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GMAP2 "Action and Investment to defeat Malaria (AIM)" Regional Consultation Report WPR-Manila, Philippines
12-13 June 2014

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
ADB	Asian Development Bank
ASEAN	Association of Southeast Asian Nations
DFAT	Department for Foreign Affairs
DFID	Department for International Development
GCR	Global Competitiveness Ranking
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GMAP	Global Malaria Action Plan
HW	Health Worker
ICCM	Integrated Community Case Management
IMCI	Integrated Management of Childhood Illness
IOM	International Organization for Migration
IRS	Indoor Residual Spraying
LLIN	Long Lasting Insecticide Treated Nets
M&E	Monitoring and Evaluation
MNCH	Maternal/Neonatal and Child health
NGO	Non-governmental Organization
R&D	Research & Development
RBM	Roll Back Malaria Partnership
SDG	Sustainable Development Goals
SOP	Standard Operating Procedure
Swiss TPH	Swiss Tropical and Public Health Institute
WB	World Bank
WHO	World Health Organization

1 Introduction

1.1 Consultation Overview

A total of 49 participants took part in the WPRO Regional Consultation held in Manila, Philippines. Participants came from 10 countries in the region (Australia, Cambodia, China, Laos, Malaysia, Papua New Guinea, Philippines, Solomon Islands, Vanuatu), the US, UK and Switzerland. The meeting was facilitated by Dr. Nick Lorenz, Ms. Molly Loomis, Ms. Alison Sullivan, with assistance in the group work sessions from Dr. David Brandling-Bennett, Dr. Vanessa Racloz, and Prof. Maxine Whittaker.

The conference agenda and participant list are included as Appendices to this document.

1.2 Consultation Objectives

As with the previous regional consultations, there were three main objectives for the WPRO consultation:

- To increase participants' awareness of the second generation global malaria action plan "Action and Investment to defeat Malaria (AIM)" purpose, process, and relationship with the Global Technical Strategy
- To validate feedback on the current Global Malaria Action Plan (GMAP) and desires for AIM
- To gather participants' input on the four key topics of AIM

The four key topics of the consultation aligned with the main sections of the AIM draft outline and include:

- Developing a business case for malaria reduction and elimination
- Mobilizing people and resources for a malaria free world
- Accelerating action on the pathways to elimination – overcoming common bottlenecks and addressing highest priority issues
- Aligning AIM with Global and Regional level mechanisms, processes, programs, etc.

1.3 Meeting Structure and Approach

The consultation was structured to create a shared understanding of Roll Back Malaria and its role, the Global Technical Strategy, the current GMAP and how AIM can build on it, and the complementarity between the Global Technical Strategy and AIM. A participatory approach was used to engage participants and solicit inputs for the AIM document. Plenary presentations provided an introduction and background information for key topics, while small group sessions were designed to explore each topic in depth, examining both current realities and recommendations for the future.

For the small group sessions, participants divided based upon their constituency: Government; Civil Society; Development; and Research/Academia and the Private Sector. Each of the three small group sessions addressed one of the main topics of the AIM document: Developing a business case for malaria reduction and elimination; Mobilizing people and resources; and Accelerating action on the pathways to elimination. In each session, participants worked in groups to respond to key questions on each topic. Their responses were posted on the wall for a Gallery Walk, during which each group reviewed the responses of the other groups. After the Gallery Walk, the participants came together for a plenary discussion to analyse key points that emerged. In addition, there was a final plenary session in which all participants shared their perspectives on how to align and integrate AIM with other global and regional initiatives.

2 Results and Actions

The results from the group work are presented in Annexes 1-3. Each Annex contains an overview of the session and the questions discussed. The responses to some questions are presented as bulleted lists from each constituency group.

2.1 Summary of Key Themes and Implications

The Manila event was the last in a series of six regional consultations. A review of the consultations so far shows that some themes are emerging in all the different settings. These are summarised in Box 1.

Box 1: Consolidated themes that have emerged across the regional consultations so far

- The shift in focus to an end goal of eradication calls for renewed political commitment, additional funding and a transition to more sustainable, long term financing
- Functioning health information and surveillance systems and the use of this data to inform the response will be critical for success
- Understanding the various stakeholders' differing motivations for investing in malaria, and recognising the diverse ways they invest, are key to stronger multi-sectorial action
- Affected communities need to be at the centre of the response and drive efforts to strengthen accountability for the achievement of malaria goals

Many of the key themes that emerged from the working groups and plenary discussions in Manila are in line with these reoccurring themes. The main themes from the WPRO consultation are summarised below and at the end in Box 2. The importance of a regionally relevant response is a theme that was also raised very strongly in the Americas consultation in Panama. Two new themes emerged: the challenges associated with expected reductions in external resources over the near term, and cross border aspects of malaria transmission. Both are considered to be extremely important and require further exploration in the context of the country consultations. All of the themes that emerged are presented, each followed by a summary of its implications for the AIM development process and document.

Changes in available resources from external sources

There is concern in the region that changing policies among external funders of national programmes may lead to shortfalls in available resources. In particular, participants noted that the introduction of the New Funding Model of the Global Fund will bring major reductions for numerous countries in the region. Also a major bilateral donor will increase its support to eradicating polio, and cut its support to malaria programs.

> "We have been very successful but we are now at a crossroads with financial cuts threatening to undo the progress we have made as we move to elimination"
> **Development Partner Participant**

The time left to identify and effectively mobilize domestic or alternative funding sources is short, and unpredictability of funding is a major issue. While it is desirable to have secure funding

streams for a five year period, in most cases it is usually only three years. This is a particular problem for non-governmental actors, which felt that they often do not have the resources to bridge funding gaps. Under the leadership of the Australian and Vietnamese Governments, APMEN is setting up a Trust Fund, which has the objective to support the elimination of Malaria in the region. However, the current volume of this Trust Fund represents only a small fraction of the funding needed.

- **Implication:** AIM should include practical ideas on how to cover the funding gap. In order to make a more convincing business case for malaria, AIM must frame the continued need for investment as a way of protecting the investment that has been made so far.

Governmental leadership is essential:

Governments have a key and accepted responsibility both in setting national malaria agendas, and making the necessary domestic funding available to support that agenda. They also have a responsibility to create a conducive environment which allows other constituencies to engage in fighting malaria. The regulatory role of Government is also essential; it must have the capacity to lead in order to produce good policy and implement it. Although other constituencies are interested in partnership, they also expect coordination and leadership, and there was a broad consensus that only governments can provide this. Last but not least, Governments need to have better prioritizing competencies, to avoid inappropriate budget allocation.

> "Good intention without good leadership does not achieve results"
> **Participant with a Private Sector background**

- **Implication:** AIM needs to include elements which will motivate governments to take responsibility. A scorecard – a concept which is already successfully used in the Sub-Saharan context – might provide a model which could be used in other regions as well. However, a precondition will be to identify a "champion" country to take the lead. In sub-Saharan Africa, Liberia has effectively played this key role.

Population migration within and across borders becomes important with economic development

As presented by IOM during the consultation, there are dynamic and diverse migration patterns in the Western Pacific region. Within the Greater Mekong Sub-region, intra-regional migration is growing, as poverty and widening economic disparities within and between neighbouring countries drive people to look elsewhere for employment and economic security. The region hosts an estimated three to five million international and internal migrants, seasonal and permanent migrant workers, displaced persons, and refugees. Migrant and cross-border populations are especially at-risk for malaria, facing complex obstacles in accessing health care and malaria control services. With continued economic development and the promotion of the Asian highway system, cross border migration is likely to increase. Although migration is not the only factor contributing to the development of antimalarial drug resistance, it plays a key role in the reintroduction of malaria. The role of migration in the spread of malaria has been well documented, particularly at the Thai-Myanmar, Thai-Cambodia, Laos-Yunnan (China) and Laos-Vietnam borders, where case incidence is noticeably higher compared to country levels.

> "Borders matter less and less. Issues are linked to economic development"
> **Participant with a governmental background**

- **Implication:** Addressing migration goes beyond the technical aspects and requires greater multi-sectorial collaboration, particularly around legal issues, and poverty reduction. AIM

should provide guidance on how to cope with non-technical aspects of migrant populations, both internal and cross border.

Civil Society is a very broad category

Civil society represents a broad variety of actors, ranging from the international NGOs to indigenous community based organizations at village/district level. The broad range of civil society actors means that they can contribute in diverse ways, but that this can lead to confusion and misconceptions about civil society's role. There are often misconceptions among other constituencies about the role, responsibilities and activities of the civil society sector. Participants noted that these misconceptions can also lead to suspicion, which may be based in the differences of culture of decision making between donors, governments and private sector. Many felt that the potential to bring research and academia and community organisations together is not yet fully exploited. There are ample opportunities to provide evidence for Civil Society organizations, and offer access to research questions and sites for academic institutions.

> "…some government staff perceives working with CSOs as extra work, not helping hands to do the nation's work"
> **Participant with a Civil Society background**

- **Implications:** AIM needs to "unpack" the complexity of Civil Society with a view to identify its particular expectations and capabilities in contributing to the reduction and elimination of malaria. This is important as malaria might not be perceived by all affected communities as a prime problem, and it is essential to have an understanding of all the challenges of a given community. There may be civil society groups working in other sectors such as conservation and poverty alleviation. These groups have interests in health as an outcome of their work and could be interested in the malaria agenda.

Specific epidemiological situation in the region (moving to elimination, ACT resistance) must be taken into account

Participants noted that the epidemiological situation in the region is very heterogeneous. In the WHO Western Pacific Region, 10 out of 37 countries and areas are endemic for malaria. They are Cambodia, China, the Lao People's Democratic Republic, Malaysia, Papua New Guinea, the Philippines, the Republic of Korea, Solomon Islands, Vanuatu and Viet Nam. Malaria incidence rate was reduced by 46%, while the malaria mortality rate declined by 73%. However, many cases and deaths still go unrecorded. Nine out of ten malaria endemic countries in the Western Pacific are embarking on malaria elimination and implementing elimination strategies. These nine countries have incorporated elimination objectives into their national malaria strategic plans. Participants highlighted the daunting challenge – one which has a global dimension – associated with the artemisinin resistant malaria that has emerged in Cambodia, Myanmar, Thailand and Viet Nam.

> "The last mile of elimination is the valley of death. There will be resurgence if we do not make it through this valley."
> **Participant with a Development Partner Background**

- **Implication:** AIM should provide guidance on how the region's specific epidemiological situation can be taken up appropriately, with a view to adapt to resource mobilization at national, regional and global level. For example, it can help decision makers and affected constituencies identify diverse sources for financial support and identify incentives to those sources, This is particularly critical in situations where malaria is close to elimination and might not be considered a funding priority. In addition, AIM should help decision makers explore how priorities can be realigned according to available resources.

Box 2: Themes from the WP Region Consultation – Manila, Philippines

- Changes in available resources from external sources
- Government leadership is critical to fighting malaria, and to eliminate it
- Population migration within and across borders becomes important with economic development.
- Civil Society is a very broad category and needs to be "unpacked" in the AIM document
- Specific epidemiological situation in the region (moving to elimination, ACT resistance) has to be taken into account

3 Evaluation

Before the wrap up and way forward, session participants were asked to complete a 20 question evaluation either online or on paper that examined their experience during the AIM Regional Consultation in Manila. No paper versions of the survey had been circulated on day two of the Regional Consultation, but an internet link was provided. Only six participants (out of 47=12%) provided responses. Half of the respondents had a Research and Academia background.

> "This was a very fruitful meeting. I learned a lot from the other countries and from the experts."
> **Participant with a Government Background**

Overall, respondents were positive in their feedback on the consultation. Survey participants agreed that the objectives of the Regional Consultation were clearly communicated and met. Survey participants also agreed that the plenary presentation increased their awareness of the relationship between AIM and the Global Technical Strategy. In addition, all of the survey participants agreed that the Regional Consultation was well organized, the sessions provided ample opportunities to participate, and the time allotted was appropriate. This was also expressed anecdotally to the consultant team by a number of participants.

Respondents stressed that AIM should focus on multi-sectorial collaborations. One respondent underlined the need to have a clear understanding of Civil Society, which is not understood the same way by all constituencies.

4 Next Steps and Recommendations

Overall, the Manila consultation went very well, in particular because the participants were active and very willing to engage in in-depth discussions. As in other consultations, it was beneficial to have a stable consultant team.

Since this is the final consultation, analysis recommendations in this report reflect the effectiveness of the approach and draw some lessons learnt which will be useful for the country consultations.

The facilitation approach of the AIM consultations – a mix of short introductory presentations and a focus on small group work along the constituency lines – worked out well and was generally well appreciated. Over the course of the consultations the approach had been slightly refined: the gallery walk was introduced and the small group discussion questions

were refined to be clearer and adapted to the different settings. The approach created a wealth of information for the AIM document. In particular, it allowed the AIM Consultant Team to confirm the validity of the overall themes proposed in the outline. It also highlighted key challenges and opportunities for each region.

The participants were also almost exclusively from the health sector. While this could have been a critical shortcoming, the AIM Consultant Team was able to turn it into an opportunity. The constituency-based approach of the small group sessions worked well. It provided a clear perspective of constituency priorities. The Gallery Walks and plenary discussions helped participants and AIM Consultant Team see the major differences between the groups. It highlighted several misconceptions and gaps between the constituencies that were contributing to implementation challenges.

The active participation of the Chair of the Task Force and other Task Force Members was very useful. It conveyed the message to the participants that the Task Force was taking their input very seriously. The Task Force representatives were also able to answer questions that the AIM Consultation Team were not able to answer.

A key short coming throughout the six consultations was the inadequate representation of the Civil Society and the Private Sector. This improved over time, and the final two consultations saw a better presence of both Civil Society and the Private Sector. The explanations for this reduced representation are complex. It may be due in part to logistical reasons: comparatively short notice on the invitations, challenges in obtaining travel visas, and complicated itineraries to travel to the event. It may also be due to the regional focus of the consultation. Because private sector and civil society are more often local, national, or global organizations, there are fewer "regional" organizations in these constituencies compared to WHO or other donor groups, which more often are organized on into regional offices. This meant there were relatively fewer invitations sent out to private sector and civil society participants. Lastly, the lack of invitations to and representation of the civil society and private sector may also be due in part to the tensions between constituencies. This tension, along with misconceptions between constituencies, was noted during the consultations.

Implications for Country Consultations

- **Validate and refine themes:** The regional themes should be the starting point for discussions at Country Consultations, in order to determine their validity and understand how the themes play out at national and community level, if at all. This will help confirm the themes for AIM.

- **Facilitate more action-oriented discussion:** Whereas the regional consultations were more focused on information-gathering, the Country Consultations must be more action-oriented. Group discussions should focus on what participants can do to take action either to overcome challenges or take advantage of opportunities. Participants will be asked where they can take action by themselves, and where they would need information, tools, and resources to be contained in AIM. This will make the consultation very productive for the participants (as a coordination mechanism) and will help further refine the content for AIM.

- **Increase private sector and civil society representation:** Country Consultations will aim to address the representation gap that was noted in the regional consultation, and will aim to get more participants from private sector and civil society. One way to do this will be to seek out a civil society organization and a private sector organization to serve as co-conveners of the consultation. They can serve as "champions" to make sure their sector is well represented. Country Consultation will also include a

prominent community level component. Field visits will gather perspectives of citizens, community level NGOs and small businesses. This will ensure that the full range of civil society and private sector is represented in the AIM document.

- **Take a multisectoral approach:** The Country Consultations must include greater representation from sectors outside health. This will be critical to make the consultations beneficial to countries, because a sustainable response should involve multiple sectors. It will also be important to sensitize these other sectors to the AIM document and get their perspective on what should be included. This will help ensure that AIM is truly a global document representing all sectors. Country Consultations will therefore include more invitations to non-health sector representatives, and discussions will be conducted in multi-sectorial groups rather than constituency groups.

Annex 1:

Results of Breakout Session I: Creating a business case for malaria reduction and elimination

a) What is your constituency currently investing in the fight against malaria?

For Governments

- Mostly in-kind investments (example from Laos included investments in transportation and infrastructure development)
- Investing in coordination and collaboration for resources including the development of a national plan with all ministries (not just health)
- Annual budget line items targeted towards malaria
- Human Resource, Training and Capacity development
- Investing in equipment for diagnostics, treatment and LLINs.
- Investing in research and development
- Investing in advocacy programs and health promotion activities
- investing in surveillance and program evaluation/planning
- Investment in developing/maintaining international health regulations

For Development Partners

- Product + Program Development
- Technical support knowledge transfer
- Fundraising
- Providing support -> countries
- Informing government
- Networking, coordinating
- Policy formulation (+SOP)
- Capacity building
- Infrastructure (hospitals)
- Staff presence/human resource
- Health system strengthening
- M&E, evidence generation
- Emergency response
- Health screening, hard to reach, + treatment (migrant populations)
- Management training
- Operational + implementation support/research

For Civil Society

- Service provision, training on prevention, and diagnosis, targeting treatment and case management – noted able to provide services to vulnerable groups including those in conflict areas, and in times of humanitarian crisis
    - This is done working closely with the government
- Technical support provision
- Advocacy
- Participates in operational research, monitoring and evaluation as well

- Intermediary between public and private sector and others for quality improvement, facilitation, and multisectoral collaboration
- Acts as a community organizer and mobilizer – especially in community based HW, and community health clubs, PEER networks, etc.

For Private Sector

- Occupational health programs, including:
    - Diagnostics
    - treatment supplies
    - health education
    - vector control (fogging, IRS)
    - lab/infrastructure
- M&E system.
- Time/Human Resources
- Participation in partnerships/networks/stakeholders' meetings
- Building stakeholder engagement
- Building capacity
- Negotiating to achieve a win-win situation with partners
- Delivery of health services, especially in hard to reach areas. The private sector industries like mining and logging operate in very hard to reach areas where government services don't offer coverage. In these cases, the private sector is the only service provider.
- Establishing new markets for products and services. This included creating social movement/social pressure to generate demand for these services and products.
- Supply chain systems, infrastructure, and logistics
- Secondment of human resources to the government
- Infrastructure improvements (e.g. providing housing, telecommunications)
- Producing medical supplies (e.g. diagnostic tests, bed nets) and pharmaceuticals (treatments)
- Supporting regulatory frameworks
- Drug research and development

For Research & Academia

- Available figures underestimate the investments (for example: Japan does not provide any information to G-Finder
- Total investments are unknown at Global and national level
- There is only rough estimated of HR capacity
- Anecdotal trend indicate that interest in R&A in malaria is declining
- Resource allocation may not be well directed

b) What is your constituency expecting in terms of Return on Investment?

For Governments

- Expecting an increased responsibility for health care at the individual level
- Expecting to meet designated health targets in the strategy
- Expect a decrease in morbidity and mortality
- Expect an increase in actions related to prevention
- Expecting to spend less in the future (long-term) on treatment

- Expecting improved ranking in the Global Competitiveness Ranking (GCR) Reports (produced by the World Bank)
- Expecting a positive image/public support for a particular individual
- Expecting an increase in school attendance/performance
- Expecting an improvement in the number of DALYs (example for work days, school days missed)
- Expecting an improved quality of health services and coverage
- Expecting an improved equity (poverty reduction)

For Development Partners

- Adherence to policy
- Improvements:
    - Poverty reduction
    - Malaria situation
    - Economic growth

For Civil Society

- Want to see Impact
    - Change in malaria disease burden, more equitable coverage, global impact indicators have been identified
- Hope to secure/retain Resources
    - Funding for the malaria program and the organization
    - Access to the commodity & logistical information
    - Access to commodity "pricing" support

For Private Sector

- Profit (Note that it was a government member of the group that immediately said profit. The private sectors never mentioned it.)
- Recognition for their work – a more positive image with the community and country in which they operate, and with their stakeholders, shareholders, and employees.
- Efficiency improvements
- Goodwill in partnerships – increase in support from the government and a reduction in problems with the government
- Workforce loyalty and engagement.
- Improved social conscious. "Everyone wants to feel good about what they're doing".
- New or expanded markets, particularly regional markets
- Long term sustainability of the business, and sustainable business practices. "Making these investments is part of our culture"
- Win-win opportunities that benefit the company, the community, and the government
- Training, supplies, and other support to launch new services. E.g. Government will provide training and supplies to private clinic to help them begin providing malaria services.
- Health impact: reduced morbidity and mortality and transmission of malaria.
- Better quality products and services. For example: reduce bad drugs and monotherapies in the market. Some private sector may also expect access to good drugs from the Government.

For Research & Academia

- Publications and peer recognition
- Career path
    - Perception of limited future
    - Malaria researchers are getting older, and there is no young generation
- Research limited returns (available cheap diagnostics discourage investments)

c) How does your constituency measure

For Governments:

- Increased responsibility for health care at the individual level: Able to measure through proxy indicators including behavioural data, household surveys, etc.
- Meeting designated health targets in the strategy: Able to measure through routine indicators (MDGs, WHO Targets, National targets)
- Decrease in morbidity and mortality: Able to measure through indicators noted above, but also some of the death rate data produced at a more local level
- Increase in actions related to prevention : Able to measure by evaluating how the budget allocations vary over time (dollars spent on prevention versus treatment) also can measure through proxy indicators for the number of individuals involved in previous distribution of nets
- Expectation to spend less in the future (long-term) on treatment: Able to measure by evaluating expenditure figures also increase investment in the area/profit from tourism, etc.
- Improved ranking in the Global Competitiveness Ranking (GCR) Reports (produced by the World Bank) : Able to measure through year to year comparison of rankings
- Expecting a positive image/public support for a particular individual: Able to measure through proxy indicators including those key performance indicators that are used by the prime minister for measuring effort in an area, also by votes in times of elections
- Increase in school attendance/performance: Able to measure through attendance reports from the school systems
- Improvement in the number of DALYs (example for work days, school days missed): Able to measure by monitoring the number of DALYs reported in national and sub-national reports from other organizations
- Improved quality of health services and coverage: Able to measure through key performance indicators that are set by the minister of health and monitored by the government on a regular basis. Also acknowledged some external collection/monitoring of indicators by other organizations that could also assist with this area
- Improved equity (poverty reduction): Able to measure, but often times data is not directly reported in these areas – especially not by government stakeholders themselves

For Development Partners

- Impact on malaria indicators….
- Absorption capacity (Disbursement rate)
- Value 4 Money

For Civil Society

- Visibility
    - Media presence

- Legitimacy
    - Accreditation, registration both for funders and for government
- Influence
    - Changes in policy
    - Seats at the table
- Representation
    - Invitations to other events
    - Seats at the table
- Improved Network
    - New partnerships
    - Information sharing
    - Lessons learned

For Private Sector

- *General comments around measurement:*
    - *"We don't monitor it as well as we should. The social impact returns are fuzzy areas and are difficult to measure."*
    - *We do support communities to collect and report data to the government.*
    - *We share all our data with the Government. We measure more than the Government asks for.*
- *Indirect investments are difficult to measure*
    - *We need to measure how well we transfer capacity and oversight to the government*
    - *We produce an annual sustainability report that captures the data we measure*
- *What the private sector measures:*
    - *Health impact/medical indicators like malaria case identification, prevalence surveys*
    - *Program indicators*
- *Are we reaching our outcomes and outputs or not*
    - *Budget reviews (how efficient are we)*
    - *Are we achieving expected impact*
- *Productivity/loss in work time due to malaria*
    - *Employee recruitment/retention*
- Market size, profit / shareholders' value

Research & Academia

- *We need new measures, which take impact of research and ability to attract funds into account*

d) What are priority actions

For Governments

- Development partners noted value for money analysis into measurements , government stakeholders noted that this analysis was also an important action to take
- Development partners also noted the investment in technology transfer and although some countries government is investing in this as well, both within and outside of malaria
- Noted that the private sector focused on the workplace over the community level investment and returns

- Noted that when the private sector indicated they needed government support, that the phrase could mean multiple things
- Noted that the private sector in always looking for win-win opportunities, often related to profit but when there is profit to be made in the disease ongoing (medications, services need will decrease as incidence decreases) it may pose a conflict of interest
- When looking at the responses from Research and Academia noticed that similar to Development partners and government are also investing in research
- Noted that research and academia are focused on increasing communication with other stakeholders, a task also important to government stakeholders
- Research and academia also noted that communication must be clear and simple – something that government stakeholders also agreed with
- Research, Academia as well as Development Partners have the ability to utilize networks outside of their geographic area of focus
- Highlighted synergies to the training and development exercises conducted by civil society
- Government stakeholders questioned whether civil society stakeholders will be able to collect the appropriate data and execute the analyses for cost-effectiveness by themselves
- Economic benefit – potential synergy with Development Partners
- Government stakeholders noted that private sector was also image conscious looking for ways to increase their reputation in country
- Government stakeholders noted that often the same organizations being targeted for investment and that we need to work together to ensure we are soliciting investments appropriately

For Development Partners

- Mapping & identifying (key "players" in region and actual funding sources (Multilaterals: WHO, ADB, WB GFATM, ASEAN, EU (Bilaterals: DFAT, DFID, USAD JICR, China, India)
- Being more inclusive (Migrant populations access to health
- Building the business case

For Civil Society

- Improve collaboration among civil society groups to improve legitimacy of our voice
- Harmonize the activities and efforts of civil society
    - Link to global standards -> to increase influence and representation
- Gather data and consolidate and disseminate to demonstrate impact
- Adopt global and national standards to improve quality at implementation
- Use evidence based strategy/policy/activities to improve contributions for malaria control (for grassroots organizations)
- Demonstrate cost effectiveness of the civil society approach

For Private Sector

- Establish a PPP working group or some other forum for private sector to meet with Government to allow for regular dialogue. Establish forums for dialogue that are more inclusive of all constituencies.
- Market the success and contributions of the private sector through multiple mechanisms
- Market the problem, the return on investment, the business case, the plan to eliminate malaria – so that other members of the private sector will want to get involved. Campaign and

collect signatures of commitment for others to get involved. Leverage the efforts of RBM – there is ongoing effort by RBM to engage the private sector.

- Figure out who to ask to get involved and find out the best way to help out. A lot of time the private sector is interested in helping and wants to engage, but doesn't know how and doesn't know who to talk to in order to get involved.
- Share social investments and returns on investments with industry groups. Take advantage of the competitive culture of these groups to increase the involvement of other companies in the industry. They won't want to be outdone by other companies.
- Use private sector relationships to engage other ministries besides the ministry of health. The private sector deals with a wide range of ministries (e.g. interior, environment, agriculture, tourism, finance, mining). They can use these relationships to help the Ministry of Health create a multi-sectorial response to malaria. People talk about a "whole of government" approach, but it doesn't exist. Private sector can help make it happen.
- Private sector can help partners create a business case.
- Improve predictive mapping of supplies so the private sector can plan and deliver (e.g. how many drugs, nets are needed, by when, and where). Private sector needs better forecast in order to efficiently meet need and make it worthwhile to get involved. (NB: Academia suggestion)
- Comply with policy requirements/regulations
- Keep malaria on the global political agenda (NB: development partner suggestion)

For Research & Academia

- There needs to be a better linkage between Policy and Research
- Improve communication: use simple language
- Research to be directed to identified gaps and not determined by academic interest (e.g. implementation research should receive more attention)
- Make malaria an attractive area of work to get new talent

Annex 2:

Results of Breakout Session II: Mobilizing resources and people for malaria reduction and elimination

a) What are the most significant barriers to mobilize resources and people to reduce or eliminate malaria?

For Governments

- Financial Barriers
    - Delayed activity implementation due to a delay in obligating funds
    - Dependency on external funding to sustain programs, especially in local areas
    - This varies between organizations with a vertical/horizontal sector
- Rules/Regulations
    - Example includes not being able to use funding in a needed area (geographic or technical) because the funding is earmarked for another area or project
    - Group noted that these rules/regulations can be both formal and informal
- The priority of malaria in region versus other health and governmental priorities
    - Group noted that they are losing opportunities due to the lack of communication, and advocacy to the MOH and other stakeholders regarding the importance of malaria prevention and response
- Cost of interventions are exceeding the what the government can afford
- Staff allocation limitations especially in the health sector
- Authority in decision making
- Geographical barriers
- Socio-cultural beliefs of the local people
- Lack of trust between government, private sector and other constituencies
- Security issues
- Lack of leadership/political support for some programs, initiatives

For Development Partners

- Security agenda and synergies with governments (health regulations)
- Lack of donor harmonization (for returns)
- Recognition and visibility
- Resource mapping
- Identification of Champions
- Community engagement
- Investments in supply chains
- Funding fatigue both financial and political (particularly in election periods)

For Civil Society

- Within Civil Society
    - Time spent to gain/maintain resources (short timeframes, short duration of funds, there is also a large administrative burden to manage various sources of funding, in

many CSOs relying upon volunteerism – hard to maintain similar pace etc. to groups and partners with paid employees
    - NGOs and CSOs don't have alternative funding sources when country becomes Middle Income Country – they may not be sustained if government funding the main source of malaria funding
    - Language and culture of decision making processes (grassroots organizations) may be quite different from those of donors, government and private sector – needs to be understood and systems in place to allow them to engage
    - Motivation to do more than what is already being don e- may not have members or supporters of CSOs understanding/supporting being more engaged or engaged with other partners (especially if they are seen of "foes")
    - Administrative burden
- With other constituency groups
    - DPs and government often failing to engage with CSOs
    - Competing health priorities
    - Language and culture of decision making processes (grassroots organizations) may be quite different from those of donors, government and private sector – needs to be understood and systems in place to allow them to engage
    - Capacity to engage beyond the community, especially formal government/donor processes
- With other sectors
    - Inadequate data to convince external audiences (business case not clear to them)
    - Funding environment (who are the funders and what do these groups do e.g., example discussed of how WWF already undertaking in some remote areas forest mapping and human settlement and movement in those settings – could use these if knew about them and WWF interested in human health as consequence of interactions with environment etc.)
    - Health doesn't open door and engage with other sectors

For Private Sector

- Other constituencies lack trust in the private sector. There is a suspicion of using public sector/donor funding to engage the private sector. But this is slowly changing, and there has been some improvement in this area over the past few years.
- Significant administrative burden/paperwork required when working on malaria issues.
- We jump into social mobilization without having the right information to inform our mobilization. Often this is due to tight time constraints. Sometimes it's because the donor doesn't want to fund this type of activity.
- Stakeholder targets are not always aligned.
- Competition between groups that are involved in malaria. For example, we wanted to use a celebrity for our malaria campaign. But he would not do it because he was a spokesperson for Chevron and Shell is a competitor of Chevron. Now that Shell is involved in malaria, other oil companies will not get involved because it's Shell's area.
- High overhead costs of the private sector discourage partnership and donors from committing resources. But the reality is that the cost of getting things done in these difficult environments can be quite high.

- Some private sector entities don't think that malaria affects them, so they don't want to bother to get involved.
- Some companies may think that working on malaria implies that they are part of the problem. They don't want to appear to admit guilt. Some companies may feel that they are being targeted because others think that they are part of the problem.
- Some companies are concerned that if something goes wrong, or if there is a perception of wrong-doing, they will be targeted much more than the government would be.
- There is a lack of intermediary organizations that can help mobilize the private sector and make connections.

For Research & Academia

- Governments do not see the interest to invest
- Funding priorities of development partners change

b) What are facilitators for mobilizing resources and people?

For Governments

- Human resources
- Infrastructure
- Capacity development
- Technology availability
- Possession of the knowledge and skills technically
- Government has also garnered support from development partners, and network of others in-country and globally
- The strategic plan that has been developed to set targets and priorities
- Access to information including surveillance data, key performance indicators, local knowledge, also knowledge on global policy
- Government authority

For Development Partners

- Predictive mapping of needs
- National Health accounts (help driving vertical funding)
- Civil Society needs to improve its advocacy to secure funding sources
- Civil Society needs to generate better evidence
- Civil Society needs to improve its capacity to build better business cases
- Governments should increase transparency (not only to development partners, but also the national media)
- Governments should put in place a better coordination
- Governments should strengthen their priority setting

For Civil Society

Need better malaria elimination message – role of counterfactuals – for advocacy

- Factors
    - AIM (- integrate malaria elimination messages and support integration into other health strategies like ICCM/IMCI/MNCH)

    - SDG (use cleverly)
    - Selling point – investment in preventing malaria good public health
- Resources
    - Larger NGOs mentor (e.g., through sub-recipient style) small/new CSOs on design, proposal cycle [design, defend, implement, evaluate)
    - Entry point for younger people (via other sectoral CSOs) into malaria
- Assets
    - CSOs have experience/track record to be intermediaries with Development partners and other sectors
    - Advocacy capacities
    - Data (at the community level)
    - CSOs reps on impf. Seats (e.g., global fund, stop TB, coalition NGOs)
    - Skills in activism

For Private Sector

- Policies are now in place in some countries that compel private sector to invest in malaria (e.g. PNG has a Mining Act that requires mining companies to invest in social services)
- There is increasing political support and political champions that are working to get private sector more involved.
- Business systems can be applied to "public good" programs. This can achieve efficiencies that are desirable by all partners.
- There is a willingness to do things in partnership and share responsibilities. This makes private sector more willing to engage and makes donors more accepting of proposals (e.g. a joint public/private proposal is more likely to get funded than a private sector proposal)
- Recognition of complementary investments/resources, recognition of Government's and other partners' willingness to act and invest as well, and a clear gap to fill – all these help motivate private sector to get involved.
- Media exposure – positive publicity – for the investments and achievements of private sector
- Clear ability to deliver results (private sector believes that failure is not an option, so if they get involved they want to be sure they can succeed, and they will work hard to make sure that they succeed).
- Asking for the right investment. Sometimes requests for money may not be successful, but requests for time, infrastructure, or in-kind resources will be more successful. Sometimes we ask big corporations for support, but it's the small businesses that are best placed to help. It's important to ask exactly for what you need.
- Clearly articulated win-win opportunities that benefit both sides.

For Research & Academia

- Understanding Government, which provides a conducive environment (ex. JICA funding implementation research
- Public Private Partnerships (for example: "A-Stop" in Japan for R&D, "Pops"-platform funding of next generation insecticides)
- Requirement of Development partners to include implementation research in funding requests
- SDGs will provide research opportunities
- International Collaboration (for example: APMEN offers small research grants)

c) What actions can your constituency take to better mobilize people and resources within and across constituencies and sectors?

For Governments

- Improve governance systems (finance and health being a priority)
- Improve effectiveness of implementing through integration, devolution, rationalization, and better targeting of people and other resources for malaria
- Participate in better planning efforts, improving the analysis and program review activities
- Increase transparency especially in regards to information regarding the status of malaria in country and success stories from multiple perspectives
- Build skills in proposal writing to garner additional funds for efforts
- Increase collaboration/synchronization of efforts in country
- Increase partner engagement with government stakeholders

For Development Partners

- Better coordination, which should be consistent and cohesive
- Collaborations like APLMA, Australia (DFAT) and other bilateral donors
- Country driven relationship with donors
- Capacity mapping and strengthened Health Information Systems
- Professional advocacy

For Civil Society

Across all three parts CSOs should play role of activism for addressing inequities

- Within Civil Society
    - Advocate
    - Evidence base provision
    - Coordinate (network of networks)
    - Lead CSOs (advocacy)
    - Encourage networking with others (people power)
- With other constituency groups
    - Advocate
    - Evidence
    - Facilitate partnerships
    - Encourage volunteers/skilled personnel from other agencies e.g. private sector as small -> large scale way of supporting their company's CSR
    - Educate private sector provider professional associations (incl. champions)
- With other sectors
    - Advocate
    - Evidence
    - Facilitate partnerships
    - Look for like-minded (in values and in targets) CSOs in other sectors
    - Look for/chase non-traditional funding (e.g., Climate, poverty reduction, gender equality, humanitarian efforts)

For Private Sector

- Align targets between stakeholders
- Leverage the chamber of commerce/chamber of mines to help engage other private sector partners
- Identify the needs and resources available, and match them up: ask the right group for the right investment. Don't ask groups to make investments or provide resources that they don't have access to.
- Educate the private sector (e.g. Chambers of commerce, trade associations) on issues and opportunities. Use the business case as a primary tool.
- Establish feedback mechanisms so we can show private sector partners how their investments made an impact.
- Create opportunities for private sector to mix with donors to figure out how to maximize inputs and outcomes (e.g. If we invest a little more here, we can achieve a much bigger impact).
- Money follows success. Give examples of success to show private sector how this works. Use positive case studies to engage them.
- Create clear rewards for investment (e.g. subsidies, tax breaks, other things that are valuable to private sector to incentivize them to engage)
- Other constituencies noted a mistrust for private sector.
- Administrative burden is a common issue faced by all.
- Common actions prioritized by all include: advocacy, better collaboration, need to mobilize funds from diverse sources.
- Integrated implementation will get better results rather than just focusing on malaria. Integration creates efficiencies. But this makes it harder to measure investments in malaria.

For Research & Academia

- Become more responsive to national programmes' needs for research
- Provide a stimulating environment for young researchers to get engaged in malaria research
- Insist on national leadership in research

Annex 3:
Results of Breakout Session III: Accelerating action on the pathways to elimination

a) What are the main implementation bottlenecks or barriers that hinder your constituency's action on malaria?

For Governments

- Lack of up to date evidence (research published often delayed and not able to use the data for decision making
- Insufficient manpower – both in the quantity but also the quality of staff (some do not have the appropriate skills)
- Funding provided does not always align to minimum country needs detailed in the strategic plans
- Strategic plans do not sufficiently prioritize activities to identify the most efficient way to spend available fund when less money is provided
- Financial systems (both country and organizational) do not always allow for the timely distribution of funds
- Geographic barriers exist, especially those in mountainous, jungle and island regions
- Cultural barriers exist as well especially in areas where multiple languages
- There are communication limitations with other constituency groups
- Monitoring and evaluation mechanisms are not as strong in country

For Development Partners

- Lack of capacity and staff motivation
- Procurement systems in countries
- Lack of flexibility in donors' processes changing malaria landscapes
- Logistical management of internal processes
- Governmental expectations of policy space for private sector in countries
- Regional vs single country investment country buy-in at the political level

For Civil Society

- Government - proposing cultural specific advocacy - willingness to work with address marginalised and vulnerable
- Health system strengthening key to lots of bottlenecks
- Developments see COD as good - cash flow for CSO
- Harmonisation and communications
- Role and support for implementation research
- Different constituencies to be involved in planning process
- Memorandums of Understanding are similar - guiding principles/ code of conduct/ roles and responsibilities

For Private Sector

- Lack of awareness of the Government's plan of action. The plan exists, and indicates gaps to be filled, but often it's not communicated to the private sector. The private sector may want to get involved, but they don't know how or where, or who to ask.
- The wrong companies are often engaged. Sometimes big companies are involved, but small companies are better places to help.
- Some companies lack a culture of commitment to health and services. If it's not a fundamental part of their core business, it's hard to generate this culture.
- There are not always policies or regulations in place that compel private sector to invest in health. There is not always strong political support for collaboration between government and private sector.
- Companies with a social mandate have many issues to choose from: HIV, malaria, education, etc. They have to prioritize their investments.
- Companies asks key questions before they get involved: Do I have the resources needed? Where is the accountability (will I be able to report back to my stakeholders)? What are the risks?
    - *Often issues of risk are not addressed. Private sector is often concerned with potential liability if things go wrong, or with a negative response from shareholders. For example, stock prices for a pharma company may drop when they announce a new drug for the developing world.*
- Lack of general infrastructure often means that logistics/implementation is challenging. This can be frustrating to private sector.
- Private sector is sometimes involved late in the process and asked only for money. They want to be part of the full solution, and not just a funding source.
- Some companies send low-level representatives with no decision-making authority to meetings, so nothing can move forward. Perhaps this is because government sends low level representatives to meetings, and doesn't come prepared, so it's not clear what they're asking for. If Governments want to engage senior leaders at companies, the same level of government representatives should be involved and government should come to the meeting well-prepared.
    - *NB: this was an issue raised by the Government representatives (that private sector doesn't show up to meetings when invited, or they send low level staff). Private sector responded with some potential explanations why other companies might act this way. But they noted that they show up to meetings*

For Research & Academia

- Decrease of interest of young scientists to engage in malaria research
- There is a disconnect between research and malaria programmes
- Lack of research capacity with neither national nor international cooperation (in particular applicable for smaller countries)
- Neglect of important research areas (vector control) at international level, in the long run that will lead to a loss of know-how and expertise
- Fragmentation of research
- Poor governance both at national and at international level

b) What are the facilitators?

For Governments

- Research collaborations that already exist in country
- Existing networks with other constituencies at the local, national and regional levels which assist in financial support and coordination
- Global Fund grants in country
- Training and development activities in country (however, there was a notation by members that there are strict guidelines in training and development activities funded by the Global Fund and these trainings are more laborious)
- Mass media outlets to share information with the population about success and necessary actions to accelerate action
- There are existing good interventions, tools and resources including technology, treatment and prevention techniques that are effective in multiple areas
- There are some existing relationships with development partners and private sector
- There has also been improvements in infrastructure (roads, buildings, bridges, etc. that improve the ability to reach areas that may not have been possible before)

For Development Partners

- Flexible financing
- Training, career progressions for staff of formalized payment schemes (i.e. Community Health Workers), this will lead to the empowerment of local actors

For Civil Society

- Global partners
- Global partners and MOH endorse/networking with CSOs
- Donor policies
- Health systems strengthening
- Capacity building on HSR ethics
- Partnerships outside CSOs/government e.g., private sector
- Improved/adapted regulations

Private Sector

- Legislation/policies are in place to compel companies to implement
- A framework is in place to enforce and monitor legislation and policies
- Maintaining good working relationships
- Clear definition of roles and responsibilities
- MOU in place to address risks, liabilities, and roles/responsibilities
- Leveraging personal relationships. Many people move between the public and private sector, and can facilitate relationships between organizations/companies.
- Use chambers of commerce and associations to help engage private sector and help create a culture of commitment among the private sector.
- Philippine Malaria Network and other coalitions can help organize the private sector response and reduce the burden on government to coordinate. Using a network or coalition can also help to reduce competition between private sector entities.

Research & Academia

- It needs an understanding government, which provides a conducive environment (for example: JICA fund implementation research)
- Promotion of Public Private Partnerships (for example: "A-step" in Japan for R&D, or the "POP" (Persistent Organic Pesticides) platform facilitating the development of new insecticides
- Development partners requiring the inclusion of implementation research in funding proposals
- SDGs whatever they will look like, will provide research opportunities
- International collaboration (for example: APMEN offer for small research grants

c) What are the top priority actions that your constituency must take in order to overcome implementation barriers and accelerate action towards malaria elimination in this region?

Governments

- Develop regional committee to advocate for funding for countries as a region (could use APLMA, or others but need to further on what this would actually look like, because it is not something that is being done now)
- Improve communication (establish regular frequency) between government and other constituency groups (could use WHO, CCMs [those with GF money])
- Develop a plan to address cultural barriers, including specific advocacy messages for these individuals
- Strengthen health systems, implementation/updates to programs and systems should be based upon using research findings and other data for decision making
- Identify alternative funding sources to meet the needs of the country national plans and improve sustainability

Development Partners

- Work within existing regional architecture, i.e. APLMA for political buy-in
- Involve private sector
- Generating the evidence
- The need for professional advocates
- Strengthening periodic review
- Re-adjust priorities for re/future planning

Civil Society

- Advocate
- Evidence
- Coordinate (network of networks)
- Lead CSOs (advocacy)
- Encourage networking with others (people power)

Private Sector

- Create or strengthen cross-cutting legislation/policy to compel private sector to invest and implement
- This will help hold private sector accountable. But there must be mechanisms in place to enforce accountability and compliance. E.g. government must fund the monitoring entity.

- Share the strategic plan and action plan with the private sector. Indicate what is needed, where, and when. This will inform private sector on how they can get involved. Improve coordination mechanisms to facilitate information sharing between groups.
- Involve all sectors in planning – strategic planning and action planning.

Research & Academia

- Strengthen regional/international collaboration in terms of joint research and capacity building (both scientific and public health)
- Better link research, in particular basic research with national malaria programmes
- Promote funding mechanisms like PPP
- Create incentives for the "next generation" of malaria researchers
- Insist on equal and balanced partnership in international collaborations

d) What 5 priority actions can your constituency take to strengthen accountability for its investments, actions, and performance towards the achievement of malaria reduction and elimination goals?

Governments

- Holding Government accountable
    - Monitor the progress against key performance indicators
    - Establish regular regional/country level forums to share results
- Holding others accountable
    - External audits/monitoring the way that funds are being spent and the results that are being generated
    - Establishing MOUs with involved constituencies to come to a common understanding about what is being done and the priorities of a particular activity
    - Establish flexibility in funding disbursements

Development Partners

- M&E – evidence of impact

Civil Society

- Collect good data e.g., aid transparency initiate (IATI)
- Memorandum of understanding (or like) (this needs to be reviewed and enforced)
- Sharing results from the work more broadly
- Review turnaround times in donor agencies to reduce/remove funding gaps in cash flow
- Create a forum for accountability review

Private Sector

- Put MOUs in place. This is an important accountability mechanism, will reduce risk and liability, and will clarify roles and responsibilities.
- This will help hold private sector accountable. But there must be mechanisms in place to enforce accountability and compliance. E.g. government must fund the monitoring entity.

Research & Academia

- Establish a clear research agenda

- Establish an M&E agenda system, which goes beyond measuring impact factors.
- Provide feedback to other constituencies and information not just in the form of publications,
- Strengthen administrative capacities of research institutions.

e) What actions can your constituency take to hold other constituencies more accountable for their investments, actions, and performance towards the achievement of malaria reduction and elimination goals?

Governments

Holding Government accountable

- Monitor the progress against key performance indicators
- Establish regular regional/country level forums to share results

Holding others accountable:

- External audits/monitoring the way that funds are being spent and the results that are being generated
- Establishing MOUs with involved constituencies to come to a common understanding about what is being done and the priorities of a particular activity
- Establish flexibility in funding disbursements
- Plenary Points:
- Consensus on three points:
- Establish/strengthen networks by improving coordination, collaboration and sharing expertise across regions
- Need to address resource availability including accessibility of funds (both in terms of how the funding has been dispersed (Global Fund is often delayed) (Country systems may take a long time to disperse the funds to the actual program)

Development Partners

- Results-based financing (output/outcome); Cash on delivery
- Reliable indicators
- Communication, both external and internal
- Transparency of participation of ALL partners

Civil Society

- Collect good data e.g., aid transparency initiate (IATI)
- Memorandum of understanding (or like) (this needs to be reviewed and enforced)
- Sharing results from the work more broadly
- Share turnaround times
- Create a forum for accountability review

Private Sector

- Share the strategic plan and action plan with the private sector. Indicate what is needed, where, and when. This will inform private sector on how they can get involved. Improve coordination mechanisms to facilitate information sharing between groups.

- Put MOUs in place. This is an important accountability mechanism, will reduce risk and liability, and will clarify roles and responsibilities.
- Involve all sectors in planning – strategic planning and action planning.
- Establish an implementation framework for monitoring, evaluation, and feedback mechanisms that engage all sectors. This will help keep all sectors accountable.

Research & Academia

- Governments and Development Partners…..give us more money!
- Development partners should harmonize their approaches
- Governments should recognize and support malaria research

Appendix 1:

WPRO Agenda for the Consultation on the second generation Global Malaria Action Plan "Action and Investment to defeat Malaria (AIM)"

Western Pacific Regional Consultation on the 2nd Global Malaria Action Plan (2016-2025)

Conference Hall, WHO Regional Office for the Western Pacific, Manila, Philippines
12-13 June 2014

AGENDA

Meeting objective:

To review and provide feedback on the draft of the Global Malaria Action Plan 2 of the RBM AIM Task Force, focusing on specific Western Pacific Member States' needs, priorities and prerequisites to be considered in the document

Day 1 – 12 June 2014, Thursday

08:00 – 08:30	Registration	
08:30 – 09:30	Opening Session	Dr Shin Young-soo WHO Regional Director for the Western Pacific Dr Eric Mouzin Roll Back Malaria Partnership
	Group photo *Coffee/tea break*	
09:30 - 09:50	Update on the outcome of the Global Technical Strategy consultation in the WHO Western Pacific Region	Dr Mark Jacobs, DCC/WPRO
09:50 – 10:10	Objectives and purpose of AIM	Dr David Brandling-Bennett AIM Task Force member
10:10 – 10:20	Introduction to the AIM consultation	Dr Nick Lorenz AIM Consultant Team
10:20 – 10:30	Questions and answers	
10:30 – 10:45	Feedback on review of GMAP (findings from pre-consultation questionnaire)	Ms Alison Sullivan AIM Consultant team
10:45 – 12:00	**Breakout Session I: Developing a business case for malaria reduction and elimination**	Ms Molly Loomis AIM Consultant Team
12:00 – 13:00	*Lunch break*	

13:00 – 15:00	Breakout Session I: continued	Ms Molly Loomis AIM Consultant Team
15:00 – 15:30	*Coffee/ tea break*	
15:30 – 15:45	Introduction to RBM/UNDP Multisectoral Action Framework	Dr Eva Christophel
15:45 – 18:00	**Breakout Session II: Mobilizing people and resources**	Dr Nick Lorenz AIM Consultant Team
18:00 – 18:15	Conclusions from the day	Ms Molly Loomis AIM Consultant Team
From 18:30	*Welcome reception* *WHO Western Pacific Regional Office (Conference Hall Lobby)*	

Day 2 – 13 June 2014, Friday

09:00 – 09:15	Welcome and status summary	Ms Molly Loomis AIM Consultant Team
09:15 – 10:30	**Breakout Session III: Accelerating action on the pathways to elimination**	Ms Alison Sullivan AIM Consultant Team
10:30 – 11:00	*Coffee/ tea break*	
11:00 – 13:00	Breakout Session III: continued	Ms Alison Sullivan AIM Consultant Team
13:00 – 14:00	*Lunch break*	
14:00 – 15:00	**Plenary: Making AIM work at global, regional and national levels**	Dr Nick Lorenz AIM Consultant Team
15:00 – 15:15	Evaluation of consultation	Ms Alison Sullivan AIM Consultant Team
15:15 – 15:30	Wrap up and next steps	Ms Molly Loomis AIM Consultant Team
15:30 – 16:00	Official closure	Dr Eric Mouzin, RBM Dr Mark Jacobs, DCC/WPRO
16:00	Closing refreshments	

Appendix 2: Meeting Participant List

WORLD HEALTH ORGANIZATION | **ORGANISATION MONDIALE DE LA SANTE**

REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL

WESTERN PACIFIC REGIONAL CONSULTATION ON THE 2nd GLOBAL MALARIA ACTION PLAN (2016-2025)

WPR/DCC/MVP(07)/2014/IB/2

Manila, Philippines
12-13 June 2014

ENGLISH ONLY

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