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Report from 2nd wave consultations to review the draft GMAP2 document "Action and Investment to defeat Malaria (AIM)"

Asia Pacific Malaria Elimination Network

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Prepared for

Roll Back Malaria Partnership

Submitted by:

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Abbreviations

ACT	Artemisinin-based Combination Therapy
AIM	Action and Investment to defeat Malaria
APMEN	Asia Pacific Malaria Elimination Network
APLMA	Asia Pacific Leaders' Malaria Alliance
MOH	Ministry of Health
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GMAP	Global Malaria Action Plan
ICCM	Integrated Community Case Management
IRS	Indoor Residual Spraying
LLIN	Long Lasting Insecticide Treated Nets
M&E	Monitoring and Evaluation
MNCH	Maternal, Neonatal/Newborn and Child health
P. falciparum	Plasmodium falciparum
P. vivax	Plasmodium vivax
PHEM	Public Health Emergency Management
PMI	President's Malaria Initiative
RAI	Regional Artemisinin Initiative
R&D	Research & Development
RBM	Roll Back Malaria Partnership
RDT	Rapid Diagnostic Test
ROI	Return on Investment
SBCC	Social Behaviour Change Communication
SDG	Sustainable Development Goals
SOP	Standard Operating Procedure
WHO	World Health Organization

1. Introduction

The third feedback consultation on the draft AIM document was held in Bangkok, Thailand at the Centara Grand Hotel, after the 27th RBM-Board meeting.

The participants received Chapter 2 and an abridged version of Chapter 3. Chapter 4 was not distributed. 18 participants took part in the consultation, and worked in groups to discuss these sections of the document. A short summary of the group's review was presented back for discussion in the plenary.

The consultation was facilitated by Dr. Nicolaus Lorenz and Dr. Helen Prytherch of the AIM Consultant Team, with support from Professor Maxine Whittaker and Arna Chancellor from the APMEN Secretariat and Dr. Vanessa Racloz from the Roll Back Malaria Partnership.

The objectives of the meeting were to provide stakeholders working in different countries of the Asia Pacific Malaria Elimination Network with the opportunity to:

- Help set the agenda for the next iteration of the Global Malaria Action Plan
- Discuss, comment and provide suggestions for improving the draft AIM document

Photo of the consultation participants

2. Additions/Clarifications needed for Chapter 2:

The group that reviewed Chapter 2 noted that the case for investment is important to help strengthen the evidence for the link between malaria and development. The chapter was found to be concise. Suggestions were made to strengthen it in the following ways: the participants proposed the inclusion of an example from a country in elimination. There was concern that the cost of resurgence is an underestimation, and that this should be revisited, taking also the data from Sri Lanka into consideration. The case for elimination is harder to make and this was appreciated by the participants. Nonetheless, an attempt to strengthen how elimination leads to cases and costs was called for. The title "losing control" was not thought to be helpful – it should be framed as the costs of resurgence to give the section greater relevance. The returns that investing in malaria brings for health systems were thought to be presented too modestly, and should be elaborated in greater detail. More attention should be paid to sustainability. The participants requested more graphics to explain the returns and the costs, including country level ROI data.

3. Additions/clarifications needed for Chapter 3

The group that reviewed chapter 3 found that most contextual issues were covered in particular the financial situation, the political situation, the role of health systems, data/evidence, as well as social, environmental and biological factors. The attention that is given to mobility was welcomed. The participants were not sure that addressing malaria in emergencies should be handled in this chapter, as

this is a very specific context that might require its own section. An omission was noted with regards to zoonotic transmission, as this could also serve as a way to engage other sectors.

The participants preferred the term decentralization be dropped as it is politically charged. The participants recommended that the messaging about the importance of a strong sub-national response to malaria be retained, but without calling out the need for decentralization per se.

The chapter was thought to be important because with the multisectoral approach new ministries come on board, like internal affairs, agriculture, *etc*. that are not always aware of the complexities of working in malaria. This chapter provides them with this much needed context.

The group further noted that the term social protection is not well known and needs explanation, and that we should strengthen the reference to Universal Health Coverage, as this is an important political issue.

4. Additions/clarifications needed for Chapter 4

The groups did not receive the version of chapter 4 that was current at the time of the consultation, as weaknesses in this chapter had already been noted by previous reviewers. Therefore, the groups brainstormed to develop concrete actions for the different critical areas of the document. The results of the group work are presented below:

Partnering to achieve the broader development agenda

- Carry out advocacy with political leaders and decision makers of health and non-health administrators
- Establish/strengthen multisectoral collaboration
- Create national and regional coordination bodies
- Identify main stakeholders using the Multisectoral Action Framework
- Ensure that malaria is included in strategic plans of non-health sectors
- Strengthen cross-border/country collaboration
- Develop (better, easier to use?) tools/instruments for M&E

Mobilizing resources for malaria

The umbrella for mobilizing resources is ADVOCACY

- Ensure that there is dedicated staff for advocacy
- Appropriate training and skill building in advocacy
- Dedicated budget to do advocacy for resource mobilization and policy advocacy
- Better research to establish evidence base (e.g. to support case for investment)

Resource mobilization

a) Human resources: maintaining skill sets in elimination settings (e.g. entomologists), strengthening surveillance and case management
b) Financial/Funding:
    a. Ensuring sustainability :
        i. Domestic funding, including national and district budgets
        ii. Public-Private Partnerships and corporate social responsibility
        iii. Engaging potential new regional donors
        iv. International donors maintain commitment to elimination (e.g. GFATM)
        v. Multisectoral collaboration
c) Policy
    a. Development of national and local policy to support programs
    b. Implementation of policies and regulations at all levels of government

c. Policy guidelines
d. Policy is in District budgets and workplans

Success stories;

- PPPs in the Philippines
- Look at districts that have succeeded to become malaria free and see what they did in terms of advocacy
- Engagement of Province (Planning Bureau) by the National Malaria Program to declare elimination of malaria (North Sumatra)

Improving policy and governance

Big development projects must

- carry out environmental, health and social impact assessments, in elimination setting specific aspects need to be included, e.g. effect on vectors and their breeding sites, *etc*.
- include mitigation efforts

Steps to enforce: it needs a body with power, which can check and issue certificate

- It is necessary to ban mono-therapies
- Share the message that it is sinful not to comply like in Malaysia
- Drug importation issues are often custom issues
- Strengthen power of pharmaceutical division
- Adherence (community awareness)

Industries which are "most" likely to have populations at risk, e.g. logging should pay a "tax" to support national malaria efforts. Employers should be made aware of the importance of their workers being parasite free when they come into an elimination issue (occupational health and safety regulations).

Policies in the following areas should consider malaria: Labour force; Migration; Private sector (laboratory service providers); sharing data, including animal/human data; Access of (legal/illegal) migrants to health services and the debate about who should pay; make malaria services free; make malaria prophylaxis "recommended" to travellers to high burden countries; make malaria a notifiable disease in elimination countries, introduce that a provider who fails to notify can be fired.

Strengthen and integrate into health systems

Service Delivery

- Improved outreach and case finding
- Accessibility to prevention, control, diagnose and treatment
- Customizing health delivery system – subnational response is crucial

Information

- Strong surveillance system (real time), include epidemiological, entomological, drug resistant, risk areas, key affected population/people at risk.
- Geo Referenced Mapping
- Public Health Intelligence
- Cross boarder data sharing

Pharmaceutical and Medical Technology

- Improve supply chain management for malaria control
- Quality diagnostic tools
- New vector controls modalities to explore new technology and strategy for malaria vector control in the view shifting malaria transmission pattern from indoor to outdoor.

Health workforce

- Build more capacity for malaria.

Success stories

- Smart integration: within MNCH program
  - Malaria prevention measures are integrated in other health services
  - Sustainable financing

Putting people at the centre

- For this region in particular actions are needed to build and share best practices about reaching MMPs with malaria services.
- Improving the representation of communities in health boards and committees
- Awareness raising so that people hold their local politicians to account for progress in malaria

Innovate and strengthen/use the evidence

- Improved data is needed on the benefits of other sectors engaging in malaria.
- Cost-effectiveness studies become difficult in elimination, cost-benefit studies are necessary
- Surveillance systems need to be strengthened for cases, and for vectors - vector mapping, vector bio assays.
- Better data is needed to inform policy re. larvae control
- Of utmost urgency is the need to address drug resistance. Surveys of therapeutic efficacy need to be undertaken (focus on risk groups, such as UN peace keeping forces, or migrant populations).
- Systems are needed to track imported malaria (particularly important in elimination settings like Sri Lanka where indigenous transmission has been brought to zero)

Areas where innovation is needed

- Innovative approaches and messages will be needed to sustain the interest of all stakeholders (both governments and donors, and the private sector engagement)
- Innovation will be needed to keep up the malaria awareness of health workers and to incentivize that they track and report cases
- Track imported malaria (particularly important in elimination settings like Sri Lanka where indigenous transmission has been brought to zero)
- To establish the degree of vigilance necessary to avoid cost of surveillance spiraling out of control, what are valid methods; this is considered as a top priority for Sri Lanka
- Streamlining surveillance and response
- Addressing outdoor transmission
- Monitoring therapeutic efficacy/ detection of drug resistant parasites (through drug resistance genotyping)
- Identifying asymptomatic malaria, detection when there is low parasitaemia reservoirs.
- Innovation is also needed for case management, especially for *P.vivax* and to reach MMPs.

5. Assessment of the success of the consultative process

The consultant team was highly appreciative of the participant's hard work and support to identify actions for progress in malaria in the next 15 years. Many of the ideas raised have been taken up in the next draft which was submitted to the RBM Board at the end of the year. The APMEN network itself has been incorporated as a fine example of regional collaboration, and actions to guide others have been distilled from the recently launched Progress and Impact series document on APMEN.

The participants were familiarised with the next steps and time line for the on-going development of AIM, ways to engage via social media, the "ideas scale" where further suggestions for case studies can be submitted, and the public review that is planned to commence mid February 2015.

6. Agenda for the Consultation

Time	Session	
09.00-09.15	Official Welcome and Introductions	Dr. Vanessa Racloz – RBM Partnership
09.15-09.30	Orientation to AIM including: • Overview of the AIM Development Process (Task Force, regional consultations, key-informant interviews, document review, 1st wave of country and community consultations) • Link to the Global Technical Strategy • Outline/Summary of the AIM Document • Purpose of the Consultation	Dr. Nick Lorenz/ Dr. Helen Prytherch
09.30-10.15	Split into groups to review *either* Chapter 2 *or* an abridged version of Chapter 3. Questions will be provided to structure the review.	Group work (discussion to be captured on PowerPoint slides – format is prepared)
10.15-10.45	Refreshment break and group photo	
10:45-11.15	Feedback from each group (high level impressions – rather than details)	Plenary
11.15-12.15	Getting to action: Ask the groups to consider key actions for achieving the 2020, 2025 and 2030 goals and milestones in the region and to provide examples.	Group Work
12.15-12.45	Feedback	Plenary
12.45	Wrap up, next steps and official close	

7. List of Participants

	Surname	Name	Organizatin	Country
Dr.	Bualombai	Pongwit	Bureau of Vector Borne Diseases (BVBD)	Thailand
Ms	Wangroongsarb	Piyaporn	Bureau of Vector Borne Diseases (BVBD)	Thailand
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Ms	Kitchakarn	Suravadee	Bureau of Vector Borne Diseases (BVBD)	Thailand
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Mrs	Intarti	Yetty	FDCEH (Malaria)	Indonesia
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Dr.	Jenarun	Jelip	MOH	Malaysia
Ms	Arbas	Arlene	DOH	Philippines
Ms	B. Perez	Evelyn	DOH	Philippines
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Ms	Larson	Erika	UCSF	U.S.