

**MINUTES OF THE
14TH MEETING OF THE RAI REGIONAL STEERING COMMITTEE
1st November 2019 – Yangon, Myanmar
Venue: Chatrium Hotel**

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List of Acronyms

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

Summary of RSC Meeting decision points

- **The RSC should formulate its requests to the Independent Monitoring Panel (IMP) and present it at the next RSC Meeting**

Opening remarks, Minister His Excellency the Minister of Health and Sports, Dr Myint Htwe

His Excellency the Minister of Health and Sports Dr Myint Htwe welcomed the RSC to Myanmar and emphasised the importance of cross border collaboration and synchronised coordination of activities in the GMS. The Minister also stressed the importance of increasing the capacity of staff to use and analyses quality data for building effective solutions to reach malaria elimination targets. Recognising the need for an accelerated and well-coordinated regional approach should be a priority for all health partners. The RSC is a precious platform allowing continuous dialogue, information exchange and international collaboration. Myanmar remains committed to the goals of the RAI2E and looks forward to continuing the work in the GMS.

Welcome address, Chair of the Global Fund Board, Dr Donald Kaberuka

Regional and global actions are key to fight epidemics successfully. Regional collaborations have led countries to great public health achievements, thanks to high-level commitments and coordinated policy-making. The potential of regional action in the fight against malaria is great, and the achievement of the RAI grants in the GMS are confirming this thesis. The ongoing epidemics require to step up the fight and continue the regional collaboration until malaria is eliminated.

Meeting introduction, RSC Chair, Prof Arjen Dondorp

The RSC is honoured by the presence of His Excellency the Minister of Health and Sports Dr Myint Htwe, the Permanent Secretaries Professor Dr Thet Khaing Win and Dr That Tun Kyaw, the Chair of the Global Fund Board Dr Donald Kaberuka and Vice-Chair of the Global Fund Board Lady Roslyn Morauta.

Meeting objectives:

- Update on the GMS epidemiological situation
- Countries progress update
- Regional component progress update
- Report from the RSC retreat and way forward for the development of the next Funding Request

Meeting agenda is available in Annex I.

RSC Membership updates and COI declarations are available in Annex II.

UNOPS, Dr Eisa Hamid and Dr Faisal Mansoor

See ppt presentation

The achievements of the RAI2E against key indicators for Jan-Jun 2019 were presented, together with budget absorption and key programmatic updates of the Regional Component package:

- 2.95 million suspected malaria cases were tested, of which 1.76 M (60%) were tested by the public sector providers, 1.06 M (36%) by community providers and 0.12 M (4%) by the private sectors. The performance against targets varied

by countries. Low performances were found mainly in public and community sectors due to late reporting and less testing.

- Of the total of 42,542 malaria cases identified, a total of 36,895 malaria cases were treated as per national treatment guideline.
- Case investigation is implemented in targeted areas as per the Country malaria surveillance guideline and elimination plan. Progress was good in most of the countries. Yet, there were still gaps in meeting the target in all countries except Thailand. Similar progress and challenges have been identified for foci investigation.
- Procurement of LLINs for mass distribution, all pharmaceutical products, RDTs and other health products was initiated and completed by the PR in time. There were some delays in getting importation approvals from some countries. All health products were procured with strict compliance with the Global Fund QA policy.
- The overall RAI2E budget absorption for Jan-Jun 2019 is of 86% (excluding HSS-Cambodia).
- Progress on the Regional Component varies from package to package (details available in the UNOPS presentation).

Discussion

- It should be noted that the overall ratio of patients tested vs patients treated is affected by changing epidemiological patterns at the local level. In addition, the number of patients treated is affected by challenges in accessing areas with ongoing conflicts.
- A discussion took place around the inclusion of a budget line for assisted referral as part of Regional Package 1. It was noted that data on treatment of malaria-positive patients are needed to assess if there is a need to implement assisted referral or other strategies to avoid low numbers of patients treated (against patients tested). Interventions should reflect the fact that each Country and each local context has its specificities.

WHO Update, Dr Pascal Ringwald

See ppt presentation

- GMS countries have substantially reduced the number of malaria cases from 2012-2018. In 2018 and the first half of 2019, countries have made significant progress towards *P. Falciparum* elimination, especially Cambodia, Myanmar and Thailand.
- From January to June 2019, approximately 79% of cases in the GMS were *P. Vivax* or combined cases of *P. Vivax* and *P. Falciparum*.
- The remaining cases are concentrated in small geographical areas among forest goers, requiring a focused and tailored strategy for these populations (including prophylaxis).
- WHO continues to support National Malaria Control Programmes to address challenges and priorities and the Mekong Malaria Elimination (MME) programme continues to support communication, partner coordination and cross-Country activities.

Discussion

- The urgent recommendations made by the RSC to Vietnam at the 12th RSC meeting on 14-15 November 2018 was renewed. In Vietnam, several provinces are facing *P. falciparum* infections resistant to both artemisinin and piperazine. This situation results in very high treatment failure in patients with uncomplicated *P. falciparum* malaria treated with DHA-piperazine. Because of the high failure rates of this drug, continued use will increase the malaria burden, and increase the population of multidrug-resistant *P. falciparum*. These drug-resistant parasites are also a threat to the entire GMS. Vietnam should take immediate action, as also discussed during the last RSC Meetings, to change the first-line treatment, ceasing the use of DHA-piperazine as soon as possible.
The Vietnam representative shared with the RSC that in early November 2019 a new first-line treatment should be available in the Country. Consultations to accelerate the process are still ongoing in Vietnam.
- It was noted that CSOs workers in remote areas of Vietnam could not treat patients but are only allowed to refer them to health centres. Since the Country is using a low efficacy drug, patients are often going back to see the CSOs workers after receiving a non-efficacious treatment. This practice unnecessarily overburdens the work of CSOs.
- In Laos, it is very important to continue the monitoring of Artemether-lumefantrine efficacy.

- Countries need to have clear SOPs and policies in place for radical treatment of *P. Vivax*.

Global Fund, Dr Urban Weber

- The level of collaboration witnessed through the years between the GMS Countries is laudable. Malaria elimination in the GMS is not something that countries can individually achieve but is a joint goal for the whole region. The Global Fund acknowledges the successful progress in the region.
- The successful replenishment of the Global Fund allows us to assume that the RAI grant should continue.
- The current budget absorption of ~ 80% suggests positive forecasts for the total absorption rate at the end of the grant cycle. The absorption of existing funds is a pre-requirement to obtain more funds for the same activities.
- With over 3 million tests performed and less than 50,000 positive cases, the epidemiological landscape will probably require some adaptations to remain programmatically effective. With many areas of the region moving to (pre-)elimination settings, one of the issues deserving attention is the sustainability of existing volunteer networks. With malaria incidence dropping, the ratio of confirmed cases vs tests performed declines massively. To remain attractive for the population they serve, the role of the VMWs could be expanded to address other easily treatable conditions (e.g. respiratory diseases, diarrhoea etc.). Increasing the TOR of VMVs, with a relatively low amount of funds to treat other conditions, would be an efficient strategy to guarantee the essential requirement of continued malaria screening, reach zero malaria cases and eliminate *P. Falciparum* in the entire region.

Discussion

- His Excellency the Minister of Health and Sports Dr Myint Htwe thanked the GF for supporting malaria elimination activities. His Excellency highlighted that Myanmar is proud to host the RSC meeting since inter-Country collaboration and information sharing are pivotal for effective implementation of malaria programmes.

Myanmar update

See Presentations by NMCP and CSOs for key programmatic updates, sub-national analysis of epidemiological trends, update on the integration of services at community level, resistance updates and an overview of CSOs activities.

Discussion

- Malaria is a forest disease. However, in Myanmar, 12 townships are responsible for 65% of the malaria burden. The challenges faced in these ‘hotspots’ include the presence of children and adults with asymptomatic malaria and high parasitemia; the national strategic plan should add activities on top of LLINs and passive test and treatment, such as mass screening and treatment to identify the asymptomatic individuals. Malaria cannot be eliminated unless these individuals are identified and treated. Interventions of these types should be included in the National Strategic Policy under preparation (which is also a requirement for the Global Fund to fund such activities, if possible).

Cambodia update

See Presentations by NMCP and CSOs for key programmatic updates, sub-national analysis of epidemiological trends, update on the integration of services at community level, resistance updates and an overview of CSOs activities.

Discussion

- Data on malaria activities are collected in the Malaria Information System (MIS) only for endemic Operational Districts. There is the need to extend it to the whole Country territory moving towards elimination. The long-term plan is to increase the capacity of the tools. Particularly in order to track cases of people moving across district/provinces.
- A surveillance assessment, possibly done with the technical assistance of WHO, is to be considered to strengthen the data collection and analyses and have a system complying with the requirements needed for elimination.

- The Asian Development Bank (ADB) mentioned that their project in South East Asia includes activities on epidemiological surveillance. The ADB RSC Member will share with the RSC Secretariat information on their funded surveillance activities to identify synergies and avoid duplications.

Laos update

See Presentations by NMCP and CSOs for key programmatic updates, sub-national analysis of epidemiological trends, update on the integration of services at community level, resistance updates and an overview of CSOs activities.

Discussion

- The RSC Member from Laos National Malaria Programme shared that the current G6PDs tests are not easy to read and that Primaquine regimen presents compliance issues. He then added that, whereas user-friendly G6PDs tests would be made available, treatment for *P. Vivax*, could take place at the community level and done by CSOs.
- Studies on a shorter regimen for Primaquine use (7 days) are still ongoing. Final results are not available.
- In Laos, the supply chain system still faces many challenges in remote areas. This issue requires more attention from all partners.

Thailand update

See Presentations by NMCP and CSOs for key programmatic updates, sub-national analysis of epidemiological trends, update on the integration of services at community level, resistance updates and an overview of CSOs activities.

Discussion

- The definition of the roles of Community Volunteers and their complementarity with government services was discussed. Community Volunteers networks are in place and are willing to scale up collaboration with the Government. The CSOs role needs to be further discussed and defined in Thailand.

Vietnam update

See Presentations by NMCP and CSOs for key programmatic updates, sub-national analysis of epidemiological trends, update on the integration of services at community level, resistance updates and an overview of CSOs activities.

Discussion

- The introduction of an effective first-line treatment for *P. Falciparum* remains an absolute priority (see discussion under ‘WHO update’).
- The Country is working on getting data disaggregated down to the village level. This granularity could be available in the next six months. However, it should be noted that forest goers and mobile population/migrants represent the population that is currently not captured by the data.
- To address obstacles in importing drugs, the idea of a GMS regional central stockpile has been discussed. A regional procurement pipeline could reduce some of the challenges; this idea should be further discussed and explored.

Bangladesh update

See ppt presentation

- Malaria data from 2018 show progress and a positive epidemiological trend. In the areas bordering Myanmar, the number of cases was reduced by two-third; particularly thanks to migrant linguistic and culturally sensitive IEC.
- Slide positivity rates and ABER are much improving throughout the Country. G6PD status from a recent survey shows that 9.23 % are very severe, 5.11 % severe, 6.43 % moderate, 65.73 % normal and 13.51 % enhanced.

- The Country is piloting projects to track population movements through mobile networks to predict and prevent possible malaria outbreaks.
 - Bangladesh much appreciates the cooperation with the RSC, and an increased level of collaboration with the RSC would be welcomed.

China update

See ppt presentation

- No indigenous cases have been reported in China since 2017.
- Current activities focus on the evaluation of the sub-national malaria elimination and surveillance & response to the imported cases. The National Malaria Programme efforts are focusing on preventing the re-establishment of malaria transmission. Preparation for WHO certification on national elimination is ongoing.
- Key challenges include: dealing with mobile populations in relation to imported cases; address the risk of re-transmission along the border areas; maintain health workforce capacity to diagnose and treat; maintain an efficient surveillance and response system, keep a sustainable malaria human resources plan.

APLMA update, Dr Ben Rolfe

- The organisation of the 2020 malaria week organised by APLMA, where representatives from Asia-Pacific nations pledge to undertake collective action to accelerate progress against malaria and eliminate the disease in the region for good, is proceeding and consultations are ongoing with Vietnam.
- India will host the APLMA malaria week in 2021.
- The Replenishment of the Global Fund was a great success, with the potential to save millions of lives. The RAI2E and the work done in the GMS has been a success story throughout the replenishment process.
- APLMA facilitated the launch of the Lancet Commission on Malaria Eradication on 8 October 2019 in Singapore
- An M2030 campaign was launched in Myanmar. M2030 is a movement that brings together businesses, consumers and health organisations in a unique partnership to end malaria in Asia by 2030.
- Myanmar became a member of APMEN.
- Dr Ben Rolfe, the APLMA CEO, will leave APLMA and therefore will not join future RSC meetings. Dr Ben Rolfe thanked the RSC and expressed his gratitude for the precious collaborations throughout the years of joint work.

Independent Monitoring Panel report to the RSC, Dr Jim Tulloch

See ppt presentation and IMP Report to the RSC.

The overall observation of the IMP is that, while all countries are committed to malaria elimination, the transition to a more purposeful elimination approach is slow even in areas where elimination is the focus. The IMP recommends having:

- Stronger re-orientation towards elimination building on a sense of urgency using this window of opportunity.
- Rigorous implementation of *appropriate* case/foci notification-investigation-response policies and other elimination activities.

Detailed findings and recommendations for improvement were presented, on the following areas: persistent hotspots, multi-drug resistance, procurement/supply chain and supervision. In addition, a full report on the IMP findings and recommendations has been shared with all RSC members before the meeting.

Discussion

- Countries are not prepared to change drug regimen in a timely manner when needed. The Global Fund witnessed long delays in drug changes (registration, supply change, training delivery). A group should be constituted at the regional level to institute quick procedures to change from one drug to another. A subcommittee could be put in place by UNOPS.

- ADB has designed malaria activities targeting MMP groups, with a start date in 2021. Coordination with RAI3E will be important on this topic.
- Catching up with *P. Vivax* radical treatment is important to move towards elimination. G6PDs testing is complex, and the regimen is hard to comply with. A clear strategy is needed. There is an agreement that a clear strategy should be included in RAI3E, and activities should already be included in the NSPs under preparation.
- A CSO assessment is welcomed by the CSOs representative, to identify the best role that CSOs could play in the RAI2E and RAI3E. This exercise should inform the definition of CSOs role in complementing the work of national institutions; particularly given the work to be done for *P. Vivax* cases.
- The regional data sharing platform managed by MME will start sharing data with Countries' constituencies every month (instead of quarterly).
- Risk-based drug administration should be considered together with more aggressive approaches.
- There is a need to improve the indicators related to elimination activities; they need to better reflect the quality of elimination activities.

Decision Point:

- **The RSC should formulate its requests to the Independent Monitoring Panel (IMP) and present it at the next RSC Meeting**

Summary of the RSC Retreat, RSC Chair, Prof Arjen Dondorp

The components of the next concept note for the RAI 3 E have been discussed. It was agreed that the IMP recommendations should inform the currently ongoing revisions of the National Strategic Plans for malaria elimination as well as the RAI3E grant funding request preparation as much as possible.

Key areas of interventions for the RAI3E National Components:

- Community-based services and surveillance - The funding request should include elements of service integration at the community level to maintain an effective network at the community level. Particularly for activities in remote, difficult to reach, areas.
- Bed nets distribution and other vector control measures -The overarching principle for the next funding request is to articulate how geographic areas are segmented according to varying epidemiology, and state what the National Strategic Plans should achieve in different strata.
- Surveillance -There is a need to continue to focus on data platforms, tools and processes under RAI3. The regional data sharing platform should be strengthened, and data made more granular, frequent and accessible. Assessments should be used to identify gaps and bottlenecks to be addressed. A sensitive and effective response system should elevate malaria as a notifiable disease. Molecular surveillance should be part of the response.
- Case notification-investigation focus investigation- classification, and response- The practical implementation of these activities has many variables and should be tailored towards the specific Country and setting. The activities proposed should be based on available evidence, feasibility and pragmatism. The funding request should specify where the activity is implemented and what the case and focus investigation, as well as the response, imply. Activities aimed at monitoring the quality of the activities should be implemented.
- *P. Vivax* response- A strategy common to the region for *P. Vivax* is needed. This should be considered to harmonise action in the GMS: from the adoption of common terminology to the definition of common actions

Key discussion on the Regional Component

The regional component under RAI2E was discussed, including the performance of this component in the current grant cycle, as well as the potential component for RAI3E.

Continuing activities aiming at expanding access to prevention tools and case management services amongst hard to reach populations is essential. The focus should be on reaching the most vulnerable and less reachable groups in border areas, not exclusively cross-border focused.

The RSC agreed on the importance to continue Operational Research (OR) in the RAI3E, with revised processes (e.g. selections, approvals, synergies, risk mitigation).

It was also agreed that additional activities could be planned to accelerate interventions in hotspots areas and to strengthen preparedness plans throughout the GMS.

RSC Secretariat Update, Ms Severine Calza

See ppt presentation

An update on the Funding Request preparation was provided. Each CCM is in charge of coordinating the development of the national component of the Funding Request with the support of a consultant. The RSC has set up a Writing Committee to oversee the development of the overall funding request. The consultants in charge of drafting the next RAI Funding Request are supported by France Expertise Initiative 5% (FEI). The team, endorsed by all CCMs, is the following:

- Cambodia: Esther Sedano
- Laos: Nancy Knapp
- Myanmar: Patricia Graves
- Thailand: Darin Kongkasuriyachai
- Vietnam: Sean Hewitt
- Support: Marta Urrutxi
- Team leader regional: Roberto Garcia

Timeline for the development of Global Fund 2021-2023 Funding Request

<i>No.</i>	Development of Global Fund 2021-2023 Funding Request	Timeframe
1	14 th RAI RSC meeting – retreat in Yangon	31 st October/1 st Nov 2019
2	Writing Committee meeting in Bangkok	11-12 th December 2019
3	Country Dialogue 1: Vietnam	14 January 2020
4	Country Dialogue 2: Laos	17 January 2020
5	Country Dialogue 3: Thailand	21 January 2020
6	Country Dialogue 4: Myanmar	24 January 2020
7	Country Dialogue 5: Cambodia	29 January 2020
8	Meeting of Writing Committee (Phnom Penh)	3 rd -4 th February 2020
9	15 th RAI RSC (Vietnam)	10-11 th March 2020
10	Submission of Funding Request	23 rd March 2020

RSC Chair, Global Fund Country Team and RSC Secretariat will be attending the Country Dialogues.

CSOs Platform update

- The CSOs Platform helps CSOs to discuss and address implementation bottlenecks during Regional Consultations jointly. It also provides the opportunity for the CSOs to stand with a unified voice for advocating key needs – such as for **disease integration and improved surveillance**.
- The CSOs Platform function as a coordination bridge for Country CCMs and CSOs at the national level, which allows an inclusive discussion on the implementation of the RAI2E and helps to address in-country CSOs challenges. Country visits and community network initiatives further enable this coordination.
- The future directions for the CSOs Platform are:
 - a) Advocate for enabling policy, strategies and plans that include community-based services and respect the rights of all communities in the Greater Mekong Sub-region
 - b) Facilitate meaningful coordination and partnerships between civil society organisations and other key malaria actors including donors, governments, technical partners and communities
 - c) Strengthen capacity civil society actors by leveraging the strengths of implementing and other technical partners

Private sector engagement, Francois Desbrandes

François Desbrandes, Private Sector representative briefly updated the RSC with the activities taking place on the sub-package 6.3 related to corporate engagement. A meeting was organized on October 31st in Yangon with PR and SR (UMFCCI) to review this package. Although the first part was a bit delayed, it is currently being developed and will be completed by the end of this year. Regarding the second part, all the 4 activities have started, with large companies engaged on a CSR basis. Pahtama, Coca-Cola, Grand Royal Group and local FMCG distributors are providing their Fast Moving Consumer Goods network to deliver malaria commodities, we implement “SMS4life” app with support from Novartis to improve inventory management and case reporting, fully compatible with national DHIS2 system and Wavemoney is supporting digital wallet to transfer money to village volunteers with secured exclusive corporate rate. By end of 2020, for those 3 activities, the Project will cover 3.3 million people, 664 health facilities in 15 townships in 4 states and regions (Chin, Sagaing, Rakhine and Mon). For the fourth activity, in order to support dialogue and innovation, we set up the Private Sector Advisory Network (1st call on October 16) to assist UMFCCI on challenges, bottlenecks and barriers to succeed in this pilot project and prepare the regional extension.

Closing remarks, Chair of the Global Fund Board, Dr Donald Kaberuka

The work done by the RAI2E Constituencies has brought impressive results thanks to a pragmatic approach. The RSC shows what partners can achieve when working together.

To complete the job and eliminate malaria, it will be important to ensure fully inclusive CCMs and processes. The collaboration with CSOs is a valuable aspect of the ongoing activities and should be continued.

Closing remarks, Permanent Secretary Dr That Tun Kyaw

The Myanmar Government Representative shared that the Ministry was pleased with the RSC Meeting and congratulated all GMS Countries and constituencies for the progress made. Special thanks were addressed to China and Bangladesh representatives for their participation, as well as to all delegates, donors and RAI2E experts.

Annex I- Agenda
14TH MEETING OF THE RAI REGIONAL STEERING COMMITTEE
1st November 2019 – Yangon, Myanmar
Venue: Chatrium Hotel

Time	Item	Supporting documents
8.00-8.30	<i>Registration</i>	
8.30-8.45	Opening remarks by His Excellency Dr. Myint Htwe Union Minister of Health and Sports and M-HSCC Chair	
8.45-9.00	Welcome address by the Chair of the Global Fund Board, Dr Donald Kaberuka	
09.00– 9.15	Introduction / RSC administrative matters (Prof. Arjen Dondorp, RSC Chair) - COI declarations - Membership updates	Minutes of 13 th meeting
9.15 – 9.45	RAI Progress Update (Dr. Attila Molnar, UNOPS) - Overall progress and Regional Component (including OR)	Quarterly issues paper, PPT presentation, PUDR
9.45-10.00	Updates from WHO MME and TES (Dr Pascal Ringwald, WHO)	
10.00-10.15	Updates from the Global Fund (Dr Urban Weber, Global Fund)	
10.15-10.45	<i>Group Picture and coffee/tea break</i>	
10.45-11.15	Myanmar Presentation NMCP 10' and CSOs 5' Discussion 15'	
11.15-11.45	Cambodia Presentation NMCP 10' and CSOs 5' Discussion 15'	
11.45-12.15	Lao PDR Presentation NMCP 10' and CSOs 5' Discussion 15'	
12.30–13.30	<i>Lunch break</i>	
13.30-14.00	Thailand Presentation NMCP 10' and CSOs 5' Discussion 15'	
14.00-14.30	Vietnam Presentation NMCP 10' and CSOs 5' Discussion 15'	
14.30-15.00	Overview of malaria & resistance in China, India & Bangladesh (Dr Xiao Ning, TBD & Dr Md. Mosiqure Rahman)	
15.00-15.15	<i>Coffee/tea break</i>	
15.15-15.30	APLMA partnership updates (Dr Ben Rolfe, APLMA)	
15.30- 16.00	2019 IMP Report (Dr. Jim Tulloch, IMP Chair)	IMP Report
16.00-16.30	Preparing for the next Funding Request (2021-2023): - Debrief from the RSC retreat (Prof. Arjen Dondorp, RSC Chair) - Presentation of timeline (RSC Secretariat)	PPT on Funding Request Development
16.30-16.40	Civil society platform updates	
16.40-17.00	AOB and next meeting	

Annex II- 14th RSC Membership updates and COI

RSC Membership updates:

- As of October 2019, Dr Nguyen Manh Cuong, Director General, International Cooperation Department, MOH Viet Nam, was appointed to represent the Vietnam CCM on the RSC. Dr Chu Van Tuyen has been nominated to represent him at the RSC meeting.
- Since May 2019, Dr. Teng Srey (she), Deputy Director, CDC (Cambodia) has been nominated as RSC member for Cambodia
- As of September 2019, Dr Taraneh SHOJAEI (she), Regional Counsellor in Global Health, is representing France in the RSC
- Marie Ahmed USAID Health Director will be the interim representative for PMI on the RSC until the new PMI Regional Adviser is appointed. Sandra Bird, Deputy Health Office Director, for USAID is representing her in this RSC meeting.
- Dr Thandar Lwin Director, Disease Control Department of Public Health, Myanmar is not able to attend this meeting but we are honoured to welcome Permanent Secretary Dr.Thar Tun Kyaw to represent Myanmar in this meeting
- The RSC Vice-Chair Dr Ly Sovann and Dr Megan Counahan from DFAT send their regrets as they are not able to attend the meeting
- Dr Rattanaxy, representing Laos PDR, who will complete 2 consecutive terms in the RSC at the end of this year. He will be replaced by Dr Khampeng Phongluxa, Head of Coordination and Research, Lao Tropical and Public Health Institute.
- Non-voting members: Dr. Hiromasa Okayasu, Coordinator for the Mekong Malaria Elimination (MME) program of WHO, left his position and he's replaced by Dr Luciano Tuseo (acting) as non-voting member in this RSC meeting

COI declarations:

Dr Frank Smithuis declared that he is leading MAM (Malaria Action Myanmar), a sub-recipient of the grant, while also representing the CSOs at RSC. Prof. Arjen Dondorp declared that MORU and SMRU, organization to which he's affiliated, are sub-recipients of the RAI2E grant.