
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)^{1,2} 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 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.

¹ 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.

² 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.

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](#)³ 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 most local, represents a strategic investment contributing to appropriate and effective service delivery, advocacy, and people-driven surveillance and response.

³ #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](#).

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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