

**Bangladesh-India Program Director Level
Bilateral Virtual Meeting for Cross-border
Malaria Elimination- Meeting Report**

24th February 2022

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....2

Opening Remarks.....3

Appointment of Chair.....3

BUSINESS SESSION

1. Current and ongoing Cross-border activities and areas for strengthening presented
by Directors from both sides.....3

 Recommendations.....8

CLOSING SESSION9

Annexures

 Annexure 1: Presentation by Bangladesh10

 Annexure 2: Presentation by India13

 Annexure 3: Agenda.....17

 Annexure 4: List of participants.....18

EXECUTIVE SUMMARY

Bangladesh-India National Malaria Program Director level bilateral virtual meeting for Cross-border Malaria elimination organized by South East Asia Regional Coordination Mechanism Forum (SRCMF) was held on 24 February 2022, through zoom platform. The meeting was chaired by Prof Dr. Nazmul Islam, Director, Diseases Control and Line Director, CDC, DGHS and leader of 8-member Bangladesh delegation and BCCM Coordinator, Deputy Coordinator and Coordination Officer.

Dr. Jigmi Singay, Executive secretary Cum Coordinator, SRCMF Secretariat welcomed the delegates and requested for self-introduction by the delegates. This was followed by opening remarks by Prof Dr. Nazmul Islam, delegation leader of Bangladesh and Dr Rinku Sharma delegation leader of India. Both the delegation leaders thanked SRCMF and its secretariat in bringing malaria program leads from Bangladesh and India together for continuing bilateral collaboration & cooperation and contributing towards elimination of malaria from the cross-border areas/districts in the India-Bangladesh international border.

Both Bangladesh and India delegation presented, discussed and outlined the key challenges for Malaria elimination in both the countries and specially in the districts along the border. Both the delegates expressed the need to strengthen the coordination in the field level particularly at cross-border areas/districts adjoining the international border areas in order to accelerate malaria elimination. Both the delegates agreed to share list of districts, focal points at local, district and state level and M&E format for data sharing and proposed to have a another virtual meeting in the mid-week of March 2022 (date to be proposed by SRCMF after consulting both the countries) to comprehensively analyse the available information at field level, agree on pilot districts, focal persons, activities and data sharing format for synchronizing the interventions contributing towards malaria elimination in the region and particularly in cross border areas/districts. SRCMF agreed to support and facilitate in organizing such a virtual and then face-to-face meeting once both the country programs agree on a date.

Opening Remarks

The opening session started with welcome address by Dr Jigmi Singay, Executive Secretary cum Coordinator, SRCMF Secretariat, followed by self-introduction by the delegates from both the countries. He extended warm welcome to the distinguished and eminent Delegates - from Bangladesh lead by Prof. Dr. Nazmul Islam, Director, Diseases Control and Line Director, CDC, DGHS and India delegation led by Dr. Rinku Sharma, Joint Director, National Center for Vector Borne Diseases Control (NCVBDC), MOHFW, Govt. of India and CCM Coordinators from both the countries, Resource person and Staff and all other participants, who attended this Bilateral Meeting in spite of their busy schedule. He briefly highlighted the objectives and outcomes of the Bangladesh-India Program Director level bilateral meeting for cross-border malaria elimination to the audience.

Appointment of Chair

The Session started with Executive Secretary, SRCMF Secretariat Cum Coordinator proposing to the meeting Prof. Dr. Nazmul Islam, Director, Diseases Control and Line Director for the Chairperson as Chair of the meeting for the Bangladesh-India Program Directors bilateral meeting. The proposal was seconded by India team leader. Dr. Nazmul Islam was appointed as the Chair. Dr Jigmi Singay formally invited and handed over the Chairmanship to Dr. Nazmul Islam and requested to conduct the bilateral virtual meeting

BUSINESS SESSION

As per the agenda the Chairperson started the business session by inviting comments on the draft agenda. In absence of any comments the draft agenda was adopted.

1. PRESENTATIONS BY BOTH THE DELEGATION ON THE CURRENT ONGOING ACTIVITIES IN THE CROSS-BORDER AREA

Introductory Comments

Prof. Dr. Nazmul Islam welcomed distinguished delegation from India, all other participants of the meeting and invited Dr. Md. Mosiqure Rahman to start the presentation from Bangladesh

Presentation by Bangladesh

On the presentation from Bangladesh Dr Mosiqure mentioned that all 13 endemic districts have international borders either with India or Myanmar and 41 out of 72 endemic sub-districts have international border, 34 with India only, 5 with Myanmar and 2 with both India and Myanmar.

He shared the summary of the finding of the situation analysis within Bangladesh border conducted by NMEP in January 2021:

1. Accessibility to malaria services in the bordering areas:
 - a) Health Service Delivery System for malaria – both at community and facility levels (200 CCs across the borders of 41 Upazilas)
 - b) Diagnosis & treatment services – (EDPT) Early Diagnosis and Prompt Treatment of patients ensured through community HWs
 - c) Vector control – LLIN distribution has nearly reached universal coverage
 - d) Surveillance – No existence of cross-border surveillance
2. Border crossing points:
 - a) Over 100 border crossing points in 35 Upazilas surveyed; informal crossing points have outnumbered formal.
3. Risk of malaria importation:
 - a) All Upazilas in elimination phase reported, increasing proportion of imported cases during 2017-19, and most of the imported cases were *P. falciparum*
 - b) 100% malaria cases in Netrokona district (78/78) during 2018-19 were imported.

Recommendations of situational analysis for cross-border collaboration:

1. Ensure malaria services for everyone in the international border areas population.
 - a) Mapping of difficult to reach international border areas and population and plan for reaching the unreached
 - b) Community engagement especially Head man and Karbari who have huge influences over population in these areas (in CHTs) and develop cross sector partnership especially with Para workers in CHTs, and NGOs working there
2. Enhance surveillance:
 - a) Mapping of difficult to reach area and population as mentioned and establishing PCD (Passive Case detection) centers at Headman/Karbari's house
 - b) Development of Key Informant network involving Para workers (CHTs), NGOs
3. G2G (Government to Government) meeting for development of roadmap for cross border collaboration

He highlighted following issues and challenges in implementation of Cross border activities:

1. Absence of systematic screening in formal point of entries
2. Population movement through informal crossing points

3. Lack of harmonized interventions across the borders
4. Inadequate dedicated funding for cross-border surveillance
5. Lack of communication at district / state levels
6. Absence of common platform for information sharing

He proposed following next steps for cross-border collaboration:

1. Development of roadmap for cross-border collaboration
2. Meeting among designated focal persons for road map implementation (can be online, organized by WHO subject to Govt. approval)
3. High-level advocacy and Cross border G2G meeting
4. Ensure universal access to quality-assured malaria diagnosis, treatment and prevention interventions in border areas
5. Local data sharing platform (WHO SEARO can take the technical lead)

The detailed presentation of Bangladesh is attached as Annex 1

Dr Md.Mosiqure Rahman then requested chair to welcome questions if any and was willing to take question now or latter. Chair thanked Dr.Md.Mosiqure Rahman for a very elaborate and comprehensive presentation and highlighting the challenges that are currently faced in Cross-border area.

Chair then invited Dr Rinku Sharma for India's presentation on status of malaria elimination in India.

Presentation by India

Out of 36 States/UTs, 34 States/UTs have achieved the Annual Parasite Incidence (API) < 1 per 1000 population in 2021. She also shared information on API in Bangladesh-India border districts from 2019-2021. South Garo hill district in Meghalaya, Dhalia district in Tripura, Mamit, and Lawngtlai districts in Mizoram had high API over the years decrease in trend of APIs was seen in most of the districts except Dhalia district were increase in API was seen. She reiterated that Cross-border collaboration and activities between Bangladesh-India should focus on these districts with APIs more than 1.

She highlighted key strategies for cross-border malaria control:

1. Harmonization of malaria policies such as insecticides used for Indoor Residual Spraying (IRS) and use of Long-lasting insecticidal nets (LLINs), Rapid Diagnostic Tests (RDTs) and Artemisinin-based combination treatment (ACT) and other drugs used;
2. Common Information, Education and Communication (IEC)/Behaviour Change Communication (BCC) messaging;
3. Support for cross-border referral of severe cases;

4. Regular sharing of surveillance data and early warning on potential epidemics; and
5. Sharing of technical expertise and other resources to support service delivery

She shared key activities undertaken by NCVBDC on Indian side:

1. Long-lasting insecticidal nets (LLIN) distribution to all population under Sub Centre (SC) with Annual Parasite Incidence (API) \geq 1
2. Periodic regional, state and district level review meetings on cross-border issues
3. Intensive IEC including skits and miking activities in local bordering market
4. Health Camps
5. Mass Surveillance and Treatment
6. Coordination with Border Security Force (BSF)

She mentioned following challenges for cross-border collaboration:

1. Administrative approvals from both Governments for establishing communication channel for data sharing;
2. Coordination issues at the local level;
3. Different epidemiology of Malaria across the border and different scale of programme implementation i.e., Timing of activities such as IRS, LLIN distribution could be different; need microplanning and implementation plans for coordination at cross-border areas
4. We need to identify the stakeholders at national level, or state

She proposed following next steps for cross-border collaboration:

1. Universal access to health and prevention services in border areas
2. Strengthen cross-border surveillance and M&E Strengthen intra-country and bilateral agreements for collaborative interventions
3. Strengthen multi-sectoral coordination in border areas partnership with local government
4. Empower local officials for decision-making and data/information sharing
5. Conduct biannual planning and review meetings

The detailed presentation of India is attached in Annex 2

The Chair thanked Dr Rinku Sharma for the presentation. Chair said that although Cross border may have lots of issues and challenges however these can be addressed through better understanding and coordination between the two countries.

THE FOLLOWING AGREEMENTS HAVE BEEN REACHED AFTER THE DELIBERATIONS:

1. Collation of baseline data to get a better understanding of local Malaria situation in the Cross-border districts/areas for harmonised planning and strategic response
2. Mapping to be conducted/updated of the health facilities in the districts along international border for joint planning, implementation of activities, interventions and timely response for malaria elimination in the cross-border area.
3. Strengthening international cross-border coordination mechanism at local level
4. Use WhatsApp group for information exchange especially suspected cases and other information sharing regarding urgent interventions
5. Information sharing to be done through SRCMF Website
6. Both countries to share list of agreed border districts and cross-border areas adjoining the international border for malaria elimination in cross-border areas based on endemicity, imported cases and feasibility of interventions to finalise districts /areas for joint action in consensus and agreement by both the countries
7. Both the countries to share list of names of focal /contact points at local, district and state level with Names, Designation and contact details with SRCMF
8. Both the countries to share the format for basic information and type of information for sharing to be finalised in consultation with both the countries
9. Dhalia district of Tripura and Mizoram States in India was identified as area with high incidence of Malaria by both the countries.
10. For defining “imported, introduced and indigenous cases” WHO definition will be adhered to
11. Frequency of the next bilateral meetings to be kept monthly on virtual platform and face to face biannually to track progress on cross-border pilot districts where coordination deliberations have been initiated.
12. During the next virtual bilateral proposed in Mid-March both sides to confirm cross-border border districts, agree on format for critical data sharing and M&E and activities for synchronised implementation
13. Next virtual meeting to involve local authorities so they are aware and informed of the ongoing activities on cross border and respond and cooperate with the Cross-border program and activities.

14. It was also emphasised that for successful collaboration, face to face interaction is important. Decision on next face to face bilateral meeting at local level will be organised by SRCMF in consultation with both the countries
15. SRCMF to coordinate and facilitate in micro-planning, implementation framework and road map development in participation with district and local level officials and relevant stakeholders for joint interventions and timely response for malaria elimination in the cross-border area.

BASES ON ABOVE DELIBERATIONS AND AGREEMENTS FOLLOWING RECOMMENDATIONS HAVE BEEN FORMULATED:

SRCMF Secretariat:

1. After discussing with the National Programs to put up a proposal for date for next virtual meeting in Mid-March 2022 for materialising:
 - a) Finalising border districts
 - b) Identification of district focal persons for district-to-district coordination and sharing disease, vector and intervention activities, for synchronization of same across the borders.
 - c) sharing malaria disease, vector and intervention information between the two programs and district level focal persons.
2. facilitate coordination and collaboration mainly at program and local level particularly for those activities which needs joint planning, synchronised implementation of activities for malaria elimination at cross-border area and districts.
3. Mobilise external resources for additional activities for cross border malaria elimination which will be phased in by National government's budget.

National Programs

1. share list of high priority border districts and cross-border areas adjoining the international border for malaria elimination in cross-border areas
2. share list of names of focal /contact points at local, district and state level with Names, designation and contact details with SRCMF
3. share the format for basic information and type of information for sharing
4. facilitate and assist in information collation on Malaria situation in cross border areas/districts using questionnaires already shared by SRCMF

CLOSING SESSION:

In the closing session the Executive Secretary thanked all the participants for their active participation and valuable contributions. He assured the both delegations that SRCMF will mobilise resources for Cross-border interventions in consultation with individual programs and will be there to facilitate and assist. He also thanked Chair for conducting the meeting efficiently and bringing it to a successful conclusion. He thanked all the participants for their participation, valuable guidance and suggestions. The Chair thanked the delegates for their active participation, very productive deliberations and making a very productive meeting and thanked SRCMF team for their efforts to improve Coordination between two neighbouring country national programs to work together for malaria elimination. He requested both the countries to share the requested information with SRCMF so it can be compiled for finalisation in the next bilateral virtual meeting scheduled in Mid-March 2022.

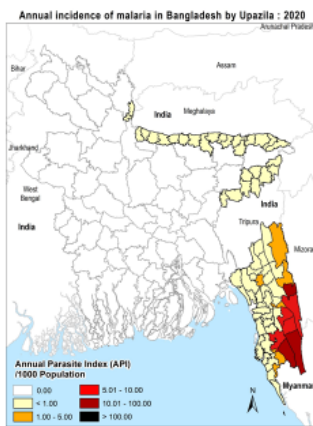
The Chair formally closed the meeting at 12 pm IST

Cross-border situation analysis within Bangladesh border

Indo-Bangladesh Director Level Bilateral Virtual Meeting for Cross-border Malaria Elimination
24 February 2022



National Malaria Elimination & Aedes-transmitted Diseases' Control Program, CDC, DGHS



Cross-border situation analysis – Bangladesh

All 13 endemic districts have international borders either with India or Myanmar

41, out of 72 endemic sub-districts have int'l border

- 34 with India only
- 5 with Myanmar only
- 2 with both India and Myanmar

A situation analysis within Bangladesh border was conducted in Jan 2021

Mixed methods: Desk review (Quantitative) and In-depth Interview (Qualitative)

Key Informants:

- Community representative at the bordering villages
- Health practitioners at the bordering villages
- Local government representatives of bordering wards
- UH&FPOs



National Malaria Elimination & Aedes-transmitted Diseases' Control Program, CDC, DGHS

Why NMEP, Bangladesh did this assessment?

- Malaria transmission in Bangladesh has become **highly focal**
- Cases are confined mainly in areas near **international borders with India**
- Substantial number of **border crossing points** in India-Bangladesh borders.

What was considered critically for this assessment?

- Status of **accessibility** to malaria services and malaria **surveillance** in the bordering areas
- Picture of **border crossing points** and risk of malaria importation
- **Gaps** in the program in the bordering areas and necessary **information** to enhance the process for **cross border collaboration**



National Malaria Elimination & Aedes-transmitted Diseases' Control Program, CDC, DGHS

Assessment result summary



- **Accessibility to malaria services in the bordering areas**
 - ✓ Health Service Delivery System for malaria – both at community and facility levels (200 CCs across the borders of 41 Upazilas)
 - ✓ Diagnosis & treatment services – EDPT ensured through community HWs
 - ✓ Vector control – LLIN distribution has nearly reached universal coverage
 - ✓ Surveillance – No existence of cross-border surveillance
- **Border crossing points**
 - ✓ Over 100 border crossing points in 35 Upazilas surveyed; informal crossing points have outnumbered formal by far
- **Risk of malaria importation**
 - ✓ All Upazilas in elimination phase reported an increasing proportion of imported cases during 2017-19, and most of the imported cases were P. falciparum
 - ✓ 100% malaria cases in Netrokona district (78/78) during 2018-19 were imported.

Conclusion: despite fences and border guards, there is potential risk of malaria importation



National Malaria Elimination & Aedes-transmitted Diseases' Control Program, CDC, DGHS

Recommendations



- 1. Ensure malaria services for ALL especially in bordering areas:**
 - Mapping of difficult to reach areas and population and plan for reaching the unreached
 - Community engagement especially Head man and Karbari who have huge influences over population in these areas (in CHTs) and develop cross sector partnership especially with Para workers in CHTs, and NGOs working there
- 2. Enhance surveillance:**
 - Mapping of difficult to reach area and population as mentioned and establishing PCD centers at Headman/Karbari's house
 - Development of Key Informant network involving Para workers (CHTs), NGOs
- 3. G2G meeting for development of roadmap for cross border collaboration**



National Malaria Elimination & Aedes-transmitted Diseases' Control Program, CDC, DGHS

Key issues and challenges for cross border activities



Absence of systematic screening in formal point of entries

Population movement through informal crossing points

Lack of harmonized interventions across the borders

Inadequate dedicated funding for cross-border surveillance

Lack of communication at district / state levels

Absence of common platform for information sharing



National Malaria Elimination & Aedes-transmitted Diseases' Control Program, CDC, DGHS

Way Forward for cross-border collaboration

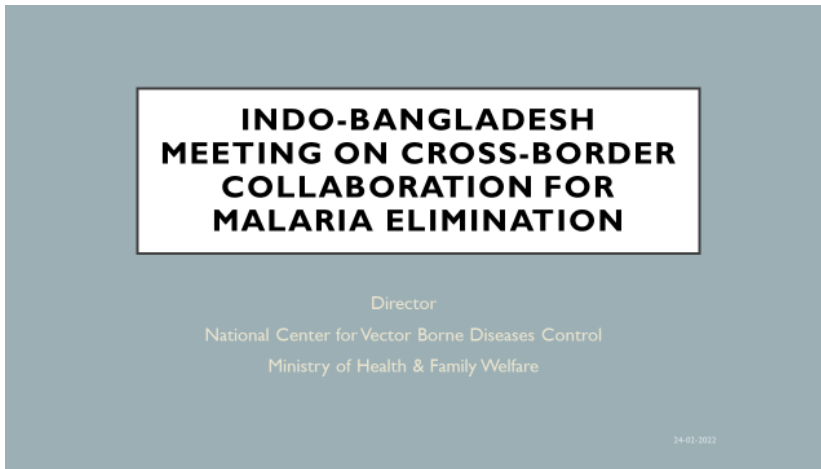


- Development of roadmap for cross-border collaboration
- Meeting among designated focal persons for road map implementation (can be online, organized by WHO subject to Govt. approval)
- High-level advocacy and Cross border G2G meeting
- Ensure universal access to quality-assured malaria diagnosis, treatment and prevention interventions in border areas
- Regional data sharing platform (WHO SEARO can take the technical lead)



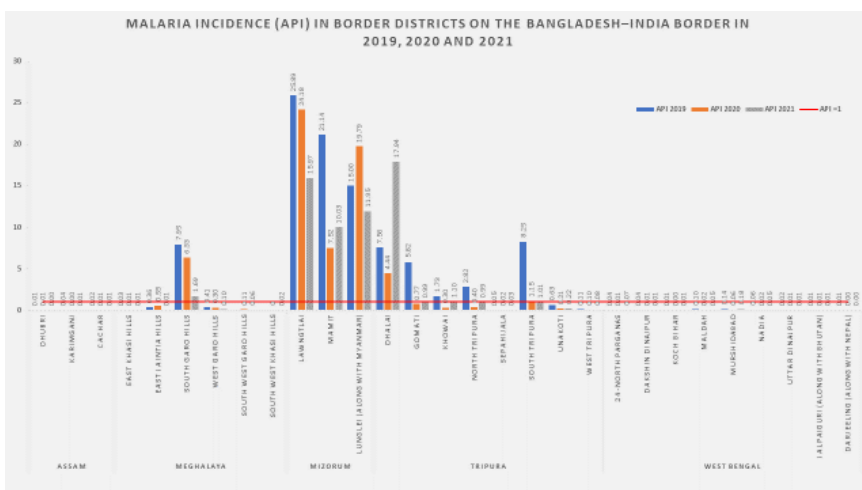
National Malaria Elimination & Aedes-transmitted Diseases' Control Program, CDC, DGHS

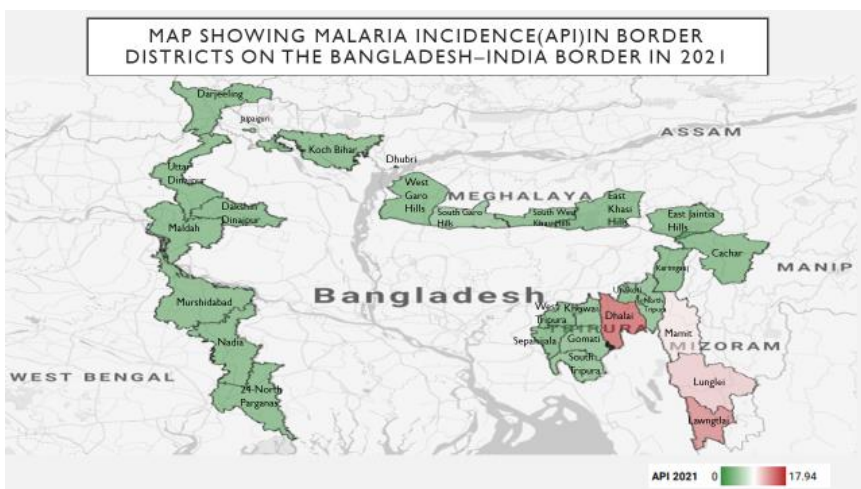
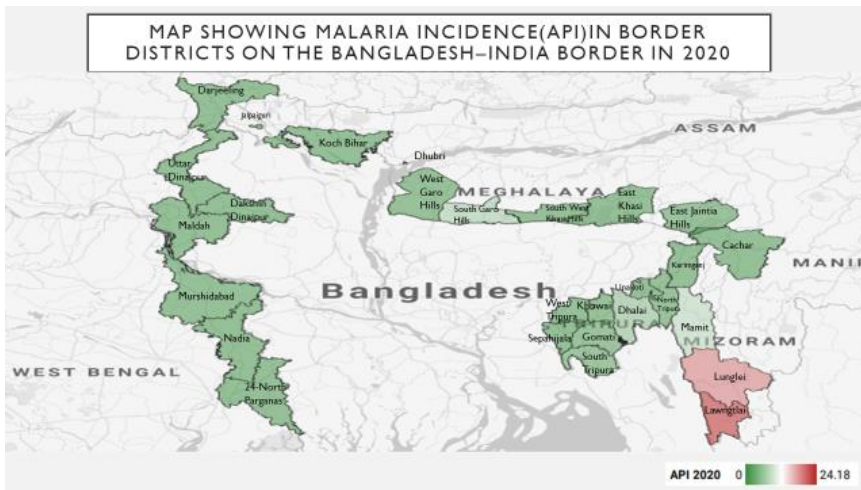
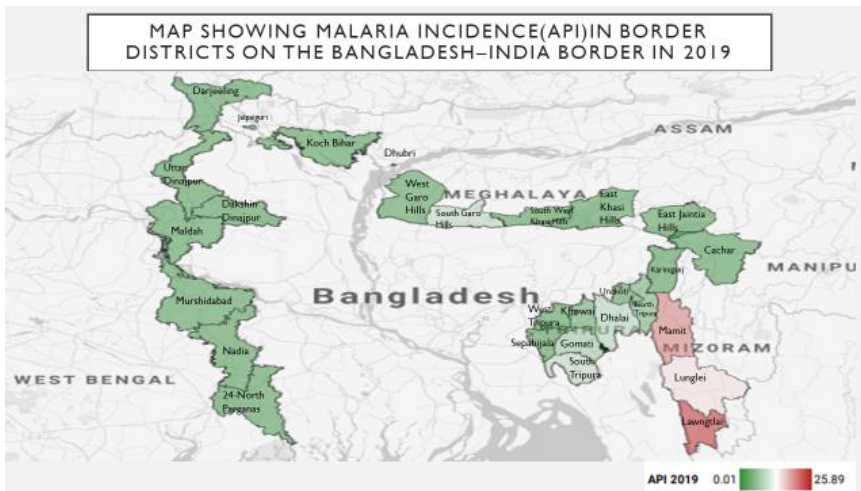
Annexure 2



STATUS OF MALARIA ELIMINATION IN INDIA IN 2021

- Over the past twenty years, India has achieved a reduction of more than 83% in malaria morbidity and 92% in malaria mortality.
- As per World Malaria Report (WMR) 2021, India was the only HBHI (High Burden to High Impact) country in the South-East Asia Region that reported a decline in malaria cases in 2020 as compared to 2019.
- Out of 36 States/UTs, 34 States/UTs have achieved the Annual Parasite Incidence (API) < 1 per 1000 population.





KEY STRATEGIES FOR CROSS-BORDER MALARIA CONTROL

- Harmonization of malaria policies such as insecticides used for Indoor Residual Spraying (IRS) and use of Long-lasting insecticidal nets (LLINs), Rapid Diagnostic Tests (RDTs) and Artemisinin-based combination treatment (ACT) and other drugs used;
- Common Information, Education and Communication (IEC)/Behavior Change Communication (BCC) messaging;
- Support for cross-border referral of severe cases;
- Regular sharing of surveillance data and early warning on potential epidemics; and
- Sharing of technical expertise and other resources to support service delivery.

KEY ACTIVITIES UNDERTAKEN

- Long-lasting insecticidal nets (LLIN) distribution to all population under Sub Centre (SC) with Annual Parasite Incidence (API) \geq 1
- Periodic regional, state and district level review meetings on cross-border issues
- Intensive IEC including skits and miking activities in local bordering market
- Health Camps
- Mass Surveillance and Treatment
- Coordination with Border Security Force (BSF)

CHALLENGES FOR CROSS-BORDER COLLABORATION

- Administrative approvals from both Governments for establishing communication channel for data sharing;
- Coordination issues at the local level;
- Different epidemiology of Malaria across the border and different scale of programme implementation i.e., Timing of activities such as IRS, LLIN distribution could be different;
- We need to identify the stakeholders at national level, or state?

NEXT STEPS FOR CROSS-BORDER COLLABORATION

- Universal access to health and prevention services in border areas
- Strengthen cross-border surveillance and M&E
- Strengthen intra-country and bilateral agreements for collaborative interventions
- Strengthen multisectoral coordination in border areas
- Empower local officials for decision-making and data/information sharing
- Conduct biannual planning and review meetings

Annexure 3

AGENDA

Bangladesh-India Program Director Level Bilateral Virtual Meeting for Cross-border

Malaria Elimination, Thursday 24 February 2022

Time		Responsible person(s)
10:15-10:30	Virtual Registration	SRCMF Secretariat
10:30-10:40	<ul style="list-style-type: none"> • Welcome, Background, Objective & expected outcome of Meeting • Introduction of delegates • Nomination of Chair 	Dr. Jigmi Singay
10:40-11:50	<ol style="list-style-type: none"> 1. Adoption of Agenda 2. Current and ongoing Cross-border activities and areas for strengthening to be presented by Directors from both sides <ul style="list-style-type: none"> • Bangladesh • India 3. To confirm the corresponding Cross-border district, areas and points of entry & exit adjoining the international border for Malaria elimination <ol style="list-style-type: none"> a) Office order on Cross-border collaboration issued on both sides of international border to state, district & local level b) Baseline information in the selected districts, 5 kms of Cross border area & districts for DHSS* & CSS** 4. Identification and finalization of activities for synchronized implementation. 5. Sharing Information <ol style="list-style-type: none"> a) Critical information for driving local interventions b) WhatsApp c) Website maintained by SRCMF 6. Sharing names of the Focal point <ol style="list-style-type: none"> a) Focal points- National, State, District and local level b) Coordinators-1 National & 1 District level 7. Implementation and M&E 8. Date, Time and Frequency of the next onsite bilateral meeting 	Chair: -Prof Dr. Nazmul Islam, Head of delegation, Bangladesh -Dr. Tanu Jain, Head of delegation, India
11:50-11:55	AOB	
11:55-12:00	Concluding Remarks Closing Remarks	-Prof Dr. Nazmul Islam -Dr. Tanu Jain -Dr. Jigmi Singay Chair:

Annexure 4

List of participants

**Bangladesh-India Program Director Level Bilateral Virtual Meeting for Cross-border Malaria
Elimination, Thursday 24 February 2022**

SN	Name	Designation	Organization	Country	Email Address
Delegation from Bangladesh					
1	Prof. Dr.Nazmul Islam	Head of delegation	Diseases Control & Line Director, CDC, DGHS	Bangladesh	nimunna@yahoo.com , nimunna@gmail.com
2	Dr. Abul Kalam Azad	Member delegate	CDC, DGHS	Bangladesh	dr.azad842492@gmail.com
3	Dr.Ekramul Haque	Member delegate	NMEP & ATDs control programme CDC, DGHS	Bangladesh	dpmalaria.ekramul@gmail.com
4	Dr. Md.Nazrul Islam	Member delegate	NMEP CDC, DGHS	Bangladesh	islam_mn61@yahoo.com , nimunna@gmail.com
5	Dr.Md.Mosiqure Rahman	Member delegate	NMEP, CDC, DGHS	Bangladesh	mosiqure@yahoo.com
6	Mr. Manaj Kumar Biswas	BCCM Coordinator	BCCM, HSD, MOHFW	Bangladesh	bccmcoordinator@gmail.com
7	Md Harun- Or- Rasid	Deputy Coordinator	BCCM, HSD, MOHFW	Bangladesh	dc.bccm@gmail.com
8	Dr. Dipankar Das	Coordination Officer	BCCM, HSD, MOHFW	Bangladesh	drdasco.bccm@gmail.com
Delegation from India					
1	Dr. Tanu Jain	Head of delegation	NCVBDC, MOH&FW, Govt. of India	India	dir.ncvbdc@gmail.com
2	Dr. Rinku Sharma	Member delegate	NCVBDC	India	rinkusharma2005@gmail.com
3	Dr. Naresh Kumar Gill	Member delegate	NCVBDC	India	nareshgill.nvbdc@yahoo.com
4	Dr Vinod Choudhary	Member delegate	NCVBDC	India	drvinodnvbdc@gmail.com
5	Dr. Shikhar Chaudhary	Member delegate	NCVBDC	India	nacltmne1.gf@gmail.com
6	Ms Gitanjali Mohanty	Coordinator	CCM India	India	iccmsect-mohfw@gov.in
SRCMF Secretariat					
	Dr. Jigmi Singay	Executive Secretary	SRCMF Secretariat	Bhutan	jigmi2118@gmail.com
	Ms Natasha Dawa	Program Officer	SRCMF Secretariat	India	dawanatasha@gmail.com
	Prof. Dr. Prakash Ghimire	Resource Person	SRCMF	Nepal	prakashghimire@gmail.com
	Dr Shampa Nag	Resource Person	SRCMF	India	drshampa@gmail.com