

SRCMF Malaria Technical Working Group (MTWG) Meeting Report

20th December 2021

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EXECUTIVE SUMMARY

The first Malaria Technical Working Group (MTWG) virtual meeting was held on 20 December 2021. The meeting was chaired by Prof. Dr. Mohammad Abul Faiz, Former Global Fund Board Member, SEA Region and Co-chaired by Dr. Tanu Jain, Director, NCVBDC. Meeting was participated by representatives from country CCMs and delegates from National Malaria Programmes, Resource persons of the South-East Asia Regional Coordination Mechanism Forum (SRCMF) and partner organizations including APLMA/APMEN, BMGF and RTI International.

After the introduction of the participants and adoption of meeting agenda, Dr Shampa Nag, Resource person, SRCMF) presented the terms of reference (ToR) of the MTWG, after which the Chair opened the floor for discussion. All the speakers appreciated the presentation and key recommendations were given as under:

1. CCM representation in MTWG should be on rotation basis to maintain the size small and effective.
2. National malaria programmes should be represented in the MTWG; starting with select countries followed by other countries in SEA Region.
3. Representation of BM and ABM to be reviewed and decided later.
4. MTWG should focus mainly on cross-border program management and systems guidance and related strategic plans, action plans, reports, capacity and institution building and resource mobilisation.
5. MTWG should focus on local level program implementation and management in border areas.
6. WHO technical guidance should be followed for malaria elimination interventions.
7. Reasonable range to be suggested for arriving at number of MTWG member composition depending on requirement and areas of focus at a given time to render this group effective.
8. Refine the ToR of MTWG incorporating the comments.

Agenda on nomination of chair and co-chair for the MTWG 2022 was not taken up and deferred to SRCMF Regional meeting.

This was followed by presentation and discussion on strategic framework for cross-border coordination. The presentation was commended and key recommendations were as under:

1. Strategy is comprehensive, however, needs simplification.
2. Strategy should avoid any potential duplication and add value to existing strategies of other organisations.

3. Strategy should focus on border districts health system strengthening especially prioritizing local capacity building regarding management and coordination.
4. The upcoming SRCMF website can play a critical role in communication, and supporting and facilitating advocacy with member countries and partners.
5. The draft strategic framework for cross-border coordination should be shared after incorporating recommendations with all participants for final feedback.

The meeting further recommended that SRCMF secretariat should circulate the presentations to the participants for comments.

The meeting concluded at 12.10 pm IST.

INAUGURAL SESSION

Opening Remarks

The opening session started with welcome address by Dr Jigmi Singay, Executive Secretary cum Coordinator. He extended warm welcomed each and every one to the meeting from the Global Fund (GF) constituency member countries, partners/ donors and all the resource persons. He highlighted the objectives and outcomes of the MTWG meeting to the audience. This was followed by self-introduction by the participants.

BUSINESS SESSION

1. Appointment of Chair and Co-chair

The Session started with Executive Secretary, SRCMF Secretariat proposing to the meeting Prof. Dr. Mohammad Abul Faiz, Former Global Fund Board Member, for Chairperson and Dr Tanu Jain, Director, NCVBDC as Co-Chair for the MTWG meeting. In the absence of any comment, Prof. Dr. Mohammad Abul Faiz, was appointed as the Chair and Dr Tanu Jain as Co-Chair.

2. Adoption of Agenda

The Chairperson of the meeting thanked the participants for nominating him as the Chair of the MTWG meeting and then invited comments on the draft agenda. In absence of any comments, he requested the meeting for adoption of the draft agenda, the draft agenda was adopted without any change as the final agenda.

3. Presentation and discussion on the terms of reference of the MTWG

The session on ToR of first MTWG was presented by Dr Shampa Nag, Resource Person, SRCMF. She highlighted that Malaria Technical Working Group (TWG) will provide overall technical advice and guidance to the SRCMF in fulfilling its facilitation and coordination roles in strengthen the on-going efforts of the national malaria programmes (NMPs) for cross-border coordination to accelerate malaria elimination in SEA Region. She also presented the roles and responsibilities and emphasized that those would remain dynamic and would be reviewed periodically in discussion with the member countries and the MTWG members. She also spoke about the composition and schedule of the MTWG. The presentation is attached as Annexure A.

The Chair thanked Dr Shampa Nag for the presentation and then opened the floor for Q&A and discussions.

Discussion points:

The meeting discussed the TOR of MTWG and following recommendation emerged:

- a) CCM representation in MTWG should be on rotation basis to maintain the size small and effective.
- b) National malaria programmes should be represented in the MTWG; starting with select countries followed by other countries in SEA Region.
- c) Representation of Board Member (BM) and Alternate Board Member (ABM) of the SEA Constituency to be reviewed and decided later.
- d) MTWG should focus mainly on cross-border program management and systems guidance and related strategic plans, action plans, reports, capacity and institution building and resource mobilisation.
- e) MTWG should focus at local level of program implementation and management.
- f) WHO technical guidance should be followed for malaria elimination interventions.
- g) Reasonable range to be suggested for arriving at number of MTWG member composition depending on requirement and areas of focus at a given time to render this group effective.
- h) The TOR of MTWG should be refined to make the group functional.

4. Nomination of Chair, Co-Chairs of the MTWG 2022

Agenda on nomination of chair and co-chair for the MTWG 2022 was not taken up and deferred to the SRCMF meeting.

5. Presentation and discussion on the draft strategic framework on cross-border coordination in South-East Asia 2022-2025

In her presentation on draft Strategy Dr Shampa Nag shared Global and SEA Region Malaria Situation and challenges in malaria elimination in border areas. She highlighted that several efforts have been made in the SEA Region for long to tackle malaria along international borders through cross-border collaboration and pointed out the key role played by the WHO, as well as various partner agencies like the Global Fund, APLMA-APMEN, and RBM Partnership to End Malaria, SRCMF and others. She further underlined the cross-border issues in SEA, and presented SWOT analysis followed by vision and mission, goals and objectives and strategic elements, key interventions of the draft Strategic Framework for Cross-border Coordination. She also spoke on the partner landscape and potential

collaboration options and proposed milestone targets for 2022 -2025 and M&E indicators for impact, outcome, coverage and output for border districts along with an action plan.

The presentation of draft strategic framework is attached as Annexure B.

Discussion Points

The meeting discussed the presentation of Draft Strategic Framework and following recommendations emerged:

- a) Strategy is comprehensive, however, needs simplification.
- b) Strategy should avoid any potential duplication and add value to existing strategies of other organisations. Strategy should focus on border districts health system strengthening especially prioritizing local capacity building regarding management and coordination.
- c) The upcoming SRCMF website can play a critical role in communication, and supporting and facilitating advocacy with member countries and partners.
- d) The draft strategic framework for cross-border coordination should be shared after incorporating recommendations with all participants for final feedback.

CLOSING

In the closing session the Executive Secretary thanked all the participants for their active participation and valuable contributions. He also thanked Chair and Co-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 participants for their active participation, productive deliberations and making it a very successful meeting. The Co-Chair thanked all participants and the SRCMF Secretariat for a very fruitful meeting and pointed out the need to focus on micro action plan for local level. The Chair formally closed the meeting at 12.10pm IST.

Malaria Technical Working Group Meeting Terms of Reference

South-East Asia Regional Coordination Mechanism Forum (SRCMF)
20 December 2021
(virtual)

Background

- The South-East Asia (SEA) Regional Coordination Mechanism Forum (SRCMF) is pursuing and advancing regional coordination and collaboration in the Global Fund (GF) SEA constituency.
- The GF SEA constituency comprises 11 member countries: Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Timor-Leste.
- As one of the priorities, the SRCMF is facilitating, advocating and fostering cross-border coordination in South-East Asia (SEA) Region towards acceleration of malaria elimination.

Background

- The SRCMF Malaria Technical Working Group (TWG) will provide overall technical advice and guidance to strengthen the on-going efforts of the national malaria programmes (NMPs) in the border areas and cross-border coordination to accelerate malaria elimination in SEA Region; covering all contexts in the control to elimination continuum (prevention, control, elimination, prevention of reintroduction).

Roles and Responsibilities

- Advise on technical considerations in agenda setting and implementation of cross-border coordination initiatives.
- Provide technical guidance on strategic plan, action plan, progress reports, advocacy/information products, concept notes/proposals related to cross-border coordination.
- Review capacity building needs and related actions .
- Review progress made vis-à-vis milestones and targets related to cross-border coordination.
- Review opportunities, challenges, risks regarding cross-border coordination, and mitigation measures, recommendations for way forward.
- Guide strengthening of stakeholder, partner and donor coordination.
- Advise on resource mobilization.

The roles and responsibilities will remain dynamic and will be reviewed periodically in discussion with the member countries and the MTWG members.

Composition

- Representative of the Global Fund SEA constituency member countries (Disease focal points from national malaria programmes and CCMs)
- Thematic experts (national, international) [multidisciplinary]
- Representative from WHO
- Representatives from relevant other multilateral/bilateral agencies
- Representatives from relevant sectors:
 - research/academia,
 - civil society organizations, national/international NGOs
 - private sector,
 - trusts, foundations,
 - professional bodies
- Technical experts from the RBM Partnership to End Malaria, the Global Fund, APLMA/APMEN, SAARC, and relevant global and regional, national platforms/networks and others
- SRCMF Secretariat (member secretary)

Composition

- The Chair/Co-Chair will be nominated on rotation basis every year.
- Specific Thematic Working Groups based on key strategic areas (viz. case management, prevention, surveillance and M&E, Resilient and Sustainable Systems for Health, community engagement, Behaviour Change Communication & advocacy, research) may be constituted at a later stage to assist the MTWG, as needed.

Schedule

- MTWG meetings will be held quarterly.

Strategic Framework for Cross-border Coordination to Accelerate Malaria Elimination in South-East Asia 2022-2025 (draft)

Malaria Technical Working Group Meeting
South-East Asia Regional Coordination Mechanism Forum (SRCMF)
20 December 2021
(virtual)

Malaria Situation: Global

- Globally, an estimated 241 million malaria cases in 2020 in 85 malaria endemic countries, increasing from 227 million in 2019, with most of this increase coming from countries in the WHO African Region.
- Malaria case incidence (cases per 1000 population at risk) reduced from 81 in 2000 to 59 in 2015 and 56 in 2019, before increasing again to 59 in 2020. The increase in 2020 was associated with disruption to services during the COVID-19 pandemic.
- Malaria deaths reduced steadily over the period 2000–2019, from 896 000 in 2000 to 558 000 in 2019. In 2020, malaria deaths increased by 12% compared with 2019, to an estimated 627 000; an estimated 47 000 (68%) of the additional 69 000 deaths were due to service disruptions during the COVID-19 pandemic.

Source: World malaria report 2021. Geneva: World Health Organization; 2021.

Malaria Situation: SEA Region

- The WHO South-East Asia Region accounted for about 2% of the burden of malaria cases globally.
- Malaria cases reduced by 78%, from 23 million in 2000 to about 5 million in 2020.
- Malaria case incidence (cases per 1000 population at risk) reduced by 83%, from about 18 cases per 1000 population at risk in 2000 to about three cases in 2020.
- In the WHO South-East Asia Region, malaria deaths reduced by 75%, from about 35 000 in 2000 to 9000 in 2020.
- Challenges include:
 - decreased funding,
 - continuing threat of multiple artemisinin-based combination therapy failures in the Greater Mekong subregion (GMS) and vector resistance to pyrethroids
 - imported malaria for those countries on the verge of malaria elimination, that has led to reversal of gains as demonstrated by the resurgence of local transmission near the international borders with the high-burden neighbouring countries of Bhutan and Timor-Leste.

Source: World malaria report 2021. Geneva: World Health Organization; 2021.

Cross-border coordination efforts in SEA

- Several efforts have been made in the SEA Region for long to tackle malaria along international borders and through cross-border collaboration.
- The WHO have played and continue to play key role in providing technical leadership, and in facilitating such efforts towards achieving and sustaining malaria elimination in the region.
 - In addition to several technical guidance, an operational framework was released in 2018
- Various partner agencies (the Global Fund, APLMA-APMEN, RBM Partnership to End Malaria, SRCMF and others) are emphasizing on cross-border actions.
- Networks, initiatives that are overarching for other diseases, viz., kala-azar, HIV/AIDS, TB have focused/are focusing on cross-border actions.

Cross-border Issues in SEA

- Border areas are difficult, hard to reach terrain, and remote and often limited information available about local epidemiology
- Population movement through formal/informal points of entry
- Variable settings (often an area with elimination setting bordering with high burden area in control phase)
- Variable health systems, intervention coverage, surveillance and M&E, health seeking behaviour, rights & gender related barriers and inequities
- Diverse social, cultural, economic, political, legal backdrop (tribes/ethnic groups, 'jhum' cultivators, forest goers/workers, mobile and migrant populations, & groups without documentation)
- Conflict zones
- Limited private sector engagement
- Inadequate resource availability, when needed
- Absence of/intermittent cross-border coordination especially at local levels

SWOT Analysis

Strengths High level commitment for cross-border initiatives Inclusion of cross-border component in country National Strategic Plans and recognition of criticality of cross-border coordination to achieve elimination and prevention of re-establishment Improving coverage by quality diagnosis and case management, prevention interventions, IEC/BCC activities, and surveillance and M&E in border areas within national boundaries tailored to settings Progressive strengthening of health systems Increasing prioritization of targeted interventions for key and vulnerable populations including mobile and migrant populations	Weaknesses Limited epidemiological information and overall situation analysis Near absence of receptivity and vulnerability analyses Near absence of mapping/needs assessment of health facilities in border areas Deficient mapping of key and vulnerable populations in border areas Variable capacities of health system for planning and response especially at local level Yet to be optimal coverage by interventions, surveillance and M&E Limited coordination and collaboration with other programmes/sectors Limited community engagement, private sector engagement (near absence of notification of malaria case irrespective of rule/regulations) Limited harmonization of inter-agency efforts Limited cross-border coordination Insufficient advocacy for border malaria
Opportunities High level commitment for malaria elimination Interest and support by various partner/donor agencies Formation of multi-sector malaria elimination task forces in many countries Innovative mechanisms/systems adopted for malaria services during COVID-19 pandemic Community and CSO presence and involvement Initiation of discussion regarding the need for situation analysis	Threats Intermittent cross-border coordination Resource challenges Lack of community involvement and ownership, variable uptake of interventions (LLIN utilization, accessing health facilities early, treatment compliance, etc.) Drug resistance and insecticide resistance Declining focus on malaria programmes in elimination settings with few cases and absence of deaths with diminishing domestic/external support including transitioning from support by the Global Fund Declining competencies needed for achieving and sustaining malaria elimination COVID-19 pandemic and such emergencies Limited inter-agency coordination for harmonization of efforts

Strategic Framework for Cross-border Coordination (Draft)

Vision

- Malaria-free South-East Asia.

Mission

- To achieve and sustain malaria elimination in South-East Asia through tailored, inclusive and equitable application of interventions along border areas within countries and effective cross-border coordination between countries through sustained political commitments and multi-sector and community support towards contributing to achievement of Sustainable Development Goals (SDGs).

Goals and Objectives

Goals

- By 2025, to contribute to acceleration and attainment of malaria burden reduction and malaria elimination and prevention of re-establishment in border areas in alignment with country milestones and targets in South-East Asia.

Objectives

- To improve access to quality and timely malaria diagnosis, treatment and prevention in border areas with special attention to at risk and vulnerable populations
- To strengthen surveillance and M&E in border areas
- To strengthen cross-border coordination especially focused on local level
- To advance advocacy and communication for leadership commitments, multi-sector coordination and community mobilization

Strategic elements

- Facilitate designing of country specific cross-border coordination roadmaps with costing relevant to the context informed by comprehensive situation analysis, other available evidence
- Advance cross-border coordination implementation including dialogue, joint planning and review, sharing of malaria information especially at local levels
- Align with National Strategic Plans of countries
- Draw on the technical guidance by the WHO as well as strategy, guidelines of RBM Partnership, the Global Fund and other partner organizations
- Urge country ownership and sustained commitments for cross-border coordination
- Call attention to universal coverage by and equitable access to quality diagnosis, treatment and prevention for all at risk and vulnerable populations in border areas including mobile and migrant populations, indigenous/ethnic groups, disadvantaged/underserved communities, women and children
- Emphasize strengthening of surveillance and M&E in border areas and related cross-border coordination

Strategic elements

- Leverage cross-learning from other programmes (polio, HIV/AIDS, TB, others) and current COVID-19 pandemic (particularly experiences related to service delivery, surveillance and response, advocacy and communication)
- Explore linkages with existing cross-border cooperation beyond health/malaria, where feasible
- Support strengthening of health systems with emphasis on building and strengthening capacities at subnational (district level and below) level informed by needs assessments with integration of malaria programmes under the aegis of overall/general health systems in elimination and post-elimination settings
- Support uninterrupted access to quality-assured commodities
- Support strengthening of community systems through intensified engagement especially to reach out to communities in hard-to-reach areas
- Support multi-sector coordination with various national/international agencies, CSOs drawing from landscape analysis for harmonization of efforts and efficient resource use
- Complement country/partner advocacy and communication endeavours

Objective, Strategy, Key Interventions

Objective: To improve access to quality and timely malaria diagnosis, treatment and prevention in border areas with special attention to at risk and vulnerable populations

Strategy:

- Early case detection and prompt effective treatment
- Appropriate prevention measures for all at risk and vulnerable populations

Key interventions:

- Facilitate and coordinate:
 - strengthening of capacities and systems for diagnostic services by microscopy/RDT for early detection and prompt and effective treatment in border areas according to country guidelines
 - fever screening at PoE, hard-to-reach areas, and provision of treatment according to country guidelines
 - optimized LLIN coverage targeting all at risk and vulnerable populations in border areas

Objective, Strategy, Key Interventions

Objective: To strengthen surveillance and M&E in border areas

Strategy:

- Optimizing epidemiological surveillance
- Optimizing entomological surveillance
- Strengthening M&E

Key interventions:

- Facilitate and coordinate:
 - strengthening of capacities and systems for epidemiological surveillance (routine and case-based); outbreak preparedness, early warning & response including cross-border notification, specially in the event of surge in cases, emergence of drug resistance, etc.
 - sharing of information regarding imported cases, active transmission foci; and establishment of linkages with existing/upcoming database(s)/dashboards
 - strengthening of capacities and systems for entomological surveillance
 - strengthening of M&E and related capacities; establishment of mechanism for joint review, field supervision; and promotion of border-relevant research

Objectives, Strategy, Key Interventions

Objective: To strengthen cross-border coordination especially focused on local level

Strategy:

- Optimizing cross-border coordination

Key interventions:

- Facilitate and coordinate:
 - establishment of cross-border coordination mechanism with emphasis on local levels for joint planning, review meetings, exposure visits, sharing of information
 - situation analysis, mapping of health facilities, communities in border areas for targeting tailored measures
 - development of country specific roadmap on cross-border coordination with action plan and indicators in alignment with NSPs, international guidance

Objectives, Strategy, Key Interventions

Objective: To advance advocacy and communication for leadership commitments, multi-sector coordination and community mobilization

Strategy:

- Strengthening of advocacy and communication

Key interventions:

- Facilitate and coordinate communication activities/campaigns within/across border areas
- Sensitize political leadership (Parliamentarians, Legislators of Legislative Assembly/Provincial level government, leaders of the local governance structures), and other influencers
- Strengthen partnership and collaboration with different sectors, national and international partners
- Foster cross-learning from, and leverage capabilities of partners through meaningful engagement and harmonize efforts
- Plan and carry out advocacy and communication through channel-mix

Partner landscape and potential Collaboration options

Partner	Collaboration options
WHO	Technical guidance Resource support (technical assistance) Programme reviews
The Global Fund	Resource support for programme implementation Grant performance M&E
RBM Partnership to End Malaria	Advocacy and resource mobilisation Country support Strategic communication
APLMA-APMEN	Advocacy Technical Working Groups
SAARC	Advocacy, Resource support
ASEAN	Advocacy, Resource support
BIMSTEC, BBIN	Advocacy
World Bank	Resource support
ADB	Resource support

Partner landscape and potential collaboration options

Partner	Potential collaboration options
UNICEF	Notification of malaria cases, deaths from health facilities/community workers/volunteers managed/supported by UNICEF (where applicable) Harmonization of guidelines, activities
UNDP	Country and partner support and coordination
UNHCR	Sharing of information on mobile & migrant populations
IOM	Sharing of information related to mobile and migrant populations Notification of malaria cases, deaths from health facilities managed/supported by IOM (where applicable) Harmonization of guidelines, activities
PMI, USAID, CDC	Funding for programme implementation Harmonization of guidelines, activities
BMGF	Resource support; Harmonization of guidelines, activities
Research institutions/Academia	Collaboration for research

Partner landscape and potential collaboration options

Partner	Potential collaboration options
National NGOs/CSOs	Support for programme implementation; advocacy and communication, community mobilisation Notification of malaria cases, deaths from health facilities managed/supported by them Compliance with laws/regulations related to malaria Harmonization of guidelines, activities
SRCMF	Coordination and facilitation support for cross-border coordination
INGOs	Support for programme implementation; advocacy and communication Notification of malaria cases, deaths from health facilities managed/supported by them Compliance with laws/regulations related to malaria Harmonization of guidelines, activities

Partner landscape and potential collaboration options

Partner	Potential collaboration options
Corporate sector/Private sector	Introduce/scale up workplace programmes relevant to context (e.g. LLINs, IRS, LSM, diagnosis and treatment, BCC) Resource/commodity support for acceleration of programme implementation Resource/commodity support for selected residential areas/villages Resource support for research Notification of malaria cases, deaths from health facilities managed/supported by them Compliance with laws/regulations related to malaria Sharing of information related to mobile and migrant populations (where applicable) Harmonization of guidelines, activities

Implementation management

- Implementation of the strategic interventions for cross-border coordination especially focused on local levels will be facilitated and managed by SRCMF in consultation with the CCMs, national malaria programmes of the Global Fund SEA constituency countries
- Complementarity will be underscored in relation to efforts by national malaria programmes, WHO and others
- Technical guidance will be sought from the WHO
- Coordination will be initiated with the RBM Partnership, APLMA-APMEN, the Global Fund, SAARC, others, as needed, with focus on harmonization of efforts and precluding duplication
- SRCMF website and other appropriate and agreeable modes will be considered for sharing of malaria information in consultation and coordination with CCMs, national malaria programmes, WHO, RBM Partnership and others

Milestones and Targets

By 2022

- Development of costed roadmaps with actions and key indicators for the Global Fund SEA constituency countries (in alignment with technical guidance by the WHO and others) facilitated following comprehensive situation analysis.
- Country focal points for cross-border coordination at national/provincial/state/district levels designated.
- Mapping of health facilities within 10 Km of border, PoE (formal, informal), and key and vulnerable communities facilitated, and capacity building/communication needs assessed.
- Sharing of malaria information through agreeable modes (including SRCMF website) initiated.
- Regional consultations on cross-border coordination participated/hosted by the GF SEA constituency with facilitation by the SRCMF and/or partner agencies organized.
- Bilateral coordination meetings between adjoining districts organized.
- Consultations with partners/donors held for support/exchange of information.
- Advocacy with Parliamentarians, Legislators of Legislative Assembly/Provincial level government, leaders of the local governance structures, other influencers initiated for cross-border coordination.
- Resource mobilisation strategy developed, and resource needs for cross-border coordination explored.

Milestones and Targets

By 2024

- Set milestones and targets in country NSPs related to progressive/complete interruption of local transmission achieved.
- Cross-border coordination strengthened with requisite capacities built at local level.
- Mechanism for sharing relevant malaria information between countries established.
- Advocacy and multi-sector collaboration enhanced for sustained commitments.

By 2025

- Set milestones and targets in country NSPs related to malaria elimination achieved with optimized implementation of interventions and surveillance and M&E.
- Functional cross-border coordination is an integral component of malaria elimination and prevention of re-establishment settings.

M&E Indicators

- M&E indicators will be aligned with/selected from the list of indicators in the country National Strategic Plans, national M&E plans
- Indicators will be disaggregated by border districts in addition to other disaggregation (example, age, gender and others, as appropriate) to track implementation progress and guide necessary actions
- Country context & feasibility of data sources will inform selection of indicators

M&E Indicators

Impact indicators (for each border district):

- Confirmed malaria cases (microscopy or RDT) per 1,000 persons per year - disaggregated by age (<5, 5-14, 14+ years, gender), species (Pf, Pv, mixed, others)
 - In elimination settings, disaggregated by source of infection: indigenously introduced, imported, induced
- Malaria deaths per 100,000 population - disaggregated by age (<5, 5-14, 14+ years, gender)
- Total Positivity Rate - disaggregated by age (<5, 5-14, 14+ years, gender), species (Pf, Pv, mixed, others)
- Number of active foci of malaria

M&E Indicators

Outcome indicators (for each border district):

- Annual Blood Examination Rate: per 1,000 population per year
- Proportion of detected cases that contacted health services within 24 hours of onset of symptoms - disaggregated by age (<5, 5-14, 14+ years, gender, key and vulnerable population groups), time (month)
- Proportion of households that had at least one malaria case in past 12 months
- Proportion of population that slept under an insecticide treated net the previous night - disaggregated by age (<5, 5-14, 14+ years, gender, key and vulnerable population groups)
- Proportion of children under 5 who slept under insecticide treated net the previous night
- Proportion of pregnant women who slept under insecticide treated net the previous night
- Proportion of households with at least one insecticide treated net
- Proportion of people who know about the cause of, symptoms of, treatment for and preventive measures - disaggregated by gender, key and vulnerable population groups

M&E Indicators

Coverage/output indicators (for each border district):

- Proportion of suspected fever cases that received a parasitological test - disaggregated by age (<5 and 5+), gender (male, female), type of testing (microscopy, RDT), treatment site (public sector health facilities, in community, at private sector sites, PoE)
- Proportion of confirmed malaria cases that received first-line antimalarial treatment according to national policy - (<5 and 5+), gender (male, female), treatment site (public sector health facilities, in community, at private sector sites, PoE)
- Percentage of confirmed cases fully investigated and classified (in elimination settings)
- Percentage of malaria foci fully investigated and classified (in elimination settings)
- Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns
- Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution - disaggregated by pregnant women, children <5 years, key and vulnerable populations (residential school children, mobile and migrant populations, refugees/internally displaced persons, others)

M&E Indicators

Coverage/output indicators (for each border district):

- Proportion of routine HMIS or routine reporting units submitting monthly/weekly reports on time according to national guidelines
- Proportion of expected facility reports (for the reporting period) that are actually received
- Proportion of personnel, HF/HW/HV with public sector, NGO and private sector on malaria elimination programme management and key national guidelines - disaggregated by type of sector)
- Proportion of targeted population who have received malaria prevention and control messages (through any channel) during the reporting period
- Proportion of districts that established multi-sector task forces
- Number of joint cross-border meetings of malaria focal points held at district level

Action Plan (draft)

What (Activities)	Who (responsible entity)	When (tentative timelines)	Where (central, state/province, district levels)	Expected outputs
Within national boundaries				
Conduct situation analysis for border districts in coordination with national malaria programme and donor/partner agencies (for exploring resource support/technical assistance)	> Facilitation and coordination by SRCMF	2022, 2024-25	Central, state/province, district levels	Protocols/data collection tools, operational guidelines, reports developed; border areas (with emphasis on high-high, low-low or high-low settings with respect to burden of malaria) mapped; key and vulnerable communities mapped; social map of communities/villages generated, as feasible
Map health facilities within 10 Km of border and update periodically	> Facilitation and coordination by SRCMF > National malaria programme	2022, 2024-25	District levels	Health facilities within 10 Km of border mapped; Issues, needs and solutions identified
Develop costed cross-border roadmap and update periodically in alignment with NSP, operational plan, WHO & other guidance in coordination with national malaria programme and donor/partner agencies (for exploring resource support/technical assistance)	> Facilitation and coordination by SRCMF	2022, 2024-25	Central level	Costed cross-border roadmap developed
Designate focal points for cross-border initiatives and share with neighbouring countries	> Facilitation and coordination by SRCMF > National malaria programme	2022-2025 (every two years or as needed)	Central, state/province, district levels	Letters/official communication regarding designation of focal points for cross-border initiatives issued; list of designated focal points shared

Action Plan (draft)

What (Activities)	Who (responsible entity)	When (tentative timelines)	Where (central, state/province, district levels)	Expected outputs
Within national boundaries				
Strengthen capacities and systems for implementation of interventions- case management, prevention, surveillance and M&E, in border districts in coordination with national malaria programme and donor/partner agencies (for exploring resource support/technical assistance)	> Facilitation and coordination by SRCMF	2022-2025	Central, state/province, district levels	Capacities strengthened through trainings/orientation; Interventions intensified/strengthened; indicator reporting streamlined/shared
Advocate for multi-sector task force at district level with ToR/ensure cross-border topic in existing body	> Facilitation and coordination by SRCMF	2022-2025	District levels	Multi-sector task force at district level constituted and cross-border topic included in the ToR
Advocate for national/international support	> Facilitation and coordination by SRCMF	2022-2025	Central level	Advocacy and resource mobilisation plan developed and rolled out; Advocacy with Parliamentarians, other influencers/collaborators, partner agencies initiated and continued

Action Plan (draft)

What (Activities)	Who (responsible entity)	When (tentative timelines)	Where (central, state/province, district levels)	Expected outputs
Across countries				
Convene regional consultation between countries in coordination with national malaria programme and donor/partner agencies (for participation and exploring resource support)	> Facilitation and coordination by SRCMF	2022-2025 (every year)	Central/state/province, district levels	Agenda, invites prepared and shared; logistics arranged; consultation convened; implementation progress, challenges and way forward presented and discussed; consultation report prepared and shared with recommendations and actionable points
Organize joint district-to-district planning and review meeting in coordination with national malaria programme and donor/partner agencies (for participation and resource support)	> Facilitation and coordination by SRCMF	2022-2025 (quarterly)	District levels	Agenda prepared; invites prepared and shared; logistics arranged; implementation progress, challenges and way forward presented and discussed; meeting report prepared and shared with recommendations and actionable points
Initiate and continue malaria information sharing in coordination with national malaria programme	> Facilitation and coordination by SRCMF	2022-2025	Central, state/province, district levels	User manual/operational guide developed; data collection tools/template developed; orientation conducted; malaria information sharing in terms of key indicators initiated and continued according to the agreed timelines through SRCMF website/other agreeable modes
Initiate joint M&E in coordination with national malaria programme	> Facilitation and coordination by SRCMF > National malaria programme	2022-2025	Central, state/province, district levels	Cross-border data collection tools, database created in consultation with national malaria programmes, partners; joint exposure visits explored

Action Plan (draft)

What (Activities)	Who (responsible entity)	When (tentative timelines)	Where (central, state/province, district levels)	Expected outputs
Across countries				
Design communication packages tailored to context of border districts (multi/bilingual) in border districts in coordination with national malaria programme and donor/partner agencies (for exploring resource support/technical assistance)	> Facilitation and coordination by SRCMF	2022-2025	Central, state/province, district levels	Communication packages developed and disseminated following needs assessments/review of existing activities/materials
Strengthen mechanisms for malaria screening at official Points of Entry (PoE) and later other unofficial border crossing places, [explore addition of malaria screening at PoE sites for COVID-19, Polio/HIV/TB/other programmes] [in border districts in coordination with national malaria programme and donor/partner agencies (for exploring resource support/technical assistance)]	> Facilitation and coordination by SRCMF	2022-2025	Central, state/province, district levels	Mechanisms for malaria screening at PoE initiated; harmonization with other programmes explored
Collaborate with suitable institutions for joint implementation research on border-relevant topics in coordination with national malaria programme and donor/partner agencies (for exploring resource support/technical assistance)	> Facilitation and coordination by SRCMF	2022-2025	Central, state/province, district levels	Collaboration for border-relevant research initiated; research identified, carried out and disseminated

Agenda

SRCMF Malaria Technical Working Group (MTWG) Meeting, 20 December 2021

Time		Responsible person(s)
9.45-10.00	Virtual Registration	SRCMF Secretariat
<u>Inaugural Session</u>		
10.00-10.10	<ul style="list-style-type: none"> Welcome Objective and expected outcomes of the meeting 	-Dr. Jigmi Singay, Executive Secretary cum Coordinator, SRCMF
10.10-10.20	<ul style="list-style-type: none"> Self-introduction 	All resource persons/participants
<u>Business Session</u>		
10.20 – 10.30	<ul style="list-style-type: none"> Appointment of the Chair of the first meeting of MTWG 	-Dr Jigmi Singay
10.30 - 11.45	<ol style="list-style-type: none"> Adoption of Agenda Presentation and discussion on the Terms of Reference of the MTWG Nomination of Chair, Co-Chairs of the MTWG 2021-2022 Presentation and discussion on the draft strategic framework on cross-border coordination in South-East Asia AOB 	-Chair -Dr. Shampa Nag, Resource person -Chair/Dr Jigmi Singay -Dr. Shampa Nag, Resource Person -Dr Jigmi Singay
<u>Closing Session</u>		
11.45 –12.00	<ul style="list-style-type: none"> Final comments of the participants Closing remarks by the Chair of the meeting 	-Chair

Annexure 4

List of participants

S.No	Name	Designation	Organization	Country	Email Address
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7	Mr. Filipe da Costa	Vice Chair CCM, Member, SRCMF	CCM Timor-Leste	Timor-Leste	dcfilipe@yahoo.com
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20	Dr. Nishikant Bele	Information Technologist	SRCMF Secretariat	India	nr_bele@yahoo.com