

# Regional Advocacy Statement for Leveraging the Roles of the Community Malaria Volunteers in Greater Mekong Sub Region Countries

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**Background:** Since the beginning of RAI, under the leadership of National Programs, civil society organizations (CSOs) have been playing complementary roles in delivering malaria services. As we transition to the next phase of RAI, the role of malaria volunteers needs to be leveraged to maximize their public health benefits within the context of changes in malaria epidemiology across GMS countries. From 8<sup>th</sup> to 9<sup>th</sup> July 2019, in Bangkok, Thailand, the CSO platform conducted a workshop to identify ways that community malaria volunteers can remain the cornerstone of malaria elimination strategy within this context and came up with three advocacy asks to the national governments and the Global Fund to take into account in funding proposal development in next phase of RAI.

**Targeted audience:** Ministry of Health, National Malaria Control Program (NMCP), Country Coordinating Mechanism, and National and Subnational-level Public Health authorities, Global Fund and Donor organizations

**Purpose:** The regional malaria CSO platform calls for leveraging the impact of malaria volunteers/workers to better respond to community health needs and remain relevant in the efforts to eliminate malaria.

## Specific Statements:

- (1) In the next phase of the RAI, malaria volunteers should offer an appropriate set of integrated health services that are relevant to their communities to improve the value, impact, and efficiency of malaria programming.**

**Rational:** Current vertical approaches to supporting malaria interventions through malaria-specific volunteers<sup>1</sup> reinforce siloed service provision at the community level, which does not adequately respond to community health needs. In some contexts, malaria volunteers provide malaria services to remote, marginalized and underserved communities (e.g. mobile, migrant and ethnic populations), which are likely to also need other types of essential primary healthcare services. Enabling malaria volunteers to respond to a more integrated set of community health

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<sup>1</sup> **Myanmar:** Integrated Community Malaria Volunteer, **Cambodia:** Village Malaria worker/mobile malaria workers, **Thai and Laos:** Village Malaria Volunteer, **Vietnam:** Community Health Volunteer

needs could increase health impact generated through this channel and improve operational efficiency within national health systems.

In addition, in the next phase of RAI, as the countries are getting closer to elimination, the malaria burden will continue to reduce. In this setting, considering broader community health epidemiology as well as community preferences (not exclusively for malaria) will matter, because communities will not continue to seek out services of malaria volunteers if their services are not relevant to their needs. Integrating relevant services to malaria volunteers will reinforce their relevance to the community, and encourage people to continue seeing them for malaria tests. Malaria volunteers offering integrated services is not meant to replace other service delivery channels, which communities may prefer, but rather to provide a viable alternative embedded in the communities where community members continue to seek malaria care until elimination is achieved.

**(2) National Malaria Programs should develop a malaria integration plan that addresses integration of health services for malaria volunteers; the plan should include appropriate resources allocation and consider a stratified approach to integration.**

**Rationale:** The cost-effectiveness of delivering multiple health services through one health worker is comparatively higher than to have multiple service providers designated for individual diseases at the community level (under the auspice of different departments of a national MoH or implementation partners). However, this approach requires more collaborative implementation mechanisms, in order to allow for alignment with national public health systems and synergy of contributions from domestic and other donor resources. In the next phase of RAI, the Global Fund should actively pursue effective coordination not only with National Malaria Control Program, but also with the wider public health departments/divisions of Ministries of Health with oversight of disease control and public health promotion functions beyond malaria. Development of three disease specific National Strategic Plans and concept notes without cross-references to each other or how interventions are to be delivered within the wider public health service delivery context does not encourage integrated or cost-effective approaches. Integration and synergy need to be considered from the beginning of planning process, and should be documented in a written and costed plan to enable implementation.

Further, integration of additional health services into the work of malaria volunteers may require a stratified approach, and will vary across and possibly within countries. In places where malaria cases are already very low, integration of other services now is reasonable to maintain the relevance and social position of the malaria health works in the communities, before they become obsolete in the community. However, in other places where the malaria burden remains relatively high, and the malaria volunteers are offering a valued service to the community by offering malaria testing, treatment and/or information alone, integration could

be delayed or phased in more slowly, so that the core and vital function of the malaria work is not over-taken.

**(3) Malaria volunteers should be fairly and sufficiently compensated for their vital contribution to malaria elimination, within the context of each country program, ensuring alignment and consistency.**

Rational: As the malaria epidemiology changes and malaria is found deeper in forests or more remote communities, the role of the community malaria volunteers in elimination remains essential. Though these workers are often volunteers, they should still be fairly compensated for their expenses to complete the work, at a minimum, such as transportation, and ideally their time. As integration moves forward, this will allow for cost savings by removing duplication in persons, so a portion of the savings could be allocated to fairly compensate the volunteer workers. In addition, as malaria volunteers integrate more health areas into their core functions, it is reasonable to consider adjusted compensation if needed. Further, inconsistency of treatment for volunteers within a country can also lead to poor performance due to a lack of motivation or lack of resources to complete the assigned tasks.