

**Global Fund Regional Artemisinin Initiative (RAI) RSC  
And  
Regional Malaria CSO Consultation  
Meeting Report  
4<sup>th</sup> December 2014  
Hip Hotel, Ratchadapiset Bangkok, Thailand**

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Bangkok, Thailand**

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## Abbreviations

ACD	<b>Active Case Detection</b>
BCC	<b>Behavior Change Communication</b>
CCM	<b>Country Coordinating Mechanism</b>
CSO	<b>Civil Society Organization</b>
DOT	<b>Directly Observed Treatment</b>
GFATM	<b>Global Fund Against Tuberculosis and Malaria</b>
GMS	<b>Greater Mekong Sub-region</b>
HIV/AIDS	<b>Human Immunodeficiency Virus /Acquired Immunodeficiency Syndrome</b>
IEC	<b>Information Education and Communication</b>
LLIN	<b>Long Lasting Insecticidal Net</b>
MHV	<b>Malaria Health Volunteer</b>
MMP	<b>Mobile Migrant Population</b>
MoPH	<b>Ministry of Public Health</b>
RAI	<b>Regional Artemisinin Resistance Initiative</b>
RBM	<b>Roll Back Malaria</b>
RDT	<b>Rapid Diagnostic Test</b>
RSC	<b>Regional Steering Committee</b>
TB	<b>Tuberculosis</b>
WHO	<b>World Health organization</b>

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## **1. Introduction**

### **1.1. Background**

Raks Thai Foundation in collaboration with the Global Fund Regional Artemisinin Resistance Initiative (RAI) Regional Steering Committee (RSC), the Roll Back Malaria and the French 5% Initiative organized a CSO consultation meeting on 4th December 2014 at Hip Hotel Ratchadapiset, Bangkok, Thailand.

A total of 47 participants from Thailand, Myanmar, Cambodia, Vietnam, Lao PDR and representatives from Global Fund RAI RSC and Roll back Malaria participated in the CSO consultation meeting. The modality of the one-day meeting was based on group works and discussion along with information and experience sharing.

### **2. Objectives of the CSO Consultation meeting**

- ❖ 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 excluded or hard to reach groups
- ❖ Build CSO engagement in national responses and Global Fund processes and share and document experiences and lessons learned in CSO engagement in the Global Fund

## **3. Activities**

### **3.1 Overview and current status of Regional Artemisinin Resistance Initiative (RAI)**

A brief overview on the current status of the Regional Artemisinin Resistance Initiative (RAI) was presented by the representative from the RAI Regional Steering committee (RSC) secretariat. Snapshot of Global Fund financing for malaria in the GMS and focus on calling for a regional approach to achieve common goal was presented.

Most at-risk groups for malaria are hardest to reach and are also contributing to a growing resistance emergency, so successful elimination of malaria (& resistance) requires collaboration between public, non-government and private sectors through building community-level health networks. The variety of roles which CSO could play in future like - communicating feedback from community & target populations, monitoring implementation

of programs, incorporating human rights, equity and gender issues, raising awareness at the community level, and political advocacy.

The Global Fund representatives showed their concern in the situation when China is not receiving any fund from global fund and poor presence of any civil society group in Bangladesh India & Bangladesh Myanmar border which might be at risk of drug resistance.

### **3.2 Key challenges and barriers to achieving impact in malaria elimination/containment of drug resistance in 5 countries**

A group discussion was done to identify the major challenges and barriers for achieving impact in malaria elimination and containment of drug resistance. Identified challenges/barriers in the participated countries are as below.

#### ***Key challenges and barriers in Myanmar***

<b>In Diagnosis &amp; treatment</b>	
1	Poor access to services due to geography and unfriendly service delivery (attitude and behaviour of health care providers). Karen one of the ethnic groups which have a population of around 500,000 is hard to reach group.
2	Use of mono-therapy and sub-standard drugs for malaria treatment increases risk of drug resistance.
3	Not following treatment guideline (conflict of MMR and Thai treatment in border areas).
4	Lack of skilled human resources (health staffs and volunteers).
5	Poor quality of diagnosis and treatment services.
6	Shortage in supply of RDT kits and anti-malarial drugs.
7	Presence of quacks in rural areas. Peoples in Myanmar like to get an injection for treatment rather than oral drugs so when they visit local unregistered clinics, they are provided sub-standard drugs and injections as a treatment regime.
8	Low compliance on treatment by patients reduces the good outcome of treatment as well as increases risk of drug resistance.
9	The current conflict situation in the country makes it hard to reach target population.



### ***Key challenges and barriers Thailand***

#### **In Diagnosis & treatment**

- 1 Lack of friendly services at service outlets in terms of language, attitude of health service provider, location of service delivery centre, supportive environment (networking with law enforcement officers).
- 2 Malaria health volunteers (MHV) are not allowed to diagnose or treatment those who have good access to the target population.
- 3 Non-compliance of treatment protocol - Doctors at Health promoting hospitals/ Government hospitals does not follow national treatment guidelines for malaria. They have right to choose the medicines and prescribe them.
- 4 Hard to follow up cases due to lack of staff and high mobility.
- 5 Poor Active case detection (ACD) - Most of the malaria cases are detected by passive detection, nearly 80% of online malaria cases are detected through passive approach.

### **Key issues and cross border challenges in Thailand and Myanmar**

#### ***Thai-Myanmar cross border challenges to address Malaria situation***

- 1 Poverty
- 2 Livelihood
- 3 Language barrier – Ethnic minority group use their own language to communicate and lack of bi-lingual IEC materials.
- 4 Political situation – No funding from the nation in Thailand whereas in Myanmar government has started to allocate budget for disease control.
- 5 Delay in Grant funding process from the Global fund.
- 6 Conflict – In the southern part of the Thailand malaria programme has failed due to conflict. In Myanmar also, conflict and political situation have led to poor access to one of the ethical minority group, Karen.
- 7 Lack of CSO networking between malaria risk countries
- 8 Low community mobilization and engagement in programs
- 9 Lack of proper M & E of the implemented programs

10	Geographical location is still a challenge to access hard to reach groups like Karen group in Myanmar.
11	Service outlet and treatment guidelines
12	Low private sector engagement in prevention, diagnosis and treatment
13	Prevention methods
14	Poor infrastructures

### Challenges in Lao PDR, Cambodia and Vietnam

The sign (√) represents the presence of problem in particular country.

**Table 1: Challenges and barriers to achieving impact in malaria elimination/containment of drug resistance in Cambodia, Lao and Vietnam**

	Challenges/Barriers	Cambodia	Lao PDR	Vietnam
1	No flexibility of fund modality (emergency international response) - budget line is strict and cannot move to other topics and needs approval from global fund for minor changes. Time consuming funding process	√		
2	Inadequate Human resourance	√		
3	Lack of cross border surveillance	√		
4	Difficulty in identification of hotspot and provide diagnostic test, treatment, and follow-up MMPs	√		
5	Poor accessibility to malaria cases in malaria information system at village level	√		
6	Prevention/control by LLINs, repellent etc.		√	
7	Poor early diagnosis and treatment of malaria cases		√	
8	Inadequate IEC/BCC activities and poor participation from community in health programmes			√
9	Lack of coordination between CSO and government sector			√
10	Non availability of specialized service to marginalized population/group			√



11	Non engagement of marginalized group in Health Education programmes and service delivery.			√
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### **3.3 Community systems strengthening, Human Rights, Gender and Key populations related to malaria**

Representative from the Global fund against Tuberculosis and Malaria (GFATM) shed light on the importance of community system strengthening, human rights and ways to address them in malaria programmes. The Global fund focuses on scaled up programming with key populations along with ensuring measurable budget allocations to key populations in grants. Under the new funding model of global fund, it was recommended that the CCM should include representatives of key populations.

During discussion, the major concern by participants raised was that usually at funding level, human right issue has been cut by showing the reasons that it is not related to the target set in performance variable or it is not a life saving issue.

In open discussion, it was agreed that technical assistance would be provided by global fund and other related institutions to countries in the process of developing concept papers to address and incorporate the issues of key population and human right.

### **3.4 Regional and Country experience sharing on RSC and CCM as well as successes Regional Level**

The representatives shared their experience at various levels as well as barriers in regional level. It was recommended by the participants that the CCM should have migrant representatives from tuberculosis and HIV/AIDS groups to address other broad issues, but there is poor network between malaria and other groups. Malaria, TB and HIV/AIDS are not being very much integrated and networked. It was discussed that civil society would have a small working area if future stress is given only on medical and technical issues, so they suggest focusing on more human and ethical issues which would provide mandate to civil society to work on large area.

In discussion and sharing session, it was agreed that Community engagement has to be a main central issue in health program. In addition to this, incorporation of Human right and

community engagement issues in the country is strongly supported by human right and the gender department of global fund. It was agreed that countries can approach or share progress directly with the representatives of the global fund to make a better concept paper to incorporate community issues. But to achieve all this, it was identified to have organized a civil society and a platform for sharing.

Participants shared that even though global fund relies on data a lot, but it is difficult to find the up-to-date data in countries regarding migrant populations. The discussion also shed light on the issue of vat and tax regarding receiving grant from global fund. The issue of vat and tax between primary recipients and global fund has made hard for civil society too with a lot of conditions in grant in the participant countries.

### **3.5 Measures to overcome identified barriers**

An open discussion was done to discuss the measures to overcome the identified barriers above. The discussion among donors and country representatives led to the conclusion that CSO is a platform to address the issues at regional level and which could also act as a representative constituency of the region. The existence of CSO would make sure that the voices of the key populations are being addressed and brought up to the discussion tables. It was felt by participants that, alone CCM is not being found effective and in that situation idea of effective CSO at the regional level was seen as a need. It was agreed CSO should include the organizations which could address the variety of migrant groups like plantation workers, factory worker labours etc.

Participants shared in discussion, there is no presence of massive network of migrants so they don't have a collective response and is one of the least organized groups. Migrant workers are feared to engage with the government and networking due to their undocumented status and possible consequences like being caught, fired form job etc. In Cambodia, it was felt necessary to focus on minority group of migrants from Vietnam.

GF Representatives requested the participated member countries to include identified solutions in the concept note for grant. Global fund showed interest to allocate grant for these issues, but expect concrete response from the representative countries through their concept paper to grant.

### **3.6 Better and effective communication and consultation processes and identifying next steps**

Discussion session was conducted to identify the next steps to be taken as well as activities to make consultation process better. It was shared that, in the current situation of poor networking among migrant population, civil society has a mandate and legitimate to address them and collaborate with the groups who have access to them.

Two key steps were identified to address the issues discussed above:

- 1) Identify the potential group, and
- 2) Organize the group and create a platform to share information and experiences with government bodies and local organizations.

Civil society and other organization are demanded by GF representatives to be more organized and address identified local issues. French 5% agreed to support the regional level consultation meeting if country representatives come up with some concept papers and shared it with them.

A group of 10 members (including two advisors) was drafted for creating the regional platform. The goals and objectives of the drafted group were also outlined. Raks Thai was asked to take the lead for the initiation and to give shape to the efforts in participation of RAI countries CSO representatives.

Representatives from Lao and Cambodia agreed to join the drafted group; but Vietnam, Thailand and Myanmar agreed to give their decision after organizational discussion. It was decided that the group would be expanded later after further discussion with the members.

#### **3.6.1 Key Follow up Actions**

- Email would be sent to representatives to share information of identified a group.
- Individual country and organizations would come up with some ideas and innovations for the group later and incorporate them.
- Concept note development for the regional platform to French 5%, Raks thai to lead the working with other CSOs
- French 5%, Roll back malaria (RBM) and other representatives would provide technical help to Vietnam to finalize its concept paper in the process to writing for grant in malaria so as to incorporate the challenges identified as well as for country meeting to bring all stakeholders at one place. Regarding Cambodia, it was decided to

provide technical help for inclusion of human right and gender issues in the concept paper for malaria.

- Selected documents from the last RCS meeting would be shared with participants electronically. This would help the member countries to develop their concept papers.

## Annexes

### Annex – 1 Agenda of the CSO Consultation Meeting

#### Regional Artemisinin Initiative and regional malaria CSO consultation meeting

4<sup>th</sup> December 2014

Hip Hotel, Ratchada Bangkok, Thailand

SN	Time	Topics	Facilitator/speaker	comment
1	8:15-8:30hr	Registration		
2	8:30:8:45hr	Opening, welcome	P r o m b o o n Panitchpakdi & Louis Da Gama	
3	8:45hr -9:00hr	Participants introduction		
4	9:00hr-9:30hr	Overview & current status of Regional Artemisinin Initiative RAI, including each country focus & key CSOs engaged	Amelie Joubert RAI/RSC	Presentation of RAI key activities & the link to each Country program & budget
5	9:30hr-10:30hr	Key challenges and barriers to achieving impact in eliminating malaria/containing drug resistance in each of 5 countries	Representative Thailand, Laos, Cambodia, Vietnam M y a n m a r . Facilitated by Shree	Group work
6	10:30hr-10:45hr	Coffee break		
7	10:45hr-12:00hr	Country CSO strategizing on how to overcome these barriers. What has worked? What are the options and priorities for the region?	Facilitated by Matt Greenall CRG team Global Fund	Presentation and open discussion
8	12:00-1:00hr	Lunch Break		
9	1:00hr-2:00hr	Community Systems Strengthening, Human Rights, Gender and Key populations related to malaria Current TA opportunities to request help	2 Groups  Matt Greenall Global Fund	10 minute presentations of key findings

10	2:00hr-3:00hr	Role of community sector representatives on RSC & CCM - sharing of experiences from country and regional level	Facilitated by Pru Smith	O p e n discussion and sharing
11	3:00-4:00hr	Better and more effective communication and consultation processes with communities in the region.	Louis da Gama P r o m b o o n Panitchpakdi	O p e n discussion
12	4:00hr	<b>Coffee Break</b>		