

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

- Stakeholders from the Greater Mekong Sub-region, 2nd December 2014**

Prepared for

Roll Back Malaria Partnership

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20 January, 2015

Abbreviations

ACT	Artemisinin-based Combination Therapy
AIM	Action and Investment to defeat Malaria
APMEN	Asian 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 and Child health
<i>P. falciparum</i>	<i>Plasmodium falciparum</i>
<i>P. vivax</i>	<i>Plasmodium vivax</i>
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 second feedback consultation on the draft second generation global malaria action plan “Action and Investment to defeat Malaria (AIM)” document was held in Bangkok, Thailand at the Four Seasons Hotel, prior to the 27th RBM-Board meeting.

The participants received the “Call to Action” and an abridged version of Chapters 2 and 3. Chapter 4 was not distributed. 17 participants took part in the consultation, and worked in groups to discuss sections of the document. This was followed by a brainstorming session in plenary to gather initial ideas for substantially re-working Chapter 4.

The AIM Task Force chairs Dr. David Brandling-Bennett and Dr. Bernard Nahlen welcomed the participants and engaged in the discussions with them, as did other Task Force members. The consultation was facilitated by Helen Prytherch, Nicolaus Lorenz and Sally Stansfield of the GMAP2 Consultant Team.

The objectives of the meeting were to provide stakeholders working in different countries and for various agencies in the Greater Mekong Sub-region 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. Comments for the Call to Action

The group that worked on the Call to Action, first brainstormed on what they would like to see in such a section. Only after this did they review the version in the current draft. The feedback included that the current version was a mixture between a call to action and an executive summary, and that it was too long. The main messages the group would like to see in the Call to Action included the importance of sustaining current progress, and MDG gains, while highlighting that the job is still not finished. It should refer to the fragility of gains in malaria and the ever-present risk of resurgence, as well as mention that the returns on this investment are impressive. In addition, it should make clear that we are approaching the elimination end-game when the global picture is considered. Also, that there are many pressing urgencies, most notably the ticking clocks of resistance and the lifetime of current tools.

3. Additions/clarifications needed for Chapter 2

The group that worked on the case for investment chapter recognised that the challenge is to make this relevant for all the world regions. The group started out by discussing that those needing to be convinced by the case for investing in malaria are Heads of State and Ministers of Finance, in particular in affected countries and emerging economies, GFATM, bi- and multi-laterals, and the private sector. It was discussed that it would be important to show the efficiency of investing in malaria, as Ministries of Health are often perceived by Ministries of Finance to be inefficient. Also, it was stressed that more could be made of the case that investing in malaria is good for health systems. APLMA have commissioned cases for investment and offered to reflect upon the format, and whether a similar format could be used. It was

noted that health as a regional security issue, even a global issue when it comes to resistance, are currently missing from the case.

If the focus is on global advocacy and on making a solid case for investment then it is useful, but more specific information is needed for each region, countries. The consultants were asked to consider making country level data available either in the annex or in a repository on the RBM webpage.

Finally, questions were raised about how much “how to” information would really be useful in this context of this chapter.

4. Additions/clarifications needed for Chapter 3

The group that discussed chapter 3 called out several aspects for greater attention. These included the dynamic nature of malaria transmission and the required response. This is epitomized in this region by the mobility of people, the challenges that surround reaching MMPs with malaria interventions, and how this is a driver of the growing challenge of drug resistance. Resistance also needs to be framed as a global issue, as there are growing numbers of people travelling from Africa to Asia and from Asia to Africa. The links to the SDGs could be made clearer, in particular to irrigation, deforestation, urbanization, breeding sites, changes in vector habits, and global warming. The messaging around integration needs to be carefully considered, as malaria specific expertise and infrastructure is needed, especially in elimination. The group indicated that more focus should be placed on the need for better data to map and target the response, and to influence policy decisions. There is a challenge to screen and treat asymptomatic carriers who can present a persistent reservoir of the parasite.

5. Additions/clarifications needed for Chapter 4

The participants and consultant team discussed the seven critical areas proposed for chapter 4 and brainstormed on key areas where actions are needed. The discussion called out the need for regional partnerships in the context of elimination, and how it would be helpful to bring greater clarity to the benefits of a multisectoral response. The key importance of strengthening political commitment, increasing domestic and more diversified international resources for malaria, and stressing the efficiency of investments in malaria were all mentioned. The usefulness of supporting the clamp-down on fake drugs was highlighted. The lack of human capacity in advocacy, resource mobilization and health systems was stressed for attention as well. Best practices on reaching MMPs could be helpfully shared, as well as stressing the continued need for data sharing, and implementation research. The participants underlined the need for monitoring in the critical areas to make it possible for progress to be tracked.

6. Assessment of the consultation

The consultation went well, and the consultant team received many helpful ideas for improving the draft for submission to the RBM Board.

7. Agenda for the Consultation

Time	Session	
09.00-09.15	Official Welcome and Introductions	Dr. David Brandling Bennett/ Dr. Bernard Nahlen
09.15-09.45	Orientation to AIM including: <ul style="list-style-type: none"> • 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 WHO Global Technical Strategy for Malaria • Outline/Summary of the AIM Document • Purpose of the Consultation 	Dr. Sally Stansfield/ Dr. Nick Lorenz
09.45-10.30	Split into groups to review <i>either</i> the Call to Action, Chapter 2 <i>or</i> 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)
10.30-11.00	Refreshment break and group photo	
11:00-11.30	Feedback from each group (high level impressions – rather than details)	Plenary
11.30-12.30	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
12.30-13.00	Feedback	Plenary
13.00	Wrap up, next steps and official close	

8. List of Participants at the consultation

Participant	Organization
Whittaker, Maxine	APMEN
Chancellor, Arna	APMEN
France, Tim	APLMA
Brandling-Bennett, David	BMGF
Gaudart, Jean	Aix Marseille University
Boyer, Sebastien	I.P.M.
Lwin, Sandii	MHDC
Nahlen, Bernard	President's Malaria Initiative
Agarwal, Koki	Jhpiego
Halima Mwenesi	FHI360
Rolfe, Ben	APLMA
Desbrandes, François	Sanofi
Molnar, Attila	UNOPS
Sovannaroth, Siv	CNM
Dhingra, Naina	Mc Kinsey Consulting
Shretta Rima	UCSF Global Health Group
Larson, Erika	UCSF Global Health Group