

Report on

Cross Border Malaria Advocacy Meeting



Bangladesh Country Coordinating Mechanism (BCCM) SEA RCMF Cross Border Malaria Advocacy Meeting

Chief Guest

Mr. Md. Lokman Hossain Miah

Senior Secretary, HSD, Ministry of Health and Family Welfare & Vice Chair- BCCM

Chairperson

Kazi Zebunnessa Begum

Additional Secretary, HSD, Ministry of Health and Family Welfare & Chair- BCCM OC

Venue: Dhaka Club, Ramna, DHAKA

Supported by SEA RCMF Secretariat

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Organized by BCCM

Supported by: SRCMF

Date: 29th December, 2021

**Venue: Samson H Choudhury Hall, Dhaka Club,
Dhaka**

A. Executive Summary

SRCM Cross Border Malaria Advocacy Meeting was held on the 29th December 2021 at 02.00 PM – 5.00 PM. Kazi Zebunessa Begum, Additional Secretary (WH), HSD, MOHFW and BCCM Oversight Committee Chair was graced this occasion as Chairperson and Mr. Lokman Hossain Miah, Senior Secretary, Health Services Division, MOHFW & Vice Chair BCCM was graced as Chief Guest. Mr. Syed Mojibul Haque, Additional Secretary (PH), HSD, MOHFW, Ms. Rashida Akter, Additional Secretary (Budget), HSD, MOHFW, Prof. Dr. Sharfuddin Ahmed, Vice Chancellor, BSMMU & Former Voice Chair, BCCM, Prof. Dr. M A Faiz Former DG, DGHS and Vice Chair BCCM were adorned this advocacy meeting as the special guests.

Prof Dr. Nazmul Islam, Director Disease Control & Line Director CDC steered the meeting as the LD NMEP. Former Director General, Professor Dr. Mohammad Abul Faiz, BCCM Vice Chair moderated the technical session of the SRCMF Cross Boarder Malaria Advocacy Meeting. Members and alternate members of the BCCM from various constituencies, NGOs, academic and research, Key-Affected Population, Faith Based Organizations, principal recipients, WHO, UNAIDS and other Organization of Bilateral and Multilateral Organizations representatives were attended this meeting. The meeting after presentation session, reviewed the Objectives and expected outcome of the Meeting.

Objective of the Advocacy Meeting

- A. Ensuring political commitment at national, state and district levels and facilitating development of cross-border policies and mechanisms for inter-country collaboration/coordination for implementation of joint result-oriented actions.
- B. Developing, in consultation with stakeholders and partners, a strategic framework and annual operational plan along with a monitoring and evaluation framework. A coherent and synchronized vector control and malaria treatment policy should be jointly implemented in an epidemiological block covering an adjacent area on both sides of the inter-national border.
- C. Mapping and identification of specific role and responsibility for each partner for mobilizing financial resources and/or carrying out activities in areas of their comparative advantage or interest.
- D. Strengthening of disease surveillance and health information systems and exchange of key surveillance data for cross-border responses, follow-up and joint actions as and when required.
- E. Strengthening inter-sectoral collaboration, including engagement of the civil society and community residing along the borders.

After inaugural session and technical session ad rigorous discussion session was held to get the responses, feedbacks, suggestions on the cross-border malaria issue. Proactively the attendees were participated in the discussion sessions and given their feedback and suggestions. It was brought out that SRCMF should work with all bordering countries of India to eliminate Malaria from this region as the regional CCM's platform. Without India's commitment it would not be possible to eliminate Malaria from bordering countries of India. Another issue also came from the participants that SEA-RCMF should work with cross boarder issues for all three GF funded diseases.

B. Inaugural Session:

Meeting activities was started with the buffet lunch for the all guests and participants and 01.30 pm. After lunch the meeting was started formally with short inaugural session chaired by Kazi Zebunnesa Begum, Additional Secretary (WH), HSD, MOHFW and BCCM Oversight Committee Chair. BCCM Coordinator Mr. Manaj Kumar Biswas facilitated the inaugural session for this advocacy meeting. He invited all the speakers and guests to deliver their speech in the opening session of this meeting.

Welcome Address: Mr. Khandokar Zakir Hossain, Deputy Secretary (WH-2), HSD, MOHFW welcomed all the guests and delegates of this SRCMF Cross Boarder Advocacy Meeting in Samson H Chowdhury Hall, Dhaka Club, Dhaka. He addressed Kazi Zebunnesa Begum, Additional Secretary (WH), HSD, MOHFW Chair of this meeting, Special Guest, Additional Secretary, Syed Mojibul Haque, Additional Secretary (PH), Rashida Akter, Additional Secretary (Budget), and other dignitaries on the dais. He welcomed all the guests and representatives of stakeholders involved in Malaria Elimination to today's Advocacy Meeting. He expressed his sincere greetings to all of in his welcome speech of the South Asia Regional Coordination Mechanism Forum (SRCMF) Cross Border Malaria Advocacy Meeting organized by BCCM.

He said that Bangladesh took part in the decision of the member states of the United Nations to eradicate malaria by 2030. The main barriers to malaria eradication from Bangladesh are the border areas with India and Myanmar, especially the northern and eastern districts. National Malaria Elimination Strategic Plan (2021-2025) has been prepared. A few days ago, there were two workshops on this subject in Cox's Bazar. In this we have fixed different approaches. Today's workshop would discuss how we could implement the Malaria Elimination Program as planned way through this National Strategic Plan. It would be a learning opportunity from those who are experienced in this field here today. On behalf of the Health Services Division of MOHFW, he again thanked, welcomed and invited everyone to participate who joined in the advocacy meeting.

Objectives of the Meeting: Ms. Nilufer Nazneen, Joint Secretary (WH), HSD, MOHFW delivered her speech on the meeting objectives. She discussed that we have set a goal to eradicate malaria. By 2030, we would have to achieve World Health Organization (WHO) certification. If we want to do that, we have to eliminate all kinds of Malaria from Bangladesh. To achieve that target, it is necessary to address the cross-border malaria problem in this region to move forward. To eliminate malaria from Bangladesh and bordering countries, every country should work on the cross-border issues for this disease. SRCMF actually trying to coordinate and collaborate among the SEA regional countries to address cross boarder issues to achieve some of the objectives through this advocacy meeting. These objectives are (in brief)

- Ensuring political commitment at national, state and district levels and facilitating development of cross-border policies and mechanisms for inter-country collaboration/coordination for implementation of joint result-oriented actions.
- Developing, in consultation with stakeholders and partners, a strategic framework and annual operational plan along with a monitoring and evaluation framework. A coherent and

- synchronized vector control and malaria treatment policy should be jointly implemented in an epidemiological block covering an adjacent area on both sides of the inter-national border.
- Mapping and identification of specific role and responsibility for each partner for mobilizing financial resources and/or carrying out activities in areas of their comparative advantage or interest.
 - Strengthening of disease surveillance and health information systems and exchange of key surveillance data for cross-border responses, follow-up and joint actions as and when required.
 - Strengthening inter-sectoral collaboration, including engagement of the civil society and community residing along the borders.

She also said that few presentations would be presented here today what we have planned for malaria, what more needs to be done in elimination process, how we would implement those plans. She also discussed the meeting schedule including open discussion session where all the participants would take part in the discussions, express their valuable opinions, feedback, suggestions. She finally expressed her wishes to achieve the goal by implementing all the necessary strategies to eliminate Malaria addressing the cross-border bottlenecks.

Chief Guest: Mr. Lokman Hossain Miah, Senior Secretary, HSD, MOHFW and BCCM Vice Chair from Government warmly greeted all the guests and participants in this South Asia Regional Coordination Mechanism Forum (SRCMF) Cross Border Malaria Advocacy Meeting Organized by BCCM.

He expressed his glad to be present at the opening ceremony of the South Asia Regional Coordination Mechanism Forum (SRCMF) Cross Border Malaria Advocacy Meeting as Chief Guest organized by BCCM. He said that that BCCM is the highest-level organization consisting of multi-stakeholder policy makers and decision makers for the proper and effective implementation of Global Fund grants in Bangladesh. Under the leadership of BCCM, Bangladesh would be able to eliminate malaria according to plan. National Malaria Elimination Program and other stakeholders are working hard to achieve elimination targets but still we have to go long way in eliminating malaria from our country by 2030.

He mentioned some of the achievement of Bangladesh for Malaria. He said that in 2006 there were about 60,000 malaria patients, by September 2021, only less than 5,000 patients were reported. At the same time, the malaria related death decreased significantly from 229 to just 5. But the biggest obstacle for us now is the malaria outbreak in neighboring countries. Bangladesh needs to overcome this obstacle and achieve elimination goal by 2030. For this purpose, SRCMF and BCCM is doing today's advocacy meeting. He expressed his hope that through this meeting, stakeholders would come up with effective strategies to take the right steps to report about migrant malaria cases, bring them under surveillance and treat them effectively under the Malaria Elimination program which to reach desired elimination goals. He discussed that the Technical Committees on Tuberculosis, Malaria and AIDS are now working very diligently under the leadership of regular line directors as per the required plan. He directed the Line Directors of the National TB Control Program (NTP), National Malaria Elimination Program (NMEP) and National STD and AIDS Program (NASP) to continue their regular activities as per the strategies

and guidelines of BCCM and how to speed up the programs to eradicate not only malaria, tuberculosis and AIDS from our country. In the last two decades, Bangladesh has made significant progress in the health sector including three diseases where the GF funding.

However, Bangladesh has huge opportunity to work together for future achievements in the development of public health indicators and the health sector. BCCM is a platform where can work to eliminate not only Malaria but also TB, and HIV / AIDS in Bangladesh. He expressed his firm believe that through effort from all stakeholders, Bangladesh would open a new door with SRCMF collaboration for us to implement the cross-border program with a high-level accountability. He hoped that this meeting organized by the BCCM, gives the opportunity to exchange cross-border views, experiences and information on Malaria and other diseases and this meeting would make malaria program more focused and dynamic in addressing future cross-border challenges. Other programs would also be able to apply this experience to their programs. Lastly, he thanked all those who participated in the South Asia Regional Coordination Mechanism Forum (SRCMF) Cross Border Malaria Advocacy Meeting and wished a successful and auspicious advocacy Meeting.

Chairperson: Kazi Zebunnessa Begum, Additional Secretary (WH), HSD, MOHFW and Chairperson of the inaugural session of the SRCMF Cross Boarder malaria Advocacy Meeting addressed all the guests and dignitaries in her speech. He thanked all the guests and participants to attend this meeting with short notice and in this vacation season.

She opined that cross boarder bottle necks are one of the main threats in our elimination goal. She expressed her strong commitment that with the collaboration and coordination with other bordering countries including India Bangladesh would achieve elimination goal and get the WHO certification by 2030. He said that till now GF providing grants for Malaria, WHO providing Technical Assistance for the Malaria Elimination now SRCMF will work with all SEA Countries CCMs with their mandate to coordinate and collaborate cross border activities through their initiatives. It would be a great opportunity with existing stakeholders, SEA countries enhancing their strength with collaborative support from SRCMF . She again remembered the objectives of this meeting today and invited all the guests and participants to take part vibrantly in the Technical Session of this Cross Boarder Malaria Advocacy Meeting. She declared the closing of the inaugural session of the meeting and invited Prof. Dr. M A Faiz, Former DG, DGHS and Vice Chair BCCM to moderate the Technical Session of this Meeting.

C. Technical Session

In the beginning of the Technical Session of this Cross Boarder Malaria Advocacy Meeting Prof. Dr. Mohammad Abul Faiz, Former Director General, DGHS and Vice Chair BCCM (CSO) informed the meeting about the SRCMF and their formation and objectives. He said that as we all know, the Malaria programs funded by the Global Fund in Bangladesh are basically implemented under the oversight and governance through CCM. Many countries around us have resistant malaria. The WHO has been

working on inter-country issues in the SEA Region for the last 20 years and more, including several inter-country dialogues. But for various reasons it is still under visibility and progress not significant.

In a similar vein, the Hon'ble Minister of Health of 11 South East Asian countries has signed a cross border strategic framework at the WHO's South East Asia Regional Conference 2019. But because of COVID19 pandemic it didn't get much speed either. The Regional Coordination Mechanism Forum (RCMF) was formed in the South East Asia Region in 2017-2018 by the SEA Constituency of the Global Fund Board to resolve cross border issues. SEA Constituency of the Global Fund Board is representing 11 SEA Countries to the GF Board and contributing in the decision-making process in the GF Board and it's standing committees. The SRCMF was formally launched in Yangon, Myanmar during the Pre-Board SEA GF Constituency meeting held on 30-31 Oct 2018. Currently SRCMF Secretariat is hosted by IIMR University Jaipur, New Delhi campus following an agreement which was signed on 23 Dec 2019.

He also discussed some of the challenges related to the regional cooperation for Malaria elimination including artemisinin resistant Malaria in Myanmar and possibly in Forcibly Displaced Myanmar Nationals (FDMN). He invited to present the Bangladesh situation of Malaria and elimination plan for malaria in Bangladesh by Dr. Ekramul Hoque, Deputy Program Manager, NMEP, DGHS.

Presentation on Malaria Situation in Bangladesh and Elimination at border areas in the SEA Region(Annexure A):: Bangladesh has demonstrated significant progress in reducing the malaria caseload over the years except fluctuations in terms of upsurges in 2014 and again in 2019. Currently, it is estimated that 18.74 million (11% of the 171 million country's total population) people living in the 13 Districts (72 upazilas) are at risk of contracting malaria infection. In the rest 51 districts that are considered 'non-endemic' & free from indigenous malaria transmission, determination of the status is being initiated. In 2019, malaria burden was very high in 03 Chittagong Hill Tracts (CHT) districts (95%) (Bandarban, Rangamati and Khagrachari); and Pf cases being 87%. Bandarban district alone accounted for 56% of total malaria cases.

Malaria is a major public health problem globally, more so in the low- and middle-income countries including the South-East Asia region. Each year, it claims the lives of more than 400,000 people, mainly young children in Africa. Nearly 230 million new cases of malaria occur annually. Unfortunately, COVID-19 has, since 2020, posed a serious additional challenge to malaria response world over, due to substantial disruptions to prevention, diagnosis and treatment services.

At the UN General Assembly in 2015, the member countries committed to eliminate malaria by 2030. Soon thereafter, the leaders of Asia Pacific including India endorsed a detailed plan of action including six essential actions to eliminate the diseases throughout the region.

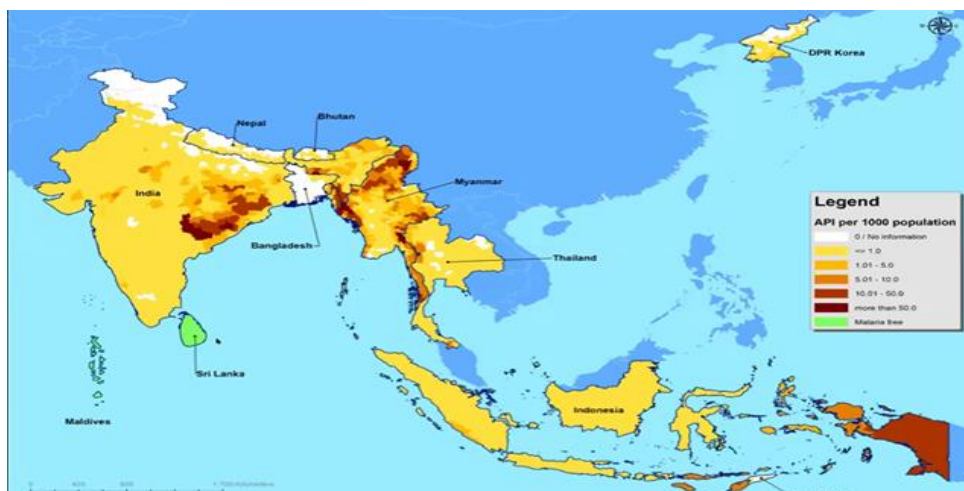
As of today, tremendous progress has been achieved in malaria elimination in the South-East Asia region. Maldives and Sri Lanka have already eliminated malaria; Bhutan and Timor-Leste are on the verge of elimination, while other countries are making rapid strides towards this goal. Country experiences indicate that sustained funding, robust surveillance systems and community engagement are the key to success.

Importance of Border Malaria

In many countries namely Bhutan, Bangladesh, Nepal, Thailand, Myanmar and Timor-Leste, much of the remaining malaria burden lies at inter-country borders. (See Map). It is therefore clear that malaria elimination in these countries can't be achieved and sustained without adequately addressing the problem at border areas.

There are, many complex challenges at the international borders. Besides the areas being remote and inaccessible, the people in border areas often have limited access and sustained coverage to quality primary health care and public health services including prevention, diagnosis and treatment services. This primarily is because of the poor and under-developed health systems at the border areas --the disease surveillance system and prevention and treatment facilities are sub-optimum and in urgent need of strengthening. Other challenges include use of different treatment regimens, vector control practices, and tackling drug and insecticide resistance across border districts between countries.

Map showing the malaria burden in South-East Asia Region, 2021



Furthermore, the international borders are porous with continuous, unrestricted and often intense movement of people across borders. In contrast, there are no harmonized and synchronized policies

between countries, inadequate collaboration and sharing of technical expertise and health resources at local level, nor any formal mechanism for exchange of information across borders.

To address border malaria elimination, following actions can be considered:

- **Ensuring political commitment at national, state and district levels and facilitating development of cross-border policies and mechanisms for inter-country collaboration/coordination for implementation of joint result-oriented actions.**
- **Developing, in consultation with stakeholders and partners, a strategic framework and annual operational plan along with a monitoring and evaluation framework. A coherent and synchronized vector control and malaria treatment policy should be jointly implemented in an epidemiological block covering an adjacent area on both sides of the inter-national border.**
- **Mapping and identification of specific role and responsibility for each partner for mobilizing financial resources and/or carrying out activities in areas of their comparative advantage or interest.**
- **Strengthening of disease surveillance and health information systems and exchange of key surveillance data for cross-border responses, follow-up and joint actions as and when required.**
- **Strengthening inter-sectoral collaboration, including engagement of the civil society and community residing along the borders.**
- **Establish a regional unit at border area to facilitate, on an on-going basis, coordination between the bordering countries and designating focal points at the national, state and district levels for cross-border activities;**
- **Ensuring continuous and seamless sharing of information on programme activities through regular coordination meetings or through social media such as WhatsApp group. A data dashboard on border malaria elimination can help as an information management tool.**
- **Scaling up and sustaining access, equity and coverage with essential package of malaria elimination intervention at household level in all border districts to achieve elimination and prevent re-introduction.**
- **Strengthening health system at border districts such as ensuring sufficient staffing and their capacity building such as training backed by modern technology and uninterrupted supply of essential equipment, diagnostics and medicines.**

- **Finally, mainstreaming cross-border malaria elimination activities into national health program plans and strategies. For example, malaria monitoring/evaluation missions can look at cross border problem as well.**

At the end of the presentation, Prof. M A Faiz, moderator of this session described that this meeting informed from the session of Dr. Ekram, DPM, NMEP that Bangladesh Government has developed National Strategic Plan (NSP) for NMEP. The plan describes phase by phase elimination of malaria from Bangladesh by 2030. One of the targets for 2021 was to bring Zero Malaria Transmission in four Districts of Mymensingh Division.

He congratulated NMEP and their partners delightfully for bringing this local transmission to zero in 2020-2021. But there are some of the challenges still existing which are

- Workers in the border areas go to work at the border and get infected with malaria from there
- Wood keeper/ forest-gore go to deep forest and get bites by the mosquito and get infected by malaria.
- Vectors are changing their biting behavior in day and night

He suggested to discuss all the issues from the presentation of Dr. Ekram in the open discussion session. He invited Dr. Jahangir Alam, National Professional Officer to present the progress update on the situation analysis of Cross Boarder malaria issue in SEA Region.

Malaria situation analysis for cross-border collaboration by WHO (Annexure B): Dr. Jahangir Alam, National Professional Officer (NPO), WHO Bangladesh Country Office presented the progress update on the situation analysis of Cross Boarder malaria issue in SEA Region. He described this issue step by step as mentioned below:

Malaria transmission in Bangladesh has become highly focal; and is confined mainly in areas near international borders with India. Now, it is critical for the program to establish malaria cross border collaboration with the bordering country. Considering it, this cross border situational assessment has been conducted on Bangladesh side of international borders with India to review epidemiological status and progress, accessibility to malaria services in the bordering areas and status of malaria surveillance there, mapping of border crossing points and risk of malaria importation; ultimately, as the next step, to develop a roadmap for cross border collaboration. The assessment has been conducted using both qualitative and quantitative methods. Besides malaria endemic areas, bordering upazilas from “51 districts” (endemicity unknown) have also been sampled. The findings of desk review, quantitative data and qualitative information are triangulated during analysis with qualitative evidences supporting the quantitative and document review findings.

The assessment showed overall good progress towards elimination goal despite increased caseload in 2019 compared to 2018, particularly in elimination phase districts. Upazila level review shows 99%

(4897/4916) of the cases reported from 3 Chittagong districts. The key informants from Upazilas of elimination phase (Mymensingh division) and “51 malaria free districts” informed that malaria cases were there only in the past and no longer prevalent in the community. At the same time, in some elimination Upazilas, increasing burden and trend of imported malaria is noticed which pose threat to elimination goal and require cross border collaboration.

The malaria program in the bordering areas is implemented by public sector in partnership with BRAC NGO and limited engagement of private sectors. Besides union level health facilities, there are about 200 Community Clinics (CC) across 41 malarias endemic upazilas bordering with India. These bordering endemic upzilas reported universal coverage with core vector control; over 90% of population slept under LLINs in surveyed areas. The malaria screening, case detection and treatment services are provided predominantly by BRAC NGO through house-to-house mobile services which contributed up to 82% malaria screening tests and 72% of the confirmed malaria case detection during the period of 2017-19. “When people suffer from malaria, they visit to village doctors; get advices from community clinics, union sub-center. But ultimately, they are referred to UHCs, Medical College Hospitals for diagnosis and treatment”, Key Informants in bordering areas of malaria elimination phase said.

The recommended 10% threshold of annual blood examination rate (ABER) has been achieved in most of the endemic districts. However, the ABER reported in Upazilas pursuing elimination still fall below 10% (4 to 8%). It is not clear whether all at risk population including vulnerable population along bordering areas has been considered to reflect the real situation while calculating ABER ($\geq 10\%$) as an indicator of adequate surveillance. In addition to it, currently, there exists no cross-border surveillance; even no screening for malaria at the border crossing points.

These upazilas share substantial number of border crossing points. Though vast majorities of these areas are fenced, but risk of cross border population movement and risks of malaria importation are present. According to the Key Informants interviewed, “there are abundant rains, substantial mosquito breeding in the bush especially on the other side of the border; and people there usually sleep without bed nets. They go for work in the forest and are bitten by mosquitoes. They may cross borders for work”.

Risk of malaria importation and further transmission are usually associated with inadequate access to malaria services in the country the case imported from, poor surveillance system and absence of effective cross border collaboration. However, many favorable factors to facilitate elimination are noted such as extensive network of community-based health facilities operating in sync with BRAC NGO, motivated malaria workforce and consistent high coverage with preventive, diagnostic and treatment services, no anti-malaria drug resistance documented in the country. The following are the key recommendations for NMEP, Bangladesh:

- **Mapping of difficult to reach areas and population in bordering upazilas and plan for reaching the unreached engaging community; e.g., Head man and Karbhari who have good influences over CHTs population**

- **Developing cross sector partnership; e.g., with Para workers in CHTs, PBUS in Netrokona district to enhance surveillance so that malaria cases in difficult to reach areas in bordering upazilas are timely detected and further transmission has been stopped**
- **Organizing G2G meeting with neighboring countries and sharing the findings of this assessment for development of the road map for cross border collaboration.**

D. Open Discussion and Question Answer Session

Mr. Abul Khayer Mian, Deputy Secretary, HSD, MOHFW suggested that if we want to manage Cross border issues, especially in the hill districts, there should be priority given to security issues in the forest area to make success in this Malaria Elimination Program

Prof. Dr. M. A. Faiz responded on Mr. Abul Khayer Mian’s opinion. He thanked him for pointing out this important issue. He replied that Bangladesh has international treaty. The WHO's SEA Region Committee has signed the Health Ministers Commitment of 11 SEA countries committees. Security, Border Force, etc. are mentioned in the framework of that treaty. Now all the SEA Countries need to transform this treaty into a plan of action.

There is no compulsion to eliminate malaria, but it has to do it today or tomorrow. He mentioned that two countries in SEA region have already done who are Sri Lanka and Maldives. This will not be possible only through the Ministry of Health keeping in mind other issues including security and cross boarder challenges. This would be possible with the help of other ministries or through supra-ministerial action. The RCMF is trying to do doing this coordination among the other related ministries through inter-country collaboration and regional organization coordination and cooperation including WHO.

Mr. Akteruzzaman, Senior Manager, National AIDS/STD Program asked that whether RCMF can work with malaria programs as well as other communicable diseases.

Prof. Dr. M. A Faiz again briefly discussed about the history of SRCMF and objective of this regional forum. He mentioned that it was born to work with cross boarder issues of GF funded diseases including malaria, tuberculosis and AIDS. Since Malaria Elimination is very close to the target year in this region, it has started working on Malaria Cross Boarder issue. Later gradually SRCMF would start working on tuberculosis and AIDS related cross border intervention.

Dr. Akramul Islam, Director Communicable Disease and WASH, BRAC said that neighboring countries, especially India, have more border shares with Bangladesh. Some areas, including Myanmar, have a higher risk of malaria. In each country, healthcare at the border is neglected, in terms of

infrastructure and in terms of security. The hope is that the communication system in these districts is improving. The contribution of Bangladesh Army in the development of this communication system is immense. He opined that, if the interministerial collaboration can be added to the Bangladesh Army, it will be more fruitful to come to this marginal defeat of Malaria Elimination.

Prof. Dr. Sharfuddin Ahmed, Former Vice chair BCCM, VC, BSMMU: In discussion on the cross-border issue, he highlighted a few things, firstly need to do research on which drugs had already become resistant and which drugs will work in cure. Secondly On cross border issues, TB, AIDS screening and most recently doing covid screening at the port of entry. In that way if we can isolate patients from outside the country by doing blood tests then we can prevent a lot from getting transmitted cases of malaria.

Mr. Hossain Ali Khondokar, Additional Secretary (Per), HSD, MOHFW expressed his worry about the elimination target year. He said based on his field observation in recent years that it would be difficult to achieve the Malaria Elimination by 2025 and achieve WHO certification by 2030. He suggested to revise the NSP to set a realistic timeline for the Elimination of Malaria

Many other participants have given their opinion for the cross-border malaria elimination planning and strategies in this meeting.

E. Recommendations of the Advocacy Meeting:

Prof. M A Faiz, moderator of the Technical Session and Open Discussion summarized the recommendations and action to be taken by the SRCMF member country in this meeting. The recommendations are described below:

Long Term Implementation Recommendations:

- **Ensuring political commitment at national, state and district levels and facilitating development of cross-border policies and mechanisms for inter-country collaboration/coordination for implementation of joint result-oriented actions.**
- **Developing, in consultation with stakeholders and partners, a strategic framework and annual operational plan along with a monitoring and evaluation framework. A coherent and synchronized vector control and malaria treatment policy should be jointly implemented in an epidemiological block covering an adjacent area on both sides of the inter-national border.**
- **Mapping and identification of specific role and responsibility for each partner for mobilizing financial resources and/or carrying out activities in areas of their comparative advantage or interest.**

- **Strengthening of disease surveillance and health information systems and exchange of key surveillance data for cross-border responses, follow-up and joint actions as and when required.**
- **Strengthening inter-sectoral collaboration, including engagement of the civil society and community residing along the borders.**
- **Establish a regional unit at border area to facilitate, on an on-going basis, coordination between the bordering countries and designating focal points at the national, state and district levels for cross-border activities;**
- **Ensuring continuous and seamless sharing of information on programme activities through regular coordination meetings or through social media such as WhatsApp group. A data dashboard on border malaria elimination can help as an information management tool.**
- **Scaling up and sustaining access, equity and coverage with essential package of malaria elimination intervention at household level in all border districts to achieve elimination and prevent re-introduction.**
- **Strengthening health system at border districts such as ensuring sufficient staffing and their capacity building such as training backed by modern technology and uninterrupted supply of essential equipment, diagnostics and medicines.**
- **Mainstreaming cross-border malaria elimination activities into national health program plans and strategies. For example, malaria monitoring/evaluation missions can look at cross border problem as well.**
- **WHO should advocate for increasing domestic allocation for the malaria program and intervention besides GF and other donor funding to sustain the malaria achievement and strengthen Cross Boarder and in country malaria surveillance?**
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Recommendations for Immediate Effect:

- **Technical Assistance providers should make faster their effort to eliminate malaria including WHO, RBM and other agencies**
- **SRCMF should take initiative to organize international planning and coordination meeting among bordering countries/health and related ministries/provincial or district government in the SEA Region**

- **SEA RCM should take initiative to organize the bilateral meetings (such as Indo-Bangla, Bangla- Myanmar, Bhutan-India) program implementation and management level meetings as much as possible and as frequent as possible (to see the progress and sharing the data on cross boarder malaria issues) involving WHO and other funding agencies.**
- **Advocate to enhance cross boarder malaria surveillance among the boarding countries and sharing the surveillance data to make effective future plan to achieve elimination.**
- **Communicate SEA Constituency of the Global Fund Board to advocate the GF Board to increase allocation for Malaria Elimination in SEA Region as densely populated and huge burden area.**

F. Closing Session:

Vote of Thanks: Prof. Dr. Nazmul Islam, Director Disease Control and Line Director, CDC, DGHS said that there has been a great deal of discussion today and we've learned a lot of new things related to the cross-border Malaria, which would be very accommodating in policy making and implementation of cross border intervention by the bordering countries. He thanked all those who participated as guests, participants, organizer, supporter, presenters, moderators in today's SRCMF Cross Border Malaria Advocacy Meeting and discussions. He requested to the participants to send their feedback by email who didn't make their comments in this meeting and who have more to discuss /opinion on today's discussion, because it is an ongoing process. Discussions and learning would be ended with Malaria Elimination from Bangladesh. Even if malaria is eliminated by 2030, need to keep this system active next couple of years.

Closing Remarks by Chairperson: Kazi Zebunnessa Begum, Additional Secretary (WH), HSD, MOHFW and Chairperson of the e SRCMF Cross Boarder malaria Advocacy Meeting given brief closing remarks. She thanked SRCMF for the financial and technical support to organize and conduct this meeting. She thanked and expressed her sincere gratitude to the respected guests and participants to attend this meeting within very short notice. She admired all the comments, feedbacks and suggestions come out from the discussions. She asked to BCCM to include all those feedback and recommendation in the meeting report. Finally, she thanked all again.

Meeting Schedule

Cross Border Malaria Advocacy Meeting

Organized by BCCM

Supported by: SRCMF

| Time | Issue to discuss | Facilitator/ | Remarks |
|------------------------------|---|--|---------|
| 01.30pm-02.00 pm | Registration and Lunch | BCCM Secretariat | |
| Short Opening Session | | | |
| 02.00 pm - 02.05pm | Welcome Address | Deputy Secretary -WH2 | |
| | Objective of the Advocacy Meeting | Joint Secretary-WH | |
| 02.05pm-02.15pm | Address by Director General of Health Services | Respected DG, DGHS | |
| 02.15pm-02.25pm | Address by Chief Guest and opening of the meeting | Mr. Md. Lokman Hossain Miah, Senior Secretary, HSD | |
| Technical Session | | | |
| 02.25pm-03.00pm | Presentation on the Malaria Elimination Plan and Cross Boarder issues to be addressed for Bangladesh | LD-NMEP/ DPM -NMEP | |
| 03.00pm - 03.20pm | Presentation on the Cross Boarder Malaria issues: Situation Assessment Technical and Geographical aspects | Dr. Jahangir Alam, NPO-Malaria, WHO Bangladesh | |
| 03.20pm-03.40 pm | Presentation on the Strategy need to be taken for the Cross Boarder Malaria issues in context of SEA Region | Prof. M A Faiz, Former DG | |
| 03.40 pm-04.20 pm | Open Discussion on the suggestions, comments and future plan for cross border malaria | All participants | |
| 04.20pm - 04.25pm | Vote of Thanks | Director- Disease Control and LD-CDC, DGHS | |
| 04.25pm 04.40 pm | Summary of the Cross Boarder Malaria Advocacy Meeting and concluding Remarks | Additional Secretary (WH), HSD, MOHFW | |
| 04.40pm-05.00pm | Evening Tea and Closing | | |

Meeting Photographs



Group Photo After the Meeting



Technical Session Prof. Dr. M A Faiz



Technical Session Prof. Dr. Sharfuiddin Ahmed



Participants



Q & A session



Q & A session



Q & A session



Vote of Thanks by Prof. Dr. Nazmul Islam



Closing Remarks by Kazi Zebunnessa Begum