

**MINUTES OF THE
13TH MEETING OF THE RAI REGIONAL STEERING COMMITTEE
26-27 March 2019– Phnom Penh, Cambodia
Venue: Raffles Hotel Le Royal**

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Summary of decision and action points

Decision point 1:

With regards to the four reinvestment plans presented by Cambodia, Laos, Myanmar and Thailand:

- **The proposal of reinvestment does not show the geographical or organizational breakdown of the activities. The high-level guidance from the RSC is that malaria reduction activities should target high burden areas. A more granular level of information is needed for the RSC to endorse the proposals. The CCMs are in charge of taking the lead on the reinvestment plan. The RSC will vote on a non-objection basis by email once the detailed proposal has been endorsed by the CCMs.**

Decision point 2:

Recommendation in relation to the replacement of DHA-piperaquine in Vietnam:

- **Any pending issue related to drug procurement replacing the current DHA-piperaquine should be solved as soon as possible. The RSC is available and committed to support the resolution of bottlenecks. The RSC invites the NMCP to report on progress related to drug procurement a few weeks after the RSC meeting at the latest.**

Decision point 3:

With regards to the next RSC meeting agenda:

- **Include a specific session on integration of services: countries should present their plans and achievements in relation to service integration and related financial sustainability.**

Action point:

The RSC Secretariat will circulate the ToRs of the Operational Research subcommittee to the RSC Members

List of Acronyms

ACTs	MORU
artemisinin-based combination therapy	Mahidol Oxford Tropical Medicine Research Unit MoU
ADB	Memorandum of Understanding
Asian Development Bank	NMCP
APLMA	National Malaria Country Programme
Asia Pacific Leaders Malaria Alliance	P.f.
ASEAN	Plasmodium Falciparum
Association of Southeast Asian Nations	P.v.
ASMQ	Plasmodium Vivax
artesunate–mefloquine	PPM
API	Public-Private Mix
Annual Parasitic Incidence	PR
CCM	Principal recipient
Country Coordination Mechanism	RSC
CSOs	Regional Steering Committee
Civil Society Organizations Civil Society Organizations	SMRU
DHA-PPQ	Shoklo Malaria Research Unit
Dihydroartemisinin/piperazine	SR
DHIS	Sub Recipient
District Health Information System	TES
G6PD	Theurapeutic efficacy studies
glucose-6-phosphate dehydrogenase	UCSF
GF	University of California, San Francisco
Global Fund	UMFCCI
GMS	Union of Myanmar Federation of Chambers of
Greater Mekon Subregion	Commerce and Industry
HMIS	UNOPS
Health Management Information System	United Nations Office for Project Services
ICMV	VMW
Integrated community malaria volunteer	Village Malaria Workers
iDES	WHO
integrated Drug Efficacy Surveillance	World Health Organization
IMP	
Independent Monitoring Panel	
IOM	
International Organization for Migration	
IPC	
Institute Pasteur Cambodia	
LLIN	
Long-lasting insecticidal nets	
LSHTM	
London School of Hygiene & Tropical Medicine	
MBI	
Macfarlane Burnet Institute for Medical Research and Public	
Health	
MEAF	
Malaria Elimination Action Framework (MEAF) 2016-2020	
MIS	
Malaria Information System	

DAY 1

Opening remarks

H.E Or Vandine, Secretary of State, Ministry of Health, Kingdom of Cambodia

Her Excellency highlighted that the Royal Kingdom of Cambodia remains committed to effectively contributing to the goal of eliminating malaria by 2025. She thanked the Global Fund and other development and technical partners who are actively engaged in supporting the GMS Countries towards a malaria free region.

Her Excellency remarked how the regional initiative has been very successful in bringing the GMS Countries to act as a single effective platform to adopt uniform approaches for implementation of the national strategic plans and Malaria Elimination Action Frameworks. She emphasized the fact that the RAI initiative has emerged as a sizable unprecedented 243 Million Dollars grant known as “RAI2E” to eliminate malaria in Cambodia, Thailand, Myanmar, Lao PDR and Vietnam through accelerated implementation of effective interventions.

Adding an insight on Cambodia, 2018 was described as marking the best year to date for implementation of the Malaria Elimination Action Framework (MEAF) and National Malaria Strategic Plan activities in Cambodia, in the aftermath of the recent outbreaks and several years of joint struggles to overcome technical and operational bottlenecks. *P. falciparum* morbidity has been significantly reduced and no malaria death was recorded through the national HMIS and MIS in 2018, giving the confidence to achieve the quality and scale of effective interventions needed to eliminate the lethal *P. falciparum* parasite by year 2020.

Her Excellency concluded by sharing that ‘with all these efforts, malaria levels once seen to be going up, have started coming down again and it appears that elimination of *P. falciparum* malaria by year 2020 is a realistic and achievable goal’.

Meeting objectives and introductions

Prof. Arjen Dondorp, RSC Chair

Membership updates:

- Dr. Preecha Prempree was appointed Deputy Director General of the Department of Disease Control, Ministry of Public Health (Thailand), and will represent the Thailand CCM on the RSC. In the interim, Dr Jeeraphat Sirichaisinthop is nominated to attend the RSC meeting and Dr Suravadee Kitchakarn is representing the Thai Malaria programme for this RSC meeting.
- In March, ADB proposed that Rikard Elfving, Senior Social Sector Specialist, becomes the voting member of the RSC instead of Dr Azusa Sato who moved away from the GMS - with Dr Gerard Servais as alternate
- This was the last RSC meeting for RSC member Eric Fleutelot, representing France, who will leave the Region to start his new functions in April. The Chair expressed his appreciation to Mr Fleutelot, and thanked him for the work he has accomplished over the past 5 years in support of the RSC.

Round of introductions / COI declarations:

- Prof. Arjen Dondorp declared a conflict of interest since MORU and SMRU, organizations to which he’s affiliated, are sub-recipients of the RAI2E grant. Dr Frank Smithuis also declared a conflict since his organization MAM (Medical Action Myanmar) is a sub-recipient of the grant.

Meeting objectives:

- Update on the GMS epidemiological situation
- Countries progress updates and Decision Point on Reinvestment plan proposals
- Regional component progress update

Update on the RAI2E grant

Dr. Attila Molnar, UNOPS

Dr. Molnar outlined the grant successes, which are bringing the Region ever closer to malaria elimination. This is the result of increased coordination and dialogue between Countries, and the RAI alignment with National Strategies. The increasing role and coverage of community malaria volunteers was mentioned, as well as the fact that CSOs are accepted by MOHs as part of the health system, since there is recognition that they are well positioned to serve hard to reach populations. In addition, the expanding use of electronic HIS in surveillance and real time reporting is proving effective, together with the Regional level data sharing platform.

Increased testing activities in Countries have led to a larger number of people reached, resulting in higher ABER and declining malaria positivity rates (MPR) and annual parasite incidence rates (API).

Data indicate that growing numbers of provinces and districts are moving toward malaria elimination. Laos, Myanmar, Thailand and Vietnam showed a steady declining trend in malaria cases over the last years. However, for Cambodia there have been challenges due to the disruption of the VMWs scheme but since last year the scheme is fully functional. With this, the total number of cases reported in 2018 is less than that of 2017.

- Among major reasons for budget variance in all Countries:
 - Delays in approvals and grant signing in Lao PDR, Thailand and Vietnam lead to suspensions of planned activities such as recruitment and trainings of volunteers for service delivery;

- Suspension of the PPM programme in Cambodia;
- Community based interventions were not implemented completely in Myanmar in early 2018 due to reallocation of CSOs' project areas.
- Among challenges and gaps:
 - Supply chain remains unreliable due to the frequent use of a push system for drug distribution and the inadequate reporting from sub-national level to the central level;
 - Operationalization of PQ single dose for *P. falciparum* cases and the use of G6PD RDT and PQ for radical cure of *P. vivax* malaria has not been widely implemented, yet;
 - Delays in timely reporting from health facilities.

In order to address these challenges, it is crucial to maintain the attention of relevant stakeholders, including ministries, to address human resource gaps in the public sector, further expand the role of village volunteers and address the challenge of drug resistance.

Discussion:

The Chair acknowledged the message of success and the great strides accomplished by the RAI grant since 2012, in part driven by the wide network of community health workers across the region. He noted that the budget absorption is good despite some delays at the beginning of the grant. The reinvestment of savings identified in 2018 should further improve grant absorption.

WHO MME update on the GMS epidemiological situation

Dr. Hiromasa Okayasu, WHO

GMS Countries significantly reduced the number of malaria cases from 2012-2018. The majority of cases in the GMS are reported among forest goers living in remote areas and among populations in forest fringe areas, highlighting the importance of a dedicated strategy to ensure universal access to malaria prevention, diagnosis and treatment.

WHO continues to support National Malaria Control Programmes to address new challenges and priorities, including a) technical support and development of strategy for forest goers in endemic areas, b) updating/implementing national treatment guidelines based on available evidence, c) supporting surveillance strengthening.

Discussion:

- As Malaria is going down, malaria cases are becoming more and more focal, and localized in the forests. The reinvestment is addressing this issue as the guidance provided to Countries is to focus on malaria hotspots areas
- It was acknowledged that timely data contribution of all Countries is important. Whenever Governments or partners face issues with data processing, bottlenecks must be communicated and addressed
- The data from the private sector is still missing in Myanmar despite all data being entered in the NMCP database. The central electronic database should be functioning by 2020, which should limit delays in reporting
- Cambodia shared their commitment in improving and optimizing electronic database use in order to timely compile accurate data.

Cambodia progress update

National Malaria Programme

Dr Siv Sovannaroth

Malaria mortality was reported as zero in 2018, achieving the target of no malaria death for the first time. In 2016 and 2017 there was 1 malaria death. Significant progress was made to reduce overall *P. falciparum* burden (28% reduction). To implement single low gametocytocidal dose of primaquine for the treatment of falciparum malaria, primaquine tab 7.5mg will soon be available in the Country to optimize dosing in patients below 50 kg.

The mass distribution of LLINs was completed and in December 2018, VMWs monthly meetings were successfully conducted (100%), as compared to only 4% in January 2018. E-Payment on the same day has been increasing to 71% in December 2018 as compared to 32% in April 2018. In September 2018, CNM introduced an intensification plan for the 7 provinces that are representing close to 80% of the malaria burden in the Country. Only 9.7% case investigations happened in 2018 in the six Elimination provinces but the rate rose to 79% of cases investigated for the first two months of 2019.

A list of challenges and remedial action were presented:

Challenges	Action
Stock reports for both ACT, RDT	UNOPS has continued to support CNM and CSOs with temporally report by Operational Districts (ODs). MIS was upgraded recently to all HFs/ ODs for monthly report
Delay in financial reporting from Sub National.	CNM/UNOPS Finance and Compliance team continuously provide assistance in the review of financial expenditures and reports. In addition, the CNM/PR continues to implement its capacity building and training activities to improve reporting timelines.

Overall testing rates were a challenge.	Efforts to increase testing at public health facilities and at VMWs/MMWs will be prioritized in 2019.
PV increasing with the burden of 70% of cases in 2018	Help technical discussion with WHO/UNOPS/partners to conduct the Pilot in 4 provinces this year.

Reinvestment Plan Proposal

Areas of Focus Planned by Cambodia CCM for 2019:

- a) Increase testing at health facilities and by Village Malaria Workers (VMWs);
- b) Optimize and fully operationalize CNM's malaria information system (MIS) for case investigation and classification, foci investigation and response;
- c) To extend elimination surveillance activities to 9 more provinces;
- d) Increase capacity for programmatic and financial management;
- e) Continue to coordinate, roll-out, and ongoing monitoring of the Intensification Plan in the 10 highest burden districts in the Country (~80% total cases);
- f) Introduce radical cure for P.Vivax with G6PD testing and primaquine;
- g) Implement QA and training materials for tracking referrals from private providers to public sector as per directive from MOH.

Overall the malaria situation is improving. The areas that require additional attention have been clearly identified, ten health centers are registering the highest number of cases and therefore targeted actions and redesigned interventions are needed. Low ABER and high parasite positivity rates continue to be an issue. The positivity rate of 22% was well above the 10% target. The programme explained that they expect to increase the number of people tested; however, there are some challenges at health facility level to reach some areas with high numbers of cases. To address this issue, UNOPS will allow some flexibility in funding for health facility staff to reach hard to reach areas as part of the intensification plan.

Cambodia CSO Update

Dr Sok Pun

In good partnership with CNM, PHDs and ODs, HCs and Community Volunteers, CSOs contribute to many of the achievements observed on the ground. These include 95%-100% of active VMWs, the distribution of over 915,000 bed nets, 128,000 malaria test, 41,000 malaria cases treated, and 8,900 forest goers who accessed malaria services. CSO also supported reaching 100% of HC utilizing MIS for reporting and having 96%-100% of Health Facilities without stockout RDTs and malaria drug. These efforts are supported with staff training and malaria elimination taskforces at provincial level. Among key achievements:

- Reactivated VMWs networks (The number of testing increased from 40,000 suspected malaria cases tested in 2017 to 140,000 suspected malaria cases tested in 2018)
- Ability to respond to emerging needs (e.g. Intensification Plan) in time and using current HR capacity
- Increased knowledge-sharing and coordination amongst CSO actors at national and provincial levels

Challenges:

- Need to do more to reach remote populations/forest-goers
- Staffing – Despite some levels of CSOs co-financing for staff – there is still not sufficient staff numbers
- Need for more technical support on evidence-based malaria intervention (data use-MIS), CSO platform seeks strong collaboration with WHO for technical guidance, shared accountability and in order to obtain the needed flexibility within the grant to provide interventions tailored of the health needs.

Reinvestment plan proposal

Discussion

- Since the PPM programme has been discontinued and the private sector is not allowed to provide treatment, it would be important to understand where the patients previously treated by the PPM programme are going now and if there is any monitoring in place to assess where these patients are going. According to the programme, those patients can be absorbed by the public sector and the mobile malaria workers (MMW)
- High rates of positivity resulting from RDTs testing were observed during field monitoring visits, suggesting that some cases might be lost and therefore that the number of testing should be increased. Together with increased testing it is important to constantly monitor the yield and cost-effectiveness of the elimination activities
- With the number of malaria cases going down, it is crucial to integrate malaria services with other health services. This also considering the fact that donor funding may decrease, and integration of malaria services is a cost-efficient approach to care.

Decision Point

The proposal of reinvestment does not show the geographical or organizational breakdown of the activities. The high-level guidance from the RSC is that malaria reduction activities should target high burden areas. A more granular level of information is needed for the RSC to endorse the proposal. The CCMs are in charge of taking the lead on the reinvestment plan. The RSC will vote on a non-objection basis by email once the detailed proposal has been endorsed by the CCM.

Lao PDR progress update

National Malaria Programme

Dr Viengxay

Dr Viengxay highlighted the remarkable achievements in the fight against malaria in Laos between 2010 and 2018 and mentioned a 54% decline in 2018 when compared to 2010. Pf % declined from year to year. However, in 2017 and 2018, the % of Pf cases increased and reached up to 56% of malaria cases. This percentage is expected to be reduced with the introduction of primaquine single dose for *P. falciparum* up to the village volunteers' level, which started in late 2018.

Out of a total of 18 provinces in Laos, 13 provinces had an API less than 1 in 2018. There were no malaria cases in 2 provinces in 2018: Huaphanh and Bokeo. Five southern provinces still have a high API with a range between 2.1 and 15 in 2018. Although 4 out of 5 southern provinces had declining trends in API over the last 4 years, an increase was observed in Attapeu province (which was also affected by the flood disaster). The API in Attapeu increased by 103% between 2017 and 2018.

Way forward and achievements:

- CMPE is planning to carry out IEC-BCC focused interventions to educate the patients to visit health facilities within 24 hours after start of fever, ensure continuous supply of commodities and ensure that testing is offered to every suspected case of malaria according to the guidelines.
- In terms of other programmatic achievements in 2018, Laos was able to complete almost all the planned and budgeted activities, and despite delays in grant signing and late initiation of the project, the financial absorption reached 91%. Key activities that were completed in 2018 include Integrated Community Case Based Management (ICCM) trainings that were delivered to all 18 provinces, 143 districts and more than 1,000 health centers in the whole Country. 1,124 VMWs were recruited and trained for ICCM. Primaquine single dose for *P.falciparum* was rolled out to all the health centers and VMWs in late 2018. In addition, technical surveillance training and DHIS2 training were conducted for all the provinces and districts. Training and supervision related to drug quality control were completed. Planning and review meetings at different levels of the health system were completed. IEC/ BCC related activities were delivered. Preparation for the 2019 LLINs mass distribution campaign was completed.
- Implementation of DHIS2 is one of the biggest achievements in the Laos malaria programme over the last couple of years. After the full roll out in January-2017, the reporting timeliness in DHIS2 improved steadily.

A list of challenges was presented:

Challenges	Impact on the program
Human Resources: frequent turn over, suboptimal quantity and quality	Risk of interruption in program implementation
Disasters in several districts and provinces	Delayed implementation of activities
Quarterly cash disbursement without buffer cash	Risk of cash shortage and implementation delays
Inadequate current strategies to reach the highest risk populations, i.e. forest goers	Challenge to eliminate malaria

Laos CSO update

Dr Soulany Chansy

CSO brought to the attention of the Committee a number of best practices observed in Laos:

- Close cooperation and good working relationship with government partners especially at the provincial and district levels help facilitate smooth implementation of activities and support to VMWs and MPVs
- With at least one trained VMW in each village, more people, especially in remote communities, have immediate access to malaria and other health care services.

Challenges and recommendations:

- *P. Vivax* cases management is mainly available at the Health Center level, which makes it challenging to reach all Pv cases. Patients from remote communities, even if they are referred to district or provincial hospitals, seldom go because of the long distance and travel costs, and might thus not reach the health facility to receive radical treatment
- People close to forests or forest fringes are the most vulnerable and at-risk of getting malaria. Focus needs to be in those areas.

Reinvestment Plan Proposal

Dr Viengxay

The rationale for the reinvestment plan was shared:

- 2018 savings will be invested in bringing down the malaria burden in hotspot areas
- Five key activities were proposed: roll out of G6PD RDTs and PQ for *P. Vivax* cases up to health center level; establishment of supply chain couriers to ensure the continuous supply of malaria commodities; widening the scope and scale of the VMWs network; offering compulsory testing for malaria to all OPD patients with fever and increased interventions at the work site such as active case detection and IEC/ BCC.

Discussion:

- It was observed that RDT testing offered to ‘all’ Operational Districts patients, as presented in the reinvestment proposal, might not be the best approach
- MoUs among the Government and SRs presented delays, if this is still the case it is important to address this urgently
- It was mentioned that assisted referral by CSOs to ensure arrival of the patient at the health facility could be an interesting activity as part of the reinvestment proposal. The government is willing to discuss, particularly for those cases where referral involves transportation support
- Training on G6PD testing has just started and this is necessary to build confidence in the system at this stage before further expanding the provision of radical cure of vivax malaria through a referral system.

Decision Point:

The proposal of reinvestment does not show the geographical or organizational breakdown of the activities. The high-level guidance from the RSC is that malaria reduction activities should target high burden areas. A more granular level of information is needed for the RSC to endorse the proposal. The CCMs are in charge of taking the lead on the reinvestment plan. The RSC will vote on a non-objection basis by email once the detailed proposal has been endorsed by the CCM.

Myanmar progress update

National Malaria Programme

Dr Aung Thi

Remarkable progress has been observed in Myanmar with a further decline in the malaria burden. TES studies showed 100% efficacy for Pyramax and 97% for AL and the primary vectors (*A. dirus* and *A. minimus*) remain susceptible to pyrethroids. The long term outlook is positive. The revision of the National Strategic Plan (2016-20) is ongoing and the key goals are to eliminate P.f malaria by 2025 and all human malaria by 2030; this includes a change in the Pv radical cure policy from 8 weeks to 14 days Primaquine use.

Challenges & sustainability issues have been identified:

- Although a declining number of cases is observed throughout the Country, the caseload in Paletwa Township in Chin State, and Hpapun in Kayin State remains persistently high, despite all villages being covered by ICMVs and public health facilities in Paletwa and by malaria posts of SMRU in Hpapun;
- Conflicts in Rakhine, Chin, Kachin and Shan States hinder acceleration and success of malaria control and elimination efforts in those areas;
- Too many audit/other missions to the fields/SR’s sites leading to recipients’ fatigue.

Myanmar CSOs updates

Dr Phone Si Hein

The CSO Representative highlighted its constituency selective advantage to access remote, high risk communities. In Myanmar, CSOs tested 994,023 suspected malaria cases and treated 33,717 confirmed malaria cases. The efficient approach taken in Myanmar on integration of community health services was highlighted: in particular, ICMV roll out through integrated approach to maintain community interest and providers’ motivation for malaria testing, treatment and reporting. ICMV covers not only malaria but also services related to other diseases – HIV, TB, Filariasis, Dengue and Leprosy.

Other best practices include:

- Elimination activities – CSOs involved in the real-time case notification and case investigation.
- Working in conflict areas – CSOs can reach the hard to reach and conflict areas where there is limited public health services. HPA, ARC and SMRU detected a lot of malaria positive cases in the conflict zones.
- Malaria Case Based Reporting App
- Integration of Malaria Case Based Reporting volunteer reporting with the existing reporting system in 2019
- Malaria Case Based Reporting evaluation upcoming

Discussion:

- The access to conflict areas remains a sensible point of discussion. CSOs’ work in these areas is partially ongoing, and permissions are needed in order to expand services. The situation in Rakhine needs to be taken into consideration also when reprogramming funds

- Deployment of integrated malaria workers can resolve many obstacles relevant for specific areas in Myanmar. CSOs' representatives believe the approach should start from people's needs and motivation. A provider of general health care would be more popular compared to a malaria-only service. Therefore, a volunteer providing a wider package of services reaches more people. The alternative is that a lot of people would go and seek substandard health services for instance from quacks
- Lack of human resources remains an issue for CSOs
- The IMP has been tasked to look into details on how to operationalize integration of services and will report to the RSC on this topic
- **Suggestion for next RSC agenda: to have a specific session on integration of services where Countries should present their plans and achievements in relation to service integration and financial sustainability**

Reinvestment Plan Proposal

Dr Aung Thi

The reinvestment proposal focus on the townships with the highest malaria case load in 2018

- MHSCC (Myanmar CCM) identified hotspots where savings could be reinvested through current implementers;
- Hotspot areas were identified as the townships with the highest caseload in 2018;

Reinvestment activities are proposed in line with the information provided in the below tab:

SRs	Remark
Medical Action Myanmar	Accelerated Case Findings and treatment, HE, Supervision in hotspot areas of Paletwa and Kyainseikgyi
Myanmar Council Of Churches	MCC will plan for hotspot in Waimaw township within own budget ceiling in 2019-2020
Myanmar Health Assistant Association	Accelerated Case Findings and treatment, HE, Supervision
Myanmar Medical Association	MMA's community activity is working in area outside selected hotspots. But QGPs activity is located in hotspot areas.
National Malaria Control Programme	Kachin, Chin, Rakhine and Kayin VBDC teams will conduct ACF, monitoring and intensive logistic supports and monitoring in Waimaw, Moemauk, Paletwa, Buthitaung, Kyauktaw, Mrauk-U, Minbya, Hpapun, Kyainseikgyi, Myawaddy and Hlaingbwe townships.
Shoklo Malaria Research Unit	Malaria control activities in persistent malaria transmission areas in Hpapun, Myawaddy and Hlaingbwe townships
World Health Organization	Keeping 16 FMCs in 2019 and 2020.
Myanmar Red Cross Society	MRCS is working in area outside selected hotspots.

Decision Point

The proposal of reinvestment does not show the geographical or organizational breakdown of the activities. The high-level guidance from the RSC is that malaria reduction activities should target high burden areas. A more granular level of information is needed for the RSC to endorse the proposal. The CCMs are in charge of taking the lead on the reinvestment plan. The RSC will vote on a non-objection basis by email once the detailed proposal has been endorsed by the CCM.

Thailand progress update

National Malaria Programme

Ms Suravadee Kitchakarn

In 2019, districts with the highest malaria caseload include Tak, Yala, Sisaket and Ubon Ratchathani provinces. However, compared to 2017, Ubon Ratchathani has an increased case load, because this now includes reporting of malaria cases from the military. During January to October 2018, 5,862 malaria cases were reported, which is a 42% reduction compared to the same period in 2017. Of those cases, 72% are Thai and 28% are non-Thai, 82% *P. vivax* and 12% *P. falciparum* cases. Also, 71% of malaria cases were males and 75% over 15 years of age. 14% were imported cases. There were 794 active foci, which is a 16% reduction from the previous year.

Key programmatic updates were shared:

- First line drug is changed to pyronaridine-artesunate (Pyramax) in Ubon Ratchathani and Sisaket since academic studies and iDES (integrated Drug Efficacy Surveillance) detected significant treatment failures of the currently used DHA-Piperaquine in Pf cases.
- Resistance was confirmed in Sisaket only, but change of drug was extended to the adjacent province, Ubon Ratchathani as a preemptive measure.
- Budget approval on activities related to pyronaridine-artesunate introduction were submitted to and approved by the GF, considering it is an emergency issue.

Thailand CSOs update

Alistair Shaw

Information regarding key activities was provided, in particular with regards to Community mapping, Training of CHV, LLIN/LLIHN distribution and health education, CSOs contribution to the 1-3-7 strategy, worksite mapping, health education sessions, border malaria corners (BMC) sites, cross border collaboration and coordination meetings at provincial level.

In addition a series of recommendations were made:

- *Recommendation 1: The National Programme should leverage the strong community engagement and encourage community-led services as a means of achieving elimination. This includes:*
 - *A fully funded package in active foci areas for assisted referral (in the absence of test-treat), follow-up, and differentiated incentives for volunteers according to LoE and travel costs.*
 - *A formal referral mechanism between Government and CSO to ensure necessary case information is provided to facilitate effective follow-up, reducing the reliance on personal relationships with health facilities.*
- *Recommendation 2: There is a need for additional cross-border committees, which meet regularly, that include all relevant actors (Thai and Non-Thai). Cross border collaboration should not be seen as a single meeting, rather allocated time and budget to strengthen relationship and regularly coordinate activities.*
- *Recommendation 3: Additional support for border malaria corners which include scaled-up and scaled-out coverage along border areas, particularly along the Thai-Myanmar border.*
- *Recommendation 4: Formalize CSO contribution to 1-3-7 strategy (role and process) by establishing provincial 1-3-7 task force in each (modelled from Si Sa Ket) and financially supporting all transportation, materials, staff and accommodation.*

Discussion:

- The recommendations from the CSOs have been communicated to BVBD and the discussion is ongoing
- MMP access to LLINs should be taken into consideration for future planning. Even though it should be acknowledged that there is no clear estimate for the number of migrants
- Community workers capacity to perform testing and provide treatment when needed should be further discussed. Community workers have access to population who cannot access health facility. This policy issue has been discussed at a number of RSC meetings and other forums in the past, but could be addressed again at government level
- Increasing cross border dialogue both between CSOs and Governments should also be considered a priority. MoUs are in place between governments (Thailand/Myanmar) and coordination meetings are in place, but CSOs should also be involved in these dialogues.

Reinvestment Plan Proposal

Ms Suravadee Kitchakarn

Areas of investment	Main activities (summarized)
To accelerate Malaria Elimination	<ul style="list-style-type: none"> ▪ Targeted Pf Elimination in all identified transmission foci ▪ Preparation and implementation of emergency response on persistent transmission or increased case load ▪ Entomological Study in active foci for full foci investigation ▪ Training laboratory technicians for standard malaria diagnosis and quality control ▪ Applying mobile technologies and developing real time reporting systems at remote areas (MHEALTH) ▪ Foci cleaning up activities for elimination verification in low transmission provinces
Community Resilience	<ul style="list-style-type: none"> ▪ Promoting establishment of model communities for malaria elimination at transmission foci
Transition Readiness	<ul style="list-style-type: none"> ▪ Applying infectious diseases policies at district level health boards related to Malaria Elimination

Discussion:

- The Global Fund does not impose specific rules on reinvestment. Impact on the disease burden and immediate implementation are the requirements given by the GF. Government, CCMs, RSC, must decide on the activities before the final proposal is reviewed by the GF.

Decision Point:

The proposal of reinvestment does not show the geographical or organizational breakdown of the activities. The high-level guidance from the RSC is that malaria reduction activities should target high burden areas. A more granular level of information is needed for the RSC to endorse the proposal. The CCMs are in charge of taking the lead on the reinvestment plan. The RSC will vote on a non-objection basis by email once the detailed proposal has been endorsed by the CCM.

Vietnam progress update

National Malaria Programme

Dr. Nguyen Quang Thieu

Key programmatic updates were shared, particularly with regards to drug selection and procurement. The decision to replace DHA-PPQ by AS-MQ for the treatment of P.f cases in some provinces has been made in 2016. However, procurement of AS-MQ could not be done as the product does not meet the requirements of Viet Nam Drug Administration. Artesunate-pyronaridine (Pyramax) was considered as an alternative; the TES was completed in 2018. The result showed adequate clinical and parasitological response at 96%. In early 2019, NMCP has decided to change first-line treatment to artesunate-pyronaridine in five provinces. Procurement is currently underway, although some regulatory bottlenecks still needed to be addressed. The MIS software development is in the final stage: CHAI and NMCP planned to carry out software testing from April to June 2019 in three pilot provinces. From August – September, the software will be rolled out in 63 provinces.

Challenges identified:

- Funding from Government for the Malaria Programme is secured with US\$ 8.5M for the period 2018 - 2020; the budget allocation for Malaria programme is not yet known for the period 2021-2025, as this will be decided only in 2020.

A Reinvestment plan has already been approved; it includes:

Proposed intervention	Activities	Additional targets
Improved reporting quality in line with mandate for elimination	Training on new MMS software to commune level (to be conducted in 670 districts) in order to roll out the software after completion of pilot.	HMIS reporting unit changed from district to commune level
Improved community based service delivery & reporting	Travel support for the 12,468 VHWs in Zone 2: to come to monthly meetings for reporting and stock replenishment.	Contributing to key malaria indicators including those for malaria elimination
Improved service delivery	<ul style="list-style-type: none"> ToT on microscopy & RDT testing for provincial staff for all 63 provinces; Workshop to review the implementation of malaria elimination roadmap; Training for provincial and district planning & management staff in RAI areas. 	
Increased accessibility to hard to reach populations	Increased number of malaria posts from 180 to 199.	Additional cases referred for testing & treatment
	Increased number of CMAT by SCDI from 285 to 400.	

Vietnam CSOs update

Dr Khuat Thi Hai Oanh

Main activities supported by CSOs were presented. These include:

- IEC: one-on-one, small group direct communication, billboard, promotion materials;
- LLIHN distribution to forest goers and farm sleepers;
- Testing: administering rapid tests/assisted referral, village/private/public;
- CSO supporting referrals;
- Treatment: 78% cases confirmed at private clinics got first line treatment on the spot;
- Data gathering.

Main challenges include: delay in approval for implementation; not all sites allow community workers to do rapid test; lack of data disaggregation by private sector; lack of data streamlining between implementers; limited data sharing and utilization of available data.

Discussion:

- In Vietnam the Government allows CSOs to conduct RDTs testing at community level, in highly endemic and remote settings. The CSO RSC representatives made a visit to HCM and Bin Phuoc and they were impressed by the achievements done thanks to the fact that the national programme allows testing to CSOs in some of the provinces, in specific health centers. CSOs can also provide treatment to some remote population. This flexibility, also in terms of cost for travelling to remote population, proved effective.

- **Any pending issue related to drug procurement replacing the current DHA-piperaquine should be solved as soon as possible. The RSC is available and committed to support the resolution of bottlenecks. The RSC invites the NMCP to report on progress related to drug procurement a few weeks after the RSC meeting at the latest.**

UNOPS Regional component progress update

Dr Faisal Mansoor and Dr Eisa Hamid

Update on the overall RAI2E Grant:

Main achievements:

- 3.2 M LLINs distributed to targeted risk groups.
- 33,000+ Volunteer Malaria Workers / Malaria Posts Workers supported to provide community case management services.
- 5.7 M Suspected malaria cases that received a parasitological test.
- 139,581 Confirmed malaria cases that were treated based on national treatment guidelines.
- 62% Confirmed cases in low endemic areas investigated.
- 82% Transmission foci investigated.

Financial performance measured as budget absorption is 84%, or 89% if considering the approved reinvestment. Major reasons for variance are:

- Delays in approvals and grant signing in Lao PDR, Thailand and Vietnam lead to suspensions of planned activities such as recruitment and trainings of staff and volunteers for service delivery;
- Suspension of PPM programme in Cambodia;
- Community based interventions were not optimum in Myanmar in early 2018 due to reallocation of CSOs' project areas;
- Delays in upgrading of app-based MIS and its rollout in Cambodia;
- Some activities were not carried out in Lao PDR and Myanmar due to conflicts, floods and disasters;
- Exchange gains in Lao PDR, Myanmar and Vietnam;
- Efficiency gains in procurement and combination of activities.

Update on the Regional component:

Updates on progress have been provided for each of the seven components. The list of challenges has been shared before the meeting:

- Conflicts and security issues in certain areas of Myanmar have affected the grant implementation of Package 1;
- Delays in MOU signing between MOH Lao PDR and HPA have delayed the implementation of planned activities;
- Implementation of Package 2 (OR), 6.3 (private sector) and 7.1 (IMP) could only start in year 2 of the grant;
- Slow improvements in national surveillance systems affecting the timeliness, quality and granularity of data submitted to the Malaria Elimination Database;
- UMFCCI (for the private sector engagement) has weak financial and procurement capacities in terms of grant management. PR UNOPS will provide intensive support to their daily grant operations along with consistent capacity building and monitoring;
- Custom clearance is still a challenge affecting the timely delivery of goods.

Discussion:

- The RSC suggests that the yield of the extra testing done in the context of RACD in Countries should be included in future UNOPS presentations. A timeline for investigation and information on the framework used for foci investigation could also be helpful (the IMP is tasked to look into how Countries do foci investigation and they will possibly present at the next RSC on this)
- Wherever the RSC can help in avoiding delays related to contract signing, the RSC is available to advocate at the highest level
- In case those funds will remain unallocated after the reinvestment exercise, CSOs indicated to have additional activities proposed for funding.

DAY 2

Opening remarks

H.E Hem Vandy

His Excellency, CCC Chair, Under Secretary of State, Ministry of Economy and Finance, shared the main economic and development achievements of Cambodia, highlighting the advancements in health and education. He none the less highlighted the important challenges and development priorities that are still lying ahead for Cambodia. In assuming the roles as Chair of the CCC and PR, the Ministry of Economy and Finance strongly supports the ambitious vision for the health sector development, as stated in the Health Strategic Plan 2015-2020 whereby 'All people in Cambodia have better health and wellbeing, thereby contributing to sustainable socio-economic development'.

His Excellency also shared some of the key achievements obtained during his tenure as Chair of the CCC Cambodia, such as: a) a strengthened oversight function of the CCC, rather than operating merely as a symbolic institution b) the work with the Global Fund Country Team in updating the CCC Governance c) the undertaking of oversight visits, and d) the participation in the regional grants components.

Finally, it was shared that CNM introduced an intensification plan for the seven provinces that are representing close to 80% of the malaria burden in the Country with the aim to intensify the case management and prevention activities through expanding the Mobile Migrant Worker network and targeting high risk population. His Excellency concluded by expressing gratitude to the Global Fund for its continuous support to the RSC.

WHO Session on *P. vivax* and implementation of radical cure

Dr Pascal Ringwald (WHO)

Dr Ringwald presented information on the *P. vivax* disease burden in the different regions where the parasite is present and the contribution of relapses to transmission. He explained the benefits and risks of primaquine as well as the basic biology of G6PD genotype, enzyme activity and sensitivity to primaquine. The individual and public health threats posed by relapses due to untreated *P. vivax* liver stage infection need to be taken into account when discussing the risks and benefits of primaquine therapy. G6PD deficiency is an X-linked, hereditary genetic defect due to mutations in the G6PD gene, causing functional variants with many biochemical and clinical phenotypes. There are around 350 million people affected worldwide.

Although primaquine has been used widely for over 60 years, estimates of the risks remain imprecise and depend, in addition to the cumulative dose of primaquine and G6PD status, on a number of other variables. In total, 14 deaths have been ascribed to primaquine use, all following treatment with multiple doses. If the population denominator is all patients given any dose of primaquine or during mass drug administration in published studies, the risk for death associated with primaquine treatment is very low (1 in 621 428, with an upper 95% confidence limit of 1 in 407 807). In studies involving testing for G6PD, the incidence of severe adverse events (equivalent to severe haemolysis) was 11.2% (27/241) in G6PD-deficient individuals and almost zero in G6PD-normal people.

The G6PD status of patients (qualitative test) should be used to guide radical cure of vivax malaria with primaquine. G6PD testing (either fluorescent spot testing or RDT) is not always available. To prevent relapse, WHO recommends to treat *P. vivax* or *P. ovale* malaria in children and adults with a 14-day course (0.25-0.5 mg/kg bw daily) of primaquine in all transmission settings, unless contraindicated. In people with mild to moderate G6PD deficiency, radical treatment can be with primaquine base at 0.75 mg/kg bw once a week for 8 weeks, with close medical supervision for potential primaquine-induced haemolysis. When G6PD status is unknown and G6PD testing is not available, the decision to prescribe primaquine must be based on assessment of the risks and benefits of adding primaquine and the capacity of local health centres to recognize and treat primaquine-induced haemolysis, including availability of blood transfusion.

Discussion:

- It is important to understand the difference between perceived risk and real risk observed regarding severe haemolysis. This is illustrated by the wide use of primaquine in Myanmar, versus the very restricted use in Cambodia and Lao PDR
- There are difficulties to operationalize quantitative G6PD tests, which detect enzyme activities below 30%. Heterozygous female patients can have enzyme activities between 30% and 70%, which are not picked up by the test but still confer a risk for haemolysis.
- An important issue is at which level of the health system G6PD testing and deployment of primaquine can be safely implemented. This assessment depends on the context and differs by country
- A new drug, tafenoquine is being developed. Tafenoquine could complement but not fully replace primaquine, since there will remain groups of patients with contraindications for tafenoquine. The slow elimination of tafenoquine which allows for single dose treatment means that in patients with G6PD deficiency, hemolysis of (mainly older) erythrocytes continues until all susceptible cells have been destroyed.

Session on molecular surveillance

Dr Olivo Miotto (Sanger Institute)

Dr Miotto, Sanger Institute, provided an overview on the potential benefits of genetic surveillance of malaria parasites in the GMS. These include monitoring of genetic markers for drug resistance which can serve as an early warning sign and complement TES studies. Relatedness between parasites between different areas can inform about routes of spread of infections. Multiplicity of infections can give an indication of transmission intensity and thus the success of elimination efforts. Clonality of parasites from patients in outbreaks will give important information on the cause of the outbreak. For reliable predictions it is important to have sufficiently dense sampling from a large geographical area. For this, collaboration with the GMS Countries is important. The project uses genotyping from simple DBS samples, and results are reported back to the NMCPs as simple to understand 'genetic report cards'.

Discussion:

- A marker for pyronaridine resistance has not been identified yet.

Integrating Malaria Elimination and Emergency Operations in Laos

Dr Rattanaxy Phetsouvanh (Director General, Department of Communicable Disease Control, Ministry of Health, Lao PDR) and Eric Seastedt (PSI)

In this presentation jointly prepared by Laos Ministry of Health and PSI, it was shown how through integrating malaria into a strengthened emergency operations center (EOC), the elimination endgame for malaria can be accelerated. Such integration enables broad support across MoH leadership for malaria elimination strategy, strong governance for health information systems, and triggers complementary investments in health systems strengthening and malaria. With funding from the Bill & Melinda Gates Foundation, a 4-year project is being implemented with the MoH Department of Communicable Disease Control with the goals to:

- Establish a fully functional public health EOC that can respond to any public health emergency in Lao PDR
- Accelerate malaria elimination through the use of the public health EOC
- Generate an evidence base for incorporating malaria into a public health EOC to inform global malaria elimination strategies

Discussion:

- Dr Ly Sovann from Cambodia expressed strong interest in this topic. Cambodia has developed a similar form of integration of emergency responses to a variety of health threats. Services.

IMP Presentation and discussion

Dr Christina Rundi

IMP activities are ongoing. Country field visits took place in Thailand and Cambodia in February, and visits to Laos and Vietnam are planned for May 2019. In addition, the RSC Executive Committee reconfirmed IMP's mandate to focus on the following three topics:

- Support to outbreak detection and response;
- RACD and foci investigation;
- Integration of malaria services at community level

Recommendations to the RSC will take place after field visits are conducted in all five GMS Countries. Issues specific to individual Countries will be discussed whenever possible by verbal feedback to government officials before leaving the Country; and discussed with the RSC leadership if and how some immediate issues can be brought to the attention of the Global Fund.

Discussion:

- IMP cross-border analysis and cross-cutting strategies would be much welcomed by national governments.

Update from Bangladesh

Dr. M.M. Aktaruzzaman (Deputy Program Manager, Malaria & Aedes Transmitted Disease Control, Bangladesh)

In 2018, the Bangladesh population at risk of malaria was 18.09 million, residing in 13 Endemic Districts. The total number of cases was 10,523, marking a 64% reduction from 2017. Pf ratio was 81%, Pv – 16%, and Mixed cases – 3%. To respond to the challenge, around 12,000 government and NGO health workers, volunteers and other personnel are involved in the response; 1500+ community clinics in malaria endemic areas; 124 peripheral laboratories of NGO consortium are present in the community; > 80% of total positive cases are diagnosed in community by the health workers; 5 medical college hospitals, 9 district hospitals and 71 UHCs provide service at facility level.

Priorities for 2019 include: sustain achievement in reduction of morbidity and mortality; strengthen the existing surveillance system; introduce “zero reporting” from all ‘non-endemic’ districts; strengthen the QA system of malaria microscopy; private sector engagement.

Discussion:

- Important progress has been accomplished in Bangladesh where community health services and integration of services played an important role
- There is a dense network of village health volunteers, which showed good results. Health service integration is a key to success also in Bangladesh
- In refugee population malaria incidence is low.

Update from India

Dr Sher Singh Kashyotia, NVBDCP

Between 2017 and 2018 the number of malaria cases in India decreased by 53% and deaths decreased by 49%.

National strategies with updated guidelines, enhanced outreach and RDTs testing together with improved surveillance resulted in a remarkable decrease of cases. The ongoing distribution of 50 million LLINs in high endemic villages seems to be a very effective intervention. A 2030 Elimination Goal

has been established, to prevent the re-establishment of local transmission of malaria in areas where it has been eliminated and maintain national malaria-free status. This is to be achieved through:

- Elimination of malaria from all 15 low transmission states and Union Territories (UTs) (Category 1) and 3 additional progressive states and UTs of Category 2;
- Elimination of malaria from all 8 moderate transmission states and UTs (Category 2);
- Reduction in the incidence of malaria to less than 1 case per 1000 population in all states and UTs and their districts;
- Prevention of the re-establishment of local transmission of malaria in areas where it has been eliminated and maintain national malaria-free status.

Discussion

- LLINs distribution proved very effective to reduce the number of cases. Studies on LLINs utilization and type of preferred materials have been conducted in the past and possibly more will be conducted.

Update from China

Dr. Xia Zhigui (NIPD)

Providing an epidemiological update, China confirmed zero indigenous cases and presented a breakdown of the imported cases (from a total of 49 Countries in 2018). These include 38 African Countries: 90.2% and 8 Southeast Asian Countries: 8.7%. China continues its effort supported by the China Anti-malarial Resistance Surveillance Network and with a focus on the eight provinces with the highest number of imported malaria cases. Current priorities to achieve elimination:

- Prevent malaria re-transmission (guidelines, performance of 1-3-7 approach, bulletins, audits, trainings and supervision, interprovincial work);
- Strengthen inter-sectorial and regional collaboration for border malaria and imported malaria management;
- Sub-national malaria elimination verifications;
- Preparation for WHO certificate of malaria elimination.

Discussion:

- Screenings around positive cases are being conducted among the families and neighbors surrounding an index case. Prevention of onward local transmission is a priority for China.
- 1-3-7 approach is continuously implemented and P.f is only observed in Yunnan province.
- PCR is also used to screen population surrounding an index case; no additional cases have been found through this screening in 2018.

Updates on Regional Components

OR Subcommittee presentation

Dr Pascal Ringwald

The OR Subcommittee Chair, presented the organizational structure and working procedures of the subcommittee. The subcommittee reviews progress update for the seven research proposals (including PSI). The reporting modalities have been displayed.

It should be noted that most projects are delayed and still have to go through ethical approval, it is important to address bottlenecks and start implementation.

The main issues identified are around drug procurement and the types of drug to be used for the studies.

The results of the PSI project should be discussed at the next OR Subcommittee meeting, during the RSC Ex-Com.

The RSC Secretariat will circulate the ToRs of the subcommittee to the RSC Members.

Private Sector presentation: update on Advisory Board

Francois Desbrandes (Sanofi)

The private sector representative informed the committee that the agreement between PR (UNOPS) and SR Union of Myanmar Federation of Chambers of Commerce and Industry (UMFCCI) was signed in January 2019.

During the 12th RSC in November 2018, members agreed to the creation of a Private Sector Advisory Board with the goals of facilitating coordination with other corporate sector initiatives and advising the sub-recipient on other potential partnership opportunities. In this regard, a consultant to assist in setting up the PS Advisory Board has been selected and the next steps are defined below:

- To develop RAI RSC Private Sector Advisory Board guidelines
- To identify potential Advisory Board members

WHO Regional Data Sharing Platform (RDSP) to Facilitate Malaria Surveillance Data Sharing in Greater Mekong Subregion (GMS)

Dr Hiromasa Okayasu (WHO)

WHO Mekong Malaria Elimination (MME) Programme continues to host RDSP under the RAI2E grant. Update on activities and priorities include:

- All GMS Countries are now reporting data monthly to RDSP which enables detailed analysis.
- RDSP enabled monitoring towards malaria elimination, detailed data analysis, and data sharing across the subregion
- Strengthening national surveillance systems is the priority since RDSP depends on national databases
- The Regional data sharing platform should be utilized as surveillance platform within the subregion, especially in cross-border collaboration.

Discussion:

- It was suggested to genetic surveillance maps to conventional malaria epidemiological surveillance through the data sharing platform. As part of the TES, WHO already collects some of the information on molecular markers. It is acknowledged that it would be ideal to have one single source of dissemination. Molecular markers can complement, but not replace TES, as a surveillance tool for antimalarial drug resistance.
- Regarding sharing of information, Countries have agreed on a minimum data set to be shared with the platform.
- For the Countries using DIHS2 there is automatic integration with the platform, whereas for the Countries using other types of data reporting systems, data is collected manually and integrated into DHIS2 by the MME team on a monthly basis.
- Agreement on minimal dataset to be shared by Countries with MME was not fully clear in previous meetings. Guidance is currently being prepared by MME.
- Impact evaluation comes from the process indicators reported to the RAI2E, and depends on what Countries are reporting and at what frequency. Outcome indicators are quite difficult to collect but the added value of the maps is to identify areas with high transmission at subnational level.
- The MME team is sharing data on a quarterly basis and bilateral information sharing occurs with each Country.
- To verify the completeness of data, MME analyses the data recorded in the health centers' registries and compares them with those recorded in the MME databases. If there are inconsistencies, feedback is provided at provincial and national level.

APLMA Update

Dr. Ben Rolfe

A presentation on communication and advocacy activities conducted by *APLMA* in support of the RAI grant was delivered. A RAI event was organized during the GF pre-replenishment event that took place in New Delhi, India in February 2019. *APLMA* has a media engagement plan and a modest financial contribution is available to support RAI RSC communication. *APLMA* has the possibility to increase outreach across the region, mobilizing private sector champions. *APLMA* is also discussing with Senior Official the progresses against the *APLMA* Elimination Roadmap.

Discussion:

- The Malaria week will take place from 22 to 25 April in Bangkok. The *APLMA* Senior official meeting will conduct a 5 year review of the 2030 elimination Goal. There is a risk that malaria goes down the political agenda
- Additional efforts and engagement are needed since there is a risk that Private sector contributions to the Global Fund replenishment could be quite limited in this next replenishment due to the global changing development agenda
- There is a need for all the Countries that are receiving money from the GF, to pass messages on the successes of implementation and progress to donor Countries, established donor Countries as well as new ones. Donors must understand why we still need contributions for malaria elimination in the GMS as an investment for the future

Replenishment update from the Global Fund

There is no update currently on the total amount of money that the Global Fund will receive by the end of the replenishment year. The replenishment conference will be held on the 9th of October 2019, in Lyon, hosted by France and the final allocations will be disclosed that day. It is well known that the cost per case in elimination activities goes up; therefore Country allocation should not decrease.

With regards to catalytic funds, covering the three diseases, the overall amount available to the Global Fund could decrease. None the less the RAI grant was ranked high among the areas of focus for catalytic funds due to the successes achieved by the RAI grant in the GMS Countries.

Update on the Regional CSO platform

Shree Asharia and Louis da Gama

The regional CSO Platform Representatives provided an overview of the key activities of the CSO platform: regional consultation, community network building, field visits. In addition, they presented the findings of two recent field visits to Vietnam and Myanmar. Thanks to the work conducted in

Vietnam it was possible to confirm the need for increasing coordination and communication between all partners and health actors, advocate to the local authority to enable community testing and streamlining data collection and utilization. The visit to Myanmar shown that a fully funded community-based services including testing, treatment and adherence support is the way forward towards elimination. In Myanmar two additional aspects require specific attention: a) as community workers are the backbone of successful malaria control and elimination activities it is essential to keep them equipped and well-functioning. b) Information and data sharing should be bottom-up and top-down to ensure all actors understand the evidence available and can rapidly respond to changes and plan effective interventions.

Discussion:

- Trust relationship built by CSO community worker with the local communities, for example in Myanmar, has proved to be an important element for malaria reduction. The work of CSOs need to be done in close coordination with the Governments and in line with national guidelines.
- The activities agreed with CSOs, for example case investigation, should take into consideration the yields of interventions, including the cost-efficiency of the activities included in their plans. Coordination needs to be in place among all sectors in order to have successful outcomes, as already observed in some of the GMS Countries.
- The platform is proving helpful for CSOs cross-learning and coordination. The CSOs Platform is putting together recommendations and aims to meet national programmes to provide feedback on their recommendations and activities.

How to strengthen the relationship between CCMs and the RSC (RSC Secretariat)

Severine Calza

The presentation highlighted what the Terms of References of the RSC define in terms of coordination between the RSC and CCMs. According to the Guiding principles, the RSC shares its oversight mandate with the national Country Coordinating Mechanisms (CCMs). Close coordination, consultation and collaboration with national CCMs are essential to ensure Country ownership and strategic alignment between regional-level and Country-level priorities.

As per its Role and Core functions, the RSC should coordinate the development of all funding applications through an inclusive and transparent process, in close collaboration with national CCMs. It should also ensure that the principle of Country ownership is upheld in the development of Country-specific activities and that endorsement of national CCMs is provided where required. The RSC must identify and/or support the selection of Principal Recipient(s) and Sub-recipients in collaboration with national CCMs, and approve the allocation of funds to new activities during the grant lifecycle in collaboration with the national CCMs. Finally, the RSC should collect and disseminate programmatic information from/to national CCMs.

In terms of Composition & Membership, CCMs appoint one voting member (government representative) and one non-voting member per Country (representative of malaria programme) to the RSC. All five national CCMs of the RAI Countries are invited to nominate one observer to participate in each RSC meeting. Following their endorsement, the RSC Secretariat shall disseminate the final version of the minutes to all RSC members (including alternates, absentee members) as well as to the five national CCMs.

To further this collaboration, it is proposed that RSC members be actively engaged in strengthening their relationship with their respective CCMs. This could be done with the support of the RSC Secretariat, by defining clear follow-up activities to be conducted at Country level : for instance: 1) presenting RSC summary during the next CCM 2) distribute RSC minutes 3) collect written CCM feedbacks for RSC.

Discussion:

- RSC information sharing with CCMs through regular visits and updates of the RSC secretariat is important. Personal contact and information sharing is crucial for a dynamic dialogue among the different levels of the grant management. CCM minutes are also shared by the RSC secretariat via the newly established Newsletter.
- It was mentioned that the RSC name can lead to confusions (why “steering” and not “oversight”). The RSC *steering function* is important and should be conveyed to CCM clearly.
- It is acknowledged that the structures of each CCM are different and meetings as well as oversight visits are happening according to different timelines.

AOB

- The 14th RSC meeting is planned for 31st October-1st November 2019 in Myanmar as per the rotation policy and pending official government approval.
- The next RSC Ex-Com meeting will take place on the 10th of July in Bangkok.

