

**Malaria Free Mekong
Regional Consultation
Avani Sukhumvit Hotel (On Nut), Bangkok Thailand
17 - 18 November 2022**

Background and overview

On 17th – 18th November 2022 the Regional CSO platform held a Regional CSO consultation meeting before the RAI RSC meeting in November. The two-day meeting was the first regional consultation held in person since the onset of COVID-19. The main objective of the regional consultation meeting was to share learnings and best practices and discuss high-level priorities for RAI4E under the country and regional components.

The outcomes of this consultation will be shared in the RSC meeting and will be used as a basis for the upcoming community consultations and CSO priority setting for RAI4E.

Objectives:

1. To share partners' experiences from the RAI3E implementation and learn about the innovative approaches applied in the project.
2. To identify unfunded needs and the way forward for RAI4E and beyond

Overview of the agenda and main objectives

Shreehari Acharya, Platform Secretariat provided an overview of the agenda for the consultation and elaborated on the main objectives of the consultation. On behalf of the platform, RAI RSC CSO representative, Josselyn Neukom welcomed the attendees and provided opening remarks noting that the meeting was an opportunity to highlight the work of the members, which includes helping NMPs to innovate, providing community services, the use of digital tools, specialized programs, work to strengthen surveillance and SBCC and to help NMP to understand community-level perspectives.

Elimination of falciparum malaria in remote areas in Myanmar – a practical example of integrated services at the community level, Frank Smithuis, MAM

[Frank Smithuis-CSO Meeting-17 Nov 2022.pdf](#)

Key points identified in the presentation included:

- The introduction of CHWs in Mon State, Myanmar, trained in malaria screening, treatment, prevention and referral has successfully reduced Pf incidence and positivity rates (Graphs shown) when supported by regular supplies and supervision.
- Communities wanted an expansion of services – leading to the introduction of a broader integrated package addressing common and relevant diseases in and for the community (fever, diarrhoea, respiratory tract infections, TB, etc.). It was found that this boosted blood examination rates for malaria as well as increasing community acceptability (Graph shown). Also resulted in early management of other infections, improvement of access to healthcare, and increased community trust and engagement.

- This expansion of services by CHWs needs to be supported through regular training, supportive supervision and monitoring of all services.
- The additional costs of an expansion were minimal – the CHWs workforce was already there and had a reduced workload as malaria rates were declining, and costs were shared across other diseases. This may increase the sustainability of a malaria response through CHWs. It was noted that if reporting requirements for donors were reduced/rationalized would also free up some CHWs time for patient care. (Graph provided)
- CSO participants were urged to “push” for an integrated approach to meet their communities’ needs.

There was consensus among the participants on the benefits of the integration approach, though it was noted that high-level commitment is essential for integrated services, as full implementation of community testing and treatment in some countries remains a challenge. This integration approach was seen as particularly important to meet the health needs of remote communities and MMPs (universal health care/leave no one behind).

Country Updates: Situation, progress, and challenges

Country update presentations were then given by the 5 GMS focal points. The presentations covered the current in-country situation, progress, and challenges for the respective countries.

Lao PDR CSOs Country Update

[Lao PDR CSO Joint Presentation 2022 Nov.pdf](#)

Progress and achievements

- Laos CSOs mainly targeting 5 southern provinces
- 1,200 VMWs trained in malaria case management
- Supervision provided by CSO at central, provincial and district levels
- 2021-22 more testing and fewer cases detected → on track with elimination strategy
- Testing yearly, the testing rate is increased
- 1-3-7, forest goer study, RDT (rapid diagnostics test)

Innovation

- The government provided capacity strengthening training to VMW focusing on working with CBOs and network and support health center service delivery
- CSOs have introduced 1-3-7 and accelerated strategy
- Investment in VMWs in small villages outside of government catchment areas,
- Establishment of Mobile Malaria Teams

Challenges

- Hard to reach for supervision (rainy season, harvesting time)
- Limited resources (HR and clearly allocated budget)
- Economic conditions leading to VMWs leaving the workforce, particularly in border areas as they need to find fully paid work

Cambodia CSOs Country Update

[Cambodia Presentation for CSOs Platform 17Nov22.pdf](#)

Progress and achievements

- CSOs have shown significant progress in programme implementation. Volunteers under CSO management have been functioning well and effectively.
- Providing coordination, administrative support, TA and financial management

Innovation

- CSO working on foci management with CNM- to provide package response for local communities in 4 provinces
- CSO recruiting soldier/family member to be a volunteer providing malaria service in the army camp

Challenges

- Access to the internet for VMWS/MMWs mobile malaria workers, flooding, and other physical climate constraints
- Low referral and follow up
- No predefined response package for outbreak areas
- Movement patterns of local, mobile, and migrant population →these are also impacted by e.g. logging, farming and other factors

Vietnam CSOs Country Update

[Vietnam Presentation for CSO Platform - 17 Nov 2022.pdf](#)

Progress and achievements

- Positive case screening contribution by CSOs is high at about 36 %
- CSOs were able to distribute LLIN in high-risk communes

Innovation

- The changed role of pharmacies from referral →direct diagnosis and then referral
- Adaptation of training methods e.g. on-site for PSPs, online for Community Malaria Action Teams
- Effective communication between CMATs and COT and communities
- Establishment of mobile outreach team model MOT
- CSOs are preparing CMATs to be community-based organizations (CBOs) to work with local authorities on health and social welfare issues.
- Using the online reporting system with Kobo to store community-level data.

Challenges

- COVID-19 impact on implementation
- RDT and LLIN supply (some areas surplus, other areas lacking) and monitoring
- It is difficult to obtain ACT from the public health system for distribution to the private system
- No VHWs in some villages, predominance of female VHWs

- Monitoring of cross-border areas (malaria endemic areas) related to lack of data sharing and collaboration across the border

Myanmar CSOs Country Update

[Myanmar Presentation for CSO Platform - 17 Nov 2022.pdf](#)

Progress and achievements

- Use of digital tools, telemonitoring, training, meetings and supervision to meet community needs when travelling difficult
- The introduction of more integration by CSOs increased the role of the private sector in service delivery and increased CSO collaboration

Challenges

- Conflict situation impact in many townships (1.1 million IDPs) and the ability to provide services
- Further compounded by the COVID-19 pandemic → public health crisis and impact on malaria case notification
- MOU agreement and new registration law unclear and contributing to uncertainty
- Funding (Cash) management due to severe banking issues

Thailand CSOs Country Update

[Thailand Presentation for Regional Consultaion 17Nov22.pdf](#)

Progress and achievements

- Built strong collaboration among CSOs, government agencies and villages
- Strengthened VHVs capacity focusing on sustainability
- Provided health education, LLINs distribution and case follow-up in Active Foci areas
- Support for 1-3-7 (focus on Day 7) and ACD
- Community case referrals for diagnosis

Challenges

- An influx of MMPs, displaced populations to Thai-MM border areas → increase in cases
 - In 2022 Tak province reported high malaria cases → 2/3 of infected are non-Thais, 99% of cases *P.f.* species
- LLIN, RDT, IRS and Malaria Post staff facing a shortage in target provinces, especially on the Myanmar border
- CHVs are not allowed to test

Plenary discussions

In the plenary the following topics were discussed:

- Ways to respond to challenges with CMW retention, maintaining skills and motivation of VMWs/CMWs to do malaria activity when cases are decreasing included monthly meetings where CSO staff function as mentors, trainers and regular field visits, supervision, and coaching

- The value-add of CBOs/CMATs having trust and recognition by communities and being involved in wider community activities and engaging actively with communities for community acceptance and utilisation of all health services
- Strategies around corridors and cross-border areas should consider: Resource sharing between borders which will require political will between countries to share such data, establishing testing corners at key locations where people cross borders, and the need to engage with a broad range of stakeholders e.g. ethnic groups, smaller nonregistered civil society groups as well stakeholders active in border areas
- A range of processes are used by CSOs to share information they gather with decision makers (beyond the GF processes) and for advocacy purposes, especially the more qualitative and managerial aspects and lessons learnt including :
 - **Vietnam/Lao PDR/Cambodia:** regular (monthly/bi-monthly/quarterly) meetings with the government at the provincial and national levels. Issues including supply chain
 - **Cambodia:** bi-monthly village-level meetings, meetings of the multi-sectoral response team, meetings with the local authorities that are involved in malaria elimination at the district and provincial levels,
 - **Thailand and Myanmar:** some national and other levels of govt meetings.
 - **Thailand:** regular CSO meetings as a country network,

Innovation including Border Activities

Poster station visits session – World Café structure facilitated by CSO representatives
[Posters- Regional Consultation Nov 2022](#)

A World Café format session was held with presentations at 5 poster stations

1. Forest Malaria, Malaria Consortium, Cambodia
2. Addressing border malaria, SMRU
3. Mobile and Migrant Populations – Alight, Thailand
4. VHW village health workers: PEDDA/HPA Health Poverty Action, Laos
5. Community resilience – Raks Thai, Thailand

Following a brief sharing session from the poster station visits by group focal points, participants were invited to share two reflections/takeaways from each poster station

Key takeaways from the posters were:

- Borders
 - Provision of services focusing on MMPs (including in detention centres) and recruiting volunteers to support that work and form those communities (Thailand)
 - Recruitment and training of MMWs to do outreach and ACD and active fever screening of forest-goers for ECD and ECT (Cambodia)

- The utility of UNHCR data to assist in the planning and delivery of services to displaced populations
- The safety and security of VMWs working in difficult environments are important considerations in planning and implementation.
- Recruitment of volunteers from within communities that are harder to access e.g. soldier camps – recruitment of soldiers/their family members to be volunteers in the camps.
- Could look at the recruitment of teachers to play volunteers roles within school-catchment communities
- Data collection and management critical – avoid duplication of data, support sharing of data across border communities,
- Important to prevent/re-dress any stigmatization or blaming of MMPs for being responsible for malaria transmission in communities.
- VMW management and sustainability
 - VMWs join monthly meetings for information sharing, building capacity and sharing experiences with other VMWs.
 - Strong and consistent management and capacity strengthening of VMWs are critical.
 - Community resilience is important to support the transition to local ownership and support, and CSOs play a role in this process. One example (Raks Thai) discussed focus on local government authorities funding and CSOs/community malaria volunteers supporting the community's capacity to write funding proposals and implement local health activities, including prevention of malaria re-introduction; highlighting volunteers' contribution and value to communities and local authorities
 - Solid guidelines and processes for volunteer recruitment and the role of the community leading this process are required.
 - Important to ensure VHV's are part of the community and health system and contribute positively to those.
- Integration
 - The importance of stratification (high and low burden areas) to focus CCM activities and scaling up of integration
- Intersectoral collaboration
 - Multisectoral coordination is important for achieving malaria elimination.
 - Intersectoral/multisectoral approaches/collaboration with e.g. defence forces, teachers, pharmacies, nutrition section MCH (maternal child health). However, can be difficult to establish

CSO Platform update, Secretariat

[Platform's progress 2021 - 2022 Regional consultation 17 Nov 2022.pdf](#)

An update for the platform was provided which included a quick overview of the purpose and functions of the platform, the key focus areas and the progress and completed activities so far. It was noted that whilst the platform is not able to bring community members to all events, there is a mechanism to bring their voices and information sharing through those participating in the consultation and other events. The platform's foci from November 2022 until March 2023 are to work with the members of the Global Fund RAI4E Writing Team; work with the MME team to include a section on CSOs. (Presentations available)

Opportunities for Community Led Monitoring (CLM) Integration in RAI4 Funding Request,

[S Perez_GF CLM RAI4_regl CSO consultation.pdf](#)

Ms. Susan Perez, Global Fund provided a presentation of the opportunities for including CLM integration in the RAI4E FR (multi-year funding until 2028) noting that RAI4E FR applicants are encouraged to explore the potential of CLM as part of their efforts. The session covered (presentation available):

- The definition of CLM, what is monitored in CLM (the AAAQ framework) and the CLM cycle;
- Guidance for the platform members on how CLM fits within the Global Fund strategy and their role to participate in country dialogue processes and consultations to ensure CLM and community perspectives and priorities are addressed in the application (noting a mandatory special annex in this round of Community Priorities);
- Consideration by the CSOs and Platform in planning CLM for RAI4E such as: what community collected data would complement existing data sets and information programmatic decision and quality /accessibility of services provided; how to develop CLM capacities in the GMS; the role of the platform as a CLM hub to support the introduction and adaptation of the CLM to malaria elimination settings.
- Plenary discussions included: consideration of how human rights organizations, social organizations, ethnic minority groups or other CSOs could be interested in taking on the CLM role; the role of a Community Feedback Mechanism as part of a CLM system *if* active monitoring is taking place, this is dependent upon the design; that in RAI4E some countries and some models of CLM are implemented – does not need to be all countries/locations; some administrative issues that may need to be addressed such as the likelihood that an MOU will be required to conduct CLM as there are existing mandated monitoring activities for CSOs and public health facilities; the specific political legislative context and processes that may need to be considered e.g. CLM may need to be integrated into the National Guidelines; Government acceptability of the CLM concept.

UNOPS updates RAI3E country and regional grants, PR UNOPS

[UNOPS PR CSO workshop 18 Nov.pdf](#)

UNOPS is responsible for the overall management of the RAI regional grant. UNOPS noted that the data will be the basis for the next grant, important for coming programming. The presentation(available) included data on the following:

- Monthly malaria incidences in the GMS for 2021
- The number of *P.f.* and mixed cases, and *P.v* by month per country for 2020-2022
- Budget splits in % for different IPs (CC) and (RC)
- Border areas are high-incidence areas

A discussion of what worked through CSO engagement in RAI3E was discussed, including:

- In some remote and hard-to-reach areas where the government doesn't have a presence, CSOs can provide services
- Timely reporting supported through collaboration

- More than half of the achievements were contributed by CSOs, and 1000s of malaria volunteers;
- Engagement of the private sector in service provision and commodities supply chains
- Good monitoring and supervision systems are important to consider in developing the next grant, as this will be significant in the future
- Good budget absorption and impact by CSOs
- Innovation and tool development by CSOs.

However, some things didn't work as well as expected overall in the RAI3E grant, including:

- Case and foci investigation in cross-border positive cases
- Not all governments allow CMWs to test and treat
- Delays in government approval processes for CSOs
- Radical cure of *P.v*
- Clearance of malaria from forested areas.

The impact of Covid -19 on activities was noted as was the role CSOs played in the response to COvid-19. Other issues like currency devaluation, and increased drivers of people displacement especially to the Thai/Myanmar border with subsequently increased malaria caseload, have been challenges to planned activities. Particular issues in Myanmar regarding banking changes impact on funds availability, supply chain disruptions, new approval process delaying commodity access and CSO approvals, safety and security concerns for volunteers and health workers, data collection and monitoring activities disruption, UNOPS continues to work on finding solutions to these challenges.

Things to consider to address some of the aforementioned challenges include:

- Adherence, referral and transportation support to Pv patients
- Increased community education for Pv treatment and adherence.

Prevention of Sexual Exploitation and Abuse (PSEA) among RAI IPs, Young Hee UNOPS
[UNOPS PR CSO consultation PSEA 18 Nov.pdf](#)

The presentation covered the PSEA concept and core principles, the Minimum Requirements roll-out in RAI3E and further plans for PSEA integration into programming. It was noted that in 2021 CSOs did very well in terms of various prevention activities, however, due to the C19 response activities were less well attended to by CSOs.

Plans for 2023 were detailed :

- **PSEA End-term assessment** for SRs at the end of 2022
- **PSEA final performance report** for individual SRs in Mid-2023
- Soft copy of the **PSEA posters (Core principles) in different languages** for partners in five GMS countries, closely coordinating with the CSO platform
- **Keep support to partners** in the PSEA implementation for any additional technical support
- **Awareness-raising on Sexual Harassment** for SRs in 2023
- Apart from the PSEA topics, focus on **Gender Equality and Human Rights** in the Next Grant

- Plan to support **Gender Equality and Social Inclusion mainstreaming** in the grant-making and implementation

Platform plan for RAI4 funding request development and consultations.

There was an open discussion on what the CSOs desired as agenda items for the next country community consultations and the RAI4E FR development. Some suggestions were:

- Process
 - Ensure the CC consultations provide an opportunity to hear about the real on-the-ground situation
 - Opportunity for community leaders to voice their needs How can/should CSOs contribute to innovative interventions
 - Composition of who will attend → need to ensure that it is representative and support community discussions and representation of community voices in the lead-up to the country consultations
- Discussion items
 - The need for PSEC to do malaria treatment, **Border Malaria Education and Consultation Corner (BorMECC) or Private sector**
 - How to incorporate CLM into the grant
 - Need for CLM in hotspot investigations
 - Prevention of reintroduction (PoR), and the complementary role of CSOs and communities
 - Cross-border coordination and MMP and refugee populations and cross-border should be a priority issue
 - Follow up with and adherence support for patients, especially in P.v
 - Increase activities and budget for Social and Behavior Change Communications (SBCC) - CSOs can utilize SBCC in addressing health system issues, barriers and challenges; the role of community/patient-led co-design
 - A systems approach to malaria elimination: coordination and implementation, management, resources are available/in-place, HR numbers, management and training
 - Integration (healthcare)
 - CSOs can play role in P.v.
 - Cross-cutting components and PSEA are very important, need to integrate and materialize these components into the programming

Support to RAI RSC and GMS countries to develop sustainable approaches to malaria services and community-level health to be pursued under the RAI4E grant in 2024-2026, [RAI VMW Prelim Findings & Recommend 2022-11-16 \(Ref\) Jeff.pdf](#)

A presentation of the study undertaken by a team of RSC contract consultants to support the RAI RSC and GMS CCMs consider sustainable approaches for community-based malaria services and integration activities for consideration in the design of RAI4E FR (Priority 3: **Leveraging CHWs to enhance basic health services**) was provided. Four preliminary recommendations for integration at the global/national level were developed, which would need adaptation to the country-specific/population contexts.

Preliminary recommendations for each of the 5 GMS countries, were also presented during the sessions to inform CSO and Platform engagement in the Global Fund FR process.

The following key points were raised and discussed:

- RAI supports more than 30,000 VMWs to provide community malaria services. These VMWs have contributed significantly to driving down the burden of malaria through diagnosis and treatment, especially in remote areas and in key populations where VMW/MMV are often the only source for malaria services; and were involved in the COVID-19 response through the provision of health education, referral of malaria negative fever cases for COVID-19 testing and supporting health staff in COVID-19 vaccination campaigns. As *P. vivax* becomes predominant species, the roles of VMWs and other community health volunteers will need to evolve to include approaches specific to *Pv*.
- There is often concern that the push for integration could weaken malaria elimination efforts, however, if VMWs provide only malaria services, people may stop seeking malaria testing from the volunteers as transmission declines, thereby undermining community surveillance that will be crucial during the elimination stages.
- Malaria outbreaks have recently occurred in areas previously free of malaria. There is an increased risk of transmission in areas of political conflict and migration. These areas may be most effectively served by integrating the efforts of other existing community volunteers.
- The need to consider change management processes to facilitate these organizational changes - how to manage this change and what a restructuring to support integration looks like in each context.
- Important to assess and take into account the existing integrated HC package to have access to evidence-based evaluation and data on effectiveness.
- There is a need for the development of mechanisms to support the introduction of, and service provision/delivery of an integrated healthcare package for MMPs
- There was a discussion of the challenges of adopting a multi-sectoral approach and engaging with stakeholders outside of MoH officials, CSS
- Cambodia should consider: Consider expanding the package of services for “integrated” VMWs to include a BHC package that could include management of common illnesses and health conditions that impact communities such as diarrhoea, malnutrition, and respiratory infections; and expanding integrated VMW support to active case detection and referral of persons with suspected tuberculosis.
- Lao PDR should consider: expediting the expansion of roles for VMWs in elimination districts beyond malaria and diarrhoea (outlined in the National Malaria Strategic Plan 2021-2025), to an expanded package that could include management of common illnesses and health conditions that impact communities such as malnutrition and respiratory infections. This could be supported through a landscape analysis to improve understanding of the VHW policies, strategies, financing, and implementation plans for integration of VMWs into the broader health system as well as implementation research to improve understanding of the integrated community case management for VMWs, as well as its effect on integration; all feeding into a Roadmap for VMW Integration.
- Myanmar should consider: expanding the current ICMV role to include implementation of the CBHW essential healthcare package, including management of common illnesses and health conditions that impact communities, such as diarrheal disease, malnutrition, and respiratory infection; increasing access through updated mapping of services required by villages to

improve the provision of services and to ensure ICMV coverage accordingly; supported with larger than normal buffer stocks of commodities with extended expiry dates given the unpredictable trajectory of malaria and other diseases burden at present.

- Thailand should consider: the integration of malaria services into the VHV package of services, especially in geographies without existing malaria post workers where recent outbreaks have occurred. Include training, supplies, and financial incentives when enhancing the role of VHV; working with subnational government agencies, exploring options for building the capacity of local communities and organizations for LAO proposal writing and budget development; and key supporting malaria staff retire/leave and are not able to be replaced, explore opportunities for maintaining adequate entomologic surveys and microscopy by engaging community volunteers.
- Vietnam should consider: expanding the role of volunteers to test febrile cases for malaria and administer approved treatment for individuals who test positive; evaluating the effectiveness of VMWs, MP staff, CSO collaborators and volunteers in the highest transmission and high-risk sites to inform on enhanced approaches for effective malaria elimination and post-elimination surveillance and response including for the most effective proactive case detection in hard-to-reach and at-risk populations; the addition of a BHC package for VMWs that could include management of common illnesses and health conditions that impact communities such as diarrhoea, malnutrition, and respiratory infections; and MoH and MoHA finding a solution for inequitable compensation and advocate to have 100% allowance for VHWs, especially those working in areas of highest transmission.

RAI4 Funding Request Preparation Update and Process

[RAI4E Overview for CSO Platform 17-Nov-22 Lorina.pdf](#)

The RAI4 FR writing team provided an overview and details on the process and noted that the purpose was to give a reflection on and help inform the writing process.

They noted that in transitioning into RAI4E there will be :

1. Continued reduction of malaria across most of the GMS
2. Elimination expected during RAI4
3. Expectations of a potentially significant reduction in funding allocation for malaria

They highlighted the 7 priorities for RAI4E developed and submitted by the RSC:

1. Innovative accelerated interventions towards elimination
2. Case-based surveillance and prevention of re-establishment
3. Leveraging community health workers to enhance basic health services
4. Radical cure of *P. vivax*
5. A data-driven regional approach
6. Strengthening civil society organizations' contribution to the health system
7. Strengthening pandemic preparedness and response

They noted that GF funding allocations of the Region will decrease, as the bulk of the funding needs to focus on Africa which bears the major global malaria burden of cases and death; and that RAI is the only regional grant- so it is critical to be “on top of our game” in RAI 4E – malaria must be eliminated. It was also stated that Within the “DNA” of RAI is the fundamental role of CSOs as service delivery providers when there is still a burden e.g. in MMPs

Key milestones for the RAI4E FR process by the writing team were provided:

- Development of overall Roadmap: November 2022
- Allocation letter from GF to countries and RSC Secretariat: 7th December 2022
- Country component roadmap development by 15 Dec 2022
- Regional and country component outlines developed by 31 December 2022
- The first draft of the funding request by 6th Feb 2023
- The second draft of the funding request by 17th Feb 2023
- Final draft by 6th March 2023

A list of the dates of country meetings was provided:

- Cambodia Country meeting on Priorities and allocation: 16th December; Country dialogue 20th January; Country meeting to endorse draft 24th Feb
- Lao PDR Country meeting on Priorities and allocation: 14th December Country dialogue 2nd Feb; Country meeting to endorse draft 21 Feb
- Myanmar Country meeting on Priorities and allocation: 12th December; Country Dialogue 18th January; Country meeting to endorse draft 22 Feb
- Thailand Country meeting on Priorities and allocation: 22 December; Country dialogue 24th January; Country meeting to endorse draft 23 Feb
- Vietnam Country meeting on Priorities and allocation: 15th December; Country dialogue: 31st January; Country meeting to endorse draft 20th February;

It was noted that Community consultations will occur the day before the Country dialogues; and that the CSO Platform is involved in the writing committee, and the CSO Rep on CCMs and the CSO ExComRep to the RSC is one of the 2 signatures on the Funding requests. It was noted that Country meetings are generally more MOH-led, whilst the dialogues have a more involved and participatory process and allow space e.g. stock-taking. It is important for CSOs to engage with these meetings and to reach out to CCM CSO Rep (often not malaria-focused) to ensure engagement

The RSC meeting to endorse the submission will occur on 9-10 March 2023. It was noted that all final inputs must be provided to the regional writing by **25 February 2023**

The Writing team recommended that the Platform and its Steering Committee members consider addressing the following points in the Regional submission and that the CSO Platform develop a position paper **by 15 December**

:

1. **Impact:** what demonstrates the “value add” of the CSO platform to RAI3 best?
4. **Evolution:** How will the platform need to shift or re-focus to have the most impact on elimination in RAI4? And other issues
5. **Resources:** What needs to be modified or reprioritized to address the likelihood of a significant reduction of resources? And consideration of other sources of funding.

KEY DATE:

Additional reflections and considerations

Platform Steering Committee meeting on strategy and priorities for RAI4
[Platform goal, objectives and focus-Thet Lynn.pdf](#)

In the afternoon, Mr Thet Lynn as Chair of the platform Steering Committee meeting gave a presentation of the proceedings and discussions during the Platform SC meeting which took place on November 16, 2023. The Steering Committee meeting took place on November 16, 2022, facilitated by an independent consultant, with the outcomes of a revised goal, refreshed overall objectives of, and key priorities for the CSO Platform, as well as the Platform governance and hosting arrangement for 2024-2026.

The presentation provided an overview of the revised goal, overall objectives of the CSO platform and key priorities. The session concluded by providing an overview of the decision-making process and outcome regarding the platform hosting arrangement.

Goal: Support communities to improve their health, achieve malaria elimination and prevent malaria reintroduction in the Mekong region

Overall objectives

- To facilitate stronger coordination and partnership among community and civil society organizations, the national malaria control programmes, and other key stakeholders
Priority Activities:
 - Regional consultation
 - Participating in national, regional, and global malaria and health forums
 - Engagement and consultation with CCM and the national program

[Note- National consultations budget to be included in country partners' budget, it can be part of their quarterly meetings.](#)
- To share knowledge of best practices and challenges to advocate for quality, accessible, and sustainable health outcomes for all.
Priority Activities:
 - Field visits
 - Sharing and developing tools
 - Maintaining platform website and social media
- To strengthen the capacity of CSO to support and deliver quality integrated community-led health services
Priority Activities:
 - Training and webinars
- To support improved inclusiveness of and equitable access to health services by removing barriers
Priority Activities:
 - Facilitate with local CSO as a technical hub for CLM pilot
 - Advocacy on gender, social justice and human rights
- To advocate for continued resourcing for the achievement and maintenance of a malaria-free GMS

Priority Activities:

- Technical support to CSOs for local advocacy
- Campaign on special health-related days e.g. World Malaria Day, Universal Health Coverage Day-
- Strengthen platform partnership with like-minded health, health rights and social justice advocacy groups and networks (including UHC and one health, ethnic organizations)
- Strengthen partnerships in order to access information on the GMS countries' borders malaria and health situation and needs
- Continue supporting the community network
- Support RSC civil society representatives in the decision-making and advocacy process of the RAI RSC

The discussions also requested these activities be implemented through the following (initial not exhaustive list):

- Broadened relationships with key stakeholders engaged in work e.g youth groups, intersectoral, other partners, other donors and development partners, ethnic organizations, rights CSOs, other community volunteer/One health networks
- Continued communication and information sharing with partners through online and digital media
- Supporting improved visibility of CSOs contribution to grant outcomes
- Providing demand-based capacity strengthening support and project-related tools including soft competencies
- Supporting CSO capacity to assess quality and responsiveness services provided e.g., checklist, use of implementation "research"
- Supporting integrated health service at the community level and implementation of the Community Led Monitoring , and the role of the Platform to support provision of technical support to CLM
- Enhancing focus to monitoring and advocacy implementing evidence-based strategies for mobile and migrant population
- Developing evidence-based advocacy strategies and templates for sustainable resources for malaria elimination.

Also discussed were:

- The need to consider how the Platform adapts to changed levels of resourcing and the broadened agenda
- Link the priority activities (Platforms and country CSOs) to how this will address the improvement of community health (IMPACT)
- Working beyond the GMS borders e.g. Bangladesh, India – implicit through PoR) but perhaps make explicit

Platform governance

The present Platform Governance Structure was endorsed by the Steering Committee to remain as is moving forward, i.e.

- 15 SC members (3 per country)
- 2 CSO Reps + 2 alternates
- 1 Senior Advisor

Hosting arrangement for 2024-2026

A secret ballot managed by an independent facilitator was held to vote on future hosting arrangements for the Platform.

The steering committee, by a large majority, voted for ALIGHT to remain the platform host for 2024-2026.

Justification

- Good performance to date.
- Collaborative approach in their work with partners
- Strong logistic and financial management
- Strengthened platform relationship with partners
- Well experienced in Global Fund process and partnership management
- Strong commitment and focus on engagement with CSO partners to ensure timely review and feedback in the global fund process and platform activities.

High-level priority for countries to be included in RAI4E incl. border/cross border priorities

Population:

Mobile, Migrant, ethnic communities, refugees, people living nearby forested areas, working in forests, and farm workers

Program priorities

- *P. Vivax* response that meets the needs of the community including support for treatment adherence through community volunteers
- Community-led monitoring (CLM)
- Role of CSO and communities to support efforts in the Prevention of Reintroduction (PoR) including community-based surveillance to support the country and regional outbreaks detection and response
- Cross-border communication, coordination and response on the border (focus on the communities and sub-populations)
- Integration of health care services and community malaria activities tailored to country needs
- Continue resourcing for Social and Behaviour Change Communications (SBCC) specific to the needs of local populations and the malaria burden
- Gender and social justice (including PSEA, rights-based approach, disability and social inclusiveness)
- Strengthened local coordination for avoiding unnecessary duplication, resource mobilization, local response, and sustainability.

GMS Country recommendations for RAI4E priorities

A session was facilitated by the alternate CSO representative during which country-based group discussions were tasked to identify the top priorities for communities and CSO implementation under the following 3 questions:

1. Where (geographically) do we need to focus and why?
2. Key priorities and interventions for your country from the communities and CSO perspectives
3. Border & Cross-border Needs

Myanmar Priorities

Geographic focus

- Focus on hotspots – many including remote areas and Movements of populations including MMPs/IDPs/forest-goers
 1. *P.f.* + mixed variants: Chin State (Paletwa), Tanintharyi, Sagaing, Rakhine (North + South), Kachin
 2. *P.v.*: Kachin, Thanintaryi, Kayin
- Cross-border information sharing and resources on all international borders with high malaria burden

Key priorities and interventions for your country from the communities and CSO perspectives

- Ensure service continuity
- Supporting LLIN usage, monitoring use
- Migrant mapping as a strategy to move forward
- Procurement of sufficient essential commodities and flexibility to meet changing needs on time
 - Need to consider KO tabs (to treat bed nets as an alternative to trying to transport LLINs throughout the country – facing logistical issues)
- Focus on control and elimination with different strategies
- Consider *P. vivax* radical cure
- Maintain surveillance to prevent resurgence/re-introduction
- Outbreak detection and response monitoring
- In areas without public health facilities, need to consider the CSO role in providing services including services from private providers.

Cambodia Priorities

Geographic focus

- All provinces that share borders with other GMS countries
- Internal mobility groups (forest goers, logging) and neighboring provinces of those still showing high cases

Key priorities and interventions for your country from the communities and CSO perspectives

- Elimination and prevention of reintroduction (PoR)
- Ensure continuation and quality of services closer to the communities

- Need tailored prevention tools including IEC for various populations (ethnicity, ages, gender, literacy levels, etc.) and stages of the control-> elimination -> PoR journey
- Community ownership – how to maintain knowledge and resilience re: malaria when there are no cases/outbreaks
- Interventions to prevent *P.v.* relapses including adherence support and assisted referral system
- Improve provider-client communication and counseling
- Focusing interventions to meet the needs of cross-provincial and cross-country border populations (e.g to account for the mobility of forest goers; people living part or full time in other remote areas)
- Data sharing at provincial and international borders for case management continuity

Laos Priorities

Geographic Focus

- High API areas and Low endemic (elimination setting) northern provinces

Key priorities and interventions for your country from the communities and CSO perspectives

In high API areas:

- Intensified case management to ensure hard-to-reach populations receive services, treatment, etc.
- Promote community engagement through community systems strengthening and advocacy activities
- Strengthen monitoring and ensure the timely and regular provision of commodities in the communities through supply chain management
- *P.v.* radical cure in the communities (e.g. reducing the distance to G6PD testing)
- Introduction of Community Led Monitoring to support the improved quality of services
- Highlight cross-border information sharing with neighbouring countries including the exchange of IEC materials in local/ethnic languages
- Engage communities and civil society in emergency operation center strategy

In low API areas:

- Prevention of Re-introduction activities incl surveillance, foci investigations

Thailand Priorities

Geographic focus

- Focus on border provinces
 - Thai-MM: MHS, Tak, Kanchanaburi, Prachuap Kiri Khan, Petchaburi, Ranong
 - Thai-Malaysia: Yala, Songkhla, Narathiwat, Satun
 - Thai-Lao PDR: Ubon Ratchathani
 - Thai-Cambodia: Si Sa Ket

Key priorities and interventions for your country from the communities and CSO perspectives

- Regularly review and update the information on the size and needs of the MMP population to support the malaria service planning on the border.

- Increase supply support to the border areas with the flexibility to adjust based on the changing situation and needs
- Empowering and allowing CHWs to deliver malaria and other healthcare services
- Focused services to the migrant populations (M1 and M2) with additional resources for migrant volunteers
- Continue surveillance of drug resistant malaria
- Interventions to prevent *P.v.* relapses including adherence support and assisted referral system
- One-stop services for MMP on the border
- Consider scaling up effective cross-border information-sharing mechanisms (eg. MC, BMC, Twin city)

Vietnam Priorities

Geographic focus

- Retain provinces supported under RAI3E
 - Highlands: Dak Lak, Dak Nong, Gia Lai
 - South Central: Phu Yen, Binh Thuan Binh Phuoc
 - Central: Quang Tri
 - North: Lai Chau
- Rationale: endemic areas ethnic minority groups, MMPs, forest goers, field sleepers

Key priorities and interventions for your country from the communities and CSO perspectives

- Improved coordination among partners including provincial authorities, CSOs, and national malaria program
- Community Based Organisations' capacity building for integrated health and social services for sustainability
- Expand the support for key interventions such as ACD and fever screening – MOT, VHWs, and in villages without VHWs, may need to involve other existing health sector and CSOs volunteers and midwives
- Strengthen existing CSO and community networks for health including CMAT, MOT, VHWS, and VHV, and strengthen their capacity, focusing on malaria services provision, communication skills, supporting treatment adherence and health promotion
- Focus on provincial and international border areas including information sharing.

Annexes

1. Participant list
2. Agenda

**Malaria Free Mekong
Regional Consultation
Avani Sukhumvit Hotel (On Nut), Bangkok Thailand
17 - 18 November 2022**

Draft Agenda

Objectives:

3. To share partners experiences from the RAI3E implementation and learn the innovative approaches applied in the project.
4. To identify unfunded needs and the way forward for RAI3E and beyond

17 November 2022			
Day 1			
Time	Discussion topics	Presenter/Facilitator	Comments
8.30-9.00	Registration	ALIGHT/Platform	
9.00-9.15	Overview of agenda and housekeeping	Platform	
9.15-9.30	Welcome	RSC CSO reps	
9.30-10.00	Room introduction, group photo and coffee break		
10.00-10.30	Platform update	Shree	
Update from platform country focal person			Panel discussion
10.30-12.00	Lao, Cambodia, Vietnam, Myanmar, Thailand	Platform country focal person	*7 minutes presentation per country. * 3 slides per country situation, result, challenges
12.00-13.00	Lunch Break		
13.00-14.00	Poster station visits 1. Forest Malaria – Malaria Consortium, Cambodia 2. Addressing border malaria- SMRU 3. MMP- ALIGHT, Thailand 4. VHW: PED/HPA, Laos 5. Community resilience- Raks Thai, Thailand	Poster presentation World cafe setting Facilitated by CSO reps	*5 poster stations *4 group will be rotate each station, 10 minutes each
14.00-15.00	Sharing from poster station visit	Group focal person	
15.00-15.45	RAI4 funding request preparation update and process	FR Consultants	
15.45-16.00	Coffee break		
16.00-16.45	CLM in Malaria	Susan Perez, Global Fund	25 Min presentation+20 Minutes Q&A
16.45-17.00	Wrap up of day 1	Shree	

18 November 2022			
Day 2			
Time	Discussion topics	Presenter/Facilitator	Comments
9.00-10.15	UNOPS updates RAI3E country and regional grants PSEA among RAI implementing partners	- Myat Yi Lwin, PR UNOPS - Young Hee	
10.15-10.30	Platform plan for RAI4 funding request development and consultations	Maxine/Shree	
10.30-10.45	Coffee break		
10.45-11.15	Community Level Health Workers and integration of malaria services at community level	IMP/Consultant	
11.15-12.00	Practical example of integrated services at the community level	Frank Smithuis, MAM	
12.00-13.00	Lunch Break		
13.00-13.30	Outcome of platform steering committee meeting on platform strategy and future priority (for RAI4E)	Chair of the platform steering committee meeting and Platform secretariat	Presentation
13.30-14.00	Discussion on platform strategy and future priority	CSO reps +Platform secretariat	Open discussion and Q&A
14.00-15.30	High level priority for countries to be included in RAI4E FR including border/cross border priorities.	CSO reps+Platform secretariat	30 minutes Group discussion by country. Top priority for CSO implementation area.
15.30-15.45	Coffee break		
15.45-17.00	Report back of the country priority discussion and Q&A	Group work presenters	
17.00-17-30	Wrap up and closing		