Malaria CSO Platform
Greater Mekong Sub-region (GMS)

Regional CSO Consultation Report

Vientiane Plaza Hotel, Vientiane, Lao PDR

12th November 2018

MALARIA FREE MEKONG
A Platform of NGOs

ARC
American Refugee Committee

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Abbreviations

ABER	Annual Blood Examination Rate
ACT	Artemisinin-based Combination Therapy
ADB	Asian Development Bank
APLMA	Asia Pacific Leaders Malaria Alliance
ASEAN	Association of Southeast Asian Nations
ATM	AIDS, Tuberculosis and Malaria
BCC	Behavior Change Communication
BMGF	Bill & Melinda Gates Foundation
CBO	Community-Based Organization
CCM	Country Coordinating Mechanism
CHD	Center for Health Consultation and Community Development
CHV	Community Health Volunteers
CMAT	Community Malaria Action Teams
CMC	Community Malaria Corner
CMPE	Center for Malariology, Parasitology and Entomology
CROSS	Cross Border for Overlooked, Stigmatized sub-populations in Laos and Cambodia Project
CSO	Civil Society Organization
DHIS2	District Health Information System 2
G6PD	Glucose-6-Phosphate Dehydrogenase
GMS	Greater Mekong Subregion
GPS	Global Positioning System
HC	Health Center
HPA	Health Poverty Action
HR	Human Resources
HRP	High Risk Population
HSS	Health Systems Strengthening
ICMV	Integrated Community Malaria Volunteer
IEC/BCC	Information Education and Communication/Behavior Change Communication
IMP	Independent Monitoring Panel
IOM	International Organization for Migration
KAP	Knowledge, Attitude and Practices
Lao PDR	Lao People's Democratic Republic
LaoPHA	Lao Positive Health Association
LLIN	Long-lasting Insecticidal Net
M&E	Monitoring and Evaluation
MEI	Malaria Elimination Initiative
MHSCC	Myanmar Health Sector Coordinating Committee
MIS	Management Information System
MMEV	Mobile Migrant, Ethnic and Vulnerable populations
MMP	Migrant and Mobile Populations
MoFA	Ministry of Foreign Affairs
MoH	Ministry of Health
MoU	Memorandum of Understanding
MP	Mobile Populations

MPR	Malaria Positivity Rate
NGO	Non-governmental organization
NIMPE	National Institute of Malaria, Parasitology, and Entomology
NMCP	National Malaria Control Programme
OD	Operational District
P. falciparum	Plasmodium falciparum
PfD	Partners for Development
PHD	Provincial Health Department
PPM	Public-Private Mix
PQ	Primaquine
PR	Principle Recipient
PSI	Population Services International
PSM	Procurement and Supply Management
PSR	Principle Sub-recipient
P. vivax	Plasmodium vivax
QA	Quality Assurance
RAI2E	Regional Artemisinin Initiative 2 Elimination
RAI2E-MERCI	Malaria Elimination Realised through Community-focused Interventions
RDT	Malaria Rapid Diagnostic Test
RSC	Regional Steering Committee
RSSH	Resilient & Sustainable Systems for Health
RTF	Raks Thai Foundation
SCDI	Supporting Community Development Initiatives
SCI	Save the Children International
SR	Sub-recipient
TB	Tuberculosis
ToT	Training of Trainers
UCSF	University of California, San Francisco
UNOPS	United Nations Office for Project Services
USA	United States of America
VHW	Village Health Worker
VMW	Village Malaria Worker
VPHA	Vietnamese Public Health Association
WHO	World Health Organization

Issues and challenges of CSO in the GMS region

Challenges	Cambodia	Lao PDR	Myanmar	Thailand	Vietnam
Inaccessibility to the implementation sites due to natural disasters, conflicts or security constrains		✔	✔		
Overlapping coverage due to coordination and different funding sources			✔		
Service coverage gaps due to remoteness and/or conflict prone areas			✔		
PPM outlets suspended or limited due to government policy	✔				✔
Data sharing and utilization hard to have access to the data from the government counterparts and/or not able to utilize the data for routine planning and intervention	✔	✔	✔		✔
Timely case/foci investigation due to limited roles of CSO and lack of tasks sharing and collaboration or delay in the roll out of the surveillance system	✔	✔	✔		✔
Integration with unclear, lack of system, limited resources and support at the point of care to provide quality assured services			✔		
Coordination among CSO and between CSO and government is lacking	✔	✔	✔	✔	✔
Lack of resources to address the increasing number of ***P. vivax*** cases	✔	✔	✔		✔
Malaria test and treat cannot be performed by CSO due to restriction or legal requirements of the government				✔	✔
Stock-out at the point of care (RDT, malaria drugs including Primaquine)	✔	✔	✔		✔
Lost to follow difficult to follow-up malaria suspects and/or patients, particularly the MMP and those living on the border			✔	✔	✔
Red tape to get project on the ground – delay in the approval of the project by the government		✔			✔
Capacity of operational district level is limited to support the implementation of the project	✔				
Inadequate resources of CSO to support the government to operate better	✔				
Computer report system which includes MIS and DHIS2 system required lot of support and is still far from making upmost use of the system	✔	✔			
Different interpretation of national guidelines for private sector participation					✔

Challenges and solutions by country

Country	Challenges	Solutions
Thailand	1. Loss to follow-up malaria cases inside/outside country – only 43% of migrant suspected-positive cases attended a health facility for confirmatory test or reached to treatment facilities	• Establish effective and efficient inter-country cross-border patient referral and follow-up system • Provide migrant translators in high malaria burden areas
	2. Insufficient travel budget for case referral and follow-up implementation in field level	• Advocate for budget optimization for travel costs
	3. Unable to report unregistered migrants in the national program	• Policy level advocacy intervention
Cambodia	1. High workload of Operational District level, capacity issues at OD level	• Greater investment/hand on support PHD/OD to implement RAI2E
	2. Delay in implementation as PHD/OD not fully engaged	• PHD/OD to have ownership on malaria activity in province
	3. PPM	• Help
Myanmar	1. Service integration – current package is not practical adequately addressing common health issues	• Common, relevant to communities • Adaptive management on the policy barriers • Dedicate resources to support • Improve monitoring and supervision in both quality and quantity • Support central structures and guidelines
	2. Need to strengthen elimination surveillance strategy to be implementable and achievable	• HR gaps in NMCP • Clear roles and capacity building of CSOs • Need high sensitive RDT
Lao PDR	1. Case-management (VMW for severe and ***P. vivax*** cases)	• Strengthen G6PD test at Health Center level • Community based tracking/follow-up
	2. Capacity building for CSO on the technical (case management, DHIS2 data entry, data utilization and reporting	• CSOs need request for access to DHIS2 system from CMPE • Be more engage with WHO and CMPE in the DHIS2 utilization
	3. Long process of MoU approval – government approval for key activities	• Implementation in prior to MoU approval for some key activities

Meeting Introduction

Mr. Ronaldo Estera, Country Director of the Health Poverty Action Laos and platform steering committee member, welcome meeting participants and provided the overview of the meeting agenda.

RAI RSC updates by Severine Calza, RSC Secretariat

The Regional Steering Committee (RSC) provides strategic oversight to the RAI grant. It coordinates between country and regional level in close coordination with CCMs in defining strategic funding priorities and resource allocation, providing oversight of implementation progress and engaging strategic partnership with regional initiatives and donors.

The RSC's objectives:
- Defining strategic funding priorities and resource allocation
- Providing oversight of implementation progress
- Engaging in strategic partnerships with other regional initiatives and donors

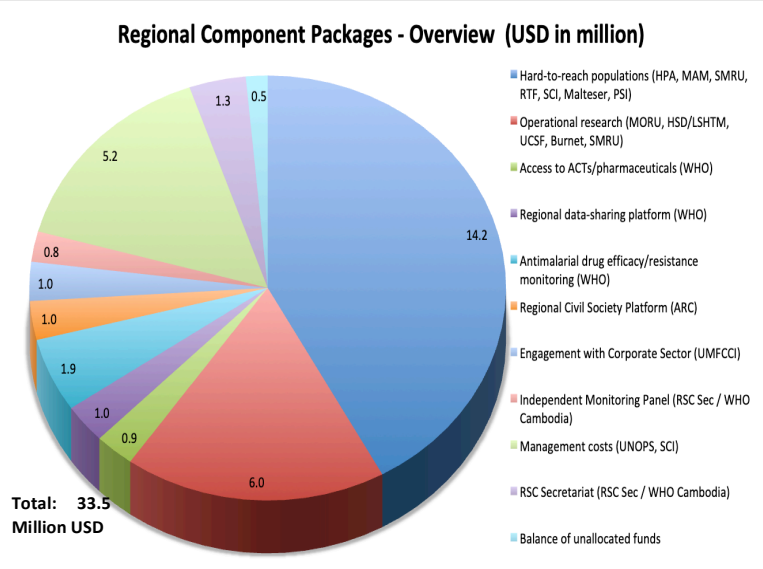
"In close coordination with National CCMs"

The RSC meets every 6 months and the governance structure is composed of 17 voting members and 9 non-voting members. The 17 voting members:

- 5 - Government sector (nominated by the respective national CCMs);
- 3 - development partner (bilateral) sector;
- 1 - World Health Organization (WHO);
- 3 - key regional multilateral partners concerned with malaria in the GMS,
- 5 - non-government sector

The 9 non-voting members:

- 5 - directors of national malaria programs of RAI countries,
- 1 – China national malaria program
- 1 – WHO with GMS mandate,
- 1 – ASEAN Secretariat,
- 1 – Executive Secretary of RSC



Independent Monitoring Panel which has 4 members (1 chair and 3 experts) was established for RAI2E to support RSC to be more proactive in addressing grant implementation issues and bottlenecks, to provide hands-on and directly supportive for implementers.

RSC recent and upcoming activities:

1. 31 August 2018 - Outbreak response working group, Bangkok Thailand
    a. Collect lessons learned on the process around the outbreak response with focus on the historical experience and early detection to investigation to action plan.

b. Identify opportunities for improvement under RAI2E: timeliness, funding flexibility, coordination of NMCP and technical partners

c. Define areas to be addressed by the Independent Monitoring Panel

2. 14-15 November, 2018 – RSC Meeting

a. Review UNOPS & country progress update on the implementation and bottleneck issues

b. Outcome of outbreak response working group meeting and presentation of workplan and activities

c. Newly adopted RSC terms of reference

d. Updates on Regional Components

e. Discussion on absorption by Sub-Recipient by the Global Fund

f. Outcome of Communication Workshop led by APLMA (taking place on the 13th)

g. Discussion on Programmatic sustainability

h. Update on antimalarial drug efficacy and resistance in the GMS

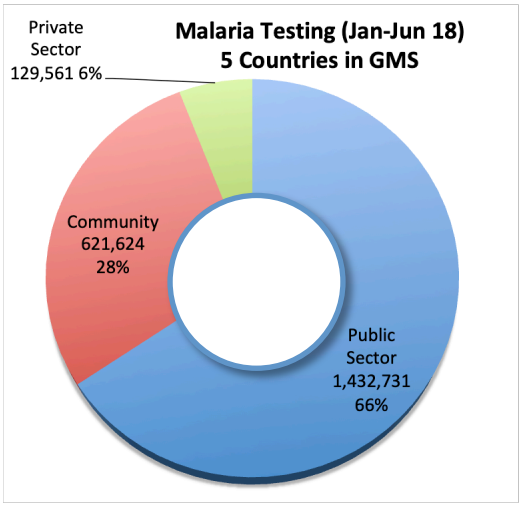
Q&A

Questions	Answers
• Is IMP an auditor or some types?	• IMP is not an auditor, but it's aimed to provide support and finding solutions. Members are very experience of malaria in the region who could look into the bottleneck and provide clear direction and solution to the pressing needs.
• Should IMP be part of audit or verification process who could verify the report vs reality of the malaria situation?	• IMP is an independent who will look into problem and report to RSC with propose solution to be addressed. This includes pending issues, e.g. *P. vivax* referral in all countries.
• Roles of observers at RSC meeting?	• Observers can contribute at the meeting but cannot vote
• When will the 500k unallocated fund be finalized?	• This will be discussed at the coming RSC meeting

UNOPS PR RAI2E Grant Implementation Updates

Malaria testing

The period between Jan-June 2018, the total of 2.2 million suspected malaria cases were tested in five GMS countries. The performance against targets varied by countries. In all five countries there was low performance under the community activities due to delays in securing approval, to time needed to start up activities in new areas which requires approval from national and local authorities, and to identifying and training volunteers.



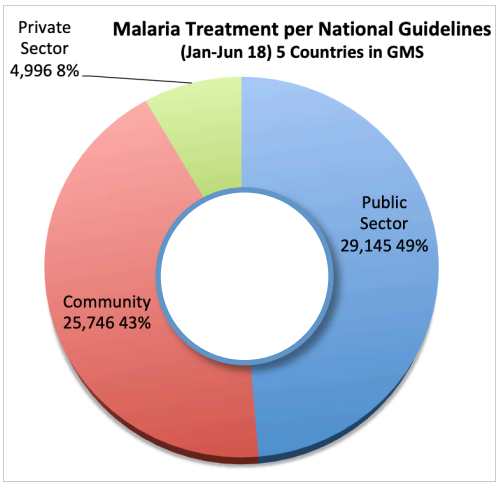
In Cambodia, the testing in the community is on the increase as a result of the revitalization of volunteers' schemes. Yet, the achievement is less than planned due the delays in implementation (3-4 months delays in signing Memoranda of Agreements between CSOs and PHD/ODs). These delays affected the VMWs monthly meetings in the first quarter of 2018.

In Lao PDR, the low achievement under the community sector was due to the delays in training of the volunteers and to delays in grant agreement signing between UNOPS and the national Principal Sub-recipient (Project Management Unit) as a result of disagreements on funds flow arrangements. The good result under the private sector is notable here. PPM model which is implemented in 8 provinces in total, has good supply system, regular monthly supervision to PPMs and management support by PSI.

In Myanmar, the performance in community and private sectors was far less than their targets due to delays in securing approvals for CSO by MOH and the time taken to start activities in new geographical areas.

In Thailand, there was low performance in both community and public sector, and it was due to delays in start up (late approval from authorities). The private sector achievement was also minimum due to delays in engaging PPM clinics.

Vietnam has an overall low performance by all sectors (public, community and private) due to the time taken (6 months) to secure approval of the plans by MOH and resulting late start of the implementation.



Malaria treatment per national guideline

In the first 6 months of 2018, a total of 60,000 of malaria cases were treated in all five GMS countries, and compliance with national treatment guidelines were near universal in all five countries. Yet there was a gap in compliance in Cambodia, Myanmar and Thailand. In Cambodia, the target was missed due to drug stock – out from Jan – Mar and due to the suspension of PPM. In Myanmar, some health providers in the public sector did not follow the national treatment guidelines. This slight under performance in the public sector is due to mostly a data entry/data system error and not truly reflective of wrong prescription practices. It is related to treatment of cases when Primaquine is not prescribed to under 5 and pregnant patients, which is correct practice, but the data system records it as if it was not as per treatment guidelines. In Thailand, as reported before, this gap is due to two systems applied in data collection and reporting. This issue is being addressed and the hospital data synchronization with MIS system is ongoing. In Vietnam, there was no result under community and private sectors as the volunteers and

private providers do testing and refer the confirmed cases to the public health facilities as per the national protocol – they do not provide treatment.

Malaria Positivity Rate (MPR)

In all countries, with exception of Cambodia and Vietnam, there was an overall decline in the MPR comparing to the same period of 2017 and 2018.

In Cambodia, there was 63% increase in MPR in the first semester in 2018 compared to the same period in 2017. However, the increase was mainly in P. vivax. The increase in MPR was mainly in 6 provinces (Pursat, Kampong Speu, Mondulkiri, Preah Vihear, Rattanakiri and Kratie Provinces).

In Vietnam, the MPR was increased by 50% compared to the same period in 2017. The increase in the number of reported cases was 24% compared to the same period last year. This increase was nearly similar for both species (*P. falciparum* was up by 22% and *P. vivax* by 25%). Over one third of the total reported cases in the country were from one province, Binh Phuoc. Binh Phuoc is malaria endemic and has new SRs under RAI2E are implementing their activities in close collaboration with the national malaria control programme and the provincial health authorities and it is also characterized by many MMP who move to work in plantations and in other agricultural activities.

In both countries, UNOPS assumption is that the increases were attributed to increased population movement for economic activities among other reasons.

Percentage of *P. falciparum* and *P. vivax* among the confirmed cases

There is considerable increase in the reported *P. vivax* cases in Cambodia and Myanmar. In contrast, Lao PDR showed increased proportions of *P. falciparum* cases in 2018 compared to 2017 in the same period due to the malaria outbreak in the southern provinces. In Thailand there was decline in the *P. falciparum* proportion – consistent with past trends. In Vietnam, there was no significant changes in species distribution.

Percentage of confirmed cases fully investigated and classified among the total confirmed cases (applied in low endemic areas)

Case investigation is implemented in targeted areas as per the country malaria surveillance guideline and elimination plan. With exception of Thailand, case investigation and foci investigation has been far from optimum since RAI, but progressing very well, notably in Myanmar. In Vietnam the performance was impacted by the delay in approval to start RAI2E.

A total of 4,111 out of 7,541 (or 1 in every 2) confirmed malaria cases were fully investigated and classified in the five GMS countries. In Cambodia only 20 *P.falciparum*/Mixed cases were investigated due to delay in the roll out of the App based surveillance system. In Laos only 1 out of 133 malaria cases found were investigated. In Myanmar 448 out of 1,534, in Thailand, 2,725 out of 3,070 and in Vietnam 917 out of 1,989 malaria cases were investigated.

Percentage of malaria foci fully investigated and classified among the foci identified (foci are a defined area where case investigation shows local transmission)

A total of 723 out of 1,187 foci (or 2 in every 3) were fully investigated and classified in three GMS countries. In Myanmar, only 11% of foci identified were investigated, and in Vietnam

only 13%. In Vietnam, the performance was impacted by the delay in approval to start RAI2E. None in Cambodia and Laos. In Laos this was due to the situation that case investigation was not implemented except for 1 malaria case and was found to be imported (i.e., zero foci found). In Cambodia this was due to the low number of cases investigated and consequent readiness of the National Programme to do foci investigations – this is to start in 2019 only.

Countries are developing/updating their SOPs for surveillance to be ready for elimination and to align with the new WHO Global Malaria Surveillance Manual, which was released in 2018. In addition the health workers need to be trained on malaria elimination. For instance, in Cambodia, the SOP for elimination has been approved recently and the case investigation activities will start in October 2018. Similarly in Laos training for case and foci investigation were conducted in June only. With the support of WHO, the tracker case based reporting in DHIS2 was piloted in 13 Northern provinces. In Myanmar, the Malaria Surveillance manual will be officially distributed to the states/regions in this quarter during the training of health workers on case and foci investigation.

Number of insecticide-treated nets distributed to targeted risk groups through continuous distribution (MMP, Pregnant Women, Uniformed personnel)

The overall average performance for this indicator was 39% with wide variation among the five countries. Mass distribution for most countries are planned in 2019. Continuous LLINs distribution to the key target population is being implemented. There was no distribution in Vietnam due to delays in submitting the procurement request for the nets. The achievement in Thailand was low but expected to see the progress in next reporting period. In Myanmar, the low result was due to challenges in identifying MMPs. The same is true for Cambodia.

RAI2E budget versus expenditure 2018

The average forecasted expenditure rate (burn rate) for 2018 across 5 countries is expected to reach 90%. Cambodia however is expected to under spend the budget with expenditure rate at 67% while Myanmar is expected to over spend 14% of it budget.

Country/ Component	Budget	Forecasted Expenditure	Forecasted Variance	Burn rate
Cambodia	12,997,344	8,705,408	4,591,936	67%
Lao PDR	3,729,356	3,277,496	451,860	88%
Myanmar	25,447,695	28,942,394	(3,494,699)	114%
Regional	14,039,833	12,136,392	1,903,441	86%
Thailand	8,337,876	7,115,987	1,221,889	85%
Vietnam	12,959,709	9,886,828	3,072,881	76%
Total (USD)	**77,511,813**	**70,064,505**	**7,447,308**	90%

Further financial analysis will be done to reprogram the funding, it is expected the fund will be shifted in each country as below:

Country	Reprogram (USD)	Country	Reprogram (USD)
Cambodia	3.2 million	Lao PDR	400 Thousand
Myanmar	2 million	Vietnam	1.9 Million

Budget performance by CSOs

Country/ Component	CSO	Budget (2018)	% spent up to Q3	Burn rate 2018
Cambodia	Population Services International	2,657,245	50%	51%
Cambodia	Care International	1,434,597	36%	50%
Cambodia	Catholic Relief Services	1,088,514	46%	62%
Lao PDR	Health Poverty Action	328,637	60%	81%
Lao PDR	Lao Positive Health Association	244,314	61%	98%
Lao PDR	Population Education and Development Association	240,199	45%	85%
Myanmar	Myanmar Council Of Churches	852,536	58%	92%
Myanmar	Myanmar Medical Association	994,021	59%	92%
Myanmar	Myanmar Health Assistant Association	149,814	57%	100%
Myanmar	Myanmar Red Cross Society	818,780	60%	92%
Myanmar	Medical Action Myanmar	2,261,266	69%	97%
Myanmar	Shoklo Malaria Research Unit	1,646,778	62%	96%
Myanmar	American Refugee Committee	938,600	65%	98%
Myanmar	Malteser International	341,441	27%	37%
Myanmar	International Organization for Migration	761,946	61%	86%
Myanmar	Population Services International	1,356,666	56%	78%
Myanmar	Health Poverty Action	1,348,844	79%	102%
Myanmar	Save the Children International	659,170	82%	103%
Thailand	International Organization for Migration	384,383	0%	47%
Thailand	Raks Thai Foundation	1,160,211	56%	90%
Thailand	Shoklo Malaria Research Unit	383,862	76%	108%
Thailand	Young Muslim Association of Thailand	391,050	41%	85%
Vietnam	Population Services International	147,439	72%	100%
Vietnam	Vietnam Civil Society Consortium for Malaria Control Initiatives	615,817	5%	45%
Regional	P1– Health Poverty Action	1,951,720	23%	62%
Regional	P1 – Medical Action Myanmar	516,094	62%	96%
Regional	P1 – Raks Thai Foundation	204,189	45%	87%
Regional	P1 – Malteser International	394,407	45%	66%
Regional	P1 – Population Services International	565,390	42%	65%
Regional	P1 – Save the Children International	555,307	54%	79%
Regional	Package 2 – Population Services International	255,649	31%	94%
Regional	P6.1 – American Refugee Committee	269,263	34%	85%

Delays were due to these major reasons:

Cambodia	1. Suspension of PPM programme; 2. Community level activities have not yet been optimum; 3. Saving on micro plan workshop (financed through 2017 budget;) 4. 50% LLINs distribution (continuous) due to challenges in identification of MMPs.
Lao PDR	1. Delays in grant signing between UNOPS and PSR due to disagreements on

	fund flow arrangements; 2. Delays caused by flooding; 3. VMWs incentives and VMWs monthly travel cost will be paid in quarter 3;
Myanmar	1. Delays in recruitments of project staff because of re-arrangement of implementation areas in RAI2E; 2. Exchange rate gains.
Thailand	1. Delays in grant signing by the government.
Vietnam	1. Delayed government approval for SCDI implementation.
Region	1. HPA's implementation in Cambodia and Lao PDR was delayed awaiting approval from provincial authorities (plus, the delay in Lao PDR is due to the prolonged MOU process) 2. Implementation delays under SRs under SCI Co–PR during Apr–Jun 2018 due to conflicts in some project areas, delays in securing local approvals.

Procurement and supply chain

Procurement of pharmaceutical products, LLINs and RDTs was initiated and completed by PR on time based on details and approvals received from GMS countries. All health products were procured with strict compliance to the Global Fund QA policy. A tracking tool, which provides real-time information on product status, is shared regularly with all partners (fortnightly) Forecasting and quantification of health products for 2018 was approved in time. 2019 revised forecast for Laos submitted to GF.

Field visit findings

These are the major findings of the field visits to Cambodia, Lao PDR, Myanmar and Vietnam:

Cambodia:

- There is a need for improved coordination and collaboration among CSOs and PHD/OD to plan and implement jointly;
- CSOs to fully embed in PHD structures for hands on day to day support to implementation and management;
- CSOs senior management to have increased presence at sub national levels to support their teams.

Lao PDR

- Monitoring and supportive supervision visits to the VMWs by CSOs need more structured approach to ensure that trained volunteers, especially the newly recruited ones, are catching up with the essential case management guidelines, data collection and data reporting;

- Follow up to the compliance by VMWs to the changes in national malaria treatment guideline (e.g. revised testing algorithm, use of Primaquine single dose for *P. falciparum*) is required: this was found to be weak among CSOs supported VMWs;
- Database for the VMWs profiles are not completed by some CSOs which undermines the transparency and accountability of the activities linked to the VMWs;
- Progress of the project activities should be regularly reported to all relevant stakeholders at different levels (district, provincial and central; both health and non-health stakeholders;)
- Strengthening of the technical capacities of CSOs' own staffs, in particular the malaria case management and epidemiological understanding of malaria, is needed.

Myanmar

- Majority of malaria prone areas are well covered with community based services via volunteers recruited/trained by the CSOs and NMCP;
- Improvements in terms of coordination between National Programme and CSOs have been witnessed in recent years;
- Malaria Positivity Rate has been declining constantly. However, efforts to increase testing (ABER) should be continued to prove the decline is accurate;
- Areas for improvement -
  - stock and logistics management;
  - management of expired drugs;
  - supervision and monitoring for 1) compliance to the treatment guidelines, 2) testing of migrants and forest goers before the entry and exit to the village, and 3) effective utilization of LLINs.

Vietnam

- Recording keeping system is weak at the service delivery points;
- Data sharing practice: private sector data was not regularly shared with the commune and district health centers;
- Reporting of community sector data: confirmed malaria cases referred from VHWs, worksites, pharmacies and CMCs are treated at public health facilities. The treatment data are entered into the system as public sector data;
- Interruption of supplies: there is a potential stock out of anti – malaria commodities at PSI service delivery points as PSI did not get the supplies from NIMPE in 2018.

Q&A

Questions	Answers
• How to triple the burning rate in a short time?	• This will be discussed at the Feb RSC ExCOM meeting • The partners need to provide details for analysis
• Reasons for Cambodia weak coordination between CSO and	• CSOs did share the workplan with government but situation did not

government?	improve due to lack of focal point for CSO, capacity and workload of the government staff
• Reason for low LLIN distribution?	• This is depending on the data, it could be possible that the data was not entered
• Myanmar - in areas where malaria transmission is high, should be more involvement of CSO?	• Adding more NGOs is an complexity with potential overlapping

Comments & Suggestions:

- *P. vivax* and PQ – Myanmar from 8 weeks to 2 weeks without G6DP testing – this lead to dangerous territory
- Commercial G6PD testing should be available in the coming months
- Allocating more resources to 1-3-7 strategy should be done with cautious until we can be certain the approach is effective.

Malaria CSO Platform, GMS

Platform activity in 2018

In 2018, CSO has undertaken 3 field visits to Cambodia, Lao PDR and Thailand, and participated advocacy workshop as well as national and regional events. Organized a national consultation workshop in Vientiane Lao PDR, and a second one will be organized in Myanmar in November. CSO is also in the process of developing the online platform www.freemalariamekong.org (website restructuring).

CSO working with James cook university, Australia to identify university intern as a volunteer to work with platform partners and support on the data analysis from the community.

CSO Activities - 2018

- 21-23 Jun (Thailand): Advocacy planning workshop and platform steering committee meeting
- 1-5 Jul (Australia): 1st World Malaria Congress
- 31 Aug (Thailand): RAI RSC outbreak response working group meeting
- Thailand: APMEN, Surveillance Response Working Group meeting
- 14-15 Nov (Lao PDR): RAI RSC meeting
- 10-12 Sep (Cambodia): visited Kampong and Pursat provinces
- 14-15 Sep (Thailand): visited Sai-Yok and Muaeng district in Kanchanaburi province
- 7-10 Nov (Lao PDR): visited 2 districts (Ta-oy and Samouay), Salavan province

Platform budget vs expenditure 2018

It's expected the budget burning rate will be around 65% for 2018.

	Budget	Actual	Burn rate
Q1	1,343	-	-
Q2	108,280	42,319	39%
Q3	95,953	49,398	51%
Q4 (forecast)	63,688	82,437	129%
Total 2018	269,263	174,153	65%

Low budget absorption was due to the delayed contract signing and platform activities implementation, challenge in aligning the schedule with partners. Administrative issue also

contributed, e.g. fund transfer to partners in Laos, Cambodia and Vietnam to conduct platform activities.

Platform 2019 activity

Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Platform PAT meeting		✗				✗				✗		
National consultant			✗	✗		✗						
Platform regional meeting				✗								
Platform steering committee Meeting			✗									
Mentorship training				✗	✗							
Field visit	✗	✗	✗			✗						
Network building		✗		✗	✗			✗				
Development of disease handbook					✗	✗	✗	✗	✗			

Issues and challenges expressed by the CSOs from the 5 RAI2E implementing countries

Platform steering committee met in June 2018. The following issues and challenges were expressed by the CSO implementers in the implementation of the RAI grant in the 5 country:

1. Policy barriers limiting CSO/NGO volunteers' ability to conduct malaria rapid diagnostic test (RDT)
2. Limited resource allocation for Community mobilization
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 at the national dialogue
5. Capacity of village health workers/volunteers
6. Decreasing interest of malaria worker as malaria incidence is decreasing
7. Commodity shortage
8. Lack of coordination among partners and information sharing
9. Surveillance, data sharing and utilization at the community level
10. Treatment compliance
11. Lack of effective rollout of the WHO guidelines on P. vivax malaria 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

Advocacy plan for platform 2018-2020

Advocacy plan 2018-20 was drafted follow the advocacy planning workshop in June 2018. The workshop identified 3 key thematic areas with the goals to strengthen and empower communities to eliminate malaria, identify and promote sustainable domestic resources to eliminate malaria in the GMS, and provide and share quality data on malaria for all stakeholders in GMS.

This draft plan is expected to by finalized and disseminated and start implementing by the end of this year.

Key thematic areas for advocacy

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

Comments & Suggestions:

- CSOs need to be more engagement in the policy dialog, e.g. as the CCM members, CSOs should profit from the occasion and opportunity to raise issues and challenges. This includes the issue of GMS such as policy barriers on testing and treatment in Thailand for example does not allow CSOs to perform RDT and provide treatment, and so some part of Cambodia. Cambodia and Vietnam at some location, staff have different interpretation of the policy at different level and that lead to barriers in the implementation. Policy consensus in the regional would be required – Myanmar is a good example to use and push the policy change in Thailand.

Training Need Assessment for Malaria Civil Society Organizations

The training need assessment conducted to identify the areas where capacity building is most needed for CSOs, which in line with the objective 4 of the CSO platform "to increase the technical capacity of CSO actors where they sit outside the capacity building systems of national governments (peer support and formal training)".

"The platform as regional body, we rely on its network and capita where we can identify our needs. By doing so, we can do more analysis, make right decision informed by data for the malaria affected community. And then we can advocate and mobilize the community for their participation and awareness in Malaria. In this CSO platform training, LNGOs and INGOs can share lesson, learnt and experience." A local NGO/CSO partner from Myanmar

"What added-value that this Platform can give for doing this training?"

"The Platform can make efforts to ensure research groups and the CSO community are in closer contact and be better integrated. I believe this could be of great benefit to all. There may be many opportunities for us to share information, understand what others are doing in areas of common interest, and seek opportunities to collaborate.
A research Institution in Cambodia

Training need assessment methodology

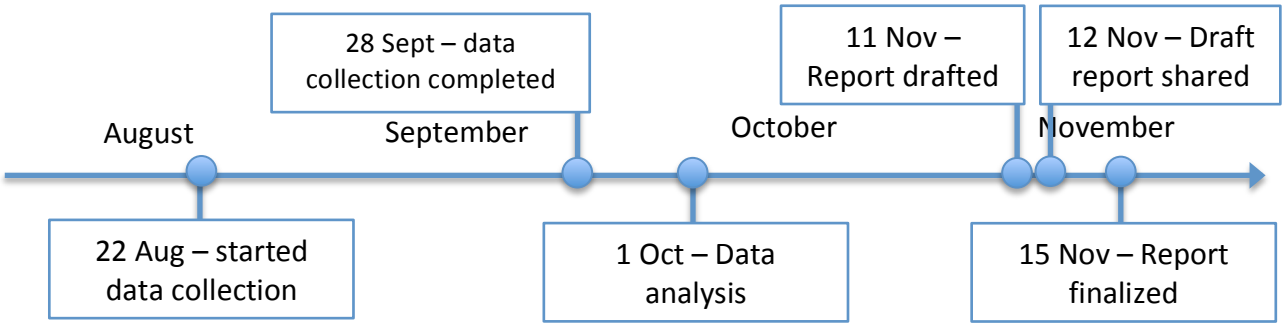
- Self-administered online survey (Google Forms)
- Focal persons facilitated the sampling in their respective countries
- 14-items training topic questionnaire developed by the assessment Team and reviewed by all country Focal Points

- Descriptive analysis (n,%) in Excel

Training need assessment sites

Country	Focal Point	Organization
Cambodia	Sun Maysac	Partners for Development (PfD)
Laos	Vieng Souriyo	Lao Positive Health Association (LaoPHA)
Myanmar	Dr. Htin Kyaw Thu	Save the Children (SCI)
Thailand	Alistair Shaw	Raks Thai Foundation (RTF)
Vietnam	Dr. Khuat Thi Hai Oanh	Center for Supporting Community Development Initiatives (SCDI)
Cambodia	Sun Maysac	Partners for Development (PfD)

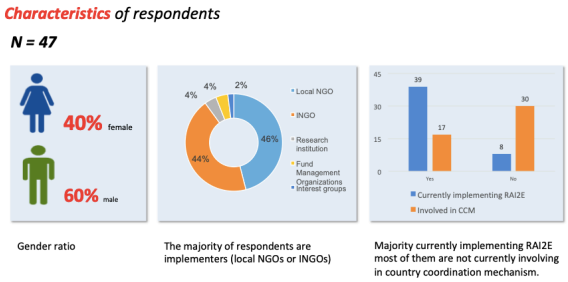
Training need assessment timeline - 2018



Training assessment results

Participants: 47 individuals from 37 organizations in 5 GMS countries participated in this survey

Country	# CSO
Myanmar	11
Thailand	10
Cambodia	9
Vietnam	6
Laos	1



Top-3 prioritized training topics are data utilization, community need assessment and behavior change communication.

Collect, analyze and interpret of data for evidence-based decision making

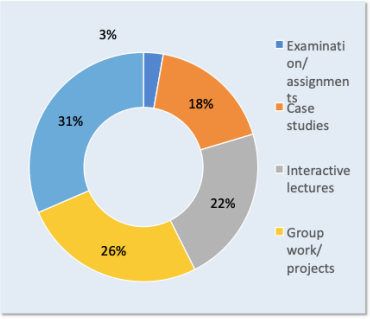
Assessing communities needs and resources (methods for collecting information from the communities what matters most to them)

Behavioral change communication to address social, cultural determinants and behaviors

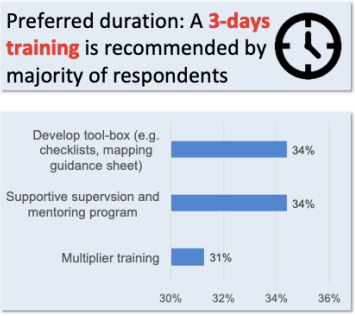
Countries	Priority 1	Priority 2	Priority 3
	Effectively using strategic information from routine surveillance/researched to inform policy and implementation for the communities	Assessing communities needs and resources (methods for collecting information from the communities what matters most to them)	Collect, analyze and interpret of data for evidence-based decision making
	Collect, analyze and interpret of data for evidence-based decision making	Community mobilization to improve uptake of services and community participation	Behavioral change communication to address social, cultural determinants and behaviors
	Advocacy skills: identifying advocacy partners and targets, developing advocacy messages and effective channels to deliver them	Assessing communities needs and resources (methods for collecting information from the communities what matters most to them)	Developing action plans to systematically address the communities needs identified (log frames, setting objectives)
	Collect, analyze and interpret of data for evidence-based decision making	Effectively using strategic information from routine surveillance/researched to inform policy and implementation for the communities	Writing case studies to highlight community stories
	Collect, analyze and interpret of data for evidence-based decision making	Behavioral change communication to address social, cultural determinants and behaviors	Cultural competencies and skills required to work with people with different cultures

Methods and duration of the training

There are already 11 organizations committed to provide technical assistance (facilitators and trainers). PSI has committed to fully paid for the training for their staff, and 5 organizations are willing to match the funding to the total cost. Training topic, date and venue will be endorsed by platform steering committee in November, and the agenda will be developed by finalized by December 2018. The call for application will commence by 10 December 2019 and close in mid-January 2019. Resource identification, seeking funding and trainer will be finalized in February 2019.



Preferred training methods



Multiplying the effectiveness of training

Proposed arrangements

Venue: Bangkok, Thailand

Proposed dates: 6-10 May 2019

Expected participants: 30 (15 Funded by the platform)

Available Budget: USD 1,300 per participant

Q&A

Questions	Answers
• Were financial and logistic (PSM) management mentioned?	• It was more focused on the technical aspects aiming at reducing malaria and not to focus on the rules that keep changing.
• How will the training be designed?	• Focus on the areas of data utilization, using the strategic information for interventions. • Shall be practical and realistic reflecting the field situations
• How to use the data for policy changes, not only the strategic interventions	• Idea is to unpack what are the needs at country level when design the training

Comments & Suggestions:

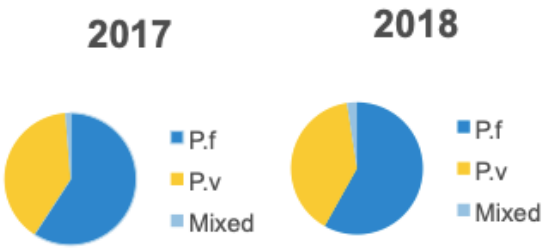
- Should review what have been provide and make good adoption and not to duplicate.
- Size of the outputs (NGO and CSO) should get opportunity for lobby to show that CSO would be supportive in the malaria elimination.

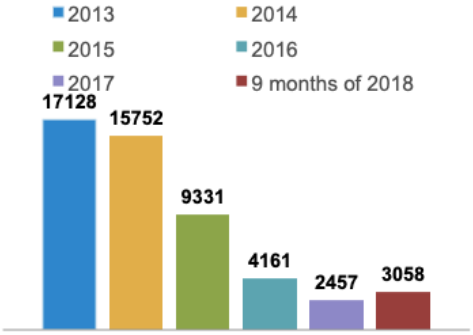
RAI2E Implementation Country Update - Vietnam

Malaria cases in 36 RAI2E provinces

The total number of confirmed malaria cases have been in decline trend since 2013 to 2016. Based on the first 9 months of the 2018 data, the total number of confirmed malaria cases

have already increased 25% comparing to the whole year of 2017, reverting the declining trend. The proportion of *P. falciparum* and *P. vivax* however remain similar of 2018 with approximately 2/3 of Pf.



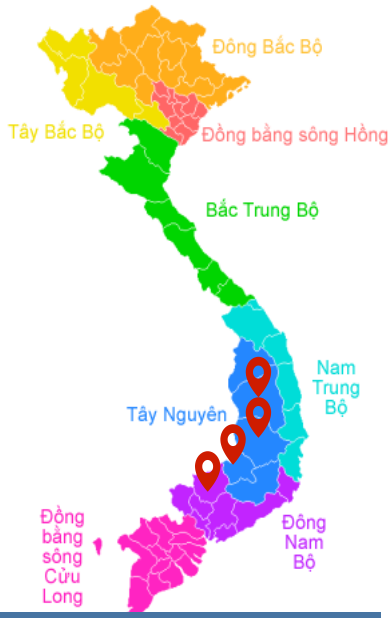


Comparing the confirmed malaria cases of 2018 to the same period of previous, the total number of cases increased across 4 provinces. This draws concern of what is behind the spike in number of cases and should be alarmed and called for carefully examination and investigation to ensure this is not due to drug resistant malaria. Other explanation is due to the result of more network, particularly through PPM network, and targeting forest goers using CMAT that contributed to the increase of malaria cases.

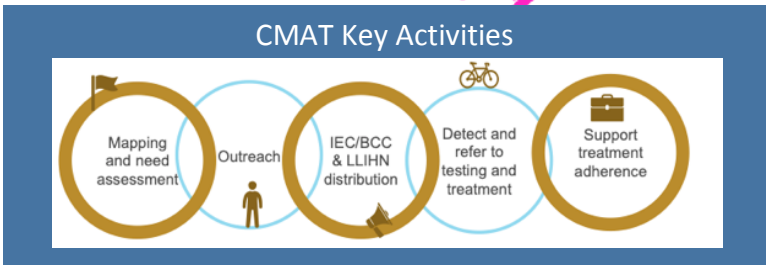
More malaria cases out of sudden, could this be due to drug resistant?

Enhancing Community Participation in Malaria Elimination in Vietnam Project

SCDI is the SR and responsible for the overall management of the project, including Community Malaria Action Teams (CMAT), and three sub-sub-recipients, VPHA, CHD and PBSC. VPHA in-charged of capacity building for CMAT, meeting coordination and monitoring activities, CHD in-charged of IEC/BCC activities, and PBSC is responsible for developing community network. Project is implementing at 149 communes in 4 provinces (Gia Lai, Dak Lak, Dak Nong, Binh Phuoc)



- CSOs are not allowed to test and treat malaria – patients are identified and referred (budget available to take suspect for malaria testing)
- Late August start in 2 prov. And as of today ¾ completed in the recruitment
- Mapping activities- detected 28 cases tested positive 18
- Late approval was not done by mobile (4 classes manage to do by mobile phones)



PSI - Increasing Private Sector Contributions to Malaria Elimination

PSI engages in the private section and a pilot project through the community engagement to provide RDT and refer forest goers with limited access to health facilities for malaria services. These projects are funded by the Bill and Melinda Gates Foundation and joint-funding of the Bill and Melinda Gates Foundation and RAI2E.

The goal of the projects is to improve contribution of private sector, pharmacy, private clinic and the community level through Community Malaria Champion.

There are 454 outlets covered under the BMGF and RAI2E project in 3 provinces.

Donors

BMGF covers 2 provinces:
- Khanh Hoa
- Quang Binh

BMGF + RAI2E covers 4 provinces:
- Binh Phuoc
- Dak lak
- Gia Lai

Province	Clinic	Pharmacy	Worksite	Non health*
Binh Phuoc	35	58	5	115
Dak Lak	14	94	2	64
Gia Lai	15	54	0	62
Total	64	206	7	177

**Non health outlets & CMC for hammock and RDT*

Between November 2017 to October 2018, There were 14,971 suspect cases tested for malaria with 490 of these were tested positive. Among the positive 244 were treated and the other 266 patients were referred for treatment. At the same period, 1,238 LLIHN were distributed.

Challenges:

- Limited number of private outlets in RAI2E communes
- Target for private sector was set without PSI's involvement
- Misunderstanding/different interpretation of national guidelines for private sector participation
- Lack of coordination between other CSOs and with government partners
- Delayed approvals for expansion into additional prioritized communes and provinces
- Understand motivation for health and non-health outlets/CMC to participate

Q&A

Questions	Answers
• How malaria data reports to the program?	• Using same forms as public sector • Working with NIMPE on the integration of the public and private report system • Monthly and quarterly bulletin with partners data included
• Possible to share the bulletin with partners	• Yes, it's on PSI website
• Who should be referred and who should be treated?	• Patients to be referred: pregnant and those who are less than 5 years old

	or at site where stock out of ACT
• How to ensure referred patients reach the health facility?	• Referral card is used for PI to verify with public facility that they reached the facility and received treatment

Comments & Suggestions:

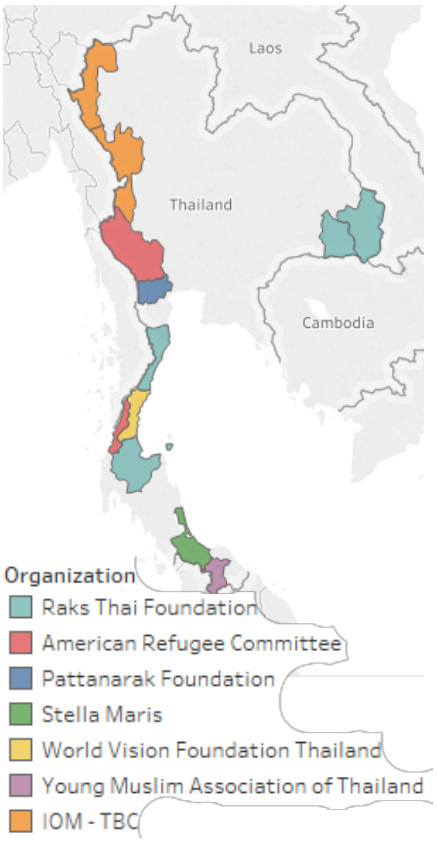
- Should consider listing of problems encountered and try to engage in dialogue and work together toward solution. Focusing on the policy and may require the involvement of RSC.
- Evidence of low referral actually reach the facility and received treatment should be served as a good argument to push for wider treatment network such as the private clinics. Research is currently under going to understand patients don't reach facility for testing and treatment

Thailand – country update

Thailand has a goal to eliminate malaria by 2024 with targets to decrease the number of districts with malaria transmission to less than 5% by 2021, and all districts free from malaria in 2024. Malaria situation in Thailand progresses in the direction toward the elimination goal with 58% case deduction in fiscal year 2018 comparing to the same period of the previous fiscal year. There approximately 1/3 of the reported cases are non-Thai and imported cases. Thailand malaria burden is localized around the border areas with Myanmar and Cambodia.

Thailand number in brief
(Oct 17-Mar 18)

- 2,978 confirmed cases (58% reduced)
- 62% Thai and 38% non-Thai
- 82% *P. vivax* and 12% *P. falciparum (353 cases)*
- 68% Male and 71% over 15 year old
- 33% imported cases
- 428 active foci (56% reduced)



CSO Involvements in beating Malaria

There are 7 CSOs active in Thailand in beating malaria and these are their key activities.

Community resilience in malaria elimination in areas of active transmission

- Community mapping
- Develop and produce training handbook for CHV
- Training of CHV on how to screen and refer, and provide effective behavior change communication
- BCC for LLIN/LLIHN distribution and health education

Worksite interventions in areas of active transmission

- Worksite mapping (GPS, demographics, mobility, health services and proximity to hotspots)
- Health education sessions

- Health advocacy to worksite owners (MHS, Tak)

Cross border initiatives

- Border malaria corners at formal and informal crossings targeting daily crossers
- Cross border collaboration and coordination meetings at provincial level (9 provinces)

Challenges:

- Raks Thai, in collaboration with implementing partners, conducted an initial analysis of case referral and follow-up. Through crosschecking the ID's of suspected positive cases with attendance records at health facilities, implementing staff were able to determine that only 43% of suspected-positive cases attended a health facility for a confirmatory test. This highlights the ongoing need for RDT by CSO, or increased budget allocation for MP to attend all CSO activities. **RDT**
- Working in remote area and during rainy season remained a key challenges for many field officers. They stressed that more budget allocation for travel and accommodation cost could help them better access target groups. This was similarly an issue for Malaria Posts. Sufficient budget, including travel, stipend and accommodation, should be allocated to allow Malaria Posts to travel to communities and implement activities alongside CSOs, without using their personal funds or administrative delays in seeking approval. **Budget**
- Due to limited ability to follow-up cases for a number of reasons (change name, return home, more within Thailand), there is a need for more formal cross-border committees and mechanisms (which meet regularly) that include both government and civil society representatives to ensure successful cross-border case management. **Cross Border**
- Relationships between government and CSOs very greatly between provinces. For some provinces the CSO-government relationship have been strengthen over time, and therefore coordinated well with the government. However areas with new activities or staff are unable to engage. Since each province showed different ability to engage with local government, it may be helpful to identify best practices and share with other provinces that have problem coordinating with the government. **Mutual understanding**

Way forwards from now

- Tentative set for ATM (AIDS, TB, Malaria) cross border meeting with Myanmar on 12-13 Dec 2018 led by Raks Thai with support of DDC of Ministry of Public Health, Thailand in align with 2019-2021 two countries joint action plan focusing on
    a. Exchange disease info,
    b. Enhance referral system, communication channel and relevant tool,
    c. Update focal person lists,
    d. Develop regular information sharing, monitoring and evaluation mechanisms
- How to boost Malaria awareness in the key affected population? Need assessment? What platform?

- How to link fever to treat pathway?

What is overall concern for grant optimization

- Mae Hong Son and Tak province have the highest malaria burden, however there are ongoing delays in contract signing which has prevented activities by non-state actors. **IOM**
- Budget is limited for active case funding and follow-up in Thailand, as worksite-based activities have become the main focus for civil society organizations. **Budget**

Comments & Suggestions:

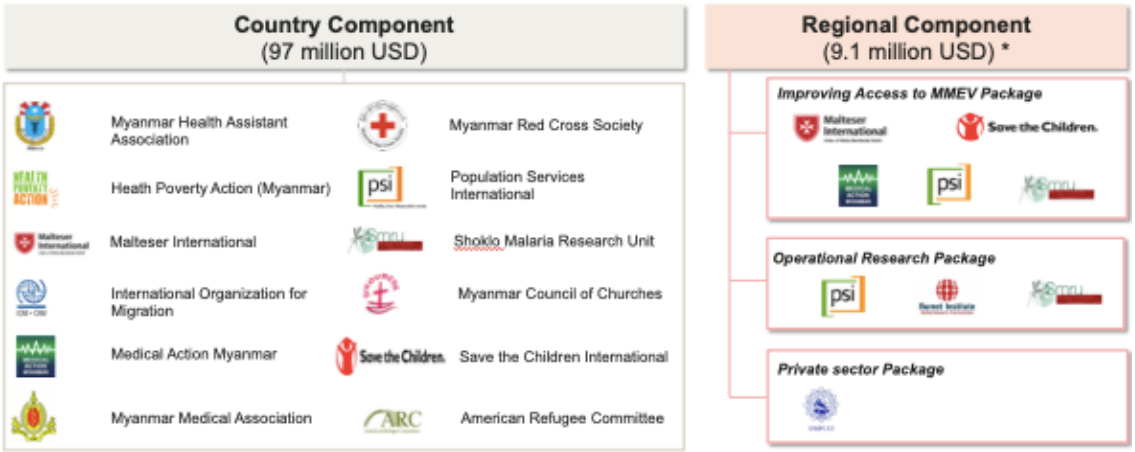
- Raks Thai Foundation was commissioned for test and treat over the referral
  - UNOPS and WHO and secretariat advisory on this low turn-up of referred malaria suspects (44 suspects referred/19 (43%) attended facility and tested) but with 95% malaria tested positive rate (19 tested/18 positive (7 *P. vivax* /2 *P. falciparum*).
  - Cross border collaboration, information sharing between CSO and government, malaria case detection at village should be considered.

Myanmar country update

Malaria situation continue to make great progress over the past 7 years with slow declining trend since 2010, raising annual blood examination rate from around 1.5% in 2010 to over 6% in 2017, and annual parasite index dropped from 11.7 in 2010 to 1.6 per 1,000 population in 2017. Effort to continue improve the testing rate (ABER) will need to continue and reach 10%. This is particular challenging as the mainland has been making good progress while hard to reach around border and the mountainous areas are remained to be addressed.

Overview of Myanmar (RAI2E) – 2018-2020

Myanmar received 206.1 millions USD with 97 million country and 9.1 million regional grant. Save the Children is the PR for these grants and there are 12 SRs for country component and 5 SRs for regional component.



The grants cover 15 states and regions (community and private sector), and 15,570 Integrated Community Malaria Volunteers were trained and supported. There are 1,756

private general practitioners, ethnic health organizations' health facilities and private providers are engaged through these grants.

Summary of CSO's program activities

There are four main malaria interventions for CSOs: malaria case management, vector control – LLIN, program management, and RSSH, HSS M&E.

Integrated community case management

- Malaria diagnosis and treatment services through Integrated Community Malaria Volunteers
- Integrated package (TB, HIV. Malaria, Dengue, Filariasis, Leprosy)
- Intensified case finding in high burden, hard-to-reach areas by mobile teams
- Referral support for severe malaria patients from the community

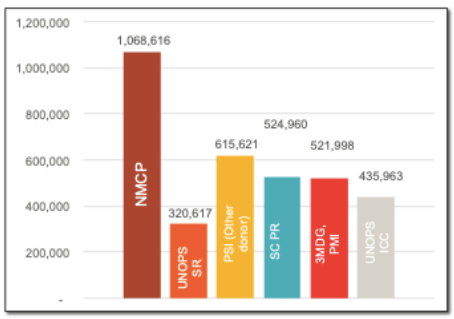
Vector control - LLIN

- Mass distribution targeting high risk population in 3a, 3b and 3c areas
- Continuous distribution to cover migrant and mobile population (MMEVs, forest-goers, construction workers, etc.)
- BCC

RSSH, HSS M&E

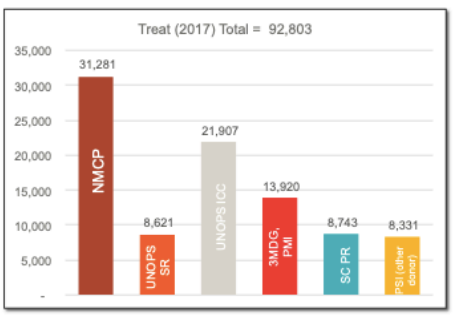
- Routine reporting
- Data collection, reporting from the service providers
- Real-time, case-based reporting using mobile application at volunteer level
- Supportive supervision and monitoring visits
- Analysis, review and transparency
- Meetings (ICMVs, private providers, staff meetings, cross-border meetings)
- Migrant mapping
- Operational research

Testing (2017)
Total = 3.4 million



National Testing	Target	Achievement
	2,674,329	3,487,775 **(130%)**

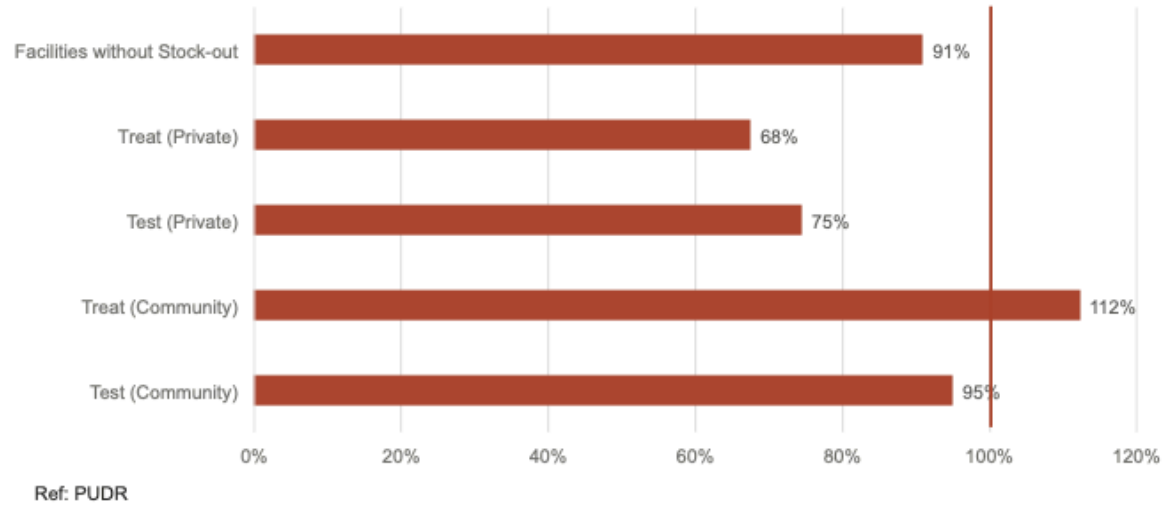
Treatment (2017)
Total = 92,803



National Treatment	Target	Achievement
	123,148	92,803 **(75%)**

Ref: NMCP (National Figures, all donors)

RAI2E Myanmar Progress Update (Jan- Jun, 2018)



Ref: PUDR

Challenges:

- Overlapping of CSOs coverage areas: village selection, coordination amongst partners, from different funding source
- Gaps in service coverage especially in very remote areas/conflict prone areas/grey areas, in need of robust coverage mapping (technical assistance on this area?)
- Integration of services – still need to operationalize (resource, referral mechanism) how a malaria volunteer can successfully refer if a suspected TB case (e.g.) is found in community
- ICMV methodology although the intent is good, the relevance of service included in the package, whether it can address community health problems – still need to reviewed in different context. Example, Leprosy is included in ICMV package but may not be relevant in all areas (Need to change from project orientation to need-based orientation)
- Highest public health impact is from malaria volunteers involving in suspected TB case finding in the community; limitation is with resources needed for successful referral, follow-up, case holdings etc.
- Role of ICMVs – still needs advocacy within different departments of Ministry of Health, streamlining policies and guidelines and identify linkages with broader Public Health infrastructure
- Surveillance and response for malaria elimination – CSOs are given very little role in current strategy. It's not feasible to rely only on NMCP human resources to conduct case/foci investigation and timely response - need task sharing and collaboration between NMCP and CSO
- Conflict and security constrains – on-going armed conflicts in Kachin, Shan, Kayin State, population displacement in Northern Rakhine State → Program interruptions
- Data sharing and utilization – timely and completeness and quality data reporting from service providers under NMCP or CSOs, from different channel (public, private, community)

Root causes

- Still many of the data are in hard copies (especially in township levels)
- Data reporting burden and redundancies in data flow
- Capacity of NMCP and CSO staff (field level) to analyze, interpret and need simple framework for how to use data they collected
- High staff turn-over and changes in data focal point
- Lack of technology and infrastructure – getting real time data to trigger case investigation becomes critical (elimination) – volunteers living in remote areas with no cellular network coverage, applications? , support needed for mobile phones

Fund portfolio optimization process

- Need better understanding on the process (timeline, steps)
- Broader consultation among in-country CSOs
- Need to consider the mechanism how CSO's voices are well reflected in planning and prioritization activities
- Will need a frame, tool, or guide where CSOs can provide input for periodization of activities

Areas where GMS CSO Platform can add value

- Strengthen coordination between Myanmar Health Sector Coordinating
- Committee (MHSCC)and CSOs
- Improve representation on the CCM who can promote the malaria elimination agenda
- Facilitate sharing and learning from the in-country and regional partners (especially for local NGOs, CBOs, EHOs who have less exposures)
- By working closely with this platform, CSOs can learn success stories of malaria advocacy work in neighbor countries and adapt them into their own malaria project

Q&A

Questions	Answers
• How malaria test and treat reported to the national program?	• Well established data flow of reporting system to the township level • Monthly data feeds into the national report system
• How are volunteers managing integration of malaria and tuberculosis, different management and follow-up?	• Volunteers receive standard rate of incentive, more works have effected their motivation • Drug advocacy is done by government
• What do you need for integrate health service – practical solution to	• No specific answer was given

HR and financial resources	
• What is the CSO involvement in the case notification, investigation and classification	• CSO 24 hours notification is working quite well, and focal person appointed at MCP to support the investigation and classification cases

Cambodia Country Update

In the first half of this year, malaria reported cases in the country has increased 125% comparing to the same period of 2017. The increase occurred and concentrated in 7 provinces or the total of 76% of all malaria reported cases, and 90% among all positive malaria cases are MMP and forest goers.

Challenges:

- Targets may need to be revised according to new updates such as VMW/village criteria
- PPM suspension
- Delayed in ToT trainings
- Stock management (stock out – two months)
- Limitation of HR health government partners
- CSO does not has adequate resources to put at OD level and running operation properly
- *P. vivax* increase
- 7.5 mg Primaquine is not available in country for *P. falciparum* and Mixed
- PHD/OD/HC are just starting to use MIS. They will need a lot of support to make the most of this tool.
- Budget adjustment processes are getting better but it still takes time and can be hard to manage with the field expectations

Key activities

Country component:

- Provision of packages of services in collaboration with sub-national health government partners (case manage; vector control; IEC/BCC; surveillance)
- Support to local/sub-national partners with program management assistance
- Intensification plan for 7 provinces of increased malaria (12 months)

Regional component:

- Targeting MMPs/KAP with mobile malaria services
- Cross border collaboration

Next step:

- Assessment of PPM project and impact
- Implementation of the approved intensification plan.
- Support sub-national government partners to use data available to inform planning and implement core interventions (case management; vector control; IEC/BCC; surveillance).
- Follow up on *P. vivax* radical treatment

Comments & Suggestions:

- Regular update among CSO is essential.
- Need clear instruction and support from national program – hard to get activity approved by national program

- G6PD; nothing in the market but there are biosensor is currently being field trial, hoping to be available on the market by mid next year. *P. vivax* cannot be addressed without good test
- Reactivation of PPM - increase cases reported (mainly from the forest), need to detail, investigate and document to understand more on the issue.

Sites visited:

- Whole community was living in the forest, out from the normal norm where they move into the forest and live there permanently without volunteer.
- Peer group might be there – people are doing lot of stuff that hard to address
- Understand based what we saw and analyze on the cases
- Pv up – without effective treatment (beside national guidelines) primaquine (PQ) is not happen
- Increase question is high because of the same (repeated) patients?
- Drug resistant – agree that *P. vivax* should also be addressed
  - 50% of *P. falciparum* patient have *P. vivax* within 6 weeks in Myanmar
  - CSO is dealing with government – Thailand not allow RDT and ACT on MMP
  - *P. vivax* study should be on government but not CSO
  - Cambodia – CSO need is a strong knowledge of the *P. vivax* so that we could provide basic knowledge to the partners, particularly at the field
  - RSC to address in the currently situation – something practical so that we could advocate

Lao PDR country update

Overall malaria situation in Lao PDR is stabilized and continues to improve significantly since 2015 with around 95% of national malaria burden centralized in the 5 southern provinces. Rising malaria cases in Cambodia along the borders of Lao PDR draw concern that the transmission could spread over to Lao PDR, particularly Attapeu province where malaria cases are rising in recently months. It isn't clear what is the link but the is bordered with Cambodia where high number of malaria cases reported.

> "Savannakhet – suddenly rise, flag us that we should not limit our attention to sites where there is less case reported"

Savannakhet province, even though is one of the five highest malaria burden provinces in Laos, the situation there were stabled until sudden rise in malaria cases recently, and led to outbreaks throughout many locations in recent months.

This illustrates and calls for attention to sites with low malaria case and for a stronger cross-border collaboration and coordination in the region to jointly control and eliminate malaria. A need to understand not only one province or one nation, but the whole region.

There are 3 CSOs (LaoPHA, PEDA and HPA) engage in malaria activities under RAI2E and MERCI grant. The focus is on the strata 3 villages, as well as MMP and HRP through the community volunteer in the 5 southern provinces of Lao PDR to provide on site malaria test and treat.

Implementing Partners & Areas

LaoPHA

	Pov	District	Village	HC	VMW	MPV
RAI2E	2	8	150	15	150	0
MERCI	1	2	81	7	71	20

PEDA

	Prov	District	Village	HC	VMW	MPV
RAI2E	3	9	150	16	150	0
MERCI	2	3	77	11	67	20

HPA

	Prov	District	Village	HC	VMW	MPV
RAI2E	2	8	160	26	80	160
MERCI	3	4	221	14	211	20

Community volunteer contributed 70% of suspects identification and 63% of malaria cases.

HPA is active in 3 countries: Lao PDR – 3 provinces, Cambodia – 5 provinces, and Vietnam – 4 provinces. UCSF also engages in these 3 countries but with more on the technical support to HPA in the field of operation research focusing on MMP, HRP movement and behavior.

Key activities:

- Select and conduct capacity and training needs assessment as well as establish the profiles of community health service providers and map the service delivery points
- Train and provide support to 979 community health service providers in conducting awareness campaigns and health education, rapid diagnosis and treatment of all confirmed malaria cases and on integrated community case management
- Develop and implement a comprehensive and tailored IEC/BCC approach to ensure that people seek treatment within 24 hours at appropriate service points and that they also use appropriate protection tools and measures
- Establish and equip 110 malaria posts and provide appropriate support to 220 trained malaria post volunteers
- Train and provide support to the rapid response teams in the 5 southern provinces to conduct outbreak response and mobile outreach activities targeting mobile, migrant, ethnic and vulnerable populations and groups
- Conduct regular monitoring and supportive supervision to all staff and partners at the district, health center and village levels
- Support the national program during mass and continuous distribution of long-lasting insecticide treated nets
- Attend as well as host cross-border coordination consultation meetings in Vietnam, Cambodia and Laos
- Conduct operational researches and strengthen routine data collection and reporting at health center and district levels with technical assistance from UCSF

Challenges:

- Disasters and flooding in some of the districts in the 5 provinces that posed difficulties in accessing some villages and implementation of project activities

- The long process and delays in the approval of Memorandum of Understanding (MOU) for the RAI2E projects also added to the delays in implementing project activities

Next Steps

What we need to focus on in 2019

- Speed up project implementation to catch up on the delays in 2018 and to further improve the coordination between and among CSOs and government partners

What is our overall concern for grant optimization

- The delayed signing of contracts contributed to the delays in processing the project MOUs, which consequently delayed project implementation. Thus, a significant underspending is expected by end of Year 1 with a knock-on effect in 2019.

Any message to the RAI RSC meeting

- Help encourage and convince government partners, specifically the Ministry of Health (MOH) and the Ministry of Foreign Affairs (MOFA) to allow the partner CSOs to implement key priority project activities while approval of the project MOU is on process.

Additional info

- Health strengthening through CROSS
- Laos supports 26 delegates to cross border coordination meeting in Gia Lai
- Cross border activities – cross border case was discussed at the meeting on how to manage the patient.
  - How to share the info time, but also how to link and connect and co-manage the patient
  - Standard job aid for common villages on the border
- Platform has resources available for the cross border
- A platform will be opened and shared of info of the cross from the incentive from the community

University of California, San Francisco – MEI Toolkit

MEI toolkit developed in collaborate with MoH and partners and designed to support the program decision making. There are 11 modules in the toolkit, but only high-risk population module was presented: need up-to-date knowledge on high-risk population, and integrated high-risk population in the program surveillance and response activities.

There are four modules in the high-risk population module:

1. Formative
   - Reviewing of existing data

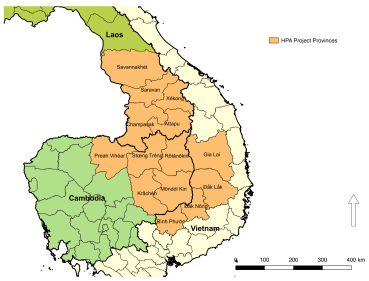
- Qualitative data collection – focus groups and key II to identify MMP
- HRP venue mapping enumeration where MMP hangout and gather

2. Case control study
   - Identify risk factor of malaria
   - Risk factor assessment
   - Use case-control
   - Include guidelines, example and question for the program to implement the case-control
3. Sampling approaches
   - Monitoring malaria transmission and intervention coverage
   - Guidelines on the implementation time-location sampling
   - Quantitative survey
   - House survey
4. Adaptive reactive case detection
   - Case detection where HRP gather and hangout, where transmission of malaria happened outside villages

RAI2E MERCI in Lao PDR, Vietnam, and Cambodia

Health Poverty Action (HPA) implementing HRP toolkit strategies with UCSF technical support across 14 project provinces in Lao PDR, Cambodia and Vietnam from 2018-2020

- Formative assessments
- Mapping of HRP venues/access points
- Movement surveys
- Case-control studies
- Active case detection in border crossing areas and transmission hotspots



Lessons learned and next steps

- Toolkit provides a clear and effective guide to improving understanding of HRPs and targeting interventions
- Technical assistance likely required to support national programs and partners in adapting materials to local context
- Some HRPs are already known to programs, but rigorous evidence can reveal hidden risk groups and/or important variations
- Additional implementation sites are planned in Lao PDR, Cambodia, Vietnam (RAI2E MERCI), Namibia and Thailand
- Web-launch in November 2018 www.shrinkingthemalariamap.org/what-we-do/tools

Group work - Pick issues and challenges that go under CSO advocacy roadmap:

Lao PDR

- *P. vivax* management
  - Testing should be available at the community level
  - Strengthen the testing capacity
- CSO integrate in the reporting system DHIS2 – CSO need to be trained
  - You don't have access to DHIS2?
  - Budget available – only need to reprogram it
  - Training
  - This can be done internally here in Laos
- MoU delay
  - Push the activities to be implemented
  - Training of VMW
  - This is higher level than the program
  - District already endorsed the project
  - This can be raised with Bouasy

Myanmar

- Service integration (whole country or specific areas)
  - Revisit the package to ensure it includes the everything
  - Referral guidelines improve the package
  - VHV started out from malaria and expand to TB, leprosy and diarrhea (integration is only at malaria worker volunteers)
  - Vital to malaria elimination
- Elimination surveillance
  - HR gaps
  - CSO roles not define
  - Need high sensitive RDT

Thailand

- Access to Test and treatment
  - Test and treatment should be done at point of identification
  - Strengthen through accompany suspect to ensure patient is test for malaria
  - Budget should reallocation for taking patient to get tested
  - Budget saving is from the national program to CSO
  - Government is will increase MP to cover the malaria if CSO provides sites
  - Discrimination due to language to access malaria testing

Vietnam

- VMW not allow to test
  - Allow VMW test for malaria
- Mechanism to recognize CSO data – should be under regional
  - Revise form with CSO feedback
  - Referral is not captured in the program data (only T&T are captured by the national program)

Cambodia

- Stuck at Operational district level
  - Invest more on the OD
  - Engage them better and don't allow them to involve at early stage
- PPM
  - More optional to access to malaria service
  - Better alignment SCR work and CCM work

Appendix I: List of participants

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