

**RBM PARTNERSHIP TO END MALARIA  
MULTI-SECTORAL WORKING GROUP (RBM MSWG)  
INTERIM HYBRID MEETING ON 30 AUGUST 2022, 15:00-17:30 CET**

**RECENT ADVANCES IN MULTISECTORAL APPROACHES IN MANAGING VECTOR-BORNE  
DISEASES - MOVING IN ACTION IN A SUSTAINABLE MANNER**

Hosted by the Global Health Campus, Chemin du Pommier 40, 1218 Le Grand-Saconnex, Geneva, Switzerland, Room Marula (L1-3) for speakers ONLY.  
All other attendees accessed the meeting via Zoom.

Co-Chairs: Graham Alabaster & Peter Mbabazi  
Coordinator: Konstantina Boutsika  
Technical support: Lina Heltsche  
Rapporteur: Laura Paris



## Session 1: Introductions, objectives, launch of Framework

Chair: Graham Alabaster

### Welcome & introduction of participants - *Graham Alabaster UNHabitat & MSWG*

Dr Graham Alabaster (GA) opened the meeting, welcomed participants and thanked all for their attendance. He stated that the sponsored participants are funded by the Global Malaria Project of Swiss TPH through SDC funds and then expressed his gratitude to the Global Health Campus for their hospitality.

### Overview of Agenda and Objectives - *Peter Mbabazi Uganda Ministry of Health & MSWG*

Peter Mbabazi highlighted the objectives of the meeting which were as follows:

- Launch of the 'Comprehensive Multisectoral Action Framework - Development & Malaria'.
- Present recent work of the RBM MSWG and draw attention to increased investment for critical multisectoral actors.
- Share examples of successful multisectoral projects and discuss best practices.

He then took all attendees through the meeting Agenda highlighted below:

Time (CET)	Theme	Presenter
14:30 – 15:00	Registration and welcome coffee/tea/snacks	
<b>Session 1</b>	<b>Introductions, objectives, launch of Framework</b>	<b>Chair-Graham Alabaster</b>
15:00 – 15:10	Welcome and introduction of participants	Graham Alabaster UNHabitat & MSWG Co-Chair
15:10 – 15:15	Overview of agenda and objectives	Peter Mbabazi Uganda Ministry of Health & MSWG Co-Chair
15:15 – 16:00	<b>Official launch of the 'Comprehensive Multisectoral Action Framework - Development &amp; Malaria'</b> <b>Opening remarks</b> <ul style="list-style-type: none"> <li>▪ Dudley Tarlton, Programme Specialist, UNDP (5 minutes)</li> <li>▪ Graham Alabaster, Office of Executive Director, UNHabitat (5 minutes)</li> <li>▪ Corine Karema, Interim CEO, RBM Partnership to End Malaria (5 minutes)</li> <li>▪ 'From Framework to Practice', Erik Blas, Independent Public Health Expert Omega Raobela, Head of Malaria Programme Madagascar (30 minutes)</li> </ul>	
<b>Session 2</b>	<b>Sharing examples of successful multisectoral projects</b>	<b>Chair- Peter Mbabazi</b>
16:00 – 16:10	<u>Rural context and agriculture</u> Exploring rice intensification strategies that optimise food security, climate change and health co-benefits	Kazuki Saito Elliott Dossou-Yovo (AfricaRice)

16:10 – 16:30	<p><b>Urban context and initiatives</b></p> <p>Multi-sector engagement for public health: the Transform Freetown initiative (10 minutes)</p> <p>Healthy Cities, Healthy People: moving from political commitment to a framework for action (10 minutes)</p>	<p>Onyeka Erobu (Senior Health Advisor to Mayor Yvonne Aki-Sawyerr at Freetown, Sierra Leone)</p> <p>Sarah Beeching (Oshun Partnership)</p>
16:30 – 16:40	<p><b>Private &amp; commercial</b></p> <p>Miners and the discovery of mosquito weaponry</p>	Samuel Asiedu Agyei (AGAMal)
16:40 – 17:25	<p>Panel discussion and Q&amp;A on best practices and challenges to implement a multisectoral way of work in a sustainable manner</p> <ul style="list-style-type: none"> <li>▪ Kazuki Saito &amp; Elliott Dossou-Yovo</li> <li>▪ Onyeka Erobu</li> <li>▪ Sarah Beeching</li> <li>▪ Samuel Asiedu Agyei</li> </ul>	<p><b>Moderators</b></p> <p>Graham Alabaster Peter Mbabazi</p>
17:25 – 17:30	Wrap-up and end of meeting	Graham Alabaster Peter Mbabazi

#### Official launch of the 'Comprehensive Multisectoral Action Framework - Development & Malaria' Opening remarks

- *Dudley Tarlton, Programme Specialist, UNDP*
- *Graham Alabaster, Office of Executive Director, UNHabitat*
- *Corine Karema, Interim CEO, RBM Partnership to End Malaria*

Dudley Tarlton (DT) was introduced by GA and described as the driving force from UNDP behind this publication. DT gave thanks to everyone and expressed excitement over implementation of the framework and welcomed Multisectoral Working Group members to provide feedback on the document. He highlighted the new funding model launched by the Global Fund as well as the new Global Fund Strategy which he described as a good and refreshed opportunity for the working group to take advantage of.

GA explained that UNHabitat is focused on improving urban areas around the world. He highlighted that the majority of the world's populations live in urban settings, some of which have both urban and rural characteristics. GA highlighted UNHabitat's close partnership with WHO, RBM and UNDP stating that the organization has embraced the multisectoral approach supporting local governments. He went on to mention the key role that local authorities played in health during the COVID-19 pandemic and stated that health is no longer the responsibility of just Ministries of Health (MoH) alone but also City Mayors and Town Clerks and communities themselves, unleashing the power of community engagement. He highlighted that the multi-sectoral approach is to be embedded at the local level using this new framework, moving away from silos and towards multi-stakeholder projects, with the hope of more resources becoming available using this method. He hopes that the multi-sectoral approach will be institutionalized to become the new approach to infectious disease control, not only for vector-borne diseases (VBDs) but all infectious diseases as well as other health issues. The framework aims to provide evidence which can be used to approach bigger

players and financial institutions to raise awareness on the importance of this new approach in order to design longer-term interventions for disease control.

Corine Karema (CK) gave thanks to the other two speakers and began to speak on behalf of the RBM Partnership to End Malaria. She said that RBM is a global multi-sectoral platform to end malaria both at the local and international level. CK highlighted the diversity in the room meaning; UNDP, UNHabitat, Ministry of Health, & RBM which demonstrates the variety of sectors required for the multi-sectorial approach to end malaria. This framework will be the most valuable resource for the malaria community to encourage new development amongst all involved in malaria control. The WHO global strategy for malaria has always advocated for a multi-sectoral approach to tackle malaria however, almost 30 years later, many of the sectors mentioned have not been engaged in the national/international response. The RBM partnership believes in involving all sectors in order to increase capacity and effectiveness in the malaria response, reiterating that the multi-sectoral approach is vital. Challenges that the malaria community are facing today include: insecticide and drug resistance, poverty, population movement and migration, climate change, as well as man-made and environmental disasters. Responding to these threats requires approach from those beyond the health sector and CK hopes that this new framework will encourage a multi-disciplinary approach and enable actors to look at opportunities for synergy in new and innovative ways to control malaria.

***'From Framework to Practice' - Erik Blas, Independent Public Health Expert Omega & Raobela, Head of Malaria Programme Madagascar***

Erik Blas (EB) started his talk by informing everyone that last week Madagascar went through a programme review. He then went on to talk about the Comprehensive Multisectoral Action Framework (CMAF) and gave some background information to its development.

The CMAF was published on the 29<sup>th</sup> August 2022 and included contributions from more than 70 people. It was reviewed 10 times by different stakeholders from different groups in order to ensure inclusion of multiple perspectives. CMAF is a refreshment of the 2013 framework which was felt did not reflect the priorities set by the SDGs announced in 2015.

The first Multisectoral Action Framework for Malaria, published in 2013, struggled to get traction at the country level due to lack of funding and attention, as well as resistance to the concept of multi-sectorialism due to funding sharing between different sectors. This new framework is comprehensive and meant to compliment conventional malaria and sectoral approaches but NOT replace them. The CMAF was built around the concept of the SDGs, leaving no one behind, and sustainability as well as co-benefits and mutual accountability, which should include the political, technical and public communities.

EB then introduced The Pathfinder endeavor – “try, learn and share” - explaining that we don't have a blueprint but we can try and share what we learn with each other. He then went to highlight key challenges faced by the malaria community in recent years.

The number of malaria cases in 2020 remained the same as the year 2000, there has been no change. Africa has actually had an increase in number of malaria cases, in particular within the last 5 years, with eradication only taking place outside the African region. In 2018 Dr. Tedros called for a change in approach to malaria control and for a focus on the most high burden countries. In 2017 Galactionova *et al.* produced a publication stating that a lack of economic gradients in the distribution of malaria services

does not translate to equity in coverage nor can it be interpreted to imply equity in distribution of risk and disease burden. We all know that lack of development increases malaria and that malaria increases lack of development. The aim of the framework is to reverse this cycle.

The analysis in the framework states that sustainable high impact depends on 4 different pillars – economic, physical environment, health and social development. Only by addressing all these 4 pillars can we achieve a sustainable high impact on malaria. This all plays out on a political and institutional canvas which we need to embrace and be aware of as without operating within this canvas we cannot be successful. These 4 pillars will translate into each of the SDGs which are all relevant to malaria control – political, economic, social, environmental and climate, and health. These all contain relevant global technical strategy for malaria indicators. 1 or 2 in each domain must be addressed.

According to the framework, there are 5 steps to becoming malaria smart, and all sectors and all actors must go through these 5 steps to achieve success.

1. **Own staff and their families** – if we cannot address malaria within our own staff and their families how can we even begin to tackle this health issue on a wider scale? This must be the first step for any organization in contributing towards malaria control.
2. **Clients and their families** – schools, private companies and governmental institutions all lose out on outputs because of malaria. It is therefore essential and within everyone’s best interest for malaria to be addressed amongst clients and their families.
3. **Malaria producing activities** - a lot of enterprises are actually increasing malaria cases, mosquito load and spread of the parasite through their activities. The public has a right to no harm and all organizations should be aware of the impact of their activities and take responsibility for them.
4. **Malaria reducing potentials** – all organizations have the responsibility to reduce the burden of malaria through activities whatever they may be.
5. **Socio-economic development** for malaria and synergies with other sectors.

All 5 steps must be reached and every step is important. The new GF strategy for 2023-2028 very much fits with our framework. See below table

GF-Strategy – Mutually reinforcing contributory objectives		The Framework
Maximizing People-centered Integrated Systems for Health to Deliver Impact, Resilience and Sustainability	To catalyze sustainable HTM and broader health outcomes and in support of UHC, the Global Fund will strengthen RSSH by supporting countries and communities	The overall theme is to 'leave no one behind and sustainability', the action theme is 'a malaria-free world', and the collaborative theme is 'co-benefits'. This hierarchy of themes together with the five-steps approach supports sustainability across population health outcomes (including HTM), as well as other health and non-health sector outcomes
Maximizing the Engagement and Leadership of Most Affected Communities to Leave No One Behind	To deliver greater impact and ensure the HTM response is responsive to and led by those living with and most affected by the 3 diseases, the Global Fund will reinforce community leadership	Actively reaches out to the furthest behind and most affected by adverse development and public health conditions first.  <b>Political, technical, and public</b> accountability for the local situations and with direct <b>real-time engagement of citizens and communities</b>
Maximizing Health Equity, Gender Equality and Human Rights	To improve HTM outcomes and drive more equitable access to health services, the Global Fund will support countries and communities	The determinants of health inequity, gender inequality, marginalization and discrimination are among the <b>root causes</b> for differential exposure, vulnerability, access, and health service outcomes, including for HTM – and are thus the <b>cornerstones</b> of the Framework.
Mobilizing Increased Resources	To strengthen the scale, sustainability, efficiency, and effectiveness of health financing for national and community responses the Global Fund will work across the partnership	The focus is on <u>unlocking synergies, co-benefits</u> , and using <u>existing resources</u> across all sectors and actors in each district better – <b>more value for the same money</b> – regardless of their source, primary purpose, and who controls them.

“Leave no one behind” is at the core of the framework which also highlights that companies must do something within their sector for the benefit of themselves but also malaria. The 5 steps approach aims to reach furthest behind first and include real time engagement of citizens using existing technologies which can contribute towards data collection, analysis, taking action, and public accountability, holding authorities and institutions accountable to the general public.

The framework is about creating more value for the same money and not creating new resources. It embraces benefits and co-benefits amongst different sectors and actors.

The perspective from Madagascar was introduced by Raobela, the head of the Malaria programme in Madagascar. Her presentation was delivered in French.

Madagascar has seen an increase in malaria cases between 2010 and 2021 and the burden of malaria has increased and spread over multiple districts as the years have passed. Challenges faced recently were the weak integration of the Covid-19 response into health service delivery, understaffed health facilities, accessing remote communities and insecurity in some areas. Malaria intervention uptake has also been hampered by socio-economic and cultural barriers in country. This has included self-medication and use of traditional medicine delaying case management, increasing transmission and the incidence of severe malaria. The decentralization of local government and communities also presents a big challenge where weak decentralization of decision power and lack of autonomy of regions, districts and health centers are slowing down effectiveness of malaria interventions implemented at subnational level. The quality of data and information being collected is also sub-optimal.

#### *Health actions:*

Although development partners support a multi-sectorial approach in malaria interventions, it is very weak and needs significant strengthening. There is a need for the reinforcement of social and behavior change activities to increase awareness and adherence to preventative measures, treatment seeking behavior and risk perception. Free consultations and treatment for malaria is required with a specific focus on vulnerable and underserved areas. LLIN distribution must be reinforced in all districts of Madagascar with a focus on vulnerable persons. Intermittent preventative treatment for pregnant women must be reinforced and scaled up ensuring permanent availability of SP. Malaria case management for children over 5 years of age is to be implemented country-wide. A larviciding pilot study is to be conducted in 2 districts which will be scaled up if the results are impactful, efficient and cost-effective.

#### *Socio-economic actions:*

It is essential that the gap is filled in underserved and hard to reach areas through deployment of staff to these locations and ensure that malaria prevention and treatment activities are being implemented as well as reaching the most vulnerable populations.

#### *Local government and community actions:*

Empowering health districts and centers to take ownership of malaria control and elimination activities as well as financial management and autonomy. Empower community members to change behaviour and get involved in implementation of activities. Monitoring performance of all actors at all levels. Scaling up of electronic monthly activity report at CSP level. Scaling up of integrated electronic surveillance system so that 50% of health centers will be covered by 2022.

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It was concluded that conventional malaria interventions need to be stepped up to complement new ways of acting that address underlying multisectoral causes of malaria and enable and empower government and communities to analyse, act and take responsibility of malaria. The CMAF will play a key role in this.

EB thanked R for her talk and began to talk about the pathfinder endeavour which aims to achieve sustainable results in unchartered territory in 3 districts within 4-5 selected countries prioritising the most disadvantaged first. This is a project which is to be introduced soon aiming to prioritise the most challenging and remote settings first. The multisectoral action in the pathfinder will be driven by the concept of “leave no one behind and sustainability”.

*Themes:*

The action theme and vision is a malaria free world. The collaborative theme is co-benefits for different actors, sectors, governmental and non-government actors.

These themes encourage all actors to do what they do best in a malaria smart way unlocking synergy to use existing structures, tools, programmes, and resources better. It is important to include champions and mutual accountability which should not only include a single donor but should include the impact that programmes have on others including political technical and public accountability. Roll out should include cross learning, which should take place through workshops, trainings, and peer reviews. In country programming should include mutual accountability and account for results in phases.

The countries currently up for selection as pathfinders are Pakistan, Papua New Guinea (profile of PNG is erratic, cases go up and down and a sustainable high impact level has never been reached), Uganda (leading in commitment), Tanzania, and Madagascar. These countries will undergo Phases of 3 years moving from implementation phases 1 to 4 which follow the 5 steps approach mentioned earlier.

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## Session 2 Sharing examples of successful multisectoral projects

*Chair: Peter Mbabazi, Uganda Ministry of Health & MSWG co-chair*

### Rural context and agriculture:

#### **Exploring rice intensification strategies that optimise food security, climate change and health co-benefits - Kazuki Saito, Elliott Dossou-Yovo (AfricaRice)**

Kazuki Saito introduced the framework highlighting collaboration with LSHTM. He then went on to give some background information on rice crops in Sub-Saharan Africa.

Rice is one of the most important crops in sub Saharan Africa and consumption is increasing due to population growth and behaviour/consumption changes amongst African populations. The increase in rice consumption is only expected to continue which in turn has caused a significant increase in rice production through enhancing rice productivity and rice allocated areas. The rice production industry is still yet to catch up with consumer demands.

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There is new evidence suggesting that irrigated rice brings more malaria to Africa and this problem will continue to emerge as rice production expands across the continent. It is well documented that rice fields remain hot spots for local malaria vector species in places like China, Portugal and Turkey, therefore it is an area of concern for a highly malaria endemic region like Sub-Saharan Africa.

This project started with a proposal that was developed to create an intervention in rice fields which can control malaria without hampering rice yield and production. A literature review was initially conducted to identify options for malaria control which included biological larvicides, synthetic chemicals, fish, and water management through intermittent irrigation (in order to dry rice fields and prevent breeding intermittently). Community acceptability for each intervention was found to be varied with limited information available.

Elliot Dossou-Yovo then spoke about the opportunity for collaboration between the health and agricultural sector and described how this project was funded by the Wellcome Trust for 27 months. The objective of the research project was to determine the effect of different rice cultivation practices on vector density, water productivity, and greenhouse gas emissions and rice yields. Seven trials were conducted in Cote D'Ivoire and Eastern Tanzania. Each trial assessed the effect of different growing techniques including period of flooding during land preparation, crop establishment methods, fertilizer application timing, and water management techniques (alternate wetting and drying irrigation and mid-season drainage).

Results of the study showed that fields that were flooded for longer periods of time during land preparation, direct-seeded or with fertilizer, were associated with more malaria vectors. Compared to continuously flooded fields, fields under AWD and mid-season drainage were not effective at reducing malaria in Cote D'Ivoire but did not cause any yield penalties. These interventions were shown to reduce water use by 23-49% and global warming potential by 30-57% and increase water productivity by 18-53%. On the other hand in Tanzania, fields under AWD were successful in reducing malaria vectors by 63% (95% -74.3, -49.1,  $p < 0.0001$ )

In conclusion, there are rice growing techniques that can minimize mosquito and greenhouse gas production (especially methane) whilst reducing water use and sustaining yields. Some techniques need to be adjusted and repeated across more trials in more seasons and locations to demonstrate this efficacy. In summary, we know that rice production must increase because of an increase in demand for rice. There is a need for more research integrating mosquito control into rice production. A multi-sectorial approach is required between the health sector, academic researchers and agriculture.

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## Urban context and initiatives

### **Multi-sector engagement for public health: the Transform Freetown initiative –*Onyeka Erobu (Senior Health Advisor to Mayor Yvonne Aki-Sawyerr at Freetown, Sierra Leone)***

Onyeka Erobu started by introducing herself and providing some background information on Sierra Leone. Sierra Leone is a country situated on west coast of Africa. Malaria transmission is stable and perennial in all geographic areas.. Sierra Leone is a developing country and malaria must be addressed as a development issue rather than

just a health issue. All areas of the country have very high malaria prevalence, however in Freetown malaria case incidence and mortality rates are in triple digits.

Salient issues in Freetown include rapid unplanned urbanization with a 3-fold increase in population in recent years. This has resulted in the development of urban slums and informal settlements around the city. There are people who move in and out of Freetown for the purpose of schooling/work from rural areas who bring malaria from high burden areas into the city. Deforestation has also been linked to the unplanned urbanization. In Freetown there is a restricted water supply leading to transportation of water through jerry cans. How the water is being stored has implications for malaria transmission and vector breeding. Urban planning zoning, issuance of building permits and land use planning is yet to be evolved to the city council and the majority of urbanization and construction of informal settlements taking place is undocumented and unregulated, which can have serious safety and health implications. Just a couple of days ago Freetown was subjected to severe flooding which resulted in landslides.

The Transform Freetown Agenda is a development project launched in January 2019 focused on different sectors and aligned with SDGs and Sierra Leone's national development plan. It is an inclusive and data driven initiative although data collection and analysis still remains a problem.

The consultation process to come up with the Transform Freetown initiative included multi-sectoral action which stood at the core of the programme and its values. 399 stakeholders, eight development partners, 39 NGOs, as well as UN agencies were engaged and 71 sector initiative meetings were held.

The reasons for taking a multi-sectorial approach included: there was a significant need for assistance and capacity – there is so much to gain when engaging with others and this approach has helped to come up with new ideas and initiatives.

Malaria in Sierra Leona is a stand-alone programme run by the NMCP, however, it must be noted that other VBDs also exist including some which fall under the NTD programme. The NMCP is predominantly centralized and involvement, engagement and decision-making for malaria control is highly restricted.

#### *Examples from Freetown:*

1. The Sierra Leone malaria indicator survey from 2016 shows prevalence of malaria in children across 16 districts, age 5-69 months, with a positive microscopy test. The western urban area has a prevalence of 5-6% which is the lowest in Sierra Leone but we cannot see whether the cases are clustered in urban or peri-urban areas. The Urban Malaria Research Project aims to investigate the impact that providing effective WASH and housing services to urban poor areas of Freetown has on malaria incidence. For now, this project is only focused on two specific sites located close to dumping site areas which form large breeding grounds for malaria vectors. This project has included multiple stakeholders including the Sierra Leone Urban Research Center, the NMCP, and Freetown City Council. The research is still ongoing.
2. Transforming lives through informal settlement upgrading is a pilot project targeted at providing improved accommodation for 305 households within two informal coastal settlements. A range of NGOs are involved together with the NMCP. Partners were selected after extensive community engagement and research. Interventions include providing houses with nets, improving WASH, developing roads (for waste collection), and construction of more dignified and safe housing. This not only impacts malaria but also other health issues such as diarrheal disease, NTDs and TB. This programme is a clear example of

integrated multi-sectoral approach resulting in multiple positive outcomes.

3. A multi-sectoral rabies control pilot study was conducted in Freetown ensuring a one health approach. This project consisted of mass dog vaccination against rabies, raising community awareness, and deworming. Multiple stakeholders were involved including: FAO, WHO, WOA, One Health Technical Committee, Ministry of Health and Sanitation, District Health Management Team, Ministry of Agriculture and Forestry, PAWS International, Breakthrough Action, Mission Rabies, Africa CDC, Sierra Leone Animal Welfare Society, and Freetown City Council. A new national one health platform evolved from this project which included all these partners who aligned to work towards the Global Strategic Plan to eliminate human deaths from dog-mediated rabies by 2030. Mission rabies provided their app for real time surveillance of this programme which can be expanded for use in other health programmes.
4. Urban farming has been introduced in Freetown to address food insecurity, which is a major issue in Sierra Leone. People with limitations of space can now grow food in their compounds and containers. There is a need for expansion and scale up. This project was funded by UNHabitat.
5. The environmental management project has included a variety of initiatives to help improve the environment in Freetown. New drainage systems were completed in April 2021 in order to prevent development of stagnant water. There is a commitment to plant 1 million trees around the city, of which 550,000 have already been planted. Flood mitigation exercises such as building bridges and developing drainage systems have also been conducted in the city. Community engagement and empowerment has been at the heart of these interventions, and identifying community champions who take ownership of interventions has been core to their sustainability and success.
6. Improving access to water in Freetown has included water harvesting systems and establishment of water management committees in communities, markets and PHUs. 83 water tanks have been installed of which 32 had rain water harvesting systems.
7. A sanitation project is running to enable treatment of fecal sludge, clearing public spaces and removal of illegal dumpsites all around town. Urban planning and providing sustainable alternatives is at the core of this programme and has included various actors from different sectors.

*Challenges identified with multi-sectoral approaches:*

- Multi-sectoral approach is a fantastic concept, however, in practice, it is very different for people to understand how it can be made actionable. We are used to working in silos which translates to poor coordination, communication and poor data sharing. There are complexities involved in dealing with multiple parties and getting them to work together.
- Malaria is the responsibility of everyone and linked to the SDGs. It is a development problem and not just a health problem.

*Implementation tips:*

- Identify the issues requiring collaboration.
- Stakeholder mapping early in the process.
- Framing issues in a way which is relevant to each sector/stakeholder – focus on co-benefits and synergies (increase innovation, impact and scale).
- Identify priorities and competing interests – we must understand the political economy of different

countries. Health and development are political issues.

- What does success look like for each partner and how will it be measured?
- Community engagement, participation and ownership.

*On the ground what works:*

- Commitment required from the highest level.
- Identifying an entry point for multi-sector engagement and a good focal point for coordination.
- Set clear goals and objectives and conduct stakeholder mapping early.
- Addressing the concern of stakeholders as soon as they arise and ensuring no stakeholders are marginalised.

Health is not only an input of planning but also an outcome. Operational and implementation research are necessary to generate evidence on the multi-sectoral approach and identify gaps. Continuous advocacy is needed for coordination and joint planning, and implementation is necessary when working in an environment where ministries, departments and agencies are accustomed to jealously guarding their resources, viewing the gain of other structures as a loss to their own. Highly motivated and respected multi-sectoral approach champions play a vital role in advocacy efforts. So much of what needs to be addressed in public health is local and requires action from the ground up.

### **Healthy Cities, Healthy People: moving from political commitment to a framework for action - Sarah Beeching (Oshun Partnership)**

Sarah began by stating that the RBM partnership has supported the development of this framework from inception.

Our world is fast changing and so is the importance of one health. Unplanned urbanization, intensive agriculture (all peri-urban agriculture coming into the cities and bringing in diseases), deforestation, migration, intensive animal production and pollution are all impacting the spread of mosquitoes and diseases (both new and re-emerging diseases). It is important for us to contextualise these issues beyond malaria and it is really important for politicians to be able look at the bigger picture.

Data is often very weak at city level and more of a focus is required on urban malaria. The COVID-19 pandemic highlighted the inequities across countries and regions and even the cities within them. It highlighted the need for local level data and interventions where city level action was key. It also showed us that what was working in developed countries could not be implemented in regions such as Africa, highlighting the need for tailored approaches to disease control in different contexts. The pandemic also raised the importance of prevention as a priority over cure.

Healthy cities, healthy people know that malaria in some regions competes with other VBDs such as dengue/NTDs. This project, launched by WHO and UNHabitat, aims to promote multi-sectoral action for disease control. The purpose is to support a network of city leaders to provide long-term and sustainable support for multi-sector action on NTDs and VBDs. Particular attention needs to be given to secondary cities which often lack political power, resources and support of national capitals and commercial centres.

UNHabitat proposes to look at ways to support/pilot programmes at city level that can expose different ways of generating multiple impacts and benefits from multi-sectoral action on multiple diseases. In resource limited environments, we need multiple outputs for the investment that we make.

What we have been able to show with the support of a large range of organizations is that there is a different way of working which is both feasible and necessary. We need to future-proof our cities and think about different ways of bringing partners together. For a lot of interventions such as improving waste collection, housing and WASH, there are multiple positive outcomes. When approaching political leaders we need to show them that the investments they make will produce multiple positive outputs and offer value for money.

## Private & commercial

### **Miners and the discovery of mosquito weaponry - *Samuel Asiedu Agyei (AGAMal)***

Samuel Asiedu Agyei introduced himself and provided some background information on AngloGold Ashanti, which is the largest gold mining company in the world and it has identified malaria as the biggest public health threat to its operations in sub Saharan Africa.

An average of 3 days are taken off per malaria bout, which results in 60,000 work hours lost per month and costs the company significant losses every year. In 2006, an integrated malaria control programme was introduced for mine workers and neighboring communities. Core objectives were to protect children under five and pregnant women from malaria and reduce malaria prevalence by 50% among mine workers.

Interventions in this programme included IRS, LLINs, LSM, environmental management, SBCC programmes, hospital diagnosis and treatment, as well as robust M&E of epidemiological and entomological outcomes. After 2 years of implementation, malaria was reduced by 74%, school attendance improved and work absenteeism reduced. IRS has had significant impact on disease burden over the years however recently this has plateaued.

In 2008, the programme was officially recommended by Ghana NMCP and Ghana CCM to be the Principal Recipient to the Global Fund and AGAMal was born with its own Board of Directors. In December 2021, the Global Fund rated the organization as A1.

A call was then put out for investment towards malaria elimination and highlighted the benefits at community and country-level of malaria control leading to the general development of economies and reaps huge benefits for social and business communities.

AngloGold Ashanti will continue to invest in malaria control and encourages other private entities to do the same. This not only reduces the burden for the company but also the communities residing in or next to areas where their operations are taking place. Investing in malaria provides businesses and institutions with positive recognition and media traction. AngloGold Ashanti has committed 16 years of continuous investment to malaria control over the years and it would like to offer technical support to other companies in Africa should they need it.

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### **Panel discussion and Q&A on best practices and challenges to implement a multisectoral way of work in a sustainable manner**

**Panel:**

- *Kazuki Saito & Elliott Dossou-Yovo*
- *Onyeka Erobu*
- *Sarah Beeching*
- *Samuel Asiedu Agyei*

**Question 1: What do you think are the biggest barriers implementing multisectoral projects? How can we overcome these barriers?**

- **Kazuki Saito & Elliott Dossou-Yovo**  
3 key areas present the biggest barriers to implementation of multisectoral projects and these are: awareness in agriculture, funding, and new research areas of agriculturalists. The relationship between malaria and rice fields has been studied since the 1990s, and recent studies show today that irrigated rice brings more malaria to Africa. More research and awareness is needed amongst the agricultural sector in order for companies to expand their businesses in a way that does not harm communities or hinder malaria control efforts.
- **Onyeka Erobu**  
One of the major issues, especially within Sierra Leone, is the lack of political commitment and drive from the highest level of political leadership. At the end of the day we can talk about these things all day long but without commitment from the top we cannot go far in terms of implementing the multi-sectoral approach in Sierra Leone and other countries around the world. Another barrier is how to measure the impact of multi-sectorial action. Different sectors want to know how we measure impact – we might need to deviate from the way we typically measure impact and move towards new approaches.
- **Sarah Beeching**  
We have created a system globally where ministries of finance decide on budget allocation per ministry, creating barriers and walls between different ministries, and we need to find a way to break that down. In terms of city leadership, these are often responsible for WASH, waste disposal, housing etc. which do not follow the typical financial approach. Rather than creating new financial systems, perhaps we need to identify areas for collaboration e.g. One Health & Environmental Health and building bridges between different pillars and creating political imperative to that. Praised examples presented by Sierra Leone.
- **Samuel Asiedu Agyei**  
Leadership is a cause and all others are effects. If leadership at national level is aligned and there is a common vision with the highest level of buy-in, there would be significant result. Understanding a common agenda, shared objectives and roles being shared is very important and may take some time. What each sector needs to know is what benefit is coming to them and should be used as a point of entry. This will help overcoming barriers of working together.

**Question 2: How can we sustainably engage the multisectoral actors in the fight against malaria?**

- **Elliott Dossou-Yovo**  
There is a need to develop a long-term research framework. The issue of greenhouse gas emissions from rice fields is now recognized globally due to the level of research and advocacy put into it. When we look at malaria, it is not yet globally recognized that rice fields are important breeding sites of the malaria vector and

there is a need to communicate research results demonstrating this. More evidence is needed in terms of epidemiological efforts on rice interventions to promote these initiatives. Evidence must be shown that there are interventions which reduce malaria whilst also reducing inputs and increasing rice yields to increase buy-in and investment. There is a great need for investment for long-term research.

▪ **Onyeka Erobu**

There is a need for continuous strategic advocacy, talking to the people that matter and making them understand that malaria control is aligned with SDGs. We can drive multi-sectoral action by getting on board with cities and city leaders. What these multi-sectoral platforms do is create a space for city leaders to come together in a multisectoral manner to address key issues.

▪ **Sarah Beeching**

Prevention is really hard to fund. It is always interesting how quickly political interest wanes. We need better data and better surveillance systems that should move beyond malaria and into a broader vector control framework which will in turn broaden the circle of partners, for example, to other countries where malaria is not the primary priority but other diseases are.

▪ **Samuel Asiedu Agyei**

Sustainability. If you want to go fast then you go alone, but if you want to go alone then you need to go together. Getting other sectors to come together will enable us to go a longer distance and sustain it through continuous engagement with other sectors and finding ways and means in making collective objectives a priority.

### Closing comments:

Graham Alabaster highlighted that this was a hugely important meeting in terms of launching the multi-sectoral framework. Thanks was given to all participants and attendees.

Graham highlighted the following key points that came out of the two sessions:

1. The multi-sector approach is gaining traction. Very good examples were given today demonstrating that we know it works. Funding is an issue and, in many cases, different funders have been brought together in order for projects to take place. We must see and learn from the examples today in order to embrace catalytic funding.
2. Yes, we can make things work on a project basis and demonstrate and deliver, but the real key is to institutionalise this approach long-term and make ministries collaborate effectively. We need to make a case for ministries of finance and learn how to work with them.
3. Freetown was a great example of how the multi-sectoral approach can be conducted at a local level and how it actually gels together and works.
4. We need to look at more than one disease. We need to think more broadly about how we use evidence on dealing with multiple diseases.

Thanks was given to colleagues at Swiss TPH, with a special mention to Konstantina.

The next meeting is to take place in February 2023 in Accra, Ghana between 09.02.2023 – 11.02. 2023.