Country Partners
Leadership Group Meeting

Sabang, Palawan
7-9 March, 2014
AIM

Allow malaria leaders in Country Partners to reflect upon their roles and future role of APMEN, agree on their responsibilities towards malaria elimination and provide peer-to-peer support and inspiration for these efforts.
Objectives

Opportunity for national malaria managers and leaders to consider and discuss:

1) their roles as leaders, and what that involves in the context of malaria elimination, and

2) the future role that malaria leaders can play in supporting APMEN, and *vice versa*

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**Output:** A written *Declaration of Commitment*

i.e. to serve as an advocacy tool for technical and financial support for national and regional malaria elimination initiatives and the Network
Participants and Invited Speakers
Country Partners Leadership Group Meeting, Palawan, 2014
Field Visit to Bahile Microscopy Centre
Recycling old bed nets......
Visit to indigenous community Sitio Cayasan, Barangay Tagabinet
Plenary discussions on leadership

Invited speakers:

a) Sub-national level (Governor, Quirino Province)
b) Local level (NGO working with indigenous minorities)
c) Cross-sectoral (with local Government, donors and private sector partners)
Leadership Principles for Malaria Elimination

• Clear analysis, planning, organizational set-up
• Strong community engagement
  – Motivated by compassion, ethics and willingness to serve
  – Mindful of broader benefits to health outcomes and socio-economic development
• Very efficient implementation of Program
  – Collaboration with other leaders, between sectors and across jurisdictions and administrative boundaries
  – Sound M&E (and Program adjustment as necessary)
• Keep an eye on factors affecting sustainability
Break-out small group discussions

1) What does it mean to be a Malaria Program leader in the context of malaria elimination?

2) What challenges do Malaria Program leaders face in advocating for and sustaining malaria elimination? How do you resolve them?
Group work: Leadership skills needed in the context of malaria elimination

• Problem identification
  – Analytic skills → technically sound plans

• Vision and innovation, e.g.
  – Responding to technical innovation
  – Sometimes engaging non-traditional partners

• Management, communication skills
  – Listening, “people management” and ability to empower team
  – Financing (especially working with ↓ budgets)
  – Priority setting and change management

• Respect for whole health system / working with other programs

• Ability to utilise international networks

• Ability to understand stakeholders
  – Advocacy skills
  – Sometimes meeting multiple expectations
  – Politically savvy (sometimes needing to “stay out of trouble”)

Group work: Advocacy challenges in the context of malaria elimination

“I thought they was more ‘guidelines’ than actual ‘rules’ ...”
Group work: Advocacy challenges and priorities

• Contextual / health sector reforms
  – Downsizing
  – Integration
  – Working with ↓ budgets

• Understanding and communicating the correct financing model for elimination (→ health policy & financing research)

• Reconciling political expectations, feasibility, visibility and technical realities, e.g.
  – Maintaining domestic and donor $$ in the face of ↓↓ cases
  – Equity (transmission foci are often in marginalised communities)
  – Communicating broader benefits to health sector, health outcomes

• Ensuring commitment of different levels of government and different stakeholders
  – Vigilance for resurgence / prevention of re-introduction
**Plenary discussions** on future directions for APMEN from a leadership / Program leaders’ perspective

1) What APMEN can do for leaders and Country Partners
2) What leaders and Country Partners can do for APMEN
3) How leaders and Country Partners can help make APMEN stronger

Review of *Malaria 2012* consensus statement, and development of an APMEN Leaders’ *Declaration of Commitment*
Future directions for APMEN
from a Program leaders’ / leadership perspective

1) What APMEN can do for leaders and Country Partners

- Stronger **advocacy** by APMEN to country top leaders
- Platform to **share experience**
- Capacity building
Advocacy

• Stronger advocacy by APMEN to country top leaders
• To ensure budget allocation – not just within country but also recourse mobilisation from donors [a voice for the Asia Pacific region]
• Support elimination efforts within country
• Legitimise APMEN within country
• Membership document to support funding within country and from donors (concept notes, international meetings)
Platform to share experience

• Through annual meetings, Technical Working Groups and informal networking
• Knowledge management of shared data, information and experience which are made available on APMEN website
Capacity building

• Training on elimination; leadership, strategic planning, surveillance (case and vector), identify research need
• Technical assistance from Country Partners (country-to-country) and/or Institutions for in-country training, e.g. microscopy training
• Support the formation of elimination team in country
• Research facilitation including multi-country research
• Support through Fellowship
How country partners can contribute to and strengthen APMEN

- Country’s responsibility to share information on APMEN and to secure funding towards elimination
- Share info, data, experience and expertise to other countries through APMEN especially success stories and lesson learned
- Identify more TWGs relevant to country needs
- Partners to provide training sites e.g. for fellows
- Partners’ invitation for Field trips / visits
- Strengthen networking and collaboration among partners
- Country to support own participants to meetings and training sessions
- Country to identify Elimination Focal Point for APMEN
DECLARATION OF COMMITMENT
Thank you
Feedback from Leadership Group meeting

ADDITIONAL RESOURCE SLIDES THAT MAY ALSO BE USEFUL
Priority actions

1. Promote high-level regional political leadership and collaboration
2. Close the financing gap
3. Expand access to quality medicines and technologies
4. Achieve universal coverage of key malaria interventions in priority areas
5. Accelerate highest priority research and development
## Priority Actions

1. **Promote high-level regional political leadership and collaboration.**
   - Establish the Asia-Pacific Leaders Malaria Alliance – APLMA (by April 2013)

2. **Close the financing gap.**
   - Convene a taskforce with support from technical and funding partners (by May 2013)

3. **Expand access to quality medicines and technologies.**
   - Convene a taskforce with support from technical and funding partners (by May 2013)

4. **Achieve universal coverage of key malaria interventions in priority areas.**
   - Intensify support for national plans with immediate priority to areas where artemisinin resistance has emerged, to vulnerable groups and high burden areas

5. **Accelerate highest priority research**
   - Agree on and implement a focused research and development agenda (under APLMA by May 2013)
Long-term goal

• to eliminate malaria in the Asia-Pacific region

Targets by 2015

• to reduce malaria cases and deaths by 75 per cent\textsuperscript{ii}
• to contribute to the UN Secretary General’s goal of near zero deaths worldwide\textsuperscript{iii}
• to contain artemisinin resistance

Achievement of these targets in the Asia-Pacific region will result in

• 70 000 lives saved
• 50 million cases of malaria prevented

Targets by 2025

• half of the countries in the region with malaria today, to achieve their malaria elimination targets\textsuperscript{iv}
Malaria Incidence (Cases and API per 1,000), Quirino Province, 2001-12
Malaria Annual Parasite Incidence, by Municipality, Palawan, 2011

API per 1,000

1. 20+
2. 10.0–19.9
3. 5.0–9.9
4. 1.0–4.9
5. <1.0 ("elimination" marker)

API for Province 5.5 per 1,000

- Balabac: 16.5
- Batara: 9.9
- Quezon: 13.4
- Rizal: 31.1
- Brookes Point: 11.6
- Sofronio: 31.1
- Espanola: 13.4
- Nara: 9.9
- Roxas: 11.6
- Dumaran: 13.4
- Araceli: 13.4
- Coron: 13.4
- Linapacan: 13.4
- Elnido: 13.4
- San Vicente: 13.4
- Culion: 13.4
- Busuanga: 13.4
- Puerto Princesa: 13.4
- Balabac: 9.9
- Batara: 9.9
- Quezon: 9.9
- Rizal: 9.9
- Brookes Point: 9.9
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Proportion of Indigenous People among Confirmed Malaria Cases, by Municipality, Palawan, 2010-11

All of Palawan

2010: 37.8%
2011: 34.1%

Proportion of Cases

- 0% (White)
- 0.1–9.9% (Light Green)
- 10–19.9% (Light Green)
- 20–29.9% (Green)
- 30–39.9% (Dark Green)
- 40–49.9% (Dark Green)
Health Communication challenges when working among Indigenous Populations

• Varies between language and cultural groups
  – Low levels of literacy and engagement with formal education system
    • Limitation of written materials
  – Different world view
    • Non-linear thinking
    • Non-cause-and-effect rationale
    • Malaria, death “just happen”

• Remote RDT/VHW ~isolated