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# Harnessing Innovation: Next Generation Solutions for Vector-borne Diseases

## Role of Civil Society in the Community for the Prevention of Vector-Borne Diseases

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### Introduction

- Vector-borne diseases (VBDs) are among the significant public health threats in Asia and the Pacific.
- Civil Society and Communities are on the frontline of prevention and response.
- Civil Society organizations (CSOs)
   have proven to play a pivotal role in
   vector-borne disease response<sup>1</sup>







## Common Vector-Borne Diseases (VBD) In Asia And The Pacific

- Malaria (esp. Plasmodium vivax)
- Dengue
- Chikungunya
- Japanese encephalitis

#### **Vulnerable populations**

People living in poor housing conditions, migrants, forest-goers, ethnic minorities, children under 5 years, pregnant women, immune-compromised (e.g., diabetes, HIV), and the urban slum populations are at risk.







### Burden of VBD In The Asia And The Pacific

## **Dengue**

- From January to November 2024, the Asia-Pacific saw 577,249 cases and 1,533 deaths, making it the second most affected region after the Americas
- Indonesia, Bangladesh, Philippines,
   Vietnam, and Thailand are among the top 5 countries with high dengue burden







#### **Burden of VBD In Asia And The Pacific**

#### Malaria

- In 2024, the Asia Pacific region saw a sharp rise in malaria transmission, approximately 4.8 million malaria cases, driven by climate disruption, conflict, and funding constraints
- India, Indonesia, Papua New Guinea, Myanmar and Thailand are among the high malaria-burden countries in the Asia—Pacific region



## Why Civil Society Matters In VBD Response



- Trusted actors within the community
- Focus on last-mile delivery of services
- Projects co-designed and codelivered based on community needs, considering culture, language, gender and ethnicity
- Bridging communities and public health services through coordination and collaboration
- Experienced in introduction of new tools in the community



## **Core Areas of Civil Society Engagement**



- Community engagement, mobilization and capacity strengthening for prevention
- Community-based Counseling, and referrals
- Community-based and led surveillance, reporting response
- Awareness and Social Behavior Change Communication (SBCC)
- Policy advocacy
- For malaria they can also test and treat

## **Civil Society Support For Community-led And Based Monitoring And Surveillance**

- Used in the Mekong region to monitor service coverage and gaps in the malaria program
- Leads to improved service delivery
- Strengthen community capacity and empower communities to collect data, beyond malaria
- Data are used for dialogue and advocacy with local and national health authorities





## **Enhancing Access And Equity**



- Applying Gender-responsive and inclusive approaches in program design and delivery
- Reaching remote, hard-toreach, hidden, populations
- Addressing social inclusion and equity barriers by bringing services close to the community and making them more acceptable



## **Challenges And Opportunities**

#### **Challenges:**

- Resource and Capacity constraints
- Coordination gaps
- Mobility and migration
- Timely response from health system

#### **Opportunities:**

- Integrated vector control
- Large network of existing community health workers and volunteers
- Digital health tools and use of social media
- Existing multi-country coordination and Cross-border collaboration mechanism
- Available new tools



## **Conclusion**



- Civil Society is vital for sustained prevention, control and some VBD elimination
- Community accessibility and acceptability of services and tools are important
- Investing in local community capacity and collaboration is key to both innovative and sustainable vectorborne disease response
- CSOs can ensure no one is left behind in the VBD response



## Thank You For Your Attention



