

**APLMA side event at the India Preparatory Meeting for the Global Fund 6<sup>th</sup> Replenishment**

**Innovation and political commitment are critical components, but it's also about getting to the key population; what is the role of CSOs on the RAI and in fighting malaria?"**

*Thank you very much for having civil society as a partner today on the panel. I feel delighted to be here, because in fact this year is the first time that civil society in Vietnam is involved in the global fund program for malaria.*

*I want to share with you our perspective about why it is important that CSOs are involved and what is our role.*

*First, it should be highlighted that the malaria response in the Greater Mekong Subregion (GMS) is a big success. Sitting here, I recall 25 years ago in February 1994 that I made my first field trip to a border area of Vietnam. At that time I learned that malaria was number 1 public health concern to the community.*

*Today, malaria has fallen out of public interest. When people started encouraging us working on malaria under RAI2E, I thought to myself, "is it possible that malaria is still a problem? Why don't talk about something more important?" But when we started to do field visits in malaria areas we realized that it IS still a real problem and we really need civil society and communities to be engaged. Although the reduction of malaria in the GMS is a big success, it has unfortunately left a concentrated malaria epidemic in certain populations; populations that are most vulnerable because they are hard to reach. Not only because of geography, but they are also socially, economically, politically and legally hard-to-reach.*

*One key population that is most vulnerable to malaria is forest-goers; those who go into the forest to chop wood, collect mushrooms and other fruits, or cross borders. However, most of the forests in the region are protected and people are not allowed to go into the forest. Which means that most of these forest-goers are more likely to be engaging in illegal activities. These people are often very poor and put their livelihoods before their health and clearly have to be so desperate to do something illegal to support their living. Compounding this issue, many of the people in malaria affected areas have a legal status that is not clear, for example undocumented migrants, people that have no identification papers. When considering health service delivery, if government staff tries to approach them, they are more likely to avoid and try to hide. Accessing of the health system to them is very difficult.*

*Health systems in the GMS has been supported by the Global Fund to respond to malaria, and all are very highly functioning. Test kits are available, treatment is available, logistics are covered, and training and capacity building is supported. But people don't come. People don't come. There is a separation between the health system and the hard to reach community.*

*The reports we see in the GMS show a significant malaria reduction, but then an increase again. I talked to the professional malaria staff in the region, and asked 'are you sure that malaria is going down toward elimination' and they said that they are not sure because they see cases going up and down year after year. The reason why it is because there are these populations that the health system cannot reach. Civil Society Organizations, with experience reaching out to the hard-to-reach, the marginalized, the criminalized, the forgotten, and then hidden population, can build the bridge. We can play a role.*

*Under the RAI2E in the GMS, it is the first time that all 5 countries have civil society participation in the malaria response. The RAI-1 only had civil society engagement in three counties (Thailand, Myanmar, and Cambodia). Laos and Vietnam civil society did not participate. With the support of the RAI2E, we also have*

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*a Malaria Civil Society Platform in the GMS, with over 50 CSOs participating. The Platform allows us to share information, share experiences, and coordinate our work together, to make sure that malaria elimination is on the agenda; not only in the government but also in the communities most affected. So we really hope that this work will continue and we can continue to capitalize and build on the success we have demonstrated. So now in all RAI2E countries we are there. Because we need to be there. We see the role, we see the responsibility.*

*Civil society has been scaling up efforts to create a bridge between the health system and the communities that are most affected by malaria. Not only do we create a bridge, but also conduct outreach and service delivery where government services cannot reach. This includes tests in the field, transport for treatment and follow-up, talking to people about prevention, distribution of nets etc.*

*Through the support of the Global Fund, we have worked hard to mobilize people and establish community systems. When people are connected and organized, there is a platform for health access not only for malaria but for other health issues. Through these platforms, we are reaching those we never could have imagined we would reach. The inclusion of civil society is the reason. We need to keep fighting.*

*I really believe that only with effective engagement of civil society will we be able to eliminate malaria in the region. **Together** we will make it to elimination*

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