RBM Partnership To End Malaria | Multi-sectoral Action Working Group

RBM Partnership to End Malaria
Multi Sectoral Working Group (RBM MSWG)
4th Annual Meeting, Session 3: 30th June 2021
Multisectoral experience sharing and proposed activities

Hosted Online via Zoom

Co-chairs: Graham Alabaster & Peter Mbabazi
Coordinator: Konstantina Boutsika
Technical support: Lina Heltsche
Rapporteur: Courtenay Greaves

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RBM Partnership to End Malaria Multi-Sectoral Action Working Group

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3. Disruption of talks by persons who are not chairing or facilitating the session.

Day 3: Wednesday 30th June 2021

Session 2: New and emerging opportunities of multisectoral action
Co-Chairs: Graham Alabaster, Peter Mbabazi

Recap of day 2 and Introduction to the program of day 3 – *Graham Alabaster, UN Habitat, Peter Mbabazi Ministry of Health Uganda, WHO*

Dr Graham Alabaster welcomed everyone for attending the program and gave an overview of the meeting. A brief overview of day 2's presentations and the work that has been completed by MSWG so far. Dr Peter Mbabazi gave an overview of day 3's presentations aimed at addressing the theme of proposed working group activities for the forthcoming MSWG members experience sharing.

Session three, Wednesday 30th June program:

1. Introduction and recap
2. Round table discussion able the implementation of existing multisectoral tools *(continued)*
3. Proposed Working Group activities for the forthcoming year, MSWG members experience sharing.
    a. The potential for housing improvements to reduce vector-borne diseases and the challenges of scale-up
    b. Regional efforts to address cross border malaria challenges in the Great Lakes Region
    c. Access to vector control tools through Public/Private Partnerships
    d. Accelerating the End of Malaria through Multisectoral Approaches: How CRS is Testing and Scaling New Malaria Multisectoral Approaches
    e. Exploring Multisectoral Approaches to Improve Access and Use of Vector Control Commodities among Internally Displaced Population in Burkina Faso
    f. Targeting Malaria-Malnutrition co-interventions in Remote Communities in Mananjary District Madagascar
    g. Integrating Malaria Activities in the Transform Freetown (Sierra Leone) Project to Improve the Health of the Urban Poor
4. Questions and answers
5. Discussion on proposed work program
6. Areas of collaboration with Working Groups and Partner Committees
    a. Vector Control WG
    b. Surveillance, Monitoring & Evaluation WG
    c. Social & Behaviour Change WG
    d. Malaria in Pregnancy WG
    e. Case Management WG
    f. Advocacy & Resource Mobilisation PC
    g. Country/Regional Support PC
    h. Strategic Communications PC
7. Final conclusions and close of meeting

Round table discussion able the implementation of existing multisectoral tools *(continued)* – *Honorary Mayor Joseph Bindi- Sierra Leonne. Chaired by Peter Mbabazi*

As Mayor Joseph Bindi was unable to join the roundtable discussion in session 2, he was provided his answer to the question, "*What in your opinion is the best way to implementation of multi-sectoral*

action? Please give an example." Honorary Mayor Bindi answered, *"The best way to handle multi-sectoral action in Sierra Leone, especially in Bo, is through effective collaboration and coordination. Understand the various responsibilities of the various players Is critical in achieving the objectives. Again, every player in a multi-sectoral project should action their roles and responsibilities and they should be well defined. When you are dealing with two or three players from their own sector and they are coming to meet, roles and responsibility definitions are very critical for successful project execution. I have trust in collaboration and coordination because the programs have to be effective coordinated from one central point. We need to understand each person in their approach, their own mandates, their work area and also defined roles and responsibilities aimed at completing the specific objective for the project. An example in Bo, Sierra Leonne, we had an Ebola outbreak in this country in 2014. This overtook the whole country and was a health emergency, but plenty other sectors came on board. The Ministry of Health, the Ministry of Education, even other agencies including the Ministry of Agriculture, almost every other sector was involved even local councils. So, here a central body was set which also got their own structures which was rolled out to district and community levels. In each of these levels all the necessary players, even civil society organisations were brought on board and clear roles were established. The coordinating body was there for guidance of each and every operation and each person. This was very effective and very motivating bringing all the sectors together to eradicate Ebola from the country. Initially, people were thinking the Ebola was a medical problem and therefore the health sector should lead. Yes, this is a medical problem and the health sector have to lead but they were not left alone with that responsibility. Because of effective coordination and everybody's roles were clearly defined each action was able to be carried out effectively. The coordinated approach allowed for international and national partners to also be involved and deal with Ebola not exceeding more than two years. From this experience, I now know that effective coordination and collaboration are needed with clear defined roles and responsibilities which will achieve a multi-sectoral approach intervention for anything we need to do at all".*

The potential for housing improvements to reduce vector-borne diseases and the challenges of scale-up, *Dr Fiona Shenton – BOVA Durham University, United Kingdom*

In the MSWG we are very aware that vector-borne diseases are a major environmental threat to countries in the tropics and their economies. However, building out those vectors and designing healthier homes in general will lead to more resilient dwellings, villages, towns and cities. In sub-Saharan Africa broadly the split is malaria is found in rural and peri-urban areas and *Aedes* transmitted diseases such as dengue are the prime problem in urban and peri-urban areas. An emerging threat of malaria transmitted by *Anopheles stephensi* is taking place in urban areas.

Historical research dating back to the 1900s in Rome showed that intervention of houses does have an effect on disease transmission. In the intervention group, 7/181 cases were seen whereas 200/217 malaria cases were seen in the control group. Much recent studies Tusting *et al., 2015*, have shown that there is a 47% lower risk of malaria infection with good housing and a 45-65% lower risk of clinical malaria with good housing. A further study by the same group found that the effect of good housing, 14% and the common intervention of bed nets, 17% had similar reduction rates of malaria infection. Although *Aedes* mosquitoes are day biting, a study conducted in Mexico, Manrique-Saide *et al., 2021.*, found an 80% reduction of *Aedes* females entering the home.

Scale up is important and is something that should be discussed with the finance and housing markets. There are opportunities as people are already screening their homes themselves and BOVA should harness this growth. There is a current housing boom and improved housing has co-benefits in addition to protecting against VBDs. The COVID-19 pandemic coupled with the climate is concentrating minds, there is a political drive to build back better houses.

In sub-Saharan Africa, the prevalence of improved housing with finished building materials, improved water systems and sanitation and a sufficient living area has doubled from 2000 to 2015 and continues to increase *Tusting et al., 2019*. Improved housing is associated with better child health in sub-Saharan Africa, reductions are seen in diarrhoeal diseases, stunted growth and in anaemias. There are multiple benefits to living in a better house.

The IFC has put together a finance and policy blueprint for emerging markets to reduce the use of greenhouse gases, and to make sub-Saharan Africa green, US$768 billion will be required. However, this is being viewed as an investment to future generations. Organisations like the Centre for Affordable Housing Finance in Africa provide an annual up to date review on development and practices in houses and finance in Africa. The breakdown of their information would be a useful resource to tap into. Resources such as *ibuild global* which are focused solely on the housing market and not health are a software development company who have produced an app who bring together homeowners, contractors and construction workers into what they call is a complete construction marketplace. This can also be used as a portal for lenders and developers so they can integrate their large-scale projects within the online marketplace.

In Tanzania, star homes which are low carbon, healthy and sustainable, are being built. Over the next three years, they will be monitoring the health outcomes in the families that occupy the houses. More importantly, the houses are all built using local materials and a local taskforce which will equip people to make the houses for themselves. More research needs to be conducted on accessing the money that is going into housing, especially green building especially microfinance as people often improve their houses incrementally. Much of the increase in populations in urban settings is happening informally so it is essential to work with people who understand informal settlements. Support for city leaders and mayor on the ground through devolved power and fiscal backing.

Regional efforts to address cross border malaria challenges cross border areas – The Great Lakes Malaria Initiative (GLMI) – *Dr Michael Katende, Department of Health East African Community*

The East African region combined with DRC contributed 20-25% of the global malaria burden which is being addressed through a number of approaches. One of the approaches is looking at how to deal with the cross-border issue. Countries within the region have made good efforts in eliminating malaria at different stages and it was noted that there were no cross-border efforts aimed at malaria elimination. The GLMI brings together Burundi, DR Congo, Kenya, Rwanda, South Sudan, Tanzania, Uganda and Zanzibar. DRC was included as five of the six East African countries share a border with them, so it is required to eliminate malaria in the East African region.

In 2019, the aforementioned countries met to discuss the issues of malaria nationally as well as cross border transmission, here, the GLMI was born. The GLMI Strategic Plan 2021 – 2025 was developed consultatively with support of a consultant, regional partners. Three consultative meetings supported by Partner States, SFH Rwanda Chapter, ALMA, RBM, WHO further details were outlined to be placed in the strategic plan. The initiative was approved in April 2021 during the Ministry of Health Meeting. The focus is to deal with cross border areas where the national programs will focus on malaria elimination within each nation. The hope is that the two will catalyse malaria elimination in each country and the region.

Maps of cross border areas in which intervention will take place have been pinpointed highlighting there is a lot of work to be done and MSA will be required. The health sector will lead this initiative but other sectors including agriculture and foreign affairs will be involved.

The vision outlined in the GLMI Strategic Plan 2021 – 2025 Framework is for *'A malaria free Africa Great Lakes region'.* The mission is 'to contribute towards the control and elimination of malaria in Africa Great Lakes region with special focus on the cross-border areas' and the goal has been outlined as, 'reduce malaria morbidity and mortality by 50% by 2025 from its 2019 levels in Africa Great Lakes region with special focus on the cross-border area'. The strategic areas of focus have been outlined as having sustainable regional coordination, partnership, resource mobilization and accountability mechanism. Specifically having a secretariat who will coordinate and manage all cross-border interventions. The second area of focus is to establish the malaria surveillance, preparedness, and response mechanism for the cross-border areas. The third objective will look at the establishment and strengthening of regional centres of excellence on malaria control and elimination. Regional areas of expertise are required to obtain a thematic approach, for example specific groups to look at VC, research and monitoring resistance. The final area of focus will be improving access to effective protective, preventive, and curative interventions for all populations at risk of malaria.

As the initiative is implemented, GLMI plans to galvanise collaboration to enhance malaria agenda. Strengthen the regional coordination of policies and implementation of malaria programme. Promote intercountry collaboration and harmonization of malaria policies/strategies and implementation of malaria control interventions. Build resilient responsive mechanism: surveillance, policy harmonisation, regional peer performance review and accountability framework, and health systems reforms for impact. Through this initiative, it is hoped that political goodwill, stewardship and direction for malaria advocacy, investments, and stewardship across the region will be enhanced. It will provide leverage for the global capabilities and capacities to enhance regional collaborations and financing for malaria. Which will in turn support the adoption of tools and technologies to enhance malaria control and elimination.

The next steps include convening the 1st GLMI Expert working group to operationalize the initiative which is set for September 2021. The GLMI expert working group linked to the collaborating and/ or coordination has already been established and is working towards outlining clear objectives. A common data sharing protocol in line with regional and national instruments is in the works with a proposed final date of June 2022.

Access to vector control tools through Public/Private Partnerships – *Andrew Saibu, IVCC*

The new rules to market initiative's goal are to expand IRS coverage where appropriate to reduce malaria burden through the development of new private sector distribution channels that could also deliver vector control tools. Countries will be selected and prioritised bases on the country's commitment, readiness, opportunity and potential impact for example HBHI countries. The willingness of NMCP to lead, own and support the process with will also be taken into consideration.

The IVCC views private and public partnerships (PPP) as essential as they have successfully worked in the past. Previously the IVCC has collaborated with private sector entities including mining companies, NGOs and mission hospitals which has helped them expand the coverage of their VC programs. The private sector in Africa owns 30% of health organisations including private and faith-based hospitals so it is key to bring them on board for VC. During the COVID-19 pandemic, private and public partnerships have demonstrated that strategic work with a common goal can be carried out and the same should be done for a malaria.

In 2019, IVCC worked with HBHI countries DRC, Ghana, Nigeria and Uganda to identify potential partners in each country, these included the extractive industry, agricultural plantations, NGOs and potential funders included banks and pest control companies. These were used as a starting point for implementation partnerships. Since then, the four countries have each set up PPP task teams to lead

effort with support from IVCC and other partners. Mapping of both existing and potential private companies based on their ability to provide IRS is ongoing. Development country-specific business cases to attract implementation and funding partners. In 2023-2026, the aim is to expand from communities to districts and add other VC tools such as attractive toxic sugar bates. The IVCC are happy to reach out to any organisations to partner.

Accelerating the End of Malaria through Multisectoral Approaches: How CRS is Testing and Scaling New Malaria Multisectoral Approaches - CRS's Strategic Investment in Supporting Multisectoral Malaria Programming – *Joseph Lewinski, CRS*

The CRS's four goals are to create multi-sector programming that creates dual impact on two or more sectors, reduces malaria burden, saves lives, and accelerates the end of malaria. The core strategic objectives for 2019-2022 are to increase the programs implementation in countries, work on global and country level advocacy, mobilise existing resources and increase multi-sectoral malaria programming.

The first Phase of multi-sectoral programming is to identify what programs and sectors are already working in countries and identifying ways in which VC programs can be included. Three projects have currently underway, the first looking at understanding and improving urban malaria transmission with the Transform Freetown and WASH project. The second project is working on improving ITN access and use among communities with USAID Bureau for Humanitarian Response Project. The third, looks at understanding the effects of malaria and malnutrition in children in Madagascar. In the next couple of years, CRS will look into further projects, two potential projects have been identified, one focused on improving the impact that increased farming parctices, especially rice, have on mosquito breeding and malaria transmission. The second project will provide additional investment to support a malaria and education project that will imprive knowledge and access to malaria prevention tools for school aged children.

Exploring Multisectoral Approaches to Improve Access and Use of Vector Control Commodities among Internally Displaced Population in Burkina Faso– *Lydia Irambona, CRS*

In 2016, a conflict affecting Sahel, Burkina Faso has resulted in the displacement of more than 130,000 people and in 2020 there was a 60% increase in displacement. Currently they are facing several issues which are increasing malaria's incidence, these include the reduction of access to ITN. The past two years have seen a sharp deterioration in the security situation across Burkina Faso's northern and eastern regions due to the presence of non-state armed groups. Violence has resulted in the emergence of an unprecedented humanitarian emergency in a country more traditionally subject to chronic food and nutritional insecurity. Violence led to the displacement of more than one million people in just two years and has left 3.5 million people in need of assistance, a 60% increase from Jan 2020 to Jan 2021. Despite rains in 2020, food insecurity and malnutrition remain at alarming levels, especially in areas affected by insecurity. More than 1.5 million people need protection in 2021. As of January 2021, more than 10,000 cases of COVID-19 were confirmed with 118 deaths. Humanitarian needs are the highest since 2018, with 3.5 million people in need of assistance.

The project's goal is to improve the living condition of vulnerable displace populations and host communities in Burkina Faso's Centre Nord region. The deliverance of emergency assistance will help to restore dignity to the communities. Most donors are not focused on providing ITN although it is a large requirement, so the CRS aims to support existing programs but focus on malaria control.

Targeting Malaria-Malnutrition co-interventions in Remote Communities in Mananjary District Madagascar - *Toky Ramarokoto, CRS*

In Madagascar, the burden of malaria is thought to have significant downstream effects on community nutritional outcomes, livelihoods, and development. The main challenged to malaria control in Madagascar are access to public health centres, insufficient malaria diagnostics and treatment, a lack of high-resolution data on malaria incidence and a poor understanding of the interaction between malnutrition and malaria.

The objectives of the CRS's program in Madagascar are to characterise mechanisms underlying malaria risk and nutritional deficits in Madagascar. Deploy mobile clinic surveillance units for rapid assessment to allow for the early treatment of cases. Demonstrate progress towards malaria and nutrition goals can benefit from a multi-sectoral approach. The final objective is to increase the capacity for disease and nutrition monitoring and response in Madagascar. This work is being carried out in the District of Mananjary in 12 rural communities involving more than 50 households. The sites will be stratified by their distance from the urban centre and a mobile clinic will follow up with each house monthly for the next two to three years. The malaria incidence and mosquito populations will be monitored as well as other intestinal parasite burdens and nutritional markers such as anaemia will be recorded. Work will be carried out in partnership with the NMCP, local community health workers and local clinicians.

As of June 2021, ethical approval has been obtained, the sites have been selected and enrolled, approval from local governments and traditional authorities have been received and the training of local mobile health clinic staff in line with the research methods in underway. In July, the research team will be deployed to the study sites.

Integrating Malaria Activities in the Transform Freetown (Sierra Leone) Project to Improve the Health of the Urban Poor – *Peter Bailey, CRS Sierra Leone*

The goal of this research is for informal settlements in Freetown are safe, inclusive and resilient communities, integrated into the social and economic networks of the city. This will be achieved through an increased access to basic services, increased access to diversified and dignified livelihoods. An improved access to appropriate, humane and affordable accommodation. Improved governance and accountability and enabling social behaviours, networks and representation have also been outlined as favourable outcomes of the project.

In Sierra Leone, malaria prevalence between children aged 6-59 months has been recorded at 40%. At district level, varying percentages were shown ranging from 6-58% but they are not stratified to show the burden of malaria among displaced people in poor urban settings. From the study, CRS would like to identify what the rate of malaria among the urban poor is and how the urban poo access malaria health services.

CRS have broken down the study into two phases, phase I will look at determining the rate of malaria in urban poor communities, Cockle Bay and Kolleh Town. CRS will work in close proximity with medical schools to look a blood parasite levels which will be a quantitative study. Phase II will work to improve malaria in the built environment through improved, mosquito proof housing and reduced breeding sites, date collected will be used for a qualitative study. Phase I's objectives are to determine the impact and effect that improving WASH and housing infrastructure has on malaria breeding and infection rates. Deploying medical surveillance teams to determine the communities KAP as it relates to malaria and health services. Phase II's objective will be to demonstrate that progress towards malaria and WASH/housing goals can benefit from a multi-sectoral approach.

Discussion on proposed work program – *Graham Alabaster, UN Habitat*
It was suggested that further meetings could place more of a focus on ways to get communities and nonconventional sectors involved in malaria control.

Including the livestock sector which is large in Africa should be seen as a key stakeholder and asked to be involved with the MSWG.

There is greater need to look at synergy among critical actors especially in issue of malaria in challenging operating environment. Secondly, the idea of malaria related joint funding between private and public sectors.

In the coming period, can the Working Group also consider exploring how to strengthen the collaborations between the Regional Economic Communities (RECs) in enhancing malaria agenda.

Vector Control WG – *Justin McBeth, Bayer and VCWG Co-chair*
The VCWG has started a new working structure since early 2021 with three workstreams, enhancing the impact of core interventions, expanding the VC toolbox and implementing the Global Vector Control Response. Using these three workstreams, VCWG aims to identify gaps, capacity needs and research priorities, clarify policies and evaluation pathways and scale up operations and support. Within each workstream, areas of priority work have been identified but as the working group is being restructured, people are yet to be assigned to their roles. A priority topic of how to tackle *Anopheles stephensi* in Africa has been identified but not yet defined however, collaboration between VCWG and MSWG is considered relevant given urban focus.

VCWG workstream operations are in development as Task Forces are currently being established around the priority topics. Using 'What, how, who, when, where?' this presentation has identified some of the 'what?' The 'who?' is starting to be defined within task forces A right time to establish the 'how?' between VCWG & MSWG is yet to be developed. The 'when' and 'where' will follow. It has been proposed for Co-Chairs and relevant Workstream Co-Leads from both MSWG and VCWG to connect and discuss concrete plan to advance these topics.

Social & Behaviour Change WG – *Mariam Nabukenya Wamala, SBCWG Co-chair*
The SBCWG's main objectives are to work on networking and coordination through forum exchange of malaria SBC bets practices and experience. To obtain technical guidance to promote theory-informed, evidence-based programming focus on behaviour change at country level. The final objective is to be a voice for allocating political, social, and financial resources to SBC as a core component of malaria control that cuts across all technical areas.

SBCWG have come up with technical resources that are regularly updated to keep member at the forefront of SBC. The Strategic Framework for Malaria Social and Behaviour Change Communication 2018-2030, Malaria SBC Program Guidance in the Context of the COVID-19 Pandemic, Malaria Social and Behaviour Change Communication Indicator Reference Guide: Second Edition have been developed and are available in English and French (some in Portuguese).

The deliverable from the SBCWG workstreams include community health worker toolkit for malaria SBC. Guidance for SBC strategies across different malaria transmission settings. SBC & Zero Malaria Starts with Me: Guidance on implementing SBC concurrently with ZMSWM advocacy campaigns to ensure the goals of both programs are met. Malaria SBC during COVID-19: Case studies on how programs have pivoted during the pandemic and lessons learned. A ten-question module that is available upon request, is the design phase to provide help for countries to identify key areas. SBC is also providing guidance for interpreting the questionnaire results.

SBCWG do not have any active collaborations but is open to considering collaborations with other sectors. Special interest in collaborations that can remove structural barriers to the practice of malaria prevention and control behaviours, such as improved housing. SBC cuts across all malaria technical interventions. Putting people at the centre, SBC is a key component of collaboration across sectors. The SBC lens looks at people's behaviours and their socio-cultural context and this is important for success. For example, in Nigeria, SBC workers are partnering with pharmaceutical advertisers on incorporating messages about testing before treatment of malaria into advertising. As a result of Breakthrough Action and Research's advocacy work in Nigeria, three local state governments committed over US$700,000 to support various aspects of ITN distribution campaigns, including SBC activities. In Cambodia, SBC workers are training forest rangers on malaria SBC, education, testing, and treatment of migrant workers.

Malaria in Pregnancy WG – *Julie Gutman, CDC and MiPWG Co-chair*

In 2019, 11.6 million pregnancies exposed to malaria infection in moderate and high transmission sub-Saharan African countries 822,000 infants born with low birthweight. 164,000 stillbirths in 2019, accounting for 20% of all stillbirths in sub-Saharan Africa, 52% of pregnant women sleeping under an ITN, 34% of eligible pregnant women received the recommended 3+ doses of intermittent preventative treatment IPTp and 18% of women attending ANC do not receive any IPTp.

The purpose of the MiPWG is to align RBM partners on best practices and lessons learned in MiP programming to help achieve higher coverage in MiP interventions globally. MiPWG sets out to promote and support WHO strategy to control MiP using ITNs, effective case management and IPTp in areas of moderate to high malaria transmission.

Key areas of focus include advocacy through the development of key tools and products targeting policy makers and program managers. To support research and documentation of best practices and lessons learned. Promote partnership between reproductive health and malaria control programs and support Call to Action for IPTp to improve coverage. MiPWG aim to specifically highlight the need for attention to malaria and MCH programs in the COVID-19 context. Coordinating and collaborating with other RBM mechanisms by working with SBCWG to develop MiP focused messaging and working with MERG to develop guidance for MiP.

Multiple areas of collaboration have been identified between the MiPWG and MSWG through the engagement of ministries of finance and other key stakeholders to advocate for staffing needs and prioritisation of procurement and investment in MiP interventions, close funding gaps. Advocating to ensure pregnant women receive comprehensive, quality ANC services including IPTp and ITNs. The SBCWG can help to promote demands for IPTp and ITNs. The VCWG can assist in improving ITN ownership and use among pregnant and reproductive aged women and MERG with ITN delivery and use. There is a lot of overlap between the sectors and if executed well could have a tremendous effect.

In 2020, MiPWG initiated the 2020 -2021 Call to Action rolling campaign with an RBM media briefing in October and at ASTMH MiP innovation symposium. In July, for the Zero Malaria Starts with Me 3rd anniversary and further conferences the work will be presented.

Case Management WG – *Elizabeth Juma, WHO and CMWG*

The CMWG's purpose is to minimise wasteful duplication, maximize synergies, and encourage harmonization and pooling of efforts for faster uptake and scale up of malaria case management strategies and interventions. The main objectives are to provide a forum for the dissemination of the normative and policy-setting guidelines of WHO and for sharing best practices for adaptation and implementation by international and country-level partners. Support the scale up and implementation

of policies and strategies to ensure universal coverage and access to quality malaria case management in endemic countries. To align and facilitate collaboration between partners to avoid duplication and inefficiencies; sharing experiences and best practices; and identification of challenges or bottlenecks for discussion by the working group.

Areas that have identified for collaboration include the education sector, test and treat, chemoprevention or interventions for school age children 6-18 years. This has been utilised in soil-transmitted helminth deworming programs that often take place in schools. Updated curricula for pre-service training of health and paramedical workers on malaria in colleges, universities, and technical schools. The mini, extractive and agriculture can provide onsite malaria testing and treatment for staff and families. Staff members often live in remote areas where access to health care is limited. The water and irrigation sectors can engage with communities for health promotion to prompt treatment seeking and support for communication activities around case detection and prompt treatment.

Advocacy & Resource Mobilisation Partner Committee – *Elizabeth Ivanovich and Joseph Lewinsky, UN and ARMPC Co-chair*

ARMPC have multiple workstreams, donors, Francophonie, champions, multi-sectoral advocacy and innovation and access. ARMPC is focused on the RBM strategic objectives dedicated to improving financing to malaria programs, supporting the inclusion of new interventions in the design and delivery programs and fostering peer learning and knowledge exchange to facilitate deployment and scale up of new products, techniques and strategies. ARMPC are a key part of the strategic enabler targeted t advocacy and communication to keep malaria high on global health and development agendas to drive leadership, commitment and change.

The objectives for multi-sector workstream that was initiated earlier this year include establishing standardised process for identifying and gathering case studies and best practices and select repository for distribution. Conducting a comprehensive mapping of all sectors and document stakeholders and their relevant capabilities, experience, and potential capacities to support the fight against malaria and identifying gaps in existing research and look for further areas of enquiry. These will be achieved by setting a declaration and specific commitments for addressing malaria an NTD as part of healthy cities initiative among a group of Commonwealth mayors. Facilitating structural dialogues and reports in support of malaria and rice agriculture interventions with dissemination targeted to the JICA and Structured dialogues and reports in support of malaria focused interventions in sectors outside of health.

Country/Regional Support Partner Committee – Daddi Wayessa, for Co-chair CRSPC

The purpose of the Country/Regional Support Partner Committee (CRSPC) is to provide a platform to engage the RBM Partnership community in coordinating support to countries and regions as they execute their malaria control and elimination implementation programs. The decision of the most appropriate level of support is through a triage mechanism. It is not intended that any RBM country/regional support will compete with or duplicate existing mechanisms that are already in place and working effectively. Where capacity exists at country level, the support will be provided at that level. Where there are gaps in capacity at country level to address a technical or implementation area, coordinated support will be provided at a regional level, and then from global level.

End Malaria Councils (EMC) are multi-sectoral, high level bodies working to keep malaria high on the advocacy, funding and development agenda. CRSPC provides support to establish and support the implementation of EMCs and End Malaria Funds (EMF). To date five councils and funds have been established in Eswatini, Zambia, Mozambique, Uganda and Kenya. These councils have helped to keep malaria high on the political and Development agenda during the COVID-19 pandemic and have

mobilised considerable resources including in-kind support. For example, at a recent private sector round table, approximately US$3 million was pledged to the fight against malaria in Mozambique. Zambia was able to raise US$500,000 to fund the Mass Drug Administration. In Eswatini, the fund supported the Indoor Residual spraying, and procurement of case management commodities. The council is supporting training of private sector providers in case management and providing enhanced advocacy support in Uganda. In Kenya, the End Malaria Council is exploring opportunities to promote local manufacture of essential health commodities. CRSPC organised the NMCP managers orientation meeting on the multi-sectoral engagement guidance document.

RBM through the CRSPC provides support to countries in launching and roll out of Zero Malaria Starts with me (ZMSWM) campaign including provision of guidance documents, financial support for the launch and for local consultants to assist in roll out of the campaign. CRSPC also supports countries to develop plans to roll out to sub-national levels, include ZMSWM in their NSPS and GF funding requests. The ZMSWM campaigns have helped to maintain malaria high on the agenda during the COVID-19 pandemic.

Strategic Communications Partner Committee – *Michal Fishman, Malaria No More, SCPC Co-chair*
The SCPC shape a global narrative and align the global community to communicate and reinforce the benefits of ending malaria and what it takes – political will, funding, innovation and programmatic changes. Create and coordinate events and campaigns to increase awareness and a sense of urgency, and to drive actions that will accelerate ending malaria. Connect malaria to the broader sustainable development agenda and build inclusive and multi-sectoral coalitions to increase financial and political support for and catalyse actions. Enhance sustainability of malaria advocacy efforts at global and country levels to catalyse and hold leaders accountable for actions that will accelerate ending malaria. SCPC is working on numerous initiatives to drive awareness around malaria including celebrating the 3rd anniversary of ZMSWM and August, World Malaria Day.

Final conclusions and close of the meeting
Today's session started off with one of the talks that was scheduled for yesterday with Mayor Bindi from the Bo District in Sierra Leone. The example of plans used to combat the Ebola endemic in 2014 highlighted the importance of everyone knowing their roles. Fiona then presented on the importance of housing in malaria control and how we can attract people to be to invest in house. The increasing threat of *An. stephensi* in urban areas was also touched upon. Michael went on to discuss the GLMI, the smaller towns in cross border regions are ones that usually require extra support. The PPP's with NGOs and hospitals presented by the IVCC gave further insight into how the private sector can be utilised. CRS then gave a large presentation outlining the numerous projects that they are currently working on and the MSA they are work on. The VCWG then presented on their work plan and workstream which the MSWG would like to be involved with especially in regard to housing and agricultural work. SBCWG presented all the opportunities and synergy with MSWG for areas of advocacy. MiPWG presented on ways that their working group can partner with all the existing groups for the distribution of ITNs. The CMWG then went on to present about the mining industry and highlighted that water and dams should be a penetrable sector. The ARMPC presented important ideas that need to be supported. CRSPC outlined opportunities to work with The Global Fund and finally SCPC outlined their role in ensuring all WGs maintain one goal.

Graham thanked Peter his co-chair, Konstantina, Swiss TPH and the interpreters for their dedication to the program and ensuring that it ran smoothly. Graham thanked all the speakers and sectors for presenting their work and hopes that this will be the start of future collaboration. All the attendees were thanked for their patience and for attending. A group photo was taken.

List of acronyms

ALMA	African Leaders Malaria Alliance
AMP	Alliance for Malaria Prevention
ANC	Antenatal Care
APMEN	Asia Pacific Malaria Elimination Network
ARMPC	Advocacy & Resource Mobilisation Partner Committee
ASTMH	American Society of Tropical Medicine and Hygiene
ATSBs	Attractive Targeted Sugar Baits
BOVA	Building Out Vector-borne disease in Africa
CMWG	Case Management Working Group
CRSPC	Country/Regional Support Partner Committee
CRS	Catholic Relief Services
DRC	Democratic Republic of Congo
EMC	End Malaria Council
EMF	End Malaria Fund
GIS	Geographic Information System
GLMI	Great Lakes Malaria Initiative
GMP	Global Malaria Programme
GPIRM	Global Plan for Insecticide Resistance Management
GVCR	Global Vector Control Response
HBHI	High Burden to High Impact
ICIPE	International Centre of Insect Physiology and Ecology
IDC	International Financial Corporation
IRM	Insecticide resistance management
IRS	Indoor residual spraying
ITN	Insecticide-treated net
ITPp	Intermittent preventative treatment
IVCC	Innovative Vector Control Consortium
IVM	Integrated vector management
JICA	Japan International Cooperation Agency
KAP	Knowledges, Attitudes and Practices
LLIN	Long-lasting insecticidal net
LSM	Larval source management
MCH	Maternal and Child Health
MERG	Monitoring and Evaluation Working Group
MiP	Malaria in Pregnancy
MiPWG	Malaria in Pregnancy Working Group
MOOC	Massive On-line Open Course
MSWG	Multi Sectoral Working Group
NMCP	National Malaria Control Programme
NRMI	New rules to market initiative
NTNC	New Tools New Challenges
PMI	President's Malaria Initiative
PPP	Private/Public partnerships
RBM	Roll Back Malaria
RCT	Randomised Controlled Trial
REC	Regional Economic Communities
SBC	Social and Behaviour Change
SBCWG	Social and Behaviour Change Working Group

SCPC	Strategic communications partner committee update
SFH	Society for Family Health
SOP	Standard Operating Protocol
TA	Technical Assistance
VBD	Vector borne disease
VC	Vector Control
VCAG	Vector Control Advisory Group
VCWG	Vector Control Working Group
WHO	World Health Organization
ZMSWM	Zero Malaria Starts with Me