

# Mekong Malaria Elimination (MME) Programme Partners' Forum

March 2018

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# Contents

Contents .....	i
Acronyms.....	iii
<b>Summary .....</b>	<b>1</b>
<b>Background.....</b>	<b>2</b>
Objectives .....	2
<b>Executive summary .....</b>	<b>3</b>
Topic 1: Improving access to hard-to-reach populations .....	3
Topic 2: Ensuring the availability of high-quality drugs and diagnostics .....	3
Topic 3: Strengthening collaboration and partnership coordination .....	3
Topic 4: Improving surveillance in the GMS .....	4
Recommendations .....	4
<i>Recommendations for GMS Member States.....</i>	<i>4</i>
<i>Recommendations for WHO .....</i>	<i>5</i>
Opening remarks.....	6
GMS updates.....	6
<i>Objectives of the partners' forum and overview of the Mekong Malaria Elimination Programme ....</i>	<i>6</i>
<i>Status of drug resistance in the GMS.....</i>	<i>6</i>
Country updates .....	6
Cambodia .....	6
China .....	7
Lao People's Democratic Republic .....	8
Myanmar.....	8
Thailand .....	9
Viet Nam .....	9
Updates on malaria financing .....	10
<i>Update on the Global Fund Regional Artemisinin-resistance Initiative (RAI) and Regional Steering Committee Meeting .....</i>	<i>10</i>
<b>Topic 1: Improving access to hard-to-reach populations .....</b>	<b>10</b>
Country presentations .....	10
Cambodia .....	10
Myanmar.....	10
Viet Nam .....	11
Case studies .....	11
<i>Supporting the last-mile operation: polio case study .....</i>	<i>11</i>
<i>Eliminating malaria: Global overview and case studies outside the GMS.....</i>	<i>11</i>
Project updates.....	12
<i>Seek and find: evolving approaches to serving hard-to-reach groups in four countries .....</i>	<i>12</i>
<i>Access to hard-to-reach populations .....</i>	<i>12</i>
<b>Topic 2: Ensuring the availability of high quality drugs and diagnostics .....</b>	<b>12</b>
<i>Plan for RAI2E regional pharmaceutical component, 2018–2020 .....</i>	<i>12</i>

<i>Eliminating in the dark: the importance of ongoing drug quality monitoring to inform responsive malaria elimination strategies.....</i>	<i>13</i>
<b>Topic 3: Strengthening collaboration and partnership coordination .....</b>	<b>13</b>
<i>Partnership coordination in Myanmar.....</i>	<i>13</i>
<i>WHO's role to facilitate partnership coordination and collaboration .....</i>	<i>14</i>
<i>Asia Pacific Leaders Malaria Alliance's work to strengthen political leadership and financing for malaria.....</i>	<i>14</i>
<i>Updates on RAI grant implementation .....</i>	<i>14</i>
<b>Topic 4: Improving surveillance in the GMS .....</b>	<b>15</b>
<b>Country presentations .....</b>	<b>15</b>
<i>Cambodia .....</i>	<i>15</i>
<i>China .....</i>	<i>15</i>
<i>Lao People's Democratic Republic .....</i>	<i>15</i>
<i>Myanmar.....</i>	<i>16</i>
<i>Thailand .....</i>	<i>16</i>
<i>Viet Nam .....</i>	<i>17</i>
<b>Country discussions .....</b>	<b>17</b>
<b>Updates on data-sharing in the GMS.....</b>	<b>17</b>
<i>Malaria elimination database (MEDB) for the GMS under RAI2E .....</i>	<i>17</i>
<i>Progress and challenges of the GMS Regional Data Sharing Platform.....</i>	<i>17</i>
<b>Partners' work to support surveillance in GMS countries .....</b>	<b>18</b>
<i>Response-driven surveillance innovations and iterations.....</i>	<i>18</i>
<i>Supporting malaria surveillance in the GMS.....</i>	<i>18</i>
<i>High-risk populations surveillance and response.....</i>	<i>19</i>
<i>Surveillance guidance and tools.....</i>	<i>19</i>
<i>Translating epidemiological analysis into action: update from MORU .....</i>	<i>20</i>
<b>Discussion: Improving surveillance for malaria elimination in the GMS .....</b>	<b>20</b>
<b>Recommendations .....</b>	<b>20</b>
<b>Recommendations for GMS Member States<sup>1</sup>.....</b>	<b>20</b>
<b>Recommendations for WHO .....</b>	<b>21</b>
<b>Conclusion .....</b>	<b>21</b>
<b>Appendices .....</b>	<b>23</b>
<b>Appendix 1 – Partners' forum agenda .....</b>	<b>23</b>
<i>Objectives of the meeting .....</i>	<i>23</i>
<i>Programme schedule .....</i>	<i>23</i>
<b>Appendix 2 – List of participants.....</b>	<b>26</b>
1. <i>Government participants .....</i>	<i>26</i>
2. <i>International partners.....</i>	<i>27</i>
3. <i>Secretariat.....</i>	<i>34</i>

## Acronyms

ACT	artemisinin-based combination therapy
APLMA	Asia Pacific Leaders Malaria Alliance
BCC	behaviour change communication
CHAI	Clinton Health Access Initiative
CSO	civil society organization
DHA–PIP	dihydroartemisinin + piperaquine
DHIS	district health information system
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
GMS	Greater Mekong Subregion
HF	health facility
HPA	Health Poverty Action
IEC	information, education and communication
IRS	indoor residual spraying
ITN	insecticide-treated net
LLIN	long-lasting insecticidal net
MME	Mekong Malaria Elimination
MMP	mobile and migrant population
MMW	mobile malaria worker
MOT	mobile outreach team
NMCP	National Malaria Control Programme
oAMT	oral artemisinin-based monotherapy
<i>Pf</i>	<i>Plasmodium falciparum</i>
PPM	public–private mix
PSI	Population Services International
<i>Pv</i>	<i>Plasmodium vivax</i>
RAI	Regional artemisinin-resistance Initiative
RAI2E	Regional artemisinin-resistance Initiative 2 Elimination
RDSP	regional data-sharing platform
RDT	rapid diagnostic test
TES	therapeutic efficacy studies
UCSF	University of California, San Francisco
UNOPS	United Nations Office for Project Services
VHV	village health volunteer
VHW	village health worker
VMW	village malaria worker
WHO	World Health Organization

## Summary

On 21–22 March 2018, representatives from the Greater Mekong Subregion (GMS) Member States – Cambodia, China, Lao People’s Democratic Republic, Myanmar, Thailand and Viet Nam met with partners to strengthen partnership coordination for malaria elimination in the Subregion. The Partners’ Forum was hosted by the World Health Organization (WHO) Mekong Malaria Elimination programme in Bangkok, Thailand. During the forum, country representatives, partners and WHO exchanged information on activities, shared best practices and discussed challenges in the GMS. Discussions centred around four key topics: improving access to hard-to-reach populations; ensuring the availability of high-quality drugs and diagnostics; strengthening collaboration and partnership coordination; and improving surveillance in the GMS. The outcomes from these discussions led to recommendations for Member States and WHO. These recommendations aim to further accelerate malaria elimination in the GMS toward the shared goal of a malaria-free Subregion by 2030.

## Background

The Mekong Malaria Elimination (MME) Partners' Forum was convened in Bangkok, Thailand in March 2018. The MME programme organized the Forum to share updates on different partners' activities in the Greater Mekong Subregion (GMS). As a platform for information exchange, the Forum aimed to improve coordination by sharing lessons learnt from partners and country programmes.

Discussions during the Partners' Forum were organized around four topics: improving access to hard-to-reach populations; ensuring the availability of high-quality drugs and diagnostics; strengthening collaboration and partnership coordination; and improving surveillance in the GMS. A variety of cases studies were presented from country programmes, GMS partners and World Health Organization (WHO). Common challenges as well as best practices were shared.

Forum participants emphasized the importance of partners sharing information, discussing issues and aligning activities to better meet country needs. The Forum followed shortly after the Global Fund Regional Steering Committee for the Regional Artemisinin Initiative (GF-RSC-RAI) meeting convened in Bangkok on 19–20 March 2018, where most partners and directors of national malaria control programmes were present.

In December 2017, GMS country representatives met at a high-level meeting in Nya Pyi Taw to discuss the *Ministerial Call for Action to Eliminate Malaria in the Greater Mekong Subregion before 2030*. The call for action includes the commitment to “strengthen national malaria elimination strategies and interventions and the coordination of partners and stakeholders”. The Call for Action was later signed by GMS ministers of health during the Seventy-first World Health Assembly in May 2018.

The MME programme was launched in 2017 to support the *Strategy for Malaria Elimination in the GMS (2015–2030)*, endorsed by the GMS Member States at the Sixty-eighth World Health Assembly. The programme evolved from the previous Emergency Response to Artemisinin Resistance hub, which supported GMS country activities from 2013 to 2016.

The GMS elimination strategy aims to eliminate *Plasmodium falciparum* from the Subregion by 2025 and all species of human malaria by 2030. The MME subregional team in Phnom Penh supports this strategy by facilitating coordination and dialogue among partners, communicating with external stakeholders and coordinating cross-border initiatives.

## Objectives

To strengthen partnership coordination toward malaria elimination in the GMS through:

- exchanging information (including activities and results) as well as best practices across partners;
- discussing the major challenges and gaps toward malaria elimination; and
- discussing ways to strengthen collaboration and coordination of activities at regional and country levels to best meet subregional and country needs, especially with regards to surveillance.

## Executive summary

### Topic 1: Improving access to hard-to-reach populations

Countries highlighted that access to mobile/remote populations such as forest workers and seasonal workers is one of the most significant challenges for malaria elimination. Village malaria workers, malaria posts (and malaria corners), and collaboration with the private sector and military were highlighted as particularly important to improving access.

Case studies strongly suggested that surveillance, investigation and immediate on the ground actions are critical to controlling an outbreak. They also emphasized the importance of local problem solving based on facts. Population Services International (PSI) highlighted the need to “implement, reflect and iterate”. Capacity-building for enabling local problem solving was also highlighted, especially given the variance across local situations. To improve local capacity/problem solving actions, World Health Organization (WHO) and partners are requested to provide support for local operations in addition to their technical support.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) launched a 242 million US dollars Regional Artemisinin Initiative-2 Elimination (RAI2E) grant to five GMS countries and seven regional components. The RAI2E grant is coordinated by the Regional Steering Committee (RSC) and Country Coordinating Mechanisms.

In the RSC meeting on 19–20 March 2018, the Committee discussed how to ensure oversight, timely bottleneck resolutions and outbreak response. It emphasized the importance of multi-sector engagement, i.e. the private sector, civil society organizations and the military as well as sustainability and transition beyond 2020, especially essential functions like community volunteers.

There is an opportunity for reallocating unused funding around mid-2019 for the programme that is performing well.

### Topic 2: Ensuring the availability of high-quality drugs and diagnostics

The studies suggested that GMS countries have made significant progress in ensuring drug quality (e.g. withdrawing oral artemisinin-based monotherapy [oAMT], and regulating substandard quality drugs especially in the private sector) with some remaining issues. WHO is helping and supporting countries to address these issues through regulatory system strengthening and the development of national plans to address substandard and falsified products.

### Topic 3: Strengthening collaboration and partnership coordination

Partners are crucial to strengthening and supporting national malaria control programmes (supported by WHO).

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