



## ***GMAP2: Current Status and Next Steps***

**10<sup>th</sup> Vector Control Working Group Meeting**

**28<sup>th</sup> January 2015**

Swiss TPH  | **Deloitte**. Contracted by Roll Back Malaria

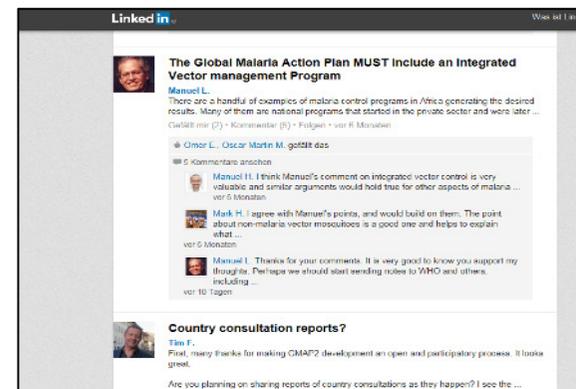
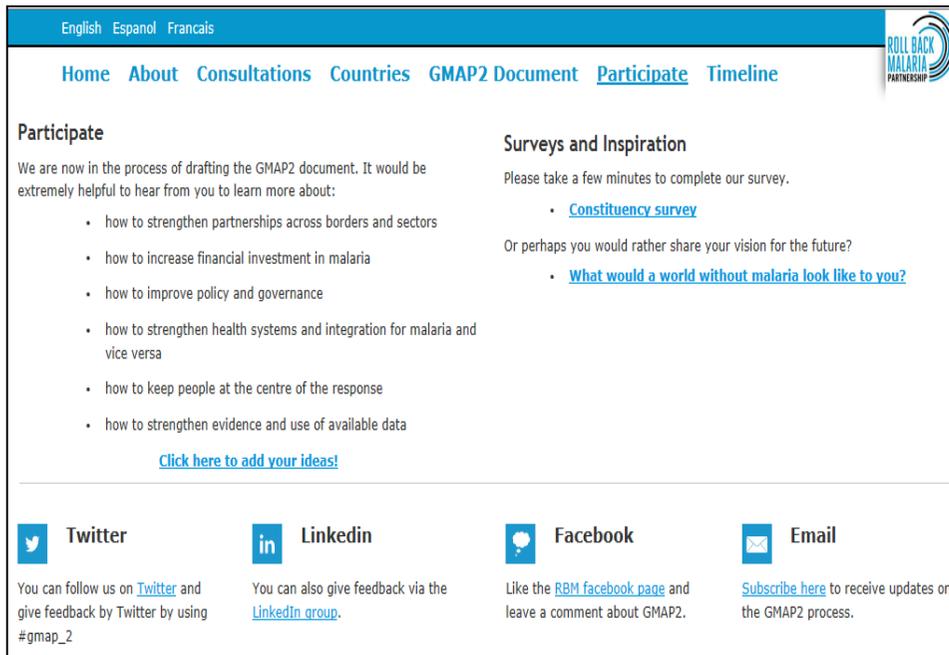
## Over 1300 stakeholders consulted directly to date

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- 100+ people completed an **Online Survey** to assess the current GMAP and provide ideas for GMAP2
- 250 stakeholders from 60 + countries participated in six **Regional Consultations**
- 120+ stakeholders participated in **key informant interviews**
- 800+ stakeholders have participated in 10 “first wave” **National Consultations** with a strong multisectoral flavor, and key community component
- **“Consultation Toolkit”** is publically available: Uganda made use of this to arrange its own national consultation.
- A “second wave” of country consultations have now been initiated to engage stakeholders in reviewing the draft document: Ethiopia, Senegal, Nigeria.
- Stakeholders from the Greater Mekong Sub-region and the Asia Pacific Malaria Elimination Network reviewed the last draft and provided input to improve it. A further regional review consultation is planned with selected EMRO countries.

# Social media engagement

- **GMAP2 web pages** launched in English, French & Spanish in time for World Malaria Day 2014
- 2000+ individual users to date on [www.gmap2.org](http://www.gmap2.org), 300+ followers on **Twitter** and **Linked In**
- **“Ideas scale”** where recommendations for action, case studies and lessons learned can be shared



# Regional consultation page on [www.gmap2.org](http://www.gmap2.org)

English Espanol Francais



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## The GMAP2 Consultative Process

The content of the GMAP2 document will be the result of an extensive consultative process with global, regional and country-level stakeholders from across the RBM constituencies, including Governments, Bilateral & Multilateral Agencies, Foundations, Research & Academia, Civil Society and the Private Sector. Regional consultations are already underway. Plenary presentations, discussions and group work are directly informing the development of the GMAP2. Some of the key areas being covered include how a "business case" can be made for malaria reduction and elimination; how this varies according to the constituency, as well as a country's socio-economic context and its malaria situation. Sessions are also being held on accelerating multisectoral action, engaging the private sector and unleashing the power of civil society to ensure the fight against malaria is won.

## Schedule of Regional Consultations March-June 2014

AFRO region (Francophone)	20-21 March	Brazzaville Congo	Report <a href="#">PDF-EN</a>
PAHO region	03-04 April	Panama City Panama	Report <a href="#">PDF-EN</a>
AFRO region (Anglophone)	10-11 April	Harare Zimbabwe	Report <a href="#">PDF-EN</a>
EMRO region	17-18 April	Casablanca Morocco	Report <a href="#">PDF-EN</a>
SEARO region	30 Apr.-1 May	New Delhi India	Report <a href="#">PDF-EN</a>
WPRO region	12-13 June	Manila Philippines	Report <a href="#">PDF-EN</a>



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## Country and Community Level Consultations

A series of country consultations for GMAP2 have now started. These consultations start with engagement visits to affected communities, followed by a national consultative meeting with a wide spectrum of stakeholders from community to central level, and from different constituencies and sectors. A "toolkit" of all the materials that are needed to run a country consultation is now available. It is comprised of the following documents: [Country Consultation Description](#) and [Country Consultation Toolkit](#) and [Country Consultation Facilitation Guide](#). By having these tools any potentially interested country can arrange its own consultation. If you would like to find out more about holding such a consultation please contact the GMAP2 focal person at RBM as specified in the Toolkit document. The toolkit is also available in French, Spanish on the respective pages of this site and can be made available in Portuguese upon request.

### Community consultation in the Philippines

The engagement visits took place in Rizal and Palawa Provinces.



### Community consultation in India

The engagement visits took place in Guwahati and Nagaon District in Assam State.



### Community consultation in DRC

The engagement visits took place in Menkao and Kintambo.



### Schedule of country consultations

The following countries have already indicated a possible timeframe for holding a consultation, others will hopefully follow soon.

Country	Date	Site visits	Location	Convener	Report
Philippines	16-20 June	Rizal & Palawa Provinces	Manila	<a href="#">Philippinas Shell Foundation</a>	<a href="#">PDF (EN)</a>
India	16-20 June	Guwahati, Nagaon District, Assam	Delhi	<a href="#">Caritas-India</a>	<a href="#">PDF (EN)</a>
Myanmar	23-27 June	Mon State	Yangon	<a href="#">Myanmar Health &amp; Development Consortium</a>	<a href="#">PDF (EN)</a>
Democratic Republic Congo	8-12 July	Menkao and Kintambo	Kinshasa	<a href="#">Swiss TPH Kinshasa</a>	<a href="#">PDF (EN)</a>
Papua New Guinea	25-29 July	East New Britain	Port Moresby	<a href="#">PSI PNG/ MTWG</a>	<a href="#">PDF (EN)</a>
Côte d'Ivoire	21-25 July	Tissalé and Taabo	Abidjan	<a href="#">Centre Suisse de Recherches Scientifiques</a>	<a href="#">PDF (EN)</a>
Tajikistan	13 - 20 August	Panj, Bokthar, Kirgan-Tube	Dushanbe	Republican Trop.Disease Centre	<a href="#">PDF (EN)</a>
United Republic of Tanzania	1-5 September	Mwanza, Geita	Dar-es-Salaam	<a href="#">Ifakara Health Institute</a>	<a href="#">PDF (EN)</a>
Mozambique	30 September	Nampula and Manhiça	Maputo	<a href="#">Malaria Consortium + PMI</a>	-

# Based on the process, GMAP2 must accomplish many things

## Call for action

- Recognize **progress to date** while highlighting significant **work remaining**
- **Introduce GMAP2 and the WHO technical strategy** – building on the original GMAP, but not the same (situation has changed since 2008), expand the call to the wider health sector, and other sectors

## Advocate

- **Build the case for investment in malaria, demonstrating the returns**

## Align and position

- Acknowledge the context that **impact malaria and the global response** through 2030: how malaria fits in the SDGs; the changing financial and political landscape; social, cultural, gender, environmental, biological influences, programmatic challenges and governance gaps.

## Accelerate Progress

- Identify the **challenges** that are holding us back, the **opportunities and efficiencies** that we can take advantage of, and the importance of keeping people at the center of the response. Make recommendations for action in priority areas.
- Provide a **platform** to engage all sectors, create and strengthen partnerships, leverage the key strengths of the different players, mobilize resources, and strengthen accountability.

# Structure of the Document - Overview

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**Call to Action** rallies the malaria community to re-double its efforts, and the wider health sector and other sectors to strengthen their engagement. It calls for the further reduction, elimination and ultimate eradication of malaria

**Chapter 1** introduces RBM and GMAP2, how it builds on GMAP and links to the WHO technical strategy, introduces the common vision, 2030 goals, 2025 and 2020 milestones, positions malaria in the post 2015 era of the SDGs

**Chapter 2** makes the global case for investing in malaria and demonstrates the returns on this investment

**Chapter 3** highlights the global (political, financial) context, and the country context (environmental, social, biological influences as well as programmatic and governance gaps)

**Chapter 4** identifies seven critical areas, makes recommendations for actions, and provides examples from across the RBM constituencies/world regions

**Chapter 5** will delineate the roles that RBM and the different constituencies/partners will play in achieving the 2030 goals, and provide a limited number of indicators for monitoring progress.

# **Chapter 4: Critical Areas for Improved Control & Elimination**

***Chapter 4 identifies seven critical areas and provides direction/recommendations for actions for:***

- i. Partnering to achieve the broader development agenda
- ii. Mobilizing resources for malaria
- iii. Improving policy and governance
- iv. Strengthening and integrating in health systems
- v. Making sure no-one is left behind
- vi. Strengthening the evidence to inform future progress
- vii. Fostering and sharing innovations and solutions

***Use will be made of case studies from across the RBM constituencies, partners, sectors and different levels of transmission & world regions***

## Chapter 5: Monitoring Progress

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*Chapter 5 will provide a limited number of indicators to monitor progress in the key critical areas:*

- **Multisectoral collaboration** e.g., number of regional/sub-regional/ national development/ health strategies that include a multisectoral response to malaria; existence of inter-sectoral coordination mechanisms etc.
- **Resource mobilization** e.g., track health/malaria spending by source
- **Policy and regulation** e.g., availability/use of quality ACTs in public and private sector; proportion of large infrastructure projects financed by an international or regional development bank for which a Health/Social Impact Assessment that includes an analysis of the impact of malaria is carried out
- **R&D/innovation** e.g., funding for R&D; progress towards innovations/R&D needed to address resistance and to develop new tools for elimination, investment in implementation research

## Next Steps

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- Update the draft based upon feedback received from the RBM Board, the SRN coordinators, the working groups, and other key stakeholders (UNICEF, APMEN, Amazonas Malaria Initiative, IOM etc).
- There will be a one month public online review of the draft in English from mid-February 2015, and in Spanish and French from 1st March
- Prepare pre-final version of the document, and develop an «advocacy pull out» version for high level 5 minute readers by mid April for Task Force review and translation in time for the RBM Board meeting in May
- Carry out GMAP2-related advocacy, for example at the MDG financing meeting; ECOSOC; African Union meeting; ASEAN summit in Indonesia; Committee on the Status of Women at UN meeting etc.
- Finalize the document, engage in layout/design work and translation – companion document of the WHO technical strategy
- Prepare for a joint launch in September/ October 2015