APLMA
STRATEGIC PLAN
Roadmap Phase 1: 2016–2020
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INTRODUCTION

In November 2014, 18 East Asia Summit (EAS) and malaria-endemic Pacific Heads of Government committed to a goal of an Asia Pacific free of malaria by 2030. They requested the Co-Chairs of the Asia Pacific Leaders Malaria Alliance (APLMA), the Prime Ministers of Australia and Viet Nam, to present an action plan for achieving the goal to the 10th EAS in Kuala Lumpur in November 2015. This “Leaders’ Malaria Elimination Roadmap” highlights six key priorities that APLMA countries (i.e. those where the Head of Government has endorsed the Roadmap), can pursue to achieve the 2030 goal.

As of 2016, nineteen Leaders\(^1\) have committed to APLMA, the 2030 goal and the Roadmap through the EAS, or by expressing support directly. In doing so, they have obligated their Senior Officials to carry through on their wishes. Through the Roadmap, Leaders have mandated the Leader’s Envoy to spearhead this effort, and provide high-level guidance to the leadership of the region in achieving elimination.

APLMA’s mission is: “to support and facilitate elimination of malaria across Asia Pacific by 2030, or earlier if possible”

APLMA brings together diverse individuals to identify regional solutions and influential actors to build political, operational and financial support for the goal. APLMA works closely with the Asian Development Bank (ADB), the World Health Organization (WHO), and other key partners, with financial support from the Australian Department of Foreign Affairs and Trade (DFAT), and the Bill & Melinda Gates Foundation.

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\(^1\) EAS member countries plus Vanuatu
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While the APLMA Roadmap provides a high-level framework for the Asia Pacific, this document, the APLMA Strategic Plan 2016–2020, captures the specific contributions to be delivered by APLMA. The plan is to be implemented by the APLMA Executive Director and team, with oversight from a Board. The Board includes the Leaders’ Envoy, representatives of endemic and non-endemic countries of Asia Pacific, and other key champions in the fight for malaria elimination. APLMA aims to be agile and entrepreneurial; identifying specific and carefully targeted opportunities to progress aspects of the Roadmap where it has comparative advantage.

Malaria elimination requires an exceptional push that must be sustained even when the incidence of disease has been reduced to very low levels. Without strong leadership and support at the most senior ranks of Government, the region will not achieve elimination. A multi-agency approach with strong leadership is crucial for success.

APLMA will deploy evidence-based advocacy and support regional and bilateral diplomacy to drive forward this agenda. With a mandate from Leaders, it will move malaria elimination and allied health security issues beyond an agenda located in the health and aid spheres. It will encompass a broader regional security and financing dialogue, involving influential actors in central agencies, such as Finance and Foreign Affairs.

This document presents a 5-year strategy for APLMA. A series of accompanying Business Plans outline specific activities and outcomes in further detail.
The past fifteen years has seen a rapid reduction in the disease burden both globally and in the region. In Asia Pacific, 16 out of the 22 malaria-endemic countries have been able to reduce the malaria incidence by at least 75%. The emergence of new financing mechanisms such as the Global Fund in the early 2000’s, coupled with sustained high levels of investment in malaria and the introduction of new tools and technologies have proven effective in preventing, diagnosing and treating the disease. Six countries across the region are projected to achieve malaria elimination by 2020, while five more will see zero transmission by 2025.

At present, the disease has been suppressed. A final push to elimination in our region is projected to avert more than 1 million deaths, and over 200 million cases of malaria between now and 2030. Investing in malaria is forecast to generate close to US$300 billion in cost savings and social benefits, while only costing $5–8 per case averted. It will free up scarce resources in the health sector and will eliminate the very high recurrent costs associated with controlling malaria at low levels. These investments will also have strong externalities for regional health security.

However, there is growing evidence that external financing for malaria has plateaued and may decline over time as more countries graduate out of external aid. A number of countries across the region are overly dependent on the Global Fund to finance their National Malaria Control Programmes (NMCP) and this represents a particular vulnerability. Increasingly, countries will need to take additional responsibility for financing their malaria initiatives through domestic resources and innovative financing mechanisms. Fortunately, many countries across the region are experiencing sustained economic growth with GDP forecast to grow annually by up to 6–7%, providing opportunities to expand the fiscal space for health.

Taking the foot off the pedal will result in a rapid step backwards and erode the investment of the past decade. History teaches us that de-prioritization of malaria investment results in resurgence and re-emergence of drug and insecticide resistance. At risk is over US$41 billion in global malaria investment during the past 15 years.

This has never been more urgent: Drug and insecticide resistance in the Greater Mekong Sub-region (GMS) threatens to undermine the investment of the past decade not only in our region but globally. Drug-resistant malaria parasites are a real and imminent danger, and are a threat to global health security and the broader economy. Urgent collective action is required to protect the 3.2 billion people at risk.

Globally, there is renewed interest in eliminating, and eventually eradicating, malaria. The recently adopted WHO Global Technical Strategy 2016–2030 sets ambitious but attainable targets for reducing the global malaria burden by 90% compared to 2015 baselines, preventing recurrence of malaria in 35 additional countries throughout the world by 2030. A global call to end the epidemic by 2030 is articulated in the Sustainable Development Goals. The UN Special Envoy for Malaria, Ray Chambers, together with Bill and Melinda Gates, have been advocating strongly for a commitment to global eradication of malaria by 2040, articulated in a groundbreaking call to action. The WHO has recently finalized a Greater Mekong Sub-region (GMS) Plasmodium falciparum elimination strategy by 2030. With the addition of the EAS Leaders’ historic commitments in 2014 and 2015 to an Asia Pacific free of malaria by 2030 and associated Roadmap, commitment has never been stronger.

3 See http://www.endmalaria2040.org/
In November 2012, the Australian Government hosted the ‘Malaria 2012: Saving Lives in Asia Pacific’ conference. The meeting showcased the impressive gains made in reducing the burden of malaria across the region during the previous decade, with a key outcome being a firm commitment by Leaders to establish APLMA. Following this, Leaders met at the 7th EAS in Phnom Penh, Cambodia, where they reaffirmed their commitment to fighting artemisinin resistance and agreed to create more robust regional collaborations to eliminate malaria. The following year at the 8th EAS, APLMA was formally established to unite countries, and the region, against the disease.

During 2014, APLMA convened two Task Forces comprising internationally and regionally acknowledged thought experts from government, technical institutions, development partners, donors and academia. The recommendations of the two Task Forces were transmitted to the then APLMA Prime Minister Co-Chairs and subsequently conveyed to other EAS and malaria-endemic Pacific Leaders for their consideration. Consensus support for the recommendations was achieved and these were endorsed by malaria-endemic Pacific countries prior to the EAS in November, and by EAS Leaders during the 2014 Summit. At this time, EAS Leaders also requested the then APLMA Co-Chairs to develop and present an action plan (‘Roadmap’) for consideration at the 10th EAS to achieve the elimination goal and implement the Task Forces’ recommendations.
The level of consultation has been unprecedented; in addition to incorporating the Task Force recommendations, APLMA crafted the draft Leaders' Elimination Roadmap with guidance from a reference group meeting convened in Bangkok in February 2015. It was further refined in July 2015 following a second meeting comprising Senior Officials from Ministries of Foreign Affairs, Finance and Health, together with development and technical partners. Following this, the draft Roadmap was transmitted to EAS and malaria-endemic Pacific Ministers of Foreign Affairs, Finance and Health for their comments and discussion during the EAS Senior Officials Meeting in October. A final version of the Roadmap was transmitted by the APLMA Co-chairs to Leaders, and endorsed by 18 Heads of Government at the 10th EAS in Malaysia in November 2015.

### Roadmap priorities 2016–2030

1. Unite national efforts and regional actions.
2. Map, prevent, test and treat the disease, everywhere.
3. Ensure high quality malaria services, tests, medicines, nets and insecticides.
4. Improve targeting and efficiency to maximize impact.
5. Mobilize domestic financing and leverage external support.
6. Innovate for elimination.

The following sections outline, for each of the six priorities, the specific strategic focus for APLMA between 2016 and 2020. For each Roadmap priority, the key focus areas are re-stated, together with an APLMA 2020 outcome (i.e. the specific achievements APLMA undertakes to deliver over this five-year period).
Priority 1 identifies that malaria elimination requires a comprehensive and integrated strategy for each malaria-endemic country, and that a fully costed, leader-endorsed plan is a prerequisite. However, a plan is only a starting point. A multi-agency effort is required, with Leaders empowering agencies and officials to see it through. The Roadmap envisages that:

i. Each endemic country has a National Malaria Elimination Task Force (or similar body) in place, chaired by a senior central agency official to ensure follow-through on priority actions and delivery of the resources required to achieve them; harmonize policy across Government, so that all agencies are pulling in the same direction; effectively coordinate different actors in the public, non-government and private sectors; and identify and take forward necessary bilateral, sub-regional and regional cooperation activities.

ii. The Task Force Chair from each endemic country can achieve strong inter-country cooperation by joining fellow Chairs at an annual APLMA Senior Officials’ Meeting (SOM) on Malaria Elimination.

iii. At the annual meetings, the Task Force Chairs and the Leaders’ Envoy will monitor regional progress against a common Malaria Elimination Dashboard and identify recommendations to accelerate progress towards elimination. National Task Force Chairs can then be responsible for driving these recommendations nationally and ensuring that Heads of Government are aware of progress.

**APLMA 2020 Outcomes:** APLMA & 2030 goal recognised and supported as a common endeavour, evidenced by substantially increased financing, EAS recommitment and Dashboard measured progress in all Roadmap priorities.
APLMA will play a particularly strong role in supporting elements ii) and iii) of this priority. During 2016–2020, it will achieve this by:

1. Uniting financing and implementation partners behind a common endeavor with powerful regional oversight from Senior Officials

Strong regional coordination will be key in driving regional progress towards elimination. Malaria does not respect borders, so its elimination must be the aspiration of the entire region. Regional coordination is also crucial to reach migrant and mobile populations at risk. Non-endemic countries have a shared interest in malaria elimination to strengthen regional health security as a foundation of shared prosperity. APLMA will ensure that National Task Force Chairs from each endemic country are joined by Senior Officials from non-endemic countries at an annual APLMA Senior Officials’ Meeting on Malaria Elimination in order to strengthen inter-country cooperation, review shared progress and maintain regional momentum.

2. Delivering an APLMA Dashboard to track regional progress

Through the proposed annual APLMA Senior Officials Meeting, officials will work with the Leaders’ Envoy to review and monitor national and regional progress. A common APLMA Elimination Dashboard will be used to track annual progress towards the 2030 goal and beyond. It will highlight bottlenecks, encourage prompt action in the form of annual priority actions and raise awareness about resource and capacity gaps, as well as surveillance challenges. The National Malaria Elimination Task Force Chairs will be responsible for ensuring recommendations are implemented and ensuring leaders have full visibility on progress.

The Dashboard will be a key advocacy tool to demonstrate progress in the region and leverage Governments’ and partners, continued support for financing malaria elimination. In order to allow visibility of progress and reward the leadership the Dashboard will:

a) track progress against each of the priority actions;
b) track national and regional progress towards malaria elimination efforts; and
c) identify key areas requiring attention and ensuring full visibility of progress via high-level milestones for each priority action.

3. New actors join the elimination agenda whilst existing actors’ commitment is enhanced

APLMA will support a unified regional effort; convene meetings, support technical partners in building the evidence base, share lessons learned, and advocate for malaria elimination. Given the strong commonalities with the regional health security agenda, key constituencies will be aligned to pursue a common endeavour. For instance, the Asia Pacific Malaria Elimination Network (APMEN) will be supported to build relationships, ownership and commitment to elimination amongst senior National Malaria Programme staff.

The Asia Pacific Malaria Elimination Network (APMEN) was established in 2009 to bring attention and support to the under-appreciated and little-known work towards malaria elimination in Asia Pacific, with a particular focus on *Plasmodium vivax*. APMEN comprises 18 Asia Pacific countries (Bangladesh, Bhutan, Cambodia, People’s Republic China, Democratic People’s Republic of Korea, India, Indonesia, Lao People’s Democratic Republic, Papua New Guinea, Malaysia, Nepal, Philippines, Republic of Korea, the Solomon Islands, Sri Lanka, Thailand, Vanuatu and Viet Nam) that are pursuing malaria elimination, as well leaders and experts from key multilateral and academic agencies. The mission of this diverse but cohesive network is to collaboratively address the unique challenges of malaria elimination in the region through leadership, advocacy, capacity building, knowledge exchange and building the evidence base. While APLMA brings together Leaders in a coalition to eliminate malaria, APMEN provides an equally critical function in uniting a diverse range of implementers – ensuring the region truly moves together towards elimination by 2030.
ROADMAP PRIORITY 2 – MAP, PREVENT, TEST AND TREAT THE DISEASE, EVERYWHERE

Roadmap Priority 2 notes that elimination requires a focus on universal access and targeted approaches to malaria prevention, diagnosis and treatment, involving a substantial shift for malaria programming in many countries. It argues that Leaders’ support is essential to facilitate that transition; specifically that they can empower Ministries of Health to achieve the following:

i. Staff and supply the anti-malaria effort to achieve universal access to prevention, testing and treatment.

ii. Develop robust, real-time information systems for reporting disease data and the supply of medicines, bed nets, and test kits.

iii. Map all populations at risk – especially remote, mobile and underserved communities – to identify gaps in the programme.

iv. Work with underserved populations to ensure that all those in need receive uninterrupted malaria prevention, testing and treatment.

v. Track ongoing malaria transmission and respond rapidly to control outbreaks.

vi. Share information and, in partnership with the Ministry of Foreign Affairs, coordinate with neighbours to address the spread of disease.

APLMA 2020 Outcome: Malaria elimination is accelerated as key at risk populations are increasingly targeted in national plans.

APLMA will play a particularly strong role in supporting elements ii), iii), and vi) of this priority. During 2016–2020, it will achieve this by:

1. Ensuring that information systems are sufficient to map malaria coverage and gaps

Requirements for varied reporting indicators across donor-funded projects can make quality, efficient surveillance a challenge. These multiple reporting lines increase costs, reduce data quality, complicate analysis and effective decision making, and create barriers for effective coordination. This is further complicated by the private providers and partners supporting surveillance (more than 20 in the Greater Mekong Region alone), many of whom gather data through parallel systems and metrics that do not report into the national system. Programmes with this degree of variation in indicators and parallel reporting become particularly vulnerable to overlap, unaddressed gaps, and misalignment.

Elimination efforts will increasingly require sub-national, real-time data reporting. APLMA will increase visibility of poorly coordinated or inaccurate reporting, and build the case and secure commitments from donors to align their reporting indicators for National Malaria Programmes. To improve national level systems, APMEN will play a particularly strong role, building case studies on emerging best practice and reaching consensus among programmes. This will build directly on APMEN’s ongoing work with its Surveillance and Response Working Group.

The goal will be to include metrics on data quality and also to include consolidation of donor indicators and interoperability of data systems in the APLMA Dashboard. The findings will then be presented at regional SOMs to highlight gaps and build support for change.

2. Deploying data for action by using the SOM and Dashboard to ensure accountability of central agencies and Leaders for coverage, including neglected populations (and reward success).

Determinants of access that exclude the most high-risk and hard-to-reach populations also limit data and visibility around that access and coverage. Core business for the APLMA will be to build metrics and awareness of the critical importance of these populations for malaria elimination, and to build regional support and commitment for increasing robust surveillance and reporting coverage. The Secretariat will also work to support those innovating in this space, such as the ADB, to improve and deploy surveillance technologies appropriate to these contexts.
The Roadmap document identifies that Ministries of Health and National Regulatory Authorities (NRA) can work closely with Ministries of Industry, Commerce and Trade to:

i. strengthen regulatory and supply systems to ensure the exclusive use of high quality products;

ii. better regulate and motivate the private sector to promote use of effective medicines in pharmacy retail outlets and health clinics;

iii. regularly train health workers and managers to promote high quality services across a range of communicable disease priorities, including malaria.

APLMA 2020 Outcomes: Shortened time to market for priority malaria commodities, as evidenced by registration of Tafenoquine. Dashboard holds countries accountable for quality of commodities available.

APLMA plays a particularly strong role in supporting elements i) and iii) of this priority. During 2016–2020, it will achieve this by:

1. Shortening time to market (product launch) for new malaria commodities

The feasibility of the malaria elimination goal is challenged by the use of low quality commodities, and poor availability of new tools and technologies in countries that need them. Though donors have invested heavily in a pipeline to develop new technologies, poorly performing regulatory systems undermine the commercial market for new products, can add years on the time between R&D completion and field deployment, and allow the continued use of spurious, substandard, falsified, falsely-labelled, and counterfeit products (SSFFCs). Furthermore, manufacturers/suppliers have relatively little incentive to apply for regulatory approvals in the Asia Pacific as the region represents only a small fraction of the global market for antimalarial products; and even less as elimination programmes achieve their reduction targets. They have especially little incentive to make multiple bespoke regulatory applications to each individual country in order to access even smaller markets.

APLMA will bring key nations of the region together on this issue. It will work closely with the WHO at central and regional levels, together with key actors in the regional regulatory space, to motivate countries to strengthen systems for delivering products to market. By convening a a National Regulatory Agency (NRA)
led-process and focusing on two immediate bottlenecks (low national capacity and the lack of effective products for P. vivax), APLMA will secure a commitment from at least one NRA and one Stringent Regulatory Authority (SRA) to launch joint system strengthening and/or twinned regulatory assessments by the end of 2016. Close collaboration with the WHO Prequalification Program and the Australian Therapeutic Goods Administration (TGA) will help catalyze this process. Having a malaria based ‘proof of concept’ on a harmonized regional product registration mechanism would have a profound effect on securing the future product supply by providing greater incentives to manufacturers/suppliers through unified regulatory approaches. Regulatory successes for malaria will provide positive externalities for other health-security critical commodities.

2. Ensuring visibility and political engagement to limit trade in and availability of oral artemisinin-based monotherapy (oAMT) associated with emerging multidrug resistance and SSFFCs

APLMA will leverage links with national regulators and partners from across the Asia Pacific to build a peer network tasked with overcoming these obstacles. This work will include both central level assessments and post-market surveillance of SSFFCs (e.g. oAMTs), which has been particularly challenging for NRAs with far-reaching malaria supply chains.

3. Building visibility of and engagement with the small-scale informal private sector

A significant proportion of diagnostic and curative services across the region are provided by the small-scale informal sector. While some countries have made significant progress harnessing this sector for malaria elimination, others may benefit from shared lessons. APLMA will work to share best practice and provide Leader visibility where the contributions from the private sector are sub-optimal. As a major service provider, the full participation of the sector to the elimination effort is a prerequisite for success.
The Roadmap identifies four key actions that serve to maximize the efficiency and reach of our malaria investments:

i. Carefully tailoring the supply of products and services to local conditions. We should get the most effective products should be provided to those who need them most, and identify and reduce wastage of tests, medicines and nets.

ii. Wherever possible, using existing national systems.

iii. Engaging other stakeholders, such as the private sector and community representatives, to join the fight.

iv. Improving the health of workers and their families by encouraging large enterprises to support elimination in their areas of operation, and to promote the wider social good.

APLMA 2020 Outcome: Improved targeting and efficiency of malaria interventions to reduce waste & improve value for money.

APLMA will play a particularly strong role in supporting elements i), iii) and iv) of this priority. During 2016–2020, it will achieve this by:

1. Identify efficiency trigger points within national costed plans

The Asia Pacific region drives global production of malaria medicines and other technologies. Approximately 90% of the active ingredients for malaria medicines originate from China, India and South Korea. Similarly, large proportions of diagnostics and the textile raw materials used in long lasting insecticide treated nets (LLINs) are manufactured in the region. The cost of these commodities is significant when determining forecasts for financial investment in malaria programs.

Currently, around US$350 million a year is being spent by National Malaria Programmes across the Asia Pacific. While some metrics have been identified and are applied to measure efficiency and drive value for money (such as the cost of procuring standard commodities), less work has been done on defining metrics that measure operational efficiency.

APLMA will work with partners to identify two areas of possible efficiency trigger points: Firstly, the supply chain and secondly, allocation of existing resources. On the supply chain, APLMA will work with partners to determine best practices in supply chain management, particularly to inaccessible areas. By collaborating with partners such as the private sector or large local NGOs, supply chain inefficiencies in distribution and reporting can be addressed. This will benefit not only malaria, but broader health systems and health security in country. Secondly, on the allocation of existing resources, APLMA will commission knowledge products and maximize regional collaboration opportunities for reallocation of domestic resources to fund long term financing in health and malaria.

2. Build the evidence base on rationalizing and targeting malaria commodities and services

The transition from malaria control to malaria elimination requires a significant adjustment in processes. In current projections, LLINs are planned for universal use, consuming a large portion of the malaria budget. While a need for better targeting is recognized, little practical guidance exists on how to best target LLINs to achieve cost-effective outcomes. Similarly, there are challenges for the targeted use of insecticides due to lack of clarity on the effectiveness of indoor residual spraying (IRS) in countries with declining malaria cases and the potential for insecticide resistance. Additionally, malaria testing before treatment has been a challenge, and frequency of testing is still sub-optimal. There are several reasons for this gap, including non-adherence to this policy by the private sector, unavailability of highly sensitive and easy to use rapid diagnostic tests (RDTs), which create challenges for training and use, leading to false-positives and negatives. In each case, the APLMA can play a critical role in supporting the development of the technical evidence base and ensuring commitments for targeted and rationalized use.

To this end, the Secretariat will develop a partnership with WHO and academia to build and deploy an improved evidence base for technical and allocative efficiency in malaria elimination investment.
3. Deliver process to progress efficiency toolkit

There are a wide range of incentive structures that mediate programme efficiency, such as, financing modalities, reporting requirements and performance incentives. These all impact on efficiency at least as much as awareness of best practice implementation and cost-effectiveness research. APLMA will work with APMEN members to develop an efficiency toolkit for key domains identified under outputs 1 and 2. Additionally, it will identify leadership opportunities to progress this agenda with visibility at the most senior levels of government.

4. Larger scale private sector non-state actor operations increasingly engaged in malaria elimination in high-burden areas with unmet demand

While small-scale providers present regulatory challenges, larger enterprises have a proven ability to intervene at scale. Private sector entities have considerable resources, and in some contexts, a strategic interest in elimination and public health. In some areas where extractive industries operate, affordably reaching the most rural, mobile and hard-to-reach populations represents a major block to care. Engaging the private sector can help to diffuse costs and improve access. APLMA will engage the private sector by identifying and working with existing operatives in the Asia Pacific, with an initial focus on extractive industries with the potential to impact at scale.
The Roadmap identifies that to support domestic financing allocation for elimination, Leaders can:

i. encourage Health Ministries to re-prioritize existing resources to reflect the drug-resistant malaria threat and opportunity for elimination;

ii. increase domestic budget allocations for malaria elimination for a time-limited period;

iii. make the case for increased external support through higher levels of domestic funding, enhanced efficiency, demonstrated impact and accountability;

iv. mobilize in-kind contributions and investigate opportunities for cross-regional financing and technical support particularly to exploit strengths of major regional powers.

**APLMA 2020 Outcome: Overall funding increases to ensure sustainable domestic and sub-regional financing for elimination.**

APLMA will play a particularly strong role in supporting elements i, ii and iii of this priority. During 2016–2020, it will achieve this by:

1. **Building and executing an evidence-based domestic financing engagement strategy in three countries**

APLMA recognises important common themes in access to sustainable finance to fund the elimination agenda. These include a lack of costed national malaria strategies, a heavy reliance on a few donors at a time where many countries are transitioning out of ODA, and difficulties in quantifying the investment rationale for elimination. At the same time, many countries in Asia are experiencing sustained economic growth. A number of health systems are looking to increase fiscal space for health through social health insurance, and others have successfully implemented ‘sin taxes’ or other innovative measures to grow revenue.

APLMA can best assist the region to address these themes by ensuring gaps in the evidence base are addressed; and by advancing the political case for funding malaria elimination through a high-level Task Force on Innovative Financing and Resource Mobilization.

### The Task Force on Innovative Financing and Resource Mobilization

A small but influential Task Force will be formed, comprised of senior representatives from endemic and non-endemic countries, donors and the private sector, as well as experts on health financing and innovative financing. The APLMA Leaders’ Envoy will appoint the Chair, who will select global or regional thought leaders, experts and influencers as Task Force members. Task Force members will leverage their networks to champion the region’s malaria elimination agenda.

The overarching objective for the Task Force will be to support APLMA in developing and implementing a resource mobilization strategy that will build the supply of, and demand for, innovative financing products and other resource mobilization options to support malaria elimination.

Building on the findings and recommendations of the earlier Task Force, the reconstituted Task Force will develop an updated menu of financing options. Improving the credible range of these options will facilitate, at a minimum, a proof of concept or pilot during 2016. In particular, the Task Force will assess the potential of different mechanisms by which innovative financing could be raised and will present a series of prioritized recommendations. These recommendations will be progressed through carefully targeted advocacy and engagement via champions in priority countries.
2. Engage with global donors to ensure continued support to the Asia Pacific region, while helping to build a sustainable domestic and sub-regional response to finance elimination.

APLMA will leverage existing donor funding by expanding the external financing base, tapping into non-traditional sources of revenue, and fostering in-kind contributions. Innovative financing, as discussed further below, will also be important. This strategy will support an increase in external financing for malaria elimination, through strong evidence and regional engagement with donors and emerging financiers.

APLMA will use evidence to guide and inform dialogue with donors and other potential sources of external financing, including emerging donors. Importantly, together with the Task Force, APLMA will analyse the implications of proposed policy changes in terms of eligibility, prioritization and allocation formulae and metrics used by donors (with a particular focus on Global Fund). APLMA will also support the development of advocacy briefs to better understand the major policy considerations of donors. APLMA will capitalize on the engagement of international high-profile/high net-worth individuals who are committed to the malaria elimination agenda and harness opportunities to exploit their networks to reach out to other key influencers and philanthropic donors in the Asia Pacific region.

It is inevitable that the future development cooperation landscape of the Asia Pacific will look quite different from the OECD norm. There is significant capacity for in-kind contributions, particularly from commodity-producing nations, to substantially support elimination efforts across the region. In-kind support in terms of technical assistance and commodity subsidies is a common feature of bilateral aid in the Asia Pacific, yet largely untapped for malaria elimination. APLMA will support bilateral engagement between key countries of the region and explore the potential of this modality. Build support at central agency level for increased domestic resource allocation both nationally and sub-regionally in priority countries.

Alterning prioritisation across sectors and within sectors requires a robust and compelling evidence base. Evidence alone is, however, insufficient. In the case of malaria, there is a need for influential champions to support this agenda with the reach to encourage prioritization of preventative services for the poor and shift the focus from the often more immediate political
priorities of curative services for urban populations. Working through the Task force on Innovative Financing and Resource Mobilization, priority countries will be identified. In these, cases for increases in domestic funding for malaria and other health security threats will be prepared, disseminated and championed.
The Roadmap identifies that a business as usual approach, or even scaling existing modalities to universal coverage, will not achieve elimination. It notes that innovation is critical and calls out some priority areas for Leaders’ attention. It notes Leaders can:

i. request their Ministries of Finance and Health to support technologies; and

ii. encourage the fast-track adoption and roll-out of innovative approaches as they become available.

To support endemic countries to explore innovative financing options Leaders can expand revenue streams for health by:

i. leveraging hypothecated taxes such as alcohol and tobacco taxes, tourism and airline levies;

ii. exploring options to earmark revenues sourced from national lotteries;

iii. engaging the private sector in malaria elimination;

iv. expanding and leveraging innovative debt financing mechanisms such as malaria bonds.

APLMA 2020 Outcome: Research and development of innovative technologies and techniques are stimulated in critical areas to finance and deliver elimination.

APLMA will play a strong role in supporting both elements of this priority. During 2016–2020, it will achieve this by:

1. Identifying and helping to address critical gaps in antimalarial commodities, especially with an Asia Pacific focus

Contributing to an effective pipeline of commodities tailored for the needs of the region, and mapping deployment and availability of key commodities, are essential components of a regional elimination strategy. Challenges such as P. vivax (with its hard-to-detect dormant liver stage) and P. knowlesi (monkey malaria, transmissible to human populations) require new
technologies. Similarly, hammock nets and improved vector control technologies require deployment to hard-to-reach populations, presenting significant challenges. APLMA will work with nation states to identify new opportunities to stimulate and finance innovation to meet these challenges. For example, to leverage existing or catalyze new product development partnerships to meet unmet needs.

Innovation in procurement is also critical to improving commodity availability. For example, by purchasing commodities in large, negotiated batches with stringent quality requirements, the Global Fund secures certified products, helps keep prices affordable and supports stable supply from manufacturers. However, endemic countries in the Asia Pacific are increasingly graduating out of these arrangements, and purchasing independently. These procurements are less attractive to suppliers and create risks for supply security, quality and affordability. In order to help address these issues, APLMA will build the case for advanced procurement techniques, such as regional stockpiling and virtual pooled procurement, and will secure Ministry of Health commitments to voluntarily collaborate in these areas.

2. Financing instruments and options are identified and assessed

Countries and the region must exploit the options that are now emerging through innovative taxation revenue generation, philanthropy and new blended loan products that are under development. APLMA will engage with multilateral development banks, the Global Fund and others to explore feasibility of, and build support for, innovative financing products. To this end APLMA will convene the Task Force on Innovative Financing and Resource Mobilization as a formal and evidence-based process to bring key regional influences together to build support for specific financing solutions. The Task Force will selectively explore appropriate innovative financing options including earmarked taxes, concessionary lending, malaria bonds and other modalities.