Team Leader
3	Thailand	French 5%	Fleutelot Eric	Regional Health Counselor
4		RAI RSC	Amelie Joubert	Executive Secretary
5		RAI RSC	Louis da Gama	Director
6		Bill and Melinda Gates Foundation	Victoria Williams	Program Manager
7		Global Fund Secretariat	Pauline Mazue	Advocacy Speaker External Relation
8	Thailand	Raks Thai Foundation	Promboon Panitchpakdi	
9		Raks Thai Foundation	Thongphit Pinyosinwat	
10		Raks Thai Foundation	Suratana Kobchaisawat	
11		Raks Thai Foundation	Shreehari Acharya	Program officer
12		Raks Thai Foundation	Patipan Yutithamsathit	Program officer
13		Raks Thai Foundation	Pasinee Sawadtayawong	Program assistant
14		ARC International Thailand	David Claussenius	Country Director
15		ARC International Thailand	Sai Ti	Project Coordinator
16		ARC International Thailand	Rachel Sismar	Project manager
17		World Vision Foundation Thailand	Kajornsak Raksakulmai	Team Leader
18		Malaria Consortium BKK	Natakon Jittanonta	Country Program Manager
19		Malaria association Nominated by CCM Thailand	Saowanit Vijaykadga	Member
20			APCASO	Jennifer Ho
21		APCASO	James Malar	CRG Platform
22	Myanmar	UNOPS Myanmar	Faisal Mansoor	H.O.P
23		UNOPS Myanmar	Tin Me Me Aung	RAI Officer

24		ARC International, Myanmar	Aye Aye Than	Program Manager
25		Myanmar Health and Development Consortium (MHDC)	Sandii Lwin	Managing Director
26		CPI Myanmar	Kyaw Ko Ko Lwin	Program Coordinator
27		CPI Myanmar	Aye Aye Khaing	Program Manager
28		Medical Action Myanmar	Frank Smithuis	Director
29		Save the Children, Myanmar	Myo Kyaw Lwin	Head of Program Quality
30		KDHW	Diamond Khin	Deputy Director
31	Lao PDR	Lao Positive Health Association (LaoPHA)	Vieng Souriyao	Director
32		HPA, Lao PDR / CCM member	Ronaldo Estera	Country Program Coordinator
33		Promotion Education Development for Population (PEDA)	Santi Douangpraseuth	Director
34	Cambodia	Partners for Development (PfD)	Sun Maysac	Program Manager
35		URC Cambodia	Kharn Lina	Senior BCC Regional Advisor
36		PSK Cambodia	Mak Sarath	Malaria and Child Survival Director
37		PSI Cambodia	Abigail Pratt	
38		CCM Cambodia/ Community rep	Chan Sophan	
39		CCM Cambodia/ Secretariat	Ham Hak	
40	Vietnam	Center for Supporting Community Development Initiatives, Vietnam	Khuat Thi Hai Oanh	
41		Center for Supporting Community Development Initiatives, Vietnam	Nguyen Kim Dung	
42	Switzerland	TGF	Philippe Creach	

