Report from Community and Country Level Consultations on GMAP2 “Action and Investment to defeat Malaria (AIM)” in Philippines 16th-19th June 2014

Prepared for
Roll Back Malaria Partnership

Submitted by:
Swiss TPH Swiss Tropical and Public Health Institute

Deloitte Consulting LLP

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### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIM</td>
<td>Action and Investment to defeat Malaria</td>
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<tr>
<td>DoH</td>
<td>Department of Health</td>
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<td>GFATM</td>
<td>The Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<td>GMAP</td>
<td>Global Malaria Action Plan</td>
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<td>LLIN</td>
<td>Long Lasting Insecticide Treated Nets</td>
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<td>MCH</td>
<td>Maternal and Child health</td>
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<td>OPAPP</td>
<td>Office of the Presidential Adviser on the Peace Process</td>
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<td>POH</td>
<td>Provincial Health Office</td>
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<td>Swiss TPH</td>
<td>Swiss Tropical and Public Health Institute</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>WHO</td>
<td>World Health Organization</td>
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1. Introduction

1.1 Community Consultation Overview

The engagement visits to the provinces of Palawan and Rizal were completed during June 16-18, 2014. Palawan is the province in the Philippines with highest burden of malaria contributing to almost 60% of the cases in the entire country in 2013. Rizal province, on the other hand, is one of the more proximate areas to Manila and is characterized as having sporadic malaria transmission in focal areas.

Key provincial implementers and community members were interviewed during the provincial visits. Discussions were held with 31 individuals representing:

- Community Members
- Local Microscopists
- Health Workers
- Barangay Leadership
- National Organization Leaders (e.g., Pilipinas Shell Foundation Inc.)
- Local Organization Leaders (e.g., Senior Citizens Council)
- Provincial Health Workers
- Municipal Health Workers

The discussion explored major themes including:

1. the impact of the disease to the organization and/ or on the community affected,
2. the efforts, services, and investments that the organization or community has done or is currently doing in order to mitigate the effects or impact of the disease,
3. what efforts or services need to be done still, how should these be done, and who should be involved, and
4. how can the AIM document be of help.

1.2 Community Consultation Objectives

The main objectives of the community level consultation were to:

- Gain a first-hand understanding of community level priorities
- Better understand the impact of poverty and disease in the context of household vulnerabilities and learn more about family coping strategies
- Create a shared understanding of the contribution of community development workers to basic service provision, including in the fight against malaria
- Find ways to support community development workers to play their role more effectively
- Use malaria as an entry point to gain insights on ways to strengthen governance and accountability for the consequences of non-availability of services
- Enable community level stakeholders to set the agenda for the next iteration of the Global Malaria Action Plan

1.4 Background information

Some years back, Barangay Luzviminda in Puerto Princesa City was one of the top barangays in terms of malaria burden. Cases have been steadily decreasing however and improvement in the malaria status is being realized. Joining in the group discussion were the volunteer barangay microscopist and volunteer barangay health workers. Likewise, representatives from the households and senior citizens group participated (see Annex 1).

Barangay San Juan, Antipolo City, Rizal is in its third year of having zero malaria cases. Participating in the discussion were the barangay captain (local chief executive of the village) and household representatives (see Annex 1).

1.5 Summary of key themes emerging from the discussions and implications for AIM
Increasing collaboration with other sectors will be necessary for elimination. Creating partnerships and securing resources from the private sector and other groups at the community level will be important to sustain the progress that has been made in the elimination of malaria. Community members noted that working with local farmers, mining companies and hospitality industry (in particular gold course developers) not just for monetary resources, but also creating partnerships with the community working together to inform the development of the land, and reduce the likelihood of importing cases from another area due to migrant workers.

- **Implications:** AIM should not only provide tools and resources to engage and utilize a multi-sectoral response, but also provide examples about how the different sectors can contribute resources in each of the different stages in the elimination of malaria, especially at the local level.

**Insufficient resources:** There was continued acknowledgement by individuals at each level of the end of global fund support in 2014. The provincial and municipal health officers spoke about the renewed focus on advocacy within the national and provincial governments to sustain local funding for the variety of malaria programs which are funded in the country. At the barangay level, community members discussed the rationing of resources and identification of alternative ways to reduce the number of mosquitos in an area (community clean-up days, stream cleaning).

- **Implications:** AIM will have to specifically provide information on advocating for sustained funding in areas where elimination is within reach. In addition to the engagement of other sectors discussed above, AIM should provide resources to identify other low cost ways to reduce the risk of malaria in a region.

**Political issues can influence the delivery of the malaria program in the community:** Barangay captains can influence the focus of the barangay health workers, and political capital/advocacy is being used negatively to impact and influence others for votes. Community health workers can also have political affiliation. This may pose a risk redirecting minimal Barangay resources away from malaria into other priorities that the community may see as a higher priority, which may or may not be based upon data.

- **Implications:** AIM as an advocacy document must recognize that others may be working to advocate for the same resources to be used on an alternative issue. The document will have to address how to negotiate an environment in which officials at each level must prioritize many health and economic issues and discuss how to effectively make progress against malaria in an environment where other issues (health, economic, etc.) may be more pressing.

**Successful programs that deliver services at community level rely almost exclusively on volunteers.** Resources are not available for communication of reports with surveillance and community health center data back to the provincial and municipal levels. Health workers are not paid and money for motorcycles or other transportation is not provided, so some have to walk up to 3 hours to deliver a report from the community.

- **Implications:** AIM should acknowledge that while the community worker model may be a key factor to making these programs sustainable, there needs to be additional support system to incentivize participation and secure resources to promote improved data sharing that does not rely on the individual health workers.

### 2. Overview of the Consultative Meeting

A national consultative workshop was held on June 19, 2014. Representatives from various government, non-government, and private institutions participated in the event. Participants actively participated and shared their views on the three themes/issues put forth in the plenary. At the end of the day, the workshop was able to identify various gaps as regards to the themes, generate responses to the gaps identified, and forward recommendations to which AIM may be able to assist in accomplishing.

### 2.1 Objectives of the consultative meeting

The main objectives of the community level consultation were to:
Enable country stakeholders to help set the agenda for the next iteration of the Global Malaria Action Plan
Help to better position malaria within the country’s broader development context
Learn how other programs have successfully engaged communities e.g. polio, HIV/AIDS, TB, MCH etc.
Create a shared understanding of the current status of the country’s response to malaria
Identify high priority actions for progress towards control/elimination goals
Sensitize country stakeholders for the future implementation of AIM
Network, build relationships, and identify new opportunities for partnership

2.2 Key national opportunities and challenges prioritized for discussion

After the official opening and introduction to the AIM process, a presentation was given by representatives of different provinces across the region all at different stages in reducing and eliminating malaria. After which the Regional Consultation findings along with highlights from both community visits were presented. In a moderated session the participants jointly agreed on three topics that they thought it would be most beneficial to discuss during the consultation. These topics were:

(1) Reaching the affected indigenous peoples, mobile populations, and migrant workers
(2) Ensuring continued funding
(3) Establishing partnerships

2.3 Summary of key points emerging from the consultative meeting

Together as a group, the participants worked in across constituency what is currently being and how well it was working. They then proceeded to identify and prioritise actions to would enable them to move forward on this topic. The list of priority actions for each of the topics is in Annex 4.

The geographic, political and economic landscapes of the Philippines present varied challenges in addressing malaria. Within the Philippines there are many subsets of individuals who are at higher risk for malaria infection including indigenous populations, rebel groups, migrant workers and refugees/displaced persons. Government has worked to establish guidelines for indigenous population health focusing on providing care and information that is culturally sensitive. The Office of the Presidential Adviser on the Peace Process (OPAPP) has the Pamana Program for returning rebels that offer projects and funding for the beneficiaries and provinces with a larger rebel presence are coordinating with local leaders and military for health services for all individuals in the area including the distribution of LLINs, medicine, etc. The El Nido Foundation is working with a construction company in popular tourist destinations to orient migrant workers to the risks of malaria and provide nets during their stay. There are even policies set by private and publically owned resources such as the Subic Base Authority which does not to issue permits or IDs to workers unless they have a malaria test.

As the country heads further towards elimination, funding sources that are based upon the burden of disease will reduce the amount available to the nation which poses a great risk to the countries progress. Participants noted that local, provincial and national governments have begun to plan for the decline/elimination of Global Fund resources to the area. There is existing funding from the Department of Health (DOH) for the Malaria Program and incoming government officials have expressed additional interest in sustaining the progress against malaria; policies have been put in place to establish provide funding for testing and treatment amongst military workers who are either travelling between provinces with higher/lower rates of malaria, or even those who are traveling internationally (e.g., UN Peacekeeping) that may return with malaria infection from another country; Private businesses are also starting to take financial responsibility for the testing and treatment of workers in areas where there are higher rates of malaria.

The Philippines has many success stories to share, especially in the creation of partnerships.
noted that there are a number of foundations and private businesses utilizing partnership models to better serve the community. The Pilipinas Shell Foundation Inc. has created a strong partnership network with local governments, outside donors and individuals at the community level to provide year round microscopy centers for the testing, confirmation and proper treatment of malaria at the Barangay level. Participants also noted their interest and commitment to forming the Malaria Elimination Network within the country.

2.4 Areas where AIM could potentially provide useful guidance

Regarding Funding:
1. Build capacity to advocate for funding /resource mobilization.
2. Push for policy development for regional malaria trust fund (look at elimination in region)
3. Broadening/strengthen relationships with private sector
4. Encourage funders to look at elimination countries
5. Better data collection for at-risk groups. Better link between program – research – policy. More research before policies are set especially at regional level
6. Guidelines on advocacy for program managers

Regarding Partnerships:
1. Make malaria sexy, make it an attractive issue to fund and reinvigorate the momentum in accelerating to elimination
2. Guidelines for conducting advocacy meetings
3. Platforms for sharing data (health information systems)
4. Success stories pf countries that have eliminated/sustained
5. Clarify who needs to be involved beyond health sector (e.g. urban planning)

3. Next Steps and Recommendations

Overall, the consultation went very well, the participants were highly committed and played an active role in the group and plenary discussions. As a group participants identifies tangible next steps to take action based upon the day's discussion including:

- Share national malaria control plan with all participants for reference
- Schedule a series of meetings to discuss the National Malaria Control Plan along with the concept note that was submitted to GFATM
- Identify how to enhance implementation utilizing all partners e.g., working closely with the Chamber of Mines (Oceana Gold champion?). Mines mandated to allocate 1.5% to health. Most of them operate in endemic areas or engaging with industry groups like construction industry.
Annex 1 –Community Visit Participant Lists

Palawan Visit
Focus Group Discussion with community members of Barangay Luzviminda in Puerto Princesa City

Participants
Deborah Arroz, Barangay Microscopist; Ananita Sabanal, Barangay Health Worker; Anabelle Factor, Barangay Health Worker; Elvie Barruga, Barangay Health Worker; Melanie Paoner, Barangay Health Worker; Romeo Pascual, Barangay Councilor; Cherry Manuel, household representative; Marilou King, household representative; Analie Bocado, household representative; Epifania Magramo, household representative; Lucy Barruga, household representative; Richard Barruga, household representative; Jessica Alonzo, household representative.

Interview with Dr. Eduardo Cruz, Provincial Health Officer, Palawan – Dr. Cruz is the principal health executive of the Provincial Government of Palawan responsible for providing oversight to all health programs being implemented in the 24 municipalities of the province. Among the programs in the province, he is mainly in-charge for managing the malaria control program implementation through the Kilusan Ligtas Malaria or KLM (literally translated as Movement Against Malaria) project co-implemented with Pilipinas Shell Foundation, Inc or PSFI.

Interview with Dr. Juancho Monserate, City Health Officer, Puerto Princesa City – Dr. Monserate is the principal health executive of the city government responsible for providing oversight to all health programs being implemented in the 66 barangays (villages) of the city.

Interview with Ms. Marvi Trudeau, Program Manager, Pilipinas Shell Foundation, Inc (PSFI) – Ms. Trudeau is primarily in-charge of handling the Global Fund Grant for malaria that is being implemented in 40 malaria-endemic provinces all over the country. Since year 2000, prior to the GFATM Grants, Ms. Trudeau and PSFI has been co-implementing the KLM () Project in Palawan in partnership with the Provincial Government of Palawan.

Interview with Dr. Editha Miguel, Executive Director, Agape Rural Health Program (ARP) – Dr. Miguel through the ARP provides health services (among others) to several communities in Palawan and some provinces in Northern Philippines. The organization is church-based. The organization has been in partnership with
PSFI for the distribution of mosquito nets in the areas they cover and are partners in the awareness raising in the communities.

Rizal Field Visit (June 18, 2014)

Focus Group Discussion with community members of Barangay San Juan, Antipolo City, Rizal

**Participants**

Julie Bolaños, Barangay Chairman; Catherine Erandio, household representative; Fely Bioncio, household representative; Wilma Santos, household representative; Pas Todoc, household representative; Marcila Polmonis, household representative; Feliza Sonoria, household representative; Verginia Corporal, household representative; Rolando Ponono, household representative; Cleofe Polmonis, household representative

Interview with Dr. Hermogenes Certeza, Head of Technical Unit of the Provincial Health Office (PHO) and Engr. Alberto Piñon, Provincial Malaria Coordinator under the PHO – Dr. Certeza is the health official in-charge of the technical services provided by the PHO; Engr. Pinon as malaria coordinator is in charge of the malaria program implementation in the province of Rizal.

Interview with Engr. Ms. Cristita G. Leyva is in-charge of the malaria program implementation in the city province.; Ms. Porcioncula is a medical technologist of Rizal and is a trained Validator (for microscopy diagnosis)
Annex 2 – Consultation Meeting Participant List

**Government**

*National Level Office*
- Dr. Mario Baquilod, Department of Health (DOH)
- Ms. Christine Joy Candari, WHO-DOH
- Ms. Jeunessa Sto. Nino, WHO-DOH
- Mr. Joselito Magumun, Department of Interior and Local Government
- Ms. Nieva Farinas, Mines and Geoscience Bureau
- Dr. Maria Beatrice Villanueva, Department of Labor and Employment – Occu. Health and Safety Center
- Mr. Shalimar Tamaro, Department of Tourism
- Mr. Carlos Buasen, National Commission on Indigenous Peoples
- Dr. Angelica Cachola, National Commission on Indigenous Peoples
- Dr. Pilarita Rivera, University of the Philippines – College of Public Health
- Ms. Mary Ann Pantaleon, Union of Local Authorities of the Philippines
- Dr. Angelica Larin, Armed Forces of the Philippines

*Regional Level Office*
- Engr. Antonietta Ebol, DOH-Regional Office 11
- Mr. Leonido Olobia, DOH-Regional Office 8
- Dr. Romulo Turingan, DOH-Regional Office 2
- Mr. Bayani Sumaway, National Commission on Indigenous Peoples

*Provincial level*
- Dr. Thelma Dangao, Provincial Health Office of Apayao
- Dr. Eduardo Cruz, Provincial Health Office of Palawan
- Dr. Farah Tan Omar, Provincial Health Office of Sulu

**Private Sector**
- Mr. Greg Navarro, Deloitte Philippines
- Ms. Marvi Trudeau, Pilipinas Shell Foundation, Inc
- Ms. Irma Rose Marcelo, El Nido Foundation, Inc
- Ms. Lucida Exconde, Oceanic Gold Mining
- Ms. Joy Ann Lico, ACTMalaria
- Ms. Esther Go, Management Association of the Philippines
- Dr. HB Delizo, Philippine Chamber of Commerce and Industry

**Facilitators:**
- Ms. Molly Loomis, Deloitte
- Ms. Allison Sullivan, Deloitte
- Mr. Ray Angluben, Pilipinas Shell Foundation, Inc (Co-facilitator)
- Ms. Novi Peralta, Deloitte Philippines (Co-facilitator)

**Secretariat:**
- Ms. Jolita Atienza, Pilipinas Shell Foundation, Inc
- Ms. Marnelle Maza, Pilipinas Shell Foundation, Inc
Annex 3 – Consultation Meeting Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>8.00-8.30</td>
<td>Registration</td>
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<tr>
<td>8.30-8.50</td>
<td>Official Welcome / Opening Remarks</td>
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<tr>
<td>8:50-9:30</td>
<td>Participant Introduction and Objectives</td>
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<td>9.30-9.45</td>
<td>Orientation to AIM</td>
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<td>9:45-9.52</td>
<td>Presentation of key findings from AIM Regional Consultations</td>
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<td>9.52-10.00</td>
<td>Presentation of National Malaria Situation</td>
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<td>10.00-10.30</td>
<td>Presentation of Selected Provincial and Regional Malaria Situations (Palawan, Apayao, Eastern Visayas)</td>
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<tr>
<td>10.30-10.45</td>
<td>Morning Break</td>
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<tr>
<td>10.45-11.30</td>
<td>Discussion Regarding Country Specific Challenges and Opportunities</td>
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<td>11.30-12.30</td>
<td>Session 1: Facilitated discussion on the first issue as prioritized by the participants</td>
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<td>12.30-13.30</td>
<td>Lunch break</td>
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<td>13.30-14.30</td>
<td>Session 2: Facilitated discussion on the second issue as prioritized by the participants</td>
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<td>14.30-15.30</td>
<td>Session 3: Facilitated discussion on the third prioritized issue selected by the participants</td>
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<td>15.30-15.45</td>
<td>Afternoon Break</td>
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<td>15.45-16.30</td>
<td>Accelerating to Action</td>
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<tr>
<td>16.30-17.00</td>
<td>Wrap-up and Next Steps</td>
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Annex 4 – List of Priority Actions from the Consultation Meeting

Theme 1:
- Conduct cultural sensitivity training for health workers, local executives, policy makers and chiefs.
- Need partners/strategy to get services to rebel group (follow up and surveillance of positive cases)
- Need to collect disaggregated data on IPs, OFWs, and IDPs to inform specific services.
- Streamline malaria into the malaria program
- How to address imported cases from Tawi-Tawi to Sulu
- Need to establish policy about outbreaks among OFWs
- Need to identify points of contact to track OFW’s when they enter the country.
- How to track Agtas cases (nomadic/change names)? Need some solutions.
- Need to change microfinance and religious groups for malaria.
- Develop info system for military to track malaria cases.
- Can we use existing employer clinic infrastructure to do universal screening? Combine with other diseases to get economies of scale for greater cost savings. (Target areas that are affected by malaria. No need to screen employees – voluntary)
- Scale up civil registration programs.
- Checklist/screening process that employers can do to help with case identification:
  - Tools they can use if they are embarrassed to talk to nurse
  - Target companies that are based in endemic area (e.g. Oceana Gold, mines in Palawan)
  - Leverage clinics that exists for populations beyond the employees.

Theme 2:
- Collecting and reporting of data
- Developing a business case to meet national needs
- Operationalize Malaria Elimination Network
- Build capacity to advocate for funding
- Community Health Trust fund to help meet needs at the community level
- Broadening and strengthening the partnerships with the private sector such as mining firms
- Implement policies to require funding or investments to address environmental issues and malaria concerns

Theme 3:
- Capacity building activities with private organization networks that exist
- Tracking the value chain.
- Partnership with DOH/office of the surgeon general. (Not just marines) (more strategic, not just at activity level)
- P.A.s Med Tech and P.A.s Private Hospitals form partnership with DOH for sharing data and training. (This will require additional money for medicine provision).
- Consider economies of scale
- Publicize success stories, best practices with other sectors
- Internal advocacy with employee networks
- Start partnerships within the community
- Creation of malaria centers cost determination (DOH provide DILG)
- Publicize information on the location/POCs for the malaria microscopy centers
- Dept. secretaries MOA to focus on malaria
- Provide information on where investment/partnership could benefit existing malaria programs (e.g. improvements to microscopy centers)
- Identify the skilled people to deliver advocacy messages
- Communications planning
- Partner with those who can assist in communicating (e.g. media). Inviting media personalities to areas to see the interventions that are working in a community
- Management Association of the Philippines – attend/promote malaria as well as other health issues.
- Utilize Malaria Elimination Network – integrate with other sectors at the national level
- Eco/agro tourism industry – adding malaria free to tourism campaign
- Clarify expectations of private sector in implementation of national strategic plan.
- Incentivizing participation from the private sector