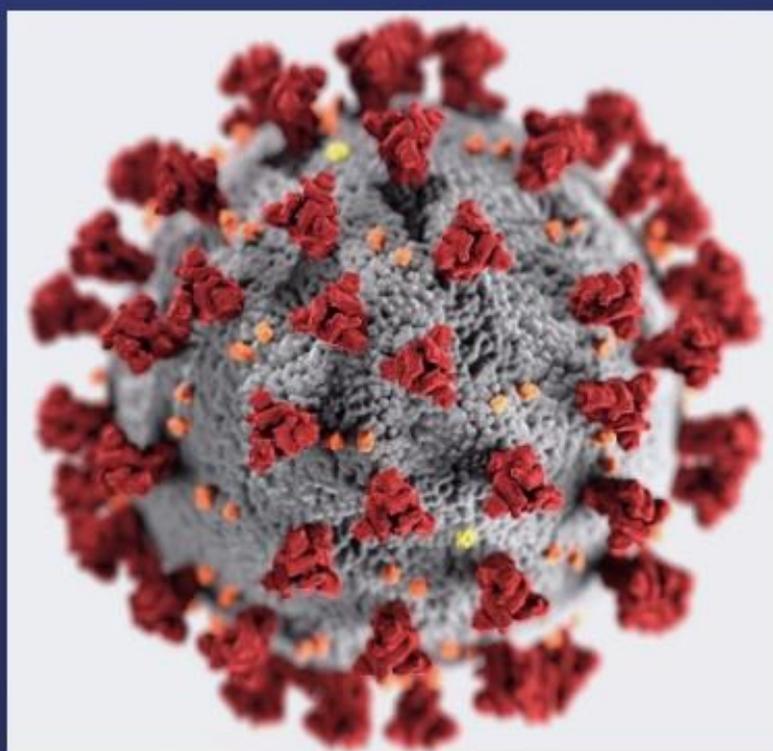


Assessment Report The Impact Of COVID-19 On The RAI2E Malaria Programs In the GMS

July 2020



Regional Malaria CSO Platform, GMS

Hosted By,



Situation assessment to the impact of COVID-19 on the RAI implementing malaria programs in GMS

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1. Background of Regional Malaria CSO Platform and situation assessment

The Regional Malaria Civil Society Organization Platform in the Greater Mekong Sub-region (the Platform) is a network of civil society organizations (CSOs) and communities from the Global Fund Regional Artemisinin-Resistance Initiative (RAI) implementing countries: Cambodia, Lao PDR, Myanmar, Thailand, and Vietnam. The Platform was established in 2014 to connect malaria-affected communities and civil society project implementers to policy-makers and donors through the RAI Regional Steering Committee (RSC). Its goal is to contribute to malaria elimination effort in the Greater Mekong Sub-region (GMS), by:

1. **Facilitating meaningful coordination and partnership** between civil society organizations and other key malaria actors including donors, governments, academia and other key stakeholders;
2. **Advocating** for enabling policy, strategies, and plans that respect the rights of all communities and include support for community-based services in the GMS; and
3. **Strengthening the capacity** of civil society actors by facilitating peer learning by leveraging the strengths of implementing and other technical partners.

[The Platform](#) is governed by the CSO Representatives to the RAI RSC, The Platform Steering Committee, the CSO partners, and the Platform secretariat. The Project Advisory Team (PAT) acts as a core group that guides the American Refugee Committee (ARC), the host of the Platform on project implementation and technical aspects. Due to the unprecedented situation of COVID-19, malaria services provided to the community in the GMS countries may be disrupted. The Platform regularly holds the PAT meetings to collect the implementation challenges of CSOs at the community level during the COVID-19 pandemic and discuss the way forward strategies to tackle the identified challenges. According to [the last implementation challenge report produced by the Platform in April 2020](#), the following overall challenges were identified in RAI2E implementing GMS countries.

- No or inadequate knowledge about COVID-19 and supply of sanitizers for community-level volunteers and project staff who are in the front line
- Confusion and fears among community malaria volunteers when patients with fever attended to them as part of their routine malaria care in their communities
- CSOs are still implementing project activities having a different strategy for project implementation due to travel restriction and government announcement on social distancing
- M&E staff cannot implement the field data collection activity which could affect the routine malaria surveillance
- Disruption stakeholders coordination (which usually happened through physical meeting) and delayed in malaria activities decision at various levels of the health system including training

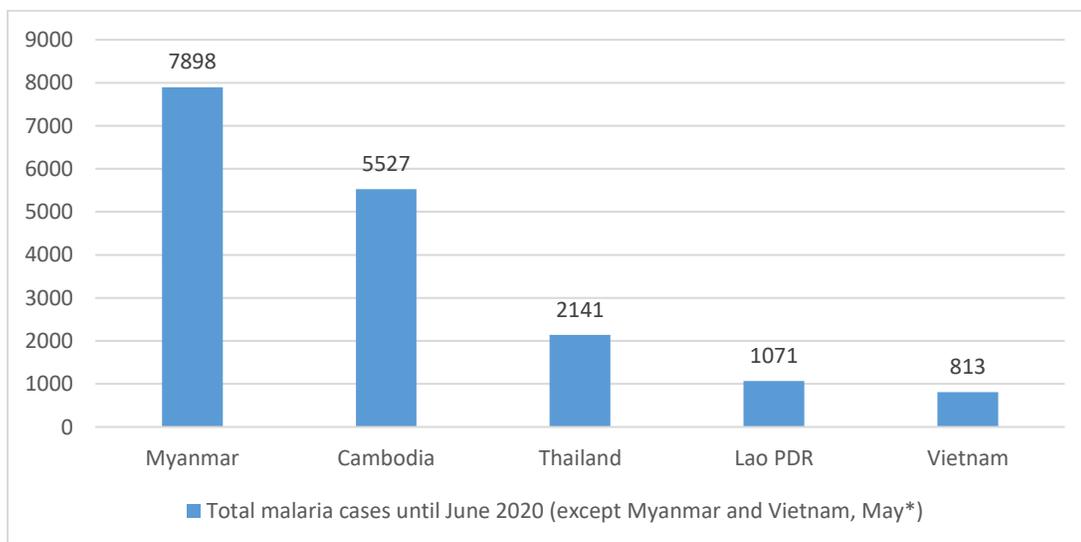
- Disruption of malaria activities on the international borders, and putting the communities at risk those relying on these border malaria services
- Commodity shortages are foreseen immediately or at least in next quarter if the in-country supply chain is disrupted and restrictions imposed to any part of these supply chains

Since then, NMCP and CSO partners developed the operational guidelines/mitigation plan of malaria programs on how to adapt the current malaria testing and treatment, data reporting, supply chain management, training, and LLINs distribution. The Global Fund launched the COVID-19 Response Mechanism (C19RM) to support countries to respond to COVID-19 and mitigate its impact on ATM program and systems for health. PPE required for front-line health providers and risk communication to the targeted communities and other preventive measures to the frontline health workers were provided with either support from C19RM or reprogramming activity.

2. Malaria and COVID situation in Greater Mekong Subregion

2.1 Update on the malaria situation

Intensified malaria control, prevention, and elimination efforts in recent years, fueled by increased international funding and effective collaboration among communities, private sector, governments, and civil society organizations across the GMS, have greatly reduced regional malaria incidence. In particular, there has been a steady decline in malaria cases and deaths in the region since the Global Fund Regional Artemisinin-resistance Initiative (RAI) started in 2014. According to the World Malaria report 2019, there has been a 76% reduction in confirmed malaria cases, and malaria-related deaths fell by 95% between 2010 and 2018 in GMS. Notably, GMS shows a precipitous decline in *P. falciparum* malaria, a primary threat of antimalarial drug resistance, whereas the proportion of confirmed cases due to *P. vivax* is growing. According to Malaria Elimination Database (MEDB), the malaria cases from January to June 2020, except Myanmar and Vietnam until May can be observed as the following graph.



2.2 Update on COVID-19 situation in RAI implementing countries

As of 30 August 2020, according to WHO data, the COVID-19 cases and deaths in GMS countries can be seen in the following table.

No.	Country	COVID-19 cases	COVID-19 deaths
1	Cambodia	273	0
2	Lao PDR	22	0
3	Myanmar	749	6
4	Thailand	3411	58
5	Vietnam	1040	32

There were still government restrictions on holding meetings, training, gathering of more than 30 people, and travel to tackle the spread of COVID-19 situations in the respective country. Country CSO partners are continuing the malaria services by strictly following the government guidelines.

3. The outcome of assessment on the impact of COVID-19 situation

Due to the continuous changing of malaria and the COVID situation, it is imperative to regularly monitor the situation and identify challenges to continue malaria services in the community. Therefore, Platform in collaboration with the World Health Organization (WHO), Independent Monitoring Panel (IMP) of RAI2E developed ten assessment questions to continue assessing the impact of COVID-19 disruption in malaria interventions at the community in RAI implementing countries from mid-July to 1st week of August.

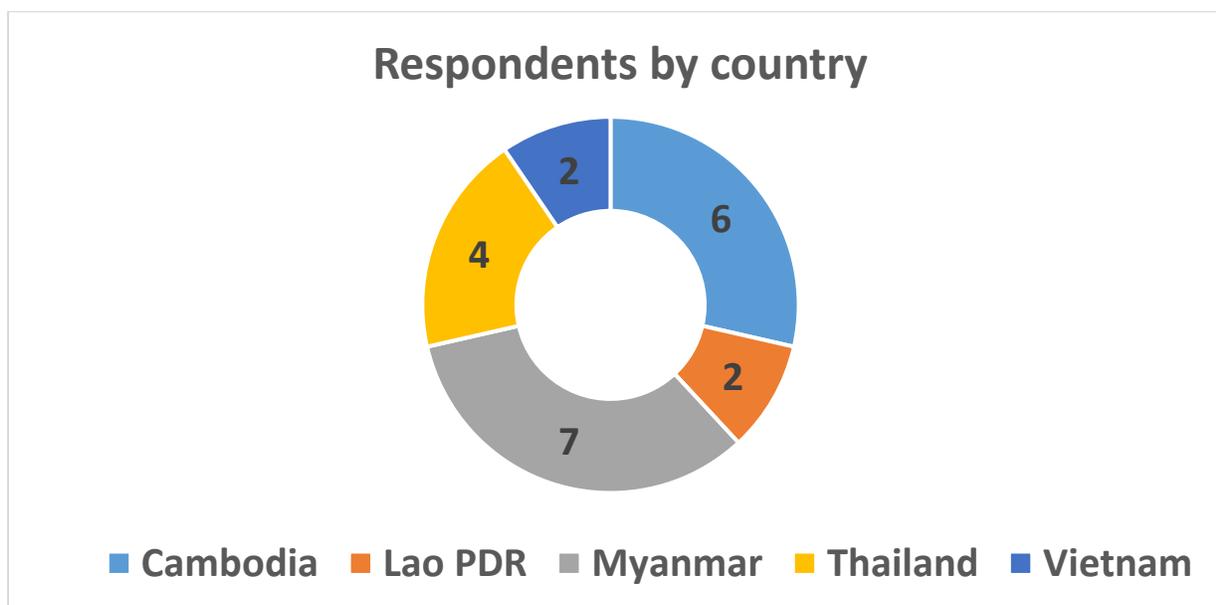
A mix of Dichotomous and open-ended survey questions was sent to Platform’s steering committee members and subsequently requested to share with CSO RAI2E project managers/coordinators, project field coordinators, and project field officers. The outcome of this assessment reflects only the CSO implementing areas and volunteers/malaria workers under their management.

Situation assessment questions

1) Do your community malaria workers/volunteers receive enough PPE to prevent COVID-19?
2) Do community malaria workers/volunteers receive enough relevant information on risks and how to protect themselves from COVID-19?
3) Are community malaria workers/volunteers receiving guidance from/prepared by the NMCPs on how to deal with suspected malaria cases in the current context of COVID-19?
4) Are the number of people in the community seeking malaria care and being tested falling?
5) Do Migrant workers returned to high malaria risk areas were suggested to seek blood test (Malaria test) when they have a fever?
6) Are people going to the forest since COVID-19 started?

7) Was there any severe case of malaria during March-June 2020?
8) LLIN mass campaign was disrupted due to COVID-19. Is your project able to distribute LLIN to all targeted population through the door to door distribution?
9) If you were not able to distribute LLIN to all targeted group, which areas that were targeted to receive LLINs during March- June has not received them due to COVID-19 related disruption? Please identify the area name and target population group.
10) Any medical products stock out during March-June 2020?

Twenty-one CSO partners from 17 CSOs of RAI implementing countries took part in the assessment.



Country responses to survey questions

Cambodia

- PPE status - Volunteers of Pfd, MC, CRS do not receive enough PPE yet. One of the reasons for the short supply of PPE - Purchased PPE delivered from districts to the village for the volunteers. UNOPS delayed to PSI/CARE/CRS and CNM also delayed. Suggestion: The PR needs to approve the local purchase of quality approved hand sanitizer, face mask, and disinfectants. PPE - urgently needed countrywide for continuity of the community services.
- Volunteers' knowledge of COVID- 19 risk and preventive measures – There needs to be much effort to provide knowledge on the risks and preventive measures. Possible action to be done is to update the volunteers with information during regular monthly meetings and outreach activities.
- Guidance from NMCP - Most volunteers receive guidance from NMCP. One CSO, Care suggested that the Health center should provide orientation for VMW during the monthly meeting and distribute leaflet/education material to VMW.

- Testing – there was no reported drop in testing for now.
- All migrant workers with fever are suggested to take a blood test.
- People are still involving in activities in the forest as before the COVID-19 outbreak.
- Few severe malaria cases were reported.
- Most organizations can continue to distribute LLIN. However, Kratie Province has been identified yet to distribute LLIN.
- No stock-out reported.

Lao PDR

- PPE status – mask and hand sanitizer is still required to distribute for some CSOs.
- All volunteers received relevant COVID risk and preventive knowledge and receive guidance from NMCP.
- The reported drop in the testing rate was due to travel restrictions implemented as part of the COVID 19 response.
- All migrant workers with fever were suggested to take a blood test.
- People are still going to the forest as before the COVID-19 outbreak.
- Few severe malaria cases were reported in HPA areas.
- LLIN distribution activity is normal.
- No stock-out reported.

Myanmar

- PPE status – Most volunteers receive enough PPE. However, MCC explained PPE cannot distribute to every volunteer.
- Volunteers receive relevant COVID risk and preventive knowledge and receive guidance from NMCP.
- Drop-in testing was reported in URC and Malteser International areas. The reasons could be MOHS guidelines to refer to all detected fever cases to the health facility and travel restrictions.
- All migrant workers with fever were suggested to take a blood test.
- People are involved in forest-related activities as before the COVID-19 outbreak.
- There were some severe malaria cases in Save the children and Medical Action Myanmar implementation areas.
- Mass LLINs distribution activity was done in 2019. However, URC identified that LLIN needed to distribute to the vulnerable populations from Kayin, Rakhine, Sagaing, and Tanintharyi Region.
- There were no reported stock out except in Save the children areas due to an increase in Pv cases in Kachin and Tanintharyi

Thailand

- Volunteers Received enough PPE.
- Volunteers receive guidance on malaria activities implementation (case finding, vector control, etc.) and self-prevention during the COVID-19 situation.

- The drop in testing rate was reported during April and May. However, testing and services return to normal now.
- People are still going to the forest almost the same as before. Forest-goer populations were largely unaffected by COVID-19 due to the remoteness of communities. Further, many forest-goers conduct these activities to support themselves/families and therefore would not stop unless there were exceptional circumstances.
- There were some severe malaria cases during March and June 2020.

Vietnam

- CHD has distributed PPE to their volunteers. VPHA responded that their volunteers still do not get enough PPE.
- Once CSO responded that volunteers do not receive full guidance from NMCP as there was no specific guidance such as checklists for the screening of COVID-19.
- The drop in testing was reported due to travel restrictions implemented as part of the COVID 19 response.
- All migrant workers with fever were suggested to take a blood test.
- No specific information about people going to the forest.

4. Recommendations

- Providing continuous update situation of COVID-19 risk and preventive measures to the community is necessary. This activity should be integrated into CSO malaria regular activities.
- Recommend to tailor activities for the forest goers, especially those who chose the forest activity as an alternative for their livelihood because of COVID-19.
- The national programs recommended mobile, migrant, and forest goers with any fever to be tested for malaria. However, there was no systematic data collection on how many of them with fever taken the test. The Platform recommends CSOs to track such information in their implementation areas.
- Regular monitoring of malaria data is essential during COVID-19. The CSO platform recommends the NMCP or WHO to continue sharing updated data for the CSOs to provide intervention timely.
- Additional PPE is required for Cambodia and Myanmar CSOs implementation areas. The Protective equipment, including masks and hand sanitizer, needs to be replenished regularly. The Platform recommends PR UNOPS to continue its support to CSOs purchasing those quality assured materials from RAI2E Savings. The Platform also suggests WHO recommend the minimum amount of PPE for malaria volunteers and quality assured PPE brand for the CSOs to purchase locally.
- Due to the mass gathering for LLIN distribution and community health awareness activities are still affected by the government restricted measures, volunteers/malaria workers require to contribute more than usual on adjusted activities such as door to door LLIN distribution and malaria testing. CSO should be able to have the flexibility to reprogram the budget and increase incentives for the volunteers/malaria workers for their contribution.



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