

## Malaria Civil Societies Platform calls for strengthening community involvement in data-driven decision-making

The call in WHO's Global Technical Strategy for Malaria 2016-2030<sup>1</sup>, "Transform malaria surveillance into core intervention" has encouraged malaria programs in the GMS to re-orientate their country's surveillance system. Recent qualitative research shows that as opposed to a centralized strategy, there is a need to customize malaria control and elimination strategies in response to this improved surveillance data.<sup>2</sup> We applaud the Global Fund's unwavering support and investments in transitioning to case-based surveillance, the adoption of appropriate technology, supporting data systems, data quality assurance and strengthening data use at country level.

We recognize that Global Fund and Bill and Melinda Gates Foundation (BMGF) investments, technical support from WHO and CHAI, coupled with leadership and commitment from NMCP and the tireless efforts of the malaria service providers from community, private, and public sectors who are regularly recording and reporting malaria data, have overwhelmingly improved the surveillance system. We recognize this as one of the major successes of RAI.

While systems have improved, they are not yet perfected. Civil society organizations playing complementary roles in malaria surveillance systems see the following major areas that require improvement in our efforts to better serve communities with more data-driven actions and to therefore achieve common goal of malaria elimination.

### **(1) Strongly encourage and allocate resources to fully integrate community health workers and private providers into routine national malaria surveillance system**

- Build up surveillance systems that involve communities as analysts, advisors, decision-makers, and responders" (CSO and Community Contribution to Malaria Elimination in Thailand)
- Data collection and reporting systems need to be easy to use
- Including mobile systems where they are in place
- Including case-based surveillance and response systems where they are in place, according to national SOPs

<sup>1</sup> Global Technical Strategy for Malaria 2016-2030, WHO

<sup>2</sup> Prospects and strategies for malaria elimination in the Greater Mekong Sub-region: a qualitative study

**(1.1) Allocate capacity building resources for on-the-job mentorship for national, provincial, and district levels of the health system and for CSOs on data analysis and use for programmatic decision-making**

- Traditional trainings have been challenged by staff turnover, difficulties in cascade training.
- On-the-job mentorship and support to develop data decision-making frameworks to more effectively engage more staff/learners to feel comfortable and in control of using key data/.

**(1.2) Resources to support forum/meetings for community (VMWs, health centers, private providers) review of surveillance data and input on response, led by responsible province/district authorities, with the support of CSOs as needed.**

- CSO support on meeting management / leadership and data analysis and use

**(2) Strongly encourage NMCPs to give access to routine national surveillance data to all malaria partners, including CSOs, and provincial/district levels of the health system to**

- Partners, including CSOs, and provincial and district levels of the health system need access to data to inform program decision-making and to coordinate activities in the same geographic areas (can control data access by level)
- Log ins for online data
- Including case-based surveillance and response data

**(3) Strengthen evaluation of RAI implementation, including use of surveillance data for programmatic decision-making**

- Need stronger accountability on program implementation
- Little assessment has been done on surveillance data analysis, feedback, and whether data is being used to inform programmatic decisions