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GMAP2 "Action and Investment to defeat Malaria (AIM)" Regional Consultation Report EMRO-Casablanca, Morocco 17-18 April 2014

Prepared for

Roll Back Malaria Partnership

Submitted by:

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Abbreviations

AIM	Action and Investment to defeat Malaria
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GMAP	Global Malaria Action Plan
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MNCH	Maternal/Neonatal and Child health
MOH	Ministry of Health
NMCP	National Malaria Control Program
RBM	Roll Back Malaria Partnership
ROI	Return on Investment
WHO	World Health Organization

1 Introduction

1.1 Consultation Overview

A total of 43 participants took part in both days of the EMRO Regional Consultation held in Casablanca, Morocco. Participants came from 11 countries in the region (Afghanistan, Djibouti, Egypt, Iran, Kenya, Morocco, Pakistan, Saudi Arabia, Somalia, Sudan, Yemen) and from the US (a researcher based in Indonesia who observed the meeting). The meeting was facilitated by Dr. Nick Lorenz, Ms. Molly Loomis, Ms. Alison Sullivan, with assistance from Dr. Bernard Nahlen, Dr. Thomas Teuscher, and Dr. Vanessa Racloz. The conference agenda and participant list are included as Appendices to this document.

1.2 Consultation Objectives

There were three main objectives for the consultation:

- To increase participants' awareness of AIM purpose, process, and relationship with Global Technical Strategy
- To validate feedback on the current 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 included:

- 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 Global Malaria Action Plan (GMAP) and how AIM can build on it and the complementarity between the Global Technical Strategy and AIM. The meeting used a participatory approach to engage participants and solicit inputs for the GMAP2 document. Plenary presentations provided an introduction and background information for key topics, while small group sessions allowed the participants 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 Partners; and Research/Academia. There were no participants from 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 and commented the responses of other groups. After the Gallery Walk, the participants came together for a plenary discussion to analyze 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

Selected 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; other responses are presented as a narrative summary too better capture the discussion.

3 Summary of Key Themes and Implications

Several major themes emerged from the group work during this consultation. Each of these themes is presented below, along with the implications for AIM. The themes are presented in Box 1.

Box 1. Themes from the EMRO Regional Consultation – Casablanca, Morocco

More coordination is needed within and across the constituency groups to leverage and mobilize existing resources

Constituency groups need to identify sustainable ways of funding activities as aid from the international community decreases

More accountability and transparency is needed within and across constituency groups

Documenting success stories and sharing lessons learned for the region is critical.

Moving towards elimination requires smart integration of malaria programs into, for example, health, development, economic growth programs

Testing, treating and tracking mobile/migrant populations with malaria is a challenge that will require a coordinated regional and/or sub-regional response

More coordination is needed within and across the constituency groups to leverage and mobilize existing resources.

Some groups noted that there is no uniform way to share information about current efforts or programmes which can potentially cause unnecessary overlaps or gaps in services. All constituency groups noted that sharing information within and across constituency groups was an important step in securing resources and achieving the greatest return on investment in the future. Participants also noted there is no "one size fits all" case for investing time and resources in malaria. While the business case terminology was not seen as a appropriate term by some, as it often alludes to only financial investments, small group discussions generated many examples of areas where the business case approach could be beneficial to leverage and mobilize resources. To create this business case, it was important to note that the constituency groups needed to understand what each other were investing in malaria, and identifying areas where those investments could be most useful, and vice versa, where the investments the constituency groups have could be most useful to other groups. During the gallery walk through the small group sessions results, constituency groups noted discrepancies in the future proposed actions of one another. For instance, the civil society organization group felt that a strength of their constituency lies in their ability to remain politically neutral acting a mediator between private sector and public sector organizations, however the research and academia group noted that civil society organizations have the ability to take a position that is less neutral, especially when the government is not achieving targets, or providing services that were promised. With the need for increased coordination, groups also agreed that this would increase the need and importance of accountability and transparency.

Implications for AIM: The Regional Consultations provided an opportunity for participants to share what resources they are contributing in the response against malaria, and what they will need in the future. The AIM document will provide additional resources aimed at taking further steps to improve coordination and collaboration across the stakeholder groups.

More accountability and transparency is needed within and across constituency groups.

"Political instability and corruption are factors that contribute to weak financial and programmatic accountability. "
- Government Participant

Constituency groups noted that it must be operationalized, it can't just exist on paper, and it has to be at every level, within and outside the health sector. In terms of accountability, each group identified specific actions to increase their accountability to others, while also identifying actions others can take to be more accountable to each of the constituencies. While some differences were highlighted (see Annex 3 for the full lists), constituency groups agreed that an important piece to holding other accountable was increasing access and transparency of financial, managerial and programmatic (including surveillance) data across each of the constituency groups. Many constituency groups called upon the government constituency to lead the coordination of efforts that involve multiple constituencies within one country, but it was also noted that some development partner organizations have a more regional mandate

and it would be appropriate for them to also convene different constituency groups. In areas of where there is a need for transparent data at the sub-regional, regional or even global level, constituency groups were looking to the funders of these activities to mandate the reporting of the aforementioned data, and then share it publicly once collated with data from across all of the organizations they are funding. Participants agreed that this increased accountability and transparency of data would help to identify success stories and programmes that have a large return on investment it will also provide important data to help build future cases for sustainable funding for malaria programmes.

> *Implications for AIM:* The Regional Consultation highlighted the key role of one organizing body to facilitate increased accountability and transparency within and across constituency groups. AIM will provide information and resources regarding the identification and mobilization of organizations and individuals to lead others within and across constituency groups.

Constituency groups need to identify sustainable ways of funding activities as aid from the international community decreases.

> "There is little domestic funding for research"
> - R&A participant

Constituency groups agreed that the landscape of funding for malaria is changing, especially in relation to the investments coming from the international donor community. While the business case was seen as a way to engage others for investments, the groups also noted that more work needs to be done to understand the use of current investments within each constituency group. As each country makes progress towards elimination, the investments for malaria change. The Civil Society group specifically discussed the need for advocacy to other groups and service recipients as oftentimes organizations within this group as seen as charities, who do not expect anything in return for services. Participants recognized that this model is not only unsustainable, but also requires a large amount of resources to secure the initial funding for service provision (fundraising, grants management, etc.). Within the plenary sessions, constituency groups agreed that all of those involved in malaria are doing more with less, and this trend will likely continue in the period of AIM, however, they also identified a number of ways to adapt the funding, management and the programmes themselves to be more sustainable in the long term.

> *Implications for AIM:* As the funding for malaria decreases and countries move towards elimination, constituency groups need to decide what resources will be needed to prevent resurgence. In addition, stakeholders will need to be able to identify mechanisms that are more stable than current funding. To address these needs, GMAP2 should provide information on developing a business case for investment to various audiences to secure the necessary resources to accelerate and eliminate of malaria in the years to come.

Documenting success stories and sharing lessons learned for the region is critical.

All groups highlighted the successes of programmes throughout the region. Participants noted that many outside of the region are not aware of the successes organizations have made in the fight to reduce and eliminate malaria. It was noted that some of this is due to the increased conflict in each of these areas, and although there are publications being generated from this region, more work needs to be done to share best practices as there are number of countries which have been certified as malaria free and have overcome many barriers to do so.

> *Implications for AIM:* The AIM document itself could be used to highlight case studies or success stories in malaria that are applicable to multiple stakeholder groups and regions. In addition, in future regional and country consultations the AIM consultant team will continue to elicit and document these success stories. Regions/countries will also have to identify ways of sharing these with one another as they continue to make progress in the fight against malaria.

Moving towards elimination requires smart integration.

> "We either have to change the way we sell our case, or malaria will re-emerge. This is a timely meeting. This region has been closed for some time, and we need to open up. We have successes that we need to share. "
> - Development Partner Participant

With the increased number of countries who are in the elimination phase in this region, groups discussed the need to consider where we need to integrate/mainstream malaria, where we need more vertical attention to malaria, and where we need a plan for crisis management/surge capacity. Groups noted that there may be other diseases that they may be able to learn from, most notably polio, when it comes to the transition of legacy resources and the transition of

independent monitoring into routine clinic operations. However, it was noted that the mobile/migrant population posed a unique challenge to the region, as it does put some elimination countries at risk of re-introducing the disease.

Implications for GMAP2: Stakeholders identified a few communities they believed to possess applicable lessons learned from the integration of legacy resources for diagnosis, treatment and surveillance. The GMAP2 document will highlight some of the differences in sustaining resource investment in elimination countries, as these countries are still at risk for resurgence of the disease from other countries and regions.

Testing, treating and tracking mobile/migrant populations with malaria are challenges that will require a coordinated regional and/or sub-regional response.

"Mobile populations will continue to be a challenge and we cannot prevent resurgence without working across the constituency groups to develop an action plan to reach this population across the region."
- Civil Society Participant

During the small group and plenary sessions, the issue of mobile/migrant populations was discussed as a key risk to accelerating the reduction and elimination of malaria within the Eastern Mediterranean. Groups acknowledged that in areas where conflict or economic stability has required the movement of individuals from country to country creates challenges that are unable to be addressed by one organization, company or government, but instead this requires a coordinated effort amongst all of the constituency groups. Specifically, it was noted that some of the development partners, private sector and civil society organizations may have the greatest amount of access to these populations in the field, but specific governmental policies may limit the amount of surveillance and care in the population based upon the country in which the individual originated and where they currently are traveling. However, prior to addressing these policy issues research is needed to better define and understand the mobile/migrant populations in each area, as the situations may be very different even in one country.

Implications for AIM: The AIM document will focus on promoting collaboration within and amongst countries and regions, providing tools and resources to increase communication and collaboration. While many of the above mentioned key findings are related to a regions' ability to test, treat and track malaria, participants noted the importance of addressing the mobile/migrant population directly as this will require coordinated approach from all the constituency groups to secure and utilize political, human capital and financial resources across borders.

4 Evaluation

Before the wrap up and next steps discussion participants were asked to complete a 20 question evaluation online that examined their experience during the GMAP 2 Regional Consultation in Casablanca. Only three participants (7% of those attending) provided responses. A summary of the responses from this evaluation are below, including recommendations based upon the responses from participants to further improve the Regional Consultation process.

Overall, participants 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 numerous participants.

4.1 Small Group Session Feedback

In regards to the first session, a participant noted the essential nature of identifying and securing sustainable funding and skills development in the fight against malaria were topics not discussed in the small group sessions, but relevant to the development of AIM. Another participant noted that the business case concept was not clear to all participants and they would have benefitted from additional briefing.

In regards to the second session, participants agreed that the conversations provided information that is relevant to the development of AIM and did not offer any additional information for consideration within the evaluation.

In regards to the third session, a participant noted that the notion of "cost sharing" should be considered

when discussing the aspects of financing malaria control, as this becomes very important from the time we move towards elimination and is important for maintaining results.

4.2 Priority Points for AIM

The following represent the main points participants took award from the consultation that they would like to see GMAP2 address as a priority:

- The business case concept
- Acceleration of elimination
- Public health investment as it relates to malaria control and elimination
- Most suited programmatic frameworks for malaria
- Increased engagement of RBM and their partners

5 Next Steps and Recommendations

Overall, the consultation went well. Because each consultation is unique—in terms of its size, range of participants, languages, regional culture, and context of the epidemic and response—not all lessons learned in Casablanca will translate to other consultations. However, several were thought to be relevant for the final consultation in Manila.

Further refine presentation content to clarify key concepts like business case and return on investment. The consultation showed that participants had resistance to the business case terminology. Suggested changes including using other terminology (investment case, or just case), and in future presentations making it clear how the concept relates to the work they are doing as a part of the broader effort to reduce and eliminate malaria. Participants noted that there are many factors, not just those that are monetary to invest in malaria and more examples should be discussed about how the business case can go beyond just an advocacy tool.

Allow participants to share what their current role is malaria and whether it should change over time. Participants showcased difficulty in responding to the initial small group session, because they were not given the opportunity to share their experiences in malaria thus far, and indicate how they think the role of the selected constituency groups will change over time. Suggested changes included allowing each group to discuss what they are investing in malaria, what they need from others to continue the progress that has been made.

Focus on the successes that have been made by each stakeholder group and highlight them for others. In addition to sharing information on challenges in accelerating towards elimination, participants shared many successes within each of the small group discussions. These successes will be important to highlight for others to learn from both within and outside of the region. Suggested changes included adding talking points in the facilitators' guides to ensure these success stories are discussed and captured for future reference in the development of AIM.

Continue the use of group work facilitators and the Gallery Walk. The use of facilitators for the small group sessions continued to work well. Facilitators who were former participants and familiar with the format and the questions served as a good reference point for the constituency groups. The Gallery Walk was done, but not fully exploited given location/space constraints and groups not reporting out from the Gallery Walk consistently during the session. Suggested changes included the finding a space to accommodate all participants in small groups during the whole session, and using the facilitators to prepare the groups' report back after the Gallery Walk so the information shared is the same across the groups.

Balance the focus between country, sub-regional and regional issues. With a countries within the region certified malaria free, participants from different countries wanted to discuss investments in malaria and maintaining the progress that has been made thus far in the reduction and elimination of malaria. Especially as it relates to cross-border issues, the participants shared the need for increased coordination with border countries both within and in neighboring regions. It was suggested that the nuances of cross- border issues be discussed throughout the small group sessions, not just as a part of the sub-regional plenary discussion.

Annex 1: Results of Breakout Session I: Creating a business case for malaria reduction and elimination

What elements of a business case do you already have in place, and what is missing?

Governments

- Programs have a detailed gap analysis. However, there is difficulty quantifying investment by governments, especially in countries where the main source of funding is external.
- Lack of clarity of available domestic funding. Disbursement bottlenecks make gap analysis and implementation of investment plans difficult.
- Some knowledge on disease impact expectation. No or limited knowledge on economic, societal, human rights, equity, etc. impact.
- Good M&E mechanisms in malaria free countries. Limited M&E systems in endemic countries. Data on diverse impact available but of variable quality. No reliable information on other return on investment.
- For malaria free countries there is good data available. In endemic countries there are data limitations which make the assessment of the business plan difficult.
- Include issues on human capacity building and communication in elements of the business case.

Development Partners

- We have investment and technical expertise, some political will (not enough), and knowledge of available resources and gaps (there is a lack of domestic funding)
- We have some data on disease burden
- There is a lack of data on “softer” issues (e.g. like how to measure the political prestige that comes with eliminating malaria) and on non-health issues (e.g. how to measure the economic benefit of avoiding a re-emergence of malaria)
- We have a structure in place for service delivery, but it is weak
- We have evidence of success, from this and other regions, and we have evidence of progress despite challenges like political conflict (e.g. Afghanistan is a great success story)
- We have some understanding of what others want in return for their investment
- Malaria is an opportunity to get an easy win, and highlight our success to motivate people to achieve other things.

Civil Society

- Possess staff that are invested in the overall effort including community health workers and local leaders
- An understanding of the local context including challenges, and work experience in a variety of geographies, including hard to reach areas and conflict zones
- Possess programmatic and financial data for individual programs which could help characterize the investments both monetary and other
- Flexible/adaptive organizational structure that adapt quickly based upon the findings of a business case

Research & Academia

- Rationale should be done at the country and regional level, providing the evidence for policy, with a view of poverty reduction.
- Enhance Capacity, building human capital
- Contribute to poverty reduction
- Evidence based guidance and decision making
- Resources available: Little domestic funding for research
- Weak linkage to country priorities
- ROI: Policy change, lives saved
- M&E: N° of publications& N° of collaborations
- Data: Difficulty to generate reliable data, in particular economic data
- Lack of data collection capacity, both human and materials
- Linking research to programs
- Strengthening national research agenda setting
- Aim for balanced North South collaborations
- Encourage South South collaborations
- Aligning teaching of under- and postgraduates with polices and update curricula regularly
- Advocate for increasing domestic investments in research

What actions do you need take in order to strengthen your business case?

Governments

- Good communication, advocacy, and coordination around the business case
- Improved accountability, financial management, and building trust in institutions
- Improved literacy and investment in education
- M&E systems to track progress, highlight achievements, and attract more resources
- Multisectoral approach
- Regional collaboration and global initiatives
- Innovation

Development Partners

- Learn more about the values, expected return of other sectors and constituencies
- Obtain tools to measure the value of malaria reduction and elimination, in ways other than health metrics and disease burden (e.g. we need to measure economic impact, human rights impact, prestige/political value)
- Generate a valid baseline to show progress and advantage of investment we need better communication with government to promote co-funding
- Recognize that increase in GDP does not mean that there is no longer a need for development assistance. The equity gap often still exists, even when the GDP increases
- Build a political case for the human rights issues
- Keep malaria at the top of the government's and donor's development agenda, so we can better engage other sectors.
- Link global resolutions and country resolutions to malaria.

Civil Society

- Work together with other Civil Society organizations to update the CSO act to mandate the improved collection of data, reporting and more coordination within and amongst other constituency groups.
- Conduct a mapping exercise to fully understand and document who is doing what, where
- Improve the consistency in which data is being reports from all of the implementing organizations in each country
- Collect additional data including data on accountability for spending in country e.g., is the funding being spent on intended purposes? If not, what is it being spent on?

Research & Academia

- Link research to programs more proactively
- Strengthen the national research agenda setting
- Aim for balanced North South collaborations
- Encourage South South collaborations
- Align the teaching of under- and postgraduates with polices and update curricula regularly
- Advocate for increasing domestic investments in research

Annex 2: Results of Breakout Session II: Mobilizing resources and people for malaria reduction and elimination

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

For Governments

- Weak or lack of political commitment and leadership
- Lack of a clear business case
- Lack of political stability
- Insufficient financial resources
- Weak human resources
- Bureaucracy, corruption, bad financial and accounting management resources
- Weak communication, advocacy and community mobilization
- Stakeholders coordination and participation and conflict resolution
- Poor documentation of successes to attract additional funding

For Development Partners

- Lack of political commitment. Evident in high staff turnover in the NMCP program, and the fact that not very strong staff are assigned to this position
- Competitive environment (unhealthy competition) due to resource constraints, and also when more than one organization wants to work in a certain area.
- Complicated systems/bureaucracy to allocate funds or to use funds
- Legislation, regulation is not favorable
- Lack of transparency
- Challenges of working in malaria – it's a dynamic disease, and not an easy field to work in, so people choose to work on other issues.
- Closed doors/lack of access – for example, it is difficult to get access to data from researchers/other agencies. People do not always want to share information
- Personal priorities – sometimes if someone is supportive they can push things through and make things happen. But if they are not supportive, they can block action.
- Do not possess the right message to convince people to mobilize, or the right medium to deliver the message (i.e. they are not good sales people)
- Structures are vertical, which leads to working separately based on the system.

For Civil Society

- Lack of coordination within the Civil Society constituency group
- The gap that exists in Civil Society that provide short term support (e.g., emergency response) and Civil Society organizations that provide long term delivery of services
- Lack of incentives
- Government often does not accept Civil Society as a partner and if they do accept the organizations as a partner, the relationship may be weak.
- Government investment in malaria is decreasing to the International aid being provided and there is no plan to supplement these resources when the international aid decreases
- Government does not see health as a valuable assets – low return on investment
- Civil society organizations have a poor reputation
- Lack of alignment with national priorities
- Donor-driven activities are more popular versus those that are community driven
- Civil society has an inability to retain high quality staff and technical experts

For Research & Academia

- Inadequate and sustainable funds for research
- Lack of commitment of research to fulfill their social responsibility
- Lack of communication in sharing results with a wider public and stakeholders
- Lack of involvement of researchers and Academia in decision making for resource mobilization
- Inadequate collaboration and lack of joint research and networking between North South and South-South institutions
- Lack of a regional center of excellence for research; focus often on support individual and less institutional research
- Lack of appropriate career pathways.
- Lack of infrastructure investments

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

For Governments

- Advocate for domestic funding. Success – Morocco has establish malaria funding as a part of the investment budget
- Develop a framework of indicators to be collected for impact evaluation of malaria investment costs.
- Access to government information on holistic budgetary allocation for health with clear detail on malaria investment.
- Strengthen or establish comprehensive M&E and surveillance system to assess return on investment
- Sustain and institutionalize successful achievements
- Create tax exemption for malaria investments.

Development Partners

- Can get civil society (e.g. women's groups, media) to put pressure on the government to commit
- Can offer alternative solutions (e.g. if the supply chain is corrupt, we can offer to set up parallel systems until the problem is resolved)
- Can hold ourselves to the Paris Accord, and support 3 ones
- Can leverage and invest in local institutions (e.g. traditional groups) that are better placed to engage and mobilize our target audience
- Need to increase our advocacy for all levels, and audiences
- Can share experiences to help one another, e.g. on how best to engage the private sector
- Can invest funding to support the policy changes that are needed to implement the guidelines. For example, that might mean getting the right people around the table to push the policy through into law, or it may mean putting a mechanism in place to follow up once the policy is official.
- Can create more synergies across groups at the planning stage, by better coordination among donor partners

Civil Society

- Identify additional ways of financing efforts (e.g., internal household transfers)
- Improve the opinion that Civil society organizations are only providing services for free. Organizations are often only seen as charities, but sustainable service delivery may require a reduced charge
- Further integrate with other organizations across constituency groups
- Utilize media and other public champions to raise awareness of the need for sustained support for the reduction and elimination of malaria
- Create an alliance for enhanced collaboration where they don't exist, where they do exist using them to organize mobilize efforts
- Promote the recognition of civil society contributions and the individuals who are contributing to these efforts
- Create/mediate relationships between private and public sector (e.g., facilitate the use of Public Private Partnerships)

Research & Academia

- Enhance commitment of researcher to fulfill their social responsibility
- Develop a regional strategic research plan
- Develop a strong advocacy package which conveys the outcomes and relevance of research to the wider public
- Strengthen good governance
- Develop career paths and strengthen capacity building
- Adopt a multisectoral approach among research institutions of different sectors (e.g., water, agriculture)
- Establish centers of excellence in research
- Mobilize and lobby for more investment in research infrastructure
- Position malaria reduction as an integral part of health systems strengthening
- Redirect focus from the classical approach in malaria control exploring new and innovative out of the box thinking approaches.

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

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

Governments

- Insufficient HR, and specific skills missing
- Political will
- Instability and conflicts
- Rigid bureaucracy
- Corruption
- Procurement and supply chain issues
- Deviation from the National Strategic Plan at the lower level
- Mass gathering (e.g. pilgrimages), population movement
- Staff motivation
- Weak health system

Development Partners

- Weak health system, particularly in procurement and supply chain
- We are often limited by our mandate (e.g. sometimes we can't do what is the highest priority because it is not our role or within our mandate)
- Weak country systems (management, geopolitical)
- Organizational internal rules and regulations, particularly our financial systems, often make us inefficient in our work
- A shortage of financial resources
- There are limitations of human resources. For example, in WHO, there is a pyramid structure, with many people at HQ and only one person in country. That one person is expected to do everything. Do not have the time, and sometimes do not have the right capacity to do everything.
- There is limited coordination among development partners
- Complex dynamics of relationships with the government and MOH. There are issues around who holds power and on the government's preferences for working with one group over another.
- There is competition among development partners:
  - In terms of who plays what roles – Development partners don't always get to play the role where they have the greatest strength. Sometimes a partner who is relatively weak has to play a lead role.
  - In terms of where they invest, and where they use our logo (who receives recognition for collaborative work)
  - Strengths are different in each country, so one structure; one set of roles, one solution will not work everywhere.
- Security often hampers us from doing our job
- Insufficient political commitment
- Competing priority – we have both technical and managerial roles to play, and we often don't have time/resources to do both
- Culture – do not like to be challenged
- No agreed-upon reporting mechanism across development partners
- Some development partners are not funding things in line with the Country plan
- Our funding is often valued over our technical assistance
- There is a shortage of technical experts in malaria, and a lack of motivation to join the fight against malaria.

Civil Society

- Lack of incentives for MOH and other government officials to prioritize or continue their commitment of resources for malaria amongst all of the other issues
- Awareness of the local situation is limited
- Security in some areas in which malaria exists can be compromised
- Lack of relationship and/or coordination with the government
- Lack of a long term sustainable funding source as they organizations spend a great deal of time and money trying to secure additional resources from external funders
- Lack of incentives for community resources to be involved in the reduction/elimination efforts
- Weak/non-existent support structure in the areas in which civil society organizations work, especially when there is a complex humanitarian emergency

Research & Academia

- Unqualified corrupt government systems

- Lack of control of Research institutions in directing financial investments
- Scientific misconduct
- Bureaucracy , red tape and Cronyism not ideal for research environment
- Taxes applied on national and international grants
- Disconnection between different research channels
- Lack of clear regulations between researchers and stakeholders
- Financial mismanagement and corruption leading to development of alternatives sideways
- Lack of technical skills of researchers and research management skills
- Multiple roles of researchers
- Lack of international standardized salary scales for researchers – wherever they are
- Lack of metric of success
- Lack of career paths
- Lack of domestic support for researchers
- Poor linkage between researchers and program communities
- Political insecurity
- Data accessibility

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

- Human capacity building and human resource management
- Improved surveillance and M&E system s and operational research
- Strengthen the health system through increase budgetary allocation to health and improved governance and service delivery in intersectional coordination
- Better response mechanisms for conflict and complex emergencies
- Social and implementation partners (mobilization and participation)

Development Partners

- A strong leader in each country can help promote coordination. Development partner's staff can take the Global Leadership Course that exists.
- Institutionalize leadership and coordination mechanisms (e.g., nominate one group to lead, establish interagency collaboration mechanisms, or provide collaboration guidelines/commitments that organizations can sign on to, promote culture/concepts of collaboration within development partner agencies, introduce metrics/indicators to measure collaboration)
- Increase advocacy for greater political commitment around malaria
- Monitor movement of populations to inform actions and strategy
- Develop programmatic capacity of NMCP, MOH – donors need to invest in this
- Build capacity (e.g., hire additional resources or build skills to meet the workload, put systems in place to improve quality of work
- Focus on one thing that they can succeed at to show how it can be done, in order to motivate for action in other areas. Create a step by step documentation of the process so others can learn.
- Advocate within the organization for internal review and streamlining of our rules, processes, and systems to create efficiencies
- Document and publish success stories/lessons learned/voices from countries. AIM and the RBM website is one forum for this, but we need to have a way to continuously share ideas
- Create regional advocacy plan

Civil Society

- Advocate to the government, to the health sector, and to the community. Government advocacy should focus on prioritizing malaria reduction/elimination activities. Health sector advocacy should focus on increasing the awareness of how malaria elimination affects community health/well-being and the need for increased integration with other services within the health sector. Community advocacy should focus on the overall benefit of malaria elimination outside of the increase in health (e.g., financial, school attendance, etc.)
- Coordinate the actions of the government and the private sector, bringing them together
- Define the role of civil society organization in areas of elimination, especially in relation to reporting of data and surveillance on the national level
- Create and/or maintain a neutral position in the response improving partnerships with multiple stakeholders without becoming political.
- Identify innovative ways to sustain services and recover costs.

Research & Academia

- Improve researchers technical, financial and administrative capacities
- Promote and adhere to transparent funding mechanisms

- Improve the definition and collection of metrics of success
- Lobby for domestic & international donors' supporting for example MIM (http://www.mimalaria.org/eng/) Multilateral Malaria Initiative on Malaria
- Strengthening the dialogue between research and programs with a view to get evidence based research

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

Governments

- Good business case
- Efficient and transparent financial system
- Develop and efficient surveillance system with a comprehensive framework for impact evaluation
- Efficient targeting of intervention and decentralization of management
- Invest inn tools (indicators) and procedures for a good accountability (M&E)

Development Partners

- Self-assessment/monitoring and evaluation: put the right indicators in place to measure what we want to achieve.
- Introduce a scorecard system, similar to what African Leaders Malaria Alliance use, to have an easy to use format to present key indicators. Use a Global Dashboard to measure both technical and managerial indicators. We must have a forum to collectively review and discuss this, to make sure it maintains relevancy.
- Increase transparency, especially financial and managerial. We need timely publishing of our metrics (e.g. in a score card or dashboard)
- Conduct third party (external) survey or evaluation of our performance. Focus on issues of transparency, collaboration, management, etc. Similar to a client satisfaction survey.
- Sensitize our staff at all levels to the need for accountability Create a new culture within our agencies.
- Increase reporting to all stakeholders. Engage other organizations/sectors/constituencies to see what information they want us to report on.
- Make any data produced with donor funding, or about how donor funding is spent, part of the public domain. We can write this into our grants and contracts to make sure that recipients follow it, and that our staff follows it.

Civil Society

- Create and utilize organizational bodies for those civil society groups that do not have anyone to be accountable to
- Create a social audit, as the community must be involved in the auditing of program services and outcomes, and the achievement of targets
- Institute financial audits and share this information with the public
- Create partnerships with other organizations and governments and define shared goals and targets
- Create accreditation and certification programs to have additional bodies for accountability

Research & Academia

- Raise profile of research and showing its relevance
- Establish clear ethical and technical guidelines
- Establish clear institutional research and capacity building agenda in alignment with national priorities
- Produce good evidence that aligns with international standards
- Communicate actively beyond the scientific/academic community

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

All:

- A good business case
- Good communication, advocacy and coordination around business case
- Multisectoral approach

Government

- Political commitment and leadership
- Improved accountability, fight against corruption, strong financial management

- Improved literacy and investment in education
- M&E to document success

Civil Society

- Advocacy, communication, public awareness

Research and Academia

- Operations research to support the case for investment
- Innovation for effective/efficient resource investment

Development Partners

- Inform the public so that they will ask for and push for accountability (e.g. if people know their health rights, they will more actively demand services)
- Active involvement of technical advisors and counterparts in policy, strategy, program planning, implementation, and evaluation will help promote accountability
- Establish and support International advocacy/Goals/declarations, like the Abuja Declaration, MDGs, sustainable development goals
- Establish clear metrics around priority issues, and set a baseline to be able to measure progress
- Work under one umbrella with the government.

Civil Society

- Act as a monitor in the community, however, to hold others accountable may be seen as intervening so these actions really depend on the type of civil society organization
- Look to others for more stringent accountability; however the civil society organizations have historically utilized the media, and the Ministries of Health to monitor programmes that are being conducted in the communities in which they are also working.

Research & Academia

- Government and civil society has to consider evidence in their decision making process
- Government has the responsibility to provide a conducive environment for strengthening research and academia
- Development partners need to recognize and commit to the role of research and academia and plan their investments and support accordingly

Appendix 1: EMRO Agenda for the Consultation on the Global Malaria Action Plan 2 (AIM)

REGIONAL CONSULTATION ON THE SECOND GLOBAL MALARIA ACTION PLAN (AIM) 2016 – 2025
CASABLANCA, MOROCCO, 17 – 18 APRIL 2014
PROVISIONAL PROGRAMME

Thursday, 17 April 2014

Time	Session	Speaker
08:00–08:30	Registration	
08:30–09:00	Welcome note by WHO-EMRO/RBM Opening Session Introduction of participants	*Dr. Jaouad Mahjour* *Dr. Thomas Teuscher*
09:00–09:15	Update on the Global Technical Strategy process and outcomes of Casablanca consultation	*Dr. Hoda Atta*
09:15-09:30	Purpose of AIM	*Dr. Thomas Teuscher*
09:30-09:45	Objectives and focus areas of the meeting	*Dr. Nicolaus Lorenz*
09:45–10:00	Feedback on review of GMAP1 (findings from pre-consultation questionnaire)	*Ms. Molly Loomis*
10:00–10:30	*Coffee break*	
10:30–10:45	Migration and malaria	*Dr Aden*
10:30–10:45	Thematic session I: Developing a business case for malaria reduction	*Ms. Molly Loomis*
12:45–13:45	*Break*	
13:45–14:45	Thematic session I (continued): Developing a business case for malaria reduction	*Ms. Molly Loomis*
14:45–15:00	Introduction to RBM/UNDP Multi-sectoral Action Framework	*Dr. Mansour Ranjbar*
15:00–16:15	Thematic session II: Mobilising people and resources	*Dr. Nicolaus Lorenz*
16:15-16:30	*Coffee break*	
16:30-17:45	Thematic session II (continued): Mobilising people and resources	*Dr. Nicolaus Lorenz*
17:45-18:00	Conclusions of the day	*Ms. Alison Sullivan*

Friday, 18 April 2014

Time	Session	Speaker
08:30–08:35	Welcome	*Ms. Molly Loomis*
08:35–11:00	Thematic session III: Accelerating action on the pathways to elimination	*Ms. Molly Loomis*
11:00–11:30	*Coffee break*	
11:30–12:45	Thematic session III (continued): Accelerating action on the pathways to elimination	*Ms. Molly Loomis*
12:45–13:45	*Break*	
13:45–15:00	Making AIM work at global, regional and national level	*Dr. Nicolaus Lorenz*
15:00–15:15	Evaluation of consultation	*Ms. Alison Sullivan*
15:15–15:30	Wrap up and next steps	*Dr. Nicolaus Lorenz*
15:30-15:45	Closing session: RBM/WHO-EMRO	*Dr. Bernard Nahlen* *Dr. Jaouad Mahjour*

Appendix 2: Meeting Participant List

Country	Name	Organization
Afghanistan	Dr Muhammad Sami Nahzat	National Officer of Malaria and Leishmaniasis Control Programme, Ministry of Public Health
Afghanistan	Dr Naimullah Safi	Malaria/Leishmaniasis National Officer, World Health Organization Office, Afghanistan
Afghanistan	Ghulam Rahim Awab	Director, Research of Afghan National Public Health Institute, Ministry of Public Health
Canada	Dr Azza El Bakry	Medical Scientist, McGill University, Montreal General Hospital
Djibouti	Dr Aden Warsama	Migration Health Officer, International Organization for Migration
Djibouti	Mr Farah Ahmed	Entomologist, World Health Organization Office, Djibouti
WHO/EMRO	Dr Ghasem Zamani	Medical Officer, Malaria Control and Elimination, Department of Communicable Disease Prevention and Control, WHO Regional Office for the Eastern Mediterranean
WHO/EMRO	Dr Hoda Atta	Regional Advisor, Malaria Control and Elimination, Department of Communicable Disease Prevention and Control, WHO Regional Office for the Eastern Mediterranean
WHO/EMRO	Dr Jaouad Mahjour,	Director, Department of Communication Disease Prevention and Control, WHO Regional Office for the Eastern Mediterranean
WHO/EMRO	Eng. Amir Aman	National Professional Officer, Malaria Control and Elimination, Department of Communicable Disease Prevention and Control, WHO Regional Office for the Eastern Mediterranean
WHO/EMRO	Ms Caroline Barwa	Temporary Advisor, Malaria Control and Elimination, Department of Communicable Disease Prevention and Control, WHO Regional Office for the Eastern Mediterranean
Indonesia	Dr Kevin Baird	Director, Eijkman Oxford Clinical Research Unit, Eijkman Institute for Molecular Biology
Iran	Dr Ahmad Raeisi	National Malaria Programme Manager, Malaria Control Programme, Ministry of Health and Medical Education
Iran	Dr Mansour Ranjbar	Malaria Project Manager, United National Development Programme - I.R. Iran
Kenya	Dr Abdisalan Noor	Research Fellow Lead, Spatial Health Metrics, KEMRI-University of Oxford Wellcome Trust Research Programme
Morocco	Dr Abderrahmane Laamrani El Idrissi	Chief of Parasitic Diseases Service, Directorate of Epidemiology and Diseases Control
Morocco	Dr Btissam Ameur	Head of Vector Control Services
Morocco	Dr Mohamed Laaziri	Former Director of Planning and Financial Resources, Ministry of Health

Morocco	Dr. Abderrahman Benmamoun	Head of the Communicable Diseases Division, Directorate of Epidemiology and Disease Control
Pakistan	Dr Hamayun Rashid Rathor	Professor of Medical Entomology and Disease Vector Control, Health Services Academy
Pakistan	Dr Qutbuddin Kakar	National Professional Office, World Health Organization Office, Pakistan
Pakistan	Dr. Mohammad Naeem Durrani	Programme Manager, Merlin UK
Saudi Arabia	Dr Mohamed Hassan Al Zahrani	Director, Vector Control and Malaria
Somalia	Dr Abdikarim Hussein Hassan	Director, National Malaria Control Programme and Vector borne diseases
Somalia	Dr Abdiqani Sheikh Omar	Director, National Malaria and Vector Control Programme
Somalia	Dr Jamal Ghilan Amran	Medical Office, World Health Organization Office, Somalia
Somalia	Mr Fahmi Issa Yusuf	MCE Data Manager, World Health Organization Office, Somalia
Sudan	Dr Fahad Awad Ali Elnour	Malaria Programme Manager
Sudan	Dr Sherry Joseph	Global Fund Programme Manager, United National Development Programme-Sudan
Sudan	Dr Tarig Abdalla Abdallrahim	Director, Communicable and Non-Communicable Disease Department Federal Ministry of Health
Sudan	Dr Tarig Abdelgadir	Malaria Focal Point, World Health Organization Office, Sudan
Sudan	Samira Hamid Abdelrahman	Director, University of Gezira, Blue Nile National Institute for Communicable Diseases
Switzerland	Dr Abraham Mnzava	Coordinator, Global Malaria Programme, World Health Organization
Yemen	Dr Adel Al Jasari	Ministry of Public Health and Population
Yemen	Mr Kamal Salih Mustafa	Technical Officer, WHO Office, Yemen
	Dr Thomas Teuscher	Deputy Executive Director, Roll Back Malaria, World Health Organization
	Dr Bernard Nahlen	Deputy Global Malaria Coordinator, President's Malaria Initiative
	Dr Vanessa Racloz	Consultant, Global Malaria Action Plan
	Dr Nick Lorenz	Deputy Director, Swiss Tropical and Public Health Institute
	Alison Sullivan	Consultant, Deloitte Consulting LLP
	Molly Loomis	Manager, Deloitte Consulting LLP