



**Report of the 8th Biannual SRCMF Regional Meeting
23-24 August 2023, ICIMOD, Kathmandu, Nepal**

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EXECUTIVE SUMMARY

The South East Asia Regional Coordination Mechanism Forum (SRCMF) organized its 8th biannual SRCMF Regional Meeting in ICIMOD, Kathmandu, Nepal on 23 & 24 August '23. Meeting was chaired by Dr Rudra Marasini, Director, Epidemiology and Disease Control Division (EDCD), Nepal for the first day and Dr Chuman Lal Das, Alternate Member SRCM and Division Chief, Health Coordination Division, MoH & Population, Govt. of Nepal Chaired the meeting on the 2nd day. Nine out of 11-member country delegates participated in the meeting. The participant list is attached in annexure 2. The meeting was also attended by donor-RBM Partnership to End Malaria; partners-WHO, APLMA/APMEN, The Union South East Asia Office, RTI International and PATH, potential partners - Dure Technologies and The International Centre for Integrated Mountain Development (ICIMOD) and Resource persons.

Objectives and expected outcomes of the meeting:

Objectives:

1. To review the implementation status of SRCMF workplan from Jan - Nov 2023;
2. To present resource mobilization status;
3. To review malaria elimination progress in cross-border areas/districts in the SEA Region;
4. To reviews activities planned & implemented to safeguard malaria elimination status in cross-border areas/districts.

Expected Outcomes:

1. Status of implementation of SRCMF workplan from January-November 2023 reviewed;
2. Resource mobilization status presented;
3. Malaria elimination progress in cross-border areas/districts in the SEA Region reviewed; and
4. Implementation status of activities planned & implemented to safeguard malaria elimination status in cross-border areas reviewed.

The meeting appraised the members on the follow-up of the recommendations of the 7th SRCMF meeting; gave update on the implementation progress of ongoing RBM/UNOPS Grant; apprised the meeting on districts identified for cross-border collaboration and also on main issues highlighted in bilateral meetings. The Secretariat also briefed the members on resource mobilisation status; planned new activities and suggested potential partners for future collaboration.

The delegates from Member Countries and Partner Organizations appreciated SRCMF organizing the meeting and commended the progress made so far in cross-border collaboration between the countries in SEA Region. The meeting gave certain directives and recommendations for the secretariat especially on resource mobilisation and asked it to follow up and report in the next SRCMF meeting. The meeting advised the SRCMF to initiate dialogue at the highest level for strong political commitment from governments to support cross-border elimination efforts, funding and collaboration and mobilise financial resources through domestic and international donor funding. Global Fund was advised to allocate funds to strengthen cross-border activities.

The recommendations were presented by the Rapporteur in the closing session. The meeting ended with closing remarks from the Chairperson at 1 pm (NPT) on 24 August '23.

1. INAUGURAL SESSION

The 8th Biannual SEA Regional Coordination Mechanism Forum (SRCMF) Meeting started with **welcome address by Dr Sangeeta Mishra, Additional Secretary, Ministry of Health and Population, Government of Nepal**. She welcomed the distinguished SRCMF Members, Alternate Members and CCM coordinators from participating members states (Bangladesh, Bhutan, India, Indonesia, Maldives, Nepal, Sri Lanka, Thailand and Timor-Leste), the donor, partners and resource persons and thanked everyone for attending the meeting in spite of their busy schedules. She reiterated that countries sharing porous borders with malaria-endemic countries will always face risks of imported malaria transmission by people crossing the borders from both sides. Movement of malaria across international borders poses a major obstacle to achieving malaria elimination in SEA Region. Therefore, all countries need to put in concerted and concentrated efforts and agree on unified strategies to address cross-border transmission. Hard-to-reach, vulnerable and cross-border communities are often disproportionately affected and need special focus. Multistakeholder engagement, resource mobilisation and community engagement, and political will is essential. She highlighted the need for exchange of epidemiological data, best practices and lessons learnt to enable member countries to identify potential disease outbreaks and implement prevention measures and strengthen prevention, diagnosis, treatment and service delivery. She reiterated that unique perspectives and insights of participants will be valuable as we work towards identifying sustainable solutions that transcend geographical limitations.

Dr Rajendra P Joshi, Board Member, GF SEA Constituency and DDG Central TB Division, MoHFW, Govt. of India underlined that SRCMF is a unique regional mechanism for looking at aspects of health which was long overdue. COVID-19 pandemic taught us that diseases don't respect borders, we need understanding of risks and measures required to address them. These are times when a lot of travel is happening across borders at both intra- and international levels. It is our responsibility to see that seamless communication and information sharing allows for timely support and patient care. Technological innovations are available now for use across the continuum of the disease response which can help us. We need to learn from best practices from individual countries instead of working in isolation. India is leading G20 this year with theme, "One earth, one family and one future". It is very apt for SRCMF to continue its work on cross-border coordination to address the challenges posed by cross-border malaria transmission and become trend setter for whole of the Region

Dr Kamini Mendis, Resource Person, SRCMF 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 South-East Asia Regional Coordinating Mechanism Forum focussing on the cross-border areas was launched on 30th October 2018 by the Global Fund South-East Asia (GF SEA) Constituency in the Pre-Board meeting held in Yangon. SRCMF was registered as a national NGO on 18 June 2020, a parastatal body formed by Governments to directly support National programmes for three diseases (Malaria, TB and HIV/AIDS). The mandate of the SRCMF is focused on facilitating, coordinating and advocating regional coordination in SEA for acceleration of malaria, HIV and TB programmes, with special emphasis on cross-border

collaboration. SRCMF has made a difference at grassroot level in border districts. She added that cross-border has become a buzz word in health today, all health programs, UN agencies and partners are emphasising on cross-border collaboration. No initiative on health today is complete without real time data sharing, and cross-border platform and synchronisation. This is the extent to which the profile of cross-border has been raised. Looking back, we have been talking of cross-border collaboration for as far back as we can remember, we are really glad we are finally coming to grips with cross-border disease control and getting some real traction in this Region. No matter how well the reduction in disease incidence succeeds, if there is transmission across the border from neighbouring countries you can't get WHO certification of elimination. Three countries in SEA Region - Bhutan, Nepal and Timor-Leste expect to eliminate malaria in next 2 years and all three countries have land borders with neighbouring countries, which could be a big challenge.

Dr. Melanie Renshaw, Co-Chair, Country and Regional Support Partnership Committee (CRSPC), RBM Partnership to End Malaria, congratulated member countries who worked on developing GF malaria application requests, noting the positive feedback from the GF technical review committee. She reiterated that there are key gaps in malaria financing and countries are struggling to sustain malaria interventions, largely due to the impact of the ongoing global financial crisis. She added that weak global economy and high inflation have increased both the cost of commodities and their delivery. She highlighted the need to ensure all countries have sufficient financing for the cross-border collaboration efforts as cross-border transmission will have an impact on everybody in the Region. Countries should explore opportunities including for increased public domestic financing at country and regional level, increased private sector financing, integrated health systems strengthening, expanded health insurance to expand malaria intervention coverage, Work is ongoing on climate change impact on malaria, such as flooding recently experienced by Vietnam, and countries may consider inclusion of malaria control and elimination into their climate change agenda. Malaria is a pathfinder for health systems strengthening, increasing quality of care including for the last mile, and improving the overall pandemic preparedness and response.

Chief Guest Dr. Roshan Pokhrel, Secretary, Ministry of Health and Population, Govt of Nepal reiterated that every country has done well in controlling malaria, however, border malaria transmission across shared land borders between neighbouring endemic countries poses a major obstacle to achieving malaria elimination in countries. Malaria elimination will depend on early attention to border malaria. He hoped that the meeting will contribute to providing countries with guidance on how to move ahead in malaria elimination. He appreciated SRCMF's work in cross-border areas/districts and wished the meeting fruitful deliberations and a successful outcome.

Dr Dipendra Raman Singh, Director General, Department of Health Services, Ministry of Health and Population, Government of Nepal thanked all distinguished speakers for their inspirational Inaugural addresses and commitment to support endeavours of SRCMF. He thanked imminent delegates from member countries, partners and resource persons for their support and for attending the meeting in spite of their busy schedules. He reiterated that this meeting is an important forum to share experiences and find solutions to mitigate challenges to eliminate the three diseases in the SEA Region. Communicable diseases do not know boundaries and all need to come together and find combined solutions to eliminate the three diseases. He thanked SRCMF for organising this important meeting and choosing Kathmandu as host city. He looked forward to deliberations, recommendations and way forward.

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 Rudra Marasini, Director, EDCD, Govt of Nepal as the Chairperson and Mr. Md Saidur Rahman, Member SRCMF, Additional Secretary (WH) and Bangladesh Country Coordinating Mechanism (BCCM) Oversight Committee Chair as the Co-Chair. The meeting also nominated Dr Phusit Prakongsai, Executive Secretary of Country Coordinating Mechanism (CCM) Thailand as the Rapporteur of the Meeting.

2.2 Adoption of Agenda

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

3. Country presentations on malaria elimination progress in cross-border areas/districts

3.1 Bangladesh

Bangladesh delegate shared the report on malaria situation in Bangladesh from 2013 to July 2023 and major achievements of National Malaria Elimination Program (NMEP) from 2008-2022 - reduction of cases, deaths and API and increase in access to treatment in community, LLIN distributed and coverage. He also apprised the meeting on border crossing points/Point of Entry (POEs) at malaria endemic and non-endemic bordering Upazilas.

He apprised the meeting that among the 8 administrative divisions of Bangladesh, 6 share borders and all 13 malaria endemic districts are bordering with India & Myanmar spanning about 4,300 KMs.

He shared the outcomes of the India-Bangladesh cross-border meeting held in Agartala, Tripura, India on 6 Feb 2023

- a) Following Pilot districts were identified for cross-border collaboration:
 - (i) Bangladesh: Khagrachari (Ramghar, Panchari, Matiranga and Dighinala upazilas) and Netrakona (Durgapur and Kalmakanda upazilas)
 - (ii) India: Sabrum/Magrum, Amarpur, Dhalai and South Garo Hills
- b) Focal points for the respective districts and Upazilas identified (Civil Surgeons and UH&FPOs)
- c) WhatsApp group of focal points for sharing monthly data (template to be prepare)
- d) Quarterly meeting with participation of officials at all levels
- e) Simultaneous screenings at border villages
- f) Vector interventions

Way forward

- a) Implement decisions taken during the last Bangladesh and India cross-border meeting held in Agartala, Tripura on 6 February 2023
- b) Explore possibility for cross-border collaboration between Bangladesh and Myanmar

3.2 Bhutan

Bhutan delegate apprised the meeting that 95% of Bhutan's malaria cases are confined to border areas and highlighted the importance of cross-border collaboration and information sharing at ground level for malaria elimination. He shared the operational plan for cross-border collaboration for malaria elimination between Bhutan and India with milestones, targets and key indicators for 2022 to 2030. He added that both National Programmes have agreed to maintain 5KM radius buffer zone for cross-border interventions & mapping of health facilities on both sides along Assam and West Bengal border health facilities and cross-border villages. He also apprised the meeting on progress of cross-border collaboration with Assam and West Bengal and follow-up joint actions.

He also shared the current Foci of malaria by districts from 2014 - 2022 and geographical risk map of vector borne diseases in Bhutan

He shared following cross-border initiatives & recommendations:

- a) Cross-border familiarization visit initiated in all adjoining areas
- b) Information sharing of the core vector control measures (LLIN distribution & IRS) and timing
- c) Immediate information sharing of malaria and initiate case finding simultaneously in both areas
- d) Malaria case treatment, referral and follow-up
- e) Joint coordination of IEC and BCC at the border level

He highlighted the benefits achieved from India-Bhutan cross-border collaboration:

- a) Malaria case referral and follow up established.
- b) Immediate case notification and joint coordination on surveillance identified and contained the outbreak.
- c) Core interventions, LLIN mass distribution and focal IRS information shared.
- d) Step up of IRS in all malaria case areas and not based on API.
- e) Improved health officials' rapport along the border areas.

New Initiatives

- a) Random screening of the day workers coming from across the border
- b) Initiated proper case referral, handing and taking over across the border
- c) Joint fever surveillance along the border villages

Opportunities

- a) Both countries are working towards achieving the regional goal of malaria elimination by 2030 (India) and 2025 (Bhutan)
- b) Political drives for elimination of malaria and good relationship
- c) Government of India continues to fund malaria program in Bhutan
- d) Good people to people contacts across border
- e) Small initiatives across border will see impact

Challenges

- a) Political commitment - competing priorities, advocacy, leadership
- b) Technical advisory supports from WHO & other agencies
- c) Continued financial support from WHO/GoI other donor agencies
- d) Commitment and ownership at implementation level

Way forward

- a) Continue sharing the information and case finding along the border
- b) Working together with private partners
- c) Joint operational research on malaria parasites with focus on finding asymptomatic carriers across the borders

3.3 India

Delegate from India highlighted its impressive reduction in reported cases and deaths which has built a momentum to reach the goal of zero indigenous malaria cases. Focus is now on cases in tribal pockets, urban areas and cross-border hard-to-reach areas. He apprised the meeting on web-based online reporting for M&E, malaria elimination program under Integrated Health Information Platform. Also, India is in process of developing National Strategic Plan (NSP) for 2023-2027 with focus on various parameters for working towards elimination along with cross-border issues.

He apprised the meeting on various bilateral meetings conducted at National, State and District level between India-Nepal, India-Bhutan and India-Bangladesh with counterparts of adjacent border districts on joint action plan and implementation of agreed activities at field level with support from SRCMF. With Nepal and Bhutan targeting for malaria elimination by 2025 strengthening of information sharing between bordering malaria endemic districts has become all the more important.

He shared some of the joint activities initiated in cross-border districts - IRS, LLIN distribution in endemic areas, joint M&E and vector surveillance. Strengthening of vector prevalence surveillance in entomological zones along border areas is ongoing. Diagnosis and treatment guidelines as per WHO standards are followed so that infected patients get the same standardised treatment across border. Key interventions considered include screening of population at international border, sharing of information and training of security personnel at international border, logistic management systems to assure diagnosis at health facility at cross-border high endemic areas with interventions by ASHA's for early diagnosis and treatment. However, there are challenges in terms of available domestic resources and external funds for planned activities at districts. He informed the meeting that India is considering sub-national malaria elimination certification which will assist in gathering elimination evidence and expertise for national scale up.

3.4 Indonesia

Delegate from Indonesia shared intervention/activities on malaria elimination by phases (acceleration, intensification, elimination and maintenance) and malaria elimination road map for WHO Malaria elimination certification by 2030.

Four provinces with high malaria endemic districts:

- a) Papua
- b) West Papua
- c) NTT (Sumba Island)
- d) East Kalimantan (PPU)

He apprised the meeting of MOU signed between Ministers of Health of the Republic of Indonesia and Ministers of Health of the Democratic Republic of Timor-Leste on Health Cooperation virtually on 4 February 2022.

- a) Assessment has been done in November to December 2021 for the baseline and planning.
- b) UGM research operational meeting on the topic of improving malaria surveillance at cross border areas. Malaria situation by the two countries' ministries of health.
- c) Govt of Indonesia and Govt of Timor-Leste will share their assessment results for joint action plan.

She shared names of state/districts along international border:

Indonesia (Districts)	Timor-Leste (Districts)
Malaka	Covalima
Belu	Bobonaro
Kupang	Oecusse
Timor Tengah Utara	Oecusse
Timor Tengah Selatan	Oecusse

Cross-border malaria elimination plan:

- a) MoU between Ministry of Health 2022 (Done)
- b) Joint Action Plan 2024 (On progress)
- c) Integrated malaria program services 2024(On progress)
- d) Target: Integrated malaria Program Services in cross border area

- e) Key performance indicators:
 - (i) Impact indicators (API < 1, zero mortality related to malaria)
 - (ii) Output indicator (% laboratory confirmation, % treatment of malaria cases, % epidemiological investigation of cases)
 - (iii) Process indicators (Frequency of regular meetings between Indonesia-RDTL, (availability of trained staff in case management, laboratory and surveillance at health centre)

Update on proposed cross-border collaboration with activities.

- a) Regular meeting at district
- b) Capacity building at border areas
- c) Cross notification through migration surveillance
- d) Follow up of treatment in both sides
- e) Monitoring for Artemisinin and insecticide resistance
- f) Synchronizing the management of the use of insecticide
- g) Synchronizing the use of antimalarial drugs
- h) Joint epidemiological investigation
- i) EIC in local language and in socio-cultural context

3.5 Maldives

Delegate from Maldives shared that Maldives was certified malaria free in 2015. No indigenous cases reported since 1984. Anopheles vectors *An. tessellatus* and *An. subpictus* are reported to have been eliminated since 1991. Imported Malaria Cases (Mostly 1-2 cases)/ however as of July 2023 no cases were reported.

Surveillance

- a) Vector surveillance is intergraded with other VBDs
- b) Malaria disease notification is integrated into the national CD surveillance system

Vector control

- a) CHWs trained in all inhabited islands
- b) Ports
- c) Resorts
- d) Vector control activities are mandated to councils under technical guidance of HPA

Challenges

- a) Limited human resource and capacity/ losing skills
- b) Drugs and RDT supply
- c) Risk of re-introduction (cross border) of malaria vector
- d) Migration, crowded living environment (inbound, receiving country for migrants)

Proposed regional activities through SRCMF

- a) Mechanisms to support pooled procurement assistance for antimalarials and RDTs
- b) Coordinate/support development of regional level, M&E tools to stay malaria free and maintain elimination status
- c) Regional level support for HR and Capacity building on public health entomology

3.6 Nepal

Delegate from Nepal gave an overview of health system, malaria disease trend, species distribution (Pf 27%, PV 72% and P.ovale 1%:) in 2022 and malaria case classification .

Variables	Disaggregation	Case classification
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		Imported cases (N=476)	Indigenous cases (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	<i>P. Vivax</i>	336(70.6%)	33(91.7%)
	<i>P. Falciparum</i>	116(24.4%)	3(8.3%)
	<i>P. Ovale</i>	7(1.5%)	0
	Mixed	17(3.6%)	0

Of total 590 imported cases reported from states of India, 152 were from Gujarat and 341 from Maharashtra in 2022 and 2023.

Progress on Malaria Elimination:

- a) Nepal is one of the E-2025 countries with less than 50 indigenous cases in previous 2 years
In May 2023 Integrated Vector Borne Disease Program Review was conducted and MoHP is committed to ensure the recommendations on Malaria; Kala-azar; Lymphatic Filariasis; Dengue are implemented
- b) Government of Nepal (GoN)/ Ministry of Health and Population (MoHP) is taking initiative to become the Principal Recipients (PR) of the Global Fund Grant and lead the Malaria Elimination initiative
- c) Plan to revise the National Malaria Strategic Plan with focus on malaria elimination and prevention of re-establishment
- d) Community focused activities to be initiated which includes malaria free initiatives, interventions for migrant workers, collaboration for imported malaria at the local level, engaging FCHV on community-based malaria care.
- e) Bilateral cross border meeting with India counterpart is ongoing since 2022. Recent Indo-Nepal local level cross boarder meeting ended with some important consensus.

Indo-Nepal cross boarder Meetings way forward:

- a) Database preparation and access to focal persons on both sides
- b) Joint disease Surveillance, entomological surveillance and database sharing on both sides of cross-border
- c) Regular quarterly meeting and sharing lesson learned and experiences

3.7 Sri Lanka

Delegate from Sri Lanka presented on current situation and trend of malaria in Sri Lanka.

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

Sri Lanka achieved Malaria free certification in 2016. Only one introduction case (2018) and one transfusion induced case (2021) was reported until now. Proportion of origin of imported malaria cases has shifted from India to African Region since 2020

Objectives of Anti-Malaria Campaign:

- a) Prevent re-establishment of Malaria in Sri Lanka

- b) No deaths due to malaria in Sri Lanka

Key intervention

- a) Early detection of imported malaria cases
- b) Standard case management and follow up
- c) Prophylactic medication to overseas travelers
- d) Awareness through Social marketing campaign – PROMIS initiative
- e) Parasitological and Entomological surveillance and rapid response systems
- f) Information system – DHIS 2 & Google Data studio

Key support areas and facilitation expected from SRCMF:

- a) Pooled procurement of anti-malarial drugs for regional countries
- b) On-line procurement of anti-malarial drugs
- c) Emergency anti-malarial drugs regional stores to be established to support countries who need small quantities of drugs
- d) Strengthen GIS-based information system for real-time data sharing between regional countries. This will help to identify areas that need more attention
- e) Continue external funding support for countries even after achieving the elimination status
- f) Share cost-effective experiences /best practices among countries of the SEAR
- g) Design online malaria training module for clinicians to see malaria cases after elimination

3.8 Thailand

Delegate from Thailand shared the malaria situation in Thailand from June 2022 to May 2023:

- a) 2.8-fold increase in *P. vivax* (up from 4,315 cases to 12,055 cases)
- b) 3.3-fold increase in *P. falciparum* (up from 94 cases to 311 cases)
- c) 1.3-fold increase in the number of active foci (523 to 660)

The majority of cases were clustered at the Thai-Myanmar border:

- a) 90% of *P. vivax* cases were in 3 border provinces (Tak - 8,260, Mae Hong Son - 1,694 and Kanchanaburi - 839)
- b) The same 3 border provinces accounted for 70% of *P. falciparum* cases (Tak-75, Mae Hong Son-129 and Kanchanaburi-13)
- c) Malaria case classification by population: 43% Thai, 17% M1 migrant, 40% M2 migrant,
- d) 29% of cases were in children under 15 years.

Observation of the Regional Artemisinin-resistance Initiative (RAI) Independent Monitoring Panel (IMP), during visit to Thailand 15-23 June 2023:

- a) Trajectory of malaria epidemic, particularly in Tak province and neighboring districts of Kanchanaburi and Mae Hong Son is alarming jeopardizing achievement of RAI targets,
- b) Current response is unlikely to reverse this trajectory,
- c) Worrying increases in malaria in Ratchaburi, Phetchaburi, Prachuap Khiri Khan but situation potentially controllable,
- d) Stable malaria situation in remaining 70 provinces,
- e) Efforts are failing to address the ongoing seasonal surge in vivax cases:
 - o Thailand's June peak for *P. vivax* in 2023 looks likely to be 2.2 times higher than that in 2022, which was 3.5 times higher than in 2021,
 - o Interventions in Tak and neighboring districts of Kanchanaburi and Mae Hong Son are 'too little, too late'.

Challenges/bottlenecks

- a) Migration of refugees across porous borders due to conflict in Myanmar and a non-functioning health system
- b) Resurgence of Pf
- c) Increasing trend of malaria among children
- d) Prevention of Re-establishment (POR)
- e) Effective intervention of foci management as per 1-3-7 approach

Intensive Outbreak Response for 6 border provinces in 2023 and key interventions:

- a) Weekly PACD by MPWs/VHVs/MHVs complete supervised PQ 14 days, and FU
- b) Collaborate with CSO to expand Dx & Rx services across the borders
- c) 100% coverage and quality of vector control
- d) 100% coverage and quality of foci
- e) Intensify and closely monitoring of foci management (weekly at all levels)

The delegate apprised the meetings regarding establishment of national subcommittee to expedite malaria elimination in six priority provinces

Policy recommendations from RAI:

- a) Re-thinking the response to the epidemic in Thailand by halting the malaria elimination effort in Tak Province and in neighboring districts of Kanchanaburi and Mae Hong Son
- b) Change policy direction from malaria elimination to be prevention and control
- c) Changing the unit of targeting from sub-village to sub-district for both community-based diagnosis and treatment and for LLINs,
- d) Solving the problems of HR shortage
- e) Change management from vertical program to be an integrated program.

3.9 Timor-Leste

Delegate from Timor-Leste shared the malaria situation:

- a) In 2011, the reported *API* was 10 infections or higher per 1000 people at risk in all municipalities.
- b) By 2013 the *API* rate dropped quickly to less 1 infection for the whole country, but some municipalities remained in the control phase.
- c) By 2015 all municipalities progressed finally into elimination.
- d) The period from 2018 until now with ZERO indigenous cases defined as the phase of prevention of malaria re-establishment - except a small outbreak reported in the border Naktuka/Oe-Cusse in 2020

He shared the malaria free certification roadmap from 2022 to 2026.

He also apprised the meeting on approved malaria-RSSH funding request proposal for the 2024-2026 which focuses on:

- a) intensified malaria case-based surveillance and response,
- b) universal access to malaria diagnosis, treatment and prevention,
- c) real-time case reporting enabling immediate response and
- d) equity in access to services for vulnerable and hard-to-reach populations.

What's Needed

- a) Maintain high level political commitments for malaria elimination and all communicable diseases
- b) Ensure provision of quality services across the country to keep the country free from malaria, including the border areas.
- c) Maintain border cooperation involving, central governments, CCM, community leaders, health workers, and general population at the border for ensuring the entire Timor Island is free from malaria.
- d) Prevention strategy that incorporates challenges around border areas.
- e) SRCMF facilitation in engaging at all levels

After the country presentations Chair invited Dr J.P. Narain, Resource person SRCMF for a brief summary of country presentations:

Dr. J.P. Narain thanked the delegates for very informative presentations and showcasing remarkable progress towards achieving malaria elimination within country and the Region and highlighting challenges faced, whether political, technical, or financial. There are some excellent examples of inter-country collaboration at ground level. Thanks to relentless and sustained efforts of member countries and partners malaria elimination is now within grasp in many countries. While Maldives and Sri Lanka have maintained zero malaria status countries like Bhutan, Nepal, Timor-Leste and possibly Thailand where malaria elimination is a real possibility by 2025.

There has been historic reduction in malaria cases in Bangladesh from 2014 to 2020 and achieving malaria elimination seems like low hanging fruit. At the same time country presentations also reminded us that that near elimination status persisted in countries like Bhutan because of handful of malaria cases. So now the last mile of malaria elimination has become uphill task for many countries and the single most important reason for this is challenge of population movement across international borders making cross-border collaboration among countries critical.

SRCMF has been playing unique coordination, facilitation and enabling role in bringing countries together and agreeing on information sharing and developing trust among countries to achieve malaria elimination. The global goal of malaria elimination cannot be achieved globally without Africa and SEA Region making substantial efforts in this regard.

He also highlighted concern with regard to SRCMF that while SRCMF is doing wonderful job and also enhancing working relations among SEA countries and facilitating timely information sharing, SRCMF is facing an existential crisis because of funding crunch, in spite of its credibility and demonstrated high utility of purpose. Unfortunately, this might undermine and delay the process and purpose in countries and in the Region and impact at global level as well.

Chair thanked Dr J.P Narain for an excellent summary of country presentations and invited SRCMF Secretariate to present the annual report.

4. Submission of the annual report

SRCMF secretariate presented the status of recommendations of 7th SRCMF Meeting, implementation status of SRCMF work plan from Jan-Nov 2023.

Presentation was also made on districts identified for cross-border collaborations and main issues highlighted in bilateral meetings:

- a) Data sharing for surveillance and response of transnational cases (cases reported from away from border e.g., India–Nepal)
- b) Screening for malaria in migrants arriving from high endemic areas/districts at designated exit/entry points
- c) M&E for implementation in cross border areas & gradually mainstreaming into the national M&E system.
- d) District Health and Community System for better health outcomes for sustainable health system
- e) Capacity /trainings on malaria elimination related activities at subdistrict level to be prioritized with support from National programs and WHO SEARO

- f) Mobilise external resources for additional activities for acceleration of cross border area/district malaria elimination which are not met under the regular govt budget.

5. Resource Mobilisation

H.E. Dr Dante Harbuwono ABM GF SEA Constituency and Chair of SRCMF Resource Mobilisation Committee started his presentation by highlighting funding gap and need for mobilisation of bridging funds for SRCMF Secretariate and cross-border activities.

He briefed the meeting on the status of Resource Mobilisation:

World Bank Pandemic Fund:

- a) The application could not meet the eligibility criteria of 1st Call for Proposal
- b) Submitting in 2nd round of Call for Proposal is considered

SAARC Development Fund (SDF):

- a) SDF proposal is in SDF Board for final decision.

He added that since SRCMF is an organization based in India, it is bound by Foreign Contribution Regulation Act (FCRA)

- a) FCRA registration is a prerequisite for mobilizing resources to organization in India, including SRCMF.
- b) After 3 years completion of registration, SRCMF has applied for FCRA registration.
- c) After Registration SRCMF will be eligible to mobilize resource from other donors - USAID, BMGF, CDC, Rotary International

Meanwhile SRCMF registration in Bhutan is under discussion.

Finally, he urged member countries and partners to support SRCMF in actively seeking fund from following FCRA exempted donors:

- a) Global Fund
- b) UN Agencies
- c) Financial institutions

6. Cross border district health systems strengthening

Dr Olavi Elo, Resource Person SRCMF reiterated that to achieve elimination of malaria and other communicable diseases, following cross-border challenges must be addressed:

- a) health system weaknesses in border districts,
- b) limited access to prevention and treatment and integration of health and social services.
- c) inadequate health infrastructure in terms of workforce, quality, and often irregular, interrupted and short supply.
- d) information available from the surveillance may not be readily available for use in planning adequate response
- e) substandard and crowded living conditions, particularly of mobile and migrant populations, resulting in increasing disease transmission.
- f) inadequate engagement of people due to missing community coherence and lack of adequate information.

To reduce cross-border disease burden following are needed:

- a) effective cross-border collaboration and synchronisation of activities,
- b) integrated health system and facilities

- c) high-quality surveillance system
- d) clear strategy to reach vulnerable people
- e) timely communication and response.
- f) strategy and action plan have 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.
- g) 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 complemented by ensuring inclusion of organized civil society and affected communities as key partners in decision-making

7. Community systems strengthening

Dr Dipanjan Roy gave a brief background and context of community system strengthening:

- a) Communities have been traditionally the beneficiaries of health programs
- b) Involvement of so called ‘communities’ have been stressed in the Alma Ata Declaration of 1978 – ‘Primary Health Care’ – with community as centre of all interventions
- c) Over time this has evolved with the transformation of communities from ‘beneficiaries’ to ‘community-led programming’
- d) HIV programs have led from the forefront to involve ‘communities’ in decisive and sustainable programming with improved value for money
- e) Community involvement is a must to achieve universal access to health with rights irrespective of ‘who they are’ and ‘where they live’

He shared the example from Democratic Republic of Congo prototype of Integrated approach to improved health impact, where in community and health systems stakeholders collectively design, develop and manage health programmes that lead to health and non-health outcomes to create health impact. He also elaborated on the value chain of strengthened community systems for cross border areas highlighting WHO’s 6 building blocks where sustainable system strengthening is put up at each level and is being tried out in smaller districts in India showing good result with increase from 64 to 94% coverage in two years.

8. New activities

Dr Dipanjan Roy Resource person SRCMF gave an update on following new activities:

- a) Implementation of TB and HIV activities with recruitment of program officer:
 - One of our initial activities will be TB in coming months. HIV and TB activities are planned but still not started beyond writing proposals.
 - We are in a process and once TB grant is confirmed and are part of implementation of TB we will recruit a program officer, however some experts are already on board as advisors.
- b) Other Vector-Borne Diseases with recruitment of program officer:
 - we are looking towards extension of RBM add-on grant, which may come from various sources.
 - We have identified people. Once grant is available, we will recruit a program officer.
- c) Cross-border Urban Malaria:
 - Cross-border urban malaria is coming up in a big way. Mobile population including migrants coming as daily, monthly, short-term, long-term migrants usually flock in urban areas and stay in environmental conditions which could be a risk factor for communicable diseases and VBDs’ transmission.

- We will be looking at cross-border towns once funds are available.
- d) District coordinators in countries:
 - Regional malaria and TB programs will require 1-2 coordinators in countries at districts.
 - Once next grant comes, we will recruit district coordinators on priority basis.

Proposed new activities were duly approved by the meeting

9. Potential partners for collaboration

a) ICIMOD

Dr Tashi Dorji from ICIMOD (International Centre for Integrated Mountain Development) gave a brief introduction of ICIMOD:

- a) ICIMOD is governed by and serving the eight countries of the Hindu Kush Himalaya.
- a) Holding regional and intergovernmental status
- b) A knowledge and learning centre

ICIMOD focus areas:

- c) Regional and transboundary issues
- d) The intersection of climate, environment and development
- e) Mountains and their communities

He briefed the participants on ICIMOD Strategy 2030 moving mountains for two cycles of programming: Medium Term Action Plans V (2023-26) and VI (2027-2030).

ICIMOD Programmatic Structure:

- a) Strategic Group1: Reducing climate and environmental risks
- b) Strategic Group 2: Shaping green and resilient mountain economic
- c) Strategic Group3: Enabling regional and global mechanism for sustained action

He saw a lot of synergy and convergence to the SRCMF where ICIMOD can bring environmental perspective, cross border trade and tourism which relates closely with disease outbreak and transmission.

b) Dure Technologies

Dure's is working with more than 50 global partners, spread across 40+ countries with over 200+ project experience.

Dure's Global Association:

- a) PQL of the GF: Dure Technologies is awarded PQL with Global Fund for supporting digital health initiatives for countries
- b) WHO LTA- SMART Guidelines: long-term agreement (LTA) with WHO HQ to provide digital health innovations and services across the Globe
- c) COVAX & ACT accelerator: Developing global interoperable digital data collection and data analytics framework for COVAX and ACT Accelerated across the Globe
- d) Digital TB surveillance road map: Commissioned by Global Fund, WHO and Stop TB

Work with different stakeholders is synergistic to work of SRCMF:

- a) Digital TB Surveillance Roadmap digital and real time reporting of TB data in 19 countries

- b) Dure's offering aligned with RSSH (Resilient and Sustainable Systems for Health) of HIV, TB and malaria guidelines of the GF:
 - HMIS - all 3 diseases, community, and private sector
 - Community system strengthening and CLM
 - Mortality reporting and analysis
 - National Data Quality Review & Data Quality Improvement plan
 - Data Analysis and Use
- c) Cross Border Monitoring and Surveillance Platform (for TB, HIV, Malaria) which includes multi-level M&E dashboard for national, regional, provincial, districts and facility level.
- d) Monitoring of clients across border:
 - Cross border TB platform developed for UNDP under the regional grant of Global Fund for Afghanistan, Iran and Pakistan is envisaged to effectively monitor migrant and refugee clients through the continuum of TB care and service delivery for 4 borders districts, 70 CHWs and 14,560 Migrants.
- e) Community Led Monitoring for Migrant population
- f) One Impact – A Digital CLM Tool for TB communities
 - rolled out in over 26 countries and been used by over 30 CLM partners to empower TB communities to the last mile making it the largest CLM digital platform for communities affected by TB
- g) Digital platform for Malaria
 - The platform has been leveraged to support to engagement with affected communities and also migrant populations in cross border scenarios in multiple countries in Africa
- h) Conversation AI: Natural Language Processing:
 - NLP allows deriving meaning from unstructured texts or voice messages sent by people affected with TB and convert them into structured indicators.
 - This also works on local languages This will drastically simplify the process of reporting barriers to services. People don't have to now match/choose their issues from a long list of categories and questionnaire.
 - They simply text in their own style and accent.
- i) Smart set-up for program configuration
- j) Cross Border Malaria - Cross border Malaria dashboard developed for WHO SEARO to support monitoring of import and indigenous cases of malaria across porous borders of India, Nepal and Bhutan
- k) Data and Analytics- Impact Assessment/ Program Outcome/ Analytics/Data science/Predictive modeling-based visualization
- l) Implementation science:
 - Assessment: Needs and feasibility assessment and commencement of adaptation process
 - Adaptation: To adapt and the generic platform in collaboration with Ministry and other stakeholders
 - Training and Launch: Training actual users- health providers, community champions, call centers etc.
 - Implementation: Operationalization and roll-out of the platform

- Platform handover-Complete ownership of the platform is handed over including the source code
- Technical Support: Using the platform as part of country M&E strategy

Dure to explore collaboration and partnership with SRCMF.

Proposed collaboration with Dure Technologies and ICIMOD was duly approved by the meeting.

10. Recommendations of the meeting

The Meeting deliberated on each agenda item and made the following recommendations:

- a) Share World Bank Pandemic Fund 2nd draft CfP with all the member countries for their inputs and comments
- b) Strengthen advocacy for resource mobilisation for cross-border malaria through following strategies:
 - (i) Countries to consider inclusion of budget for cross-border coordination and advocacy activities in their country GF proposals,
 - (ii) Brief GF Board and Executive Director on SRCMF cross-border work with countries statements for funding support
 - (iii) use platforms like WHA (World Health Assembly) for High-level Ministerial dialogue on Cross-border interventions and solutions
 - (iv) SRCMF to set up a working group to deliberate on the ways and means for mobilising financial resources for SRCMF staffing and activities.
 - (v) Member countries to consider using concept of combined elimination program for optimisation of diagnosis, Human Resources, service delivery and community engagement for strengthening health systems to produce better health outcomes, efficiency and value for money.
 - (vi) Advocacy with National disease programs for political leadership commitment for inclusion of cross-border malaria in their National Strategic Plans.
 - (vii) mobilise catalytic funding to inspire high-level commitment in countries for mobilization of additional resources for investment in cross-border
 - (viii) create sustainable funding mechanisms as well as domestic funds for border malaria elimination
- c) Seek high-level ministerial commitment for data sharing for surveillance and response between India-Nepal for cases reported away from border (e.g., Maharashtra and Gujarat)
- d) SRCMF to discuss and consult with Ministries of member countries before assigning the district level country coordinators with defined responsibilities and expectations.
- e) Develop a standardized set of cross-border malaria indicators that countries can use for sharing information
- f) Strengthen district and community systems to improve outcomes for health and wellbeing,
- g) SRCMF along with coordination to now start implementation of programs
- h) SRCMF to pursue fund mobilisation from Dure Technologies and ICIMOD

11. Date for next regional meeting

Meeting proposed next regional meeting to be after February 2024 and venue to be Bali, Indonesia.

12. CLOSING SESSION

The draft meeting report was presented by the Rapporteur Dr Phusit Prakongsai. He mentioned that all the comments and recommendation have been duly noted and secretariat will reflect in the

draft report. All the participants were requested to share comments on the draft report for finalization.

Dr Jigmi Singay thanked the Chair for his leadership in conducting the meeting to a successful conclusion. He thanked all the member delegates, inaugural session speakers, donor, partners and resource persons, for their kind participation, contribution, valuable guidance and suggestions. He looked forward to the support, guidance and active advocacy from all member delegations in mobilisation of resources. 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 1 pm NPT.

AGENDA

Time (NPT)	DAY 1: Wednesday 23 August '23	Responsible person(s)
08:30-9:00	Registration	SRCMF Secretariat
Inaugural Session		
09:00-9:05	Welcome address by Additional Secretary, Ministry of Health and Population, Government of Nepal	Dr. Sangeeta Mishra
09:05-9:10	Address by GF SEA Constituency Board Member	Dr. Rajendra P. Joshi
09:10-09:15	Address by Resource Person, SRCMF	Dr Kamini Mendis
09:15-09:20	Address by Co-Chair, Country and Regional Support Partnership Committee (CRSPC), and Chief Technical Advisor, RBM Partnership to End Malaria	Dr. Melanie Renshaw
09:20-09:25	Address by Director NCVBDC, MoHFW, Govt. of India	Dr Tanu Jain
09:25-09:35	Address by Chief Guest- Secretary, Ministry of Health and Population, Govt of Nepal	Dr. Roshan Pokhrel
09:35-09:45	Vote of Thanks by Director General, Department of Health services, Ministry of Health and Population, Govt of Nepal	Dr. Dipendra Raman Singh
09:45-10:15	Group Photograph followed by coffee/tea break	
Business Session		
10:15-10:20	Appointment of Office Bearers- Chair, Co-Chair and Rapporteur	Dr. Dipanjan Roy
10:20-10:25	<ol style="list-style-type: none"> 1. Adoption of Agenda 2. Approval and Adoption of the 7th SRCMF Report 	Chair
10:25-1:00	<ol style="list-style-type: none"> 3. Country Presentations on malaria elimination progress in cross-border areas/districts: <ol style="list-style-type: none"> a) Status of ongoing malaria activities in the cross-border areas/districts adjoining international land border, Progress and Way forward highlighting existing health facilities, manpower and mapping of health facilities b) World Bank Pandemic Fund application status <ul style="list-style-type: none"> o Whether cross-border component included or not - Comments and Discussion 	Chair Bangladesh, Bhutan, India, Indonesia, Maldives, Nepal, Sri Lanka, Thailand, Timor-Leste
01:00-02:00	Lunch	
02:00-02:30	<ol style="list-style-type: none"> 4. Submission of annual report: <ol style="list-style-type: none"> a) Status of Recommendations of 7th SRCMF Meeting b) Implementation status of SRCMF work plan from Jan-Nov'23 c) Districts identified and main issues highlighted in bilateral meetings <ul style="list-style-type: none"> - Comments and Discussion 	Chair Ms. Natasha Dawa
02:30	End of Day 1	

AGENDA

Time	DAY 2: Thursday 24 August '23	Responsible person(s)
8:30-9:00	Registration	SRCMF Secretariat
Business Session		Chair
09:00-09:15	5. Resource Mobilization status: a) SAARC Development Fund (SDF) application status b) Status of Registration in Bhutan c) Foreign Contribution Regulation Act (FCRA) d) The Pandemic Fund of World Bank - Comments and Discussion	H.E. Dr Dante Harbuwono
09:15-9:30	6. Cross-border district Health Systems Strengthening - Comments and Discussion	Dr Olavi Elo
9:30-9:45	7. Cross-border Community Systems Strengthening - Comments and Discussion	Dr Dipanjan Roy
09:45-10:15	8. New activities: a) Implementation of TB and HIV activities with recruitment of program officer b) Other Vector-Borne Diseases with recruitment of program officer c) Cross-border Urban Malaria d) District coordinators in countries - Comments and Discussion	Dr Dipanjan Roy
10:15-10:45	coffee/tea break	
10:45-11:15	9. Potential partners for collaboration: a) ICIMOD ---Introduction of organization by representative b) Dure Technologies —do-- - Comments and Discussion	Mr Tashi Dorji Mr Vipin Yadav
11:15-11:20	10. AOB	Dr. Jigmi Singay
11:20-11:30	11. Preparation of Report by rapporteur	Rapporteur
11:30-11:45	12. Presentation of Report by Rapporteur - Discussion & adoption of the report	Rapporteur Chair
Closing Session		
11:45-12:15	Closing - Formal Remarks and closing of the meeting by Chair	Chair
12:15	Lunch	

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