

Malaria Budget Advocacy (MBA) Framework in Action: Cambodia and Vietnam

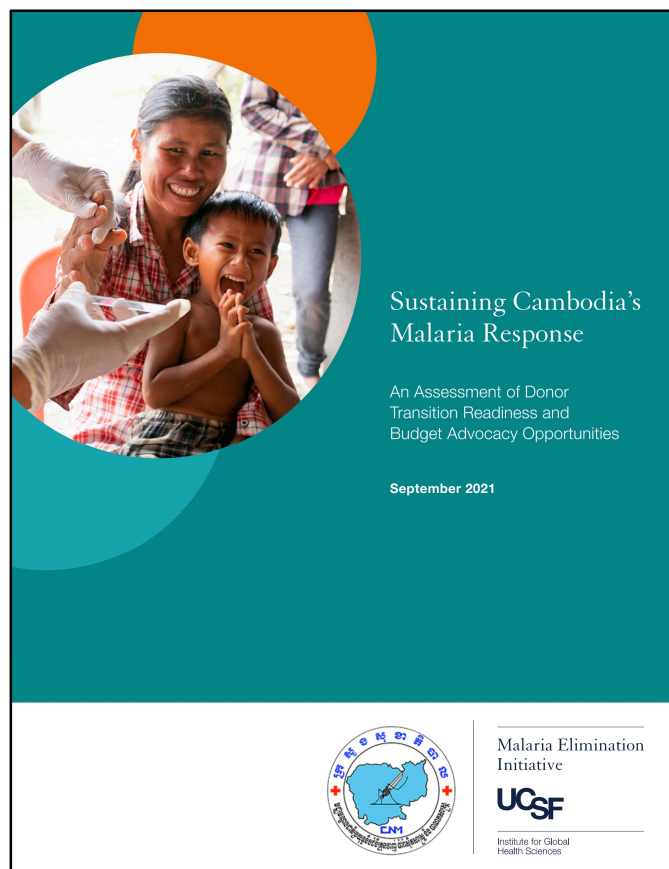
Conducting situational analyses to identify budget opportunities to strengthen malaria domestic financing

In 2021, the Malaria Elimination Initiative (MEI) at the University of California, San Francisco (UCSF) partnered with the National Center for Parasitology, Entomology, and Malaria Control (CNM) in Cambodia and the National Institute of Malariology, Parasitology, and Entomology (NIMPE) in Vietnam to conduct two situational analyses to determine the context, risks, challenges, opportunities, and potential impact of enhancing the sustainability of the malaria response through MBA in the respective countries. The situational analysis was conducted using the approach described in [Module 1](#) of the [MBA Framework](#), tailored to the Cambodian and Vietnamese contexts and stakeholder landscapes.

After initial kick-off workshops with national malaria program leaders in both countries to gain consensus on objectives and workplans, the team analyzed background documents, developed a list of stakeholders for key informant interviews, and tailored key informant interview guides for different sets of stakeholders. Key informant interviews were conducted in person and virtually.

In Cambodia, interviews were conducted with government officials from CNM and the Ministry of Interior, provincial health departments, and operating districts in Kampong Speu and Siem Reap provinces, representing medium and low transmission contexts. Other interviews were conducted with international implementing and technical partners, donors, and experts, including Abt Associates, Clinton Health Access Initiative (CHAI), Catholic Relief Services, Deutsche Gesellschaft für Internationale Zusammenarbeit, Malaria Consortium, U.S. President's Malaria Initiative, University Research Co., United Nations Office for Project Services, World Bank, and WHO.

In Vietnam, interviews were conducted with government officials from NIMPE, regional institutes of the malaria program, the Ministry of Defense, provincial departments of health, provincial centers for communicable disease control, and district health centers in Ben Tre and Phu Yen provinces, representing higher and lower transmission contexts. Additional interviews



Cambodia's assessment of donor transition readiness and budget advocacy opportunities using MEI's SUSTAIN tool and MBA Framework

were conducted with representatives from CHAI, PATH, Population Services International, and WHO.

In both settings, data collected from the desk review and key informant interviews was synthesized in a detailed scoping report that documented specific risks, challenges, and goals, as well as a prioritized list of perceived opportunities for MBA in the country. Situational analysis in Cambodia and Vietnam took approximately four months, with an additional two months spent developing and validating advocacy strategies ([Module 2](#) of the [MBA Framework](#)) with the national malaria programs and other partners. These activities were carried out in conjunction with malaria donor transition readiness assessments using the MEI's [SUSTAIN tool](#).

MBA Framework in Action: Thailand

Identifying an opportunity and mechanism to mobilize local funding for malaria and developing advocacy strategy

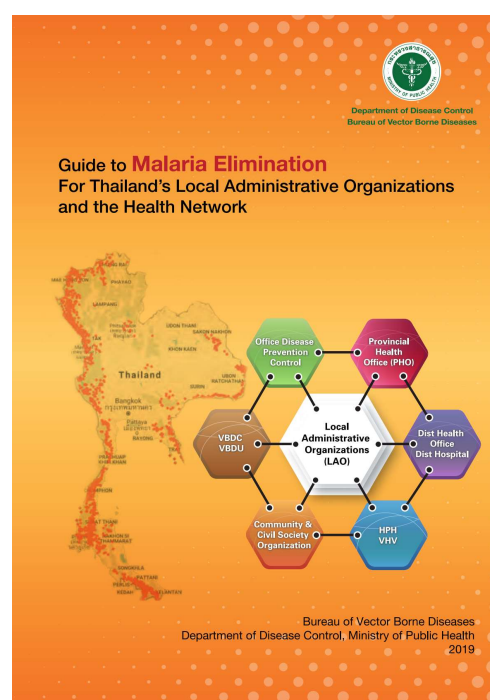
The MEI partnered with Thailand's Department of Vector-Borne Diseases (DVBD), Ministry of Public Health to carry out a full cycle of MBA support from 2017 to 2021, starting with situational analysis. The purpose of the situational analysis was to identify good models of local collaboration and management of malaria using locally mobilized resources for elimination. Prior to situational analysis, the DVBD was aware that in some areas of the country, funds for health promotion and disease prevention activities allocated from the National Health Security Office had been accessed to support local malaria response and perceived they were an important and viable funding source to leverage for malaria in other areas. The team conducted field assessments in two sites in Chachoengsao and Yala provinces to better understand how these funds, called Local Health Security Funds (LHSFs), were accessed, mobilized, and used in support of subdistrict malaria responses. LHSF allocations were determined through an application process to a managing committee overseen by elected officials in Local Administration Organizations (LAOs). In both sites, success in accessing LHSFs for malaria elimination depended on local health officials acting as front-line advocates, clearly presenting the local malaria situation and required responses and articulating the responsibilities and monetary contributions needed from various stakeholders, especially LAOs. Resources from LHSFs were used for specific tasks such as procurement of chemicals and labor for vector control, procurement of rapid diagnostic tests for active case detection and malaria education for villagers.

The DVBD subsequently documented experiences and success factors in the two sites and shared the findings with other subdistricts to encourage widespread mobilization of LHSFs for local malaria elimination efforts.

Based on the findings from the situational analysis, the DVBD and the MEI developed an MBA strategy to leverage the Local Health Security Fund for malaria in

additional areas with malaria transmission or receptivity. The primary advocacy tactic was the organization of a series of joint training workshops to increase knowledge and understanding of malaria elimination needs and responses LAO officials, strengthen capacity of local health officials to act as front-line advocates, share best practices for local decision-makers to apply in their own settings, and create opportunities to strengthen collaborations between the malaria program, public health system managers, and elected officials across levels.

Under this strategy, the DVBD planned training of trainers (TOT) sessions for regional and provincial health officers and LAO representatives from districts with high malaria burden. Provincial staff would then conduct cascaded training for LAO representatives from the remaining districts in their province with low to medium malaria burden. In preparation for the training, the DVBD gathered evidence on fine-scale malaria transmission and required interventions at district level, created video case studies, and developed a technical document with guidance to LAOs and the local health network on Thailand's malaria elimination targets and approaches to policy-making and funding.



Guide for Local Administrative Organizations and health network in Thailand

Continued engagement between front-line advocates and local governments

The TOT and cascaded training workshops brought together a range of key stakeholders from local government and all levels of Thailand's health system, including DVBD, National Health Security Office, provincial and district vector-borne disease specialists and general health staff, local hospital representatives, village health volunteers, and LAO officials. In addition to strengthening advocacy capacity among the participants, the workshops provided an opportunity to promote best practices of collaboration between the local government and health system, increase health worker understanding of the governance and financing mechanisms in place, and raise LAOs' awareness of malaria elimination and their role in promoting and funding elimination efforts.

Qualitative interviews conducted by DVBD and the MEI in 2021 revealed that participants greatly appreciated the training and recognized its role in growing the

collaboration between LAOs, vector-borne disease specialists, and health staff. As a result of the training, LAO officials were aware of the importance of eliminating malaria and were willing to be part of the effort, believing that actions towards ending malaria were beneficial for their citizenry. Local health workers continued engaging with LAOs and received support for malaria responses in various forms including budget, policies, and labor.

By 2020, over 700 participants had attended the TOT sessions and 2,000 had attended the cascaded training. Over 3,200 copies of the technical guideline to LAOs in Thai language were distributed. Increased engagement with the LAOs also led to a 102.7% increase in subnational funding for malaria from THB 3.7 million (USD 104K) in 2017 to THB 7.5 million (USD 210K) in 2020. The number of funded malaria projects at the subdistrict level nearly quintupled in this period. GFATM and WHO funded for the scale-up of the training and distribution of the guideline from 2020 onward.



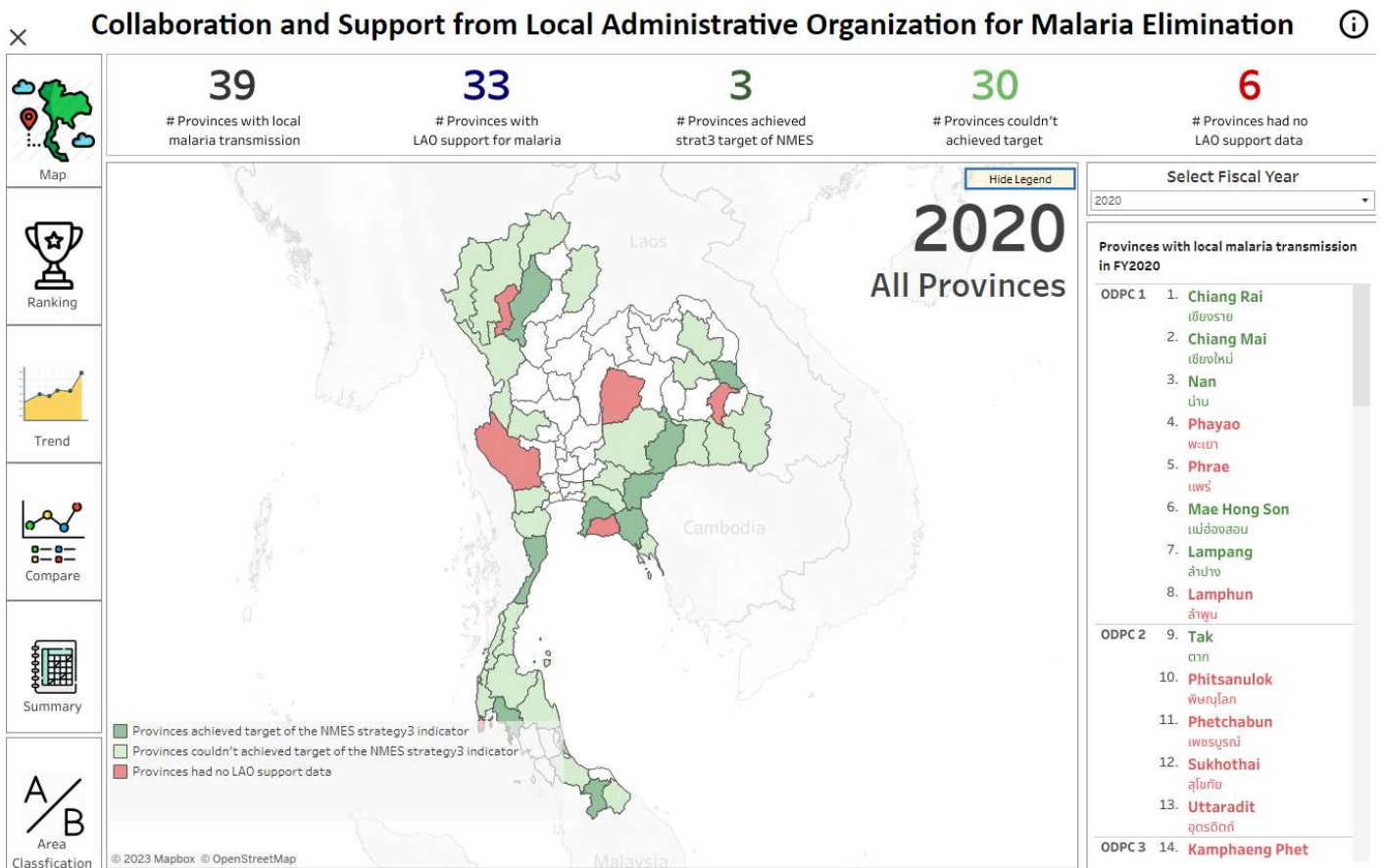
A TOT session conducted by Thailand's DVBD

Tracking domestic financing contribution and documenting success factors

The MEI supported DVBD in creating a new domestic financing tracking function in their national online malaria information system to better monitor and track contributions from the newly identified and accessed the Local Health Security Funds. The interactive dashboard displays domestic contributions to malaria at the subdistrict level, both cumulative and by year and was promoted at the provincial level for ongoing financing tracking.

To better understand the facilitators and barriers that make LAOs in Thailand more or less likely to financially support malaria elimination as a result of MBA

engagement efforts, DVBD and the MEI carried out a qualitative field research study to characterize the various roles, motivations, and relationships between various subnational professional cadres in malaria-endemic provinces where domestic resource mobilization collaborations have been successful. The team published a [journal article](#) documenting this research and the larger MBA partnership to share their experiences and lessons learned with the wider malaria community.



Domestic financing tracking function on Thailand's malaria information system

MBA Framework in Action: Namibia

Developing and validating subnational advocacy strategies

In Namibia, malaria transmission is heterogeneous, with the highest transmission found in six regions spanning the northern and northeastern parts of the country. In recent years, in line with broader government decentralization efforts, greater leadership and management responsibilities for responding to malaria have been delegated to subnational health program staff, necessitating a subnational approach to MBA.

The Namibia National Vector-borne Diseases Control Programme hosted 1.5-day inception workshops for advocacy strategy development, attended by three to five representatives from each high-transmission region. Diverse stakeholders and community members were represented in the strategy development process, from regional health leadership and chief medical officers to frontline malaria program implementers and accountants. Workshop attendees received a technical refresher on the national strategic plan for malaria elimination and were oriented to the theory of change (TOC) approach to advocacy planning and the importance of advocacy as a tool to facilitate an enabling environment for malaria elimination and sustainability. By the end of the inception workshops, participants in each region achieved consensus on one advocacy objective tailored to regional priorities and political or financial barriers to elimination. Participants also began developing a corresponding TOC which they continued to refine after the workshop.

Six months after the initial TOCs were developed, regional representatives reconvened for a one-day strategy validation workshop to identify cross-regional synergies and alignment with national strategies and establish connections with key local and international partners for implementation support. Here, the participants generated stakeholder maps, developed action plans, and identified a focal person to act as a champion and lead local advocacy strategy implementation.



Confirming regional TOCs in Namibia's strategy validation workshop

Improving budget monitoring and expenditure tracking skills through subnational training

The MEI partnered with the Centre for Economic Governance and Accountability in Africa (CEGAA), a South Africa-based civil society organization with expertise in health budget monitoring and expenditure tracking, to strengthen the skills of advocates in Namibia. CEGAA tailored its existing training curriculum to suit a malaria audience and the advocacy implementers' skill levels and desired areas of support, as identified through a baseline capabilities assessment. Targeting regional malaria management teams and multisectoral malaria elimination task forces, the training aimed to strengthen capacity for budget monitoring and analysis and expenditure tracking, and provided advocacy use cases for applying these skills in practice.

The initial training was delivered during a four-day workshop with virtual follow-up to ensure adequate coaching. When advocacy implementers at the regional level faced challenges accessing sufficient data to

perform comprehensive regional budget analyses, CEGAA supported them in identifying data sources and mapping budget processes. A '[Regional Guide for Sustainable Domestic Malaria Financing in Namibia](#)' was developed to provide advocacy implementers with a shared understanding of current budget processes and stakeholders, a prioritized set of identified bottlenecks, and actionable guidance on opportunities to increase transparency and accountability.

To reach a broader set of stakeholders interested in health budget advocacy, including those outside of Namibia, CEGAA's training curriculum was recorded as a three-hour, 14-module [web-based training series](#) with supplemental exercises to reinforce and apply new learnings. The series was offered open-access on YouTube and provided foundational knowledge on health financing and economics, practical skills to analyze and develop budgets, and tactics to influence decision-makers.

Integration of MBA efforts into existing political structures and health networks

After participating in advocacy strategy development and training workshops, advocacy implementers in Namibia's endemic regions knew that if malaria was elevated on the local political agenda, they could generate increased support for elimination and unlock new financial resources to support that goal. To do this effectively and sustainably, they determined that it

would be necessary to leverage existing political structures to include malaria.

With technical support from the MEI, four regions established Malaria Elimination Task Forces (METFs), multisectoral leadership committees working to keep malaria elimination as a top local priority with adequate funding. The METFs comprise local leaders representing government, non-governmental organizations, and faith-based organizations, the private sector, and academia. Guided by region-specific advocacy strategies, the METFs coordinate multisectoral action, engage politicians and communities, and advocate for the integration of malaria into regional operational plans and budgets. The METFs were intentionally embedded within Namibia's Regional AIDS Coordinating Committees, entities overseeing all health and social development activities, and they report to authorities within Regional Councils, Namibia's well-resourced subnational political bodies of elected officials. This placement ensures that minimal investment is needed to sustain the METFs beyond the MEI's catalytic support and elevates the importance of malaria elimination among powerful decision-makers.

The METFs are also well-connected with other malaria advocates and partners in southern Africa, including the African Leaders Malaria Alliance and JC Flowers Foundation Faith Leader Advocacy for Malaria Elimination. The METFs have since supported the launch of the Zero Malaria Starts With Me campaign in Namibia and continue to partner with stakeholders in implementation.



Malaria Elimination Task Force in Kavango East, Namibia

MBA Framework in Action: Sri Lanka

Defining core advocacy arguments and messages in the context of prevention of malaria re-establishment (POR)

After achieving elimination in 2012, the Anti-Malaria Campaign at the Ministry of Health (MOH) in Sri Lanka identified a need for advocacy to keep malaria high on the political agenda, particularly in the context of competing health priorities that threatened to divert malaria resources and put the country at risk for resurgence.

The Anti-Malaria Campaign and the MEI collaborated in the development and adaptation of an advocacy strategy for domestic resource mobilization and sustainable financing for POR at both national and subnational levels. The Sri Lanka advocacy strategy contained a set of powerful, evidence-based messages and arguments that spoke to the country's unique political, financial, and epidemiological context, targeting high-rank government leaders, key ministries (e.g., MOH, Ministry of Finance, Ministry of Commerce) as well as provincial leaders.

Some outstanding messages and arguments from the Sri Lanka advocacy strategy include:

- While malaria elimination should be celebrated, prevention efforts must be sustained.
 - Despite Sri Lanka's malaria elimination achievement, there is a serious risk that malaria could come back.
 - Strong surveillance and response are required to ensure that previous investment and effort are not lost.
 - Historical evidence suggests that if the program does not have enough funding, or if interventions are disrupted before elimination has been certified, there is a real danger of malaria resurging.
- A major resurgence of malaria can be costly and deadly to Sri Lanka's human and economic development.
 - The estimate of the lost income due to malaria's impact on the cognitive ability of children in their future earnings were estimated to be USD 161 million.

- A recent investment case estimates that the malaria resurgence would likely induce about USD 932 million in losses to the tourism industry per year.
- Investing in malaria will save Sri Lanka money.
 - Investing in the malaria program to sustain elimination will have a strong return on investment. For every USD 1 invested, there is an estimated return of USD 13.14.
 - If a resurgence were to occur in 2015, it would cost an estimated USD 162 million. This potential cost pales in comparison to the annual USD 11.86 million required annually to prevent the reintroduction of malaria.

Adaptation of financial planning tool and engagement of advocacy targets

Building on the developed advocacy strategy, the MEI collaborated with the Sri Lanka Anti-Malaria Campaign and the MOH to adopt a World Bank project planning tool for regional malaria officers' use to inform annual provincial budget requests. Originally, the tool was used by regional health officials specifically for activity planning and external funding requests from the World Bank. From 2016–2018, five workshops were held to disseminate the tool and build capacity at the regional level to obtain funds from the provinces to support malaria POR.

Ahead of the 2017 annual budget request preparations, a technical team at the national level conducted a 'roadshow' tour, visiting seven of the country's nine provinces to discuss the need for continued vigilance and sufficient funding for POR.

This messaging was delivered to key subnational stakeholders including regional and provincial health leaders, regional malaria officers, accountants, and MOH planning staff. Anti-Malaria Campaign leadership used the presentation to sensitize and promote budget allocations for malaria POR among provincial and regional health leaderships. The response from policymakers in all visited provinces was positive. MOH policy-makers assured their fullest support for malaria, affirming that malaria activities would be prioritized and protected from budget cuts.

<p>1</p> <p>Malaria elimination: A remarkable achievement for Sri Lanka</p>	<p>2</p> <p>Serious threats could reverse the gains and bring malaria back</p>	<p>3</p> <p>The cost of a malaria resurgence would be catastrophic</p>	<p>4</p> <p>We have the ability to secure Sri Lanka's malaria-free future</p>
<p>After a long fight, the goal has been met.</p> <p>Sri Lanka is a regional leader in malaria elimination.</p>	<p>The mosquito vector is widely present, and cases acquired in other countries could reintroduce the disease locally.</p> <p>Sri Lankans are prone to severe illness and death if the disease returns.</p>	<p>Malaria resurgence: We've seen it before.</p> <p>The cost of inaction is enormous.</p>	<p>The phenomenal return on investment justifies continued prioritization of malaria.</p> <p>We must continue to prioritize malaria funding.</p>
<p>Sustained vigilance and investment is required to keep Sri Lanka malaria-free</p>		 <p>PHOTO: THE GLOBAL FUND/JOHN RAE</p>	<p>This resource was developed by the Sri Lanka Anti-Malaria Campaign with support from the Malaria Elimination Initiative at the UCSF Global Health Group.</p> 

Adaptation of the communication material (table tent) used in the Sri Lanka's roadshow tour

In addition, direct meetings with senior MOH and Ministry of Finance decision-makers using clear, evidence-based messaging paired with a definitive ask resulted in the creation of a new malaria capital expenditure budget line that improved the program's ability to spend malaria financing on POR priorities. Domestic financing for malaria increased by 34%, resulting in USD 250,000 in additional funding.

Monitoring and evaluation of budget advocacy efforts

The MEI worked with the Sri Lanka Anti-Malaria Campaign to develop monitoring and evaluation (M&E) methods and tools for their advocacy work and assess progress and outcomes over the period of MBA implementation. An M&E framework was developed to align with the expected outcomes of the TOC and the advocacy strategy and included indicators of success and guidance on methods for measuring the impact of advocacy.

The M&E framework was utilized throughout the project to assess progress and impact. To gauge changes in the mindsets or capabilities of regional malaria officers that may have resulted from the advocacy intervention, a ten-statement questionnaire was used at five time points to track knowledge, skills, attitudes, and perceptions of regional malaria officers on financial planning and the need for sustainable funding for malaria POR. In addition, an advocacy log was maintained to record activities and outputs throughout the intervention.

A mid-line report was completed to highlight progress since the baseline, impacts, ongoing challenges, and required activities to reach the expected long-term goals. The mid-line report also documented changes in context, the need for advocacy after the mid-line cut-off, key lessons learned, best practices, and recommendations for the next phase of MBA implementation.

MBA Framework in Action: the Philippines

Capacity strengthening on subnational health leadership and governance

The Philippines National Malaria Control and Elimination Program partnered with the MEI, Pilipinas Shell Foundation, Inc., and local organization Zuellig Family Foundation (ZFF) to develop and pilot a health leadership and governance capacity-building program on malaria elimination for municipal and provincial political leaders and health officials. The team developed a technical roadmap for malaria elimination, a scorecard-like tool for provincial, municipal, and village-level elected officials to track (a) the capacity and gaps of their health system, (b) the local malaria situation, and (c) actions to make their local health system more responsive to needs for malaria control and elimination and thereby improve malaria outcomes. The roadmap was based on the WHO building blocks of a health system and had accompanying performance indicators, developed through extensive consultation with local leaders, health officials, and technical partners over nine months.

The pilot intervention—consisting of roadmap orientation and training, a baseline assessment, development of an action plan, follow-up support to implement priority activities, and an endline assessment—was implemented in three locations with varying malaria transmission and urbanicity. ZFF and technical specialists developed and deployed training modules based on assessment results and local action plans, focused on “localization of malaria-supportive policies” and “barangay [subdistrict] health leadership and management workshop for malaria elimination,” among others. Through these training modules and coaching from ZFF, elected executives and health departments were capacitated to work together and engage other stakeholders to improve their performance on scorecard indicators, including the strength of the local health board, and level of coordination among local chief executives and provincial and municipal health officials.

	Leadership & Governance	Health Financing	Human Resource	Access to Medicine & Technology	Information System	Service Delivery
City	Multistakeholder collaboration	Annual city budget allocation for malaria	Functional city malaria task force	Functional supply chain management for malaria	Functional city surveillance system	Functional service delivery system
	Malaria included in city operational plan	Malaria budget utilization		Adequate diagnostic supplies		Management of integrated services
District	Malaria included in district plan	Annual district allocation	Functional district response team	Adequate diagnostic supplies	Functional district surveillance system	Functional district case detection
Sub-district	Malaria included in subdistrict plan	Annual subdistrict allocation	Functional subdistrict response team	No stock-out of first-line treatment	Regular reporting	Coverage of RDT testing sites

Adaptation of a city roadmap presented to local officials in the Philippines. Areas of good and adequate performance were denoted respectively in green and turquoise whereas those below par were highlighted in maroon.