

**India-Bhutan State, District and  
Local level bilateral Virtual  
Meeting for Cross-border  
Malaria Elimination – Meeting  
Report**

**10th March 2022**

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## **EXECUTIVE SUMMARY**

Bhutan-India State, District and Local level bilateral Virtual Meeting for Cross-border Malaria Elimination, organized by South East Asia Regional Coordination Mechanism Forum (SRCMF) was held on 10 March 2022, through zoom platform. The meeting was chaired by Mr. Tandin Dorji, Director, DoPH and Head of 5-member Bhutan delegation and Bhutan CCM Coordinator.

Dr. Jigmi Singay, Executive secretary Cum Coordinator, SRCMF Secretariat welcomed the delegates. This was followed by opening remarks by Mr. Tandin Dorji, Head of delegation from Bhutan and Dr Tanu Jain delegation leader of India. Both the delegation leaders thanked SRCMF and its secretariat in bringing National Malaria Program from Bhutan and India together for continuing bilateral meeting to accelerate the national programs towards elimination of malaria from the cross-border areas/districts along the India-Bhutan international border.

Both Bhutan and India delegation presented the follow-up on status of recommendation from last Director level bilateral meeting. Following which both the delegates made a presentation on districts having high burden malaria cases adjoining international border between India and Bhutan and agreed on synchronisation of IRS, LLINs, joint cross-border vector surveillance, case information sharing and referrals, critical information sharing for driving local interventions and supervision and monitoring activities to be implemented for malaria elimination on both sides of international border. SRCMF agreed to support and facilitate the synchronisation of activities on both sides of the international cross border areas so cross-border does not become a hindrance to achieving malaria elimination goals. Both the delegation expressed the need to strengthen the coordination and start implementation on immediate action points in the field level.

Mr Tandin Dorji pointed out that that this meeting was supposed to be at field level however due to COVID-19 restrictions imposed on travel along with lock down in Bhutan field visit could not be carried out this time and assured that as soon as travel restrictions are lifted next bilateral meeting can be face to face. SRCMF agreed to organizing next 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. He extended warm welcome to the distinguished and eminent Delegates - from Bhutan led by Mr Tandin Dorji Director, DoPH, MoH, Royal Govt of Bhutan and India delegation led by Dr Tanu Jain, Director, National Center for Vector Borne Diseases Control (NCVBDC), MOHFW, Govt. of India, CCM Coordinator from Bhutan, Resource persons 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 State and district/local Level Bilateral Virtual 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 Mr Tandin Dorji Director, DoPH for the Chairperson of the meeting. The proposal was seconded by India team leader. Mr. Tandin Dorji was appointed as the Chair. Dr Jigmi Singay formally invited and handed over the Chairmanship to Mr Tandin Dorji 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. FOLLOW-UP ON STATUS OF RECOMMENDATION FROM LAST DIRECTOR LEVEL BILATERAL MEETING**

Mr Tandin Dorji welcomed distinguished delegate from India and all other participants of the meeting and invited Dr Tanu to start the presentation from India

From India Dr Tanu Jain shared the following follow-up actions:

- a) India has completed the Mapping 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.

From Bhutan Mr Tobgyel shared the follow-up actions:

- a) Mapping of the health facilities within 5 KM radius from the international border and the adjacent districts conducted and shared with SRCMF
- b) Updated list of names of focal/contact points at local and district level will be shared with SRCMF soon.
- c) After agreeing on synchronised activities in this meeting, it will to be implemented on both sides of the international border. Bhutan will get clearance form MoH and issue an executive order to districts and local Governments for formal implementation of the agreed joint synchronized strategies and activities for the Indo-Bhutan Cross-Border Malaria Elimination.
- d) WhatsApp group already established needs to be reactivated and made functional for data sharing and local level coordination and meeting among the group by communicating through it.
- e) Establish of appropriate mechanism for cross border collaboration for district and State level coordination will be followed up with local level after agreement on synchronised activities in this meeting and with support from SRCMF.

Mr Tobgye then requested the chair to welcome any questions from the floor and submitted that he would be happy to respond now or later. Chair thanked Mr Tobgye for a very elaborate presentation.

## **2. DISTRICT HAVING HIGH BURDEN OF MALARIA CASES ADJOINING INTERNATIONAL BORDER BETWEEN INDIA AND BHUTAN AND SYNCHRONISATED ACTIVITIES TO BE IMPLEMENTED FOR MALATIA ELIMNATION ON BOTH SIDES ON INTERNATIONAL BORDER**

Following presentation on the follow-up action from last bilateral meeting, Mr Chairman invited member delegate from Assam, India for the presentation.

### **Presentation by Assam, India**

Delegate from Assam presented that out of total 162 malaria cases reported in Assam state in India-Bhutan border in 2021, 38 % were contribution by 4 districts i.e. Udalguri, Baksa, Chirang and Kokrajhar. All districts reported API < than 1

He shared information on following activities undertaken in the border districts for malaria elimination:

1. Formation of District Task force for malaria elimination and regular meeting organized.
2. Early Diagnosis & complete Treatment:
  - a) Approximately 4049 ASHAs, 433 HWs are working in the villages (4157). They are provided RDT kits and anti-malarial drugs.
  - b) There are 35 Sub-Centres in the districts. 2 ANMs are working in the SC.RDT & Anti-Malarial with a Guidelines for treatment of malaria in the SC.
  - c) 499 Medical officers are working in the districts and are trained for malaria treatment protocol
3. Vector Control:
  - a) Two rounds of 50% DDT sprayed as per guidelines (7 squad).
  - b) LLINs (6,61,228) distributed in the high risk SCs (182 out of total 621) during 2019 & 2020.
  - c) Insecticide treated Bed net(ITBN): 118245 bed nets impregnated.
4. Capacity Building of HR
  - a) MO, HW, ASHA were trained on malaria.
5. IEC/BCC:
  - a) Regular awareness programme/ capacity building of community organized.
  - b) Sun boards with the messages of malaria prevention put up at schools campus.
6. Entomological study:
  - a) Study held at the Kokrajhar/Chirang/Udalguri during 2021.
7. Monitoring& evaluation: Monitoring of MTS & DVBDC by State & directorate of NCVBDC
  - a) Two rounds of LQAS survey by MTS& DVBDC
  - b) Regular field visits from officers & consultant from state & district office.
  - c) Meeting with DMO & DVBDC by SPO.

He highlighted following Challenges for Malaria Elimination in the cross border district:

- a) Approximately 267 km covers the boundary of Assam (4 districts) & Bhutan.
- b) Inaccessible area / forest areas.
- c) Illiteracy, poverty of community:
- d) Inadequate awareness of community.
- e) Migration of people for livelihood to Bhutan
- f) Reporting of Asymptomatic malaria

He proposed following next Steps for cross-border malaria elimination in the state:

- a) Frequency of bilateral meetings to be increased.
- b) Revamp of communication networks with the officials of Bhutan & Assam, WhatsApp & email
- c) Bilateral programme planning on M&E, Vector Control
- d) Similar treatment protocol of both countries may be adopted.
- e) Mapping of health facility of both sides for immediate treatment & referral.
- f) Easy accessibility for MO& DMO for case investigations etc. into both the country

The details presentation of Assam, India is attached in Annex 1

Chairman thanked Indian delegate from Assam for his presentation and invited Indian delegate from West Bengal, India for his presentation.

#### **Presentation by West Bengal, India**

Delegate from West Bengal shared information on declining trend of Malaria cases (Pv & Pf Malaria) during last four years however there was slight increase of malaria incidence in 2021 due to total increase of BSE (blood slide examination) in 2020. He also added that due to COVID-19 pandemic in 2020 health seeking behaviour were hampered. However, no malaria deaths were reported from international cross-border blocks.

In West Bengal Alipurduar, Jalpaiguri, Kalimpong and Darjeeling (not bordering Bhutan) were endemic districts however there was no information on imported cases. He further added that there was decrease in Annual blood examination rate (ABER) for malaria was reported in 2021. He shared information on potential vectors of malaria in districts adjacent to Bhutan border from entomological survey in Alipurduar district in 2020-2021 and LLIN distribution. No vector was found in the Nepali line of Indo-Bhutan border in Jalpaiguri during pre and post IRS entomological survey. In 2021 around 3.39% of malaria cases were found in border adjacent to Bhutan international border.

He shared Malaria activities in West Bengal:

- a) Regular training and sensitisation of all category of staff (MOs, MT/LT, Staff Nurse, ANM & ASHA) TOT for faculties of MCHs. Panel discussion plan to involve private practitioners.
- b) Mobile medical camp in malaria endemic districts in remote inaccessible forest, hilly and tribal villages fortnightly including bordering blocks during malaria transmission period.

- c) Anti-Malaria Month was observed including bordering blocks in the month of June 2021 by virtual meeting with districts to identify gaps and challenges and to take required action for achieving elimination target.

He shared Vector control activities in malaria elimination programme:

- a) Two rounds malaria IRS (50% DDT) is performed in Alipurduar, Bankura, Jalpaiguri, Jhargram, Malda, Murshidabad, Purulia & Paschim Medinipur during pre & post monsoon every year.
- b) 151752 new LLINs have been distributed in districts of Coochbehar, Jalpaiguri, Alipurduar, Malda, Murshidabad with 24 pgs, Basirhat HD, Diamond Harbour, HD, Purulia, Bankura, Paschim Medinipur & Jhargram.
- c) Anti-Malaria month (AMM) observation in June 2021
  - 27 VC at district level in presence of DN & BDOs
  - 342 inter-sectoral meeting at block level
  - Circulation of treatment protocol and IEC messages through WhatsApp
  - Printing of Bengali IEC materials like banner, leaflet, RDK usage, guideline, dos & don'ts booklet for LLIN usage etc.
  - Rally on world malaria day (WMD)-25 April 2021 at district level.

He shared key actions undertaken:

- a) District malaria task force formed in all districts in line with NCVBDC recommendation
- b) IMA being involved to reach private sectors to ensure proper and complete treatment
- c) Entry of malaria cases from private institution and labs mandatory in real-time through CE portal (clinical establishments portal) in border districts.

He mentioned on new focus on outbreak of the malaria along international border

- a) No outbreak reported in malaria in last 1 year, prompt action taken for every early warning signal and communicated to the state by districts.
- b) Overall improvement in the surveillance in all districts compared to 2020. Though very mild increase of malaria incidence was seen in Jalpaiguri district in 2021

He highlighted the following challenges for Malaria elimination in the cross-border districts

- a) Cross-border sharing of residence address & contact details of the infected persons.
- b) Blood testing facilities of the suspected patients in cross-border entry points



- c) Self –medication and treatment from informal network/medical shop/quacks
- d) Lack of follow-up date of cases.

He shared the next steps for cross border malaria elimination in the state

- a) Information sharing mechanism
- b) Integrated case search and vector control activities simultaneously on both sides
- c) Creation of surveillance network of informal service providers on both sides.

Mr Tandin thanked delegate from West Bengal India for very elaborate and comprehensive presentation. Chair then invited Mr Tobgyel for Bhutan’s presentation.

### **Presentation by Bhutan**

On Malaria situation in cross border districts Mr Tobgyel mentioned that in 2021 out of total reported Malaria cases 79 % were *P. vivax* (dominant in Bhutan) and 21% were *P. falciparum* (almost eliminated with only 1-2 cases). He added that in 2021 Bhutan had total 23 Malaria cases out of which 7 were indigenous, 4 introduced, 11 imported and 1 relapsed case. Most of malaria cases are confined to border areas District with Sarpang contributing around 61% of malaria cases in the country.

He further highlighted that given the porous land border with India there is large population movement (daily migration of workers and visitors) across border (joint villages & towns). With 95% National Malaria Cases in Bhutan confined in border areas, cross border there is urgent need for a functional collaboration and information sharing platform at the ground level so that cross border doesn’t pose obstacles to elimination of malaria.

He proposed following activities for Synchronization for malaria elimination on both sides of international border:

- a) Indoor residual Spray (IRS)- every six-monthly with following scheduled timing
  - 1<sup>st</sup> round – Mid February – End of March
  - 2<sup>nd</sup> round: Mid-August – End of September
- b) LLIN Mass distribution - Once every 3 yrs (due in Mar-April 2023)
- c) Sharing of case Information and cross referral and follow-up as soon as the case is diagnosed and as  
and when malaria is reported
- d) Joint vector surveillance - Quarterly or half yearly

The details presentation of Bhutan is attached in Annex 2

Chairperson thanked Mr Tobgel from Bhutan for very elaborate and comprehensive presentation and then chair invited Mr Dawa Tshering for presentation on Sarpang district which has the highest Malaria cases in the Cross-border area in Bhutan side which is being presented during this Bilateral meeting.

**Presentation by Sarpang district, Bhutan**

His presentation on Sarpang district of Bhutan highlighted following points:

- a) Sarpang district shares the porous land border with Assam
- b) 10 sub-blocks borders with Assam and mapped as malaria high risk areas
- c) Around 41309 population resides along the border area
- d) 96% malaria cases confined closed to borders and the cases are very sporadic in nature
- e) Before COVID 19 knew the situation of cases across the border as villages seeks medical care in health facilities
- f) In 2019, cross border collaboration meeting at Gelephu, Bhutan established information sharing in WhatsApp group

He mentioned that in year 2021 Pf 2 cases and Pv 12 cases were reported. Most of cases were from the border districts. Most of positive cases were found in 15-49 years' age group who were engaged in field and could be the mobile population. Occupation wise distribution found most cases of malaria among farmers engaged in farm worker and government servants engaged in COVID-19 duties along border areas. Before covid-19 outbreak screening of day workers who reported in hospital were undertaken and any outbreak (Srapamg) was reported to counterpart of Assam state after positive cases reporting to health centres.

He shared key activities under taken:

- a) Mass LLIN Distribution in May 2020 and Additional in 2021
- b) Focal IRS Coverage in 10 endemic Geogs
- a) Door to Door IEC
- b) Day Bed Net Inspection and IEC on bed net usage
- c) Monitoring of Breeding sites and mapping of breeding sites and households.
- d) Screening of Migrant labors to detect MP from the asymptomatic labors to control the local transmission of the disease in the locality.

- e) Case investigation on occurrence of positive case by visiting the patients house within 48 hours.

He shared key challenges for cross-border malaria control

- a) Case situation of other border sides
- b) Some delay on Monthly surveillance activities could not initiated on time due to Covid-19 restrictions
- c) Non regularly using of LLINs by communities specially in urban areas.
- d) Most malaria cases from Poor housing without door and windows.

He proposed following next steps for cross-border collaboration:

- a) Sharing information on malaria cases and control activities like IRS, LLINs from India so that Bhutan do so in same time.

The details presentation of Sarpang district, Bhutan is attached in Annex 3

The chair thanked delegate from Sarpang district for the presentation and highlighted the need for Malaria information and data collected/reporting on real-time basis (within 24hours). He reiterated that Information sharing platform like WhatsApp reactivation and Website need to be considered for harmonization of information sharing. India delegation leader also highlighted the need for getting into action mode for malaria elimination in Cross-border areas.

**After both sides presented, they agreed on following activities to be conducted on both sides of international border:**

1. At local level frequency of bilateral meetings to be increased. frequency to be decided later
2. Following activities to be revamped:
  - a) communication networks with the officials of Bhutan & Assam
  - b) Information sharing Mechanism-WhatsApp & email
3. Following activities will be conducted:
  - a) Bilateral programme planning
  - b) M&E
  - c) Vector Control
  - d) surveillance network of informal service providers
4. Harmonisation of treatment regimens:

- a) Mapping of health facility on both sides for immediate treatment & referral.
  - b) Accessibility to specialised diagnosis and treatment services of MO& DMO for case investigations
5. Integrated case search and vector control activities simultaneously on both sides
6. Following activities will be implemented in synchronised manners:
- a) Indoor residual Spray (IRS)- every six-monthly
    - 1<sup>st</sup> round – Mid February – End of March
    - 2<sup>nd</sup> round: Mid-August – End of September
  - b) LLIN Mass distribution -Once every 3 yrs.
  - c) Sharing of:
    - case Information and cross referral as soon as case reported
    - control activities like- IRS, LLINs
  - d) Joint vector surveillance -quarterly or half yearly/schedule to be fixed

Chair invited Dr Ferdinand Laihad for his presentation.

#### **Presentation by Dr Ferdinand Laihad**

Dr Ferdinand Laihad highlighted the following points for Synchronized activities for implemented for malaria elimination on both sides of international border:

1. District endemicity:
  - a) District with API  $\geq 1$  per 1,000 populations: pre-elimination phase
  - b) District with API  $< 1$  per 1,000 populations: Elimination phase
  - c) District with Indigenous case 0: Maintenance phase
2. Focal contact point name at Local, District, and state level
3. Activities:
  - a) Critical information sharing for local intervention
  - b) Control activities at District
  - c) Cross border activities
  - d) Supervision, Monitoring, and Evaluation

He further highlighted Synchronized activities for implementation for malaria elimination on both districts in pre-elimination, elimination phase, elimination phase 2 & 3 and maintenance phases.

He proposed the following recommendations for malaria elimination at districts adjoining international border:

- a) To obtain a cross-border collaboration agreement on malaria elimination at the district level along the international borders with the timeline.
- b) Establish a joint bilateral coordination mechanism for addressing cross border malaria elimination and information-sharing network
- c) WHO criteria for M&E to be recommended followed from the next meeting onwards
- d) Existing technical assistance from WHO and other partners needs to be strengthened moving forward through SRCMF coordination.
- e) To conduct elimination assessment at District along the borders using WHO-Malaria Elimination Assessment Tools (MEAT) supported by related partners.

The detailed presentation of Dr Ferdinand Laihad is attached as Annex 4.

Chair thanked Dr Ferdinand Laihad for his comprehensive presentation and invited Dr Jigmi Singay for his presentation

### **3. ADDITIONAL RESOURCES FOR CROSS-BORDER ACTIVITIES**

Dr Jigmi Singay mentioned that SRCMF is mandated by the Member Countries of the SEA GF Constituency to mobilise additional resources required for the cross-border activities in consultation with the National Malaria Program on both sides of the international border to accelerate malaria elimination programme in cross-border areas/districts. Resource Mobilization Committee Chaired by ABM Dr. Shobini Rajan will be convening the meeting in the later half March 2022 to review the resources mobilisation in SRCMF.

SRCMF will be applying for SAARC Development Fund (SDF) grant. He further added that draft proposals are ready for discussion with National programs of the respective Member States. After review of the proposals in the Resource Mobilization Committee, SRCMF Secretariat will approach National programs for their inputs. He requested support from both the National Programs for securing funds and submission to SDF.

Chair thanked Dr Jigmi for his presentation and added that Bhutan will be happy to help SRCMF in whatever way they can to mobilise the additional Resources.

Chair then opened the floor for discussion, comments and questions.

**THE FOLLOWING AGREEMENTS HAVE BEEN REACHED AFTER THE DELIBERATIONS:**

Both the National Malaria Programme at the local level agreed on following key areas for cross-border coordination and collaboration.

**1. Information sharing**

- a) immediate notification to the adjoin Cross border district when imported cases are detected. Information on case management and follow-up, reactive case detection and case/foci investigations, any unusual upsurge or outbreaks and deaths would be shared. Available platforms such as WhatsApp, SRCMF Website/ dashboard, telephone call, E-mail to be utilized for malaria information sharing.
- b) Already, a WhatsApp group has been created for data sharing between Sarpang district in Bhutan and adjoining districts in Assam by both the programme for sharing cross-border initiatives and cases. However due to transfers of staff and also due to COVID -19 pandemic the WhatsApp group has become inactive.
- c) Both the countries to revive and reactivate the WhatsApp group, share updated list of focal points at district and local level with each other for initiating communication and adding updated names of focal points into WhatsApp group.

**2. Activities for synchronised implementation**

- a) In both the countries LLIN distribution happens after 3-3.5 years. Next distribution will happen in 2023. Regarding IRS 1<sup>st</sup> round happens in February-March before the onset of monsoon and 2<sup>nd</sup> round corresponds to 2<sup>nd</sup> peak of monsoon in August –September in both the countries. From March 2022 onwards first round of IRS has already started in Bhutan. Joint synchronised IRS is proposed from March 2022 onwards in Chirang, Udalguri, Kokrajhar (Assam), Jalpaiguri (West Bengal) and Sarpang district (Bhutan) and /or other priority districts in India side.
- b) Both countries based on local malaria situation analysis in each bordering district and mutually agreed synchronised cross-border activities develop monthly action plans for intensified elimination through synchronized LLIN distribution, IRS, IEC/BCC, and sharing of information with adjoin border districts on real time basis, case & focus investigations, vector surveillance, operational research (proposed by Bhutan involving research institution such as ICMR), seasonal screening of symptomatic population utilising existing COVID-19 pandemic fever screening mechanism of both countries with appropriate follow-up of individual malaria cases crossing international borders. Involvement of civil society and community networks and

private sector to be considered for Early Diagnosis and Complete Treatment and joint IEC/BCC. India expresses that next National strategic plan for malaria elimination 2023-2027 is under development and to have a dedicated section on international cross-border areas for making implementation of joint plan easier to implement and follow-up.

- c) Implement agreed synchronised activities in priority districts of Assam and West Bengal based on epidemiological scenario, past and current intensity of transmission in an area/district and size and mobility of population

### 3. Joint surveillance and M&E

- a) Efforts would be made to maximize access to malaria interventions and malaria surveillance and response in different phases of elimination as well as M&E along the border areas.
- b) Epidemiological analysis of each border district with granular data would be done periodically to identify hotspots for intervention.
- c) Mapping of populations along the border areas and key & vulnerable populations like mobile and migrant populations/indigenous groups as well as various stakeholders including organisations, sectors, community, civil society, private sectors etc. would be attempted annually.
- d) Consider Information exchange participation in data-sharing platforms and harmonization with the ones country HMIS. WHO criteria for M&E to be followed by both the countries from next meeting onwards. Sr Regional Directors from Both Assam and West Bengal mentioned that they would actively participate in joint monitoring process of synchronised activities.
- e) Ensure case and foci identification, investigation and classification based surveillance to allow timely identification of all imported cases and source of transmission, notification of outbreaks and exchange of information with adjacent international border areas/districts.
- f) Ensure effective & appropriate follow-up and rapid and adequate response to individual malaria cases crossing international border and monitor progress towards elimination
- g) Implement joint synchronised mutually agreed activities in identified districts for malaria elimination in international cross-border areas
- h) Establish and agree upon a M&E framework with appropriate indicators aligned with international (WHO) and national and related to cross-border malaria developed by SRCMF in consultation with both Bhutan and India
- i) Review progress on initiated cross-border coordination for malaria elimination and report to National program and SRCMF on monthly basis

4. Designation of focal point

- a) Each district from India and Bhutan to identified a focal point for cross-border collaboration and shared the contact details. The list would be uploaded on the Whatsapp group and any change would be informed by both districts in consultation with the respective higher authorities.

5. Date, time and frequency of next onsite bilateral meeting

1. It was also emphasised that for successful collaboration, face to face interaction with participation of local officials so they are aware and informed of the ongoing activities on cross border and respond and cooperate with the Cross-border program and activities.
2. Decision on next face to face bilateral meeting at local level will be organised by SRCMF in consultation with both the countries after COVID-19 restrictions in Bhutan is lifted.

**RECOMMENDATIONS OF INDIA-BHUTAN BILATERAL VIRTUAL MEETING:**

National Programs:

1. In line with the bilateral meeting agreement between National Malaria Elimination Programmes from India and Bhutan it is recommended to identify the Focal Points for the cross-border Coordination at local and district level and state level were required/applicable and submit the list to SRCMF Secretariat with copy to the counterpart.
2. SRCMF to follow-up on the Focal Point identification. These Focal Points assisted by SRCMF initially will be fully responsible for coordination of activities in the cross-border areas/districts. The TOR of the Focal Points in line with discussion and agreement during the meeting is as follows:
  - a) Coordinate all International Cross-border Malaria Elimination activities at local level
  - b) Organise local level meeting between the two National Malaria Elimination programmes
  - c) Coordinate implementation of sharing of information using various tools and Mechanisms
  - d) Coordinate for implementation of local /district level Joint planning, synchronised activities, joint surveillance, M&E including supervision and periodic review of malaria elimination programme activities.
  - e) Tasks and responsibilities will be reviewed periodically and modified as per need.



3. Local level coordination meeting will be held monthly and district level quarterly to start with, which will be reviewed periodically
4. The meeting agreed and recommended synchronized activities in the following areas:
  - a) Indoor Residual Spray (IRS) 6 monthly, starting Feb/March; proposed from March 2022 onwards in Chirang, Udalguri, Kokrajhar (Assam), Jalpaiguri (West Bengal) on India side and Sarpang district on Bhutan side and later in all the other border districts on both sides of the international border.
  - b) LLIN Mass Distribution, once in every 3 years, Starting in 2023 March/April
  - c) Harmonised treatment policy and case referrals on both sides of border
  - d) Sharing of Case information and Cross referral – As soon as the case is diagnosed, as and when malaria case is reported;
  - e) Joint vector surveillance– Quarterly/half yearly; Schedule to be fixed in the local/district meeting
  - f) mapping vector breeding potential and Insecticide resistance study
  - g) Each district along the international border undertakes to share or cross international border notification the positive imported cases for direct response intervention to interrupt local transmission.
5. All the joint planning of synchronised activities and other activities will be planned and decided in the local /district level meetings.
6. Joint surveillance and M&E for elimination such as case/focus investigation, Reactive Case Detection (RACD), classification & response, follow-up, screening at exit/entry points for travellers/high-risk groups/mobile migrant Population (MMP) from Malaria endemic areas population, coupled with IEC/BCC , develop advocacy materials to maintain strong political support at all levels, attract external support and accelerate cross-border collaboration in support of malaria elimination will be planned jointly and implemented simultaneously on both sides of international border
7. Local/district level meeting will undertake the responsibility for implementation of all the agreed malaria elimination activities such as sharing of information using various tools and Mechanisms-WhatsApp, Emails, SRCMF Website, SMS, Telephone etc. and in the initial stage with support and coordination of SRCMF
8. Regular supervision and periodic programme reviews as per the National Malaria Elimination work plan will be implemented by appropriate authorities of National Programme at various levels. Local level focal points will be supervised by district level, district by state level and National programme as per the existing structures and programme need

9. Capacity building for health personnel and community on malaria elimination including WHO-Malaria Elimination Assessment Tools (MEAT)
10. National Malaria Programmes to extend required assistance for effective mobilisation of external funding support, particularly in securing the matching grant from SDF (SAARC Development Fund)

**SRCMF Secretariat:**

1. To accord priority for coordination and collaboration for the National Malaria Elimination Programmes at local and district level
2. Facilitate information and data sharing between two National Malaria Elimination Programmes on both side of the international border.
3. Facilitate organisation of regular meetings between the two programmes at the local level for implementation of Joint planning, synchronised activities, joint surveillance, M&E and for review of malaria elimination programme activities at the local and district level.
4. Coordinate participation of technical agencies like WHO, ICMR and other relevant agencies, partners and donors who are involved in acceleration of malaria elimination activities.
5. Coordinate with WHO for implementation of WHO related recommendations by National Malaria Elimination to ensure that National programmes are properly aligned with the WHO standards, criteria and other technical requirements in meeting the assessment and certification requirement requirements for the Malaria elimination by WHO
6. Mobilise external resources required for additional activities for acceleration of cross border area/district malaria elimination.
7. Put up a proposal for next face to face India-Bhutan bilateral meeting with provision for field visit, with a convenient date after consulting with both the programmes and at a time when travel restrictions are relaxed in Bhutan.

## **CLOSING SESSION:**

In the closing session the Executive Secretary thanked all the participants for their active participation and valuable and enriching 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 in ensuring that cross-border will not be a hindrance to achieving malaria elimination but also facilitate sustaining the elimination goal. 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. Dr Tanu Jain thanked the Chair for steering the meeting and leading the deliberations to a very successful action oriented conclusions. She expressed her confidence and commitment to implement all the agreed recommendations and assured full support for the cross-border malaria elimination while pursuing malaria elimination target for her country. She also supported that the next meeting to be face to face.

The Chair thanked the delegates for their active participation and very productive deliberations and thanked SRCMF for organising this bilateral meeting. He requested both the countries to start implementation of synchronised activities and data sharing on cases and outbreaks for driving local interventions and also to be in regular touch with one another.

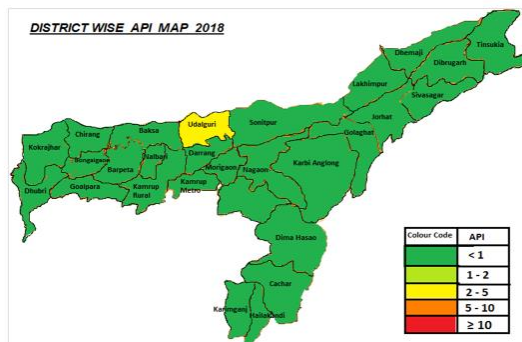
The Chair formally closed the meeting at 4 pm IST

Indo-Bhutan Meeting on cross-border collaboration for Malaria elimination

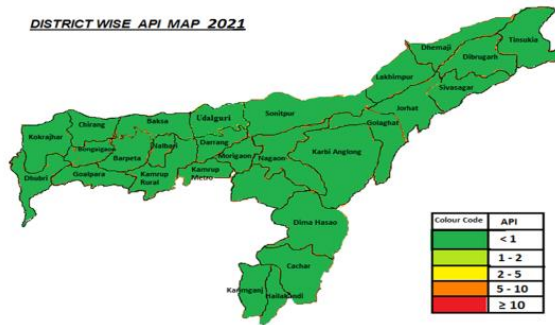
**ASSAM**

17-03-2022

Status of Malaria Elimination in the state in 2021



**DISTRICT WISE API MAP 2021**



**State Programme Indicators**

Indicator	2018	2019	2020	2021
Population (In Lakhs)	336.3	336.6	336.8	344.2
ABER	7.05	12.93	6.19	6.45
API	0.11	0.04	0.01	0.005
TPR	0.16	0.03	0.02	0.007
SFR	0.12	0.02	0.01	0.0003
Malaria Deaths	2	4	2	0

**Status of Malaria Elimination in the cross-border districts**

**Malaria cases reported by State & Indo Bhutan border districts**

Year	Malaria cases by state	Malaria cases by 4 districts	% of contribution by 4 districts
2018	3816	2833	74
2019	1459	917	62
2020	384	253	65
2021	162	62	38

**Malaria Situation of Indo -Bhutan Border Districts 2018 -2021**

Sl. No.	Districts	Years	Population	Persons Examined	Positive	Pf	Pv	Death	ABER	API	Pf%	TPR
				BSC & BSE								
1	Baksa	2018	996260	108625	59	19	40		10.90	0.059	32.20	0.054
		2019	1015030	158022	10	3	7		15.57	0.010	30.00	0.006
		2020	1025593	65513	8	2	6	0	6.39	0.008	25.00	0.012
		2021	1028064	104651	2	0	2	0	10.18	0.002	0.00	0.002
2	Chirang	2018	538127	57154	252	181	71		10.62	0.468	71.83	0.441
		2019	542286	78311	88	46	42		14.44	0.162	52.27	0.112
		2020	520487	54269	52	36	16	0	10.43	0.100	69.23	0.096
		2021	550994	41628	20	15	5	0	7.56	0.036	75.00	0.048

**Malaria Situation of Indo Bhutan Border 2018 -2021**

Sl.No.	Districts	Years	Population	Persons Examined	Positive	Pf	Pv	Death	ABER	API	Pf%	TPR
3	Kokrajhar	2018	1027806	96307	161	114	47		9.37	0.157	70.81	0.167
		2019	991959	136953	447	219	228	1	13.81	0.451	48.99	0.326
		2020	957658	80418	109	37	72	0	8.40	0.114	33.94	0.136
		2021	1019987	72611	32	8	24	0	7.12	0.031	25.00	0.044
4	Udalguri	2018	908181	69389	2378	1844	534		7.64	2.618	77.54	3.427
		2019	913862	103096	415	287	128		11.28	0.454	69.16	0.403
		2020	897776	115118	90	51	39	0	12.82	0.100	56.67	0.078
		2021	918644	75888	8	3	5	0	8.26	0.009	37.50	0.011

**Activities taken in the border districts for malaria elimination**

1. Formation of District Task force for malaria elimination and regular meeting organized.
2. Early Diagnosis & complete Treatment :
  - (a) Approximately 4049 no of ASHAs, 433 no of HWs are working in the villages (4157). They are provided by RDT and anti malarial.
  - (b) There are 35 no Sub-Centres in the districts. 2 ANMs are working in the SC.RDT & Anti Malarial with a Guidelines for treatment of malaria in the SC.
  - (c) 499 Medical officer are working in the districts and they are trained for malaria treatment protocol

**Activities taken in the border districts for malaria elimination**

3. Vector Control :
  - (a) Two rounds of 50% DDT sprayed as per guidelines(7 squad).
  - (b) LLINs(6,61,228 no) distributed in the high risk SCs(182 out of total 621) during 2019 & 2020.
  - (c) Insecticide treated Bed net(ITBN): 118245 no bed nets impregnated.
4. Capacity Building of HR
  - (a) MO, HW, ASHA were trained on malaria.

#### Activities taken in the border districts for malaria elimination

4. IEC/BCC :
  - : Regular awareness programme/ capacity building of community organized.
  - : Sun boards with the messages of malaria prevention erected at schools.
5. Entomological study :
  - : Study held at the Kokrajhar/Chirag/Udalguri during 2021.

#### Activities taken in the border districts for malaria elimination

- Monitoring & evolution: Monitoring of MTS & DVBC by State & directorate of NCVBDC
- 2 rounds of LQAS survey by MTS & DVBC
- Regular field visits from officers & consultant from state & district office.
- Meeting with DMO & DVBC by SPO.

#### Challenges for Malaria Elimination in the cross border district

1. Approximately 267 km covers the boundary of Assam (4 districts) & Bhutan.
2. Inaccessible area / forest areas.
3. Illiteracy, poverty of community:
4. Inadequate awareness of community.
5. Migration of people for livelihood to Bhutan
6. Reporting of Asymptomatic malaria

#### Next Steps for cross-border malaria elimination in the state

- Frequency of bilateral meetings to be increased.
- Revamp of communication net works with the officials of Bhutan & Assam, Whats app & email
- Bilateral programme planning on M&E, Vector Control
- Similar treatment protocol of both country may be adopted.
- Mapping of health facility of both sides for immediate treatment & referral.
- Easy accessibility for MO & DMO for case investigations etc into both the country

**Thank You**



DEPARTMENT OF PUBLIC HEALTH  
MINISTRY OF HEALTH  
ROYAL GOVERNMENT OF BHUTAN



**India-Bhutan State and District/Local level bilateral  
Virtual Meeting for Cross-border Malaria  
Elimination 10 March 2022, 2:00-3:30 pm (IST)**



**Recommendation follow-up**

S.no	Recommendation	Follow-up
1	Mapping/ updating of maps of the health facilities within 5 KM radius from the international border and the adjacent districts	Mapping of health facilities and shared with SRCMF
2	Respective National Malaria Control Programs on both sides of the international border will process with their respective Health Ministry and get Executive Order issued to the States, Districts and local Governments, for formal implementation of these agreed joint and synchronized strategies and activities for the Indo-Bhutan Cross-Border Malaria Elimination.	On process and will be issued as soon as our

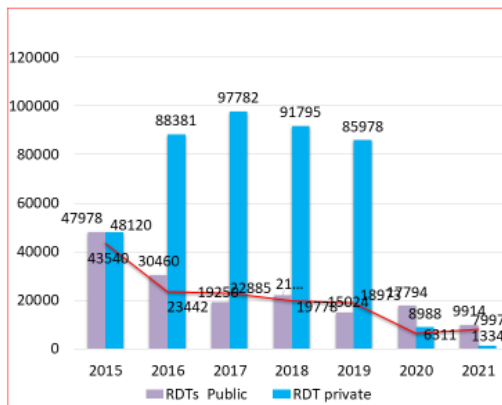
**Recommendation follow-up**

S.no	Recommendation	Follow-up
3	Strengthen, facilitate and increase where required WhatsApp group to track the progress towards elimination and for timely action on both sides	Already established, need to make it functional
4	Establish appropriate mechanism for cross border collaboration for district and State level coordination	Will follow with local level implementation.

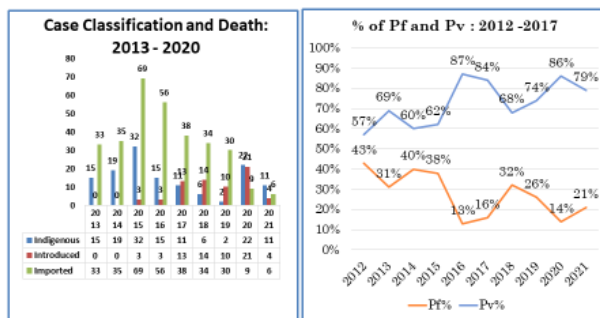
**Malaria situation in cross border districts**



### Diagnostic tests : 2015 -2021

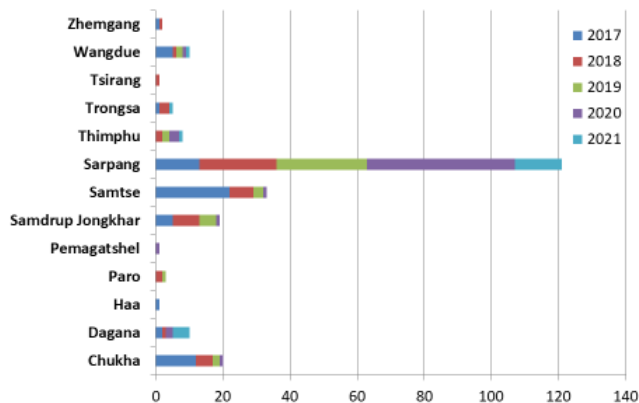


### Epidemiology of malaria

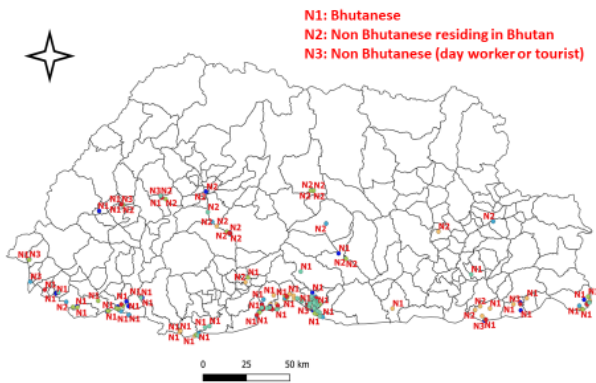


Director's orientation on VDCIP

### District wise Malaria; 2017 -2021



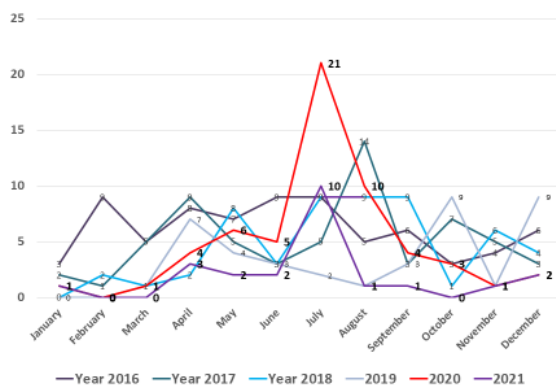
Malaria cases and nationality: 2015 - 2020



Malaria cases 2021

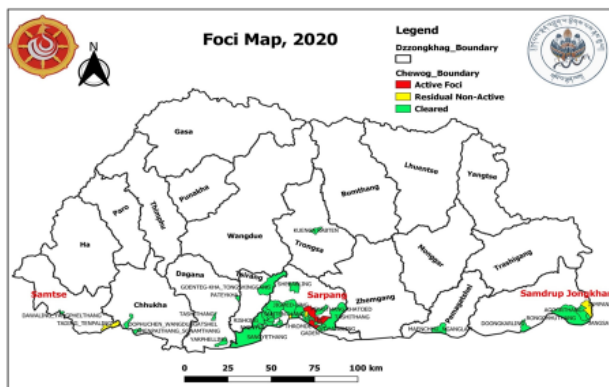
Sl.no	Dzongkhag (Districts)	Total cases	Nationality
1	Sarpang	14	All Bhutanese (2 frontline workers)
2	Dagana	5	All Bhutanese (1 frontline worker)
3	Thimphu	1	Bhutanese (frontline worker returned from P/ling)
4	Trongsa	1	Migrant worker (N2)
5	Wangdue	1	Migrant worker (N2)
6	Paro	1	Army Officer, returned from UN Peace Keeping duty in Africa
	<b>Total</b>	<b>23</b>	

Monthly malaria cases





### Active foci of malaria transmission



### Malaria elimination Target in Bhutan

	Malaria Elimination (NSP)	Target	Achievement
1	1 <sup>st</sup> NSP 2010-2015	Elimination of malaria from 8 Seasonal Districts	Achieved in 2012
2	2 <sup>nd</sup> NSP 2015-2020	To reach Zero by 2018 and WHO certification by 2020	Significant process just 2 indigenous cases but missed the target
3	3 <sup>rd</sup> NSP 2020-2025	Interrupt indigenous transmission by 2022 and WHO certification by 2025	With updated NSP, on track

## Cross border collaboration

### Why cross border collaboration is important for malaria elimination in Bhutan

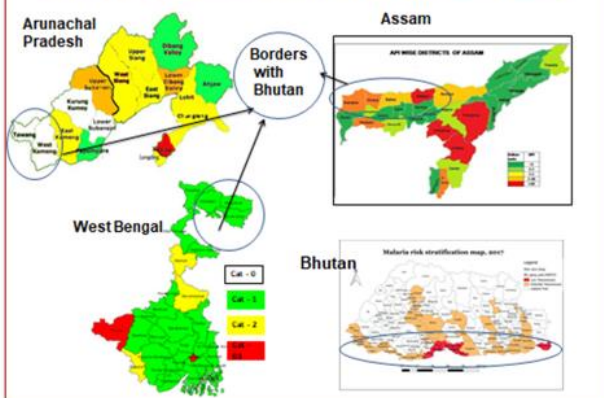
#### Indian states bordering with Bhutan



#### Problem statement

- 95% National Malaria Cases confined to border areas
- Porous land border, large population movement across border (joint villages & towns)
- No-functional cross border collaboration at the ground level
- No proper information sharing platform to response

### Incidence of Malaria in Bordering Indian states

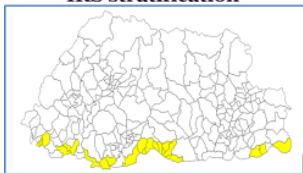


**Proposed activities for Synchronization for malaria elimination on both sides of international border**

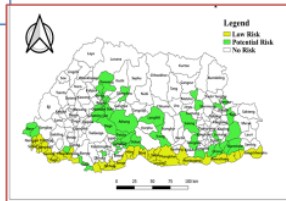
S. no	Proposed activity	Times	Scheduled timing
1.	Indoor residual Spray (IRS)	every six-monthly	<b>1<sup>st</sup> round</b> – Mid February – End of March <b>2<sup>nd</sup> round:</b> Mid August – End of September
2.	LLIN Mass distribution	Once every 3 yrs.	<b>Due in Mar-April 2023</b>
3	Sharing of case Information and cross referral	As soon as the case is diagnosed	As and when malaria is reported
4	Joint vector surveillance	Quarterly or half yearly	Can fix the schedule

**Stratification for IRS /LLIN**

**IRS stratification**



**LLIN stratification Mass distribution**



**THANK YOU**

# Malaria case situation and Preventative and Control activities

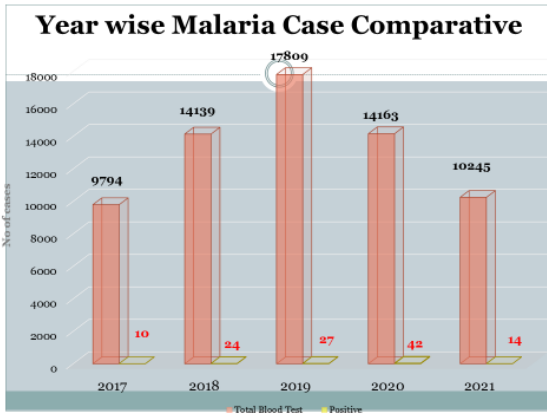
Dawa Tshering  
District Malaria Supervisor  
Sarpang, Bhutan

## Introduction

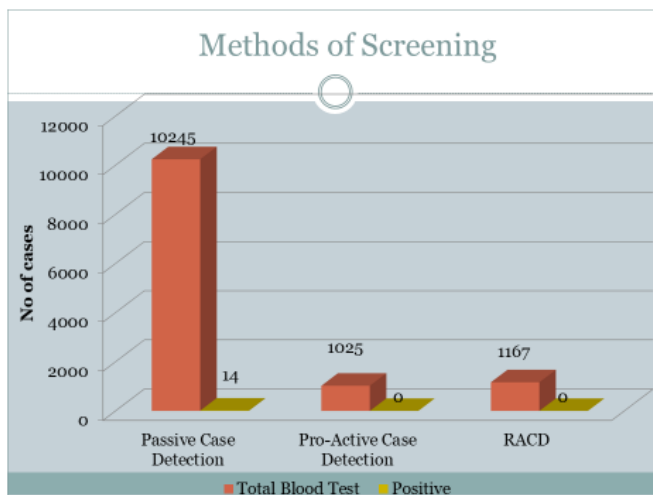
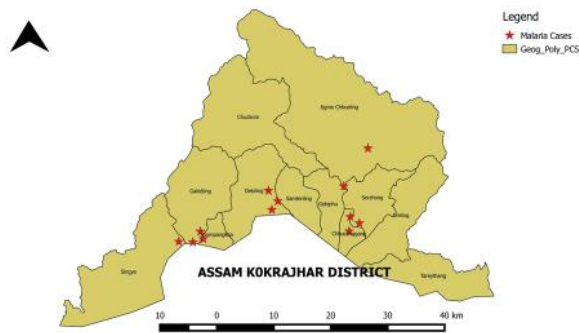
- Sarpang district shares the porous land border with Assam
- 10 sub-blocks borders with Assam and mapped as malaria high risk areas
- Around 41309 population resides along the boarder area
- 96% malaria cases confined closed to borders and the cases are very sporadic in nature
- Before COVID 19 we are able to know the situation of cases across the border as villages seeks medical care in our health facilities
- In 2019, cross border collaboration meeting at Gelephu, Bhutan established information sharing in WhatsApp group

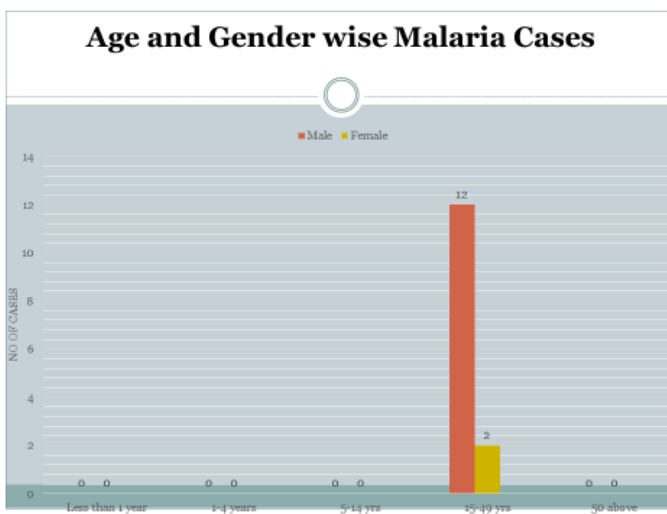
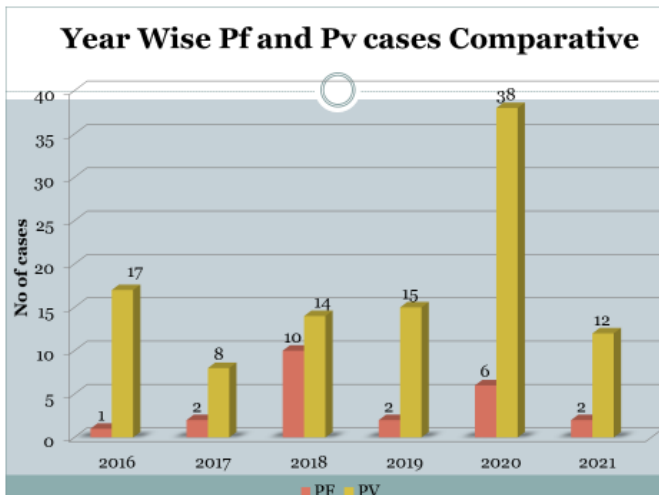
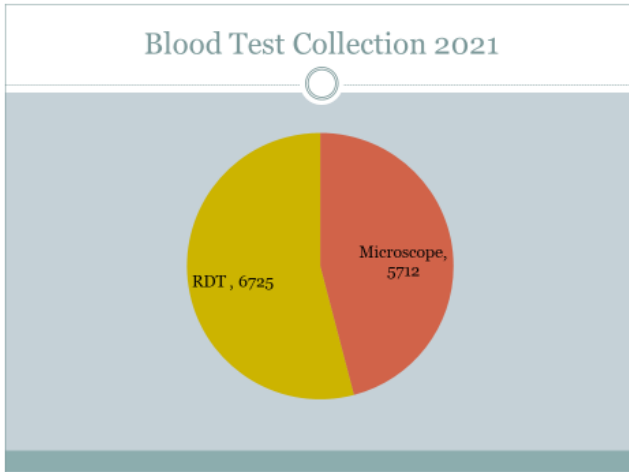
## Objectives

- To enhance continuous information sharing the case situation
- To have same time control and preventative measures in between the two countries
- To develop same strategy on control and preventative measures

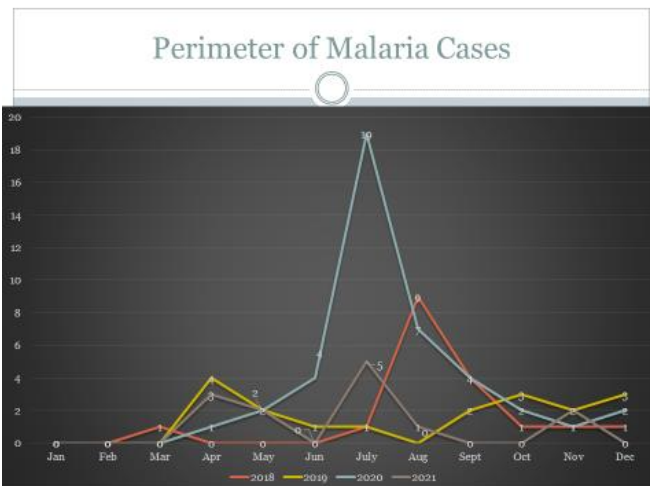
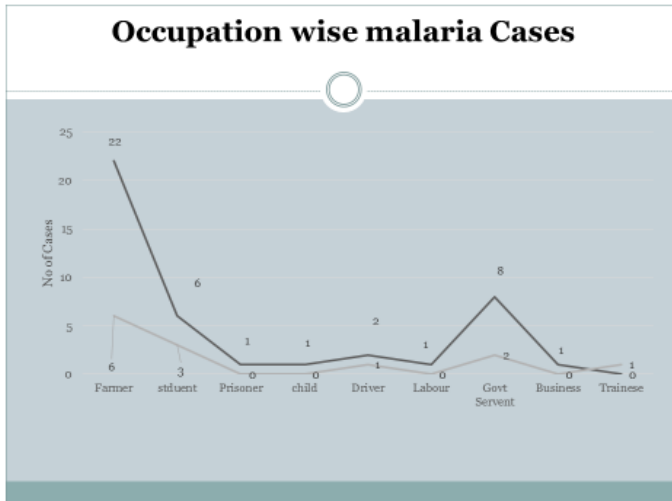


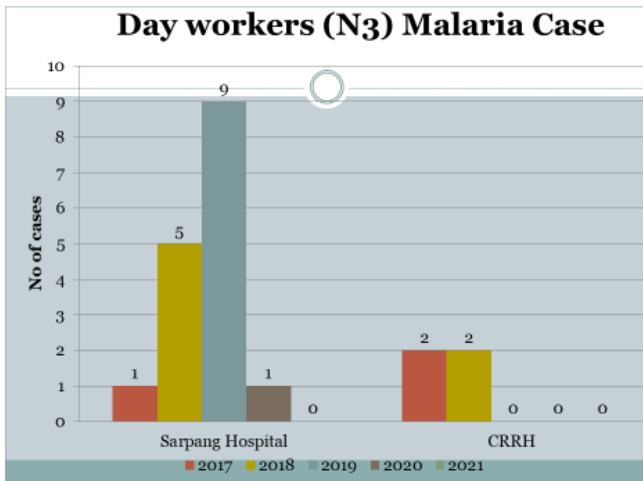
### MALARIA CASES SITUATION IN 2021 IN SARPANG DISTRICT



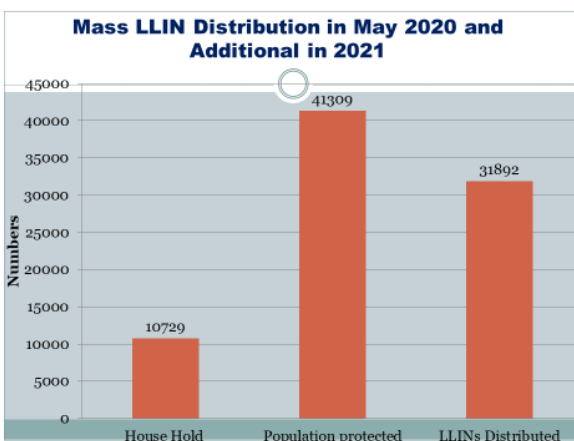


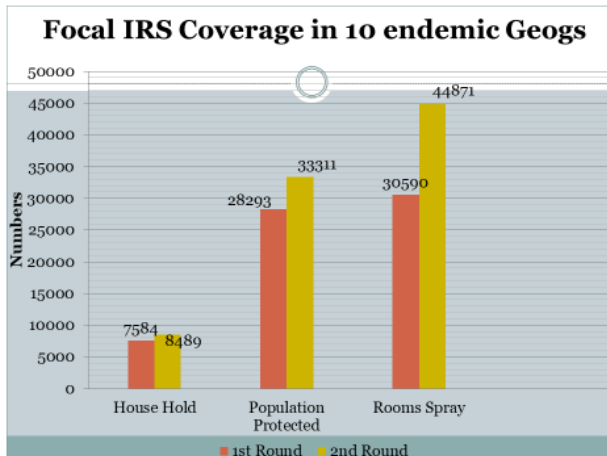






## Control and Prevention of Malaria along the Border





### Other activities under Taken

- Door to Door IEC
- Day Bed net Inspection and IEC on bed net usage
- Monitoring of Breeding sites and mapping of breeding sites and households.
- Screening of Migrant labors to detect MP from the asymptomatic labors to control the local transmission of the disease in the locality.
- Case investigation on occurrence of positive case by visiting the patients house within 48 hours.

### Key Challenges



- ? Case situation of other border sides
- Some delay on Monthly surveillance activities could not initiated on time due Covid-19 restrictions
- Not regularly using of LLINs by communities specially in urban areas.
- Poor housing.

## **Way forward**

1. Sharing information on malaria cases and control activities like IRS, LLINs so that we can do in same time.

## Malaria control to elimination at District adjoining international border between India and Bhutan

Dr. Ferdinand J. Laihad, DMM, MPH  
SRCMF SEARO Resource person/consultant  
Cross border India – Bhutan virtual meeting on 10 March 2022

### District adjoining international border between India and Bhutan

INDIA	BHUTAN
Kalimpong District, West Bengal State	Samtse District
Jalpaiguri District, West Bengal State	Chukha District
Alipurduar District, West Bengal State	Dagana District
Kokrajhar District, Assam State	Sarbang District
Chirang District, Assam State	Zhemgang District
Baksa District, Assam State	Pemagatsetel District
Udalguri District, Assam State	Samdrup Jongkhar District

### Synchronized activities to be implemented for malaria elimination on both sides of international border

- District endemicity:
  - District with API  $\geq 1$  per 1,000 population: pre-elimination phase
  - District with API  $< 1$  per 1,000 population: Elimination phase
  - District with Indigenous case 0: Maintenance phase
- Focal contact point name at Local, District, and state level
- Activities:
  - Critical information sharing for local intervention
  - Control activities at District
  - Cross border activities
  - Supervision, Monitoring, and Evaluation

### Synchronized activities to be implemented for malaria elimination on both districts in Pre-elimination phase

- Critical information sharing for local intervention:
  - District map/stratification by the village on API % population
  - Objectives: reduce API to  $< 1$  % pop at District
- Control activities at District:
  - Mass distribution of LLIN/IRS to all bedrooms/houses in villages with active Malaria transmission every 2-3 years.
  - Active Case finding, treatment, and home visits
  - Screening pregnant women on 1<sup>st</sup> visit to ANC and an under-5 visit to IMCI Clinics.
  - Community empowerment for eliminating mosquito breeding site and case findings.

## Synchronized activities to be implemented for malaria elimination on both districts in Pre-elimination phase - 2

- **Cross border activities**
  - Screening on the cross border at exit/entry points for travelers/high-risk groups/mobile migrant Population (MMP) from Malaria endemic areas
  - Ensuring quality assurance of diagnostics used for screening of populations at international border crossings and training/certification of security personnel at international border crossings on malaria diagnosis
  - Case information sharing and referrals such as treatment guidelines, anti-malarial drugs efficacy, health post check positive malaria cases for treatment, and referral
  - Joint cross border Vector surveillance on mapping vector breeding potential and Insecticide resistance study
  - Develop advocacy materials to maintain strong political support at all levels, attract external support and accelerate cross-border collaboration in support of malaria pre-elimination

## Synchronized activities to be implemented for malaria elimination on both districts in Pre-elimination phase - 3

- **Supervision, Monitoring & Evaluation:**
  - **Impact indicator:**
    - District API < 1 ‰ population
  - **Performance indicator:**
    - % malaria test positivity rate < 5 %,
    - % Proportion of targeted risk groups receiving long-lasting insecticidal-nets
  - **Cross border indicator:**
    - Number of malaria cases detected on cross border malaria check post
    - Cross international border case notification
  - Monthly monitoring indicators and annual evaluation
  - Regular supervision using tools available

## Synchronized activities to be implemented for malaria elimination on both districts in Elimination phase

- **Critical information sharing for local intervention:**
  - District map/stratification by foci (active, non-active, clear, non-focus)
  - Objectives to eliminate indigenous cases
- **Control activities at District:**
  - Reorientation program for Malaria elimination
  - Mandatory reporting of all positive cases to encounter in all clinics (public-private) within 24 hours
  - Epidemiological investigation to identify and classify cases (import, indigenous, relapse) and foci (active, non-active, clear, non-focus) within 2-4 days
  - Conduct Re-active Case Detection (RACD) or Mass Blood Survey to identify asymptomatic malaria if needed.
  - Response with IRS/LLINs to all bedrooms/houses and other interventions as needed in active foci on day 5 onward.
  - Surveillance on migrant and mobile population (MMP) and vectors

## Synchronized activities to be implemented for malaria elimination on both districts in Elimination phase - 2

- **Cross border activities:**
  - Screening on the cross border at exit/entry points for travelers/high-risk groups/mobile migrant Population (MMP) from Malaria endemic areas
  - Ensuring quality assurance of diagnostics used for screening of populations at international border crossings and training/certification of security personnel at international border crossings on malaria diagnosis
  - Case information sharing and referrals such as treatment guidelines, anti-malarial drugs efficacy, health post check positive malaria cases for treatment, and referral
  - Joint cross border Vector surveillance on mapping vector breeding potential and Insecticide resistance study
  - Develop advocacy materials to maintain strong political support at all levels, attract external support and accelerate cross-border collaboration in support of malaria elimination

## Synchronized activities to be implemented for malaria elimination on both districts in Elimination phase - 3

- **Supervision, Monitoring & Evaluation:**
  - **Impact indicator:**
    - number of indigenous cases
  - **Performance surveillance indicator:**
    - % case notified within 24 hours detection,
    - % cases completed case investigation form submitted within stipulated delay
  - **Cross border indicator:**
    - % imported malaria cases detected on cross border malaria check post
    - Cross international border case notification
  - **Monthly monitoring indicators and annual evaluation**
  - **Regular supervision using tools available**

## Synchronized activities to be implemented for malaria elimination on both districts in Maintenance phase

- **Critical information sharing for local intervention:**
  - District map/stratification by foci (vulnerable focus, Focus is not vulnerable, Non-focus vulnerable, Non-focus is not vulnerable)
  - Objectives to prevent re-establishment malaria transmission
- **Control activities at District:**
  - Reorientation program to prevent re-establishment malaria transmission
  - Mandatory reporting of all positive cases to encounter in all clinics (public-private) within 24 hours
  - Epidemiological investigation to identify and classify cases (import, introduce, relapse) within 2-4 days
  - Conduct Re-active Case Detection (RACD).
  - Response with IRS/LLINs to all bedrooms/houses and other interventions as needed in foci with "Introduced case" on day 5 onward.
  - Surveillance on migrant and mobile population (MMP), vectors, and response

## Synchronized activities to be implemented for malaria elimination on both districts in Maintenance phase - 2

- **Cross border activities:**
  - Screening on the cross border at exit/entry points for travelers/high-risk groups/mobile migrant Population (MMP) from Malaria endemic areas
  - Ensuring quality assurance of diagnostics used for screening of populations at international border crossings and training/certification of security personnel at international border crossings on malaria diagnosis
  - Case information sharing and referrals such as treatment guidelines, anti-malarial drugs efficacy, health post check positive malaria cases for treatment, and referral
  - Joint cross border Vector surveillance on mapping vector breeding potential and Insecticide resistance study
  - Develop advocacy materials to maintain strong political support at all levels, attract external support and accelerate cross-border collaboration in support to prevent the re-establishment of malaria transmission.

## Synchronized activities to be implemented for malaria elimination on both districts in Maintenance phase - 3

- **Supervision, Monitoring & Evaluation:**
  - **Impact indicator:**
    - number of imported cases
  - **Performance surveillance indicator:**
    - % case notified within 24 hours detection,
    - % cases completed case investigation form submitted within stipulated delay
  - **Cross border indicator:**
    - % imported malaria cases detected on cross border malaria check post
    - Cross international border case notification
  - Monthly monitoring indicators and annual evaluation
  - Regular supervision using tools available

## Recommendations

- To obtain a cross-border collaboration agreement on malaria elimination at the district level along the international borders with the timeline.
- Establish a joint bilateral coordination mechanism for addressing cross border malaria elimination and information-sharing network
- WHO criteria for M&E to be recommended from the next meeting onwards.
- Existing technical assistance from WHO and other partners needs to be strengthened moving forward through SRCMF coordination.
- To conduct elimination assessment at District along the borders using WHO-Malaria Elimination Assessment Tools (MEAT) supported by related partners.

## Border Districts free Malaria transmission



**Thank you**



## Annex 5

## AGENDA

**India-Bhutan State, District and Local level bilateral Virtual Meeting for Cross-border Malaria Elimination, Thursday 10 March 2022, 2:00-3:30 pm (IST)**

Time		Responsible person(s)
01:45-2:00	Virtual Registration	SRCMF Secretariat
2:00-2:10	<ul style="list-style-type: none"> <li>• Welcome, Background, Objective and Expected Outcome of Meeting by Executive Secretary</li> <li>• Nomination of Chair</li> </ul>	Dr. Jigmi Singay
2:10-3:20	<ol style="list-style-type: none"> <li>1. Follow-up on status of recommendation from last Director level bilateral meeting               <ul style="list-style-type: none"> <li>○ India</li> <li>○ Bhutan</li> </ul> </li> <li>2. a) District having high burden of malaria cases adjoining international border between India and Bhutan.               <ul style="list-style-type: none"> <li>○ India- Assam and West Bengal</li> <li>○ Bhutan–Sarpang</li> </ul> </li> <li>b) Synchronized activities to be implemented for malaria elimination on both sides of international border               <ol style="list-style-type: none"> <li>1) IRS</li> <li>2) LLINs</li> <li>3) Sharing names of the focal/contact point at local, district and state level</li> <li>4) Joint Cross-border Vector Surveillance</li> <li>5) Case Information Sharing and Referrals</li> <li>6) Critical information sharing for driving local interventions</li> <li>7) Supervision and M&amp;E</li> </ol> </li> <li>3. Presentation and discussion on additional resources for Cross-Border activities</li> <li>4. Face to face meeting at earliest possible time to discuss onsite issues and date, time and frequency of the next onsite bilateral meeting</li> </ol>	Chair  -Dr. Tanu Jain -Mr. Tandin Dorji/ Mr Tobgye  Dr Ferdinand Laihad  -do- -do- -do  -Dr Jigmi Singay
03:20-3:25	AOB	Dr. Jigmi Singay
03:25-3:30	Closing	-Delegation Heads -Any other delegates -Dr. Jigmi Singay Chair

## Annex 6

## List of participants

## India–Bhutan State and district/local Level Bilateral Virtual Meeting for Cross-border Malaria Elimination, Thursday 10 March 2022

SN	Name	Designation	Organization	Country	Email Address
<b>Delegation from India</b>					
1	Dr. Tanu Jain	Head of delegation	Director, NCVBDC, MOH&FW, Govt. of India	India	dir.ncvbdc@gmail.com
2	Dr. Rinku Sharma	Member delegate	Joint Director, NCVBDC	India	rinkusharma2005@gmail.com
3	Dr. Naresh Kumar Gill	Member delegate	Deputy Director, NCVBDC	India	<a href="mailto:nareshgill.nvbdc@gmail.com">nareshgill.nvbdc@gmail.com</a>
4	Dr Vinod Choudhary	Member delegate	NCVBDC	India	drvinodnvbdc@gmail.com
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