



**1st Malaria
World Congress
2018**

1-5 JULY 2018 MELBOURNE, AUSTRALIA

1st Malaria World Congress Statement of Action

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Global Civil Society for Malaria Elimination (CS4ME) Declaration

Statement of Action

1st Malaria World Congress (MWC)

Melbourne 2018

Delegates from sixty-six countries and from across the spectrum of people involved in the fight against malaria concluded that there is little likelihood of achieving the current ambitious elimination targets without a radical change in thinking and action. While proud of the significant gains made, delegates consider that the status quo is nowhere near enough to complete the task.

Malaria is a disease of poverty. Eliminating it would make a massive difference to the lives of many millions of often vulnerable and marginalised people. It would also lift the financial and social burden malaria places on individuals, communities and countries which undermines their path to sustainable economic development. Its positive effect on the world would be profound.

Delegates identified the following priority areas for urgent action:

1. **Think creatively outside existing solutions and promote scientific and social innovation** at every level to achieve global targets. New thinking and knowledge is essential to discover and develop new tools, identify creative financing solutions that include the private sector, engage communities, and better implement the existing interventions.
2. **Engage vulnerable communities and civil society** as equal partners in this fight. Malaria control and elimination cannot be achieved without the genuine engagement of community and civil society to ensure sustained access for all.
3. **Listen, then act collaboratively.** The different segments of the malaria community must value each other and work together, each bringing their strengths to a common purpose to make the most of the resources we have.
4. **Hold ourselves to account. Facilitate cross-sector conversations and relationships** to build and align political, scientific, technical, community and operational leadership to end malaria.
5. **Commit to mobilizing increased and sustained financing** for malaria control and elimination. Current committed resources in the context of the devastating scale and impact of malaria are astonishingly small.

Recognising that increased resources, new tools and a new way of working will be required, the MWC **demand urgent action** for:

- Acknowledgement that ending malaria is integral to the global transformation promised by **Universal Health Coverage and the Sustainable Development Goals** mandated by the United Nations, in support of health systems strengthening efforts.
- **Increased political commitment at all levels** to meet the endorsed global commitments and goals, through increased domestic and international financing including a fully funded Global Fund replenishment in 2019. Recognising the core role and responsibilities of national malaria programmes and governments.
- **Coordinated scientific and social research**, including strengthened implementation research as well as the development of new tools for the prevention, diagnosis, treatment of malaria as well as to reduce transmission.
- **Improved access to and use of new and existing quality tools and services** for the prevention diagnosis and treatment of malaria and the prevention of transmission.
- Urgent action against **the spread of drug-resistant malaria and insecticide-resistant vectors** as a frontline priority.
- Recognition and support for the **newly established Global Civil Society for Malaria Elimination (CS4ME) network**.
- Commitment to the **periodic convening of the whole global malaria community**, rotating across regions, in close collaboration with the Global Malaria Program of WHO, the RBM Partnership to End Malaria and other key stakeholders.

Recognising the importance of national, regional and global leadership, including sub-regional efforts; the MWC recalls and urges support for the;

1. **WHO Global Technical Strategy for Malaria 2016–2030 (GTS)** adopted by the World Health Assembly in 2015; a technical framework for malaria control and elimination with the following goals:
 - Reduction in malaria case incidence and death rates of at least 40% and the elimination of malaria in at least 10 countries by 2020;
 - Reduction in malaria case incidence by at least 90% by 2030;
 - Reduction in malaria mortality rates by at least 90% by 2030;
 - Elimination of malaria in at least 35 countries by 2030
 - Prevention of resurgence of malaria in all countries that are malaria-free
2. **Commonwealth Heads of Government Meeting (CHOGM) Communique 2018** where 53 Commonwealth Heads of State welcomed global, regional and national efforts to combat malaria and other mosquito borne diseases and committed to halve malaria across the Commonwealth by 2023. They also urged acceleration of efforts to reduce malaria globally by 90 percent by 2030¹.

¹ Heads agreed that progress on these commitments should be considered every two years at the Commonwealth Health Ministers' Meeting and progress should be reported at CHOGM

3. **African Union (AU)** Commitment to Zero malaria by 2030² supported by the “zero malaria starts with me” campaign.
4. **East Asia Summit (EAS)** commitment by 18 Heads of Government to the goal of an Asia Pacific free of malaria by 2030, and the Asia Pacific Leaders’ Malaria Elimination Roadmap as a framework for shared action. Now also including Melanesia and Timor Leste.³

BACKGROUND

Malaria is one of the oldest diseases known to humankind. Ending this disease will contribute to a more equitable, prosperous and secure world. For more than a decade, the pathway to malaria elimination has been firmly set. However, momentum has recently stalled. To ensure accelerated action against the disease, the global malaria community must work in unison.

The Malaria World Congress (MWC) served as a global platform to facilitate collaboration amongst representatives of malaria-affected communities, scientists and researchers, health systems delivery, community, private sector, non-governmental organisations, policy makers, governments and major funders, to share information, reach consensus, develop and build collaborative action against malaria. The inaugural MWC took place between July 1–5, 2018 at the Melbourne Convention & Exhibition Centre gathering stakeholders working against malaria from a wide variety of sectors, countries and regions. The congress provided an unprecedented opportunity to find solutions to implementation issues to the malaria response by encouraging cross-sector collaboration.

Despite a decade of progress, current efforts are not enough: Investments in malaria programs increased by more than 2.5 times between 2000 and 2014 from less than US\$ 1 billion to US\$ 2.5 billion, allowing an expansion in malaria prevention, diagnostic testing and treatment programs. The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria and US President’s Malaria Initiative and other partners has been fundamental in supporting the decline of the malaria burden. Malaria incidence rates decreased by 37% globally and mortality rates by 60% between 2000 and 2015. Despite this progress, investments have plateaued before the work has been completed. Malaria caused an estimated 216 million clinical episodes, and 445,000 deaths in 2016, disproportionately affecting women and children, and marginalised populations.

Progress has also stalled in some countries: The current day malaria story is a dichotomy; there are currently 44 countries reporting less than 10,000 cases of the disease with varying rates of progress to elimination. However, the pace of progress in countries in the highest malaria burden has stalled. Apart from the difficulty in maintaining and even growing political and financial support, we do not yet have all the tools to eliminate malaria in some settings. This is clearly the case in high burden settings but is especially true for lower burden settings where there is a need to ‘reach the last mile’. Creative and innovative solutions are needed at all levels.

2 African leaders endorsed a new roadmap that will see malaria eliminated from across the continent by 2030. The roadmap dubbed Catalytic Framework to end AIDS, TB and Eliminate Malaria in Africa by 2030, was adopted during a meeting held on the sidelines of the African Union summit in 2016.

3 EAS leaders have endorsed an ambitious Roadmap and the associated Dashboard as a key accountability tool for shared progress. With increased concern around multi-drug resistant malaria in the Greater Mekong Subregion, calling on to sustain commitment to accelerate investment and progress towards malaria elimination.

Business as usual is not an option: Malaria is a major driver of poverty. It continues to place a heavy direct and indirect social and economic burden on households, communities and health systems impacting national gross domestic product by as much as 5–6% and slowing economic growth by 1.3% per year in endemic countries. The disease is responsible for employee absenteeism, losses in productivity, increased health care spending, reduced foreign investments and tourism as well as impaired learning and cognitive development. The landscape is further complicated by emerging drug and insecticide resistance compromising the effectiveness of current tools. Perhaps most important of all is the lesson of history. If the political commitment to eliminate malaria wanes, malaria can rapidly return to devastating levels, even in regions that are approaching elimination.

Recent commitments made at the Malaria Summit in London and the Pan-African Multilateral Initiative on Malaria Conference (MIM) in Dakar offer a historic opportunity to end the disease for good. The First MWC provided a critical step towards accelerating the political momentum for elimination and advancing efforts towards Universal Health Care and the Sustainable Development Goals.

- Eliminating malaria will proffer enormous health benefits as well as boost economies, free up scarce public health resources and strengthen education;
- Malaria elimination must be addressed within the broader context of health security and an integrated framework for achieving universal health coverage;
- Cross sectoral efforts will be crucial to support vulnerable populations at risk of malaria, to break the poverty cycle in support of the Sustainable Development Goals;
- Initiatives aimed at supporting high-burden countries must be prioritized.

Global Civil Society for Malaria Elimination (CS4ME) Declaration

MALARIA WORLD CONGRESS | 1ST – 5TH JULY 2018 | MELBOURNE, AUSTRALIA

Firm in the belief that empowered community and civil society are game-changers in health responses, we, representatives of national, regional and global malaria communities and civil society attending the First Malaria World Congress, have come together and formed the Global Civil Society for Malaria Elimination (CS4ME)^{4,5} as part of our commitment to joint advocacy for more effective, sustainable, people-centred, rights-based, equitable, and inclusive malaria programmes and interventions.

At a time when the world has the resources and tools to prevent and treat malaria, it is unconscionable how people – mainly from vulnerable and underserved communities – continue to die from the disease. While we commend the efforts of governments and the international community that brought the world closer to malaria elimination, we call for greater accountability, political will and action, resource investments, and greater sense of urgency to eliminate the disease.

CS4ME makes the following calls to implementing and donor governments and other duty bearers:

1. FRAME MALARIA RESPONSES IN THE CONTEXT OF SOCIAL JUSTICE AND HUMAN RIGHTS, AND WITHIN EQUITABLE UNIVERSAL HEALTH COVERAGE SYSTEMS

Significant progress has been attained during the past 10 years to reduce the burden of malaria throughout the world and in working towards achieving malaria elimination. As countries enter into the elimination phase, we see again and again the epidemic concentrating among vulnerable and underserved communities. In South East Asia, the concentration of malaria among communities barred from accessing quality and affordable health services has accelerated

4 CS4ME was created during the Global Malaria Civil Society Strategising and Advocacy Pre-Meeting, jointly convened by the Global Fund Advocates Network Asia-Pacific (GFAN AP) and APCASO held on 29th and 30th June 2018, prior to the First Malaria World Congress in Melbourne, Australia, with the support of the Malaria World Congress, Global Fund to Fight AIDS, Tuberculosis and Malaria, and Burnet Institute.

5 An interim working group made up of individuals that attended the Pre-Meeting was established to coordinate, recommend processes and mechanisms, identify resources and support necessary for CS4ME going forward.

the emergence of drug resistance that now threatens the world at large. Everywhere, the last mile of elimination becomes a matter of access to health for impoverished and marginalised communities, in particular, refugees, ethnic minorities, indigenous communities, migrant and mobile populations – with many of the risks faced by these groups compounded further amongst women and girls.

Beyond health and/or national security issues, the only way to realise effective and sustainable malaria responses is within resilient and sustainable systems for health in countries. We call for malaria responses effectively located within country Universal Health Coverage (UHC) systems. In particular, **the UHC that we want**⁶ and which the world needs is one which is people-centred, rights-affirmative, gender-transformative and meaningfully engages and supports community and civil society participation. The UHC that we want leaves no one behind.

2. MAKE MALARIA DECISION-MAKING SPACES MORE INCLUSIVE AND SUPPORT MALARIA CIVIL SOCIETY MOBILISATION

Civil society and vulnerable communities play key roles in curtailing the malaria epidemic. Yet for the longest time the malaria world has side-lined communities and civil society into service delivery and volunteer functions. Communities have a huge stake in whether malaria responses are successful, as it is their health and ultimately their lives that are affected. Vulnerable communities need to be equal partners of government and development actors in the design, implementation, budgeting, and review of all health policies and plans that affect them.

We urge governments and other institutions – such as the RBM Partnership to End Malaria, Asia Pacific Leaders for Malaria Alliance (APLMA), African Leaders for Malaria Alliance (ALMA), and WHO – to engage representatives of vulnerable communities and civil society actors in all levels of decision-making. We call for mechanisms to be created to empower community representatives to meaningfully engage in these spaces through the scaling up of mechanisms for peer-to-peer knowledge transfer, as well as south-to-south collaboration in order to grow and foster leadership within malaria community and civil society.

3. FULLY MEET THE FUNDING NEEDS FOR THE MALARIA RESPONSE AND FOR HEALTH AND COMMUNITY SYSTEMS STRENGTHENING

Political commitments to end malaria need to be backed by funding commitments and contributions. We need implementing countries to demonstrate greater ownership of the malaria response through increased domestic funding. We call on donor countries to meet their official development assistance commitments, specifically for health, and to fully fund the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Civil society recognises the diversity and capacity of community-based organisations on one hand, and the challenges facing donor institutions in providing appropriate funding mechanisms that ensure results and accountability, on the other. Most grassroots community and civil society organisations lack access to funding opportunities despite being best placed to reach the most marginalised and vulnerable groups. Funding civil society initiatives at all levels, including the

⁶ #TheUHCThatWeWant Asia-Pacific Community and Civil Society Statement was presented to governments, funders, WHO and other stakeholders at the 2017 UHC Forum held in Tokyo, Japan and is available [here](#).

most local, represents a strategic investment contributing to appropriate and effective service delivery, advocacy, and people-driven surveillance and response.

We call on national governments, international institutions, bilateral and multilateral donors to prioritise and increase funding allocations for community-driven community and civil society initiatives. We request that specific funding streams be made available to community groups, and their access supported through peer-to-peer technical assistance. Furthermore, we request that key performance indicators that enable accountability for bringing malaria services to the underserved be developed and implemented.

4. PARTNER WITH CIVIL SOCIETY AND COMMUNITY ACTORS FOR EFFECTIVE MALARIA SURVEILLANCE AND RESPONSE SYSTEMS

As surveillance becomes an essential pillar for malaria elimination, the need for timely and robust data becomes increasingly critical. Essential evidence includes routine data, qualitative and quantitative research, as well as experiences, lessons learned and the voices from affected communities. Support is required to build the ability of civil society to generate evidence, as well as to communicate this effectively to influence decisions and result in sustained change.

To eliminate malaria, surveillance results requires effective and timely response. Communities and civil society are the first responders, and will have the clearest insight into what interventions are effective.

We call for equitable access to data and other information that can inform field-level responses. We call for transparent information systems and multi-directional information flows in order to enable dialogue and informed decision-making at all levels. We urge for the building up of surveillance systems that involve communities as analysts, advisors, decision-makers and responders.

We, malaria communities and civil society, offer our support, expertise, and lived experiences in contributing towards our shared vision of malaria elimination. We are fully committed to working alongside other stakeholders to build stronger, more inclusive and effective partnerships, and sustainable responses towards the elimination of malaria in this lifetime.

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