

Report of the 6th Biannual Meeting of the SEA Regional Coordination
Mechanism Forum (SRCMF)
12th September 2022
IIHMR, New Delhi

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	3
1. INAUGURAL SESSION.....	4
2. BUSINESS SESSION.....	7
2.1 Appointment of office bearers- chair, co-chair and rapporteur.....	7
2.2 Adoption of Agenda.....	7
2.3 Approval and Adoption of the 4th SRCMF Report.....	7
2.4. Country Presentations.....	7
2.5 WHO’s E-2025 Initiative.....	13
2.6 Action taken on Recommendations of 5 th SRCMF Meeting.....	13
2.7 UNOPS-RBM-2022-2023 Project and Presentation on 2022 work plan.....	15.
2.8 Secretariate staff situation and new proposals.....	16.
2.9 Resource Mobilization.....	16
2.9.2 Registration of SRCMF in Bhutan.....	16
2.9.3 Brief Report on Resource Mobilization.....	16
2.9.3 Resource Mobilization Committee Chair Nomination.....	16
3. Recommendations of the 6 th SRCMF Meeting.....	17
4. CLOSING.....	17
ANNEXURE	
Annexure 1: Agenda.....	18
Annexure2: List of participants.....	21

EXECUTIVE SUMMARY

The South East Asia Regional Coordination Mechanism Forum (SRCMF) organized its 6th biannual SRCMF face to face Meeting on 12th September 2022. It was chaired by Dr Lakshmi Somatunga, Additional Secretary Public Health Services, Ministry of Health Sri Lanka and Member SRCMF. Nine out of 11 Member countries delegates from SEA region, country CCMs, Resource persons and partner organizations including RBM Partnership, WHO, RTI and PATH attended the meeting. The meeting was organized with the objective to appraise the members on the follow-up of the recommendations of the 5th SRCMF meeting, to update on the implementation progress of ongoing RBM/UNOPS Grant No. CFP-UNOPS-RBM-2022-001, brief and seek approval on the SRCMF proposed work plan for 2022 from July to December 2022 and brief on Resource Mobilisation and for nomination of Resource Mobilisation Committee Chair.

The meeting also apprised the members on Secretariate staff situation and new proposals. The delegates from Member Countries and Partner Organizations appreciated SRCMF for organizing the meeting and commended the progress made in respect of cross border collaboration between the countries in SEA Region. The meeting gave certain directives and recommendations for the secretariat to follow up and report in the next SRCMF meeting. The meeting reiterated SRCMF priority on Cross border collaboration implemented through the national programs.

Need was highlighted for innovative ways of resource mobilization such as exploring possibilities of member countries advocacy to support the long-term political and financial commitment necessary for cross-border malaria elimination and earmarking certain amount of Global Fund resources for Cross-border activities initiated by SRCMF Secretariat and joint funding for malaria elimination by multiple partners was highlighted.

The recommendations were presented by the rapporteur in the closing session. The meeting ended with closing remarks from the Chairperson at 6PM IST

1. INAUGURAL SESSION

The 6th Biannual SEA Regional Coordination Mechanism Forum (SRCMF) face to face Meeting started with inaugural session commencing with welcome address by Dr Jigmi Singay, Executive secretary Cum Coordinator SRCMF Secretariate. He welcomed Dr R.P Joshi new BM in absentia, H.E. Dr Dante Harbuwano new ABM, Former BMs, Interim GF SEA Constituency Communication Focal Point (CFP), speakers of the Inaugural session, distinguished SRCMF Members, Alternate Members and CCM coordinators from Bangladesh, Bhutan, India, Indonesia, Maldives, Nepal, Sri Lanka, Thailand and Timor-Leste, Resource Persons, Donor and Partners.

He thanked all distinguished and imminent speaker, member delegates, Resource Persons, Donor, Partners and participants of 6th SRCMF meeting for attending the meeting in spite of their busy schedule. Following which he apprised the meeting about the objectives and expected outcome of the meeting.

As the Board Member Dr Rajendra Prasad Joshi was called for a high-level emergency meeting of Public Health program of the ministry, on his behalf CFP welcomed all country delegation members and participants to the 6th biannual SRCMF meeting and requested former BM Dasho Kunzang Wangdi to kindly grace the occasion as the Chair of the Inaugural session

Address by Dasho Kunzang Wangdi Former Global Fund Board Member

Dasho Kunzang Wangdi expresses that he was happy to attend the 6th Biannual SRCMF and he thanked SRCMF for extending invitation to him for this important meeting. He thanked Dr. Kuldeep Sachdeva, Dr. Shobini Rajan, CCM Coordinators of India and Bhutan and country CCMs for supporting Bhutan and him first as ABM and later as Board Member of GF SEA. He offered his congratulation to GF SEA leadership for successfully setting up the SRCMF and he felt reassured that it is shaping up well under the capable leadership of Dr Jigmi Singay supported by a team of qualified professionals. He felt happy that this meeting was held in SRCMF in New Delhi, India especially at the crucial time when India represents the SEA on Global Fund Board when it is undertaking its Seventh Replenishment and finalizing its implementation plan of the next strategy. Dasho highlighted that both BM and ABM have shown keen interest to play role in GF SEA constituency. He hoped that work Plan from July-December 2022 will meet the approval of the meeting as tabled. He put on record the support received by SRCMF from its partners and in particular Dr. Melanie Renshaw from RBM Partnership to End Malaria. He thanked IIHMR interim host of SRCMF and wished the Sixth SRCMF meeting all the best.

Address by Dr Kamini Mendis, Resource Person SRCMF

Dr Mendis gave background to the global drive against malaria starting from 1998 to 2017 with WHO SEA Regional Ministers signing on declaration to a region free of malaria by 2030. She reiterated that WHO SEARO region has made very good progress in the past two decades from 2000 to 2020. As per WHO, the malaria cases have reduced by 78% and death by 75% in the Region. Which has brought us to situation where two countries Maldives and Sri Lanka have eliminated malaria. Bhutan and Timor-Leste are very near elimination target of 2025. Bangladesh, Nepal, Thailand and DPRK are approaching elimination target of 2030. Myanmar, India and Indonesia are progressing towards elimination. She underlined that Myanmar, India and Indonesia account for 98% of malaria cases in the region. She emphasised that in the past in past 3 years progress towards elimination in SEA countries has slowed down. In Bhutan and Timor-Leste elimination is a challenge because of cross-border malaria being major impediment to malaria elimination. In Bangladesh, Nepal, Thailand and DPRK progress has

slowed. Much is need to be done to achieve elimination goals IN Myanmar, India and Indonesia. She further added that there is a glaring need to step up active role of coordinating forum with greater engagement of political leadership towards goal of malaria elimination and financial and administrative support. Strategic positioned SRCMF in India can be leveraged to accelerate elimination drive in countries particularly to improve cross-border malaria coordination and help and sustain international financial support for malaria elimination.

Address by Dr. Melanie Renshaw, Co-Chair, Country and Regional Support Partnership Committee (CRSPC), and Chief Technical Advisor, RBM Partnership to End Malaria

Dr Renshaw congratulated all for the tremendous progress made despite COVID-19 constraints. She congratulated SRCMF secretariate for recently securing Resources through CFP -UNOPS-RBM 2022-001 for continued regional support for up to the end of 2023. She acknowledged SRCMFs work and achievement with all the major deliverables despite all difficulties. She hoped to support all eligible countries in the Region in 2023 through the new GF funding model and application process to. She apprised all that webinars will be organised on specific topics between now and December to help prepare all for the GF application. In addition, GF orientation meeting will be hosted in Nairobi, Kenya in December 2022 to apprise all on templates and types of application. She also apprised the meeting regarding RBM and GF Malaria Matchbox equity assessment tool that can help improve the effectiveness and outcome of malaria programs by matching the needs with appropriated solution. She hoped that this tool will help in more effective integrated and multi-sector action towards the global agenda to end malaria by 2030. She thanked SRCMF for the invitation to the meeting and offered her congratulations for success already achieved and consistently delivering and looked forward to the continued collaboration and successful partnership

Address by Prof. Dr Mohammad Abul Faiz, Former Global Fund Board Member

Dr Faiz was happy to see the progress of SRCMF despite the COVID-19 pandemic. He underlined the need for action at community level in cross-border areas to achieve and sustain malaria elimination. He highlighted the importance of case surveillance, data sharing and interpretation between countries for effective response. He added that along with malaria situation analysis in cross-border areas its equally important to create a course of action to achieve elimination goal. He apprises the meeting of the Indo-Bangladesh cross-border bilateral meeting held in Dhaka. He added that COVID-19 pandemic has strained health systems and stalled the efforts and progress made towards malaria elimination. He also highlighted the need to focus on the displaced Rohingya refugees / migrants camps that recently experienced an outbreak of dengue and stresses on the emerging threat of drug resistant TB, HIV and cholera. He thanked SRCMF for giving a wonderful opportunity to exchange views and actions between countries.

Address by Mr. Filipe da Costa, Former Global Fund Board Member

Mr. Filipe da Costa emphasized that all key stakeholders should collaborate and collectively work towards eliminate of malaria by 2030. He underlined the need to advocate at political and community level to help government in mobilising resources for effective implement of the planned activities and track progress to achieve the SDG goal by 2030. He apprised the meeting that with signing of MoU between Indonesia and Timor-Leste active engagement in cross-border areas have already been initiated at both technical and health post level. He added that other countries can replicate this model to accelerate progress towards malaria elimination. He proposed that in the next regional meeting all countries should present action taken toward cross-border malaria elimination in their countries

Address Dr Dante Harbuwono, Alternate Board Member of Global Fund Board

H.E. Dr Dante extended his gratitude to SRCMF for holding this meeting as it will help understand and evaluate the health situation across cross-border areas in SEA Region. He thanked RBM, Member Countries, WHO and partners for supporting SRCMF. He apprised the meeting that 48th GF Board

meeting is scheduled to be held on 16-17 November 2022 in Geneva. He highlighted Global Fund's critical role in supporting countries and communities to respond to the HIV, TB and malaria and progress in the fight against the three diseases. He underlined that as of end 2021 health programs supported by the Global Fund partnership had saved 50 million lives. He highlighted that TB has emerged as the major infectious killer worldwide and malaria is a serious and persistent threat to public health in many parts of Asia with South-East Asia Region with the second highest estimated malaria burden globally. He added that Malaria, HIV/AIDS, TB are preventable and treatable diseases countries should accelerate progress towards their elimination by 2030.

Address by Dr Tanu Jain, Director NCVBDC, MoHFW, Government of India

Dr Jain apologised for not being able to attend the meeting in person due to urgent administrative work but was happy to connect with all virtually. She greeted all the distinguished delegation from the members countries. She placed on record the efforts of SRCMF in bringing all the member countries together to develop a better understanding on issues and challenges involved in achieving common target of Malaria, TB and HIV elimination by 2030. She apprised the meeting that NCVBDC has been working closely with SRCMF and had several bilateral meetings for cross-border collaboration with Bhutan, Bangladesh and Nepal at various levels. She reiterated that ending malaria remains a top govt priority for India and is presently developing National Strategic Plan (NSP) for Elimination of Malaria (2023-2027). She highlighted the importance of cross-border collaboration to achieve malaria elimination in the countries. Therefore, planning for synchronised interventions, screening of positive cases at cross-border areas/districts, diagnosis and treatment, platform for experience sharing and exchange of information and reporting, regular meetings for coordination and collaboration, joint surveillance, M&E and review and involvement of border security forces, community and key stakeholders is important. She further added that convergence and collective action on communicable disease can have an impact on health outcomes. She proposed that integrated approach for malaria, lymphatic filariasis and Kala-Azar. She assured full support of India and its commitment to support the activities of cross-border malaria elimination in SEA Region.

Address by Dr. Po-Lin Chan, Team Lead, Communicable Diseases, WHO India country office

Dr Po-Lin started her presentation by highlighting the Impact of COVID-19 on people's livelihoods and their health. She added that countries around the world are still battling and emerging out of COVID-19. Having achieved 20 years of malaria elimination in unprecedented levels of near elimination all need to move forward towards collectively to accelerate efforts to elimination malaria and TB and ending HIV/AIDs by 2030. COVID-19 has illustrated to all governments that health is a global, regional and national priority and ending it is a choice of government, society and people and those who advise and move government policies. The whole of society approach, collective people-led action and intersectoral collaboration will get us on track towards eliminations of HIV, TB, Malaria and all other neglected tropical and vector bore diseases in SEA Region. Collaboration among various stakeholders and sectors like Government, private, civil society, business, community is essential to build a cohesive and coherent approach to move forward to jointly achieve desired outcome with common vision. She looked forward to more platforms to coordinate and collaborate with concrete activities to move forward. She assured WHO's commitment to support member countries and working together with all partners in moving forward towards disease elimination by 2030.

Vote of Thanks by Dr Dipanjan Roy, Resource Person, SRCMF

Dr Roy thanked Dasho Kunzang Wangdi for taking up the job of Chairperson in the Inaugural session and for his support today and in the past. He thanked all distinguished speakers for their inspirational Inaugural address and commitment to support endeavours of SRCMF. He thanked Dr Melanie Renshaw for being constant support to SRCMF. He thanked imminent delegates from member countries, Resource persons and partners for their support and attending the meeting in spite of their busy schedule. Lastly, he thanked IIHMR New Delhi for hosting SRCMF.

2. BUSINESS SESSION

The business session commenced with the appointment of Chair, Co-Chair and Rapporteur for the session.

2.1 Appointment of Office Bearers- Chair, Co-Chair and Rapporteur

The Business Session nominated Dr Rajendra Prasad Joshi, Board Member of the Global Fund SEA Constituency as the Chairperson and Dr. Lakshmi Somatunga Member SRCMF from Sri Lanka as the Co-Chair and Prof. Dr. Prakash Ghimire as the Rapporteur for the 6th SRCMF Meeting. Dr. Ferdinand Lahad, Dr S.N Misra and Ms Natasha Dawa were nominated as Members of the Drafting committee of the 6th SRCMF Meeting. In absence of the Chair, Dr Jigmi Singay requested Co-chair to Chair the meeting.

2.2 Adoption of Agenda

The Chair thanked the participants and invited comments on the draft agenda. The agenda was agreed by all and in absence of any comment, she requested the meeting for adoption of the draft agenda. The provisional agenda was adopted.

2.3 Approval and Adoption of the 5th SRCMF Report

The Executive Secretary SRCMF presented the draft of 5th SRCMF Report for consideration of the Meeting. Chair invited comments on the 5th SRCMF Report. In absence of any comment and as the report was reviewed by members on circulation online, Chair requested the meeting for approval of 5th SRCMF Report as the final 5th SRCMF Report.

2.4 Country Presentations on current malaria situation in the cross-border areas/districts adjoining international land border and way forward

a) Bangladesh

Bangladesh delegate appraised all on NSP 2021 – 2025, Vision and Goals for Malaria-free Bangladesh by 2030 and targeted Phased Elimination Milestones and Targets:

- By 2021: Local transmission interrupted in 4 districts of Mymensingh zone
- By 2023: Malaria free status of 51 districts determined
- By 2025: Local transmission interrupted in 4 districts of Sylhet zone, Chattogram and Cox's Bazar and API reduced to <1 per 1,000 population in 03 CHT districts
- By 2030: Local transmission interrupted nationwide.

He shared major achievements of NMEP from 2008-2021 with 91% reduction in case and 94% reduction in deaths and more than 85% access to treatment in community. Further appraised all that malaria situation analysis for cross-border collaboration has been conducted and proposed following next steps for cross-border collaboration:

- Malaria in 8 elimination targeted districts (in Sylhet and Mymensingh zones) as stated in previous slides is very low or zero reported over the last few years
- We propose to develop joint plan of action between Bangladesh and India bordering these 8 districts to prevent influx of malaria cases.
- Pilot district from both sides may be identified and later replicated to other districts
- Support from SRCMF and WHO is essential

b) Bhutan

Bhutan delegate apprised the meeting on malaria Foci by districts from 2014 - 2021 with active Foci only in Sarpang in 2021.

He shared the Cross-border malaria elimination plan for Elimination of malaria at the international border with objectives to initiate joint cross border malaria control surveillance and establish cross border referral and information sharing so as to establish a functional Cross border collaboration and information sharing network.

He shared following key interventions of cross-border malaria elimination plan:

- Synchronization of Indoor Residual Spray
- Information sharing on malaria epidemiological trends and outbreaks,
- Entomological monitoring and studies
- Conduct joint research and joint activities
- Jointly push for the common agenda during the cross-border collaboration meetings at the Local Level and any collaborative meeting
- Joint review and progress meetings/workshops & training across border

He further shared milestone target and indicators of Cross-border malaria elimination plan:
2022: Implementation of cross border collaboration/ mapping of imported malaria cases across border

2025: Zero indigenous Malaria in border area

2030: Helped in achieving Regional Goal of malaria elimination

Key performance indicators:

- Impact indicators:
 - Active foci along the border eliminated
 - Zero indigenous Malaria
- Output indicator
 - No of Malaria cases reported along the border (within 5km)
 - No of cross border review and coordination meeting conducted

Challenges:

- Political Commitment: Advocacy, Leadership
- Technical Advisory supports: Through WHO & other agencies
- Continued Financial: GF support; other donor agencies, financial support – Crucial
- Commitment and ownership at implementation level

Lastly, he shared following key support areas and facilitation expected from SRCMF:

- Coordinate and Funding support for joint cross border review meetings and workshops
- Support for M&E Officers for cross border monitoring and planning

c) India

Malaria Epidemiology

- 86% decline in malaria cases reaching to 161,753 cases by 2021 from 11,69,261 in 2015
- Deaths as low as 90 by 2021
- API>1 in 2 districts bordering Myanmar
- API<1 in 10 districts spread in north eastern India bordering Bangladesh, Bhutan, Nepal and Myanmar

Cross-border malaria elimination Goal:

- Eliminate malaria in the cross-border areas by 2030; and maintain malaria-free status in cross-border areas where transmission has been interrupted and prevent re-introduction of malaria

Cross-border malaria elimination 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, multi-sector coordination and community mobilization

He shared Challenges at Programmatic level like differences in malaria diagnosis and treatment, lack of cross-border coordination at local levels, variable health systems, intervention coverage, surveillance and M&E, health seeking behaviour, rights and gender related barriers and inequities and limited private sector involvement along with challenges faced at epidemiological, socio-economic and ecological level faced in cross-border malaria elimination.

Intercountry cross-border initiatives at National, State and District levels in 2021-22 and key decisions taken:

- Mapping of Health Facilities, exchange of information and data sharing will be within 5 Km radius from the international border and the adjacent districts
- Joint surveillance and vector control activities
- Harmonisation of treatment regimens
- Sensitisation and Involvement of border security forces in screening mobile migrant population at international border crossing points

Way forward:

- Joint Cross-Border Implementation Strategic plan with follow-up of joint service delivery in target border districts
- Strengthen inter-sectoral collaboration with other stakeholder ministries
- Establish real-time data sharing platform between neighbouring countries
- Strengthen mechanisms for malaria screening at official Points of Entry (PoE) and other unofficial border crossing places
- Strengthen mechanisms for malaria screening at official Points of Entry (PoE) and other unofficial border crossing places

d) Indonesia

Indonesia borders with Timor Leste, Malaysia & Papua New Guinea; completed assessment & baseline; signed MOU between two countries; and held high level meeting for operational planning-mid July 2022 and Oct 2022

Planned cross border activities:

- Real-time surveillance/response. Increase cross border coordination meetings.
- Inter-country information-sharing and functional border collaboration
- Reduce transmission levels as soon as possible and Prevent re-introduction of malaria (considering vulnerability and receptivity risks)
- Accelerated intensified burden reduction on both sides with timeline targets for the reduction of API (i.e., API<1) and readiness for elimination
- Public health system ensures all imported cases are identified, reported, and responded to promptly, with the ability for rapid response to a single case, a cluster of cases, or an epidemic.
- Carry out screening on immigrants from endemic areas in the community, at blood donor facilities and at the airport, port or postal border Countries
- Procure logistic for migration surveillance at blood donor facilities and at the airport entrance, port or postal cross border countries

Opportunities:

- a. Draft Health Regulation on malaria elimination, Malaria elimination strategy and roadmap renewal plan is in place and draft malaria elimination communication strategy is available.
- b. Commitment of the regions on elimination exists (relevant regional regulations and malaria centres)
- c. A team of malaria experts available (CSO Forum/ National Roll-back Malaria Forum FNGM) and technical working group (TWG).
- d. National malaria elimination assessment and provincial pre-assessment teams involve various sectors.
- e. 358 of 514 districts have been certified as having malaria elimination.

Challenges

- f. Cross border coordination is just going to start with Republic Democratic Timor Leste (RDTL) not yet with Papua New Guinea and Malaysia

Key support areas and facilitation expected from SRCMF

- g. Need Technical Assistance and seed money from SRCMF for Cross Border Collaboration

e) Maldives

No indigenous cases since 1984

- Only Imported Malaria Cases: 2022- 2 cases, 2020 and 2021: No cases reported, 2019: 1 case, 2018: 1 Case

Anopheles vectors reported: An. tessellatus and An. subpictus (Vectors is reported to be eliminated since 1991)

Vector surveillance- limited

Malaria surveillance is integrated into the national CD surveillance system

Challenges:

- Limited human resource and capacity- losing skills
- Covid-19 delayed some activities, including routine vector control activities
- Improper use of chemicals- especially tourist resorts
- Transportation challenges
- Risk of re-introduction
- Malaria, drug supply issues
- Only few imported cases each year (2 cases last year)
- Difficult to procure and maintain stocks of drugs that are required.
- Especially for the rarer forms such as severe malaria, is a difficult
- Often, the quantities required are below the minimum order quantities of manufacturers.
- As more countries (e.g. Bhutan and Timor Leste) in the region move towards elimination, it is expected that other countries in the region will also face this challenge.
- To overcome, a regional pooled procurement system for malaria drugs is urgently required.

f) Nepal

Current situation (Jan to Jun 2022) in the cross-border Districts adjoining the international land border:

- 14 districts with ~ 4 million population at risk

- Only 10% of the 142 cases were indigenous, while 90% were imported malaria cases in mobile migrant population going to India for work.
- 19 active foci and 66 non-active foci in only 6/77 districts in the country
- *An. fluviatilis*, *An. maculatus complex* and *An. annularis* are the main vectors
- Imported cases have history of work-related travel to Gujarat, Maharashtra, Delhi, UP, West Bengal states of India, indicating need for intercountry coordination.

Key challenges for cross border collaboration

- Mobile pop groups – drug adherence and surveillance impacted;
- No designated channel for collaboration for non-IHR health specific issues.
- Infrequent collaborative meetings at the country levels to discuss cross border issues.
- No clear guidance for implementing cross border collaboration.
- Key support areas and facilitation expected from SRCMF:
- Follow up of Lucknow meeting, 2022. On site observation & co-ordinating visits to Bhindi Bazar, Mumbai (imported endemic cases each year in Narainapur, Banke) and Surat, Gujrat (Water Z Company – Balara, Sarlahi = cluster of imported cases).

Next steps for cross-border collaboration

- Universal access to health and Communicable Disease treatment and prevention services in border areas.
- Effective and coordinated cross-border surveillance and response for malaria and Kala-azar elimination.
- Strengthen the intra-country and bilateral agreements for collaborative interventions (joint planning and implementation at the border areas).

g) Sri Lanka

No Malaria deaths since 2007, no malaria cases since 2013 and malaria free certification-2016 was reported. Only 1 introduced case in 2018 and Blood transfusion associated case in 2021. Proportion of origin of Imported malaria cases shifted from India to African region since 2020

Sri Lanka being an Island, no physical cross border issues with any other country. However, imported malaria from neighbouring countries is a major challenge. Vector mosquitos common in almost all Districts in Sri Lanka. Urban vector spreading in Northern Province and part of the Eastern Province in Sri Lanka

Following were the Key support areas and facilitation expected from SRCMF

- Pooled procurement of anti-malarial drugs for regional countries
- On-line procurement of Anti-malarial drugs
- Emergency Anti-malarial drugs regional stores to be established to support countries who need small quantities of drugs
- Strengthen GIS-based information system for real-time data sharing between regional countries. This will help to identify areas need more attention
- Continue external funding support for countries even after achieving the elimination status
- Share cost-effective best practices among countries of the SEAR
- Sharing of experiences/ best practices among the regional countries
- Design online malaria training module as clinicians may not see malaria cases after elimination

h) Thailand

In Thailand transmission is mainly across Thai Myanmar border.

No. of Districts	2017	2021
Active transmission	119	73
Transmission ceased for 1 yr	20	24
Transmission ceased for 2 yrs	32	18
Transmission ceased for 3 yrs or over	748	813

Thailand delegate shared following Interventions at borders:

- Strengthening services and improving access of hard-to-reach mobile, migrant population (focusing foreign nationals in communities, worksites, and in refugee camps)
 - Dx Rx – Malaria Clinic, Malaria Post (use RDT) and Border Malaria Post at check points
 - Establishing migrant volunteers.
 - LLINs and LLIHNs to MMPs at worksites
- Enhancing collaboration with CSOs & non-health sectors (military, border patrol police, forestry)
- Surveillance – in all areas not only at international borders
 - Web-base surveillance (‘Malaria Online’)
 - 1-3-7 strategy (case notification, case investigation and responses)
 - M-health (Health Centers receive computer tablets to report real time malaria cases for prompt foci management)
 - Integrated drug efficacy surveillance (iDES)

Challenges of the Thai ME Programme:

- On-going epidemics along the Thai-Myanmar border provinces (partially due to political situation in Myanmar)
- Re-introduction and re-establishment of malaria transmission in malaria-free verified provinces
- Uncontrolled border crossing of mobile migrant populations and labors
- Malaria in armed conflict areas (southern border)
- Multi-drug resistance *P. falciparum* remains
- Growing No. of monkey malaria parasites (*P. knowlesi*)
- Rapid shrinking semi-vertical malaria programme due to retirement of skilled staff at all levels
- Decentralization of malaria activities under GHS to local administration organization

i) Timor-Leste

No malaria cases detected in Timor-Leste since 2021

- Border – Illegal migrants and border pass in Bobonaro, Covalima and RAEOA
- Lack of the information related to malaria transmission in border areas
- Regime treatment difference among Indonesia and Timor-Leste
- Capacity building of the Entomology surveillance for surveillance response

- Quality control of the malaria microscopist at all health facilities and improvement of laboratory services
- Mapping of the distribution of the malaria cases and the location using technology tool (GPS)
- Intervention and routine activities in Covalima, Bobonaro and RAEOA

Way forward:

- Resources Mobilization for “Timor Island free Malaria”
- One stop test point for ATM at Border to test illegal migrants and border pass in Bobonaro, Covalima and RAEOA
- Developing integrate platforms information related to Malaria transmission within border areas
- One agreed treatment regime for cross-border areas among Indonesia and Timor-Leste
- Intervention and routine activities in Covalima, Bobonaro and RAEOA

Following the presentation by countries, Chair opened the floor for question, response and discussion to the participants. Discussion was held on how best to address the gaps on intercountry and cross border collaboration. Following which Chair invited Dr El Khan Gasimov, WHO HQ for his presentation.

2.5 WHO E-2025 Initiative and challenges

Dr Gasimov-WHO-HQ apprised the meeting that WHO has provided support (starting 2015) to 21 countries to reach to E-2020

- 8 countries achieved
- cases increased in 3 countries
- 4 countries certified as malaria free

He underlined that the last mile of malaria elimination could be challenging

- Eight E2020 countries achieved zero indigenous cases by 2020
- 6 countries didn't achieve elimination with fewer than 300 indigenous cases at baseline

He shared following common challenges:

- Border or cross border issues
- Target interventions to high-risk populations (migrants, travellers)
- Capacity at subnational levels
- Political commitment and sustainability

He shared the countries selected for 2025 elimination target (Bhutan, Nepal, Thailand, Timor Leste). He added that challenges still persist as the no of cases in some countries are increasing while others are decreasing.

2.6 Action taken on Recommendations of 5th SRCMF Meeting

Dr Jigmi Singay presented the following actions were taken on Recommendations of the 5th SRCMF Meeting:

1. Besides BM and ABM, SEA Constituency Representatives in various committees of the GF Board to be invited to the SRCMF meetings, for updates, their participation and inputs, for the project proposals development and advocacy to facilitate project proposal facilitation.

- a) SRCMF Request CFP to formally inform current GF SEA Constituency Representatives in three committees of the GF Board to attend and brief SRCMF meetings. CFP is requested to share the details of representatives with SRCMF.
2. SRCMF to ensure the technical aspects of the activities in the Cross-border coordination for disease elimination work are in line with the WHO technical guidelines and recommendations.
 - a) SRCMF will continue to collaborate with WHO in all its technical activities.
3. Findings from Cross-border malaria situation analysis needs to be discussed in the MTWG for validity and appropriateness for the accelerations for eliminations and sustainability of the programs.
 - a) The recommendations have been incorporated in the work plan itself and will be included as one of the TOR of MTWG reviewing the validity and appropriateness.
 - b) Situation analysis report and technical recommendations will be weighted in the MTWG meeting
4. Countries need to promote continuous communication between district on both sides of the international border for joint – planning, collaboration and information sharing.
 - Bilateral meetings at various levels are being organized
 - Website has been launched and operational for sharing information by the countries including information on cross-border areas with special emphasis on district /local level
 - Regular Webinars are being organised on specific malaria themes.
5. SRCMF to ensure consistency of the technical content of the information sharing at the local and districts level besides the national programs, are in agreement with WHO and other technical partners.
 - In any technical SRCMF meeting WHO is always invited for participation and to take lead so that SRCMF activities are in line with WHO standards and norm.
6. Countries to consider building the capacity for early detection/identification of Artemisinin resistant malaria across the border, continuous monitoring to share treatment policies including response to/containment of the drug resistance
 - SRCMF will coordinate with the Mekong Malaria Elimination (MME) programme of the Greater Mekong subregion (GMS) and incorporate the above recommendations for implementation in line with the NMEP policy and plans
7. Key and vulnerable Populations along the border areas (mobile & migrant populations) should be discussed and deliberated in bilateral meetings involving the specialized agencies like IOM and others to ensure no one is left behind for the services.
 - Invitation of IOM and other relevant organizations is being planned in the current SRCMF Project
 - Key and vulnerable Populations along the border areas like mobile & migrant populations being included in current project and it will be continued and will be reported in SRCMF meetings
8. IEC Materials developed by SRCMF for health education, communication and advocacy are technically appropriate and consistent in the Cross-border areas for all three-disease elimination.
 - IEC material will be developed in consultation with the NMEPs for the cross-border malaria elimination.

9. SRCMF should focus more for implementation of meetings, training and capacity building at the local level including facility development in coordination with the local government and national programs and the partners/donors.
 - SRCMF has already initiated focusing at the local level strengthening of capacity building at the local level
10. In line with the 4th SRCMF Recommendation domestic resource mobilization to be further intensified for sustaining the malaria and other elimination programs
 - Domestic Resource Mobilization will be further deliberated as a priority in the Resource Mobilization Committee.

2.7 UNOPS-RBM-2022-2023 Project and Presentation on 2022 work plan

Ms Natasha Dawa, Program Officer SRCMF apprised the meeting on the First and Current ongoing grant status:

1. First Year Grant No. CFP-UNOPS-RBM-2021-02 of total amount =USD 299,987 for period 5 July 2021 to 30 June 2022

- a) All activities approved in the last SRCMF meeting held on 28 Dec 2021 was fully implemented
- b) It was reviewed on monthly basis with UNOPS-RBM in the regular monthly call on meetings
- c) Final implementation of project activities has been reviewed and approved by UNOPS-RBM.
- d) Final Narrative and Financial report were submitted to UNOPS-RBM on 30 June 2022
- e) Narrative Report was cleared by RBM on 20 July 2022
- f) Independent Audit of financial statement of SRCMF was done for the project periods by Singh Satish & Associates, Chartered Accountant, UP, India (approved by Govt of India). Clean report was submitted by auditor without any objection.

2. Current Grant No: CFP-UNOPS-RBM-2022-001

- a) Grant support agreement signed on: 1July 2022
- b) Project Period: 1 Year, 4 months (1July 2022 to 30 Nov 2023)
- c) The total approved budget is: USD 596,042
- d) Fund release:
 - 1st Tranche- USD 250,000 on 11July 2022 for the period 1July 2022-31 Dec 2022

She then shared the following details of the 2022-2023 project workplan:

- 1.1a Regional meetings of the GF SEA constituency (f2f). [In Q1,Q5].
- 1.2a Bilateral meetings at selected border districts in six priority countries. [four on site meetings: in Q1, Q3,Q4,Q6].
- 1.2b Bilateral meetings at selected border districts in six priority countries. [Four virtual meetings: in Q2-Q5].
- 1.3 Malaria Technical Working Group (MTWG) Meeting [virtual]. [In Q1, Q3, Q5].
- 1.4 Conduct situation analysis to update cross-border strategy with operational plan [In Q2-Q3].
- 1.5 Maintain and update SRCMF website [Q1 to Q6].
- 1.7 Webinars on specific malaria themes. [Two virtual webinars: in Q2, Q5].
- 1.8 Develop and launch e-learning module. [One module: in Q2-Q6].
- 1.9 Orient/familiarize malaria programme focal points on malaria matchbox tool in 6 priority countries. [In-person in Q2, Q4].
- 2.1 Develop implementation plan and materials for advocacy & communication for malaria elimination

& exploring sustained & sufficient resources. [In Q1-Q2].

2.3 Convene regular coordination meetings with the partners, donors and relevant others. [One-on-one meetings with ten partners: Q1-Q6].

3.1 Explore additional resource mobilization from various partner and donor agencies. [In Q1-Q6]

4.1 Synthesize impact of COVID-19 pandemic on malaria elimination programmes. [In Q2].

In absence of any comments 2022 work plan was approved

2.8 Secretariate staff situation and new proposals

Dr Jigmi Singay apprised the meeting that currently following 6 Staff Members are working in SRCMF Secretariat:

1. Executive Secretary Cum Coordinator
2. Head, Resource Mobilization
3. Program Officer
4. Administration and Finance Officer
5. Information Technologist
6. Office Assistant

Following secretariat staff new proposals was submitted:

1. Finance Officer
2. Program officer for TB and HIV/AIDS
3. Epidemiologist
4. To be recruited in a phased manner as and when funds become available.

He also shared the SRCMF Panel of Resource Person.

2.9 Resource Mobilization

Dr Jigmi Singay shared following challenges for Resource Mobilisation:

- **Foreign Contribution (Regulation) Act (FCRA)** registration is a prerequisite to be eligible for mobilising grant from non-exempted external donors in India
- FCRA registration becoming stricter year by year
- Alternatively, SRCMF Secretariate has taken steps to register in Bhutan which is expected to be completed this year.

Registration of SRCMF in Bhutan

- process of registration will be completed within this year
- Currently 1st MoU is under discussion with MoH

He also shared the brief report on Resource Mobilisation:
SAARC Development Fund (SDF)

- In continuation to the initiation for exploring matching grant during the 1st Project CFP-UNOPS-RBM -2021-02 (for period 5 July 2021-30 June 2022) SRCMF processed for collateral funding for an amount of USD 596,042 from SDF for the current project
- After consultation with SAARC Member countries in SEA Region Bhutan was requested to take Lead for submitting the proposal to SDF
- SRCMF Secretariate as per the procedure processed the submission of summary proposal/concept note to SDF through Ministry of Health and Ministry of Finance to SDF

- Detailed Project proposals will be shared and consulted with concerned NMEPs of the member countries and consultation done through the Resource Mobilisation Committee

Finally in line with earlier Resource Mobilisation Committee recommendation and approval for the appointment of ABM of Global Fund Board as Chair of Resource Mobilisation Committee he proposed that H.E. Dr. Dante Harbuwono, Vice Minister of Health, Indonesia be formally appointed by this 6th SRCMF meeting as the Chair of the Resource Mobilisation Committee.

In absence of any comment's proposal of secretariat was endorsed.

3. Recommendations of the Meeting

The Meeting made the following recommendations:

1. Strengthen participation of community, technical partners and stakeholders and highlighting their roles in international cross-border malaria elimination
2. CCMs to facilitate support for data and information sharing by countries on malaria elimination in cross-border areas
3. Mobilise Resource to match with acceleration of NMEPs in cross-border areas to achieve and sustaining elimination by 2030
4. Identify Focal point/ M&E officer at cross-border areas/district to facilitate and oversee cross-border collaboration.
5. Strengthen cross-border malaria research to generate evidence to tackle cross-border issues more effectively and document best practices in cross-border collaboration to help in resource mobilisation.
6. SRCMF should give more effort for garnering political commitment and resource mobilisation both external and domestic in order to facilitate sustainability of malaria elimination programmes in cross-border areas and;
7. Countries through their respective CCMs to advocate to recognised SRCMF as Regional CCM to address cross-border issues and mobilise Resources for Malaria, TB and HIV/AIDs and Health System Strengthening.

4. Closing session

The draft summary report was verbally presented by the Rapporteur Prof Dr Prakash Ghimire. He mentioned that all the comments and recommendation have been duly noted by the Rapporteur and secretariat and it will be reflected in the draft report. All the participants were requested to comments on the draft report for finalization. The Executive Secretary briefly addressed the closing session. He thanked the Chair for her leadership in conducting the meeting to a successful conclusion. He thanked all the member delegates, inaugural session speakers, rapporteur, resource persons, partners, donor and participants for their kind participation, contribution, valuable guidance, and suggestions. He looked forward to the support and guidance of all member delegations in all the activities of SRCMF. The Chair addressed the closing session by thanking each and every one for their active participation, very productive deliberations and making a very successful meeting. The Chair formally closed the meeting at 6 PM IST.

AGENDA

**6th Biannual SEA Regional Coordination Mechanism Forum (SRCMF) Meeting
12 September 2022, IIMR, Dwarka, New Delhi, India**

Time		Responsible person(s)
9:45-10:00	Registration	SRCMF Secretariat
<u>Inaugural Session</u>		
10:00-10:05	Welcome address, objectives and expected outcome of Meeting	Dr. Jigmi Singay
10:05-10:12	Address by Former Global Fund Board Member	Dasho Kunzang Wangdi
10:12-10:19	Address by Resource Person SRCMF	Dr Kamini Mendis
10:19-10:26	Address by Co-Chair, Country and Regional Support Partnership Committee (CRSPC), and Chief Technical Advisor, RBM Partnership to End Malaria	Dr. Melanie Renshaw
10:26-10:33	Address by Former Global Fund Board Member	Prof. Dr Mohammad Abul Faiz
10:33-10:40	Address by Former Global Fund Board Member	Mr. Filipe da Costa
10:40-10:47	Address by Alternate Board Member of Global Fund Board	Dr Dante Harbuwono
10:47-10:54	Address by Director NCVBDC, MoHFW, Government of India	Dr Tanu Jain
10:54-11:01	Address by Team Lead, Communicable Diseases, WHO India country office	Dr. Po-Lin Chan
11:01-11:08	Keynote Address by Global Fund Board Member	Dr Rajendra P Joshi
11:08-11:13	Vote of Thanks by Resource Person SRCMF	Dr Dipanjan Roy
11:13-11:28	TEA BREAK	
<u>Business Session</u>		
11:28-11:33	Appointment of Office Bearers- Chair, Co-Chair and Rapporteur and Drafting Committee	Dr. Jigmi Singay
11:33-11:38	1. Adoption of Agenda 2. Approval and Adoption of the 5 th SRCMF Report	Chair
11:38-01:10	3. Country Presentations on current malaria situation in the cross-border areas/districts adjoining international land border and way forward - Bangladesh, Bhutan*, India, Indonesia, Maldives, Nepal*, Sri Lanka, Thailand*, Timor-Leste* -Comments and Discussion	Chair -Bangladesh, Bhutan*, India, Indonesia, Maldives, Nepal*, Sri Lanka, Thailand*, Timor-Leste*
01:10-1:40	LUNCH BREAK	
1:40-1:55	4. Submission of annual report a) Action taken on Recommendations of 5 th SRCMF Meeting -Comments and Discussion	Chair -Dr. Jigmi Singay
1:55-2:10	b) UNOPS-RBM-2022-2023 Project c) Presentation on 2022 work plan -Comments and Discussion	Chair -Nattasha
2:10-2:25	5. WHO E-2025 Initiative and challenges -Comments and Discussion	Chair -Dr Elkhan Gasimov, WHO HQ
2:25-2:35	6. Secretariate staff situation and new proposals	Chair -Dr Jigmi Singay
2:35-2:45	7. Resource Mobilization a) Registration of SRCMF in Bhutan b) Brief Report on Resource Mobilization	Chair -Dr Monir Islam/ Dr Jigmi Singay

	c) Resource Mobilization Committee Chair Nomination -Comments and Discussion	
2:45-2:50	AOB	Chair -Dr. Jigmi Singay
2:50-3:35	Preparation of Report by Rapporteur and Drafting committee	Chair Rapporteur
Closing Session		
3:35-4:25	<ul style="list-style-type: none"> • Presentation of Report by Rapporteur • Discussion & Adoption of the Report • Remarks by head of delegation of E-2025 Countries • Remarks by Executive Secretary, SRCMF • Formal Remarks by Chair • Formal Closing of the Meeting by Chair 	Chair -Rapporteur -Head of delegation -Dr Jigmi Singay Chair

* E-2025 Countries

Annexure 2

6th Biannual SEA Regional Coordination Mechanism Forum (SRCMF) Meeting 12 September 2022, IIHMR, Dwarka, New Delhi, India

List of participants

INPERSON PARTICIPANTS

SL	Name	Designation	Organization	Country	Email Address
1	Ms. Gitanjali Mohanty	Interim Communication Focal Point (CFP) & Coordinator CCM India	CCM India		iccmsect-mohfw@gov.in
2	Dasho Kunzang Wangdi	Former GF Board Member, SEA Constituency	CCM Bhutan		dashokunzang@gmail.com
3	Mr Manaj Biswas	Alternate & Coordinator	CCM Bangladesh	Bangladesh	bccmcoordinator@gmail.com
4	Mr Tobgye	Alternate Member, SRCMF	VDCP, DOPH, MoH	Bhutan	tobgye@health.gov.bt, rwtobgyel@yahoo.com
5	Mr. Ugyen Dhendup	Deputy Chief Program Officer	MoH	Bhutan	dskt617@gmail.com
6	Ms Suneeta Chhetri	CCM Coordinator	CCM Bhutan	Bhutan	bhutanccm@gmail.com
7	Dr Vinod Choudhary		NCVBDC	India	drvinodnvbdcp@gmail.com
8	Meirinda Sebayang	Alternate Member SRCMF	CCM Indonesia	Indonesia	meirindas@gmail.com
9	Dr. Ahmad Samhari Baswedan	Executive Secretary & Coordinator	CCM Indonesia	Indonesia	samharib@yahoo.com
10	Ms. Aishath Samiya	Member SRCMF	CCM Maldives	Maldives	aishath.samiya@gmail.com
11	Mr. Abdul Hameed	Coordinator	CCM Maldives	Maldives	hameed.nap@gmail.com
12	Dr. Sanjaya Kumar Thakur,	Chief of Health Coordination Division of MoH and Population and Member of CCM Nepal	CCM Nepal	Nepal	dskt617@gmail.com
13	Mr. Sandesh Neupane	Coordinator	CCM Nepal	Nepal	sandesh.neupane2013@gmail.com
14	Dr. Lakshmi Somatunga	Member SRCMF	CCM Sri Lanka	Sri Lanka	lsomatunga@hotmail.com
15	Mrs. D. C. Wickramasena	Alternate member	CCM Sri Lanka	Sri Lanka	chitrani2010@gmail.com
16	Dr. Krongthong Thimasarn	CCM Vice Chair	CCM Thailand	Thailand	krongtho95@yahoo.com
17	Dr. Phusit Prakongsai	Alternate Member, SRCMF	CCM Thailand	Thailand	phusit.pks@gmail.com
18	Mr. Filipe da Costa	Alternate Member SRCMF	CCM Timor-Leste	Timor Leste	dcfilipe@yahoo.com
19	Mr. Lucio Freitas	Executive Secretary (Coordinator)	CCM Timor-Leste	Timor Leste	samara1472@yahoo.co.id
20	Dr. Po-Lin Chan	Partner	WHO India country office		chanpo@who.int
21	Dr. Rajiv Tondan	Partner	RTI International India	India	rtandon@rti.org
22	Dr. J P Narain	Resource Person	SRCMF	India	narainjp88@gmail.com
23	Dr Dipanjan Sujit Roy	Resource Person	SRCMF	India	doc.pune@gmail.com
24	Prof. Dr. Prakash Ghimire	Resource Person	SRCMF	Nepal	prakashghimire@gmail.com
25	Dr. Jigmi Singay	Executive Secretary	SRCMF Secretariate	Bhutan	jigmi2118@gmail.com
26	Dr Monir Islam	Head Resource Mobilisation	SRCMF Secretariate	Bangladesh	monir.islam56@gmail.com
27	Ms Natasha Dawa	Program Officer	SRCMF Secretariat	India	dawanatasha@gmail.com

28	Mr Anil Chitkara	Finance Officer	SRCMF Secretariat	India	chitkara_a@hotmail.com
29	Dr. Nishikant Bele	Information Technologist	SRCMF Secretariat	India	nr_bele@yahoo.com

VIRTUAL PARTICIPANTS

1	Dr Dante Harbuwono,	Alternate Board Member GF SEA Constituency	Republic of Indonesia		dante.harbuwono@kemkes.go.id dante.harbuwono@kemkes.go.id
2	Prof.Dr Mohammad Abul Faiz	Former Global Fund Board Member, SEA Constituency	CCM Bangladesh	Bangladesh	drmafaiz@gmail.com
3	Dr Tanu Jain	Member SRCMF	NCVBDC	India	Dir.ncvbdc@gmail.com
4	Mr. Ahemd Afaal	Alternate Member, SRCMF	CCM Maldives	Maldives	afaal@adkenterprises.com
5	Dr. Mahendra Arnold	Alternate Member, SRCMF	CCM Sri Lanka	Sri Lanka	mahendra_arnold@yahoo.com
6	Dr.Suriya Wongkhongkathep	Chair CCM, Member, SRCMF	CCM Thailand	Thailand	suriya@health.moph.go.th
7	Ms. Phatradasorn Chuangcham (Ja)	CCM Coordinator	CCM Thailand	Thailand	ccmthailand@gmail.com
8	Ms. Sabina Fernandes Seac	Member SRCMF	CCM Timor-Leste	Timor Leste	sabinafseac80@gmail.com
9	Dr. Melanie Renshaw	Donor	RBM/UNOPS		melanie@endmalaria.org
10	Dr. Kamini Mendis	Resource Person	SRCMF	Sri Lanka	kaminimendis@gmail.com
11	Elkhan Gasimov	Partner	WHO HQ	Geneva	gasimove@who.int
12	Dr. Olavi Elo	Resource Person	SRCMF	Geneva	olavi.elo@gmail.com
13	Dr. Ferdinand Laihad	Resource Person	SRCMF	Indonesia	fjlaihad1@gmail.com
14	Dr.Palitha Abeykoon	Resource Person	SRCMF	Sri Lanka	abeykoonpalitha@gmail.com
15	Dr Muhammad Asri Amin	Resource Person	SRCMF	Indonesia	muhammad_asri@yahoo.com
16	Dr Shampa Nag	Resource Person	SRCMF	India	drshampa@gmail.com
17	Dr S.N. Misra	Resource Person	SRCMF	India	samarendra.habf@gmail.com
18	Dr. S D Gupta	Resource Person	SRCMF	India	sdgupta@iihmr.edu.in