

Minutes

16th RAI Regional Steering Committee (RSC) Meeting

10-11 November 2020

Online convened meeting

Meeting Chair: Prof. Arjen Dondorp, RSC Chair

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DAY 1 – 10 November 2020

Introduction and meeting objectives

Prof. Arjen Dondorp, RSC Chair

Meeting attendance

- 13 out of 16 RSC voting members are present. The quorum is obtained.

Presentation of new members

- Ms Amita Chebbi, Senior Director of APLMA, has been endorsed by the RSC as representative of regional multilateral partner APLMA and RSC voting member
- Dr David Sintasath, PMI Regional Malaria Advisor, has returned to his role as RSC voting member and representative of development (bilateral) partner PMI/USAID
- The representative for the private sector constituency is still vacant and pending nomination

Conflict of interest declaration

- Prof. Arjen Dondorp declared a conflict of interest as Deputy Director of Mahidol Oxford Clinical Research Unit, one of the sub-recipients of several packages under the RAI2E and RAI3E grant
- Ms Amita Chebbi declared a conflict of interest due to APLMA, one of the sub-sub-recipient of the RAI3E Operational Research grant

Objectives of the meeting for Day 1:

- Provide an overview of RAI3E elimination targets and updates on regional package grant allocation and grant making, as well as technical review panel (TRP) and grant approvals committee (GAC) recommendations
- Address the path to sustainability in the post-elimination context in the Greater Mekong Sub-region (GMS)
- Present the latest epidemiological updates on malaria and COVID-19 in the region
- Present findings of the RSC Independent Monitoring Panel (IMP) and plans ahead
- Discuss scenario planning and strategies to mitigate COVID-19 impacts on RAI activities

Targets for elimination and RAI3E

Mr Urban Weber, Head of High Impact Asia, Global Fund

[Please refer to RAI3E grant update PowerPoint presentation for more information](#)

Presentation and discussion:

- Extraordinary progress has been achieved in the fight against malaria in the Mekong
- Elimination of *P. falciparum* by 2023 is a realistic goal in the GMS. It is time to capitalize on the great achievements of the last years and move forward.
- The Global Fund is committed to remaining a key partner in the post-elimination context to prevent the reintroduction of malaria in the region once this is achieved.

Discussion:

- All countries and partners agree to set, as a goal, the elimination of *P. falciparum* by 2023.

[RAI3E grant update](#)

Prof. Arjen Dondorp, RSC Chair

[Addressing TRP & GAC recommendations](#)

[Please refer to RAI3E grant update PowerPoint presentation for more information](#)

Please refer to the RSC Chair response to the TRP and GAC recommendations

Presentation:

- Global Fund TRP and GAC shared some recommendations in response to the RAI3E regional funding request:
 - Issue 1: Lack of alternative approaches to accelerate the elimination of multi-drug resistant falciparum malaria
 - Issue 2: Insufficient reporting from key malaria service providers in the private sector and a need to further strengthen the use of strategic information to focus on the urgent malaria elimination response
 - Issue 3: Insufficient focus on building the resilience and sustainability of community-based services through strengthening partnerships with civil society organizations (CSOs)
 - Issue 4: High number of performance framework indicators with unclear relevance for malaria elimination settings
 - Issue 5: Uncertain mid- and long-term financial sustainability
 - Issue 6: Uncertain operational sustainability of regional approach
 - Issue 7: High management costs affect value for money and strategic investment
 - Issue 8: Case and foci investigation and rational approaches to active case detection /reactive case detection
 - Issue 9: Addressing the increasing proportion of *P. vivax* cases

Discussion:

- Responses from all GMS country coordinating mechanisms and RSC key partners informed the response to the Global Fund Secretariat addressing the TRP and GAC recommendations
- The Global Fund recognizes the good work done in addressing the comments and providing a comprehensive response

[Overview of RAI3E regional packages](#)

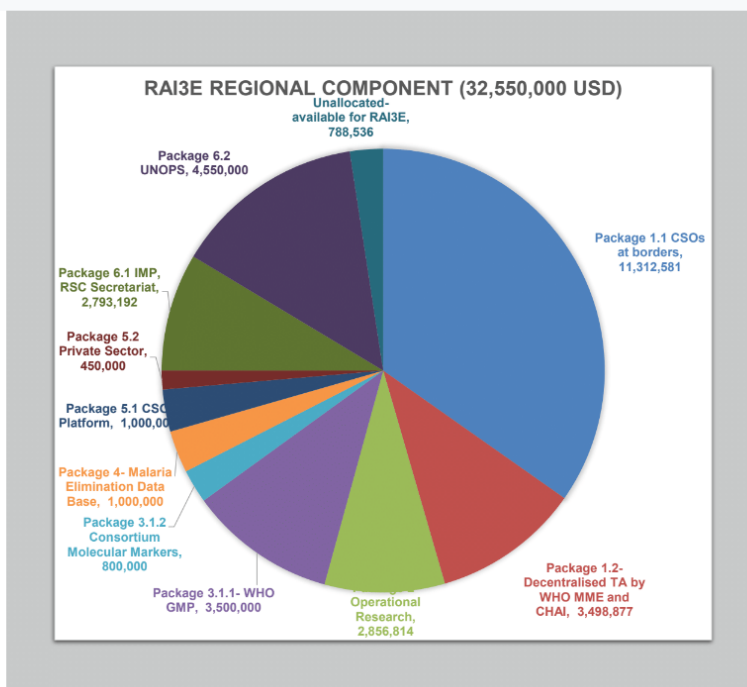
Please refer to RAI3E Grant update PowerPoint presentation for more information

Presentation:

The RSC Chair presented the RAI3E regional component packages and sub-packages, including the sub-recipients selected by the RSC:

RAI3E Regional Component

- Package 1-Extending access to prevention tools and case management services among hard to reach populations
- Package 2-Operational Research
- Package 3- ensure permanent availability of efficacious and quality-assured ACTs across the GMS
- Package 4- Strengthening regional surveillance through a regional data sharing platform and data repository
- Package 5- Support constituencies to improve and expand service delivery in country components through regional multi-sectoral collaboration
- Package 6- Ensure RAI3E regional governance, management and monitoring



- Sub-package 1.1. Expanding prevention, testing and treatment coverage for mobile migrant ethnic and vulnerable hard-to-reach populations, including cross-border approaches, and strengthening evidence-based data for high-risk groups to inform targeting of interventions
 - Budget allocated: US\$ 11,312,581
 - Sub-recipients: Health Poverty Action, Medical Action Myanmar, Save the Children, SMRU, Malteser International and Malaria Consortium
- Sub-package 1.2. Cross-border collaboration/case notification, exchange of information, operational and leadership capacity reinforcement through decentralized technical assistance
 - Budget allocated: US\$ 3,498,877
 - Sub-recipients: WHO Mekong Malaria Elimination (MME) & Clinton Health Access Initiative
- Package 2. Operational Research
 - Budget allocated: US\$ 2,856,814
 - Approved studies and sub-recipients are included in the table below:

Priority area	Lead institution	Research title	Principal investigator(s)

Priority area 1 - Integration and sustainability	MORU, APMEN, UCSF, AHEAD	Sustaining village health worker programmes with expanded roles in the GMS	Dr Richard J Maude
Priority area 2 - Testing and radical cure for <i>P. vivax</i>	Institute Pasteur Cambodia, AFRIMS, PATH	Plasmodium vivax elimination in the GMS: targeting the hypnozoite reservoir, expanding access to radical cure treatments and enhancing safe and effective case management	Dr Benoit Witkowski and Dr Jean Popovici
Priority area 3 - Evaluating optimal tools for vector control	Burnet Institute, HPA	Personal protection packages for reducing residual malaria transmission in forest-going mobile and migrant populations in the GMS: Stepped-wedge trials with nested mixed methods study	Dr Freya Fowkes
Priority area 4 - Effectiveness of and alternatives to 1-3-7 strategy in GMS	Burnet Institute, HPA	Optimizing 1-3-7 surveillance and response strategies to achieve malaria elimination across the GMS	Dr Freya Fowkes

- Sub-package 3.1.1. Monitoring of anti-malarial drug efficacy and treatment policy updates
 - Budget allocated: US\$ 3,500,000
 - Sub-recipient: WHO Global Malaria Programme (GMP)
- Sub-package 3.1.2. Establishing an infrastructure for molecular surveillance of anti-malarial drug resistance
 - Budget allocated: US\$ 800,000
 - Sub-recipient: MORU
- Sub-package 3.2. Assessing case management practices in the private sector and monitoring oral Artemisinin-based Monotherapies, and sub-standard and falsified medicines
 - No applications were received for this sub-package, therefore, it was cancelled and the funds will be re-allocated to other packages
- Package 4. Strengthening regional surveillance through a regional data sharing platform and data repository
 - Budget allocated: US\$ 1,000,000
 - Sub-recipient: WHO MME
- Sub-package 5.1. Supporting a regional CSO Platform to address access to services to the community (CSO Platform)
 - Budget allocated: US\$ 1,000,000
- Sub-package 5.2. Expanding innovative engagement of the non-health corporate sector to support malaria elimination
 - Budget allocated: US\$ 450,000
 - Sub-recipient: Union of Myanmar Federation of Chambers of Commerce and Industry UMFCCI
 - This sub-package follows the three components of the previous RAI2E grant, which provided relevant results
- Sub-package 6.1. RSC and RSC Secretariat, and Sub-package 6.3. Ensuring impact and value for money through an independent monitoring panel

- Budget allocated: US\$ 2,793,192
- **Sub-package 6.2. UNOPS Management**
 - Budget allocated: US\$ 4,500,000

Discussion:

- Package 2, Operational Research (OR):
 - Some members raised concerns over how the RAI3E selected research projects contribute to the current objective to eliminate *P. falciparum* by 2023 given the tight timeline. It was clarified that grants are only for two years, and OR sub-recipients will be requested to share results as soon as possible to drive activities in the current cycle.
 - All OR sub-recipients selected presented supporting letters from national authorities from each of the countries where they are proposing to conduct the study. National Malaria Control Programs (NMCPs) from all countries were also part of the OR Sub-committee selecting these projects.
 - RSC will ensure that dissemination of results to all relevant actors in the region is systematically conducted, also guiding dialogues on the operationalization of the findings to drive RAI3E activities.
- Package 4 Strengthening regional surveillance through a regional data sharing platform and data repository
 - The data base for regional surveillance will be adapted in order to move from a control setting to an elimination context, including more disaggregated data.
 - It is important to revise the definition of cases to ensure a proper harmonization among all countries in the region and to facilitate data compilation.

[Update on RAI3E grant making \(UNOPS/Global Fund\)](#)

Dr Faisal Mansoor, UNOPS-PR

[Please refer to UNOPS RAI3E Grant Making PowerPoint presentation for more information](#)

Presentation:

- Summary of RAI3E allocation, including national allocation and regional funding, can be found in the table below:

Component	National allocation (US\$)	Catalytic funding (US\$)	Total (US\$)	Final allocation for grant making
Cambodia	25,026,215	15,000,000	40,026,215	36,176,215
Lao PDR	7,241,081	5,000,000	12,241,081	14,541,081
Myanmar	50,119,602	40,000,000	90,119,602	90,119,603
Thailand	11,978,184	10,000,000	21,978,184	21,978,184
Viet Nam	16,180,102	15,000,000	31,180,102	31,180,102
Regional		35,000,000	35,000,000	32,550,000
Total	110,545,184	120,000,000	230,545,184	226,545,185

- The process is on track in order to finalize grant signing in December 2020.

Discussion:

- Overall, there is a good trend in how RAI grants have evolved. It is important to continue supporting the Resilience and Sustainable Systems for Health (RSSH).
- The Global Fund confirms that the process is also moving ahead on its side in order to avoid any gaps between RAI2E and RAI3E.
 - Regarding the agreement on the signature timeline, the Global Fund confirms that the final allocations of 1.1 have been sent by RSC to the Global Fund. The final allocation will be shared with the RSC Ex-Comm for final approval.
- It is suggested that unallocated funds be invested into Sub-package 1.1., as this is the most efficient activity contributing to the objective of eliminating *P. falciparum* by 2023. If other priorities are identified throughout the grant, it will be possible to allocate flexible funds.
- There is a need for an additional review of the areas covered under Sub-package 1.1. to identify gaps in further investment.

Sustainability of the malaria response in the GMS

Dr Sara Fewer, UCSF

[Please refer to UCSF PowerPoint presentation for more information](#)

Presentation:

- The Global Fund has a policy on transition and sustainability for countries which are close to a malaria elimination context. The Global Fund wants to make sure that countries have a plan and structures in place to integrate activities to prevent the re-introduction of malaria once elimination is achieved.
- UCSF is conducting an assessment already with Cambodia, Vietnam and Thailand. Myanmar and Lao PDR may follow.

Discussion:

- The work of community health workers must be expanded to a broader package of services that they can deliver in order to ensure the sustainability of the existing volunteer network.
- Cambodia has already started work with UCSF, but it is important to understand the impact of COVID-19 and the uncertainty in the next period. UCSF acknowledges this point.
- Lao PDR will integrate disease management at the community level, focusing on sustaining the village health volunteer network.
- Myanmar is not yet involved in such an assessment, however these considerations are included in the national malaria control and elimination strategy. The Global Fund is the highest contributor to malaria control and elimination efforts, so there is a need for NMCP to continue advocating the government to have further domestic budget allocated to this. The UCSF assessment would be helpful for defining a path towards sustainability and further advocating the government.
- Thailand will continue with the assessment.
- Vietnam confirms its support to this approach.

- It is important to integrate CSOs and communities into this assessment.

Epidemiological and technical update

[WHO Global Malaria Programme: Epidemiological update](#)

Dr Pascal Ringwald, RSC Operational Research Sub-committee Chair, WHO GMP

[Please refer to WHO Global Malaria Programme PowerPoint presentation for more information](#)

Presentation:

- Artemisinin-based combination therapies (ACTs) remain highly efficacious according to the studies analysed for the period 2010-2019. The minimum number of ACTs available for potential use in GMS countries are:
 - Cambodia: 2 ACTs
 - Lao PDR: 3 ACTs
 - Myanmar: 3 ACTs
 - Thailand: 2 ACTs
 - Vietnam: 2 ACTs
- Studies indicate that specific ACTs per country will still be efficacious for the next three years.
- The ‘Report on antimalarial drug efficacy, resistance and response: 10 years of surveillance (2010–2019)’ of the Global Malaria Programme will be released soon.

[WHO MME: Epidemiological update in GMS and impact of COVID-19 on malaria activities](#)

Dr Luciano Tuseo, WHO MME

Please refer to WHO MME PowerPoint presentation for more information

Presentation:

- Cambodia has made a great progress towards malaria elimination
- From January to September 2020, 82 percent of cases recorded were *P. vivax*. This is likely to increase as countries approach elimination. Cambodia began the implementation of *P. vivax* radical cure with primaquine.
- All countries are encouraged to adopt aggressive or innovative approaches to priority areas: a) targeting high-risk populations; b) monitoring drug efficacy and updating/implementing national treatment guidelines; and c) improving surveillance and scaling-up elimination phase activities.
- An intensification plan and aggressive approaches are planned for Cambodia, Lao PDR and Myanmar.
- Against the backdrop of COVID-19 in the region, GMS countries have increased their commitment to malaria elimination, creating risk assessments and operational plans to guide potential impacts of the pandemic in elimination efforts.

Discussion:

- Cambodia suggested having support from the Global Fund to procure and distribute repellents for vector control. It was noted that repellents are not currently on the list of WHO prequalified commodities, however, because of new evidence from the GMS on the effectiveness of repellents, this is currently re-evaluated at the GF.
- It was suggested considering aggressive approaches in Myanmar (also targeting asymptomatic individuals) as the only possible means to achieve *P. falciparum* elimination in 2023. The Myanmar NMCP recognizes the need to accelerate activities to achieve the target but also highlights the challenges that the COVID-19 pandemic is currently posing in the country. WHO Myanmar highlights that targeted massive drug administration in hard-to-reach areas, such as Paletwa, is a challenge.

RSC IMP report to the RSC

Dr Jim Tulloch, RSC IMP Chair

Dr Jacqueline Deen, RSC IMP Member

Please refer to IMP PowerPoint presentation for more information

Presentation:

Among IMP recent activities were:

- Support for RAI3E grant development processes
- Impact of COVID-19 on malaria elimination activities
- Continuing assessment of regional malaria data
- The RAI Regional Steering Committee of the Global Fund RAI2E grant requested the IMP to conduct a review of case investigation, focus investigation and response (CIFIR) practices in recipient countries. The goal was to assess practices in relation to existing WHO guidelines, assess RACD and PACD yields and provide recommendations to the RSC for informing RAI grant investments in CIFIR. The result of the IMP review could be used to inform further discussion with policy makers and WHO. The IMP review conclusions and recommendations to the RSC included the following:
 - CIFIR seems to be time- and labour-sensitive, with low yields overall. Screening is inefficient and diagnostic tests do not detect all parasitaemia.
 - The IMP recommends the RSC that countries nearing elimination and already implementing CIFIR could continue, with simplified guidelines and forms, conducted at national or sub-national level.
 - Countries struggling to carry-out CIFIR in more endemic areas and countries not yet carrying-out CIFIR nationwide should reconsider the criteria for where CIFIR is applied
 - Countries struggling to carry-out CIFIR in more endemic areas and countries not yet carrying-out CIFIR nationwide should reconsider the criteria for where CIFIR is applied. In the meantime, emphasis should be placed on:
 - Strengthening of passive case detection and treatment
 - Providing basic health services at the community level to encourage continued presentation for care of malaria

- WHO Integrated Community Case Management
 - Aggressive interventions to rapidly reduce burden in endemic areas:
 - Targeted mass treatment of high-risk groups
 - Intermittent preventive therapy (IPTf) in active transmission areas
 - Prophylaxis for formal sector forest goers
- The RSC requested the IMP to prepare a document summarizing its findings, conclusions and recommendations concerning CIFIR.
- The IMP, in agreement with the RSC, commissioned an independent assessment of the approach to 8-aminoquinoline antimalarials in the GMS, preliminary results are available but the IMP Report to the RSC will take place at the next RSC meeting.
- Future work possibilities for the IMP were proposed to the RSC.

Discussion:

- CIFIR:
 - WHO MME has been in touch with the IMP providing advice for the IMP review, and will continue discussions with the IMP and NMCPs on CIFIR. Any additional point of views are welcome to inform discussion involving WHO Member States and WHO GMP. An elimination meeting organized by WHO will be held at the end of November and will be the occasion to further discuss CIFIR in the GMS.
 - WHO is developing new guidelines on malaria elimination, which will be released soon with the leadership of GMP. The RSC recognise the need for updated guidance, with sufficient detail to guide operationalisation.
 - A detailed revision of WHO CIFIR recommendations in the GMS is much needed, as each guidance is then translated into a workplan with specific budget lines (currently a significant portion of the RAI budget. These budgets need to be analysed in terms of cost efficiency.)
 - The switch from a 1-3-7 to a 1-7 approach has already been taken by most GMS countries. The integration of broader health service packages may better serve efforts taken in ‘the last mile’ instead of the 1-3-7 strategy, also contributing to a strengthened and more sustainable health system.
 - RSC members mentioned that the 1-3-7 approach lacks solid evidence of its efficacy and cost efficiency. Experiences coming from third countries can be informative, but analyses should take into consideration the contextual setting of each country, including human and financial resources.
 - The Global Fund agrees with the approach presented by the IMP.

Decisions:

- **The RSC Members endorse the IMP findings and recommended approach to CIFIR and, based on the IMP report, the RSC will prepare a document to be submitted in the form of a Recommendation to the Global Fund. The document will be circulated among RSC members for inputs before being submitted to the GF Secretariat.**

- **The RSC endorse the IMP proposed workplan including:**
 - **The IMP will make recommendations to the RSC on *P.vivax* strategies for RSC consideration.**
 - **Conduct a region-wide review to assess the malaria situation as it relates to forest going security services and forest and wildlife protection services, develop a comprehensive overview of what is happening where and where gaps exist and identify potential mitigation measures as necessary.**
 - **Recruit a group of in-country observers to support the international panel members in routine monitoring of CSO performance regionwide. Compile key CSO experiences and lessons learned into a regional repository.**

Scenario planning and strategies to mitigate COVID-19 impacts on RAI activities

The COVID-19 situation might deteriorate and potential scenarios should be considered to ensure continuation of the malaria services. Key considerations to be done include:

- GMS countries have contingency plans in place to ensure continuation of the malaria services. These should be constantly updated.
- Activities to protect health workers, provide them with remote support and ensuring supply lines.
- As individual economies have been severely affected by the pandemic, there might be an increase in forest activities to sustain people's livelihoods.
- If an increase in forest activities is observed, additional activities to protect, test, and treat these forest goers might be indicated.
- The RAI implementers should monitor and support changing protocols for the testing and treatment of fever cases and health referrals to guide patients with fever symptoms.

Discussion:

- Consultations were held in the five countries to touch base on the effectiveness of CSOs during COVID-19. CSOs reported few additional obstacles in implementation because of COVID-19, except in Myanmar where they experienced some limitations.
- It is important to monitor the number of COVID-19 cases and see how this can affect CSOs' work in those areas.
- Additional budget for COVID-19 impacts from the Global Fund is yet to be confirmed.

DAY 2 – 11 November 2020

Wrap-up of Day 1 and introduction to Day 2 (RSC Chair)

- Meeting attendance
 - 14 out of 16 RSC voting members are present and participating in the meeting. The quorum is obtained (see Annex II for a full list of participants).

RAI progress update

Dr Eisa Hamid, UNOPS / Dr Faisal Mansoor, UNOPS

[Please refer to UNOPS RAI progress update PowerPoint presentation for more information](#)

Discussion:

- Good progress and achievements against indicators seem to reveal positive implementation of the RAI2E grant overall.
- Data presented for total confirmed cases and percentage treated as per national treatment guidelines includes both *P. falciparum* and *P. vivax*. Compliance is based on self-reporting. The figure for Vietnam (100 percent compliance of cases treated according to national treatment guidelines) seems excessive.
- The number of cases treated as per national treatment guidelines in Myanmar is at 82 percent, and for Thailand it is 83 percent. This appears to be due to difficulties related to implementing the radical cure for *P. vivax*. Given the increase in species cases in the region, it is important to ensure the implementation of radical cure treatment with primaquine. Cambodia and Lao PDR are planning to extend coverage. Myanmar continues its efforts to increase its use.
- The definition of CIFIR varies across countries in the region. This is important to consider, as indicator values may not be fully comparable between countries. The CIFIR data reported does not comply with the full response included in the WHO guidelines (according to which foci response should involve entomologist assessment and other activities that are not feasible/conducted in the Greater Mekong Sub-region). Nonetheless, indicators should better capture the real practices in the region. In addition to a self-reported value for each indicator, a verification process for quality assurance on how the CIFIR took place is necessary, potentially through increased verification from the central national level to sub-national responses.
- The high investments made on CIFIR and its impact must be analysed to assess if it is contributing to elimination targets in a cost-efficient manner. UNOPS suggested sharing an analysis of the investments made on CIFIR and the outcomes of this investment in order to assess its overall impact in the region.

[Please refer to RAI2E OR update PowerPoint presentation for more information](#)

Discussion:

- Unspent OR RAI2E funding should be returned to the Global Fund at the end of RAI2E. Funds spent in 2021 must come through a new request process. There is a newly introduced policy to regulate potential cost and no-cost extensions within the Global Fund.
- The sub-recipients have been informed that those who wish to explore the possibility of a no-cost extension need to provide the RSC OR SC with:
 - A well-articulated extension request justifying the need for more time, annexed to the proposal and newly proposed workplan.
 - A clear budget needs breakdown of the funding needed to complete the project.
 - A timeframe for definitive project completion that cannot, under any circumstances, go beyond June 2021.
- The RSC OR SC will reach out to all sub-recipients who have expressed a need for a no-cost extension, requesting the above documentation. These will be used to inform the Global Fund senior management for their assessment and decision.
- The WHO Mekong Malaria Elimination (MME) team plans to hold a meeting focusing on research being done in the region, including research projects not funded by the RAI grant.
- Dissemination is planned as part of a package of formal and informal presentations with National Malaria Control Programmes (NMCPs), CSOs, and publications in peer-reviewed journals, but it was also suggested that other materials be created via the RSC Secretariat to provide additional visibility to the projects.
- A suggestion was made that, as well as disseminating information, discussions be held on how to transform findings from the research into operational advice that can guide activities during RAI3E. It was suggested to include this point in the next RSC meeting.
- The next RSC OR SC meeting could focus on connecting RAI2E and RAI3E projects.

Decisions:

- **OR to share with RSC the findings of the RAI2E projects so that a collective decision on how to operationalize the findings and translate them into activities and budget changes can be made. This discussion should take place at the next RSC meeting or during an ad hoc meeting on evidence operationalization.**
- **The IMP will continue its support in monitoring RAI OR.**
- **The RSC Secretariat can support OR dissemination by using some of its resources.**

[NMCP Vietnam presentation](#)

Dr. Nguyen Dinh Nam

Please refer to the Vietnam NMCP country update PowerPoint presentation for more information

[CSO Vietnam presentation](#)

Dr. Khuat Thi Hai Oanh, CSO Platform Country Representative

[Please refer to the Vietnam CSO Platform country update PowerPoint presentation for more information](#)

Discussion:

- There has been good overall progress in Vietnam, where the malaria burden is decreasing, despite numbers of forest goers rising, and testing uptake not reducing.
- The process for additional importation of Pyramax into the country is nearly complete. Vietnam National Institute of Malariology, Parasitology and Entomology (NIMPE) is waiting for approvals from the Ministry of Health for additional batches. Currently there is still stock, but slow procedures might affect procurement for the next year. Therefore, it is important to check the importation process.
- It is important to monitor resistance emerging in provinces, for possibly moving away from DHA Piperaquine and adopting Pyramax as soon as needed.
- Continuous monitoring of drug resistance is important in Vietnam and all parties involved in studies will exchange information. Policy will be updated as needed.
- CSOs are providing support during emergency relief when needed.

[NMCP Cambodia presentation](#)

Dr Siv Sovannaroth – Cambodia NMCP

[Please refer to the Cambodia NMCP country update PowerPoint presentation for more information](#)

[CNM Cambodia presentation](#)

Sun Maysac, CSO Platform Country Representative

[Please refer to the Cambodia CSO Platform country update PowerPoint presentation for more information](#)

Discussion:

- There was a shift in drug resistance observed in the region. WHO GMP highlighted that ASMQ remains quite effective, but it needs to be closely monitored.
- If ASMQ treatment starts failing in the country, the definition of the next drug in line is a high priority. The Cambodia NMCP confirmed that Pyramax was already registered as a second line in treatment, as per national treatment guidelines, but not yet procured.

[NMCP Lao PDR presentation](#)

Dr Viengxay Vanisavaeth

[Please refer to the Lao PDR NMCP country update PowerPoint presentation for more information](#)

CSO Lao PDR presentation

Dr Thet Lynn, CSO Platform Country Representative

[Please refer to the Lao PDR CSO country update PowerPoint presentation for more information](#)

Discussion:

- The decrease in CSO presence in certain areas might have a negative impact on local health services. The transition between CSO arrangements in specific countries, between the setting of RAI2E and RAI3E, will be well coordinated with NMCPs. RSC and UNOPS have worked to ensure a smooth transition, but more work should be done to ensure a smooth phasing out of CSOs and take-over by others.

NMCP Myanmar presentation

Dr Aung Thi

[Please refer to the Myanmar NMCP country update PowerPoint presentation for more information](#)

CSO Myanmar presentation

Dr. Moh Moh Lwin, CSO Platform Country Representative

[Please refer to the Myanmar CSO country update PowerPoint presentation for more information](#)

Discussion:

- The number of malaria cases has increased recently due to outbreaks in specific areas. COVID-19 impacts, reduced testing in villages, ongoing conflicts and population movement are all serious threats to malaria elimination.
- Even though the COVID-19 pandemic is putting the health system under pressure, with the necessary personal protective equipment, integrated community malaria volunteers have independently continued their work, even in conflict areas. While CSO supervision will suffer from logistical challenges, volunteer work can continue. This is true also in conflict areas, where activities have been continuing over the last year. In fact, in Paletwa, activities increased during 2020.
- When COVID-19 cases spiked, most CSOs took a proactive role to avoid stockouts, and provided additional stocks at the local level to mitigate the risks of a potential lockdown.

NMCP Thailand presentation

Dr. Cheewanan Lertpiriyasuwat

[Please refer to the Thailand NMCP country update PowerPoint for more information](#)

CSO Thailand presentation

Dr. Aung Myint Thu, CSO Platform Country Representative

[Please refer to the Thailand CSO country update PowerPoint presentation for more information](#)

Discussion:

- Addressing migrant and remote communities remains important in Thailand. Provinces where malaria persists require more attention, as do hard-to-reach populations.
- In the province near the border between Thailand and Myanmar, the border was closed and the number of malaria cases decreased. Nonetheless, it is still important to monitor activities in border areas.

AOB and next meeting

- The RSC Executive Committee meeting will take place in March and the full RSC meeting thereafter. Exact dates will be shared by the RSC Secretariat via email.

Annex I. Meeting agenda

16TH MEETING OF THE RAI REGIONAL STEERING COMMITTEE 10-11 NOVEMBER 2020

AGENDA DAY 1 – 10 November 2020

Time Geneva	Time Phnom Penh	Item
7.45-8.00	13.45-14.00	Access to online platform
8.00-8.10	14.00-14.10	Meeting objectives and introductions (<i>Prof. Arjen Dondorp, Chair</i>) <ul style="list-style-type: none"> • Quorum, COI declarations, membership updates
8.10-8.20	14.10-14.20	Targets for elimination and the RAI3E (<i>Global Fund</i>)
8.20-9.30	14.20-15.30	RAI3E grant update <ul style="list-style-type: none"> • Addressing TRP & GAC recommendations (<i>RSC Chair</i>) • Overview of RAI3E regional packages (<i>RSC Chair</i>) • Overview of RAI3E OR (<i>OR SC Chair</i>) • Update on RAI3E grant making (<i>UNOPS/Global Fund</i>)
09.30–09.45	15.30–15.45	Sustainability of the malaria response in the Greater Mekong Sub-region (<i>UCSF</i>)
09.45–10.00	15.45–16.00	<i>Break</i>
10.00-10.45	16.00-16.45	Epidemiological and technical update (<i>WHO GMP, WHO MME</i>) <ul style="list-style-type: none"> • Malaria in the Greater Mekong Sub-region, epidemiological update • Impact of COVID-19 on malaria activities in the Greater Mekong Sub-region • Update on WHO work on TES, surveillance and MEDB, OR, and elimination
10.45-11.45	16.45-17.45	RSC Independent Monitoring Panel report to the RSC (<i>IMP Chair</i>) <ul style="list-style-type: none"> • CIFIR, P.vivax, COVID-19 impact on RAI2E, IMP workplan
11.45-12.20	17.45-18.20	Scenario planning and strategies to mitigate COVID-19 impact on RAI activities <ul style="list-style-type: none"> • Discussion (moderated by RSC Chair)
12.20-12.30	18.20-18.30	Closing remarks

AGENDA DAY 2 – 11 November 2020

Time Geneva	Time Phnom Penh	Item
07.45-08.00	13.45-14.00	Access to online platform
08.00-08.15	14.00-14.15	Wrap-up of Day 1 and introduction to Day 2 (<i>RSC Chair</i>)
08.15-08.45	14.15-14.45	RAI progress update (<i>UNOPS</i>) <ul style="list-style-type: none"> • Overall progress and regional component
08.45-09.00	14.45-15.00	RAI2E OR update from OR SC meeting (<i>OR SC Chair</i>)
09.00-09.30	15.00-15.30	Vietnam presentation (<i>NMCP 10', Discussion 15'</i>)
09.30-10.00	15.30-16.00	Cambodia presentation (<i>NMCP 10', Discussion 15'</i>)
10.00-10.30	16.00-16.30	Lao PDR presentation (<i>NMCP 10', Discussion 15'</i>)
10.30-10.45	16.30-16.45	<i>Break</i>
10.45-11.15	16.45-17.15	Myanmar presentation (<i>NMCP 10', Discussion 15'</i>)
11.15-11.45	17.15-17.45	Thailand presentation (<i>NMCP 10', Discussion 15'</i>)
11.45-12.15	17.45-18.15	CSO Platform presentation (<i>CSOs Platform 10', Discussion 15'</i>)
12.15- 12.30	18.15- 18.30	AOB and next meeting

Annex II. List of participants

DAY 1 – 10 November 2020

Name	Title	Organization	Role
Prof. Arjen Dondorp	Deputy Director, Mahidol Oxford Tropical Medicine Research Unit	Faculty of Tropical Medicine Mahidol University	Chair
Dr. Ly Sovann	Director of Communicable Disease Control (CDC) Department	ASEAN	Vice-Chair
Dr. Teng Srey	Deputy Director, Department of Communicable Disease Control	Ministry of Health, Cambodia	Voting member
Dr. Khampheng Phongluxa	Head of Coordination and Research-Information Management Division	Ministry of Health, Lao PDR	Voting member
Dr. Thandar Lwin	Deputy Director General, Disease Control	Ministry of Health, Myanmar	Voting member
Ms. Trinh Thi Ngoc Linh (on behalf of Dr. Chau)	Officer of International Cooperation Department	Ministry of Health, Vietnam	Voting member
Ms. Amita Chebbi	Senior Director	Asia Pacific Leaders Malaria Alliance (APLMA)	Voting member
Dr. Megan Counahan	Regional Health Advisor, Australian Embassy, Phnom Penh	Development Policy Division Department of Foreign Affairs and Trade (DFAT)	Voting member
Dr. Taraneh SHOJAEI	Regional Health Counsellor in ASEAN	French Embassy	Voting member
Dr. Frank Smithuis	Director	Medical Action Myanmar	Voting member
Dr. David Sintasath	Regional Malaria Advisor	PMI / USAID	Voting member
Dr. Louis da Gama	Director	Princess of Africa Foundation	Voting member
Dr. Pascal Ringwald	Coordinator, Drug Resistance and Containment, Global Malaria Programme	World Health Organization	Voting member
Dr. Huy Rekol	Director, National Centre for Parasitology, Entomology and Malaria Control	Ministry of Health, Cambodia	Non-voting member
Dr. Xiao Ning	Deputy Director, National Institute of Parasitic Diseases	Ministry of Health, China	Non-voting member
Dr. Aung Thi	Deputy Director, Malaria	Ministry of Health, Myanmar	Non-voting member
Dr. Cheewanan Lertpiriyasuwat	Director of BVBD	Ministry of Health, Thailand	Non-voting member
Prof. Tran Thanh Duong	Director of NIMPE and National Malaria Programme	Ministry of Health, Vietnam	Non-voting member
Mr. Matteo Dembech	Executive Secretary	RSC Secretariat	Non-voting member
Dr. Luciano Tuseo	Coordinator, MME Programme	World Health Organization	Non-voting member
Mr. Jan de Jong	LFA Team Leader	PricewaterhouseCoopers	Observer

Ms. Inessa Ba	CHAI	Global Malaria Team – Greater Mekong Sub-region	Observer
Dr. Masatoshi Nakamura	Chief Advisor	JICA Malaria Elimination Project in Myanmar	Observer
Ms. Izaskun Gaviria	Senior Fund Portfolio Manager, RAI	The Global Fund	Observer
Dr. Urban Weber	Head, High Impact Asia Unit	The Global Fund	Observer
Ms. Estrella Lasry	Senior Malaria Advisor	The Global Fund	Observer
Ms. Anna Sarkissian	Senior Programme Officer	The Global Fund	Observer
Ms. Rosie Ameyan	Senior Programme Officer	The Global Fund	Observer
Ms. Sandra Kuzmanovska	Senior Specialist, Public Health and M&E	The Global Fund	Observer
Doungkamon Oeuvray		The Global Fund	Observer
Mr. Soso Getsadze	Specialist, Health Products Management	The Global Fund	Observer
Ms. Young hee Min	Public Health Programme Specialist	UNOPS	Observer
Dr. Zaw Win Tun	N/A	UNOPS	Observer
Dr. May Sandi Htin Aung	N/A	UNOPS	Observer
Dr. Attila Molnar	Programme Director, RAI PR	UNOPS	Observer
Dr. Faisal Mansoor	Head of Programme Unit	UNOPS	Observer
Dr. Eisa Hamid	Monitoring and Evaluation Specialist	UNOPS	Observer
Mr. Naeem Durrani	Senior Programme Coordinator	UNOPS	Observer
Dr. Min Min Zin	Monitoring and Evaluation Officer (Malaria)	UNOPS	Observer
Dr. Myat Yi Lwin	Programme Management Specialist	UNOPS	Observer
Dr. Jim Tulloch	IMP Chair	IMP	Observer
Dr. Jacqueline Deen	IMP Member	IMP	Observer
Dr. Kyawt MON Win	Malaria Assistant Director	Ministry of Health, Myanmar	Observer
Dr. Wint Phyio Than	Deputy Director (VBDC)	Ministry of Health, Myanmar	Observer
Dr. Nguyen Dinh Nam	RAI2E Coordinator	Ministry of Health, Vietnam	Observer
Dr. Siv Sovannaroeth	Chief of Technical Bureau/Malaria Programme Manager	Ministry of Health, Cambodia	Observer
Mrs. Lai Hong Loan	RAI2E Secretariat	RAI Vietnam	Observer
Ms. Phakny So	Assistant	RSC Secretariat	Facilitator
Ms. Rocio Lopez	RSC Secretariat	RSC Secretariat	Facilitator
Mr. Tek Vitra	Assistant	RSC Secretariat	Facilitator
Mr. Try Rady	Technical Officer (Database Manager)	WHO - MME	Observer
Dr. Jean-Olivier Guintran	Medical Officer (MVP)	WHO Cambodia	Observer

Dr. Matthew Scott SHORTUS	Medical Officer (MVP)	WHO Laos	Observer
Dr. Thapa Badri	Scientist (Malaria Control)	WHO Myanmar	Observer
Dr. Deyer GOPINATH	Medical Officer (Malaria and Border Health)	WHO Thailand	Observer
Ms. Kallayanee Laempoo	Programme Associate	WHO Thailand	Observer
Dr. Tran cong Dai	Technical Officer (Malaria)	WHO Vietnam	Observer
Dr. James Kelley	Technical Officer for MVP	WHO WPRO	Observer
Mr. Thet Lynn	CSO Platform SC Member	CSO Platform, Laos	Observer
Dr. Moh Moh Lwin	CSO Platform Focal Person	CSO Platform, Myanmar	Observer
Mr. Shreehari Acharya	CSO Platform Coordinator	CSO Platform, Regional	Observer
Dr. Htin Kyaw Thu	RAI RSC CSO alternate representative	CSO Platform, Regional	Observer
Dr. Nguyen Hoang Yen	N/A	CH Vietnam	Observer
Dr. Aung Myint Thu	CSO Platform SC Member	CSO Platform, Thailand	Observer
Dr. Sara Fewer	Co-Director, Evidence to Policy Initiative	UCSF	Observer
May Thinaza Kyi	N/A	N/A	Observer
Christine	N/A	N/A	Observer
NIMPE	N/A	N/A	Observer
THAI BVBD	N/A	N/A	Observer
CMPE Laos	N/A	N/A	Observer

DAY 2 – 11 November 2020

Name	Title	Organization	Role
Prof. Arjen Dondorp	Deputy Director, Mahidol Oxford Tropical Medicine Research Unit	Faculty of Tropical Medicine Mahidol University	Chair
Dr. Ly Sovann	Director of Communicable Disease Control (CDC) Department	ASEAN	Vice-Chair
Dr. Teng Srey	Deputy Director, Department of Communicable Disease Control	Ministry of Health, Cambodia	Voting member
Dr. Khampheng Phongluxa	Head of Coordination and Research-Information Management Division	Ministry of Health, Lao PDR	Voting member
Dr. Thandar Lwin	Deputy Director General, Disease Control	Ministry of Health, Myanmar	Voting member
Ms. Trinh Thi Ngoc Linh (on behalf of Dr Chau)	Officer of International Cooperation Department	Ministry of Health, Vietnam	Voting member
Ms. Amita Chebbi	Senior Director	Asia Pacific Leaders Malaria Alliance (APLMA)	Voting member
Mr. Rikard Elfving	Social Development Specialist ADB	Asian Development Bank	Voting member
Dr. Megan Counahan	Regional Health Advisor, Australian Embassy, Phnom Penh	Development Policy Division Department of Foreign Affairs and Trade (DFAT)	Voting member
Dr. Taraneh SHOJAEI	Regional Health Counsellor in ASEAN	French Embassy	Voting member
Dr. Frank Smithuis	Director	Medical Action Myanmar	Voting member
Dr. David Sintasath	Regional Malaria Advisor	PMI / USAID	Voting member
Dr. Louis da Gama	Director	Princess of Africa Foundation	Voting member
Dr. Pascal Ringwald	Coordinator, Drug Resistance and Containment, Global Malaria Programme	World Health Organization	Voting member
Dr. Huy Rekol	Director, National Centre for Parasitology, Entomology and Malaria Control	Ministry of Health, Cambodia	Non-voting member
Dr. Xiao Ning	Deputy Director, National Institute of Parasitic Diseases	Ministry of Health, China	Non-voting member
Dr. Viengxay Vanisavaeth	Director, Centre of Malariology, Parasitology and Entomology	Ministry of Health, Laos	Non-voting member
Dr. Aung Thi	Deputy Director, Malaria	Ministry of Health, Myanmar	Non-voting member
Dr. Cheewanan Lertpiriyasuwat	Director of BVBD	Ministry of Health, Thailand	Non-voting member
Mr. Matteo Dembech	Executive Secretary	RSC Secretariat	Non-voting member
Dr. Luciano Tuseo	Coordinator, MME Programme	World Health Organization	Non-voting member
Mr. Jan de Jong	LFA Team Leader	PricewaterhouseCoopers	Observer
Ms. Inessa Ba	CHAI	Global Malaria Team – Greater Mekong Sub-region	Observer

Dr. Masatoshi Nakamura	Chief Advisor	JICA Malaria Elimination Project in Myanmar	Observer
Ms. Izaskun Gaviria	Senior Fund Portfolio Manager, RAI	The Global Fund	Observer
Ms. Estrella Lasry	Senior Malaria Advisor	The Global Fund	Observer
Ms. Anna Sarkissian	Senior Programme Officer	The Global Fund	Observer
Ms. Rosie Ameyan	Senior Programme Officer	The Global Fund	Observer
Ms. Sandra Kuzmanovska	Senior Specialist, Public Health and M&E	The Global Fund	Observer
Doungkamon Oeuvray		The Global Fund	Observer
Mr. Soso Getsadze	Specialist, Health Products Management	The Global Fund	Observer
Dr. Attila Molnar	Programme Director, RAI PR	UNOPS	Observer
Dr. Faisal Mansoor	Head of Programme Unit	UNOPS	Observer
Dr. Eisa Hamid	Monitoring and Evaluation Specialist	UNOPS	Observer
Mr. Naeem Durrani	Senior Programme Coordinator	UNOPS	Observer
Dr. Min Min Zin	Monitoring and Evaluation Officer (Malaria)	UNOPS	Observer
Dr. Myat Yi Lwin	Programme Management Specialist	UNOPS	Observer
Ms. Young hee Min	Public Health Programme Specialist	UNOPS	Observer
Dr. Zaw Win Tun	N/A	UNOPS	Observer
Dr. May Sandi Htin Aung	N/A	UNOPS	Observer
Dr. Yu Nandar Aung	N/A	UNOPS	Observer
Dr. Jim Tulloch	IMP Chair	IMP	Observer
Dr. Jacqueline Deen	IMP Member	IMP	Observer
Dr. Kyawt MON Win	Malaria Assistant Director	Ministry of Health, Myanmar	Observer
Dr. Wint Phyio Than	Deputy Director (VBDC)	Ministry of Health, Myanmar	Observer
Dr. Siv Sovannaroeth	Chief of Technical Bureau/Malaria Programme Manager	National Centre for Parasitology, Entomology & Malaria Control	Observer
Ms. Lai Hong Loan	RAI2E Secretariat	RAI Vietnam	Observer
Dr. Nguyen Dinh Nam	RAI2E Coordinator	WHO Vietnam	Observer
Ms. Phakny So	Assistant	RSC Secretariat	Facilitator
Ms. Rocio Lopez	RSC Secretariat	RSC Secretariat	Facilitator
Mr. Tek Vitra	Assistant	RSC Secretariat	Facilitator
Mr. Try Rady	Technical Officer (Database Manager)	WHO - MME	Observer
Dr. Thapa Badri	Scientist (Malaria Control)	WHO Myanmar	Observer

Dr. Deyer GOPINATH	Medical Officer (Malaria and Border Health)	WHO Thailand	Observer
Ms. Kallayanee Laempoo	Programme Associate	WHO Thailand	Observer
Dr. Tran cong Dai	Technical Officer (Malaria)	WHO Vietnam	Observer
Dr. James Kelley	Technical Officer for MVP	WHO WPRO	Observer
Dr. Chiv Bunthy	Secretariat Manager	CCC Cambodia	Observer
CCM Myanmar		CCM Myanmar	Observer
CSO Platform Secretariat		CSO Platform Secretariat	Observer
Dr. Maysac Sun	CSO Platform Focal Person	CSO Platform, Cambodia	Observer
Mr. Thet Lynn	CSO Platform SC Member	CSO Platform, Laos	Observer
Dr. Moh Moh Lwin	CSO Platform Focal Person	CSO Platform, Myanmar	Observer
Mr. Shreehari Acharya	CSO Platform Coordinator	CSO Platform, Regional	Observer
Dr. Htin Kyaw Thu	RAI RSC CSO alternate representative	CSO Platform, Regional	Observer
Dr. Aung Myint Thu	CSO Platform SC Member	CSO Platform, Thailand	Observer
Dr. Khuat Thi Hai Oanh	CSO Platform Focal Person	CSO Platform, Vietnam	Observer
Dr. Nguyen Hoang Yen		CH Vietnam	Observer
May Thinaza Kyi	N/A	N/A	Observer
NIMPE			Observer
THAI BVBD			Observer
CMPE Laos			Observer
NIMPE Vietnam			Observer
Dr. Min Min Thein			Observer
Christine			Observer