Report on Regional Malaria Cross-border Working Group (CWG) meeting

BEAT HOTEL, SUKHUMVIT ROAD, BANGKOK, THAILAND
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Raks Thai Foundation

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1. Introduction

1.1 Background

Regional Artemisinin Initiative (RAI) Thailand project aims to make as large a contribution as possible to the elimination of Falciparum malaria from the GMS, and to the prevention of the emergence and/or spread of Artemisinin resistance in the region. The RAI Thailand project puts its emphasis on reaching high risk population, specially the mobile and migrant population; and increase case finding through cross border collaboration with CSO, public and private sectors, and social mobilization for treatment and case follow-up.

In 2014, a cross-border working group (CWG) for Malaria BCC and information sharing was established with representatives from the RAI implementing countries' CSO and government. In the same workshop, mapping of mobility, high risk area, vulnerable population and their occupation, existing CSOs, malaria services and BCC activities in cross border area was done. Appropriate BCC approaches and communication messages for malaria prevention and control were identified and the roles and responsibilities of health volunteers, community and employers in BCC were conceptualized. In addition, a framework of collaboration, understanding of vulnerability and information sharing and joint BCC activities by the working group was developed.

As a sequel to the 2014 workshop, Raks Thai Foundation organized a two-day meeting on 19-20 November, 2015 at Beat Hotel, Sukhumvit Road, Bangkok to convene the group for further interaction. A total of 36 participants from Thailand, Myanmar, Cambodia, Lao PDR and Vietnam were present in the meeting.

1.2 Objectives of the meeting

The main objective of this meeting was to facilitate interactive discussions and brainstorming on Malaria BCC and regional information sharing platform. Specific objectives set for the meeting were:

1. To share malaria-related information and elimination strategies from the RAI implementing countries.

2. To identify new strategies, strengths and weaknesses of the malaria BCC activities for mobile and migrant; and ethnic minorities.

3. To create a common platform for malaria information sharing and advocacy to the CSO and network working on malaria and mobile and migrant issues.

2. Meeting Proceedings

The meeting was conducted such that the first two objectives were addressed in the first day, while the second day was reserved for the third objective. The modes of the interaction included visual presentations, open discussions, group activities and experience sharing.

To begin with, the country representatives presented their respective country scenario of malaria, elimination targets and strategies, and answered the general queries of the participants. Mr. Muhammad Shafique, a regional BCC specialist from Malaria consortium Thailand, then shed some light on the key approaches for BCC for malaria prevention in the GMS region. Additionally, the participants identified new strategies for BCC for hard-to-reach populations and acknowledged the strengths and weaknesses of malaria BCC activities through group discussions. Finally, a general agreement was obtained for a common platform for malaria information sharing and advocacy.

A detailed summary of the activities of the meeting is given in the following sections.

2.1 Country scenario of Malaria

2.1.1 Cambodia

Dr. Boukheng Thavrine, chief of health education unit, National malaria control program under Ministry of health, presented the situation of Malaria in Cambodia. Despite a general decreasing trend, Cambodia has seen some upsurge in Malaria cases lately. Many potential reasons were cited in the presentation for the increase in malaria cases such as shortages of ACTs and other commodities, increased population movements (internal & cross border migration), expansion of health facility network, double case recording between village malaria workers (VMW) and health facilities (HF) staff, a major delay in fund disbursement from RAI and NFM, seasonality, and an increased access to public health facilities due to scaled up equity fund.

The elimination targets and strategies of Cambodia along with other 4 countries have been outlined in the table 1. Dr. Thavrine also highlighted the key achievements of improved community mobilization, appropriate mass media use, and innovative methodology such as child to child advocacy in schools.

2.1.2 Myanmar

Dr. Ye Ye Win, from ARC International Myanmar, gave a brief presentation about BCC activities in Myanmar. The key BCC activities in Myanmar were community health education (HE) through IEC & BCC materials, usually provided by basic health staff and volunteers. The BCC materials contain uniform messages in pictorial form and in different languages such Thai, Kayin, Mon and Burmese to focus especially on the migrant population. These education materials are designed to encourage

people for hospital visits, symptoms, use LLINs & repellents and some basic treatment protocols. Taxi drivers were trained for relaying of messages and community visits at both night and day were started to reach both male and female members of family.

2.1.3 Lao PDR

The situation of malaria in Laos PDR and the national strategies along with IEC/BCC were presented by Mr. Vieng Souriyo, the director of Lao positive health association. He stressed on the need to focus on key affected population to effectively deal with malaria. The incidence of malaria in Laos has decreased in 2015 after reaching high peaks in 2012-2014. In the meanwhile, the incidence of P. vivax has seen a dramatic increase and currently the cases of vivax malaria outnumbers falciparum malaria.

In Laos, the forest goers, mobile population and groups employed in coffee & rubber plantation, mining, soldiers, police, civil servants, businessman, students and tourists have been identified as risk population for malaria infection. BCC strategies emphasize more on mass media, community outreach through district and IPC through VMW. Use of Lao, Chinese and Vietnamese languages in the IEC materials facilitate easy understanding for the migrant population. Different health education channels such as community loud speaker, radio station, TV, village meeting, home visits by VMW and mobile education team are used to disseminate the information.

2.1.4 Vietnam

Representing the National malaria control program of Vietnam, Dr. Tran Quang Phuc shared the country scenario of malaria along with other information such as drug resistance situation and drug policy change. The general malaria disease burden has declined over the past 15 years in Vietnam and now the groups that remain in high risk are the forest-goers, migrants, mobile group and ethnic minority populations. Drug resistant falciparum malaria are found in central and southern areas. Falciparum malaria predominates in tropical South and Central regions, while vivax malaria predominates in the North of the country. The overall malaria burden is highest in Central provinces.

Key challenges for malaria elimination in Vietnam are the mobile and migrants populations, limited private sector involvement, large number of people living in malaria endemic areas, and drug and insecticide resistance.

2.1.5 Thailand

From the Bureau of Vector Bourne Diseases, Ministry of public health, Dr. Rungrawee Tipmontree informed the meeting about the malaria situation of Thailand. While the overall malaria burden in Thailand is decreasing, there was a slight increase in both confirmed cases deaths due to malaria in

2013, attributed chiefly to the forest goers in the border areas of Ubon Racthathani province. In addition, like the trend in Laos, vivax malaria has been in gradual increase and is the more prominent type of malaria in Thailand. The rainy month of June consistently draws the highest incidence of malaria as seen by the last 5 years surveillance report.

The measures used for malaria elimination include case management, vector surveillance & control, behavior change communication (BCC) and surveillance monitoring and evaluation. Some of the key challenges that remain for malaria response are the presence of malaria in the areas along the border where high population movement occurs, artemisinin resistance, increase of P. vivax cases and reduction of skillful malaria staffs due to re-organization of malaria program.

Table 1. Comparison of Malaria situation, elimination targets and strategies among the 5 RAI implementing countries in GMS:

	Cambodia	Myanmar	Lao PDR	Vietnam	Thailand
Malaria Situation	General decreasing trend over the last 7 years Slight increase in 2014 and 2015		Over the last 15 year, malaria cases have a mixed trend with high incidences in 2012-2014 Mortality due to malaria however has an overall decreasing trend with a slight increase in 2012	The trends for both malaria cases and mortality are decreasing over the last 15 years	General decreasing trends for both confirmed cases and deaths with a slight increase in 2013. Highest incidence reported in the month of June every year
Targets	**2015** - Move towards pre-elimination and contain artemisinin-resistant P. falciparum **2020** - Move towards elimination (focus on P. falciparum) and zero malaria deaths **2025** - Elimination of		**2018**: Elimination of Pf in all northern/central provinces except Phongsaly and reduction of API to <10/1,000 in the southern provinces **2020**: Elimination of Pf in all northern/central provinces and reduction of API to <5/1,000 in	**2020**: morbidity <0.15/1.000 pop; mortality < 0.02/100.000 pop; malaria eliminated in at least 40 provinces. **2030**: Malaria elimination in all of the country	**2019**: Eliminate malaria in at least 95 % of all districts **2024**: Eliminate malaria in Thailand

	all forms of malaria		the southern provinces **2025**: Elimination of Pf from entire country including southern provinces and elimination of Pv in northern/central provinces **2030**: Elimination of Pv from the entire country		
Elimination Strategies	1. Universal access to early malaria diagnosis and effective treatment 2. Preventing use of mono-therapies and substandard drugs 3. Universal access to mosquito control, personal protection and environmental manipulation 4. Community awareness and behavior 5. Effective management of malaria elimination, including information systems and surveillance		1. Effective program management and coordination at all levels 2. Universal coverage of Case management 3. Appropriate Vector control 4. Strengthen Surveillance system 5. Implement IEC campaigns	1. Early diagnosis and treatment 2. Effective vector control 3. Improve surveillance system 4. Provision of information, education and communication 5. Targeted operations research 6. Effective management and coronation	1. Accelerate efforts towards malaria elimination through combinations of interventions tailored to local contexts of Thailand 2. Develop novel innovations and implementation approaches to respond to challenges for malaria elimination 3. Strengthen collaboration of national and international to accelerate malaria elimination through a multi-

					sectoral approaches 4. Promote health empowerment for population groups to enhance their capacity for malaria prevention
BCC strategies	Improve quality and dissemination of IEC/BCC messages for malaria elimination Strengthen community mobilization for increased uptake of malaria interventions	Health education - IEC materials, BCC activities (population awareness programs) Community participation Capacity building Improved coordination: Intra- and Inter-sectorial cooperation, and Cross-border collaboration Enhanced public-private partnership	Strata 3: IPC through VMW, mass media Strata 2: Mass media, Community outreach through district team. mass media Strata 1: Mass media only Unknown area: Community outreach district team, mass media	Provision of IEC materials Mass media IEC campaigns	Health education (IPC and group) Tailored BCC materials and tools Risk communication Community participation Advocacy campaigns

2.2 Reaching the hard-to-reach population

After the overview of the country scenarios, the focus of the meeting shifted to the hard-to-reach population such as mobile migrant population (MMP), internally displaced population (IDP), forest goer & ethnic minorities, and whether the existing strategies addressed them adequately or not. The participants engaged in a vibrant group work session, sharing their country and context specific experiences.

The group discussion recognized that while the ethnic minorities were considered in the strategies, the mobile migrant population, specially the forest goers and internally displaced have not been specifically addressed by most of the existing national strategies. Contrary to this, Cambodia was the only country to have strategically focused on the MMP. Cambodia's current strategy includes advocacy with local authorities, selecting migrant malaria workers (MMW) and building their capacity in blood testing, treatment, health education and DOT; and schemes on lending LLINs.

The group recommended building capacity of the VMW/ volunteers on communication skills and EDAT and linking these workers with the health system. Engaging private practitioners in BCC, training traditional healers to function as VMW, selecting ethnic group members for tailored BCC such as drama, and improving integration with the community events were also recommended. Furthermore, strategies such as provision of ACD by community, pre-departure screening, integration with school health program, migrants' friendly services, coordination with local drug vendors, and innovative approaches using technological advances and social media were also suggested to make the BCC national strategy more sensitive to the hard-to-reach population.

2.3 BCC approaches for Malaria Prevention in GMS region

2.3.1 Key behavior change communication approaches

Mr. Muhammad Shafique presented findings of Regional BCC assessment and outlined the key BCC approaches for malaria prevention in the GMS region. The regional BCC assessment was carried out in the border area of Thailand, Myanmar, Cambodia and Lao PDR with 43 focus group discussions, 83 in-depth interviews and 478 participants from 3 countries, which lead to mapping of key stakeholders and implementing organizations in border areas.

The presentation highlighted the BCC approaches and divided the major components of BCC into BCC/health education (IPC, local or folk media, mass media), community mobilization (creating enabling environment and capacity building) and advocacy. Challenges and barriers to BCC approaches in the border areas such as absence of specific BCC strategies, poor attitude of service providers, inadequate community participation and lack of harmonization of BCC activities across the border were identified.

Recommendations were made towards improving and scaling up appropriate and culturally-sensitive IEC and BCC interventions for malaria control and elimination. Key recommendations included communicating and counselling skills training for service providers; increasing use of interpersonal delivery of BCC and IEC through VHVs, VMWs and health staff as it was the most popular method of delivery among residents and migrants; strategically combining different techniques and communication channels; making IEC materials attractive and focused; pre-departure targeting of mobile and migrant people; provision of diagnosis and treatment services at the cross-border points; increasing and training the VHVs in communication skills; avoiding mix messaging; adopting novel BCC approaches for elimination phase; and harmonizing cross-border BCC strategies with neighboring countries.

In an open discussion that ensued the presentation, apprehensions about the limited success of the current printed BCC materials were shared. At the border areas, bilingual IPC was recognized as the most successful. Mr. Natakorn Jittanonta, country program manager of Malaria Consortium Thailand, called for a need of a paradigm shift in conceptualizing about BCC. Community mobilization was deemed as the most vital in BCC and equipping volunteers to serve as BCC material themselves was proposed as a potential strategy for the future.

2.3.2 BCC for healthcare service provider and private sector

In a group work session, the participants brainstormed on suitable ways of using BCC to engage public healthcare providers and private sectors in the response to malaria for the MMP. Targeting the public health care service providers working at either the hospital, health center or health posts, the participants in group 1 suggested few strategies for BCC. As the public health facilities have fixed working hours, contact number of the provider can be provided to the MMP for appointments. Incentive scheme and capacity building with follow-up (such as for IPC, counselling skills, friendly service training) can be utilized to improve the attitude and behavior of the providers. There could be possible campaigns to convince the involvement of government, support for task shifting, development of KPI and strategies for public organization.

The group 2 classified medicine outlets, private clinics, local vendors, traditional healers and private companies such as plantation sites, construction, mining , factories and logging companies as the private sector involved with MMP and malaria response. Suitable BCC activities such as advocacy meeting, law enforcement, MOU with companies, capacity building, and motivating companies with incentives such as recognition certificates were suggested as suitable for BCC. Use of mass media, business networking, developing IEC for private sector and inclusion of private sector in national and provincial level were also suggested.

2.3.3 Tailored BCC

Mr. Patipan Yutithamsathit, program officer from Raks Thai Foundation, shared the experience of developing tailored BCC materials. After the 2014 workshop, the IEC materials were collected from the officers at site and reviewed. The decision to develop a new IEC material was made after reviewing the existing IEC materials elaborately. Key message for the new IEC was chosen and interactive game card were created.

2.4 Public-private partnership in response to malaria program

A group work to discuss country specific public private partnerships in malaria response was conducted and list out the activities that can be considered in exploring this partnership. The strategic activities that emerged from the discussion are listed in the table 2 below.

Table 2. Key activities in Public-private partnership in response to malaria in GMS:

Country	Public Health Facilities	Private providers
Cambodia	▪ Capacity building on BCC ▪ Develop IEC materials ▪ IPC in and out of health facilities ▪ Integrated BCC into other diseases ▪ Monitoring/ supervision (meeting and field visits) ▪ Motivation of health facility (certificate, medal form government)	▪ Orientation meeting ▪ Training to public partners ▪ Develop IEC materials to link with community ▪ IPC ▪ M & E ▪ Encourage private providers
Myanmar	▪ Multilevel advocacy (simultaneously to achieve awareness, commitment and action)	▪ Incentive approach (for both IPC and HE)
Vietnam	▪ Training ▪ Promote free drugs ▪ Incentives and gifts ▪ Evaluation/supervision ▪ IEC materials and advocacy	▪ Regulation ▪ Training ▪ Supervision
Thailand	▪ Proactive with HPH ▪ Role of village health volunteer ▪ Health volunteer in endemic areas	▪ Health information kit ▪ Screening ▪ Advocacy by mass media and legal enforcement ▪ Small enterprises ▪ Training ▪ Positive deviance model
Lao PDR	▪ Training on BCC/IEC including providing IEC materials and RDT and	▪ Training on BCC/IEC including providing IEC

	ACT ▪ Monitoring and evaluation of health centers	materials and RDT/ACT ▪ Monitoring and evaluation of private pharmacies

Besides country presentation, there was the regional perspective which stressed on the harmonization of training of trainers (ToT) in communication and counseling and proper visualization of curriculum.

2.5 Platform for malaria information sharing and networking

2.5.1 Overview and progress

A cross-border working group (CWG) was established at the 2014 regional malaria workshop to provide a regional platform for the CSO's to coordinate and share malaria information, focusing on the mobile migrant population. The group consists of representatives from the CSO's and government bodies from the GMS region.

Mr. Shreehari Acharya, program officer at Raks Thai Foundation, serving also as the working group coordinator, presented a brief overview of the group objectives and functioning. He focused the attention of the meeting on the TOR of the working group that was finalized through a series of online consultations and meetings. Unfortunately, there were still some vacancies in the group as some nominations remained pending and some members were no longer available in the same capacity as before. The participants in the meeting were encouraged to select or nominate new members to the group as per their country. Thus a new working group was formed, with some additional slots for Cambodia, Laos and Vietnam.

This working group is funded by global fund and it shall be linked with the broader regional CSO platform for the sustainability of the group after the funding ceases. The members of the new working group are listed in the annex.

2.5.2 Website

Development of a website has been recognized in the executive plan to serve as a platform for regional CSO information sharing, networking and advocacy. Group brainstorming sessions were conducted amongst the participants in this meeting to generate a mutual agreement on the conceptualization of the website including its esthetics and operation. The participants agreed upon the following criteria:

Objectives of the website:

1. To share and update information on malaria and BCC
2. To advocate with national and regional stakeholders, partners and donors for malaria elimination
3. To build and strengthen malaria national and regional network

Malaria information should include:

- Malaria programs, confirmed cases, malaria curriculum, national strategies assessment/ review information, cross border information, outbreak data and response.

BCC information should include

- BCC strategies and programs, shared BCC materials, BCC related reports and manual, BCC working group meeting and minute postings, Q & A discussion blog and video posts.

Targets of the website:

The website of the platform should ultimately target all the relevant stakeholders in malaria response in the GMS region, namely the CCM, CBOs, CSO, FBO, private sector, community people, regional network, government donors, and donors such as United Nations (UN), Asian Development Bank (ADB), USAID, World health Organizations (WHO). The website shall also link all the national and regional government and CSO malaria partners via social media such as Facebook, twitter; and organization logo and website hyperlinks, after appropriate meeting and orientation with them.

Name of the website:

Depending on the availability of the domain, the following names were proposed in their given order of priority:

1. www.malariafreemekong.org
2. www.cwgformalaria.org
3. www.fightmalaria.org

Layout:

The layout should incorporate sections in the website for a variety of information such as Malaria profile by country, background of the group, objectives, network/contact/members, activities of each organization, BCC regional working group, publications, BCC materials, vision statements, hot news/ breaking news, contact us, Q & A discussion blog, report/ newsletter/ documents, stories/ cases, member profile and versions in local languages.

Focal persons responsible for updating the website:

Country/Area	Contact person
Cambodia	Mr. Sun Maysac
Laos PDR	Mr. Vieng Souriyo
Myanmar	Dr. Ye Win
Thailand	Mr. Sai Ti
Vietnam	Dr. Tran Quang Phuc
Regional focal person	Mr. Muhammad Shafique

3. Output of the meeting

The meeting was successful in addressing to the objectives and producing expected outputs. Overall, the meeting was able to achieve these major outputs:

1. Updated knowledge about the situation of malaria, epidemiology, trends, elimination targets, national strategies and BCC strategies of all 5 RAI implementing nations.
2. Review of BCC strategies wand new recommendations to address the hard-to-reach population.
3. Activities and strategies for engaging public and private sector in malaria response for MMP.
4. Reinstated and revamped CWG
5. Clear conceptualization of website to serve as a platform for regional CSO information sharing, networking and advocacy.