

ADVOCACY PLAN

2018-2020

Regional Malaria CSO Platform, GMS



Table of Contents

Abbreviations	i
Who can use this advocacy plan	ii
1 Introduction	1
1.1 Background.....	1
1.2 Malaria CSO platform, GMS	9
1.2.1 Goal of CSO platform	9
1.2.2 Objectives of CSO platform	10
1.3 Key advocacy issues and challenges in the GMS	10
1.3.1 Process.....	10
1.3.2 Issues in the GMS (RAI2E implementing countries)	11
2. Malaria CSO platform Advocacy plan and strategy for 2018-2020	11
3. Platform advocacy partners.....	13
3.1 Partnership at policy and decision-making level.....	13
3.1.1 Governmental agencies	13
3.1.2 World Health Organizations (WHO)	13
3.1.3 Regional organizations.....	14
3.1.4 Donors	14
3.2 Partnership at implementation level.....	14
3.2.1 Country Coordinating Mechanism (CCM)	14
3.2.2 Community and CSOs	15
3.2.3 Corporate sector	15
3.2.4 Media	15
4. Platform advocacy activities.....	16
4.1 Strategies to implement advocacy activities	19
4.1.1 Preparing advocacy materials.....	19
4.1.2 Creating champions	20
4.1.3 Media engagement strategy (Audio, video and paper)	20
5. Resources for platform advocacy	21
6. Monitoring of platform advocacy activities	21
Annex	22

ABBREVIATIONS

ACT	Artemisinin-based Combination Therapy
ACTMalaria	Asian Collaboration Training Network for Malaria
ADB	Asian Development Bank
AP-CRG	The Asia-Pacific Platform on Communities, Rights & Gender
APLMA	Asia Pacific Leaders Malaria Alliance Secretariat
APMEN	Asia Pacific Malaria Elimination Network
ASEAN	Association of Southeast Asian Network
CCM	Country Coordinating Mechanism
CHV	Community Health Volunteer
CP	Charoen Pokphand Group
CSO	Civil Society Organization
FBO	Faith Based Organization
GF	The Global Fund
GFAN-AP	Global Fund Advocates Network Asia-Pacific
GMS	Greater Mekong Subregion
ICCM	Integrated Community Case Management
INGO	International Non-Governmental Organization
IRS	Indoor Residual Spraying
MMEV	Mobile, Migrant, Ethnic and Vulnerable
NGO	Non-Governmental Organization
RAI	Regional Artemisinin-resistance Initiative
RAI2E	RAI to Elimination
RSC	Regional Steering Committee
UHC	Universal Health Coverage
UNOPS	United Nations Office for Project Services
VHW	Volunteer Health Worker
VMW	Volunteer Malaria Worker
WHO	World Health Organization

WHO CAN USE THIS ADVOCACY PLAN

This advocacy plan has been developed to support the CSOs of the RAI2E implementing countries to plan and prepare an advocacy agenda and activities at the national and regional level to address issues of malaria in the communities. National-level CSO advocacy agendas under the Global Fund RAI2E grant should align with this advocacy plan, according to country need.

This plan outlines three fundamental thematic areas which can help strengthen the malaria elimination agenda along with specific objectives, activities, and partners. Although this advocacy plan has been developed for the RAI2E implementing countries' CSO implementers, managers, coordinators, and national- and regional-level advocates, this plan can guide other malaria implementers and advocates to focus on malaria advocacy issues and address the issues and challenges highlightd in this advocacy plan.

1 INTRODUCTION

This advocacy plan has been developed based on the outputs of a consultation workshop held on 21-22 July 2018. CSO platform country focal person, RAI2E implementing SRs, RAI RSC CSO representatives, PR-UNOPS and academia joined the workshop. This plan has been shaped by the discussions and shared inputs from the members of the national malaria implementing CSOs, the malaria CSO platform steering committee (from five RAI2E implementing countries), RAI RSC CSO representatives, APLMA, and UNOPS. The GMS malaria CSO platform will be guided by this plan to advocate for the identified issues through recommended activities. This advocacy plan is for the period of 2018 to 2020.

1.1 Background

According to the World Health Organization (WHO) 2017 report, there were 216 million cases of malaria around the world in 2016 with an estimated 445,000 deaths. Most deaths in 2015 were in the WHO African Region (90%), followed by the WHO South-East Asia Region (7%) and WHO Mediterranean Region (2%). Malarial infection has been declining globally as evidenced by 17% decrease in prevalence among children aged two to 10 years, a 37% decrease in overall incidence of malaria, and 48% reduction in the estimated deaths from malaria between 2000 and 2015. It is estimated that a cumulative 1.2 billion fewer malaria cases and 6.2 million fewer malaria deaths occurred globally between 2001 and 2015. Of the 663 million cases averted due to malaria control interventions, it is estimated that 69% were averted due to use of insecticide-treated mosquito nets (ITNs), 21% due to artemisinin-based combination therapy (ACT), and 10% due to indoor residual spraying (IRS).¹

The Greater Mekong Sub-region (GMS) is comprised of Cambodia, the Lao People's Democratic Republic, Myanmar, Thailand, Vietnam, and the People's Republic of China (especially Yunnan Province and Guangxi Zhuang Autonomous Region). GMS aims to eliminate malaria by 2030 and tackle multidrug resistant malaria. GMS prioritises malaria elimination in areas with multidrug resistance, including ACT resistance along the Cambodia-Thailand border, reducing transmission in high-transmission areas in Myanmar, and preventing and responding to any resurgence of malaria. Malaria elimination in this region is being supported by research and innovation, political commitment by leaders, capacity development, health systems strengthening, inter-sectoral collaboration, advocacy, technical support, monitoring progress, and information sharing.¹ The existing situation of

¹ World malaria report 2017. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

malaria epidemiology and elimination targets in each of the RAI2E implementing countries are presented in the form of infographics on the following pages.



Cambodia



Malaria Elimination Status

23,492

Reported Cases in 2016*



2025



Malaria Elimination
Target



3

Reported deaths in 2016*

Vulnerable groups



Mobile & migrant population



Farm worker



Forest workers



Ethnic Minority

*World malaria report 2017. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.



Lao PDR



Malaria Elimination Status

11,223

Reported Cases in 2016*



2030



Malaria Elimination
Target



1

Reported deaths in 2016*

Vulnerable groups



Mobile & migrant population



Farm worker



Forest workers



Ethnic Minority

*World malaria report 2017. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

CSOs in The greater Mekong Sub-region are providing services to rural and marginalized communities with the support of the Global Fund and other donors. The most at-risk populations in this region are mobile and migrant populations, forest and plantation workers, ethnic minorities, military and farmers.

As malaria is not a major, life-threatening disease in the GMS, at-risk communities may not prioritize malaria prevention or treatment. They often seek treatment late in the course of the illness and do not complete the full course of medication. Artemisinin-resistance is a big challenge in the GMS region, with cases found in all GMS countries.



Figure 1. Malaria CSO platform steering committee members and malaria experts come together to discuss advocacy plan for the platform.

MYANMAR
(BURMA)
Myanmar



Myanmar



Malaria Elimination Status

110,146

Reported Cases in 2016*



2030



Malaria Elimination
Target



21

Reported deaths in 2016*

Vulnerable groups



Mobile & migrant
population



Farm workers



Forest workers



Military



Construction
worker



Ethnic
Minority

*World malaria report 2017. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.



Thailand



Malaria Elimination Status

11,522

Reported Cases in 2016*



2024



Malaria Elimination
Target



27

Reported deaths in 2016*

Vulnerable groups



Mobile & migrant
population



Farm workers



Forest workers



Plantation worker



Ethnic
Minority

*World malaria report 2017. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

Note: Thailand malaria online 2016 data shows total 17,295 reported case during calendar year.
More detail is available in this link: http://malaria.ddc.moph.go.th/malariar10/index_newversion.php



Vietnam



Malaria Elimination Status

4,161

Reported Cases in 2016*



2030



Malaria Elimination
Target



2

Reported deaths in 2016*

Vulnerable groups



Mobile & migrant population



Farm workers



Forest workers



Ethnic Minority

*World malaria report 2017, Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

1.2 Malaria CSO platform, GMS

The Regional Malaria CSO Platform for the Greater Mekong Sub-region (GMS) is a network of more than 50 civil society organizations from the Global Fund RAI implementing countries: Myanmar, Thailand, Cambodia, Lao PDR and Vietnam. The platform was established in 2014 and serves as the CSO constituency engagement mechanism for the RAI RSC.

The platform provides a common space for all CSOs from the GMS that are working on malaria or with key affected communities in the region (mobile, migrant, ethnic and vulnerable (MMEV) populations) through other development programs (such as education, human rights, and other health services).

The CSOs play a crucial role in malaria control and elimination in the GMS, especially in providing services to remote and marginalized communities where governments have limited access and capacity to reach out, such as border and forested areas where the malaria burden in the GMS is now concentrated. Progress in reaching malaria elimination will need greater coordination and collaboration among countries within and across the borders by harmonizing border activities, information, and data sharing to highlight recommendations for action and discuss achievements and challenges in achieving elimination. It is essential to continue national and regional policy dialogue and advocacy for an increased role of community malaria workers including village health volunteers/workers (VHV/VMW) and migrant malaria workers active in integrated community case management (ICCM) programs.

GMS is developing an accelerated multi-sectoral approach in combination with tailor-made approaches appropriate for the local context to bring an end to malaria. The main emphasis is on equitable access to services for marginalized and vulnerable populations using innovative tools, along with improved malaria case detection and entomological surveillance, monitoring, and evaluation.

1.2.1 Goal of CSO platform

Provide a platform for civil society organizations and community to share best practices, coordinate actions on advocacy, and support improved service delivery to key and vulnerable populations such as mobile, migrant, and underserved populations.

1.2.2 Objectives of CSO platform

- I. To provide an enabling environment for civil society actors to deliver and advocate for the delivery of adequate services to affected communities currently beyond the reach of mainstream services.
- II. To ensure a strong 'last-mile' response in national and regional elimination programs, thus ensuring a healthy return on investment for Global Fund investments, and progressing elimination in the hard-to-reach areas and populations.
- III. To improve the coordination of CSO actors at all levels, NGOs, ethnic health organizations, and national programs, and link those stakeholders and partners with the networks in the GMS region.
- IV. To increase the technical capacity of CSO actors, where they sit outside the capacity building systems of national governments (peer support and formal training).
- V. To maintain a strong program focus on strengthened community systems through engagement with malaria volunteers (VMW/VHW/MMW/MMV/CHV).
- VI. To bring the unique insight of CSO organizations to malaria elimination efforts, and in doing so, provide a voice for affected communities.
- VII. To envision the forward-looking role of CSOs within the health security agenda.

1.3 Key advocacy issues and challenges in the GMS

1.3.1 Process

Despite progress in the GMS, there are still challenges in malaria project implementation. The issues and challenges listed below were identified based on consultations with malaria project implementing CSOs. A questionnaire was sent to all members of the country platform steering committee. The responses were analyzed and presented in a regional workshop. The CSO implementers from all five RAI2E countries participated in the workshop.

The issues often raised by CSO and community in the GMS are concerned with the role of community health workers/volunteers in service provision at the community, commodity and supply chain, sub-optimal use of preventive measures, available human and financial resources, surveillance and role of community, treatment compliance and adherence, and decreasing malaria incidence and therefore a decreased relevance of community malaria workers as perceived by the population and decreased motivation of volunteers highlighting the need for integrating their services with other common health issues.

The platform needs to consider the following issues and challenges in its advocacy plan at regional and national level:

1.3.2 Issues in the GMS (RAI2E implementing countries)

1. Policy barriers limiting CSO/NGO volunteers' ability to conduct malaria rapid diagnostic test (RDT)
2. Limited resource allocation to CSO
3. Challenges related to provision of services to migrant and mobile population, including undocumented/illegal migrants
4. Lack of CSO and community engagement in decision making process
5. Need for capacity development/strengthening of village health workers
6. Decreasing interest of malaria worker as malaria incidence is decreasing
7. Commodity shortage
8. Lack of coordination among partners and information sharing
9. Access for data to CSO is limited, CSO capacity to understand and utilize data is minimal
10. Treatment compliance
11. Lack of effective rollout of the WHO guidelines on Plasmodium Vivax management
12. Unclear role of CSO in malaria elimination response
13. Lack of engagement of private sectors in malaria response
14. Need for integrated health service at the community level

2. MALARIA CSO PLATFORM ADVOCACY PLAN AND STRATEGY FOR 2018-2020

Based on available resources and timeline, the platform will focus on the following three thematic areas with specific activities for the period of 2018-2020. These thematic areas have been agreed by CSOs from five countries.

Thematic areas for the platform advocacy:

1. Community engagement and community-led service
2. Multi-sectoral collaboration and domestic resources for universal health coverage (UHC)
3. Surveillance and data utilization

To address the country and regional level challenges and achieve the goals and objectives of each thematic area, the platform will need to focus on the following activities during the implementation period (Table 1):

Table 1: Goals and objectives of each thematic area of advocacy

Advocacy Thematic area	Goal	Objectives
Community engagement for community-led service	To strengthen and empower communities to eliminate malaria.	<ul style="list-style-type: none"> • To increase access of diagnosis and treatment services in remote, conflict, and border areas targeting MMP, ethnic communities and other vulnerable communities. • To advocate for integration of malaria services with other health services at community level. • To advocate for recognition of community health workers by the government authorities.
Multi-sectoral collaboration and domestic resources for UHC	To identify and promote sustainable domestic resources to eliminate malaria in the GMS.	<ul style="list-style-type: none"> • To establish a multi – sectoral forum for coalition building around malaria elimination, including CSOs beyond health, private providers, and the corporate sector. • To hold the political system of the GMS countries accountable for achieving malaria elimination by ensuring appropriate policy and its implementation on the financial investment. • To advocate for increased corporate and private sector engagement. <p>To advocate to increase integration of mobile and migrant populations and ethnic community (depending on the context) in UHC in the GMS.</p>
Surveillance and data utilization	To make available quality data on malaria for all stakeholders in GMS.	<ul style="list-style-type: none"> • To promote the availability of an online regional database (national program+ CSO+ WHO+ APMEN) • To improve the capacity of CSOs in obtaining, producing and utilizing quality data for decision making.

3. PLATFORM ADVOCACY PARTNERS

Decision makers and agencies that have the capacity to influence the decision-making process should be the primary focus of advocacy. Those partners include government, politicians, national and regional organizations including community and CSOs, donors, and media. The key advocacy message agreed by platform for all level is ***“demanding people centered approach to eliminate malaria”*** Platform other advocacy message will need to align with its thematic areas focusing on community. Platform advocacy partners will support to carry the message at different level.

Identifying partners at the different levels such as individual, community, national and regional level is important for the platform to advocate effectively. The platform needs to partner with more than one organization or individual for collective advocacy efforts. Partners can provide a stronger voice, strengthening advocacy by increasing pressure to address the issues, building reputation and providing credibility to the cause, and filling the gap, bringing additional expertise, skills and resources to the platform. The following partners are important to work with and engage for the platform advocacy.

3.1 Partnership at policy and decision-making level

3.1.1 Governmental agencies

The primary audience for the advocacy platform is the ministry of health and national malaria programs for each of the GMS countries, who have the primary responsibility to develop plans, implement, monitor, and evaluate activities for malaria elimination. Each government is responsible for developing a clear and straightforward malaria elimination plan and a strategy targeting the most vulnerable and marginalized communities, in consultation with all related stakeholders. Platform advocacy needs to be focused to make sure ministries, high-level officers and relevant authorities are aware of the issues and challenges raised by the community. The other relevant partners at the national levels include other ministries (planning, labor, finance, education, forestry and agriculture) and professionals who perform enabling and reinforcing roles in program planning and implementation for the malaria. The platform needs to advocate for collaborative partnership between government and CSOs to make sure that CSOs and communities are working towards achieving the target set by the government.

3.1.2 World Health Organizations (WHO)

In the GMS, WHO is supporting the national malaria surveillance programs under RAI2E. WHO also provides key technical support for development and implementation of malaria elimination plans and strategies. Partnership with WHO needs to be focused on persistent issues around surveillance and technical areas. As WHO manages the regional data hub, the

platform needs to work with WHO to obtain and disseminate essential and timely information required for effective planning and implementation.

3.1.3 Regional organizations

The platform should partner with regional organizations such as APLMA, ADB, ASEAN, ACTMalaria, WIPRO, APMEN, APCASO, SEACO, and GFAN-AP. These organizations could play a major supportive role for the platform advocacy agenda related to multi-country and policy issues.

Partnership with APLMA is important for the higher-level advocacy, as APLMA is closely connected to the heads of state and ministries of health. The platform should work with APLMA to address issues and challenges that may not be resolved at the national level. APMEN can be an important technical partner for the CSO platform. APMEN's technical expertise is important for the platform to generate sound evidence and work closely with the national program.

GFAN AP, as a regional network of advocates for the community in Asia and the Pacific, can play a crucial role in facilitating advocacy agendas and raising them to the board of the Global Fund. Gender and human rights are also important aspects to consider in planning and implementing malaria elimination program. Thus, the platform should collaborate with APCASO, as the host of AP CRG platform, when it comes to the gender and human rights issues of malaria.

3.1.4 Donors

As malaria cases are decreasing, donors are reducing their financial support for malaria. The platform needs to ensure continued funding to achieve the goal of malaria elimination, particularly to address malaria issues among poor and marginalized populations. Donors need to be engaged on a regular basis through consultations, meetings, and sharing reports and case studies.

3.2 Partnership at implementation level

3.2.1 Country Coordinating Mechanism (CCM)

The Global Fund CCM manual mandates that each country CCM has a malaria CSO representative. CCM representatives voice CSO concerns at the national level during strategic and decision-making discussions. RAI RSC acts as a regional CCM for the overall RAI2E grant. There needs to be a bridge between the country CCM and the RAI RSC in terms of sharing information from the national level to regional level and vice versa. Country CCM and the RSC should incorporate the voices of communities through a bottom-up approach.

CSOs should work in partnership with government to address the issues and challenges. The platform should play a facilitating role working with CCM CSO members and national CSOs to address advocacy issues and share success stories to the RAI RSC CSO representatives.

3.2.2 Community and CSOs

Local communities, their networks, faith-based organizations, ethnic organizations and NGOs, and INGOs serving the local people are important as they know the communities best. For better collaboration and partnership, the platform should increase the number of local community members and organizations each year through its activities. CSOs should build their networks and invite them to the national consultations to raise the issues from the local networks. The issues should be taken to the regional level and the platform should work to advocate to resolve the issues and challenges defined by the community.

3.2.3 Corporate sector

Some companies, such as CP group and SHOPEE, are taking steps to support malaria elimination. This corporate sector needs to be aware of real malaria issues at the community level to leverage their resources for the community. They need to be made aware how malaria affects their workers, and thus, their bottom line. It is also important to make the corporate sector accountable through workplace programs to prevent and treat malaria among their workforce.

3.2.4 Media

Media plays a vital role in advocacy as they are a primary source of health information. Television, radio, newspapers, magazines, and social media are effective media to spread or transmit information to the public, an institution, a government agency, a policy maker, or another media. It is useful to bring members of the media to join field visits to capture community stories for witnessing and broadcasting the successes as well as to report the challenges in malaria elimination.

Media should be prioritized as an advocacy partner:

1. To highlight success stories and challenges to the general public
2. To pressure policy makers to change or institute policies that affect health and community development.
3. To provide extensive community coverage, allowing community people and project implementers to tell their stories in their own words.
4. To persuade other stakeholders and potential partners to get involved and contribute to community-based malaria service solutions.

Table 2. Identified partners for each thematic area

Thematic area for advocacy	Partners
Community engagement for community-led service	<ul style="list-style-type: none"> • CCM • Donors • RAI RSC • Universities and Research institute • Media • NGO/CSO/FBO • Community networks • Champions • National and regional advocacy platform • UNOPS
Multi-sectoral collaboration and domestic resources for UHC	<ul style="list-style-type: none"> • CCM • APLMA • National malaria program • MMP networks • Corporate sectors • Chamber of commerce • Champions • Bilateral agencies • APASCO • Media
Surveillance and data utilization	<ul style="list-style-type: none"> • National malaria program • CCM • WHO • APMEN • RAI RSC • Media • UNOPS

4. PLATFORM ADVOCACY ACTIVITIES

CSOs developed the following workplan for platform advocacy. Some activities support the achievement of objectives in more than one thematic area. The activities under each thematic area will be conducted according to the frequency agreed by the Global Fund as proposed by the platform host organization, American Refugee Committee. Community network building, engaging policy makers, and recognition of the CSO work should be a continuous effort, while other activities such as national and regional consultations should be done twice a year, alongside RSC meetings in the corresponding countries.

Thematic areas and activities

Thematic area 1: Community engagement for community-led service

Platform advocacy activities should be linked to the platform's approved work plan. To advocate for increased access to diagnosis and treatment in remote areas, conflict zones and border areas targeting MMPs, ethnic communities, other vulnerable groups, the platform should gather available data and story from the community for example availability and accessibility of the health services for malaria affected or vulnerable community, integrated health services, number of malaria cases and death in specific community and available health service at the community.

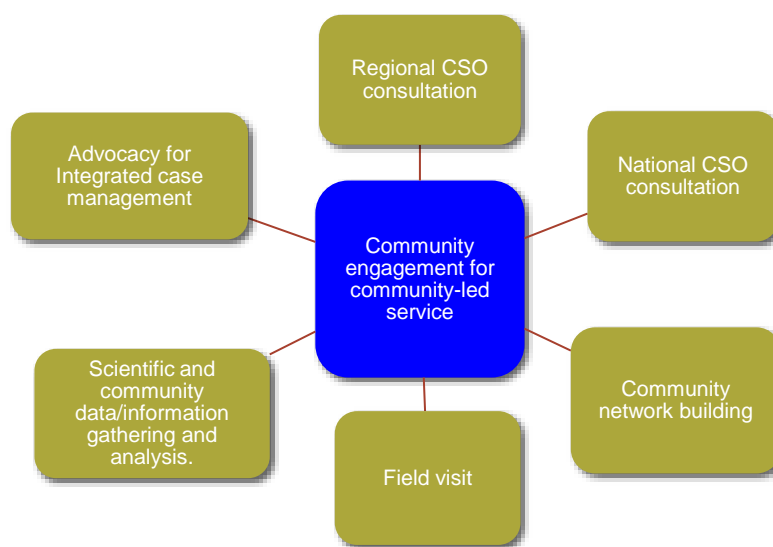


Figure 1: Activities under thematic area 1

Thematic area 2: Multi-sectoral collaboration and domestic resources for UHC

To build a multi-sectoral coalition for malaria elimination, platform networks and partnerships need to be expanded beyond CSOs and include technical partners such as universities, research centers, and APMEN, along with private and corporate sector. CSOs, as implementing partners, need better communication and coordination with government and national programs. The platform will engage governments through meetings, media, issue papers, and advocacy materials. Integration of Mobile migrant population and ethnic community in UHC in the Mekong region will be one of the key advocacy asks working through APLMA to engage the multi inter-ministerial malaria elimination task force in each GMS country and make them accountable.

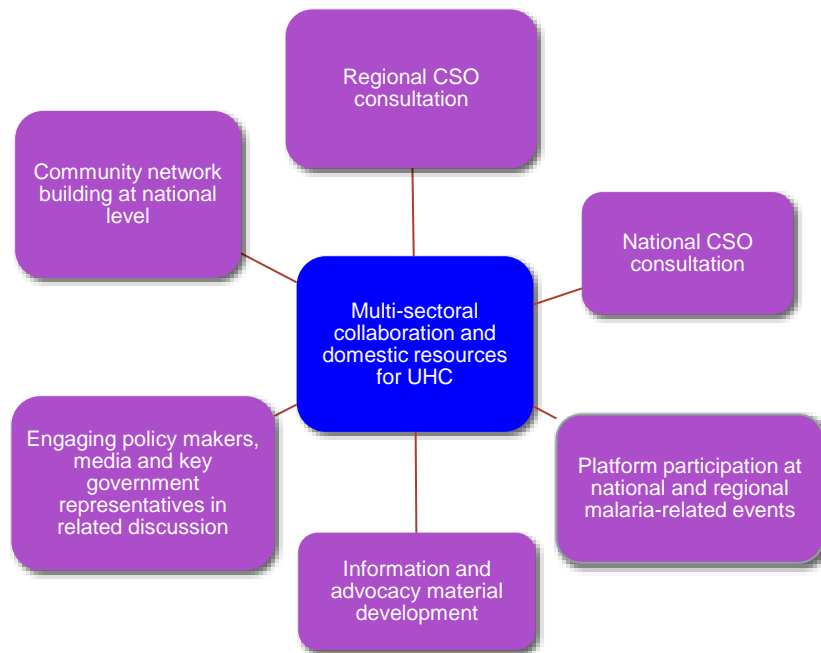


Figure 2: Activities under thematic area 2

Thematic area 3: Surveillance and data utilization

The platform will advocate with WHO and national programs through its activities and partners to make the regional database available online to everyone. Data and information shared by CSOs should be utilized in the decision-making process and the government should have a two-way communication mechanism for data and information with the community. Those information includes scientific data and analysis to produce evidence for advocacy. The platform will analyze CSO implementers' project data/information and share with the partners for advocacy. Information and evidence will also be gathered through national and regional consultation and field visits. Donors, RAI RSC, universities and research institutes, private

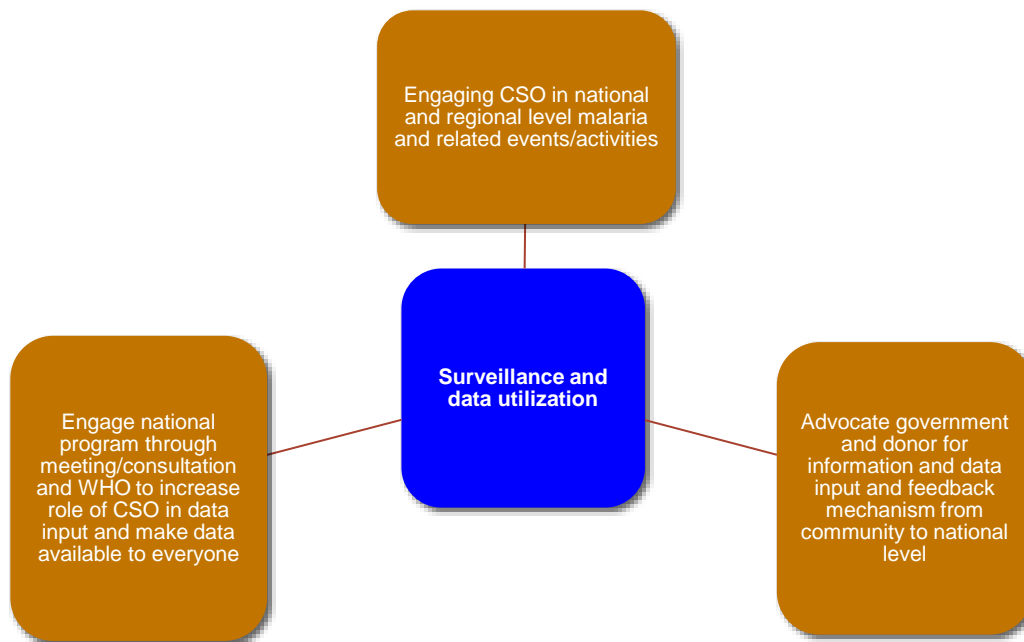


Figure 3: Activities under thematic area 3

4.1 Strategies to implement advocacy activities

After identifying the key partners, various strategies can be applied to implement activities related to all thematic areas of platform advocacy. Some of the important strategies have been discussed below:

- I. Preparing advocacy materials
- II. Creating champions
- III. Media engagement (radio, social media, television and newspapers)

4.1.1 Preparing advocacy materials

Advocacy materials should be evidence-based and developed using a sound scientific approach to engage both implementers and partners. The best practices and challenges should be documented in consultation with community and civil society organizations. The platform can use regional and national consultations to prepare tailored advocacy messages for specific audiences and media channels. Community case studies and video documentaries are some of the options for advocacy. Through coordination and consultation

with malaria project implementing CSOs, issue papers can be developed and shared quarterly.

4.1.2 Creating champions

Champions are an invaluable resource to gain and sustain momentum for malaria advocacy. Champions can be identified among celebrities, community leaders and community workers, politicians, independent advocates, corporate leaders, and national-level policy-makers. Potential champions can be identified by their position within their social networks, and will therefore be firmly rooted within social structures and act as anchors within policy and practice processes to promote platform advocacy agendas.

The following point need to be considered while identifying the champions.

- Political and Popular Champions: Politicians, Member of Parliament, celebrities, athletes and religious leaders
- Organizational level champions: Policymakers, Head of Organizations/department and CEOs.
- Individual-level champions: Community workers, independent advocates and community leaders.

4.1.3 Media engagement strategy (Audio, video and paper)

- Educate media about the success, issues and challenges (through issues papers and press releases).
- Write a letter to the editor for meeting to share issues and challenges through issues papers and press releases.
- Generate an editorial or article in national and local paper and send a copy to policy and decision-makers.
- Organize press conference and provide opportunities for all partners to engage.

Preparing a press release

Press releases are good strategy to engage media and get their attention on the advocacy issues. The platform needs to prepare press releases focusing on key events like world malaria day, malaria week, East Asia summit, and other malaria-related conferences and congresses where high-level figures gather in one place.. A press release is also a cost-effective tool to reach a wide target audience. Prior to press release platform should engage media and champion on its consultation and field visit to provide detail understanding of the malaria situation and advocacy issue.

Some tips for a better press release:

- Have a noteworthy story for the editor of press

- Attach some interesting and accurate data
- Make a comprehensive report
- Contact your top outlets personally
- Build a relationship with key health journalists

5. RESOURCES FOR PLATFORM ADVOCACY

To reduce additional financial burden to implement platform advocacy activities, the platform should utilize its existing resources under the Global Fund RAI2E. To engage parliamentarian members and media, the platform may need additional financial and technical support. The platform should target other potential donors and funding source such as Department of Foreign Affairs and Trade, Australia; Department for International Development, UK; Asian Development Bank; French 5% initiative; USAID and corporate and private sector. .

6. MONITORING OF PLATFORM ADVOCACY ACTIVITIES

Monitoring of platform advocacy work can be part of overall platform project evaluation as specified in the attached annexure (1-3). Target audience and partners including media, community members, and project implementers must be part of the evaluation.

Challenges

The platform may encounter significant obstacles in attempting to achieve the advocacy goal. One of the major possible challenges for platform advocacy is finding a way to engage policymakers as malaria issues are more among mobile migrant population and ethnic and rural community. . Decreasing fund for malaria might also affect ongoing advocacy effort of the platform. Government and policymaker possibly can ignore platform advocacy agenda and common goals.)

ANNEX

1. Thematic area: Community engagement for community-led services

Goal: Empower communities to eliminate malaria

Objectives	Activities	Strategy	Partners	Frequency
<ul style="list-style-type: none"> • 1. To increase access of diagnosis and treatment services in remote, conflict, and border areas targeting MMP, ethnic communities and other vulnerable communities. 	1. Scientific data/information analysis gathering of existing evidence. (Community best practice, lesson learnt etc.) 2. Message development	Hire a consultant to do a systematic review of the data on health and the priority assessment of the health needs of the community	<ul style="list-style-type: none"> • Donor • DOH • WHO • Donors • CCM • RAI RSC • Universities and Research institute • Media • NGO/CSO/FB • Community networks • Champions • National and regional advocacy platform • UNOPS 	Along with the national and WHO work
<ul style="list-style-type: none"> • 2. To advocate for integration of malaria services with other health services at community level. 	3. Advocacy for Integrated case management	Prepare advocacy document in consultation with community and CSOs		After preparing of integrated disease manual

• 3. To advocate for recognition of community health workers by the government authorities.		Representation in the events related to malaria activities and government		Ongoing process
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2. Thematic area: Multi-sectoral and domestic resources & UHC

Goal: To identify, promote, and sustain domestic resources (financial and non – financial) to eliminate malaria in individual GMS country. Improve access to quality health services for vulnerable/hard to reach populations

Objectives	Activities	Strategy	Partners	Frequency
• To advocate for increased corporate and private sector engagement.	1. National CSO consultation	Working through APLMA to engage and involve corporate sector in malaria response.	<ul style="list-style-type: none"> • CCM • RAI RSC • Government • WHO • Corporate sector • APLMA • National malaria program • MMP networks • Chamber of commerce 	2 times a year
	2. Regional CSO consultation			Annual Malaria week
	3. Platform participation at national and regional malaria-related events	Working with National program in the country to make private sector accountable to take responsibility o their workers health		

			<ul style="list-style-type: none"> • Champions • APASCO • Media 	
<ul style="list-style-type: none"> • 2. To hold the political system of the GMS countries accountable for achieving malaria elimination by ensuring appropriate policy and its implementation on the financial investment. 	National CSO consultation Platform participation at national and regional malaria-related events	World malaria day Yearly malaria week of APLMA		Once a year Malaria related events
<ul style="list-style-type: none"> • 3. To advocate to increase integration of mobile and migrant populations and ethnic community (depending on the context) in UHC in the GMS. 	Engaging policy makers, media and key government representative	Meeting in the malaria related events with government		In all activities (ongoing process)
	Platform participation and regional malaria related events			In all activities (ongoing process)
	Community network building at national level			Ongoing process

• 4. To establish a multi – sectoral forum for coalition building around malaria elimination, including CSOs beyond health, private providers, and the corporate sector.	Production of integrated disease training manual	Cooperation between other ministries such as health, education, labors to find the best practice for better outcome		One time in 2019 (Q5)
	Regional CSO consultation			2 times a year

3. Thematic area: Surveillance and data sharing

Goal: To provide and share quality data on malaria accessible by all stakeholders in GMS

Objectives	Activities	Strategy	Partners	Frequency
• 1. To promote the availability of an online regional database	1. Community networks to feed regional database and access info data	1. The centralized database shared for the easy access and decision-making should be put forward.	<ul style="list-style-type: none"> • National Malaria program • WHO • APMEN 	Ongoing process

(national program+ CSO+ WHO+ APMEN)	2. Engaging high level meetings to make sure that CSO and Government will be part of the regional database	2. Increasing technical capacity for the database generation and utilization	<ul style="list-style-type: none"> • RAI RSC • Media • UNOPS 	Twice a year
		3. Advocate the open data by APLMA to National program		
2. Improve the capacity of CSOs in obtaining, producing and utilizing quality data for decision making	National consultation of CSO to develop plan for capacity strengthening	1. There should be training during the national consultation to interpret the data.		Twice a year



MALARIA
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A Platform of NGOs



The Regional Malaria CSO Platform in the Greater Mekong Sub-region (GMS) is a network of Civil Society Organizations (CSO) from the Global Fund RAI implementing countries: Myanmar, Thailand, Cambodia, Lao PDR and Vietnam. The Platform serves as the CSO constituency engagement mechanism for the RAI RSC. ARC is the host of the platform for 2018-2020. For more details, please visit www.malariafreemekong.org