

Malaria civil society calls for continuity of malaria services with protection of frontline malaria workers in the context of COVID-19 pandemic.

World Malaria Day 2020

On this year's World Malaria Day, we, civil society organizations working towards malaria elimination, make this calls to accelerate malaria elimination during the unprecedented times of COVID-19 pandemic. Significant progress has been made to reduce national malaria burdens, which in turn has contributed to regional and global success stories. Since the year 2000, more than one billion cases of malaria have been prevented and seven million lives have been saved. However, malaria is still an overwhelming threat to some vulnerable groups, including mobile and migrant populations, forest-goers, pregnant women, and children under five. According to the World Malaria Report 2019, there were an estimated 228 million cases of malaria and an estimated 405,000 deaths worldwide in 2018. While many high burden countries continue their fight against malaria, five countries in the Greater Mekong Subregion (GMS) with low morbidity and mortality are on a path toward achieving malaria-free status by 2030. Their efforts to control malaria have been a source of inspiration for high burden countries

There has been a steady decline in malaria cases and deaths in the Greater Mekong Subregion since the Global Fund Regional Artemisinin-resistance Initiative (RAI) started in 2014. There has been a 76% reduction in confirmed malaria cases, and malaria-related deaths fell by 95% between 2010 and 2018. Notably, the report shows a precipitous decline in P. falciparum malaria, a primary threat of antimalarial drug resistance. Effective collaboration among communities, private sector, governments, and civil society organizations across the GMS has been a driver of significant progress against malaria in the last 6years. Continuing these efforts is of increasing importance to ensure that we stay on track to achieve malaria elimination by 2030.

The Regional Malaria Civil Society Platform in the GMS congratulates the national programs for their tremendous success, recognizes the critical contribution of all the frontline community health and malaria workers, and appreciates donors for their ongoing support and flexibility.

Malaria elimination in the GMS in the context of the COVID-19 pandemic

The COVID-19 pandemic creates additional challenges for fragile and resource-limited health systems already responding to existing and comprehensive public health issues. We are already witnessing catastrophic health, economic and social impacts on the most vulnerable communities across the GMS, and without rapid and responsive action, any progress already made toward malaria elimination will likely not only stall but also be set back. The Regional Malaria CSO Platform reinforces the World Health Organization's recommendation that countries do not suspend planning and/or implementation of vector control activities such as insecticide treated nets and indoor residual spray campaigns, or case management activities, but instead provide support and protection for health workers and communities from COVID-19 infection.¹

Malaria services on international borders are disrupted due to border closures, putting communities who are reliant on border malaria services at risk. Commodity shortages are foreseen immediately or in the near future if the in-country supply chain is disrupted and restrictions are imposed on any part of these supply chains. The potential use of antimalarial for COVID treatment may result in drug shortages. And compounding this issue, is the short supply of personal protective equipment (PPE) placing communities and health workers at risk. LLIN distribution and health education sessions have been postponed, leaving communities exposed and potentially detached from health systems. Limited monitoring and supervision to community workers and delays in routine malaria report submission from malaria volunteers due to travel restrictions could also affect the quality of malaria data and overall malaria disease surveillance. Coordination between stakeholders has also been disrupted. These challenges are causing increasing anxiety and fear about how COVID-19 will shape



the malaria elimination environment and influence people's participation in ongoing and future elimination interventions.

National Malaria Control and Elimination Programs must ensure that malaria activities are ongoing with limited interruption, particularly in hard to reach areas, and assure protection to frontline health workers by providing appropriate and sufficient PPE. The safety of frontline workers must be a priority. There are over 33,000 malaria volunteers trained and supported by the Global Fund RAI programs in the GMS who are ready to respond to their communities' needs across the region, including participation in community preparedness and response to COVID-19 initiatives. The decentralized nature of malaria services has established strong community health systems — a strategic advantage under current circumstances, as coverage can be maintained even under strict restrictions on movement. However, continuing support is critical, as successful community-based primary health systems rely on the entire case identification, management, and reporting cycle being accessible and available within communities.

Civil society organizations serving at-risk and marginalized communities vulnerable to malaria and COVID-19 play an important role in this challenging situation by supporting their respective governments in responding to COVID-19, and at the same time remaining focused on eliminating malaria from the Region by 2030.

A call to action by the Regional Malaria CSO Platform, GMS

The Regional Malaria CSO Platform, GMS is a network of Civil Society Organizations (CSO) from the Global Fund RAI implementing countries: Cambodia, Lao PDR, Myanmar, Thailand, and Vietnam. The Platform serves as the community and CSO engagement mechanism for the Global Fund RAI grant. The Regional Malaria CSO Platform plays a key role in advocacy, communication, and engagement for the marginalized and vulnerable communities

We call on governments, national programs, and donors to:

- 1. Protect frontline malaria workers and field staff at the community level by providing appropriate and sufficient supply of effective PPE that are contextually appropriate and practical to use, including face masks and hand sanitizers/soap.
- 2. Adapt essential health and malaria services to reflect the varying social, cultural, financial, and geographical differences between communities, particularly in the context of COVID-19.
- 3. Communicate regularly with civil society stakeholders about national strategies and updated health information to increase the quality of services and understanding of the current health situation. This includes timely preparation and rapid dissemination of relevant COVID-19 education and communication materials for malaria volunteers.
- 4. Provide timely communication on anticipated shortages and ensure a continuous supply of malaria commodities at all levels of the distribution chain to all front-line services. This includes exemptions to travel restrictions, preventing import delays and clearance times and meaningful collaboration between all stakeholders.
- 5. Provide rights-based universal coverage of malaria services for at-risk and marginalized populations, particularly those in hard to reach areas and those with varying legal status.
- 6. Capitalize on available technology to maintain essential malaria data, continue surveillance activities, provide oversight, and assure quality services.
- 7. Regularly assess the impact of COVID-19 on malaria elimination progress and proactively identify mitigation measures for identified challenges.

#malaria

Regional Malaria Civil Society Organization Platform, Greater Mekong Subregion

hosted by the American Refugee Committee

Website: www.malariafreemekong.org Facebook: Malariacsoplatformgms Twitter: @malariafreegms