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# **GMAP2 Consultation Report Washington, D.C. 12 March 2015**

Prepared for

**Roll Back Malaria Partnership**

*Submitted by:*

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## **1. Introduction**

### **1.1 Consultation Objectives and Overview**

A total of 12 individuals representing 12 organizations participated in the Washington, DC area consultation held in Arlington, VA on March 12, 2015. This meeting was a morning session and was facilitated by Alison Sullivan and Autumn Wilner-Heard, with assistance from Andy Gordon. Participants were invited from more than 40 malaria stakeholder organizations, and each of the core constituency groups were represented by the attendees. A full participant list and meeting agenda are included in the appendix at the end of this document.

The goal of the DC consultation was to facilitate a cooperative discussion on the draft *Towards a Malaria-Free World: A Global Case for Investment and Action* document (Dated 17 February 2015), in parallel with the public review.

The consultation consisted of the following objectives:

- To increase participants' awareness of the *Towards a Malaria-Free World* purpose, process, and relationship with the WHO's *Global Technical Strategy for Malaria 2016-2030*
- To gather feedback on the strength of content and determine any missing content
- To gather feedback on the structure, flow, and voice of the document

### **1.2 Meeting Structure and Approach**

The consultation was structured to provide context on the development of the document, including its development and connection with the WHO Global Technical Strategy, the case for investment in malaria, and the priority actions necessary to meet the shared milestones and targets. Participants were given the draft document for review prior to the meeting and came prepared with detailed comments to discuss throughout the session. The draft document at this point consisted of the following:

- Call to Action
- Chapter 1: Introduction
- Chapter 2: The Global Case for Investment in Malaria
- Chapter 3: Positioning for the Future
- Chapter 4: Critical Areas for Improved Control and Elimination

For each of the four chapters of the document, with extra time given to chapter 4 due to its length and critical nature surrounding specific action areas, participants were asked the following:

- To what extent are the chapter objectives met?
- In your opinion, what are the most interesting parts of the chapter?
- Where would you like to see more information?
- Where would you like to see less?

## **2. Summary of Key Themes**

Throughout the DC consultation meeting, there were three key themes discussed by participants, highlighted in Box 1 below. The following sections will highlight action areas for each key theme based on participant feedback.

### **Box 1: Key themes from the DC Consultation**

- Accountability- including more specificity for actions and stakeholders
- Re-framing the picture- changing the way stakeholders view the global malaria challenge, such as adopting a total market approach and focusing on the benefits of malaria investment rather than just costs averted
- Increasing efforts- stressing the need to continually increase efforts, especially with regards to innovation, due to the threat of reemergence if the malaria community stops pushing further

## **2.1 Accountability**

Consultation participants called for a greater amount of accountability throughout the document. They felt the first generation Global Malaria Action Plan was lacking in specificity surrounding actions and stakeholders, and this document is an opportunity to change that. Noting that “if we all have to do everything, then no one will do anything,” one participant insisted that if stakeholders are not held accountable by this document, the desired results will not be achieved. This document must call on stakeholders including local and national governments when they are the ones who must follow through with required actions. In addition, non-traditional stakeholders must not only be brought into the malaria community, but they must be accountable for their own necessary actions. These non-traditional stakeholders include those from the private and non-health sectors, as well as non-political leaders in the fight to control and eliminate malaria, such as celebrities and community leaders that have the power to affect change.

“If we all have to do everything, than no one will do anything.”

-DC Consultation Participant

## **2.2 Re-framing the picture**

With the adoption of *Towards a Malaria Free World* for 2016-2030, there is an opportunity to alter the way the global malaria community frames the malaria picture. One such opportunity that participants were keen on is using the total market approach. This approach refers to analyzing the overall market for malaria control and elimination, assessing things like supply chain as part of the overall strategy. In utilizing this approach, the multi-faceted nature of the malaria problem will be better understood and more targeted and efficient solutions will be implemented. This approach will also aid in bringing interventions to the community level, which was important to participants. Another opportunity for a change in perspective surrounding malaria is to focus on the benefits of investing resources in malaria, rather than simply viewing the costs averted. In doing so, private and non-health sector stakeholders and donors will see the direct benefits of their investment.

## **2.3 Increasing Efforts**

While participants noted that it is important to acknowledge the efforts and achievements of stakeholders such as the RBM partnership, community and government leaders, and others, it is imperative to stress the need to continue increasing efforts to control and eliminate malaria. As has been stressed in past consultations, the DC consultation participants want the document to describe the fragility of gains and the persistent threat of malaria resurgence. The malaria community is at a change

in the process of controlling and eliminating malaria and this needs to be made clear. Tasks such as building partnerships and trying to achieve technical consensus have laid a foundation over the past many years. Now that this foundation is in place, it is crucial to note that it will not be enough to reach malaria elimination. Now is precisely the time to call for ramping up efforts and stressing the urgency of doing so in the face of threatening reemergence if we fail to do so. This document should clearly illustrate the course to malaria elimination as a continuum rather than a linear path, including what could happen if efforts are not continually increased.

### **3. Recommended Changes**

#### **3.1 Overall Document**

##### **Content**

- Provide tangible examples of how collaborations across borders have been useful. For example, the South African network has had success in calling for accountability amongst nations in their network.
- Add discussion around improving control of malaria.
- Clarify specific recommendations, particularly in the programmatic sections so that program managers can make better use of this document.
- Emphasize the importance of community-centered progress, and how communities can make the most of resources they have access to.
- Cross-reference development strategies with this document.
- Make the voice of the document sound more like it is making an argument.
- Use more case studies when appropriate, as they are effective thus far in the document.

##### **Organization**

- Make the chapter heading more meaningful and include malaria in the titles whenever possible.
- Add the advocacy pullout document that is currently under development into the appendix.
- Include a section with links to resources and templates in the electronic version of this document to cater to online readers.
- Eliminate some of the blue call-out boxes to make each one carry more weight.

#### **3.2 Call to Action**

##### **Content**

- Highlight specific actions needed, along with identifying specific stakeholders responsible. One example of recommended specificity is to call on governments to provide more resources to malaria.
- Describe the paradigm shift that needs to occur in coming years, building off of the foundational partnerships and tools that have been developed and calling for an increase of efforts and innovation.
- Discuss the importance of non-health sectors, making those individuals understand why they should care enough to act.

### 3.3 Chapter 1: Introduction

#### Content

- Highlight the role of RBM, how the RBM partnership has undergone serious extended evaluations, point out its achievements, and possibly discuss the history of RBM. A social norm of donor coordination exists now as a result of this work that should be recognized.
- Focus text on the WHO's *Global Technical Strategy for Malaria* rather than Sustainable Development Goals (SDGs). There needs to be greater explanation of the linkage to the WHO's *Global Technical Strategy for Malaria*, and about how there will be sub-national stratification in tools, data, and use.
- Add a one-page section with the WHO's *Global Technical Strategy for Malaria* pillars and enabling factors. All of this is important for the partnership to get quality collaboration from the countries. This is important because efforts cannot be donor driven, and cannot be strictly external.
- Add more information on the WHO's *Global Technical Strategy for Malaria* so that those who just read the second generation Global Malaria Action Plan can understand what the WHO's *Global Technical Strategy for Malaria* is. There are audiences that will just read just one or the other of the documents, so both documents must be adequate in describing the other.
- Include a discussion of barriers (i.e. insecticide resistance, the fact that no other tool will be as useful as the tools we already have developed).
- Use the introduction to speak to non-health sectors as well as the traditional malaria community.

#### Organization

- Introduce the financial needs in Section 1.2 in order to have your hardest-hitting points as early as possible to keep the reader engaged.
- Eliminate section 1.4 as it is not necessary.
- Create a graphic for the information in the third paragraph in chapter 1.

### 3.4 Chapter 2: The Global Case for Investment in Malaria

#### Content

- Focus on the benefits of investment, not just the costs. Include the peer reviewed figure on the economic benefit of \$238 billion.
- Include a call for households and communities to contribute. There is not enough donor money to rely on that alone. Communities need to see their role in investing in malaria, as part of a greater national policy.
- Acknowledge the existing efforts of governments and communities before just calling on them to do more.
- Discuss effective targets of investment. For instance, there is a lot of money spent on mosquito coils right now that could be more effectively invested. In addition, a cost increase or decrease in the future will depend on the efficiency of surveillance, and thus investment in surveillance.
- Alter the language in Section 2.1.2 to bring more people into the mix and show how malaria investment affects more than the malaria community.
- Provide a case study for a country that has recently eliminated malaria in order to sell the idea of why elimination is so compelling.

- Add an explanation of who needs to be taking actions and investing, otherwise this chapter is intimidating and does not seem achievable.
- Shift the way of looking at investment and returns. This chapter should dispel the stagnant belief that how malaria has been funded in the past will be adequate into the future.

### **Organization**

- Make the three large investment figures smaller or more relational. It must also be made clear whether these are additional investments we need, or if these include what has already been done.
- Eliminate one of the two case studies on cost to households.

## **3.5 Chapter 3: Positioning for the Future**

### **Content**

- Change the chapter title to make it stronger and include malaria.
- Discuss these opportunities in a positive manner.
- Focus on innovation in this chapter, as this is where the global malaria community needs to go in the future.
- Propose looking at cost averted rather than unit cost of cases as the viewpoint going forward.
- Reframe the objective of this chapter to focus on opportunity in addition to complexity.
- Include a message of the national development agenda specifically.
- Add a new section on malaria capacity building for sub-national targeting.

### **Organization**

- Link Figures 5 and 6 by adding columns about the goals to the matrix.
- Condense Figure 5, perhaps highlighting only 3 examples would work best, depending on which SDGs are the best to strategically represent.

## **3.6 Chapter 4: Critical Areas for Improved Control and Elimination**

### **Content**

- Add a discussion of targeted subsidies to direct resources to households, as they will be required.
- Highlight innovation, mobilizing resources, and political commitment as the keys in this chapter.
- Lessen the discussion on ALMA, because they may not be around through the time period of this document.
- Focus both on working across borders and down to individual community levels.
- Focus on language around country level mechanisms that can carry the actions forward.
- Discuss not just political leaders, but all leaders down to the community level especially.
- Change the chapter title to make it active such as “Taking control of malaria”.
- Discuss NGOs, faith organizations, and other community organizations in order to improve sustainability going forward.
- Discuss the total market approach in-depth in this chapter.
- Lay out the enabling environment that the global malaria community is seeking.
- Cite examples from areas with greatest problems to show what must be done.

- Promote creating country-level malaria coalitions to map out influencers and how they influence each other, how donor mapping crosses over, and where are there gaps in donors or at the government level, noting the role advocacy groups can play in this.
- Discuss importance of regional strategies.
- Include success stories from the Malaria Champions of the Americas. They are available in video and short summaries.
- Add a section on improving prevention in the health systems section of the chapter.
- Stress the importance of accountability and the need to eliminate grandstanding.

### **Organization**

- Consider splitting this chapter into the following two sections:
  - Securing leadership/finances for malaria
  - More programmatic types (health systems, community, etc.)

### **4. Assessment of the consultation**

The consultation was successful in gathering a key representation of core stakeholders and facilitating an open and respectful conversation about the draft and the actions within it. The quality of discussion was equally successful, with general consensus on the main points highlighted above, leading to informative dialogue regarding the specifics of proposed solutions. The consultant team was very pleased with the participants' preparedness, passion, and willingness to share their thoughts.

## Appendix A: Participants List

<b>Name</b>	<b>Title</b>	<b>Organization</b>
<b>Rainier Escalada</b>	Specialist, Malaria Advocacy and Policy	PAHP/WHO
<b>Lisa Hare</b>	Director	JSI
<b>Martin Alilio</b>	Senior Advisor	PMI/USAID
<b>Elizabeth Ivanovich</b>	Senior Officer, Global Health	UN Foundation
<b>Jacob Williams</b>	Director, Co-chair RBM/VCWG	RTI
<b>Jessica Rockwood</b>	President	International Public Health Advisors
<b>Sally Ethelston</b>	Directors, Communications and Advocacy	Path Malaria Vaccine Initiative
<b>Matt Lynch</b>	Director, Global Program on Malaria	Johns Hopkins University
<b>Kevin Starace</b>	Sr. Advisor	Independent
<b>Ricki Orford</b>	Director- Malaria and Child Survival	PSI
<b>Tedbabe Degefie</b>	Child Health Advisor	Save the Children
<b>Tim McCully</b>	VP	Lutheran World Relief

## Appendix B: Consultation Agenda

<b>Activity</b>	<b>Time</b>
<b>Overview and Introductions</b>	09:15-09:35
<b>Review of Call to Action and Chapter 1</b>	09:35-09:50
<b>Review of Chapter 2</b>	09:50-10:10
<b>Review of Chapter 3</b>	10:10-10:30
<b>Break</b>	10:30-10:40
<b>Review of Chapter 4</b>	10:40-11:50
<b>Wrap up and Next Steps</b>	11:50-12:00