Opportunities to engage the private sector in malaria elimination

Leveraging the resources and expertise of the private sector will help the Asia Pacific achieve malaria elimination by 2030

Overview

- The private sector has resources and expertise that can accelerate malaria elimination in the Asia Pacific region. With declining external support for malaria, engaging the private sector can bridge funding gaps and keep the momentum going.
- Productivity was the most frequently stated motivator for companies to invest in the health and welfare of employees. Charity and goodwill were also commonly cited motivators.
- Due to low prices of commodities globally and declining malaria burdens in some settings, the oil and gas sector is reprioritizing its health investments to focus on issues such as non-communicable diseases and socioeconomic development.
- The travel and tourism sector lacked awareness of health challenges and a means of engagement, although it was the sector that expressed the most interest in getting involved in malaria elimination.
- Governments, development partners, and regional bodies have a role to play in encouraging more private sector participation in malaria elimination. Possible incentives for the private sector include tax schemes, matching commitments, co-financing arrangements, preferential utility rates, recognition awards, acknowledgments, certifications from regional or global entities, and favorable land leasing.

Malaria Elimination in the Asia Pacific Will Require Strategic Partnerships

The Asia Pacific region aims to eliminate malaria by 2030. With 15.6 million cases and 27,700 deaths reported in 2015, the region has the highest malaria burden outside of Sub-Saharan Africa (Figure 1). Significant progress has been made against malaria, but the rise and spread of drug-resistant malaria in the Greater Mekong Subregion (GMS; Figure 2) threatens to undermine the gains made to date and risk resurgences if interventions are relaxed. Countries in the region are increasing domestic financing to meet their needs, but major financing gaps exist with continued declines in donor assistance.

Mobilizing and leveraging the expertise and resources of the private sector presents an unparalleled opportunity to confront the challenge of drug resistance and achieve malaria elimination in the region. Experience from countries like Malaysia suggest that partnerships between the public and private sectors strengthen malaria elimination activities, particularly by serving as a conduit to hard-to-reach and mobile populations.1 Thus, there is an urgent need to understand how the private sector can be engaged to support malaria elimination, including the motivators and incentives for long-term participation.

Figure 1. Confirmed malaria cases by country in the Asia Pacific in 2015²

Figure 2. Distribution of malarial multidrug resistance in 2016³


³ Data and map from the World Malaria Report 2016 of the World Health Organization.
Malaria Elimination Yields Health, Social, and Economic Benefits

Investing in malaria elimination has far-reaching benefits. Eliminating malaria directly contributes to the health security of countries and communities that has been impacted by the disease. Scaling up malaria interventions can be used as an entry point to build stronger health information and disease surveillance systems that will allow the public sector to improve its capacity to detect and report disease outbreaks, respond to public health emergencies, and advance cross-border collaboration. Vector control alongside information, education, and communication (IEC) efforts will have an impact not only on malaria but also other vector-borne diseases such as dengue fever, chikungunya, and lymphatic filariasis (elephantiasis). Strengthened health systems operating in vulnerable and remote communities will be able to better deliver universal health coverage.

This executive brief is a summary of the findings, analysis, and recommendations garnered from private sector business case studies commissioned by the Asian Development Bank through the Malaria Elimination Initiative (MEI) of the Global Health Group at the University of California, San Francisco. The business cases aim to understand how the private sector can be encouraged to invest and participate in malaria elimination efforts in the Asia Pacific region.

Methodology

Seventy interviews were conducted with business operators and key informants in Bangladesh, Indonesia, PNG, and selected countries in the GMS between August and December 2016. Interviews covered three key business sectors: agriculture (plantations), oil and gas, and travel and tourism. These sectors were chosen based on private sector operations in malaria transmission areas, employees’ malaria exposure risk, potential impact of malaria incidence on workers’ productivity, size of contribution to the national economy, size of the labor force, and information garnered from discussions with private sector stakeholders. A total of 21 plantations, 25 hotels and tour companies, three oil and gas companies, five airlines, one mining company, and 15 key informants across these three sectors were interviewed.

A standard questionnaire was developed specifically for each sector. The interviews were conducted in-person, by phone, and through e-mail. Interviewees were selected through purposive and snowball sampling beginning with known contacts.

The State of Private Sector Involvement in Disease Prevention

Malaria was identified as a major health concern in Bangladesh and the GMS. Respondents in the GMS, Indonesia, and PNG stated that malaria cases were declining. Concurrently, dengue was seen as a more pressing health issue in the GMS and Indonesia. Respondents reported experiencing a surge in dengue cases in their communities which affected both children and adults.

Plantations employ both skilled and unskilled workers whose profiles are distinct. Unskilled workers tend to live off-site in local communities, be employed seasonally during planting and harvest seasons, have less access to health insurance, and be less aware of health issues or health-promoting practices. Businesses commonly saw unskilled workers as easily replaceable and inherently transient, with little impact on productivity. In contrast, skilled workers tend to live on-site and are employed full-time. Plantations were sensitive to the productivity and health status of skilled workers and were willing to invest in their health and well-being.

The oil and gas sector is divided into onshore and offshore components. Construction, operation, and maintenance of onshore pipelines and facilities, often in remote jungle areas, lead to increased exposure to malaria and other vector-borne diseases. Employees who travel from non-endemic areas to remote endemic worksites are particularly vulnerable to contract malaria and export it. Companies operating onshore projects have been involved in malaria-related programs and have been important partners in the region. However, the interviewed companies are now reprioritizing their malaria programs due to a decline in both malaria cases at project sites, as well as persistently low oil and gas prices in the global markets.

The travel and tourism sector lacked awareness of health challenges and in identifying the ways in which it can contribute. Respondents also stated that malaria was not actively discussed in industry gatherings. Furthermore, engagement with this sector on public health programs has been low compared to other sectors. Travel and tourism companies were generally enthusiastic to become involved in malaria programs and receptive towards the concept of non-monetary recognition awards as an incentive. However, they were hesitant to be linked directly to malaria as they were concerned that doing so might have a negative effect on tourist arrivals.

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4 Due to time constraints and language barriers, businesses in Viet Nam and China (Yunnan Province and Guangxi Zhuang Autonomous Region) were not included. Businesses in Viet Nam were contacted through e-mail but none responded.
Motivators, Enablers, and Incentives for Private Sector Participation

Productivity was the most frequently stated motivator for companies to invest in the health and welfare of employees. However, this mainly applies to skilled workers, as their absence is seen as having a major impact while unskilled workers are seen as easily replaceable and transient. Respondents in Lao People’s Democratic Republic, Myanmar, and Thailand cited charity as a motivator for their involvement in health programs. In PNG, health and the social license to operate were cited as motivators.

Implementing partners, committed company boards, and good governance were reported as key enablers. Civil society organizations complemented company resources and provided commodities and health expertise. By reflecting different stakeholders and including local communities, diverse company advisory boards can increase awareness of malaria and the elimination agenda. This allows the company to maintain strong commitment, especially within the context of declining case numbers and economic uncertainties. Local and national governments can provide relevant information on the challenges at hand and clear instructions on where the private sector can enable companies to better compliment their initiatives.

In terms of incentives for engaging in malaria activities, respondents mentioned the following non-monetary and monetary incentives: tax schemes, matching commitments, co-financing arrangements, preferential utility rates, recognition awards, acknowledgements, certifications from regional or global entities, and favorable land leasing.

Identifying Priorities

Most businesses interviewed did not measure the return on investment in health in financial terms. Some companies set indicator targets at the beginning of each year for a range of community and workforce directed interventions based on program priorities (e.g., vaccination rates for children under five, bednets distributed, houses sprayed with insecticide, etc.), and periodically report progress against those indicators to their board. Plantations that collaborate with civil society organizations reported that the partner organizations measured the returns based on bednet distribution, malaria mapping, case referrals, community activities, and IEC training.

In the GMS, mobile migrant populations (MMPs) which includes between 3–5 million migrant workers occupy a key position in malaria elimination efforts. Their use of unofficial checkpoints in crossing national borders presents challenges in tracking their movement, health status, and healthcare history. Illegal MMPs also face barriers and difficulties in accessing healthcare services. Border police, military personnel, and local communities have sometimes been overlooked by malaria intervention programs and are thus vulnerable to malaria. In certain areas, MMPs can easily obtain bednets while local communities face stockouts. Ethno-linguistic minorities living in remote and peripheral areas are another key population segment, and their collaboration is crucial. In many border areas of the GMS, language barriers present challenges in conveying health information, collecting data, and accessing healthcare.

Oil and gas companies, along with some business associations in the GMS, are reprioritizing their health investments and corporate social responsibility (CSR) activities away from malaria towards non-communicable diseases and other sectors (e.g., livelihoods and women’s empowerment). The reasons for reprioritization include the decline in malaria cases at project sites, provision of private sector-sponsored clinics and surrounding communities, lack of funding, and declining or low commodity prices for oil and gas, palm oil, and rubber. The recent resurgence of dengue has replaced malaria as a priority in the public and private sectors, thereby diverting attention and resources away from malaria. The global financial crisis and slowing economic growth in China has led to a worldwide decline in commodity prices, negatively affecting companies’ revenue and their interest in health and other CSR programs.

Cross-sectoral and Cross-country Analyses

Awareness is high for malaria and other vector-borne diseases across the GMS and the three case study countries. Plantation owners are more sensitive to the health situation of skilled labor and are more willing to invest in their health and welfare, as skilled workers are harder to retrain and replace and have greater effect on productivity. Migrant workers are an important component of plantations in the GMS, particularly for crops such as rubber, sugarcane, and palm oil.

In the past, the oil and gas sector was a strong partner for engagement in malaria activities. However, due to the economic downturn and declining malaria cases, this traditional partner has become the least receptive sector for further engagement across the GMS, Indonesia, and PNG. They are also reprioritizing their current health interventions towards non-communicable diseases and other socioeconomic issues. Oil and gas companies do not perceive health as part of their core business or competencies.
Across the GMS and the case study countries, the tourism sector was the least aware yet most willing sector for cooperation on malaria elimination. Tourism associations are crucial platforms to engage with relevant tourism authorities and stakeholders, as they have the capacity to influence a larger number of businesses and to set industry standards and norms. Malaria and other vector-borne diseases are seen as directly affecting the tourism sector’s core business.

The interviewed companies were generally receptive to being involved in malaria elimination. Most businesses preferred the public sector to take the lead and provide clear guidelines and instructions on what the businesses can do such as having malaria volunteers on-site, implementing vector control measures, and standardizing IEC programs. Companies were also unwilling to conduct activities that overlapped with services offered by the government. In PNG, the three interviewed companies have established respective foundations with delineated functions—the company continues to focus on revenue generation, while the foundation focuses on the CSR.

Recommendations for Malaria Stakeholders

Governments

Local and national governments can provide relief or credits on corporate, payroll, and property taxes. Special acknowledgements or awards by relevant ministries can serve as non-monetary incentives and promote best practices to other companies. Extending the social licensing timeframe for companies involved in malaria and other health activities can aid with longer-term planning processes for CSR. Providing a national regulatory framework with clear guidelines, requirements, and action points will enable private sector companies to better leverage their involvement in health.

Other possible activities include mandating companies to undertake health checks for workers, streamlining access to healthcare for communities in malaria-endemic areas, removing barriers for vulnerable populations such as MMPs, and leveraging the private sector’s sources of innovative solutions. It can also promote public-private partnerships, including linkages with think tanks and academia. Such partnerships should have a clear value proposition, encourage in-kind contributions, and communicate the message that links malaria to other vector-borne diseases and health security, particularly in the context of growing drug resistance. Another activity is to map businesses and malaria hotspots to identify the communities and businesses at the highest risk of malaria transmission, and to support advocacy and resource mobilization efforts by visually highlighting the threat of malaria directly to businesses.

MDBs and partners

MDBs and partners can establish closer linkages with chambers of commerce and trade unions, influence the development of standard operating procedures, and provide specific checklists of activities that business can comply with. Programs that encourage and equip the private sector to measure their health investments in financial terms can be supported and organized, concurrently to highlight the financial implications of malaria elimination (or the cost of inaction). MDBs can also help craft regulations that require health impact assessments or mandate companies to set aside a certain amount for their malaria and CSR. Another possibility is to reach out to corporate leadership to raise awareness of board members for private sector buy-in and to maintain commitment, particularly in low-endemic settings and in the face of economic uncertainties.

MDBs and partners can also confer recognition of companies’ contributions through awards, special mentions, and acknowledgements—such awards can be tiered based on a point system. Furthermore, they can provide innovative financing options to companies that are development-impact oriented and willing to consider services or infrastructure for health. MDBs and partners can also collaborate with CSR consultants to place health as a corporate priority for companies, and to disseminate ways in which corporations and companies can contribute.

Regional entities

Regional platforms such as the Asia Pacific Leaders Malaria Alliance (APLMA) and Association of Southeast Asian Nations (ASEAN) can establish closer linkages with platforms representing businesses and workers, such as chambers of commerce, trade unions, corporations, and industry associations. They can also confer recognition awards based on a point system to acknowledge companies’ contribution to malaria elimination. Regional entities can also promote the involvement of regional private sector networks, reengage business coalitions, and reach out to foundations as well as other new partners.

ASEAN and its component organizations (e.g., ASEAN Sustainable Development Committee, ASEAN Tourism Association, and relevant health clusters under the ASEAN Senior Officials Meeting on Health Development)
The Malaria Elimination Initiative (MEI) at the University of California San Francisco (UCSF) Global Health Group believes a malaria-free world is possible within a generation. As a forward-thinking partner to malaria-eliminating countries and regions, the MEI generates evidence, develops new tools and approaches, disseminates experiences, and builds consensus to shrink the malaria map. With support from the MEI’s highly-skilled team, countries around the world are actively working to eliminate malaria – a goal that nearly 30 countries will achieve by 2020.

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