



India-Nepal bilateral local level meeting for cross-border malaria elimination.

28-29 July '23, Hotel Da Flamingo, Rupandehi, Nepal

Meeting Report

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EXECUTIVE SUMMARY

India-Nepal local level onsite bilateral meeting for cross-border malaria elimination was organized by South East Asia Regional Coordination Mechanism Forum (SRCMF) in Rupandehi, Nepal on 28-29 July '23. The inaugural session started with a welcome address by Dr. Binod Kumar Giri Provincial Health Director, Lumbini Dang, Nepal and ended with delivery of vote of thanks by Dr. Rajiv Jha, Director, Madhesh Province, Janakpur, Nepal

The objectives and expected outcomes of the meeting are as follows:

Objectives:

1. To appraise the meeting on the follow up of the recommendations of the last bilateral meeting.
2. To agree on the details of activities in the cross-border districts identified for malaria elimination
3. To agree on joint plan at the local/district level for harmonization of activities, M&E and review

Expected Outcomes:

1. To know the status of the previous meeting's recommendations.
2. Agreement on the details of activities in the cross-border districts identified for malaria elimination
3. Agreement on joint plan at the local /district level for harmonization of activities, M&E and review

The Business Session was chaired by Dr Rudra Marasini Director, Epidemiology and Disease Control Division, Government of Nepal, and leader of the Nepalese delegation, and was co-chaired by Dr. Vikas Singhal, Joint Director and SPO, Uttar Pradesh, India. Both delegation leaders thanked SRCMF on bringing delegates from NMEPs from India and Nepal together for continuing bilateral collaboration for malaria elimination.

Both countries agreed on ensuring universal access to malaria diagnosis, treatment and prevention for all e.g. migrant and mobile populations and other vulnerable populations, and on organising district-to-district coordination meetings quarterly for joint review and planning

The Chair formally closed the meeting at 4 PM IST.

Field visit was scheduled on second day for delegates to Sammarimai Rural Municipality Rupandehi and Health desk at PoE Belahiya, Rupandehi, Nepal. The Field visit ended after a debriefing meeting at 1:30 PM (NPT)

INAUGURAL SESSION

The inaugural session started with a welcome address by **Dr. Binod Kumar Giri Provincial Health Director, Lumbini Dang, Nepal**. He welcomed delegates from India and Nepal, partners from APLMA and Save the Children, resource persons and all the participants to the meeting and thanked them for taking the time from their busy schedules to attend this important meeting. He emphasized that cross-border intervention is critical to accelerating malaria elimination efforts, as no country can achieve and maintain malaria elimination status in isolation. He urged both countries to collaborate to accelerating malaria elimination efforts towards attainment of malaria elimination goals.

Dr Harsh Rajvanshi, Associate Director, Country Partnerships, APLMA underlined that COVID-19 has reminded us that we are living in an interconnected global village with a common stake, we must join hands to be prepared to meet the challenges. Movement of malaria across international borders poses a major obstacle to achieving malaria elimination. This was highlighted both in WHO Regional meeting of the national malaria programme managers in SEA Region in Colombo, Sri Lanka, 18–20 July 2023 and in the Asia Pacific Leaders Conclave on Malaria Elimination 2023, hosted by the Government of India in partnership with the APLMA in New Delhi on April 24, 2023. Access to malaria prevention and treatment services often is limited in border areas. Local level officials have the most important role to ensure the elimination by engaging communities/hard-to-reach populations in remote areas of cross-border areas/districts to address health related issues, adapt interventions to their needs to achieve positive health impact and outcomes. He highlighted the need for developing systems to capture all malaria cases reported across borders and those reported away from border to maximise cross-border coordination mechanisms. He apprised the meeting regarding the APLMA and SRCMF work on cross-border landscape study for strengthening cross-border collaboration between India and neighbouring countries (India-Bhutan-Nepal). This study will serve as knowledge resource to help align strategies and optimise intervention in cross-border areas/districts

Dr. Vikas Singhal, Joint Director and SPO, Uttar Pradesh, India reiterated the need for understanding the issues and cross-border malaria situation to design ways to prevent transmission in cross-border areas. He pointed out that cross-border importation of malaria has become a challenge to malaria elimination, and highlighted the importance of data sharing of imported cases/outbreaks with the adjoining cross-border districts' counterparts/nodal officers/focal points within NMEPs to facilitate cross-border cooperation.

Dr. Jigmi Singay, Executive Secretary, SRCMF welcomed all delegates from India and Nepal, representatives from Save the Children and APLMA, SRCMF Resource Persons and all the participants to the meeting. He apprised the meeting that Member States have been experiencing inadequate coordination in disease control and elimination programmes in the cross-border areas. To overcome this problem, the SRCMF (South-East Asia Region Coordinating Mechanism Forum), as a coordinating body in the Region focussing on the cross-border area, was launched on 30th October 2018 by the GF SEA (Global Fund South-East Asia) Constituency in the Pre-Board meeting held in Yangon. SRCMF mandates include strengthening Regional /bilateral cross-border coordination and facilitation, resource mobilisation, advocacy and assisting Member States ensure sustainability of GF programs through domestic as well as external resources needed to achieve the 2030 disease elimination goals and targets. SRCMF was registered in India in June 2020. He highlighted the importance of working together for elimination of malaria in cross-border areas/districts. Malaria control efforts in border regions have been impeded by poor access to health services and infrastructure and population movement. He underlined the importance strengthening district health system that provides basic primary health services down to the local level to improve health outcomes. He wished the meeting successful deliberations.

Dr. Ashok Kumar, Addl. Director cum SPO, Bihar, India emphasized the need for joint common program for cross-border malaria elimination along border areas/districts. He reiterated importance of data sharing platform to facilitate cross-border collaboration and improve surveillance and response capacity to achieve last mile of malaria elimination.

Dr Rudra Marasini, Director, Epidemiology and disease control division (EDCD), Nepal thanked SRCMF for organising this important meeting and bringing two countries' delegates and partners together to discuss critical issues, challenges and way forward for cross-border malaria elimination. Nepal is targeting malaria elimination by 2025. Imported cases from either of the countries can be a significant obstacle to achieving malaria elimination goal for either of the countries. Therefore, both countries need to work together to devise joint actionable plan for malaria elimination in cross-border areas/districts.

Dr. Rajiv Jha, Director, Madhesh Province, Janakpur, Nepal delivered vote of thanks and **expressed his deep** gratitude to delegates from India and Nepal, resource persons, partners and all the participants of the meeting for giving their valuable time to attend this meeting. He reiterated the importance of addressing cross-border malaria in order to achieve elimination. He added that this meeting is a platform to share and exchange information on malaria situation, gaps, and challenges and finding solutions.

BUSINESS SESSION

Dr Jigmi Singay, Executive Secretary cum Coordinator, SRCMF Secretariat briefly highlighted the objectives and expected outcomes of the Indo-Nepal local level bilateral meeting for cross-border malaria elimination.

Appointment of Chair, Co-chair and Rapporteur

Dr Jigmi Singay invited nomination for Chairperson, Co-Chairperson and Rapporteur for the meeting. Dr Rudra Marasini, Director, EDCD, Nepal and leader of Nepal delegation was appointed as Chair and Dr. Vikas Singhal, Joint Director and SPO, U.P, India was appointed as Co-Chair of the meeting. Dr Tara from Save the Children was appointed as the Rapporteur. Dr Jigmi Singay formally invited and handed over the Chairmanship to Dr Rudra Marasini and requested honourable Chair to take forward the agenda items of the business session

Adoption of Agenda

As per the agenda the Chairperson started the business session by inviting comments on the draft agenda. In absence of any comments the draft agenda was adopted.

The Chair then invited Dr Jigmi Singay to present the recommendations of the India-Nepal bilateral meeting held in Lucknow, Uttar Pradesh, India on 11 & 12 April 2022. Dr Jigmi Singay read out the recommendations and requested both countries to apprise the meeting on follow-up of the recommendations, achievement of the cross-border district Malaria Elimination in the meeting of 2022 and challenges faced and good practices to be promoted to accelerate Malaria Elimination in the cross-border districts.

1. Plenary presentation on ongoing cross-border collaboration between India and Nepal

BIHAR, INDIA

Dr. R.K. Yadav, DVBDSCO, Bihar, India gave a brief introduction of demography, epidemiology and malaria activities in border districts of Bihar (West Champaran, East Champaran, Sitamarhi, Madhubani, Supaul, Araria, Kishanganj) and highlighted the need for cross border collaboration.

Table 1: Demographic of border districts of Bihar

Districts	Population of Districts	Total No. of PHC	Total No. of HSCs	Total No. of Village	Country having international Border with Districts	No. of PHC attach to Border	Total No. of HSCs attached with Border	No. of Village attached to Border
Araria	3788054	9	205	823	Nepal	4	17	30
E. Champaran	7055715	27	405	2193	Nepal	6	12	28
Madhubani	5944437	21	229	1086	Nepal	7	117	284
Supaul	2799272	11	178	442	Nepal	2	8	21
Sitamarhi	4502675	17	208	835	Nepal	5	22	58
W. Champaran	5436089	18	554	1607	Nepal	5	175	758
Kishanganj	2086621	7	259	809	Nepal & Bangladesh	3	11	155
Total	31612863	110	2038	7795	Total	32	362	1334

Table 2: Status of malaria cases in Border districts of Bihar

Sl. No.	Name of Districts	Population	Test done in last 3 years				Positive Cases								Total Cases			
			2020	2021	2022	2023 (till June)	PV				PF				2020	2021	2022	2023 (till June)
							2020	2021	2022	2023 (till June)	2020	2021	2022	2023 (till June)				
1	Araria	3788054	1202	9537	1434	516	1	11	0	0	0	0	0	0	1	11	0	0
2	E. Champaran	7055715	470	1135	1263	725	2	2	5	7	0	0	1	8	2	2	6	15
3	Madhubani	5944437	1447	9132	3238	2608	14	6	8	1	4	4	15	22	18	10	23	23
4	Supaul	2799272	978	6784	2172	2402	1	8	9	6	0	0	3	6	1	8	12	12
5	Sitamarhi	4502675	15800	16364	16171	6917	0	2	3	3	0	0	0	0	0	2	3	3
6	W. Champaran	5436089	3028	3101	966	168	1	3	0	1	0	0	1	0	1	3	1	1
7	Kishanganj	2086621	2450	15669	5505	2982	3	0	8	3	1	1	1	2	4	1	9	5
Total		31612863	25375	61722	30749	16318	22	32	42	19	5	5	21	38	27	37	54	59

Though most of the cross-border border districts are non-endemic, there has been increase in total malaria reported cases from 2020 till 2023 (from 27 cases in 2020 to 59 cases in 2023).

Challenges:

- a) To search hidden cases of malaria and enhancement of surveillance activities.
- b) HSC level planning & strengthening.
- c) Sensitization of MO/ANM/ASHA/Paramedicals
- d) Fund for mobility and office strengthening.
- e) Assessment of vector density.

Why Cross border collaboration and proposed activities:

- a) Seven districts of Bihar share border with Nepal with unrestricted cross border movement of people of both countries thereby increasing risk of cross-border transmission of malaria.
- b) Implement of prevention and control malaria interventions at the borders to reduce the disease burden and improve the health status of the people.
- c) Control malaria in border areas and enhance collaboration and improving the health and economic status of the populations.
- d) India-Nepal porous border and unrestricted migration of people (reservoir) may enhance cross-border transmission.
- e) Selection of districts on either side of the border (between India and Nepal) will constitute an intervention cluster.
- f) Synchronisation of interventions and establishment of information exchange mechanism between the nodal points at the local level.
- g) District Nodal point and District Coordination Committee to oversee the process and progress of the programme.
- h) The District Health Authorities on either side of the border to communicate with their counterparts, using the easiest and most readily available means of communication, share essential information and hold meetings twice a year for an exchange of data and experiences
- i) Creation of a cross-border referral system in order to promote “access to treatment” and ensure availability of drugs in health facilities of the peripheral border areas.

- j) Enhance local partnerships and collaboration, utilising all resources available at the border areas including non-government and private sector services engaged in Malaria control activities
- k) Use of existing Mechanism/platform established for information exchange during India-Nepal Cross border meeting for Kala Azar/Malaria in 20th Nov.2017 may be considered to facilitate cross-border malaria collaboration and improve surveillance and response capacity.
- l) West Bengal shares porous international borders with Nepal and Bhutan, and additionally Siliguri also experiences large movement/migration with high number of malaria cases, highlighting need for strategic planning and actions.

UTTAR PRADESH, INDIA

Dr. Vikas Singhal, Joint Director and SPO, U.P. India shared information on 7 border districts of UP bordering Nepal (Bahraich, Balrampur, Kheri, Maharajganj, Pilibhit, Shravasti and Siddhartha Nagar) and presented monthly trend of malaria cases in cross-border districts from 2020 till June 2023.

Table 2: Cross-border district wise data of malaria cases as per UDSP (May to July 2023)

District	Public		Private		(Public + Private)	
	Total Test	Positive	Total Test	Positive	Total Test	Total Positive
Bahraich	0	0	0	0	0	0
Kheri	24665	13	57	0	24722	13
Maharajganj	4726	2	150	0	4876	2
Siddhartha nagar	50	0	5	0	55	0
Balrampur	22	0	3	0	25	0

- a) All the cross-border districts have shown decline in malaria cases.
- b) In Kheri districts, district 2 block (Palia & Nighasan) have open boundaries and can be at risk of probable transmission of malaria.
- c) No high-risk area for cross border malaria transmission was reported in Siddharth Nagar district however sporadic cases were reported in border areas blocks.

Strategies to strengthen cross-border surveillance:

- a) A combined surveillance team of "Vector Born Disease Control Program" related to the Health Departments of India and Nepal should be formed.
- b) Meetings related to vector control should be organized between India and Nepal from time to time.
- c) Intensive correspondence for complete treatment of malaria positive patients near border areas/dissects.
- d) Monthly bilateral meeting with neighbouring district level officers of both countries to exchange the data for further surveillance and take preventive measures and necessary steps on basis of the surveillance

NEPAL

Dr Gokarna Dahal, Chief NTD/VBD Section, Epidemiology and Disease Control Division, Ministry of Health and Population, Nepal presented a brief overview of demography and health systems of Nepal

Table 3: Analysis of imported & indigenous malaria cases in Nepal (2022)

Variables	Disaggregation by age, gender, service and species	Case classification	
		Imported N=476	Indigenous N=36
Gender	Male	436 (91.6%)	21 (58.3%)
	Female	40 (8.4%)	15 (41.7%)
Age-group	<5 years	0	1(2.8%)
	5-15 years	12 (2.5%)	6 (16.7%)
	>15 years	464 (97.5%)	29 (80.6%)
Service ownership	Public	396 (83.2%)	32(88.9%)
	Private	80 (16.8%)	4 (11.1%)
Species	P. Vivax	336 (70.6%)	33 (91.7%)
	P. Falciparum	116 (24.4%)	3 (8.3%)
	P. Ovale	7 (1.5%)	0
	Mixed	17 (3.6%)	0

Table 4: Malaria Risk Microstratification by province

Province	Malaria risk profile		
	High Risk Ward	Moderate Risk Ward	Low Risk Ward
Koshi	0	0	237 (100%)
Madhesh	0	2 (0.6%)	321 (99.4%)
Bagmati	0	0	365 (100%)
Gandaki	0	0	252 (100%)
Lumbini	2 (0.6%)	2 (0.6%)	312 (98.7%)
Karnali	6 (1.4%)	15 (3.5%)	409 (95.1%)
Sudur Paschim	14 (2.2%)	50 (7.9%)	566 (89.8%)
National	22 (0.9%)	69 (2.7%)	2,462 (96.4%)
National	50,026	153,700	9,936,724

Table 5: Imported malaria cases from India and other countries in 2022 and 2023

COUNTRY	2022	2023 (Till June)	Total imported malaria cases
India	415	175	590
Other Country	61	57	118
Grand Total	476	232	708

Figure 6: Imported malaria cases by Indian states

State	2022	2023	Total
Bihar	12	3	15
Chhattisgarh	1		1
Delhi	13	3	16
Goa	1		1
Gujarat	109	43	152
Haryana	3		3
Jammu and Kashmir	1		1
Karnataka	3	1	4
Madhya Pradesh	2		2
Maharashtra	227	114	341
Punjab	4	1	5
Rajasthan	5	2	7
Tamil Nadu	2		2

Uttar Pradesh	15	5	20
Uttarakhand	3	1	4
West Bengal	14	2	16
Total	415	175	590

Progress on malaria elimination

- Nepal is one of the E-2025 countries with indigenous cases less than 50 in previous 2 years
- Integrated Vector Borne Disease Program Review in May'23, MoHP committed to ensure Malaria; Kala-azar; Lymphatic Filariasis; Dengue recommendations are implemented.
- GoN/MoHP is taking initiative to become the PR of the Global Fund Grant and lead the Malaria Elimination initiative
- Plan to revise the National Malaria Strategic Plan with focus on Malaria Elimination and Prevention of Re-establishment
- Community focused activities to be initiated: Malaria free initiatives; interventions for migrant workers; collaboration for imported malaria at the local level; engaging FCHV on community-based malaria care.

Way forward for cross boarder malaria:

- Malaria Slide banking (field visits, slide preparation)
- Data base preparation and access to both sides (through focal persons)
- Surveillance on both cross-border sides, entomological surveillance and database sharing
- Expert meeting (virtual), quarterly and sharing lessons and experiences. (cases-where most of the travelers are linked with ia. water jet company- workers)

2. Plenary presentation on Group Work

Two groups were formed Group 1: Bihar districts and Madhash Province and Group 2: UP and Lumbini Province

The group work focused on:

- Identification & finalization of corresponding cross-border districts on both sides of border
- Joint planning and implementation of cross-border activities at local level along international border at the same time.
- Sharing names of the focal/contact point at local, district and state level

The groups prioritized following key areas for cross-border coordination and collaboration:

- Nodal officers at provincial level on both sides were identified as Focal points
- Initiation of WhatsApp, email, district-level coordination committees for data sharing and local action
- Strengthening surveillance to allow timely identification of imported cases and sources of transmission, cross border notification and exchange of information for timely response.
- Identify mechanism to coordinate imported cases and malaria foci, cases reported from locations away from border (eg. Maharashtra and Gujrat)

3. Presentation on Health System Strengthening along border areas/districts

Dr Olavi Elo, Recourse Person SRCMF highlighted following points on HSS along border areas/districts:

- To achieve elimination of malaria and other communicable diseases, cross-border challenges must be addressed these include health system weaknesses in border districts, where access to prevention and treatment and integration of health and social services may be missing.
- Health infrastructure in the border districts is usually inadequate in terms of workforce, quality, and often irregular, interrupted and short supply. Information available from the surveillance may not be readily available for use in planning adequate response

- c) Living conditions, particularly of mobile and migrant populations, may be substandard and crowded resulting in increasing disease transmission. Engagement of people may not be adequate due to missing community coherence and lack of adequate information.
- d) To reduce disease burden in cross-border context needs effective cross-border collaboration and synchronisation of activities, integrated health system and facilities, a high-quality surveillance system, a clear strategy to reach vulnerable people, and timely communication and response.
- e) The strategy and action plan has to focus on strengthening malaria elimination within the One Health framework of integrated health and other related services reaching vulnerable populations, and the access to those services in cross-border context.
- f) Political commitment at national, state and district levels, facilitating development of cross-border policies for collaboration and coordination and for implementation of joint result-oriented actions needs to be complemented by ensuring that organized civil society and affected communities are included as key partners in decision-making.

4. Recommendations of the meeting were as below:

National Programs:

- a) Ensuring universal access to malaria diagnosis, treatment and prevention for all e.g., migrant and mobile populations and other vulnerable populations
- b) Creation of a cross-border referral system to promote access to treatment and ensure availability of drugs
- c) District-to-district coordination/collaboration meetings quarterly for joint action plan and review, monthly? which will be reviewed periodically
- d) To enhance local partnerships and collaboration, utilising all resources available at the border areas including non-government and private sector services engaged in malaria control activities

SRCMF:

- a) Facilitate information and data sharing between two National Malaria programmes on both sides of the international border.
- b) Facilitate organisation of meetings, one face to face in a year and one virtual every five months, between the two programmes at the local level, and consider involving officials from Maharashtra and Gujrat and West Bengal (Siliguri) for implementation of joint activities at local and district level.
- c) Similar cross-border mechanism to be established for other vector borne diseases other than malaria between the two countries
- d) Mobilise external resources required for additional activities in districts with maximum numbers of imported cases.
- e) One face to face bilateral meeting to be organised in Pokhara in near future to review and discuss further PoE and screening facilities on both sides of border.

5. Date of next meeting

Next bilateral meeting to be virtual and SRCMF to finalised date in consultation with both the NMEPs.

6. CLOSING

In the closing session, the Executive Secretary SRCMF thanked the delegates and all the participants for their active participation, valuable guidance and suggestions. He also thanked Chair and Co-chair for conducting the meeting efficiently and bringing it to a successful conclusion. He conveyed special thanks to APLMA and Save the Children for partnership and support. The Chair then thanked the delegates for their active participation and very productive deliberations and thanked SRCMF team for their efforts to improve Coordination between two national programs to work together for malaria elimination.

The Chair formally closed the meeting at 3 PM IST.

FIELD VISIT SCHEDULE

GROUP 1

Day 2: Saturday 29 July '23		
Time (NPT)		Responsible person(s)
09:30	Travel from Hotel Da Flamingo to Sammarimai Rural Municipality Rupandehi	SRCMF Secretariat/Kedarnath Sah
10:30-12:00	Visit Majhgaunwa HP Kotihamami and interact with the team	Kedarnath Sah/ Dr. Madan Koirala
12:00	Return to Hotel Da Flamingo	
1:00-1:30	Meeting conclusion and debrief among team in conference Hall Samaya-2, Fifth Floor, Hotel Da Flamingo, Rupandehi, Nepal	- Dr. Rudra Marasini - Dr. Vikas Singhal
1:30	Lunch Hotel Da Flamingo	

GROUP 2

Day 2: Saturday 29 July '23		
Time (NPT)		Responsible person(s)
09:30	Travel from Hotel Da Flamingo to health desk at PoE Belahiya	SRCMF Secretariat/Kedarnath Sah
10:30-12:00	Visit health desk at PoE Belahiya and interact with the health desk team	Dr Gokarna Dahal
12:00	Return to Hotel Da Flamingo	
1:00-1:30	Meeting conclusion and debrief among team in conference Hall Samaya-2, Fifth Floor, Hotel Da Flamingo, Rupandehi, Nepal	- Dr. Rudra Marasini - Dr. Vikas Singhal
1:30	Lunch Hotel Da Flamingo	

AGENDA

Day 1: Friday 28 July'23		
Time (NPT)		Responsible person(s)
08:30-9:00	Registration	SRCMF Secretariat
Inaugural Session		
09:00-09:05	Welcome address by Provincial Health Director, Lumbini Dang, Nepal	Dr. Binod Kumar Giri
09:05-09:10	Address by Associate Director, Country Partnerships, APLMA	Dr Harsh Rajvanshi
09:10-09:15	Address by Joint Director and SPO, Uttar Pradesh, India	Dr. Vikas Singhal
09:15-09:20	Address by Executive Secretary Cum Coordinator, SRCMF Secretariat	Dr Jigmi Singay
09:20-09:25	Address by Addl. Director cum SPO, Bihar, India	Dr. Ashok Kumar
09:25-09:30	Welcome Address by Director, Epidemiology and Disease Control Division, Government of Nepal	Dr Rudra Marasini
09:30-09:35	Vote of thanks by Director Madhesh Province, Janakpur, Nepal	Dr. Rajiv Jha
09:35-10:00	Group Photograph followed by coffee/tea break	
Business Session		
10:00-10:05	Nomination of Chair and Co-Chair	Dr Jigmi Singay
10:05-10:10	Adoption of Agenda	Chair
10:10-11:00	1. Plenary presentation on ongoing cross-border collaboration between India and Nepal: a) Follow up of the recommendations of the last bilateral meeting held on 11-12 April 2022, Lucknow, Uttar Pradesh, India. b) Achievement of the cross-border district Malaria Elimination in 2022. c) Challenges faced and good practices to be promoted to accelerate Malaria Elimination in the cross-border districts. - Discussion	Chair - India - Nepal
11:00-12:00	2. Group work on: a) identification & finalization of corresponding cross-border districts on both sides of border for: b) Joint planning and implementation of cross-border activities at local level along international border at the same time. c) Sharing names of the focal/contact point at local, district and state level.	Chair Nepal & India
12:00-1:00	3. Plenary presentation on: a) Names of corresponding cross-border districts on both sides of border. b) Joint planning and implementation of cross-border activities at local level along international border at the same time. c) Names of the focal/contact point at local, district and state level. - Discussion	Chair India & Nepal
01:00-2:00	Lunch break	
02:00-2:30	4. Presentation on Health System Strengthening along border areas/districts - Discussion	Chair - Dr Olavi Elo - Prof. Dr Prakash Ghimire
02:30-2:35	5. Date of next meeting	Chair Nepal & India
02:35-2:40	6. AOB	Dr. Jigmi Singay
Closing session		
02:40-3:00	7. Closing	Chair - Delegation Heads

		<ul style="list-style-type: none"> - Any other delegates - Dr. Jigmi Singay - Chair
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Annexure: 3

LIST OF PARTICIPANTS

SN	Name	Designation	Organization	Country	Email Address
Delegation from India					
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Delegation from Nepal					
1	Dr Rudra Marasini	Director	Epidemiology and disease control division (EDCD)	Nepal	drmarasinirp@gmail.com
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5	Dr. Jagdish Joshi	Provincial Health Director, Doti, Dipayal	Sudurpaschim Province	Nepal	drjoshijagadish@gmail.com
6	Dr. Binod Kumar Giri	Provincial Health Director	Lumbini Dang, Nepal	Nepal	giribinodkumar11@gmail.com
7	Mr. Kedar Nath Shah	District VBDs FP	Rupandehi	Nepal	Kedarshah74@gmail.com
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