

# **GMAP2 “Action and Investment to defeat Malaria (AIM)” Regional Consultation Report AFRO-Brazzaville 20-21 March 2014**

Prepared for

**Roll Back Malaria Partnership**

Swiss TPH 

*Submitted by:*  
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## Abbreviations

AIM	Action and Investment to defeat Malaria
GMAP	Global Malaria Action Plan
NGO	Non-governmental organization
RBM	Roll Back Malaria Partnership
WHO	World Health Organization

# 1. Introduction

## 1.1 Consultation Overview

The two day meeting, held at the AFRO regional office, included 15 participants from five RBM constituencies: Development Partners, Private Sector, Civil Society, Research/Academia and Government. Participants came from nine countries: Benin; Burundi; Central African Republic; Democratic Republic of Congo; Madagascar; Mali; Republic of Congo; Rwanda; and Senegal. The meeting was facilitated by Dr. Nicolaus Lorenz, Dr. Sally Stansfield, and Molly Loomis, with assistance from Vanessa Racloz and Andre Tchouatieu.

Conference participant list and agenda are included as Annexes to this document.

## 1.2 Consultation Objectives

There were three main objectives for the consultation. These included:

- Increase participants' awareness of the second generation global malaria action plan's purpose, process, and relationship with Global Technical Strategy
- Validate feedback on the current AIM and desires for AIM
- Gather participants' input on key topics of AIM

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

- Developing a business case for malaria reduction and elimination
- Mobilizing people and resources for a malaria free world
- Accelerating action on the path 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 first create shared understanding of the AIM in the context of the original GMAP, the current Global Technical Strategy, and the current state of the fight against malaria. The meeting used a participatory approach to engage participants and solicit inputs for the AIM document. Plenary presentations provided an introduction and background information for key topics. Small group sessions allowed the participants to explore each topic in depth, examining both current realities and recommendations for the future.

Each of the three small group sessions addressed one of the main topics of the AIM document: Developing a business case for malaria reduction; Mobilizing people and resources; Accelerating action on the pathways to elimination; and Exploring linkages between AIM and other global and regional initiatives and processes. Participants were divided into four groups: Government; Private sector/Civil Society; Development Partners; and Research/Academia. In this consultation, the Private Sector and Civil Society participants were grouped together because there were too few participants in either group. Participants answered four to six questions for each topic, based on the perspective of their particular constituency.

The report-back session allowed them to view responses and perspectives from other constituency groups to identify the common and contrasting concerns and priorities of each constituency.

## 2. Summary of Key Themes and Implications

Below is a summary of key themes that have emerged in the working groups and plenary discussions. These themes have implications for future data collection (to better explore and refine the themes) and for inclusion in the AIM document.

- **Refining expectations and roles around leadership.** Discussions indicated that there were diverse and sometimes conflicting expectations of leadership. Private Sector, Civil Society and Development Partners noted the lack of leadership in Government and at the highest levels of the response. Development Partners in particular tied their level of engagement to the involvement, prioritization, and commitment of Government. At the same time, Government focused primarily on its leadership role in efforts to finance the response and optimize the use of funding. They looked to Development Partners to bring people together, and instead highlighted their role in the effort to decentralize the response.
  - **Implications:** The lack of agreement on a clear leader has the potential to create a downward spiral of inaction: each one is waiting for the other to act. AIM may address how to identify or come to agreement on leadership roles, particularly in a multi-constituency or multisectoral approach.
- **Balancing competition and collaboration.** Greater visibility and positive publicity were motivators for most sectors, including Private Sector, Civil Society, and Research and Academia. While this was frequently noted as a positive force to incentive, mobilize, and reward constituencies, it was also highlighted by the Private Sector/Civil Society as a source of competition between entities within and across constituencies. They suggested that this often impeded collaboration and coordination of investments. Research and Academia noted that competition can create challenges around information-sharing.
  - **Implications:** Harnessing competition around specific goals like innovation can help keep competition as a positive influence. AIM can address how to identify alignment where multiple parties can achieve their desired objectives *and* receive recognition for their contributions. This will help foster collaboration and keep competition healthy.
- **Recognizing return on investments.** While it has primarily negative consequences for the community/country at large, malaria also brought opportunities for those engaged in the response. For Development Partners, the epidemic validates their role. In the words of one participant, “In a world without malaria, we would not have a job”. For the Private Sector, it represents market opportunities (products and services) and a chance to improve their brand and reputation. For Research/Academia, malaria represents an opportunity for funding, subject matter/research topics, and – when progress is made – positive publicity for their professors and students. For Civil Society, the epidemic offers opportunities to generate funds and, similar to the Development Partners, validate their role.
  - **Implications:** It is critical to recognize these vested interests of malaria, and make sure that the business case to reduce or eliminate malaria takes this into consideration. AIM can help each constituency understand and be able to articulate the possible

return on investment for their own and other constituencies, in order to better engage all sectors in joint initiatives.

- **Mapping Investments: Compatibility, overlap and gaps.** General categories of investment were similar across constituencies: technical expertise, capacity building/training, infrastructure, product development, financing. There were two notable gaps in current investments: policy/regulation and data. Policy and regulations were mentioned only briefly – by the private sector as a barrier to implementation, and by the Research and Academia group as evidence of their impact (research findings influencing policy decisions). While this was briefly noted as a challenge, it was not noted as an area for action. During the plenary discussion, participants voiced that this should have been included in government’s role, and the Government representatives acknowledge this oversight.

Monitoring and evaluation, knowledge management, and dissemination of information was another investment gap. This one was noted consistently throughout as both a possible facilitator to action (when it is available) and a consistent barrier to overcome (when it is unreliable, inaccessible, or doesn’t exist). Development Partners felt they had a role in sharing information, but the Research and Academia constituency was the only sector focused on creating data as well as sharing it. Government noted challenges analyzing and using data, even if it is collected. At the same time, all constituencies noted that they were able to generate data to measure their own return on investment, and report to their stakeholders.

- **Implications:** The similarities noted across constituencies have the potential to create overlap and redundancy of efforts, particularly if there is a lack of coordination across constituencies. Coordination may also help overcome gaps in investments. Indeed, many participants noted the need for more (and more effective) coordination. The fact that all sectors noted data as a challenge, and yet most did not include it in their current or possible areas of investment indicates an important disconnect. AIM can offer advice on identifying investment overlaps and gaps, and practical strategies to coordinate investments. It may also explore how all constituencies can contribute to key investment gaps, such as policy development and data. AIM can also help constituencies leverage existing data collection systems that measure return on investment, and capitalize on the motivation to produce this data for better recognition.

- **Fostering multisectoralism over medicalization.** The fact that the response to malaria is firmly rooted in the health sector (the “medicalization of malaria”) was noted by multiple constituencies as a hindrance to engagement and multisectoral activity. Government recognized the need to bring in economic data to convince internal and external stakeholders to address malaria. Private Sector/Civil Society noted that other sectors needed to be able to share in the ownership of the response to be fully engaged. Research and Academic indicated the need to see the disease as a multisectoral disease, and Development Partners noted the need for better understanding of the broader socio-economic impact, not just the health impact.

- **Implications:** In order to engage a broader range of groups, malaria must be taken out of the health sector. There is a clear need to frame malaria differently – e.g. as a dynamic, cultural, economic, education challenge. AIM could address the difficult but necessary shift in ownership, power, and leadership away from health to allow for meaningful engagement of other sectors.

- **Refocusing Accountability.** Each constituency noted that it was held accountable to another group. Government is held formally accountable by parliament (though it did note that public pressure would push it to invest more). Research and Academia, Development

Partners, Civil Society, and Private Sector are held accountable to the source of funding for their investments. In some cases, as for the Private Sector, this accountability was internal to the organization; for most others it was to external donors. Most constituencies indicated a willingness and ability to meet expectations around accountability, and in some cases noted it as a way to receive recognition for their work. Several constituencies also noted performance based-contracting as a way to increase accountability towards strategic objectives.

- **Implications:** The current narrowly focused accountability may hinder collaboration. Expanding the stakeholders to whom each constituency holds itself accountable offers an opportunity to increase collaboration between sectors/constituencies. For example, a Government that feels some accountability to the Private Sector will be more willing to work on regulations that foster, rather than deter, private sector's investments in malaria. AIM may help reframe the focus of accountability – in terms of accountability to whom and accountable for what. This can help increase collaboration and improve alignment of investments with strategic objectives to reduce/eliminate malaria. There is also an opportunity to leverage the desire for recognition to increase accountability.

•**Managing expectations.** All constituencies felt that others' expectations of them were appropriate, but challenging to fulfill. Specifically, expectations were relevant to their strengths and capabilities, but participants noted the lack of time, resources, capacity to deliver on these expectations. In a few cases, the constituencies' perceived expectations did not match others' actual expectations of them (e.g. as when Government did not include policy in its list of expectations).

- **Implications:** Constituencies may need to lower expectations, and take into considerations the many challenges faced that will hamper execution of expectations. AIM can present ideas on how to identify opportunities to work smarter, and collaborate better, in order to reduce the burden on each constituency.

•**Empowering local response.** The theme of local ownership and action emerged across several sessions. Participants indicated a desire to decrease dependency on external sources for technical assistance, financing, support, and solutions. The ability to generate local financing was tied to the sustainability of the response and the ability to control and eliminate malaria (disruptions in financial support interrupts programs and results in malaria surges). Several participants noted that heterogeneity of the problem, and the dynamic nature of the disease, demand more localized solutions. There was also some acknowledgement of opportunities for regional collaboration, with the caveat that geographic alignment was not always the best rationale for collaboration. Participants suggested other potential criteria to guide collaboration across the region, including: culture and language, epidemic status, and shared economic goals. In particular the need to use AIM at local and country level was mentioned, along with the idea that AIM should function as a guide to enable every community to "create its own GMAP".

- **Implications:** The desire for more local leadership and response was slightly at odds with the desire for greater involvement of, investment from, and leadership by multinationals. AIM may help resolve this tension by suggesting effective coordination and collaboration mechanisms that can leverage strengths of the local, regional, and global response. The document must be both broad and flexible enough to be relevant to the variety of regions and countries that will use it.

### 3. Evaluation

Immediately after the consultation, participants completed a 20 question evaluation that examined participant's experience during the AIM Regional Consultation in Brazzaville. Paper versions of the survey were circulated on day two of the Regional Consultation. Eleven participants provided responses, which were translated from French into English by the AIM Consultant Team and entered into an online survey tool. A summary of the outcomes of this evaluation are below, including recommendations based upon the responses from participants to further improve the Regional Consultation process. An email link was also sent to participants to fill out the evaluation online, for those who were not present at the end of the consultation and did not have the opportunity to fill out a paper evaluation.

“The session was thematic. All the participants had information to share on the questions. Everything we talked about was essential.”

*Regional Consultation  
participant's feedback on  
the working group  
sessions*

Overall, participants were positive in their feedback on the consultation. The majority of participants (82%) either strongly agreed or agreed that the objectives of the Regional Consultation were clearly communicated and met. In addition, 73% strongly agreed that the Regional Consultation was well organized. All nine participants who responded either strongly agreed or agreed that the session provided ample opportunities to participate and provide input and that the background information sheets and questions were helpful in guiding the group's conversations. The majority of participants (82%) strongly agreed or agreed that the conversations during the breakout session provided information that is relevant to the development of the AIM.

Participants noted several topics that they felt deserved more attention in the consultation. These can be grouped around five themes:

1. **Potential actions and solutions.** Participants suggested more discussion on the weaknesses/inadequacies of the current tools for elimination, as a way to promote innovation. Other participants highlighted the need for local solutions that reflect local contexts; and desired more focus on how to increase the interest of local decision-makers on malaria.
2. **Mobilization of resources.** Participants noted their interest in discussing new models of financing that focus on local sources, and greater analysis of the allocation of resources by donors.
3. **Mapping.** Participants highlighted the need for new technologies for mapping, and the role of mapping in the response to malaria.
4. **Challenges faced in malaria control.** Participants requested more discussion on the many challenges faced by the malaria community, including resistance and absence of tools for elimination.
5. **Integration.** Participants suggested greater focus on the triangulation between the different pillars of AIM: Government, Development Partners, Civil Society, Private Sector, Universities, and especially the Community.

“It is impossible to promote acceleration using the same tools everywhere. Malaria is a local problem with a local solution.”

*Regional  
Consultation  
participant's  
feedback on the  
working group*

## 4. Next Steps and Recommendations

Overall, the consultation was perceived to be a success, particularly given that it was the first consultation. Because each consultation will be unique—in terms of its size, range of participants, languages, regional culture, and context of the epidemic and response—not all lessons learned in Brazzaville will translate to other consultations. However, many lessons do transfer and must be taken into consideration as we finalize the standard approach to regional consultations and country consultations alike. Below is a summary of recommendations to inform future consultations.

- **Refine the questions and structure of the working group sessions.** The questions need to be more action-oriented, future-focused, and fewer in number so participants can delve deeper into each question. The questions should also delve deeper to explore the themes that emerged in this consultation. The structure of the session needs to facilitate greater engagement across constituencies. The report-back sessions, in particular, should be restructured to encourage more analysis and reflection across groups.
- **Send out the online pre-consultation questionnaire earlier, along with the invitations.** The responses to the pre-consultation survey in Brazzaville were limited, in part because they were sent out late and in part because they were originally sent out as a word document, to be completed and sent back to the RBM point of contact. Introducing the online survey simplified the process, but the link was sent out late. Sending out the survey link at the same time as the invitations will encourage participants to complete it by the deadline so their views are represented in the Consultation. Following up with an email reminder to all invitees, and again in person on the first day of the Global Technical Strategy, will likely increase the response rate to the survey.
- **Refine presentation content to clarify key concepts like business case and return on investment.** This is particularly critical for non-English speaking audiences and in countries and cultures where the concept may not be commonly understood. Direct translations are not always sufficient to convey the meaning of these complicated terms; understanding of the terms is critical to the success of the working group sessions.
- **Include at least one working group for each constituency.** Due to low number of participants in Civil Society and Private Sector constituencies, these were combined into one group. Although the discussion in this group was rich and informative, and there were often more similarities than differences, both AFRO leaders and participants felt that there should be separate groups. The experience here highlighted the need for and the value of more integrated discussion across constituencies in the report back session.
- **Clarify the link between AIM and the Global Technical Strategy, and the link between AIM and the Regional Consultation.** Specifically, a presentation should clarify how the working group sessions and the information and input provided by the participants will feed into the AIM document.
- **Share background documents in advance of the consultation.** Pre-consultation reading materials were not sent out to Brazzaville participants because of the limited preparation time for the consultation. Sending background documents in advance would improve the consultation.

# 1 Annex 1: List of Participants

The table below provides a list of all consultation participants. The greatest number of participants was from the Development Partners, Government, and Research/Academia sectors. Fewer were from Private Sector and Civil Society, and no representatives attended from the Donor Community.

	Participant Name	Organization
1	Dr. Ibrahima-Soce Fall	WHO-AFRO
	Dr Tarcisse Elongo	WHO-AFRO
3	Dr. Corine Karema	National Malaria Programme Rwanda
	Dr. Alice Loumpangon	WFP
5	M. Yves Eric D. DENON	National Malaria Programme Benin
	Dr Jean Méthode MOYEN	National Malaria Programme Central African Republic
7	Dr Benjamin Ramarosandratana	National Malaria Programme Madagascar
	Dr Issa Sanou	WHO-AFRO
9	Prof Oumar Gaye	Academia Senegal
	Prof Martin Akogbeto	Academia Benin
11	Dr Silas Majambere	Academia Burundi/Tanzania
	Dr Jean Mermoz Youndouka	NGO
13	Dr. Andre Tchouatieu	Private Sector
	Dr Albert Kalonji	NGO
15	Anicet Mbeboura	Private Sector (Airtel)

## 2 Annex 2: Agenda

### 1<sup>ère</sup> journée

09.00-09.10	Allocution de bienvenue OMS / RBM	AFRO Regional Director Dr. F. Nafo-Traoré
09.10-09.15	Questions administratives et sécurité	WHO AFRO
09.15-09.30	Introduction Global Technical Strategy	Dr. I. Sanou
09.30-09.45	Objectif de AIM	Dr. F. Nafo-Traoré
09.45-10.00	Objectifs pour la consultation et agenda	Dr. N. Lorenz AIMconsultant
10.00-10.30	Examen des commentaires sur le AIM document : conclusions des questionnaires pré-consultation	Dr. N. Lorenz                      AIM consultant
10.30-11.00	Pause café	
11.00-12:30	Session en sous-groupe I: Développer une analyse de rentabilisation pour la réduction du paludisme	Dr. S. Stansfield                      AIM consultant
12.30-13:30	Déjeuner	
13.30-14.30	Session en sous-groupe I: Compte-rendu des discussions	Dr. S. Stansfield                      AIM consultant
14.30-14.45	Présentation du Cadre d'action multisectorielle RBM/PNUD	M. Loomis AIM consultant
14.45-15.45	Session en sous-groupe II: Mobilisation des personnes et ressources	M. Loomis AIM consultant
15.45-16.00	Pause café	
16.00-17.00	Session en sous-groupe II: Compte-rendu des discussions	M. Loomis AIM consultant
17.00	Conclusions	Dr. N. Lorenz AIM consultant

**2<sup>ème</sup> journée**

09.00-09.30	Bienvenue et mise à jour	Dr. S. Majambere
09.30-10.40	Session en sous-groupe III: Accélérer les actions menant à l'élimination du paludisme	M. Loomis AIM consultant
10.40-11.00	Pause café	
11.00-11.45	Session en sous-groupe III (continuation)	
11.45-12.45	Session en sous-groupe III: Compte-rendu des discussions	M. Loomis AIM consultant
12.45-13.45	Déjeuner	
13.45-14.45	Assurer le succès de AIM au niveau mondial, régional et des pays	Dr. N. Lorenz AIM consultants
14.45-15.00	Evaluation de la consultation	Dr. S. Stansfield AIM consultant
15.00-15.15	Conclusions et prochaines étapes	Dr. S. Stansfield AIM consultant
15.15-15.30	Clôture officielle par OMS / RBM	Dr. F. Nafo-Traoré
15:30-16.00	Pause café	