

**Regional Malaria CSO Platform, GMS  
Regional Consultation Preparation Workshop  
for Regional Artemisinin-Resistance Initiative (RAI) 3**



**Yangon, Myanmar  
27-28 October 2019**

## Abbreviation

AIDS	Acquired immunodeficiency syndrome
APLMA	Asia Pacific Leaders Malaria Alliance
APMEN	Asia Pacific Malaria Elimination Network
BMC	Border Malaria Corner
CCM	Country Coordinating Mechanism
CHW	Community Health Worker
CMPE	Centre for Malaria Parasitology and Entomology
CMW	Community Malaria Worker
CSO	Civil Society Organization
CSR	Corporate Social Responsibility
DHIS2	District Health Information Software 2
DOT	Directly Observed Treatment
EHO	Ethnic Health Organization
FDA	Food and Drug Administration
<i>G6PD</i>	<i>Glucose-6-phosphate dehydrogenase</i>
GCA	Government-controlled areas
GMS	Greater Mekong Subregion
HC	Health Center
HSS	Health Systems Strengthening Program Component
ICC	Inter Country Component
ICCM	Integrated Community Case Management
ICMV	Integrated Community Malaria Volunteer
IMP	Research Institute of Molecular Pathology
IOM	International Organization for Migration
IT	Information Technology
LAO	Local Administrative Offices
Lao PDR	Lao People's Democratic Republic
LLIN	Long-Lasting Insecticide Net
MDA	Mass Drug Administration
MEF	Mefloquine
MIS	Management Information System
MP	Malaria Post
NGCA	Non government-controlled areas
NMCP	National Malaria Control Program
NSP	National Strategic Plan
OR	Operational Research
PACD	Pro Active Case Detection
Pf	Plasmodium falciparum
PPM	Public Private Mix
PR	Principal Recipient
PSI	Population Services International
P. Vivax	Plasmodium Vivax
RAI	Regional Artemisinin-Resistance Initiative
RAI2E	Regional Artemisinin-Resistance Initiative2 Elimination
RDT	Rapid Diagnostic Test

RSC	Regional Steering Committee
SOP	Standard Operating Procedure
TB	Tuberculosis
UHC	Universal Health Coverage
UNOPS	United Nations Office for Project Services
VMW	Village Malaria Worker
WHO	World Health Organization

## Executive Summary

The Regional Malaria CSO Platform has worked closely with Global Fund RAI implementing countries: Cambodia, Lao DPR, Myanmar, Thailand, and Vietnam CSO members, respective national governments, and communities to address an issue of malaria vulnerable and at-risk populations who are always not the priority for the countries due to their legal status or nature of work. To date, the platform is able to create a network of more than 50 NGOs, community-based organizations, and networks at the national and regional level.

To reflect the voices of the community's needs and to provide the proper and effective intervention to the affected communities, the Regional Malaria CSO Platform has organized the consultation workshop preparation for RAI3 in Yangon on 27-28<sup>th</sup> October 2019. A total of 49 participants, including RAI RSC CSO representatives, RAI RSC Secretariat, PR UNOPS, CSO platform country steering committee members, and RAI CSO implementing partners from GMS countries joined forces to review the overall achievement and discussed strategies for the CSO collaboration to the country's National Malaria Control Program.

During the workshop, the participants achieved the objectives set:

1. To contextualize the countries' priorities based on the regional statements on disease integration, private provider, and community engagement in surveillance
2. To identify country's high-level priority ASKs and get consensus among CSO partners for the RAI3
3. To update the CSOs regarding RAI3 funding request development.

In general, the following key intervention priorities were agreed for RAI3 inclusion while bearing some crucial elements in mind. In regard to the key interventions, five countries foresee the necessity to (1) advocate for proper disease integration, private provider engagement, and community engagement in surveillance system (2) increase access to quality test & treat and health services among targeted populations, (3) provide technical assistance on epidemiological support, data collection & use and investigation, (4) strengthen cross border collaborations with neighboring countries, and (5) strengthen coordination among non-state actors to ensure equal rights and inclusion.

Current status proves that the role of malaria volunteers, as well as their services provided, have still been relevant to the communities' needs and the needs of the National Malaria Control Programs. In order to further achieve malaria elimination, it is unanimously agreed that program implementers integrate community needs and intervention in policy and program planning, formulate comprehensive service packages to cover diseases prevalent in their hard-to-reach service areas, and advocate these concepts to a higher level in countries for national strategic planning.

In addition, other crucial elements for consideration are sustainability, cost-effectiveness, data-driven analysis, evidence-based information, and local context situations. Bearing in mind these elements, each country will be able to shape its strategic directions into a more realistic and comprehensive manner. For the Regional Malaria CSO Platform itself, the members recommended assisting its members on advocacy at the national level, internal and external coordination, capacity building, program management, impact monitoring and measurement, as well as the governance issue.

Ways forward, the Country focal persons shall work with National Malaria Control Programs, Country component designated consultants, and other relevant stakeholders to contribute in the process of developing the concept note for RAI3 with the support of the Regional Malaria CSO Platform. The funding request submission is expected to happen in 28<sup>th</sup> March 2020.

## I. Welcome Speech

*Mr. Shreehari Acharya*, Project Manager from Regional Malaria CSO Platform, welcomed participants to Yangon, Myanmar. *Dr. Sai Nay Min Shein*, Technical and Communication Coordinator to provide an overview of the meeting agenda. From this meeting, all participants had opportunities to (1) review three CSO advocacy papers on disease integration, private provider, and community engagement in surveillance, (2) identify national priorities for RAI3, and (3) hear an update on RAI3 funding request development process. The result from discussion today was summarized and presented to the Regional Steering Committee (RSC) held on Friday 1<sup>st</sup> November 2019, as well as integrated as inputs for RAI3 proposal development.

*Dr. Sai* also requested all participants for their consents for the Regional Malaria CSO Platform to use photos taken and related details in its publicity activities. All participants agreed and provided consents to the request through verbal message.

## II. Updates on CSO Platform Activities

*Mr. Shree* provided a progress update of CSO platform activities implemented during the period of January to October 2019. He informed the completed activities as below.



Interview session with volunteer in CSO capacity development and mentorship training, Thailand

1. National CSO Consultations was conducted in Thailand during Sep-Oct 2019, Cambodia and Vietnam in Oct 2019. Other countries are under preparation process. Delay has happened due to countries' internal approval process. More details on the consultations' objectives and implementation activities appear **presentation**;
2. Cross-learning field visits in Lao PDR, Myanmar and Vietnam was completed. The team has organized the field visit in Thailand with media crew participation in April 2019;
3. Website development/restructuring has been completed. Information remained the same while essential features of the website shall differ. All platform activity related report and update is

published in the website.

4. For national and regional malaria-related events, the CSO Platform supported members' participation in Global Fund conference in India; APCASO, RSC, APMEN and APLMA events in Bangkok; World Malaria Day; and Global Fund 6<sup>th</sup> Replenishment Conference in Lyon, France.



#### Recommendations:

1. The Regional CSO Platform should report on impact, key learnings, lesson learned and improvement of meeting/workshop participants' abilities to eliminate malaria for the RAI3 proposal preparation, budget planning and evidence-based negotiation with the funder.
2. The impact monitoring, measurement, and reporting must be done through governance structure existing in the countries. Information from this meeting shall be contributing to the discussion of one-day RSC retreat to be held on Friday 1<sup>st</sup> November 2019.

### **III. Updates on CSO Platform Representation at the GF 6th Replenishment Conference**

*Mr. Saw Win Tun*, Community Advocate from GMS, represented as community and youth populations affected by malaria at the Global Fund 6<sup>th</sup> Replenishment Conference in Lyon, France together with a group of young people affected by TB and HIV. With support from the CSO Platform, he had opportunity to provide response to the open letter to 7-year old children everywhere by promising an AIDS, TB and malaria free world by 2030 and participated in side events.

Platform had issued call for applications requesting malaria effected community youth volunteers from the RAI implementing GMS countries to apply. Three applications were received and forwarded to the Global Fund for finalization. Based on the applications and their stories, Saw Win Tun was selected by the Global Fund to represent malaria community in the Global Fund 6<sup>th</sup> replenishment conference.



Sharing youth statement at Global Fund Sixth Replenishment conference in Lyon, France by GMS community representative, Saw Win Tun

*Mr. Saw Win* shared in the event that moving towards the universal health coverage and greater country ownership, we need Global Fund programs to ensure maximum impact by implementing smartly, efficiently; target the benefits of affected communities; engage relevant stakeholders working in and for the hard-to-reach areas; engage youth to assist marginalized people through their participation in the global fund process for transparency and accountability.

#### Recommendations:

1. Key message for the CSO Platform is to work on capacity building, pay attention to domestic resource mobilization from the government in order to create impact, ensure that pledges come through to countries for implementation, advocate for the governments to increase their budget allocation to support malaria elimination, and engage private-sector players.
2. The CSO Platform needs to include resource mobilization in its advocacy work plan aiming to increase domestic resources through national budget allocation and private sector engagement. It is recommended that the CSO Platform to prepare one thank you statement for donors on their significant contribution to our work.

#### IV. Presentation on CSO platform advocacy papers

Shree and Dr. Sai from malaria CSO platform secretariat presented three draft CSO advocacy papers developed from discussions at the regional and consultation workshops, comments from the CSO platform members, experiences from private providers, and field visits. They expected all participants to brainstorm their ideas, comments on the draft papers, come into an agreement, and finalization for further advocacy use.



Sharing of private provider advocacy paper by Shreehari Acharya

Underneath are his proposed contents and discussion outcomes. For more details, please refer to the draft advocacy papers. It is recommended that participants' discussions be

aiming for creating responses towards (1) RSC high-level retreat, (2) IMP report on each country's performance, (3) negotiating National Strategic Plans in countries where they are not yet finalized, and (4) advocating targeted audiences like the Ministry of Health, National Malaria Control Program (NMCP), Country Coordinating Mechanism (CCM), and National and Subnational-level Public Health authorities, Global Fund and Donor organizations.

Final version of each paper based on discussion and recommendations made during the 2-day CSO meeting shall be separately distributed to participants.

##### *(a) Effective engagement of **private providers** is critical to achieving malaria elimination*

The CSO Platform prepared this advocacy paper based on site visits conducted in Myanmar, Vietnam, and Lao PDR including discussion with relevant stakeholders and community members. From these activities, facts revealed as appear in "Effective Engagement of Private Providers" presentation.

With these insights, the CSO Platform proposed to advocate for two key action: (1) acceleration efforts to engage all private providers as partners in malaria elimination, and (2) increase capacity on malaria service of private providers.

##### Discussion:

- In general, participants had no objection to the content of the proposed advocacy paper on private sector engagement. However, it must be evidence-based with new factual information to be added. It also requires language fine-tuning to emphasize on what the CSO Platform exactly needs from the audiences.
- Most of participants acknowledged the role and contribution of private providers in a rural setting. Some expressed their concerns that the platform advocacy should not jeopardize the existing role of community health workers working within the same communities.
- The mandate of the CSO platform still remain the same even though expanding to cover TB and/or HIV/AIDS as well as partnership with private sector in the future. This is because the ultimate outcome is to eliminate malaria. Private sector is significant to us particularly in regard to data availability and accessibility to our targeted areas.

- In Vietnam, PSI has already been working with private providers (e.g. private clinic, pharmacy, large corporate, etc.) to promote malaria elimination. One capacity building activity for one private entity does not fit another private entity. Different approaches are required. Another issue/risk found was the overlapping in data reporting. PSI Vietnam is very flexible in how to mobilize financial and human resources to tackle issues. Another challenge is quality treatment.

#### Recommendations:

1. This advocacy paper was produced at regional level and it must not outweigh what country level wants to do. Due to specific cases happening in countries, we shall produce one overarching paper and country specific needs. What we ask for must be clearly spelled out for Global Fund to clearly understand and allocate fund directly to particular activity.
2. The definitions of “private provider must be clearly determined i.e. who they are, what they do, how they are interpreted in each country’s context, and whether it should be “private care provider” or “public-private” mix. Private sector has already been engaging in Lao DPR, Myanmar and Vietnam. In Thailand, role of private sector/hospitals is contributing in treatment and referrals. It is also necessary to understand national strategic plan, programs, guidelines and policies in order to aim for the right combination.
3. Our strategy must be adapted to suit community needs and for sustainability as community health workers (CHWs) are the entry points for all services at community level. However, we need to bear in mind that engaging private sector requires financial investment (Lao PDR) for test kits and treatment, capacity building, surveillance, real-time reporting and response.
4. In relation to engaging private sector in surveillance, additional resources are required for training, equipment, strengthening supply chain, increase incentives and motivation.
5. The CSO Platform must also check what surveillance means in each country’s context. Some countries can apply certain ideas in countries while some countries cannot.

#### *(b) Regional statement for leveraging the roles of the **community malaria workers**/ health volunteers in GMS countries*



Sharing of platform two position papers on disease integration and community engagement in surveillance by Dr. Sai Nay Min Shein

Dr. Sai presented the advocacy paper with five advocacy asks developed at a workshop conducted in July 2019. The objective was to identify ways for community malaria workers (CMWs) to remain cornerstone of malaria elimination strategy for the global fund proposal inclusion and for the national governments’ attention. During the workshop, facts revealed as appear in “Leveraging the Roles of CMWs in GMS Countries” presentation.

With these insights, the CSO Platform proposed to advocate for the followings:

- (1) Leveraging the impact of malaria/ health volunteers to better respond to community health needs and advance Universal Health Coverage;



- (2) National Ministries of Health to lead the process of improved alignment of CSOs and private providers with public health service delivery channels, so that services can be provided in an integrated, efficient and sustainable way;
- (3) National Ministries of Health to guide the complementarity of contributions to service delivery by civil society, the private sector and donors with government efforts and resources;
- (4) Malaria National Strategic Plans to be developed with coherent and meaningful linkages to the National Health Plan/Policy; and
- (5) The Global Fund and all donors to identify concrete steps to operationalize the integration of services beyond support to AIDS, TB, and Malaria vertical programs in the same geography.

#### Discussion:

- The five advocacy statements presented by Dr. Sai were agreed in principle, with request for a revision to reflect strong and evidence-based standpoint from CSOs on disease integration. They must also be considered for inclusion in the current development process of national strategy plans at country level, Global Fund proposal, and for next cycle implementation at community level.
- Calling for national ministries' actions is the role of World Health Organization (WHO). Our advocacy work may duplicate their efforts. Integration of other diseases such as TB and HIV/AIDS does not cause conflict to the CSO Platform's mandate because our ultimate goal is to achieve malaria elimination in the region. The big challenge lies rather with how we position ourselves in each country and the intention to provide treatment, and how these five advocacy statements be applied at country level? For example, statement (2) how national governments can take lead while they are yet convinced on the concept. A concrete approach must be determined.

#### Recommendations:

1. The following revisions were recommended during the meeting.
  - Statement (2) and (5) are current and prioritized in sequence. For statement (3) and (4), private sector is recognized as significant contributor to malaria elimination. Their roles and players must be discussed and agreed at national levels including private sector's involvement in surveillance. For statement (4), a meaningful linkage to NSPs must be determined, possibly as crosscutting theme.
  - Remuneration for VMWs: the remuneration is not mentioned in the advocacy paper. This issue is significant as VMWs themselves and their motivation are keys to our programmatic success. In Lao PDR, CSO involvement in vivax response will facilitate the emergency to comply with the 14-day primaquine therapy for radical cure.
2. Capacity of community volunteers and malaria workers must be built to provide incremental services identified by countries including diseases in children under five. Motivational incentives such as health insurance and monetary allowance discussed in previous CSO Platform must also be realized in the planning.

#### *(C) Data-driven and timely actions in **surveillance** for GMS countries*

The CSO Platform prepared this advocacy paper based on the facts that GMS countries lack good practices in health-related data sharing, reporting and available tools for us at all health levels including in implementation. Communities do not have access or own the data to facilitate community engagement and decision making from grassroot level. In addition, CSOs play a limited role in surveillance.

With these insights, the CSO Platform proposed to advocate for three key actions: (1) simplified reporting channels and access to data, (2) after having clear reporting channels, the routinely collected data should be shared at all levels of health systems to encourage community and local-level engagement and response, and (3) continued community engagement and community ownership is the key to success. Target audiences for this advocacy are the Ministry of Health, National Malaria Control Program (NMCP), country coordinating mechanism (CCM), national and sub-national public health authorities, Global Fund, and donor organizations.

#### Discussion:

1. In general, the ASKs are not concise and lack of clear and strong message on what the platform wants from the Global Fund, and how this translates into national context. The access to data might need to be separated because it cannot happen now.
2. Transitioning from management information system (MIS) to an integrated system, countries demand to produce soundness on how to coordinate among relevant agencies, response to the incidence, share and analyse data, and ensure usefulness at local level. National governments usually lack financial and capable human resources available to support these activities. Therefore, they do not want to take responsibility.
3. Surveillance starts at community level. In Lao PDR, report on an outbreak incidence reaches the central government on monthly basis and response happens in 3-month timeframe at provincial and national level. Community can act as the first-layer of technical assistance provider / real time responder, and should have ownership to data. 50 cases found recently but not reported to/by the government.

#### Recommendations:

1. To resolve the surveillance issue, it is recommended to consider 24-hour surveillance system and the role and responsibilities of communities must be clearly stated and documented.
2. Cost effectiveness and data avail/accessibility at community level must be taken into account. Complementary not competitive manner with WHO, government agencies, or other organizations. The Global Fund is ready to support when specific activities/needs are clearly mentioned and for the benefits of communities, but not investment in human resources in the government sector.

## **V. UNOPS updates on RAI2E implementation**



UNOPS updates on RAI2E success and challenges by Dr. Faisal Mansoor

*Dr. Faisal Mansoor*, Head of Programme Unit from UNOPS, presented achievements made during RAI2E implementation, challenges of regional component activities, and ways forward for RAI3. These updates shall act as guidance for the CSO Platform to use as a basis for determining country and regional priorities, rooms for improvement in the next sessions.

**RAI2E Successes:** To achieve malaria elimination, GMS countries realized the immediate needs for regional coordination among GMS countries. So, the coordination mechanism was established to lead effective and successful

dialogue among countries and all partners. Another success of RAI implementation was through its alignment with national strategic plans as good complementarity and model for initiating national ownership as well as collaboration between grassroots (community malaria volunteers) and national government.

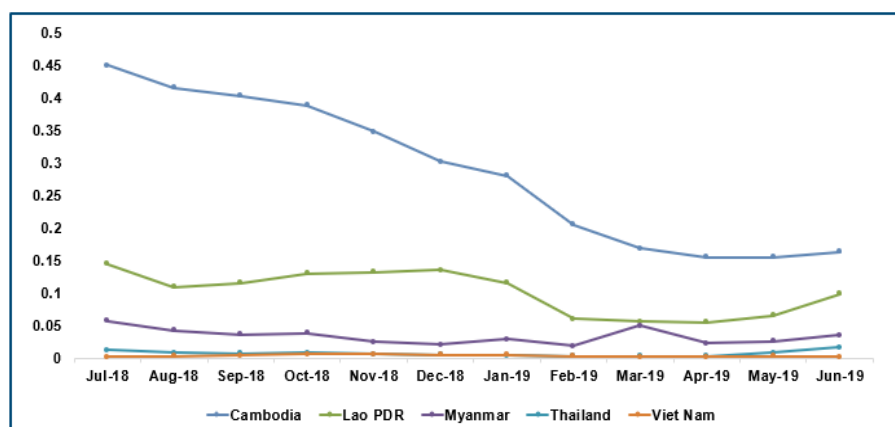
With increasing successes made from the support of community malaria volunteers, CSOs are now well-accepted by the Ministries of Health as part of the health system especially in reaching hard-to-reach populations. Operational researches were conducted in Lao PDR and Myanmar to prove these successes and to be used as an evidence underlying the concept of integrated service delivery model for future program development.

Engaging private sector, the regional program in collaboration with the Myanmar Chamber of Commerce has attempted to tap corporate social responsibility program to participate in malaria elimination efforts through their fast consumer goods transportation channels and supply chains. The success made from this regional program was the development of CSR Strategy and its integration with corporate policy document to encourage big companies to join force.

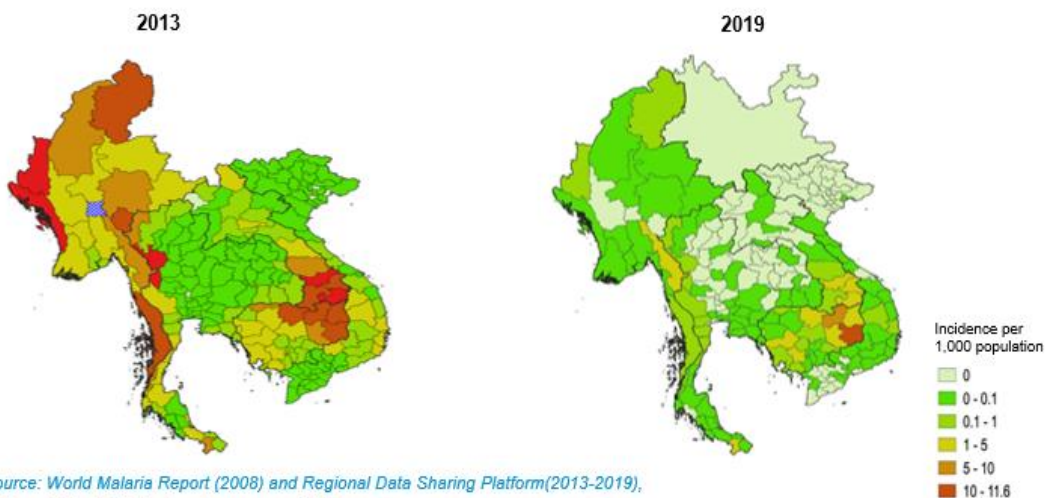
Many digital tools have also been developed during the past years e.g. MIS in Cambodia, DHIS2 in surveillance and real time reporting system, regional data sharing platform, and piloting MDA. Procurement for medical supplies was timely and with good value of money through coordinated planning across the region and hands-on budget management through the support of UNOPS.

With our efforts and contribution, the Global Fund Board has acknowledged RAI as good practices in term of strong accountability and reporting mechanisms. Impact-wise, it is clearly shown in pictures below that malaria incidence has gone down. For details on CSO contribution to national achievement, budget performance by partner, national program, country, and regional component, please refer to “PR Update on RAI2E Implementation” presentation.

### RAI2E successes – Malaria incidence Jul 2018 – Jun 2019

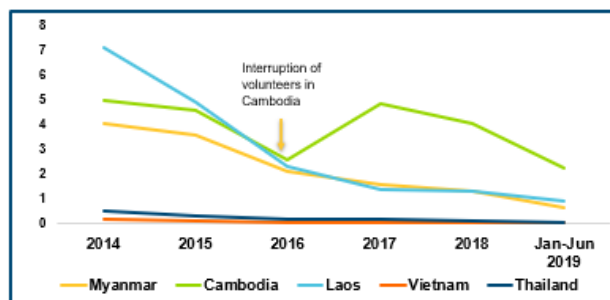


Source: Regional Data Sharing Platform, Mekong Malaria Elimination Programme, WHO

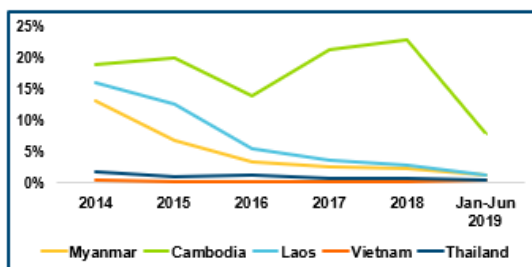


## RAI2E successes

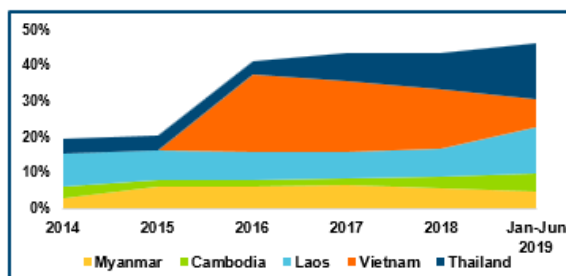
### API



### MPR



### ABER



Source: RA2E Grant Progress Report 2014-2019

**Challenges:** The supply chain remains unreliable due to frequent use of a push system for drug distribution and inadequate reporting from sub-national level to the central level especially in Myanmar and Lao PDR. In Lao PDR, multiple reporting sources exist for stock levels, which creates confusion and data inconsistency. Centre for Malaria Parasitology and Entomology (CMPE) and partners are planning to streamline the reporting issues and integrating the stock report into the DHIS2<sup>1</sup> and gradually phase out other reporting tools. In Cambodia, there is also reporting issue but with a better visibility of stock levels now through MIS and thus the supply management has greatly improved.

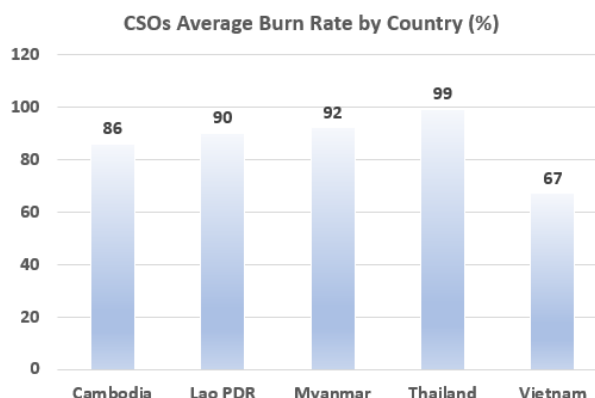
<sup>1</sup> Health management information system (HMIS) platform

Operationalization of PQ single dose for *P. falciparum* cases and the use of G6PD RDT and PQ for *P. vivax* cases are not yet widely prescribed in Lao PDR. The use of PQ is improving compared to past years. In 2019, CMPE is planning to roll out G6PD RDTs and Primaquine to HC level for male patients. Additionally, there are operational research projects being conducted in 2019/20 to look at the feasibility of using new quantitative point of care G6PD tests in Lao PDR, as opposed to the currently less user friendly qualitative RDT tests being used.

The followings are also required attention in RAI3: Prolonged custom clearance is still a concern in Myanmar, Thailand and Vietnam. Difficulties reaching the mobile, migrant, ethnic and vulnerable (MMEV) populations due to accessibility and security issues. Removal of incentives and top-ups for civil servants resulted to a marked decrease in national programme staff performance in some GMS countries. Delays in grant and operational research implementation due to long in-country approvals.

*Financial performance by National programs, regional component and CSOs:* Financial report (Jan 2018 – June 2019) submitted to UNOPS presented that national programs achieved burn rate of above 85%, except 68% from Cambodia. For regional component, the burn rate is reported low, approx. 58% in average, due to activity postponement and delay from in-country approval process.

Regarding CSOs, they achieved average of 86% from Cambodia, 90% from Lao PDR, 92% from Myanmar, 99% from Thailand, and 67% from Vietnam.



Note to the CSO Platform members that any remaining unspent balance as of December 2019 shall be returned to the Global Fund.

Budget variance occurs mainly due to the delay in commencing HSS component, inability to procure IT materials in MEF, delay in initiating malaria survey in Cambodia; unfinished designing of communication materials in MEF Cambodia, NMCP in Myanmar, and MCI Vietnam; prolonged in-country approval for the operational research; prolonged negotiation with national programs on detailed activities for private sector; and inadequate budgeting for WHO personnels' salary.

#### Recommendations for countries by UNOPS:

1. Moving forward from RAI2E experiences to RAI3, PR requested CSOs in countries to become certain of enthusiastically define their roles and contribution. Underneath are recommendations for countries' consideration for RAI3 as applicable to country context.

- Active and passive surveillance/1-3-7 strategy
- Locally managed malaria early warning systems/rapid response teams and mandatory case notification
- WHO role in the country and regional packages
- FDAs
- PPM



- Redefining/upgrading the roles of Community Malaria structures as part of decentralization and integration
- Prevention of malaria reintroduction
- Application of OR and IMP findings from RAI2E
- Planning for OR-RAI3E
- Last tenacious cases in very hard to reach, cross border areas/forest malaria
- Pv. elimination/radical cure, use of quantitative G6PD test and PQ
- Universal eHealth Coverage: DHIS2 or any other country specific electronic information management system
- Technical assistance in key thematic areas
- LLIN distribution/other vector control activities/entomology surveillance
- Community resilience;
- Long-term sustainable financial/funding mechanism
- Gender and human rights mainstreaming

Additional recommendations:

1. Regional mapping is required for available resources e.g. funding opportunities, program implementation, and other key players in the region. RSC and the CSO Platform must be aware of and take into account for integration such as radical cure program and Gate Foundation's support to PSI in Vietnam, for example.
2. It is recommended for the CSO Platform to realize the impact and consider revisit strategic direction whether the inclusion of vivax is necessary during this RAI3 cycle due to significant proven decline happened from its utilization during the 1<sup>st</sup> half of 2019. If agreed, radical cure requires intensive labour efforts from communities and support system like surveillance system, reporting structure, and importantly resource mobilization.

**VI. Group Work: Discuss and Finalize High-Level CSO Priorities for RAI3 at *Country and Regional Level***

This session aims for participants from each country to identify community engagement and priorities for the Global Fund RAI3 cycle (2021-2023). The outcome expected are (1) malaria situation updates; (2) successes and challenges found in RAI2E; (3) risk populations i.e. who are at risk, prioritized groups, and prioritized geographic areas; and (4) priority intervention e.g. high-level budget, continuation from RAI2E and new interventions.



Discussion  
five  
listed below.

Group work on identifying respective country priority areas for RAI 3

results from  
countries are

**Cambodia**

*Successes:*

- Volunteer malaria workers (VMWs) complied with the global fund guidelines.
- Cambodia CSOs achieved the targets set for
  - i. Malaria prevention health education
  - ii. Technical guidance to the national program on how to manage the global fund guidelines including malaria elimination global fund policies and procedures
  - iii. Good collaboration with WHO and CSO
  - iv. Support regional malaria committee, and
  - v. Timely payment transfer and supply inventory management

*Challenges:*

- Difficulty in activity implementation at public health department, operational district and health center levels due to small number of staff hired/funded, competing priorities and time delay
- Centralized approach imposed at national level caused delay in activity implementation across provinces
- Slow progress occurred when technical assistance was conducted by government sector, instead of CSOs, causing lower burn rate last year.

Discussion:

1. From Principal Recipient's perspective on Cambodia in particular, we were successful in tackling serious issues like no VMWs meeting and increasing prevalence of malaria cases during RAI1. During RAI2E, a huge positive impact presented itself as we achieved 100% VMWs meetings planned, public health facilities installed, and upsurge in the strength or quantity of community interventions. Going forward with RAI3, it is expected for CSO Platform to progress with models developed from RAI2E and involve more activities aiming towards malaria elimination.

Recommendations:

1. Cambodia should focus on creating a short list of key country priorities for malaria elimination, not routine activities, and to start with phased approach in low case load areas for integrated services. 9 out of 10 cases found in Cambodia have low incidence of malaria.
2. In regard to disease integration, it is necessary to rethink on (1) how to implement based on current situation and management structure, (2) possibility of changing to this new scheme and its effect, (3) cost effectiveness, resource mobilization, and high supervision efforts required due to its labor-intensive nature, (4) how to negotiate for the government's agreement, and (5) cross learning from other countries such as Myanmar. For Cambodia, remote areas like provinces in the northeastern region can possibly be target areas for initiating integrated services.

*Geographical Areas Prioritized:*

- Every province in Cambodia.
- Intensive support focuses on provinces with high case loads, targeting at health center level for *Plasmodium falciparum* (Pf) elimination

*Priority ASKs in Country:*

For Cambodia to achieve full access to health data within 2019

1. Maintain passive surveillance coverage and current activities especially behavioural change
2. New implementation model for RAI3 to focus on high case load areas, provision of technical assistance on epidemiological support, data use and foci investigation.

## Lao PDR

### *Successes & Challenges*

- n/a

### *Geographical Areas Prioritized:*

- n/a

### *Priority ASKs in Country:*

- Community response for Vivax case management
- Targeting high-risk populations with innovative approach
- Integrated community case management and role of VMWs
- Community surveillance development
- Community rights and gender inclusion
- Cross border intervention to raise awareness on malaria and testing at formal and informal border crossing points (BMCs)

### Recommendations:

1. Peer mobilizers to reach high risk populations is only effective when evidence-based, with direct care rather than referrals.
2. For more resources, it is recommended that country emphasize key elements (e.g. travel costs, vivax and data access) at the National Consultation and the National Strategic Plan meeting. Especially for vivax case, it is recommended to put emphasis on major reduction/elimination occurred as consequence of its use (evidence-based).
3. For testing at border crossing point, Cambodia makes available informal testing and treatment services along 10-20 kms from the border to ensure, altogether 11 service points located in shops or other convenient locations, not geographical borders. This model can be adapted to each country's context. Geographical borders may not be practical or adequate. Health Poverty Action (HPA) has been implementing cross-border work. In RAI3, should the CSO Platform be doing something similar to RAI2 and RAI2E or something different?

## Myanmar

### *Successes & Challenges:*

- n/a

### *Geographical Areas Prioritized:*

- Government and Non-Government controlled areas especially hotspots, high burden townships, and areas in 20-30 townships

### *Intervention Prioritized:*

- Key interventions are LLIN and other vector control; test, treat and track, and CIFIR in government (GCA) and non- government-controlled areas (NGCA)

### *Priority ASKs in Country:*

- Maintain/increase resources to existing CSO/EHO and hotspots/high burden townships/areas in 20-30 townships
- Influence National Strategic Plan to include revision of ICMVs by geographical areas and epidemic coverage according to community needs, promotion of comprehensive health package for forest goers, and research on safe/radical cure of P. vivax with DOT

### Recommendations:

1. Issues around radical cure of *P. vivax* involve cost effectiveness, impact and WHO recommendations on malaria treatment<sup>2</sup> Global Fund only funds what is technically approved by WHO. Therefore, it is suggested to include these issues in the operational research to be conducted in the next cycle. Also, it is necessary to determine the definition of “ethnic health organization” in local context for common understanding.
2. Directly-observed therapy (DOT) has not been very successful in malaria cases due to inability to comply with 14-day requirement. In Myanmar, 7 days has been applied to migrants and ethnic groups and caused complication to the practice. It is recommended for Myanmar to revisit the method on how to increase compliance e.g. training community health workers, referral system, online communication (including referral and follow-up system) especially among hard-to-reach communities. Kindly consult relevant researches for evidence-based decision making. Different practices may be applied to create a comprehensive health service package for the forest goers.
3. It is also recommended for Myanmar to include good practices and successes made during RAI2E on cross border interventions in the presentation as well as ICC component. For addition resources, Myanmar needs to be more specific on what implementation activities are expected, in which areas, and how to conduct them in hotspot areas. This is because the prevalence rate has been fluctuating across areas of implementation.

### Thailand

In Thailand, there are eight CSOs, academia, research institutes, and International Organization for Migration (IOM) working on malaria issue. They conducted field visits to understand successes and challenges in the work of malaria elimination in responsible areas. Three consultation workshops were made at Lao PDR, Malaysia and Myanmar border areas. As a result, Raks Thai published a report on “CSO and Community Contribution to Malaria Elimination in Thailand” in October 2019<sup>3</sup> and will share to government counterparts, RSC and relevant stakeholders for RAI3 proposal development.

#### Successes:

- n/a

#### Geographical Areas Prioritized:

- n/a

#### Challenges from RAI2E:

- Case management: *P. Vivax* overall follow-up success is much lower, while support from CSOs in collecting slides helps reduce costs and burden on community members esp. in most remote and hard to reach areas.
- Transparency in reporting: CSO work and community workers must exist to improve community-based monitoring and reporting system to facilitate the response of 1,400 volunteers and reduce data transfer time from the local authority offices for use.

#### Intervention Prioritized:

- Government focuses its integration in seven priority areas i.e. sexual and reproductive health, nutrition, non-communicable diseases, immunization, dengue and chikungunya, HIV/AIDS and Tuberculosis, as well as chemical and poison injuries.

#### Priority ASKs in Region:

- Cross border referral and case information sharing through mapping of sub-township/sub-district level actors, establishing localized referral mechanisms, building relationship and regular collaboration meetings, as well as

<sup>2</sup> WHO Guidelines for Malaria Treatment

[https://www.who.int/docs/default-source/documents/publications/gmp/guidelines-for-the-treatment-of-malaria-eng.pdf?sfvrsn=a0138b77\\_2&download=true](https://www.who.int/docs/default-source/documents/publications/gmp/guidelines-for-the-treatment-of-malaria-eng.pdf?sfvrsn=a0138b77_2&download=true)

<sup>3</sup> Link: <https://www.malariafreemekong.org/contents/national-cso-consultation-thailand-september-2019>

advocating for policy and procedures related to case information sharing

*Priority ASKs in Country:*

- Key test and treat: revision on policy on Rapid Diagnostic Testing (RDT) to ensure targeted populations and CSOs' ability to access health services, as well as improve 24-hour online malaria information system
- Border Malaria Corners (BMC): Migrants access to malaria information, coordinate with the Malaria Post (MP) to conduct Pro Active Case Detection (PACD)
- Mapping and coverage: priority areas and broader community clusters need to maintain zero transmission, and health education and passive case detection within these areas
- Vector control measures
- CSO Coordination to ensure equal entitlements among migrants living in the same areas while community health workers are funded properly.

Recommendations:

1. In term of standard operating procedure (SOP) and follow-up process, it is necessary for CSOs to have concrete ideas before entering discussion and negotiation process with the national government. This includes decentralization and involvement with the Local Administrative Offices (LAO) to establish a clear plan.
2. For resilience system, it is suggested for the CSO Platform to discuss with UNOPS on the definition of resilience system and on the list of required activities as basis for negotiation and further adoption in countries. Procurement of LLINs is a complicated issue both in quantity and specifications. In general, we simply procure them based on country needs.

**Vietnam**

*Successes & Challenges:*

- n/a

*Intervention Prioritized:*

- n/a

*Geographical Areas Prioritized:*

- Central highland region  
(i.e. Gia Lai, Dak Lak, Binh Phuoc, Dak Nong, Phu Yen, and Quang Tri province)  
due to their highest number of malaria cases and malaria drug resistance reported

*Priority ASKs in Country:*

- Increase access to quality testing and ICCM at community level through non-state actors
- Strengthen national surveillance system through engagement of non-state actors and requesting the government for malaria cases and necessary investigation
- Advocacy for non-state actor engagement in testing to reduce response lead time and increase cost effectiveness
- Integrate with UHC package using existing non-state system to provide wider service coverage for hard-to-reach and mobile migrant populations having limited access to services.
- Strengthen cross border collaboration especially with Lao PDR and Cambodia in term of information sharing, improving service provision, and effective follow-up system
- Key fund allocation should be flexible enough to be transferred from areas with decreasing malaria cases to new provinces/areas with increasing malaria cases during the implementation period



#### Discussion:

1. In countries, it is necessary for CSOs to comprehensively understand national legal framework in regard to CSOs ability and legal implication in providing diagnosis and treatment and implement disease integration, for example. In Vietnam, CSOs and village health workers follow national malaria guidelines including drug provision at community level. Testing and treatment are not allowed by laws. Currently PSI is in a piloting phase for malaria testing / case identification at pharmacies to facilitate timely response. However, this concept has not yet been approved by the government nor institutionalized.
2. Advocacy shall be required at national policy level (political issue, rather than technical issue) to push the government for acceptance and agreement. Myanmar progresses significantly due to its ability to conduct diagnosis and testing. Accepting all political constraints, what should the CSO platform do to move forward as preparation process for RAI3 proposal? How to resolve this issue, through intercountry component, resource mobilization mechanism, and division of responsibilities between bordering countries?

### **VII. Update on RSC Activities and Plan for RAI3 Funding Request Preparation**



Update on RSC activities and plan for preparation of funding request by Ms. Severine Calza

*Ms. Severine Calza*, Executive Secretary from RAI RSC, shared with the participants an update on process and timeline for RAI Funding Request development, as well as the agenda of 14<sup>th</sup> RSC Meeting for CSO Platform participants' information.

For RAI funding request development, each CCM will be in charge of coordinating the national component development with support from our contracted consultants whose names are listed below per country for your reference. At the same time, the RSC has established a Writing Committee to oversee the overall funding request.

Country focal persons agree on the list of writers for their respective countries, and the overall timeframe are for RAI3 funding request writing suggested. The 1<sup>st</sup> Writing Committee Meeting shall happen in Bangkok, Thailand during 11-12 December 2019, and followed by Country Dialogues during January 2020. Final Writing Committee Meeting to finalize proposal content shall happen in Phnom Penh in February 2020 before the 15<sup>th</sup> RAI RSC in Vietnam and the actual submission of RAI3 proposal in March 2020.

### **VIII. Group Work: Regional CSO Platform Current Activities and Focus for RAI3**

*Mr. Shree* revisited the current activities implemented by the CSO Platform during January to October 2019, and requested participants to review as well as provide suggestion for improvement or addition for RAI3 inclusion. For the CSO Platform activities, please refer to details in Section II.

The discussion results from the 2-day CSO Platform meeting are consolidated as appear in picture below. This information shall be used for further discussion and conclusion at the Program Advisory Team Meeting to be held during 29-30 November 2019.

## What CSO platform should do - Request from 2-day participation

**(1) ADVOCACY**

- Develop evidence-based regional advocacy statements and policy papers
- Advocate for CSO participation in governance, decision making process, and data sharing at country level
- Provide clear advocacy strategy and communication corresponding to the regional advocacy statements
- Advocate CSO role on CCM

**(3) CAPACITY BUILDING**

- Produce training materials and tools for national CSOs on topics requested and provide mentorship based local context
- Facilitate the development of integrated manual for malaria volunteer workers
- Support country CSO Reps with training, guidance, mentoring

**(5) GOVERNANCE**

- Hold CSO Reps accountable for their roles and responsibilities
- Steering Committee members should not be malaria program implementer
- Consider increasing budget to support full-time/part-time country focal persons

**(2) COORDINATION**

- Strengthen national CSO structure and provide a platform for data sharing among GMS CSO partners
- Partner with others outside RAI CSO circle (involve other countries outside of GMS, possible linkage with other initiative for partnership e.g. APMEN and other disease CSOs)
- Facilitate and support representation of community members in appropriate national and regional fora

**(4) PROGRAM MANAGEMENT**

- Support National CSO consultations in a better planned and more efficient manner
- Support cross-country field visits and advocacy objective

In regard to the proposed schedule for Community Preparatory Meetings to prepare communities and key stakeholders in each country prior to its National Dialogue, the participants accepted the proposed schedule as below.

RAI3 Country dialogue and community preparatory meeting schedule 2020		
Meeting	Date	City
Writing Committee meeting	Wednesday/Thursday 11-12th December 2019	Bangkok
Community Prep meeting-Vietnam	Monday 13 January 2020	Ha Noi
Country Dialogue- Vietnam	Tuesday 14 January 2020	Ha Noi
Community Prep meeting-Laos	Thursday 16 January 2020	Vientiane
Country Dialogue-Laos	Friday 17 January 2020	Vientiane
Community Prep meeting-Thailand	Monday 20th January 2020	Bangkok
Country Dialogue-Thailand	Tuesday 21 January 2020	Bangkok
Community Prep meeting-Myanmar	Thursday 23 January 2020	Yangon
Country Dialogue: Myanmar	Friday 24 January 2020	TBC
Community Prep meeting-Cambodia	Tuesday 28 January 2020	Phnom Penh
Country Dialogue-Cambodia	Wednesday 29 January 2020	Phnom Penh
Meeting of Writing Committee	Monday/Tuesday 3-4 February 2020	Phnom Penh
Regional CSO platform Consultation	Thursday/Friday 5 - 6 March 2020	Bangkok
15th RAI RSC (Vietnam)	Tuesday/Wednesday 10-11th March 2020	
Submission of Funding Request	23rd March 2020	

End.