

SRCMF Webinar Series No. 1

Malaria Elimination – Strengthening Surveillance and M&E to support Cross
Border interventions

A Report

17 June 2022

CONTENTS

1. Opening remarks.....	3
2. Gaps in border area surveillance and M&E.....	3
3. Addressing the gaps in border area surveillance and M&E.....	9
4. Closing session.....	10

Annexure

1. Agenda.....	11
2. List of participants.....	12

1. OPENING REMARKS

The opening session started with welcome address by Dr Jigmi Singay, Executive Secretary Cum Coordinator, SRCMF Secretariate. He extended warm welcome to the distinguished speakers, representatives from National malaria elimination Programme from members countries, Resource persons, partners and all other participants who attended this first SRCMF webinar in spite of their busy schedule. He briefly apprised the audience about SRCMF (South East Asia Regional Coordination Mechanism Forum) a regional body launched by SEA 11 Member States-India, Bangladesh, Bhutan, Democratic People's Republic of Korea, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Timor-Leste of SEA GF Constituency. The main mandate of SRCMF is to coordinate the National Malaria Elimination Programme at the Cross-border areas and the districts adjoining the international border. This mandate has been given to ensure the Cross border does not create an obstacle to achieve the malaria elimination goal of the Member countries of SEA Region.

He then introduced and welcomed the Moderator Dr Dipanjan Roy. After which Dr Jigmi Singay formally invited Dr Dipanjan and handed over the moderatorship to Dr Dipanjan Roy and requested him to conduct the webinar.

As per the agenda the moderator started the webinar by requesting the speakers to introduce themselves one by one. Following which moderator then request Dr Ferdinand Laihad, Resource Person SRCMF to take up the first session on Gaps in border areas Surveillance and M&E and What is needed.

2. GAPS IN BORDER AREAS SURVEILLANCE AND M&E – WHAT IS NEEDED

Dr Ferdinand Laihad

Dr Laihad started with Introduction to border area malaria and highlighted Guiding principle of WHO Cross-Border Collaboration to Secure a Malaria-Free South-East Asia Region:

1. Need for translation of political commitment into action on the ground.
2. Ensuring an objective-driven approach founded on evidence.
3. Ensuring that policy-makers/decision-makers/donors and partners recognize need to accelerate cross-border malaria elimination as a priority to contribute to the goal of a malaria-free South-East Asia Region by 2030 and achieve the SDGs.
4. Ensuring universal access to quality-assured malaria diagnosis, treatment and prevention for all including migrant and mobile populations and other key and vulnerable populations supported through uninterrupted supply of quality-assured commodities, maximizing utilization of health systems for planning, service delivery and reporting and strengthening systems along the border areas
5. Emphasis on a regional data sharing platform for border areas as context-specific surveillance and response, with special emphasis on disaggregated epidemiological analyses for:
 - (i) cases reported across borders;
 - (ii) transnational cases (reported from away from border to define “epidemiological clusters/blocks”.
6. Robust management of every focus along the border areas.
7. Establishing information and reporting systems as part of strengthening of surveillance systems to rapidly detect, investigate and respond to malaria cases and malaria foci, and to implement entomological surveillance systems to accelerate progress towards elimination

8. Acceleration of cross-border actions for epidemiological blocks/clusters through combinations of interventions adapted to the countries' conditions and by responding to local needs and priorities.
9. Country led and country owned actions, through inclusive multisectoral approach with active involvement of all sectors and communities
10. Establishing or strengthening regional mechanisms for collaboration, including subregional and local coordination, with the aim of fostering an enabling environment.
11. Fostering south-to-south collaboration.
12. Strengthening and scaling up partnerships with relevant actors for harmonized actions and better resource sharing
13. Capacity building and implementation research on cross-border actions towards maximizing progress towards elimination.
14. Harnessing innovation and best practices from other disease programmes.

He shared the following points from the Operational framework of WHO Cross-Border Collaboration to Secure a Malaria-Free South-East Asia Region

1. Maximize access to malaria interventions in border areas (within national boundaries)
2. Maximize malaria surveillance and response as well as M&E in border areas
3. Maximize cross-border coordination mechanisms that provide an enabling environment

He further added that cross-border malaria will continue to be a problem as long as there is malaria incidence between neighbouring countries. He gave following reasons why cross-border malaria is difficult to control:

1. the huge number of people crossing international boundaries to engage in a wide variety of activities;
2. most crossings of international borders occur informally through porous borders;
3. populations residing in the border areas comprising ethnic minority groups with limited formal education and few financial resources;
4. hard-to-reach populations typically impoverished and mobile, often being driven to more remote areas by marginalization;
5. a paucity of information on cross-border movement of people
6. inadequate health systems in many border areas.
7. Malaria does not respect national borders, which means that no country can achieve and sustain malaria elimination in isolation

He shared the Framework for cross-border malaria elimination:

- a. prevent and/or reduce transmission and disease burden, with special emphasis on minimizing risk of importation of malaria cases;
- b. prevent, and/or rapidly respond to, and control malaria epidemics; and
- c. prevent re-establishment of malaria transmission.

He shared the SRCMF Milestone and target

By 2022:

1. 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.
2. Country focal points for cross-border coordination at national/provincial/state/district levels designated.
3. Mapping of health facilities within 10 Km of the border, PoE (formal, informal), and key and vulnerable communities facilitated, and capacity building/communication needs assessed.
4. Sharing of malaria information through agreeable modes (including the SRCMF website) initiated.
5. Regional consultations on cross-border coordination participated/hosted by the GF SEA constituency with facilitation by the SRCMF and/or partner agencies organized.
6. Bilateral coordination meetings between adjoining districts organized.
7. Consultations with partners/donors held for support/exchange of information.
8. Advocacy with Parliamentarians, Legislators of Legislative Assembly/Provincial level government, leaders of the local governance structures, and other influencers initiated for cross-border coordination.
9. Resource mobilization strategy developed, and resource needs for cross-border coordination explored.

By 2024:

1. Set milestones and targets in country NSPs related to progressive/complete interruption of local transmission achieved.
2. Cross-border coordination strengthened with requisite capacities built at local level.
3. Mechanism for sharing relevant malaria information between countries established.
4. Advocacy and multi-sector collaboration enhanced for sustained commitments.
5. By 2025:
6. Set milestones and targets in country NSPs related to malaria elimination achieved with an optimized implementation of interventions and surveillance and M&E.
7. Functional cross-border coordination is an integral component of malaria elimination and prevention of re-establishment settings.
8. All Districts along the international border reached malaria elimination with no indigenous cases in the last 3 consecutive years according to WHO criteria.

He highlighted the borders areas Monitoring & evaluation activities to ensure the programs are working satisfactorily and to make adjustments if necessary to reach malaria elimination and prevention of re-establishment through:

1. Implementation of a mechanism for monthly data collection from international border areas and integration into national MIS.
2. Monthly monitoring indicators, annual evaluation, and regular supervision using tools available
3. Establishment of a mechanism for joint review, and field supervision
4. Promotion of border-relevant research
5. Synchronized monitoring and evaluation activities to be implemented for malaria elimination in both cross-border districts

His presentation touched upon the following Key performance indicators:

impact indicators

1. Malaria Case incidence: 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)
2. Malaria mortality: malaria deaths per 100,000 population - disaggregated by age (<5, 5-14, 14+ years, gender)
3. Malaria Test Positivity Rate - disaggregated by age (<5, 5-14, 14+ years, gender), species (Pf, Pv, mixed, others)
4. Number of foci by classification (active, residual non-active, cleared)
5. Number of districts in the borders areas that were malaria-free that have subsequently reported epidemiological link indigenous cases in the last 3 consecutive years.

outcome indicators

1. Annual Blood Examination Rate (%): Number of patients receiving parasitological tests in a year
2. Proportion of detected cases that contacted health services within 24 hours of the onset of symptoms
3. Proportion of cases who had treatment supervised
4. Proportion of population that slept under an ITN the previous night
5. Proportion of children under 5 who slept under ITN the previous night
6. Proportion of pregnant women who slept under ITN the previous night
7. Proportion of households with at least one ITN

Output indicators

1. Proportion of suspected fever cases that received a parasitological test - disaggregated by age, gender, type of testing, treatment site
2. Proportion of confirmed malaria cases that received first-line antimalarial treatment according to national policy
3. Number of cross notification cases and suspect cases.
4. Proportion of confirmed cases fully investigated and classified (in elimination settings)
5. Proportion of malaria foci fully investigated, classified and response (in elimination settings)
6. Number of LLIN's distributed to targeted risk groups through continuous distribution - disaggregated by pregnant women, children <5 years, key and vulnerable populations
7. Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns
8. Proportion of routine HMIS or routine reporting units submitting monthly/weekly reports on time according to national guidelines
9. Proportion of expected facility reports (for the reporting period) that are actually received
10. Proportion of personnel, HF/HW/HV with the public sector, NGO, and private sector on malaria elimination programme management and key national guidelines - disaggregated by type of sector)
11. Proportion of targeted population who have received malaria prevention and control messages (through any channel) during the reporting period
12. Proportion of districts that established multi-sector task forces

input indicators

1. Reaching national commitment and signing cross-border collaboration agreements on malaria elimination along the international border.
2. Technical Assistance to support Malaria elimination in the districts along the international borders.

He shared the following Recommendations:

1. obtain a cross-border collaboration agreement on malaria elimination at the district level in the area of the international border with the timeline.
2. Establish a joint bilateral coordination mechanism for addressing cross border malaria elimination and information-sharing network
3. WHO criteria for M&E to be recommended.
4. Existing technical assistance from WHO and other partners needs to be strengthened moving forward through SRCMF coordination.

Dr Dipanjan Roy thanked the speaker and emphasised the importance of putting a decision or plan into effect /action by planning effective implementation and review for success of any cross-border elimination strategies and action plans. He then invited the second speaker Dr Maria Mota Head of CDC Department Ministry of Health, RDTL for her presentation on Strengthening Surveillance and M&E to Support Cross Border Intervention

Dr Maria Mota

Dr Mota shared the background of malaria situation in Timor-Leste

1. Malaria was a major public health problem in the last 10 years
2. The Last Indigenous case reported in July 2017
3. Zero Malaria death reported since 2015 up to date
4. Zero Indigenous case for two consecutive years (2018 and 2019)
5. However, 2020 there was increased of cases in border area about 14 cases and out of 11 cases were recorded in Oe-cusse (3 indigenous cases and 4 introduce cases).
6. One severe malaria was detected in 2020
7. The strategy for Prevention of re-establishment of malaria 2021-2025 has been implemented in 2021.

The risk groups are:

- Timorenses : Businessman and extensive crossing in the border area (legal and illegal)
- Foreign: Migrants workers, Illegal crossing the border bring cases to country

Further she touched upon the Challenges/ Gaps

1. The Base Scoping Study carried out recently (October 2021 to March 2022)
2. MOU between MoH Republic Indonesia and MoH Democratic Republic of Timor-Leste on Health Cooperation 2019-2020 and communicable diseases (including malaria elimination) has expired in 2020. However, the extension was made in March 2022.
3. Developed joint action plan 2019-2020 was not implemented due to the COVID-19 pandemic situation. Lack of coordination between both countries.
4. There is no adequate mechanism for cross-border cooperation including regular exchange of information and notification on malaria and its situations, even when this activity is included in the joint action plan.
5. East Timor shares borders with Indonesia's West Timor, and there is a lot of unregulated movement across these borders, and West Timor is still in the control phase.
6. Joint cross border meetings (quarterly, semi-annual and annual meetings) from 2021-2022 was not implemented due to lack of coordination and follow up.

7. Malaria diagnosis and treatment centers strengthened at official border crossings and ports of entry including the airports and the port not yet fully functional.
8. Malaria leaflet on malaria diagnosis and treatment and prevention information to travellers not in Bahasa Indonesia.
9. Lack of coordination with local leaders and community members about risk of malaria from migratory population from other malaria risk countries.
10. Delay of the recruitment of a short-term TA to assist NMP, TL for cross border collaboration for malaria elimination this TA to assist only TL and cannot operate both countries.
11. Lack of coordination of malaria officers with local leaders and community members about malaria risk migratory population from other malaria risk countries.
12. To define an area (disputed land) specially in Citrana-Naktuka is Political issue and under process of high-level discussion. While this continues free access of persons from the malaria risk area at any point of time.
13. Limited vector control intervention are carried out in high-risk malaria Citrana-Naktuka
14. Most of the planned training programmes on surveillance and treatment could not be implemented in 2021 due to COVID 19 pandemic situation.
15. Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns
16. Proportion of routine HMIS or routine reporting units submitting monthly/weekly reports on time according to national guidelines
17. Proportion of expected facility reports (for the reporting period) that are actually received
18. Proportion of personnel, HF/HW/HV with the public sector, NGO, and private sector on malaria elimination programme management and key national guidelines - disaggregated by type of sector
19. Proportion of targeted population who have received malaria prevention and control messages (through any channel) during the reporting period
20. Proportion of districts that established multi-sector task forces

Following this she shared the way forward:

1. Sustained political commitment
2. Stronger cross border collaboration by implementing of Joint Action Plan and joint task force for malaria elimination and technical assistance for the cross border
3. Integrated vector borne control strategy led by integrated vector borne disease control unit in MoH for mounting more effective and sustained coordinated response.
4. Multi-sectoral actions.
5. Harnessing the technological innovation to eliminate Malaria and ensuring people and community's continuing engagement for these efforts.

The moderator thanks Dr Mota for a very insightful presentation and then invited Dr Nasrul Islam for presentation on addressing the gaps in border area Surveillance and M&E—opportunities and coordination

3. ADDRESSING THE GAPS IN BORDER AREA SURVEILLANCE AND M&E – OPPORTUNITIES AND COORDINATION

Dr Narul Islam shared Bangladesh commitment to eliminate malaria by 2030, pledging accelerated action and greater efforts at the sub-national and community levels. He highlighted National Strategic Plan 2021-2025 vision and goals of malaria free Bangladesh by 2030.

He further touched upon the 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
- API reduced to <1 per 1000 population in 03 CHT districts

By 2030

- Local transmission interrupted nationwide

He spoke on major achievements of NMEP from 2008-2021

1. 94 % case reduction
2. 93% death reduction
3. API reduced to 0.37
4. >85% access to treatment in community
5. Severe malaria 3% only
6. 12.7 million LLIN distribution
7. LLIN coverage 99.8% HH

He added that Bangladesh is on track to achieve malaria specific SDG targets and shared the core malaria activities of the NMEP

1. Diagnosis and treatment at the facility & community level
2. Lab diagnosis available at both facility and community level
3. Distribution and use of LLIN (mass & continuous distribution)
4. Awareness raising activities
5. Uninterrupted supply of drugs and diagnostics
6. Capacity building
7. Surveillance and M&E
8. Entomological surveillance
9. Operational research

He further shared following points for Joint coordination and collaboration at cross-border areas and districts:

1. Joint collaboration meeting in each quarter at identified sites at districts or upazila level
2. Discussion and action on roadmaps
3. Review of local malaria situation in each bordering districts
4. Prepare mutually agreeable package for cross-border collaboration with quarterly/monthly action plans with interventions directed at intensifying control, elimination or prevention of reestablishment tailored to local context
5. Synchronised LLIN distribution adjacent border areas on real time, case & focus investigation
6. Vector surveillance
7. Operational research
8. Periodic /seasonal screening of population of both countries visiting identified marketplace on certain designated days
9. Prioritise appropriate follow-up of the response to individual malaria cases crossing international borders

10. Involvement of civil society community network, non-health /private sector would be considered for supporting EDPT, IEC/BCC
11. Appropriate communication materials discussed and designed jointly

The Moderator thanked Dr Islam for his elaborate presentation and requested all the participants to share top three recommendations for improving cross-border area surveillance and M&E for malaria elimination on Mentimeter survey link displayed on the screen.

Following recommendations was received by participants for improving border area surveillance and M&E on Mentimeter survey:

1. Establish special surveillance in border areas/districts
2. Data driven decision and response and tailored approaches crucial to facilitate cross-border malaria elimination
3. Notify the case on both sides of the international border and establish mechanism for same
4. Screening of particular areas and entry points /PoE
5. Ensure EDCT (Early Diagnosis and Complete Treatment)
6. Robust multi-sectoral approach
7. Sharing malaria positive reports
8. Vector control interventions including Information on malaria epidemiology, entomology, case and foci data
9. Clear workflow of cases notification and data sharing platform
10. Sharing of positive malaria cases reports, formal/informal sharing of data, community participation and MoU between states/countries
11. Strengthening health system with trained health workers, well maintained infrastructure, reliable supply of medicines and technologies, and adequate funding, plans and evidence-based policies.
12. Commitment on malaria elimination along international border, exchange of data on positive cases and strengthen on quality services

CLOSING SESSION

In the closing session, the Executive Secretary thanked all the speakers for excellent presentations and all the participants for their active participation and valuable contributions. He also conveyed special thanks to the moderator for conducting the webinar efficiently and bringing it to a successful conclusion. The moderator formally closed the meeting at 12:30 pm IST.

Agenda

SRCMF Webinar Series No. 1

Malaria Elimination – Strengthening Surveillance and M&E to support Cross Border interventions

Date: June 17, 2022, 11:00 am – 12:30 pm (IST)

Time	Session	Responsible Person (s)
11:00-11:05	1. Introduction to Webinar a) Welcome remarks by SRCMF b) Introducing the moderator	-Dr Jigmi Singay, Executive Secretary Cum Coordinator, SRCMF
11:15-11:40	2. Gaps in border areas Surveillance and M&E – What is needed? a) What are the critical gaps in surveillance and M&E in border areas? b) Any newer approaches to malaria surveillance and M&E in borders areas? c) discussion to add to the list of gaps in border area surveillance and M&E -participants to contribute, especially from the local participants from countries	Facilitator/ Moderator -Dr. Dipanjan Roy Presenter – Dr Ferdinand Laihad / Ms Maria Mota
11:40-12:20	3. Addressing the gaps in border area Surveillance and M&E – opportunities and coordination a) Opportunities/ solutions to address the gaps in border areas malaria surveillance and M&E b) Good practices from countries in the region -Discussion c) How can we improve the coordination on malaria surveillance and M&E in border areas? -Mentimeter survey by participants d) Discussions	Facilitator/ Moderator -Dipanjan Roy Presenter – Dr. Md. Nazrul Islam
12:20-12:30	4. Conclusion a) Summary of the discussions / recommendations b) Open house for any other recommendations	Facilitator/ Moderator -Dr Dipanjan Roy

List of participants

SL	Name	Designation	Organization	Country	Email Address
1	Dr Helen Dewi	Delegate from Indonesia	NMCP	Indonesia	helendewi@yahoo.com
2	Dr Minerva Theodora	Delegate from Indonesia	NMCP	Indonesia	minervasima@gmail.com
3	Nur Asni	Delegate from Indonesia	NMCP	Indonesia	upnien@yahoo.co.id
4	Hariyanto	Delegate from Indonesia	NMCP	Indonesia	har96@ymail.com
5	Asih	Delegate from Indonesia	PR MoH	Indonesia	sugiarsih16@gmail.com
6	Awalludin Sutamihardja	Delegate from Indonesia	Technical Officer Malaria CCM	Indonesia	sutamihardja.ccm@gmail.com
7	Dr Herdiana	Delegate from Indonesia	WHO Indonesia	Indonesia	basrih@who.int
8	Dr Yohanes Ari Hermawan	Delegate from Indonesia	CSO Perdhaki - PR (Community for Malaria)	Indonesia	yohanes.arihermawan@gmail.com
9	Dr Naresh Kumar Gil	Deputy Director	NCVBDC	India	nareshgill.nvbdc@yahoo.com
10	Delegate from Arunachal Pradesh	SPO Arunachal	NCVBDC	India	apsvbdc@gmail.com
11	Dr. Tushar Acharyya	SPO WB	NCVBDC	India	dd_mal@wbhealth.gov.in
12	Delegate from Meghalaya	SPO Meghalaya	NCVBDC	India	meghs povbd@yahoo.in
13	Delegate from Manipur	SPO Manipur	NCVBDC	India	sponvbdcman@yahoo.co.in
14					
15	Dr. Ruplal Nunisa	SPO Assam	NCVBDC	India	ncvbdcassam@gmail.com
16	Dr Awadesh Kumar Yadav	SPO UP	NCVBDC	India	admalariaup@gmail.com
17	Delegate from Tripura	SPO Tripura	NCVBDC	India	sponvbdc.tripura2@gmail.com
18					
19	Delegate from Nagaland	SPO Sikkim	NCVBDC	India	sikkim_nvbdc@yahoo.co.in
20	Delegate from Nagaland	SPO Nagaland	NCVBDC	India	nagaspo_nvbdc@rediffmail.com
21	Delegate from Mizoram	SPO Mizoram	NCVBDC	India	nbvdc_mizoram@yahoo.co.in
22	Dr Sashi Kandel	Medical officer	Vector borne unit Epidemiology & Disease Control Division	Nepal	sawsee1985@gmail.com
23	Maria Do Rosario de Fatima Mota	Head of Communicable Diseases Control Department Division of CDC, Lahane Occidental	Ministry of Health, Communicable Disease Control Department	Timor-Leste	mariamota.nmp@gmail.com
24	Dr. Md. Nazrul Islam	M&E Expert	National Malaria Elimination & ATDC Program DGHS, Mohakhali, Dhaka	Bangladesh	islam_mn61@yahoo.com
25	Dr. Mushiqur Rahman	Epidemiologist	NMEP, DGHS	Bangladesh	mdmosiqur@gmail.com

26	Dr. Md. Mushfuqur Rahman	Programme Operations Advisor Communicable Diseases Programme	NMEP, DGHS	Bangladesh	mushfuqur.rahman@brac.net mushfuqur2003@yahoo.com
27	Tobgye	Program Analyst	Vector-borne Disease Control Program Gelephu, Sarpang	Bhutan	tobgye@health.gov.bt
28	Raul Sarmiento		National Malaria Programme	Timor-Leste	raul.sarmiento@mohdgf.com
29	Joana Dirciavb		National Malaria Programme	Timor-Leste	dirciajoana@gmail.com
30	Julia Rosario		National Malaria Programme	Timor-Leste	julia.rosario_015@ymail.com
31	Chico Reis	National M&E Consultant for the Division Global Fund		Timor-Leste	reis_84@yahoo.com
32	Ferdinand Laihad	Resource Person	SRCMF	Indone	fjlaihad1@gmail.com
33	Dr. Olavi Elo	Resource Person	SRCMF	Geneva	olavi.elo@gmail.com
34	Dr Dipanjan Sujit Roy	Resource Person	SRCMF	India	doc.pune@gmail.com
35	Dr. Jigmi Singay	Executive Secretary	SRCMF Secretariate	India	jjigmi2118@gmail.com
36	Ms Natasha Dawa	Program Officer	SRCMF Secretariate	India	dawanatasha@gmail.com