

TOWARD MALARIA ELIMINATION IN CAMBODIA

Inputs from community and civil society in Cambodia to the Global Fund malaria concept note 2018-2020

On January 23, 2017, in Phnom Penh, representatives from communities most affected by malaria, civil society organisations working in the malaria response and malaria patients gathered in a consultation workshop to prepare inputs to the Global Fund RAI concept note 2018-2020. The workshop was organised by Partners for Development with Malaria Consortium and with technical and financial support from GMS Malaria Civil Society Platform and APCASO.

Leadership from the National Center for Parasitology, Entomology and Malaria Control (CNM), particularly Dr. Siv, members of the RAI Regional Steering Committee, the CCC and UNOPS guided the meeting. Participants appreciated the Cambodian government's elimination commitment (Plasmodium falciparum malaria by 2020 and Plasmodium vivax malaria by 2025) and the Malaria Elimination Action Framework (MEAF) 2016-2020 and were impressed by the achievements of the National Malaria Program under the current RAI grant. Community and civil society look forward to continuing to work with the National Programme in implementing the elimination agenda and building on the successes achieved during RAI 1.

Community and civil society welcome in principle the partnership proposition presented by CNM (Dr Siv) making room for NGOs to implement the core package of services in 15 provinces in support to the existing public health system while CNM will remain in charge of implementing the core package and the elimination strategies in 4 provinces. The CSO/NGOs support the principle of strengthening the existing health system in regard to long term sustainability. There are still some aspects of the CNM partnerships' plan to be clarified and a need for insurance that working with the local authorities will be done smoothly and with clear understanding from all parties.

The CNM proposition to split the budget that will be allocated with at least 50% for the CSO's in order to implement the core package in 15 provinces is well received by the CSOs although there is some concern that, with a split of 75% of the villages to be covered by CSOs, the allocation may not be sufficient. This needs further discussion.

In addition, and to maximize the impact of the response and avoid overlapping, the CSO currently working on malaria and presents during the consultation (PSK, MC, HPA, PFD and CRS) have decided to coordinate their effort in the form of a ***national CSO platform***, building from the technical expertise of every NGO's. Modalities and resources for the common platform will be discussed at a later stage within the concerned NGO's. HEAD and CARE have expressed as well their intention to provide their input to the platform (MSF still to be consulted).

While the geographical repartition of the 15 provinces among the members of the platform will be discussed at a later stage it was strongly supported by all that it should be done in a concerted, transparent and coordinated way, building from the existing infrastructures, capacities and expertise in the concerned provinces. To fill the gaps in potential lack of expertise in the field, it was agreed that CSO platform would provide missing expertise to all members.

Moreover, inspired by the achievements to date, and guided by Global Fund principles of focusing on populations disproportionately affected, strengthening community systems, and removing barriers to access, in RAI 2, communities and civil society recommend the following activities in support of the National Malaria Programme:

- Engaging 'hard to reach' populations (including migrants and ethnic minority groups) through: developing and delivering innovative and culturally appropriate communication and education

techniques and materials; disseminating prevention tools; utilizing new technologies; and, significantly, building sustainable community networks in these communities and populations;

- Continue and scale up community led case management (test, treat, track) ensuring compliance with treatment – critical to achieving the elimination agenda; and
- Capacity building of communities in malaria endemic areas, including: civil society led capacity building in leadership, education techniques, communication/public speaking, monitoring, surveillance and evaluation training, among other skills; Valuing the important role of volunteers, incentivizing and professionalizing their work, and building sustainable community systems for health; instigating improved support structures for volunteers through mentoring and networking;

Community and civil society participation should be designed using the Global Fund's Community System Strengthening (CSS) Framework.

Participants recommended that in the Cambodian Global Fund malaria concept note 2018-2020 there will be a CSS component. This should be implemented by CSOs in coordination and collaboration with the National Malaria Programme and other national and local stakeholders. The CSS can be supported by civil society already working in Cambodia, and can target the populations at high risk of malaria (including migrants and ethnic minorities).

The key contents of the Global Fund's CSS Framework have already been articulated in "Towards Greatest Impact and Effectiveness of RAI 2018-2020 - Malaria CSO Ideas", which was presented and strongly supported at the Regional Consultation Workshop in Bangkok, December 16, 2016.

Participants strongly believe that the participation of communities and civil society working with communities most affected by malaria will contribute significantly to sustainable efforts to control and eliminate malaria in Cambodia.

KAP Group discussion outcomes

CSO and KAP priorities

- Comprehensive LLIN/LLHIN distribution for community member – request to have mosquito net either bed net and hammock net
- Request other prevention tool for example; spraying and repellence for forest goers/MMP who work in forest at night
- Continue to provide malaria health education by volunteer to target groups including inside and outside villages which means at the rice/cashew/rubber/cassava plantation and rice field.
- Continue to provide malaria testing for forest goers and plantation workers and implement malaria DOT in community; and expand the malaria testing and treatment to the people who work temporarily at the rice/cassava/cashew plantation.
- RDT could detect low parasite rate (e.g. the current RDT result is negative but Microscopy is positive due to low parasite)
- Conducting mentoring/monitoring/supervision to VMW/MMW regularly; should be from Health Center staff and CSO staff; in order to build their capacity in regarding filling in VMW records, how to provide confidently treatment....
- Carry out survey/research malaria patient (e.g. where they come from?)

- Providing regularly VMW/MMW training/refresher training and meeting
- Resume in provision monthly allowance to VMWs and suggested to increase a bit more
- Requesting materials (scale, watch and thermometer) for VMW/MMW

Following the CSO Consultation Meeting on 23 January in Phnom Penh as part of the RAI 2 grant writing process, the following CSOs/NGOs met to discuss how best to respond to CNM's proposal for CSO/NGOs to manage the full suite of malaria activities in 15 of the target provinces, with CNM manage the remaining 4 provinces. Within the proposal, there was a clear call and requirement to use and the public health apparatus to deliver the program including its current staff, with the ultimate aim of handing over a stronger health system by the end of the RAI2 grant in 2020. The program therefore needs to include plans to improve public staff skills including their financial and program management skills.

The group included CRS, HPA, MC, PfD and PSK representatives, who met during the meeting of the 23rd January and at the end of the Country Dialogue Meeting on 25 January.

Among these organizations, there was a collective agreement that a horizontal alliance, or platform, would allow this group of long-standing malaria agencies to effectively answer CNM's call, while capitalizing on each partner's strengths. A coordinated approach also avoids the more typical situation whereby in-country organizations bid against each other. With three short years before Cambodia's Pf elimination target, the CSO's agreed on the following principals.

CSO's Core Principles

CNM partnership proposition

The CSO/NGOs welcome in principle the partnership proposition presented by CNM (Dr Siv) making room for NGOs to implement the core package of services in 15 provinces in support to the existing public health system while CNM will remain in charge of implementing the core package and the elimination strategies in the remaining 4 provinces. The CSO/NGOs support the principle of strengthening the existing health system in regard to long term sustainability. There are still some aspects of the CNM partnerships' plan to be clarified and a need for insurance that working with the local authorities will be done smoothly and with clear understanding from all parties.

Overall Financial arrangement

The proposition to split the budget that will be allocated with at least 50% for the CSO's in order to implement the core package in 15 provinces is well received by the CSOs although there is some concern that, with a split of 75% of the villages to be covered by CSOs, a 50% allocation may be insufficient to deliver. This needs further discussion.

Question: Does the 50% include the commodities?

CSO Platform

In addition, and to maximize the impact of the response and avoid overlapping, the CSOs currently working on malaria and present during the consultation (PSK, MC, HPA, PFD and CRS) have decided to coordinate their effort in the form of a ***national CSO platform***, building on the technical expertise of each NGO.

The CSO platform will be staffed by each member/CSO with a level of effort to be decided for each expertise role provided. ToR of the platform and field of expertise to be mobilized still to be drafted. CSO platform members will meet on a regular basis for coordination purpose.

Geographical implementation

While the geographical division of the 15 provinces among the members of the platform will be discussed at a later stage it was strongly supported by all that it should be done in a concerted, transparent and coordinated way, building off the existing infrastructures, capacities and expertise in the concerned provinces.

Each of the 15 provinces will be allocated one NGO responsible that will have a coordination role to implement the package of services, with the possibilities of having support from the other members in specific technical areas. To fill the gaps in potential lack of expertise in the field, it was agreed that CSO platform would provide missing expertise to all members.

Sustainability

The CSO platform will advocate for integrating the current malaria focused community system into a primary health care model. Strengthening and building a genuine groundswell of community engagement to respond to malaria elimination, will be another goal of the platform.

Coordination with the Regional CSO platform

The Cambodia CSO Platform will closely coordinate and regularly communicate with the regional CSO platform on key issues including cross border and regional issues and to share lessons learnt and technical expertise.