Opportunities for Corporate Sector Engagement in Malaria Control in the Asia-Pacific
The Roll Back Malaria Partnership (RBM)
RBM is the global framework for coordinated action against malaria. Founded in 1998 by UNICEF, WHO, UNDP and the World Bank and strengthened by the expertise, resources and commitment of more than 500 partner organizations, RBM is a public-private partnership that facilitates the incubation of new ideas, lends support to innovative approaches, promotes high-level political commitment and keeps malaria high on the global agenda by enabling, harmonizing and amplifying partner-driven advocacy initiatives. RBM secures policy guidance and financial and technical support for control efforts in countries and monitors progress towards universal goals.

The Asia-Pacific Leaders Malaria Alliance (APLMA)
APLMA was born out of the 2013 East Asia Summit and seeks a malaria-free Asia-Pacific, aiming to contain the spread of drug resistant forms of malaria and reduce malaria cases and deaths by 75% by 2015 by expanding the fight against the illness out from the health sector into the arenas of regional trade in counterfeit or low-quality medicines, migration, deforestation and climate change. To accelerate progress on malaria control and elimination and accelerate containment of artemisinin drug resistance, APLMA will unite countries and promote regional political leadership and collaboration; APLMA will drive progress and accountability to reduce malaria cases and deaths by 2015 and contain the spread of drug resistant malaria, undertake high level policy advocacy in the Asia-Pacific and keep malaria high on the region's agenda.

GBCHealth
GBCHealth is a non-profit organization dedicated to leveraging the power and resources of the private sector to meet today’s most pressing health challenges, including accelerating business action to achieve the health-related Millennium Development Goals (MDGs). Founded in 2001 under the leadership of Ambassador Richard C. Holbrooke, GBCHealth has worked with hundreds of companies, individually and in partnership, to address health issues in their workplaces and communities where they operate. GBCHealth currently serves as the Focal Point for the Private Sector Delegation to the Global Fund Board, as the Focal Point for the Roll Back Malaria Partnership’s Private Sector Constituency, and as the lead implementer of the Corporate Alliance for Malaria in Africa (CAMA).
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EXECUTIVE SUMMARY

On September 29, 2014, a forum was held on “Opportunities for Corporate Sector Engagement in Malaria Control in Asia-Pacific” at the Shangri-la Hotel in Yangon, Myanmar. The forum was co-hosted by Asia-Pacific Leaders Malaria Alliance (APLMA), the Roll Back Malaria (RBM) Partnership, and GBCHealth, in partnership with the Myanmar Health and Development Consortium (MHDC), Malaria No More, and the Global Fund to Fight AIDS, Tuberculosis and Malaria, and with support from Sanofi.

Building on a previous meeting with private sector representatives held in Myanmar in 2014 (see Annex 1), the forum brought together over 100 participants from the business community, government, donor organizations and implementing partners representing Thailand, Myanmar, Vietnam, Papua New Guinea, and Cambodia for a one-day working meeting to identify how and where the private sector is able to enhance and accelerate malaria control and elimination efforts in Asia Pacific, particularly in the face of challenges such as drug resistance.

Discussions were centered on panel presentations and breakout sessions to drill down to concrete actions that can be executed over the course of the next year. Highlights of the discussions included:

- With 22 malaria-endemic countries in the Asia-Pacific, the region is home to over 2 billion people at risk of infection and accounts for approximately 32 million cases of malaria infection and 47,000 associated deaths each year. With the ASEAN Free Trade Agreement expected to be enacted in 2015, and in light of broader ASEAN regional economic integration, malaria poses a major threat to both local companies and large-scale development and infrastructure projects.

- Malaria elimination is costly - funding needs to reach elimination by 2030 are projected at US $3.2 – 3.9 billion. However, the cost of inaction in the long-term could result in upwards of US $4 billion needed per year to reach elimination if parasite resistance continues to spread.

- Targeting at-risk populations, particularly migrant workers at their points of arrival and departure, is an essential pre-requisite to managing resistance and controlling malaria across borders.

- Partnerships are critical to continued success, and they will require well-thought through approaches that clearly identifies and capitalizes on the core competencies of each partner including the private sector.

- While cash contributions from companies are helpful, core competencies from
the corporate sector are also important, including marketing and data analysis, logistics management, financial oversight, and strategic planning, especially when problem-solving on issues such as health systems strengthening for malaria.

- Leaders and brands in the private sector can provide large-scale visibility on and build awareness for malaria issues by leveraging their marketing and peer platforms, independently as their CSR campaigns or in partnership with governments and NGOs for advocacy initiatives.

What was evident from the meeting is that participants clearly recognized the value of the private sector – both corporate and private health practitioners – if the region is to truly meet targets set to achieve malaria elimination efforts by 2030. With that in mind the following key recommendations were highlighted as critical actions in order to move forward the dialogue more concretely:

1. Re-think and strengthen the business case for malaria intervention, including support for a business case developed by the private sector for the private sector

2. Enhance dialogue within and across public and private sectors by including the private sector as a key partner from the get-go in strategic discussions at a national and regional level.

3. Large companies can mentor smaller companies via industry associations or chambers of commerce’s as they seek to develop their workplace and community activities

4. Governments and regional mechanisms can strengthen regulatory policies and protocols by establishing a central procurement process to support the profitability of quality commodities and help minimize entry of low-quality products, including monotherapies into markets.

5. Regional institutions, governments and companies working on major developmental infrastructure projects can use Health Impact Assessment to maximize gains and mitigate risks to health, including malaria.

6. Formulate a strategy to engage migrants through the entire path of migration, in partnership with trade and labor unions, community-based organizations and private sector operators

7. Develop a menu of concrete engagement options for the private sector that are data-driven, tied to results and able to be tailored to various industries and geographies

8. Create regional campaigns that mobilize crossindustry as an influential policy actor, highlighting the urgency and impact of malaria elimination efforts.

9. Create opportunities for demand-driven innovations or ‘reverse’ innovation to turn costs and challenges into results and opportunities
Dr. Benjamin Rolfe, Executive Secretary, a.i. of APLMA welcomed guests on behalf of the co-hosts and introduced the keynote address by Dr. Kyaw Zin Thant, Director General of the Department of Medical Research (Lower Myanmar) on behalf of the Minister of Health of Myanmar H.E. Dr. Than Aung.

In his keynote address, Dr. Kyaw Zin Thant emphasized the formidable challenge posed by malaria and artemisinin resistance, particularly in economically strategic countries in the Greater Mekong Sub-region where the flow of trade and labor risks accelerating their spread. Dr. Kyaw Zin Thant encouraged regional governments to conduct environmental and health impact assessments for large-scale development projects to assist malaria intervention efforts. He emphasized Myanmar’s role as a focal point within the Association of Southeast Asian Nations (ASEAN) to achieve elimination by 2030 and noted the forum’s unique gathering of public and private sectors providing an opportunity to existing platforms in formulating regional strategies for malaria and artemisinin resistance.
Unprecedented economic growth in the Asia-Pacific region has lifted millions out of poverty, but has brought with it new challenges. The improved connectivity that facilitates trade and commerce can also bring new threats to human health and development. Extraordinary progress in controlling malaria is now under threat from emergent resistance to malaria drugs. This poses a threat to global gains against malaria and to the health and development of the Asia-Pacific region more specifically. The opening plenary provided an up-to-date landscape analysis of the malaria burden in the region, including challenges surrounding resistance. It also highlighted opportunities for the private sector to partner with the public sector to scale up malaria control efforts with a focus on how to address challenges for the business community.

**Key Take-Aways:**

- While a scale-up of interventions in the Asia-Pacific has averted over 80 million malaria cases and over 100,000 associated deaths since 2000, the emergence of parasite resistance to Artemisinin will be catastrophic if left unchecked.

- Corporate engagement in regional malaria control and elimination efforts will help ensure that employees and communities are protected with credible messages, affordable and accessible diagnosis, treatment and care while contributing to regional economic growth through productive businesses and thriving communities.

- Elimination is an attainable and affordable objective if action is taken now.

**Actions and Opportunities for Business:**

- Comprehensive malaria intervention programs for corporate workforces can be expanded to include workers’ families and surrounding communities.

- Companies can partner through the Global Fund’s Innovation Hub to contribute core competencies, skills and expertise to the fight against malaria.

- The corporate sector can help fill critical financial gaps resulting from declining external funding since 2012, including by making earmarked or “top-up” contributions to country malaria grants through the Global Fund.

- Private sector research and development can help activate new tools to translate regional policy into national practice and to develop new treatment options, including alternatives to Artemisinin Combination Therapy (ACT).
Opportunities for Corporate Engagement in Malaria Control in Asia-Pacific

**Presenter 1 – Patricia Moser, Lead Health Specialist, Regional Sustainable Development Department, Asian Development Bank**

Ms. Moser stated the importance of ADB’s involvement in malaria due to the specific threat it poses to development and progress in the Asia-Pacific. She noted that drug resistance and high mobility, coupled with rapid economic growth, can produce disastrous public health consequences.

Three reasons for corporate sector support in malaria intervention include: 1) ensuring that regional growth remains robust; 2) employee and community wellbeing; and 3) malaria elimination is achievable and affordable and represents doing the right thing. In order for the corporate sector to reap all economic gains, close attention must be paid to combating communicable diseases, with special attention to malaria interventions to maintain a healthy workforce. A marginal investment by the corporate sector can result in a large, positive impact. The presentation concluded with a recommendation to take a three-pronged approach to reduce vector presence, human exposure, and malaria parasitemia through collaboration among governments, global institutions and donors, and the corporate sector.

**Presenter 2 – Dr. Urban Weber, Head, High Impact Asia Department, The Global Fund to fight AIDS, Tuberculosis and Malaria**

Dr. Weber presented the status of the Global Fund’s activities on malaria. Since its inception, it has distributed over 360 million insecticide treated nets (ITNs), allocated around USD 300 million in 2014-2017 for malaria and artemisinin resistance in the Greater Mekong Sub-region and made available an additional USD 100 million for a period of three years as part of the Regional Artemisinin Resistance Initiative (RAI) grant to address artemisinin resistance in Cambodia, Laos, Myanmar, Thailand, and Vietnam.

The presentation included brief examples of ongoing corporate sector engagement by multinational companies (MNCs), including Oil Search, Shell, Chevron, and AngloGold Ashanti. Dr. Weber highlighted the “Last Mile” project - an initiative led by The Coca Cola Company to reach some of the most rural communities in Africa with health commodities and care. The partnership involves the Ministries of Health of Tanzania and Ghana, the Bill and Melinda Gates Foundation, USAID, and Accenture Development Partnerships, and provides technical assistance to Global Fund grant recipients in each country to improve procurement, management and delivery of medicines and vaccines to remote areas.

Dr. Weber also emphasized the Global Fund’s Innovation Hub – a multilateral initiative building on core competencies of the private sector and not-for-profit organizations – as a platform for companies to engage in partnership with the Global Fund and grant recipients.

The presentation concluded with recommendations and possible means of corporate sector engagement in malaria intervention by: 1) making improvements in health services; 2) expanding workplace health programs into the communities, starting with workers’ families; and 3) making direct cash contributions to the Global Fund (e.g. earmarked to specific funds/grants or top-up existing grants/funds).

**Presenter 3 - Dr. Walter Kazadi, Coordinator, World Health Organization’s Emergency Response to Artemisinin Resistance**

Dr. Kazadi highlighted the Sydney Consensus on malaria as a critical milestone in addressing malaria as a regional problem and noted that while the overall regional malaria burden is in decline, the emerging threat of artemisinin resistance can prove to be catastrophic if left unchecked. The framework of the ERAR includes a role for involvement of every actor especially the corporate sector.

Dr. Kazadi further highlighted the need for a regional, collaborative effort through regional mechanisms with the corporate sector playing a significant role, in: 1) addressing the funding gap (funding has fallen since its peak in 2012 and the contribution of the corporate sector is crucial); 2) the search for alternatives to Artemisinin Combination Therapy (ACT) as artemisinin resistance is now turning into multidrug resistance; and 3) acquiring new tools to transfer regional policy into practice on a national level.
Discussions

Discussions at the closing of the session were on the problem of substandard and counterfeit ACT drugs, the possibility of replicating The Coca-Cola Company’s “Project Last Mile” regionally, and the cross-sectoral coordination challenges in malaria intervention.

Proposed solutions to eliminate substandard ACT drugs included stricter enforcement of government regulations and the private sector taking the responsibility to deliver only quality assured ACT drugs at affordable prices. The Coca Cola Company’s “Project Last Mile” in Africa on improving supply chain management for malaria activities was proposed as a model for replication. Recommendations to overcome cross-sector coordination challenges included mobilizing both higher and lower level involvement in national policymaking and mustering more willingness in all sectors for engagement.

Resources


The Coca-Cola Company “Project Last Mile”: http://www.coca-colacompany.com/projectlastmile
Companies have an excellent opportunity to demonstrate not only their corporate social awareness but also their good citizenship by actively engaging in malaria interventions in their workplace and within their immediate areas of operation. A healthy and productive workforce and community mean a healthy and economically sound business and economy.

**Key Take-Aways**

- Private sector collaboration with national malaria programs can provide private sector programs with access to appropriate standards, training and recommendations to ensure quality of services and coordination aligns with national goals and standards.

- Comprehensive workplace programs can achieve drastic results reducing malaria among employees and at work sites, creating healthier communities and a more productive workforce.

- Actions and Opportunities for Business: Companies can participate in or support existing business mapping for malaria projects in regions where they exist, or help initiate mapping exercises in additional areas with appropriate partners.

- Employers can provide access to rapid diagnostic tests (RDTs) and appropriate treatment for new or migrant workers at the beginning of employment to identify new malaria cases, and conduct advocacy and training for workers in affected areas to use long-lasting insecticide-treated bed nets (LLINs), mosquito repellent and/or repellent-impregnated clothing or uniforms.

- Private sector core competencies in areas such as logistics, financial management, research, information technology and communications can be leveraged to enhance public sector interventions.

- Private sector partnerships with governments and other stakeholders to enhance internal processes and assist with strategic plans can be achieved not only through cash contributions but also in secondments or fellowship programs.

- Senior business leaders, including CEOs of multinational corporations, can be effective and prominent advocates for malaria goals by leveraging their voice and influences with government officials, other sectors, and their industry peers.

- Companies can join accreditation schemes, including in countries such as Myanmar by pledging to provide access to malaria diagnosis, treatment and prevention resources through the work site.
Opportunities for Corporate Engagement in Malaria Control in Asia-Pacific

Presenter 1 - Sandii Lwin, Managing Director, Malaria Health Development Consortium

Although Myanmar has 50 percent of the malaria burden in Mekong Region and three quarters of malaria deaths, it remains the lowest donor funding recipient country regionally. Rapid economic reforms mean that the country is fast re-connecting with the rest of the region with potential for the spread of artemisinin resistance.

The country’s first malaria forum on corporate sector engagement was held in November 2013. Over 170 corporate sector attendees from across various sectors of Myanmar’s corporate community were present, and 17 signed on to a Myanmar-specific accreditation scheme whereby companies - a) pledged to educate themselves on malaria diagnosis and treatment and ultimately set up facilities to provide free universal access to their workforce with quality assured drugs within 24 hours of onset of illness; b) educate staff on prevention and provide free access to preventive measures; and c) collaborate with the National Malaria Control Programme to work on malaria intervention. To date, 40 corporate sector partners have signed on to the accreditation scheme (with a goal to obtain 100 companies to sign up by end of 2015), which is a unique public-private partnership collaboration model where companies will be provided with all required malaria commodities, prevention and treatment utilities, in exchange for regularly reporting of progress on combating malaria.

The first ever business mapping for malaria was also presented at the forum for Tanintharyi region, which included: business locations; mapping businesses against population density; mapping the businesses and population density against malaria endemicity; and business sector mapping. The mapping has been an asset and much needed data for strategic malaria intervention and business and GPS mappings, including migrant data, are currently underway for Mon State. One or two large companies will also be selected to jointly develop mechanism for tracking migrant/mobile workers.

Presenter 2 - Dr. Khin Maung Tint, Public Health Supervisor, TOTAL E&P Myanmar, CSR

Malaria activities in TOTAL’s Yadana Pipeline Project area are carried out under TOTAL’s socio-economic program, which is offered not only to the workforce, but also to local communities since the local workforce comprised 85 percent of the community. More than USD 34 million has been spent on both social welfare and healthcare since the program’s inception in 1995. Over 5,000 ITNs have been distributed, transportation fees paid for hospitalization, with 58,995 out-patient cases treated and 5,004 cases hospitalized. By 2012 and 2013, malaria mortality was at a zero.

Dr. Khin Maung Tint highlighted several critical factors that have enabled the success of the company’s malaria program including: 1) research activities – invited researchers from Department of Medical Research (Ministry of Health) for drug sensitivity test, entomology survey, immunity detection; 2) curative activities – microscope, Rapid Diagnostic Tool (RDT) kits, updated guidelines, early referral; 3) Day-3 parasitemia examination, early referral (using village radio telephone to request ambulance from Kanbauk Hospital); and 4) preventive activities – impregnation of nets, larva control activity, and continuous health education.

Challenges to TOTAL’s malaria program include: 1) easy availability of anti-malaria drugs at village shops (PSI now providing quality assured drugs under Padonmar brand); 2) imported malaria cases due to migration (employed by other companies – proposed solution to pre-employment RDTs); 3) advocacy for use of ITNs and LLTNs; and 4) advocacy and training for plantation workers to use mosquito repellant or wear impregnated clothes/uniforms.

Presenter 3 - Professor Maxine Whittaker, Coordinator, Asia-Pacific Malaria Elimination Network (APMEN)

Professor Whittaker presented on APMEN’s development as a peer to peer coordination effort among 16 country partners, its work guided by annual work plans developed by country partners – 5 year strategic plan currently in existence, and country level partnerships in collaborating with relevant ministries for implementing strategies and governments for
Opportunities for Corporate Engagement in Malaria Control in Asia-Pacific

Policy formulation. APMEN fills the gap to assemble various actors through advocacy and outreach to affected populations, especially where member country government personnel, being technical experts, are not comfortable conducting advocacy and outreach.

Work has been done in Malaysia with private sector on malaria intervention activities at plantations, in Aceh on community consultation (elimination getting closer), and in Palawan (Philippines) on training community malaria volunteers. Professor Whittaker listed 7 corporate sector opportunities for engagement: 1) enhancing logistical and supply chain networks especially in remote areas; 2) sharing financial management skills, often a bottleneck within public sector agencies; 3) laboratory research already done by private sector can complement public sector work; 4) Private sector especially MNC CEOs have access to high level government officials/sectors and other CEOs for advocacy; 5) support capacity development of public sector staff especially in funding research, secondments, government employee fellowships for malaria; 6) use of information and communication technology (ICT) applications; and 7) providing cash contributions to regional agencies.

Discussions

A key area of interest from participants was in the data collection process and sharing from both TOTAL and MHDC.

Dr. Khin Maung Tint highlighted that data collected on migrant workers is done via three mechanisms: 1) from TOTAL clinics where the majority of information is stored confidentially; 2) a TOTAL doctor is assigned to Kanbauk Hospital (area township hospital); and 3) TOTAL collects malaria data from other companies in the area - collaboration exists among businesses. TOTAL’s representative added that the TOTAL program’s community health benefits are evident as the workforce is primarily from the local community.

Ms. Lwin indicated that MHDC shares its data from malaria business mapping with MOH and is exploring options for expanded resource sharing. The proposed future strategy on malaria, once it ceases to be a priority disease, is to design a new model where the entry point of engagement remains malaria, but the health system as a whole is supported so that malaria continues to be treated efficiently until eradication can be achieved.

Resources:

MHDC Accreditation Scheme:
For more information, please contact MBCA (hsuhsuphyo@googlemail.com) and MHDC (info@myanmarhdc.org).

Asia Pacific Malaria Elimination Network:
http://apmen.org
As borders become more open and regional cooperation and investment opportunities become more viable through the ASEAN Free Trade Agreement to be enacted in 2015 and broader ASEAN economic integration, there will be an increasingly mobile workforce engaged in large-scale private sector activities throughout the region, including highly endemic areas. This panel provided an overview of challenges and approaches to reaching key affected populations such as migrant workers and to targeting efforts in key geographies such as border regions and resistance hot spots.

Key Take-Aways

• Employers are major gatekeepers to the population of over 30 million migrants who live and work in Asia. These populations are particularly vulnerable to malaria due to exposure through their work environments or living conditions, lower access to healthcare services, education and information, cultural and linguistic barriers, and social or legal discrimination and marginalization.

• Cooperation between governments and across sectors is critical to successful cross-border partnerships.

Actions and Opportunities for Business:

• Companies, including small- and medium-sized enterprises, can craft effective programs to reach migrant workers through worksites, including conducting screening and surveillance, providing access to behavior change communications tools, and treatment and prevention tools and resources.

• Private sector programs can deploy mobile-health solutions to acquire real-time data on malaria in key populations and feed results into national programs.

• Companies can use the interactive web tool from Malaria Consortium and Montrose to enter company-specific information via a web platform and receive customized advice on practical solutions and program opportunities to confront malaria.

• Border Health Strategy 2012-2016, which includes various stakeholders – the Ministry of Health, local and international NGOs, and the private sector.

• Companies working in Thai border areas, especially hot spots for transmission of resistance-malaria, can contribute to the multi-sector Cross-Border Strategy 2012-2016, which aims to provide quality healthcare services to the diverse populations living and working in the areas and to develop strong information systems and mechanisms for cross-border patient care (transfers, referrals and follow-up), family- and community-based health promotion programs, surveillance and emergency responses.
Opportunities for Corporate Engagement in Malaria Control in Asia-Pacific

Presenter 1 – Dr. Patrick Duigan, Program Manager, Migration Health, International Organisation for Migration (IOM), Myanmar

With Asia being home to two-fifths – or 30 million – of the world’s migrant populations Dr. Duigan emphasized the need for all stakeholders, including the private sector, to prioritize mobile and migrant workers in malaria interventions and strategies. As companies expand their footprint, particularly those who employ significantly large numbers of laborers, the urgency and opportunity to engage on malaria interventions for this population is tremendous. Migrants are often: 1) at higher risk for exposure to malaria and resistant-strains because of working environments; 2) living conditions; 3) having less access to healthcare; 4) exclusion and discrimination; and 5) often coming from lower socio-economic backgrounds and as a result possessing less education and knowledge especially on health matters.

Challenges in corporate sector engagement on migrant malaria intervention include: 1) migrants not always being included in local plans for malaria response; 2) problematic legal status of undocumented migrants; 3) challenges to access migrant populations; 4) unwillingness of employers to provide access to migrant employees; 5) language, cultural barriers and discrimination; and 6) lack of willingness of employers to allow outreach activities due to sensitivity of workplaces (e.g. extractive industries).

Solutions to the challenges include: 1) raising awareness for the corporate sector to recognize the seriousness of malaria and drug resistance to enable them to take responsibility toward their own workforce; 2) corporate sector engaging in malaria response at all levels – e.g. headquarters, worksites, with suppliers; 3) mapping priority areas for effective targeting, especially with limited available resources; and 4) exploring various public-private partnership models to tailor for company specific needs for optimal engagement.

Presenter 2 - Dr. Sylvia Meek, Technical Director, Malaria Consortium

Dr. Meek stated that the private sector is not only the real link to migrant workers, but also a substantial provider of health services in the region. Practical measures to enhance private sector engagement include: 1) increasing access to information for employers, employees, and independent workers; 2) improved malaria surveillance among workforces and communities in endemic areas; and 3) more effective tools for vector protection.

Access to information includes: a) consistent private sector inclusion in stakeholder meetings on planning and identification of opportunities for engagement; b) innovative behavior change communications for workforces; c) providing user-friendly advice on malaria control. A user-friendly tool has been developed by the Malaria Consortium and Montrose – an interactive web resource to support malaria control decision-making for private sector operating in Asia Pacific, where companies plug in company-specific information vis-à-vis malaria into the web based program and receive solutions to their malaria challenges, along with tailor-made, practical advice on possible methods of engagement. On surveillance, in addition to border screening checkpoints in endemic areas, mobile health solutions are also effective in acquiring and reporting real-time data on malaria cases. Innovative measures of vector protection include the possibility of providing
malaria “travel packs” for migrants crossing borders in endemic areas.

**Presenter 3 - Mr. Promboon Panitchpakdi, Executive Director, Raks Thai Foundation, on Raks Thai Foundation and Malaria**

Raks Thai Foundation began with work on HIV prevention and eventually added tuberculosis and malaria. The presenter stated that over 3 million migrants are flowing into Thailand from neighboring countries, with 80 percent from Myanmar alone. Migrants are highly vulnerable in foreign countries and are often financially and socially heavily dependent on their employers.

Although Raks Thai can access migrants through volunteers, the case of undocumented migrants is problematic and many cannot be reached without the crucial support of global partners such as the Global Fund. Employers are the gatekeepers to all migrant workers, especially undocumented ones. It is important to note that while larger companies have wider reach, more skills, and higher capacity to configure innovative approaches to malaria intervention, many migrants (especially undocumented workers) are employed by small and medium enterprises (SMEs) that have lower levels of skills and capacity to invest in their workforce.

**Presenter 4 - Dr. Wichai Satimai, Medical Officer Advisory Level from the Ministry of Health, Thailand**

Thailand stands at the intersection of trade links and transportation networks in mainland South East Asia. It has one of the largest numbers of migrant workers within ASEAN, and is faced with the challenge of artemisinin resistance. In response to migration related public health concerns, the Thai government adopted the Border Health Strategy 2012-2016, which includes various stakeholders – the Ministry of Health, local and international NGOs, and the private sector.

The Strategy aims to develop: 1) health facilities to meet their standard criteria; 2) a friendly healthcare service system that welcomes and accommodates a diverse population; 3) transfer system for cross-border patients and/or referral and follow-up system for patients from temporary shelters; 4) an information system and exchange information mechanism among concerned agencies; 5) a health promotion system for family and community levels; 6) stronger surveillance system, disease control, and consumer protection for health products; and 7) a public health emergency response system at border and cross-border areas.

The Thai government also takes part in various cross-border mechanisms concerning malaria intervention – bilateral MOUs between regional Ministries of Health, annual meeting of those Ministries on all diseases of concern including malaria, Mekong Malaria Program Manager meeting, Myanmar-Thailand-Cambodia Local Health Authorities Biannual meeting (Province/State level), and Global Fund RAI. Thailand has a total of 352 malaria posts, (319 of them at provinces along the borders), 25 posts right on the border, and 231 health promotion hospitals and 153 district hospitals in border areas.

Proposed corporate sector cooperation includes: employers investing in malaria prevention, early diagnoses, and treatment for staff; private clinics pledging to test, treat, and report cases; companies contributing in various ways to malaria efforts as CSR; and corporate sector supporting research, training, etc., related to malaria. Current challenges to malaria intervention in Thailand are language barriers (in accessing migrants), difficult access to conflict affected areas of the country, artemisinin resistance, and the resurgence of malaria in certain areas of the country.

**Discussions**

Discussions included the need for more studies: to collect evidence on efficacy of repellants; to advocate for more funding for repellants, along with behavior change advocacy for increased utilization; for effective monitoring of source of LLINs and ITNs delivered by aid agencies and governments; and stricter enforcement of regulations – one source of malaria resurgence in Southern Thailand is due to illegal woodcutters working in secrecy at night.

**Resources:**

Malaria Consortium and Montrose: http://www.malariaconsortium.org/
BUILDING AWARENESS AND RESOURCES: THE INVESTMENT CASE FOR MALARIA

The last panel of the morning laid out the basic economic impact of malaria in the Asia-Pacific and explored approaches to financing and advocacy in order to ensure adequate tools and resources to reach malaria goals in the region.

Key Take-Aways

• Achieving full malaria elimination is the best way to eliminate Artemisinin resistance, which is has now been detected in Cambodia, Myanmar, Laos, Thailand and Vietnam.

• If global and regional partners act now, eliminating resistance is projected to cost between USD 3.2 – 3.9 billion over the next 15 years; however, if progress is delayed and resistance is allowed to spread further, combatting it could ultimately cost as much as USD 4 billion per year.

• Industry can play an essential role in health service delivery and filling gaps in national programs.

Actions and Opportunities for Business:

• Companies can support the Asia-Pacific Leaders Malaria Alliance (APLMA) in its work engaging in policy and advocacy work to support service delivery and innovative financing opportunities.

• Business leaders can be effective advocates within their industries to embark on innovative partnerships across the private sector and with national and provincial governments though industry-wide cooperation and pooled financing mechanisms.

• Business mapping activities can identify where companies already have significant reach in endemic areas and where there are critical gaps that need attention.
Presenter 1 - Dr. Benjamin Rolfe, Executive Secretary, a.i., APLMA

Dr. Rolfe stressed the importance of the sector as the engine of growth, and the need for the corporate sector to engage in malaria interventions to protect growth. Also as a strategy to protect employees and their communities by delivering services. This can be through supporting areas of operation, health systems, the universal health coverage revolution, and financing, and by engaging in policy debates around health, including the financing agenda. APLMA’s nature as a multi-sector alliance and a leaders’ initiative makes it particularly well suited to engaging the corporate sector. The Alliance aims to build a consensus at the highest levels to seek an Asia-Pacific free of malaria by 2030.

Presenter 2 - Professor Arjen Dondorp, Deputy Director, Mahidol Oxford Tropical Medicine Research Unit, Mahidol University, Chair of the Regional Steering Committee of the Regional Artemisinin resistance Initiative (RAI)

Professor Dondorp reminded that current malaria control efforts must shift their focus more on the emergency situation of artemisinin resistance and eradicate the threat through p.falciparum elimination. Drug resistance is now present in all five countries (Cambodia, Myanmar, Laos, Thailand, and Vietnam) and risks spreading to other regions.

Acting now to combat artemisinin resistance is expected to cost between USD 3.2 to 3.9 billion over a period of 15 years. However, failure to take immediate action will result in the surge of drug resistance and may cost USD 4 billion per year.

Professor Dondorp states, “We have to realize that getting rid of artemisinin resistance while we don’t have other drugs available yet, is the same as eliminating p.falciparum in the region. We are on our way to diminish malaria but from modeling efforts that are shown in practice, we know that if we give up to early then we will see a massive resurge in malaria which is now more resistant because the last parasite will be resistant. That has important implications when we start this endeavor that we have to continue it till the very end.”

That means that we have to be aware of the cost – of course it’s quite difficult to make a cost estimate, but two groups have been doing it now. (The) WHO came up with a number between USD 3.2 to 3.6 billion over 15 years, which is around USD 230 million per year. The UCSF has also come up with similar numbers. So people have to commit to that sort of demands.”

Professor Dondorp also added that in the “last mile” of malaria elimination efforts, asymptomatic parasite carriers must also be targeted for treatment to reach full elimination of malaria in the region.

Presenter 3 – Dr. Tim Siegenbeek van Heukelom, Manager, Business Intelligence and Communications, Oil Search Health Foundation.

The presentation focused on the Papua New Guinea (PNG) Industry Malaria Initiative (PIMI), an innovative private sector initiative operating under the auspices of the Oil Search Foundation to support resource operators (energy, mining, and agribusinesses) to create public-private partnerships with host provinces to accelerate implementation of the PNG National Malaria Control Strategy.

The PIMI objectives are: 1) to enlist the country’s resource sector companies to accelerate implementation of the National Malaria Control Strategy; 2) to encourage the private sector to focus on malaria and be a cohesive country unit with converging vision and commitment – not as individuals; 3) to facilitate public-private partnerships between industry and Provincial governments, to scale up malaria control in industry specific areas; 4) to endorse the essential role of industry as an integral part of health service delivery in PNG; 5) to gain full support from the National Department of Health by aligning all interventions with the National Malaria Control Strategy; and 6) to aim for malaria elimination in PNG by 2050 through collective impact.

The PIMI strategy is supported by the National Department of Health, which provides policy support in establishing public-private partnerships with the provincial administrations involved. PIMI operates in four different implementation models: 1) Operating Lease – resource operator works on malaria control and
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elimination within their operating lease area; 2) Impact Zone – resource operator works on malaria control and elimination within their impact zone; 3) Influence Area – resource operator expands malaria work by supporting activities into adjacent districts in collaboration with the provincial administration (donor or government funded); and 4) Province – resource operator supports expansion of activities across entire province through partnership with provincial administration (donor or government funded).

PIMI first conducts mapping of major businesses, malaria incidents, and malaria intervention activities already in place. Projects are then initiated to fill in the gaps in service provision, to ensure that no resources are wasted through overlaps. Corporate sector partners are encouraged to find their own funding sources while PIMI’s taskforce is funded by both public and private sector donors. PIMI’s success depends largely on the fact that advocacy is led by corporate sector CEOs encouraging their peers to act on malaria. Although PIMI taskforce mandate is nearing its end, discussions are underway on ensuring the sustainability of the Initiative.

Discussions

Discussions were on how PIMI itself was conceptualized and to what extent it is going to carry out its malaria activities in addition to filling the national gaps. Dr. Siegenbeek van Heukelom explained that the concept of PIMI was developed by a consultant, drawing on Oil Search Foundation’s existing work in malaria in PNG to expand nationwide. Further, he added that to encourage PIMI members to initiate malaria activities of their own in addition to filling in the national gaps, a strong business case must be made for investment in malaria – a more compelling argument than asking for cash donations from businesses.
LESSONS FROM AFRICA: SPOTLIGHT ON THE UNITED AGAINST MALARIA CAMPAIGN

The spotlight was an opportunity to draw on lessons learned from corporate sector engagement in malaria control in Africa and highlighted RBM’s United Against Malaria (UAM) campaign. The UAM campaign has offered an opportunity through which to engage the corporate sector in African efforts in new and meaningful ways. Though the two continents offer differing health landscapes and private sector communities, speakers emphasized that there are certain lessons from Africa that are and should be taken into account when considering engagement strategies in the Asia-Pacific.

Key Take-Aways
- Corporate sector can play a role as an influential advocacy constituency at local levels to shape policy and help unlock domestic resources.
- Central campaigns create a uniting factor that entice and engage the corporate sector in a unique way.
- There are various ways for corporates to engage, with small investments resulting in large impact.
- Partnerships are powerful agents to unite stakeholders from various sectors.

Actions and Opportunities for Business:
- Companies can leverage core marketing competencies or advertising budgets to elevate messaging for advocacy campaigns.
- Companies can invest in partnerships with local campaigns to align corporate responsibility and protect their communities of operation.
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Presenter – Mr. Trey Watkins, External Relations Officer, RBM and Hannah Bowen, Director, Policy an Advocacy, Malaria No More on United Against Malaria Campaign

United Against Malaria (UAM) Campaign is a campaign of the RBM Partnership, founded in lead up to 2010 World Cup in South Africa with funding from the Gates Foundation. It leverages the power of football in Africa to promote malaria messages among community, corporate and political decision makers throughout the continent. Through corporate sector engagement and football icons, UAM helps build political will and mobilize funds. As an official social cause of the 2013 Orange Africa Cup of Nations (AFCON), UAM reached an estimated 1 billion people through public service announcements (23,000 radio and TV spots, broadcast on 34 pan-African and national stations), billboards (160+ billboards erected in 16 countries) and in-country activations in 19 countries.

The presentation highlighted four pillars of corporate engagement in the UAM campaign: 1) workforce protection; 2) community investment; 3) expanding reach; and 4) resource mobilization.

Lessons learned from UAM include: 1) impact of the corporate sector to help unlock additional resources; 2) importance of the corporate sector as an influential policy/advocacy constituency; 2) engagement protects the bottom dollar, but broader investment protects communities; and 4) the power of partnerships to unite. One great incentive for private sector involvement is that a campaign such as UAM, through its mass media and social media campaigns with high profile personnel, offers companies both big and small a very effective public relations and marketing platform. The increased involvement of the private sector in malaria intervention in Africa demonstrates the success of UAM which now has over 80 corporate partners – a constituency that became the first African private-sector group to donate to the Global Fund to Fight AIDS, Tuberculosis and Malaria.
The afternoon session took a deeper look at some of the challenges facing the malaria community in the Asia-Pacific and highlighted opportunities to leverage public-private partnerships to identify new products, shape markets, ensure access to quality products and expand service delivery.

**Key Take-Aways**

- Counterfeit and substandard medicines (including Artemisinin monotherapies for malaria) pose a significant threat to populations and to exacerbating or accelerating resistance.

- Strong regulatory policies and enforcement is critical to helping shape markets to prevent proliferation of substandard products.

**Actions and Opportunities for Business:**

- Private healthcare providers can play a critical role in “last mile” delivery to hard-to-reach populations by following guidelines to deliver high quality services.

- Effective regional regulations and harmonization of standards, though challenging, would enable better replication of programs to expand access to quality-assured drugs and services.

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**STRATEGIES FOR MALARIA CONTROL AND ELIMINATION: LEVERAGING PUBLIC-PRIVATE PARTNERSHIPS TO MAXIMIZE IMPACT**

**DETAILED SESSION OVERVIEW**

**Presenter 1 – Dr. Francois Desbrandes, Deputy Director, Access to Medicines Operations, Sanofi**

Sanofi’s CSR program partners with global and regional institutions on malaria related innovation, surveillance, and implementation. In innovation, Sanofi shares its expertise to increase accessibility to quality assured (QA) ACTs (over 300 million distributed to date); has established partnerships to develop a new QA ACT; and has increased availability of active pharmaceutical ingredients for malaria treatment. In surveillance, the company provides its partners with quality assurance, traceability, data sharing, and capacity building in pharmacovigilance. In implementation, Sanofi engages in information, education, and communication and behavior change component (IEC and BCC) programs with country partners’ national malaria control programs and supports Action Plans in companies (practical guidebooks for companies engagement, a business to business approach).

One major challenge for Sanofi is combating artemisinin resistance. Currently, the company is partnering on research and development to identify and develop new molecules to speed up malaria elimination. It is working with Medicines for Malaria Venture on early stage collaboration to: 1) accelerate screening (screening Sanofi molecules library on different stages of
p.falciparum to offer new chemical starting points); 2) develop new combination treatments; and 3) discover new mechanisms. Finally, Sanofi is also working to improve treatment effectiveness by adjusting the treatment course of primaquine and developing child-friendly formulations to enable efficient use in the field.

**Presenter 2 - Dr. Chris White, Senior Malaria Technical Advisor, Population Services International (PSI)**

The presentation highlighted the threat to malaria and anti-resistance efforts from substandard and counterfeit drugs and ways to turn the threat into an opportunity to accelerate malaria elimination across the region. Three interventions are available for the short term, medium term, and long term: 1) transformation of antimalarial markets to displace substandard drugs; 2) to improve quality of services in customer interaction (diagnostic tools for example) and data reporting to Ministries of Health; and 2) figuring out ways to involve private sector healthcare providers in that “last mile” when conducting outreach to hard to reach groups (e.g. plantation workers).

Implementing the short, medium, and long term interventions will include: 1) changing antimalarial market; 2) getting informal workers in endemic areas to report to Ministries for data collection (especially real-time data reporting into DHIS2); and 3) delivering integrated health packages (not exclusively malaria) to achieve healthcare provision in all aspects.

Substandard and counterfeit drugs continue to be a huge challenge in combating malaria and artemisinin resistance. However, there are examples of successful reduction of these drugs. In Myanmar, Artemisinin Monotherapy Treatment (AMT) drugs were still widely used until a few years ago. Today, PSI is partnering with the country’s leading pharmaceutical company AA Pharmacy and has successfully transformed the antimalarial market to reduce substandard and counterfeit drugs and distribute QA ACTs on a large scale. Additionally, strict enforcement of government regulations have also had a huge impact.

Moving forward, the presentation stated priorities for private sector malaria intervention in the Mekong Region: 1) need to replicate successful national strategies on the regional antimalarial market; 2) scaling up of quality of services (including RDTs); 3) scaling up of real-time monitoring efforts among private sector healthcare providers (Health Management Information Systems and focused on quality of care, caseload, and resistance mapping); and 4) acceleration and expansion of p.falciparum elimination efforts through public-private partnerships, particularly among vulnerable groups such as migrants.

**Discussions**

Discussions included the challenges unique to the GMS region, workplace healthcare, replication of Sanofi CSR programs by pharmaceuticals in China, privatization of healthcare, and regional regulatory measures for anti-malarials.

GMS countries vary in country disease burden (epidemiological commonalities), private sector landscape, and access constraints (sensitivity in terms of extractive industries for example) and such factors must be taken into account when replicating malaria intervention models from other regions. In terms of workplace healthcare provision, SMEs and the informal labor market must be priority targets as MNCs actually possess the resources for workplace healthcare provision. Regarding possible replication of Sanofi CSR programs, pharmaceutical companies in China may be able to use their competencies in supporting supply chain management for antimalarials. Privatization of healthcare is also fast becoming a regional trend and instead of replacing it with public sector healthcare, efforts should be made for a more efficient delivery system that adheres to regulations. Setting regional regulations for antimalarials may not be easy, particularly concerning the harmonization of standards. National subsidy models for antimalarials (for quality assured drugs and services) distribution will also be difficult to replicate on a regional level.
BREAKOUT SESSIONS: GROUP DISCUSSION

Highlights of the breakout session discussions were reported back to all audiences at the end of the session, led by Ms. Sancia Dalley, Director and Focal Point for WHO/RBM Private Sector Constituency, GBCHealth. A few key points elevated across all the groups included:

**Biggest Obstacles in Malaria Intervention and Corporate Sector Engagement:**

1. Effective coordination – need for clarity of roles to ensure financial resources are well used and to avoid overlaps

2. Quality tools and innovative approaches
   - Ensuring drug quality to combat resistance
   - Enabling factors to get quality tools to market and encourage new ones
   - Improved diagnostics (RDTs), including to detect asymptomatic cases
   - Innovation often requires risk, how to overcome hesitance and acquire funding for new/unproven approaches in intervention

3. Lack of capacity to deliver services, achieve elimination

4. Political commitment and coordination, from highest levels to local governments

5. Reaching hard-to-reach populations
   - Employer reluctance, especially regarding undocumented workers
   - Very large work forces
   - SMEs employing informal, contractual workers

6. Information systems, data management, and surveillance
   - Behavior and usage
   - Targeting money to greatest need
   - Collecting evidence necessary to take smart decisions

7. Financing mechanisms: how to incentivize performance and achieve results, when the money is “free” (donor money)

8. Reaching full elimination: as cases go down, costs go up, but perception of need may go down

9. Business case and awareness: right way to mobilize the corporate sector for engagement
Entry Points and Opportunities for Corporate Sector Engagement:

- Engaging SMEs in reaching migrant populations, possibly through migration transit hubs; Leveraging resources from MNCs to support SMEs to reach populations at transit hubs
- Peer-to-peer learning and knowledge-sharing (e.g. Rotary clubs or industry associations as vehicles of engagement)
- Enabling active private sector participation in reporting/surveillance, possibility of leveraging tech industries
- Drawing targeted strategies for high-risk industries (plantations, fisheries, etc.)
- Adopting a proactive approach instead of a reactive one, to stay ahead of changing regional landscapes
- Accreditation processes for “malaria safe” companies, e.g. via Chambers of Commerce
- Create visibility through advocacy campaigns, look to companies with existing ad space/communications channels
- Industry or geographic associations to achieve “seals of approval,” creating “malaria-free zones”

Actionable Recommendations for Corporate Sector Engagement:

- Allowing the private sector to lead the conversation on corporate sector engagement in malaria
- Enhancing dialogue within sectors and across public and private sectors
- Increasing private sector peer-to-peer engagement (through business coalitions and networks)
- Enabling regional regulatory policies – harmonization of standards for antimalarials
- Earmarking for health within large scale development projects
- Formulating a strategy to engage migrants through entire path of migration – from country of origin through the transit country to the destination country and back home
- Bringing trade and labor unions into the picture (using the workers’ rights argument) to reach hard-to-reach vulnerable populations such as migrants
- Re-thinking and developing a business case for malaria intervention (using the workforce productivity argument), that is developed by the private sector for the private sector (and then helping public sector or other leaders deliver it more widely)
- Developing menu of engagement options for the private sector that are data-driven, tailored, and tied to results
- Creating campaigns and rallying cries to mobilize private sector, including articulation of malaria intervention as part of ties to the “global good,” social license to operate
- Creating demand-driven innovations for intervention (e.g. insecticide treated bed nets)
- Reverse innovation: publicizing how to turn costs/challenges into results and opportunities
The forum’s closing remarks were delivered by Dr. Thomas Teuscher, Deputy Director, RBM, on behalf of co-hosts, and reiterated the main discussions points of the forum, including the need to:

- further promote the business case for malaria intervention;
- configure coordination among public and private sectors and within the private sector itself;
- use private sector peer-to-peer approach and an MNC status or corporate presence as a platform to mobilize peers for involvement;
- share messages effectively on both success and failures;
- prioritize approach by selecting the right target groups (e.g. migrant workers, undocumented workers);
- enhance workers’ protection (SMEs not investing in workforce healthcare);
- collect evidence to enable evidence-based decision making;
- and effectively enforce government regulations (on pharmaceuticals for QA ACTs and services, on tax collection for offering tax breaks as incentives for engagement in malaria, etc.).

Resources:

Presentations can be found at: https://drive.google.com/folderview?id=0B4Hj9ArjcoXSa3Z4bHZVUXFmUXc&usp=sharing
ANNEX 1: FORUM SPEAKERS

Ms. Hannah Bowen  
Director, Policy and Advocacy, Malaria No More

Ms. Sancia Dalley  
Director and Focal Point for WHO/RBM Private Sector Constituency, GBCHealth

Dr. Francois Desbrandes  
Deputy Director, Access to Medicines Operations, Sanofi

Professor Arjen Dondorp  
Deputy Director, Mahidol Oxford Tropical Medicine Research Unit, Mahidol University; Chair of the Regional Steering Committee of the Regional Artemisinin resistance Initiative (RAI)

Dr. Patrick Duigan  
Program Manager, Migration Health, International Organisation for Migration (IOM), Myanmar

Dr. Walter Kazadi  
Coordinator, World Health Organization (WHO) Emergency Response to Artemisinin Resistance (ERAR)

Ms. Sandii Lwin  
Managing Director, Myanmar Health and Development Consortium (MHDC)

Ms. Patricia Moser  
Lead Health Specialist, Regional Sustainable Development Department, Asian Development Bank

Mr. Promboon Panitchpakdi  
Executive Director, Raks Thai Foundation

Dr. Benjamin Rolfe  
Executive Secretary ad Interim, Asia Pacific Leaders Malaria Alliance (APLMA)

Dr. Wichai Satimai  
Medical Officer Advisory Level from the Ministry of Health, Thailand

Dr. Tim Siegenbeek van Heukelom  
Manager, Business Intelligence and Communications, Oil Search Health Foundation

Dr. Kyaw Zin Thant  
Deputy Director General, Department of Medical Research, Ministry of Health, Myanmar

Dr. Khin Maung Tint  
Public Health Supervisor, TOTAL, Myanmar

Dr. Thomas Teuscher  
Deputy Director, Roll Back Malaria (RBM) Partnership

Mr. Trey Watkins  
External Relations Officer, Roll Back Malaria (RBM) Partnership

Dr. Urban Weber  
Head, High Impact Asia Department, Global Fund to Fight AIDS, Tuberculosis and Malaria

Dr. Chris White  
Senior Malaria Technical Advisor, Population Services International (PSI)

Professor Maxine Whittaker  
Co-Coordinator, Asia-Pacific Malaria Elimination Network (APMEN) Secretariat

ANNEX 2: NOVEMBER 2013 EVENT

The event built on a prior gathering held in Yangon in November 2013, hosted by Union of Myanmar Federation of Chambers of Commerce and Industry, Myanmar Ministry of Health (MOH), Myanmar Business Coalition on AIDS (MBCA), MHDC, and RBM Partnership to bring local private sector companies and organizations together with regional and global partners to highlight the current state of affairs of malaria control, and challenges with artemisinin resistance in Myanmar and the Greater Mekong Region. Email MDHC to get a copy of the meeting report - info@myanmarhdc.org
Opportunities for Corporate Sector Engagement in Malaria Control in the Asia-Pacific