

Minutes

17th RAI Regional Steering Committee (RSC) Meeting

17-18 May 2021

Online convened meeting

Meeting Chair: Prof Arjen Dondorp, RSC Chair

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Day 1 - 17 May 2021

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

- Dr Rattanaxy Phetsouvanh is the ASEAN representative to the RSC and the Vice-Chair of the RSC. Dr Phetsouvanh is the Director General of the Department of Communicable Disease Control, of the Ministry of Health of Lao.
- Ms Pham Thi Minh Chau has been assigned the seat of a RSC voting member, replacing Ms Nguyen Thi Minh Chau. Ms Pham Thi Minh Chau is the Director of the PMU in the Ministry of Health to support the Vietnam CCM.
- Dr Chantana Padungtod is a new RSC non-voting member, replacing Dr Cheewanan Lertpiriyasuwat. Dr Padungtod is the director of DVBD, of the Ministry of Health of Thailand.

Conflict of interest declaration

- Prof Arjen Dondorp is the Deputy Director of MORU, which is a sub-recipient under the RAI3E OR package.
- Amita Chebbi is Senior Director at the joint APLMA-APMEN Secretariat, which is part of the consortium led by MORU, a sub-recipient under the RAI3E OR package.

Objectives of the meeting for Day 1

- Provide an overview of RAI3E grant implementation
- Present the latest epidemiological updates on malaria and COVID-19 in the region
- Update on the impact of COVID-19 on RAI3E activities, including a presentation from the Global Fund on the C19RM, and updates from WHO MME, UNOPS PR and country representatives
- Update from the RSC Independent Monitoring Panel (IMP)
- Discuss transition and sustainability of the malaria response in the GMS

RAI3E grant update

UNOPS update

Dr Eisa Hamid, UNOPS

Presentation:

- At the end of 2020, API was low across the GMS, with the highest rate seen in Myanmar (1.06). Vietnam and Thailand are close to malaria elimination (0.01 and 0.05 API respectively).
- Cambodia has seen decreases in total positive cases, P.falciparum cases and P.vivax cases, and testing of suspected cases has increased in January-March 2021, compared to the same quarter in 2020.
- In Lao, testing has decreased and a small increase was observed in the number of P.falciparum cases in Q1 of 2021 compared to Q1 2020. Total cases and P.vivax cases decreased. In Lao, the proportion of P.falciparum cases remains higher than the rest of the region.
- In Myanmar, cases have been underreported due to the political situation and testing has significantly reduced. The positivity rate of malaria testing in Q1 of 2021 was more than twice (1.8% vs 0.7%) the rate in Q1 2020. It is possible that malaria cases are undetectably increasing in Myanmar, due to the disruption of public services and large-scale population movement.
- In Thailand, total cases, P.falciparum cases and P.vivax cases decreased in Q1 2021 compared to Q1 2020. P.falciparum cases are dropping faster than P.vivax. An observed decrease in malaria testing is likely due to COVID-19 disruptions.
- In Vietnam, total, P.falciparum and P.vivax cases have drastically reduced in Q1 2021 compared to Q1 2020. A small decrease in testing is observed, due to COVID-19 and delayed grant implementation.
- Absorption of RAI2E is approximately 90% (US\$217.8 million).
- All grants have been signed in Q1 and disbursements have been completed. The tripartite agreements have been concluded and all regional component packages have been approved.
- In Cambodia, all agreements with implementing partners have been signed and UNOPS has disbursed the funds for implementing partners. PHD/ODs have been trained on the new surveillance manual. P.vivax radical cure is being scaled up with the use of quantitative G6PD testing. CNM and partners have finalised the stratification for nets distribution and are currently finalising stratification for VMWs. The PR-TRT was conducted to review the semester progress update for July to December 2020. The annual malaria review workshop has been conducted.
- In Lao, the UNOPS-MoH Project Cooperation Agreement has been signed, but there have been some delays in signing UNOPS-SR agreements. The first disbursement has been processed. Bottom-up planning meetings and work plan development have been conducted with provinces and districts. New VMWs have been recruited and trained. All

SRs have received PSEA training. The outbreaks in Attapeu and Sekong are being followed up.

- In Myanmar, there is ongoing underreporting and under-testing of malaria and COVID-19 cases. All public healthcare delivery and surveillance systems have collapsed. Malaria diagnosis and treatment activities can continue to be carried out at the village level. Stocks are available at the subnational level until the end of Q3 2021. Trainings, meetings, active case finding and malaria elimination activities such as case investigation, foci investigation and response cannot be conducted. Supervision is conducted at the field level but not by central level staff.
- In Thailand, the tripartite agreement and agreements with SRs have been signed. A capacity assessment of new SRs has been completed and all SRs have attended an orientation workshop. The first disbursement to SRs has been completed.
- In Vietnam, there was a delay in internal approval of the RAI3E grant document. Agreements with SRs have been signed and second disbursements to all SRs have been completed. SRs are waiting to receive approval from local authorities. A capacity assessment of the new SR has been conducted and all SRs have attended orientation workshops. SRs have developed PSEA action plans and have nominated a focal person.
- All packages of the regional component have been approved, and there is no unallocated funding under the regional component. UNOPS-SRs agreements have been signed and the first disbursement completed, with second disbursements ongoing. Capacity assessment of the new SR has been completed and all SRs have attended orientation workshops. SRs have received PSEA training and submitted PSEA action plans.
- Most procurement and supply management is proceeding as planned.
- In Myanmar, the TEC for the first shipment of mRDTs is still outstanding, and inspection and testing processes for LLINs are planned for July-August 2021. The processing time for clearance of shipments is longer in Myanmar due to constraints at custom clearance and in TEC application processing. There have also been disruptions of in-country quality monitoring.
- Concerns about the quality of TANA and Moon nets may affect LLIN delivery to Laos.
- All procurement is carried out in strict compliance with the Global Fund QA policy.
- Real-time information from the product tracking tool is regularly shared with partners.
- Forecasting and quantification of health commodities for 2022 is under discussion.
- Challenges in RAI3E implementation include:

All	<ul style="list-style-type: none"> • COVID-19 pandemic hampering grant implementation • OR SRs not fully familiar with GF regulations and require continuous hands-on support from PR
Cambodia	<ul style="list-style-type: none"> • No additional challenges

Lao	<ul style="list-style-type: none"> • Challenges with timely approval of the budget and procurement process for WHO prequalified products • Risks of delays in fund disbursement from the MoH to SRs • MoU for HPA not finalised
Myanmar	<ul style="list-style-type: none"> • Political uncertainty affecting all aspects of programme implementation and reporting • Difficulty transferring funds • Migrant influx in border areas and large gatherings • Breakdown of public services (Civil Disobedience Movement) • UMFCCI body shut down operations
Thailand	<ul style="list-style-type: none"> • Population movement from Myanmar has posed challenges • Insufficient PPE availability
Vietnam	<ul style="list-style-type: none"> • SRs are still waiting for approval from local authorities

Discussion:

- Grants seem to have started well, despite significant external challenges, with considerable progress made in the first few months of 2021 alone.
- Plasmodium falciparum is close to elimination in Cambodia, Thailand and Vietnam. Partners must keep a watchful eye on P.falciparum in Lao. Myanmar remains a big concern for possible malaria resurgence.
- UNOPS is managing remote working conditions well, thanks to strong pre-existing collaborative and collegial relationships. Training, meeting, signing of agreements, and budget discussions have been well adapted to the online environment.
- UNOPS can share a summary of the BPHA assessments of new SRs with the CSO Platform.

[OR Sub-Committee Chair update](#)

Dr Pascal Ringwald, RSC OR Sub-Committee Chair, WHO-MME

Presentation:

- The Operational Research Sub-Committee enjoyed a lively and interesting discussion at their meeting on Thursday 13 May 2021.
- Some RAI2E OR projects could not be completed in 2020 and grantees received a cost or no-cost extension. Most are on track to complete their projects by the end of June, except for Burnet Institute which is requesting a further 9 month no-cost extension.
- The next OR meeting is planned for the end of June when RAI2E projects will present their final findings and a dissemination plan will be developed.

- There are four OR studies under the RAI3E, with more collaboration amongst research institutes as the lead SR works with several partners.
- RAI3E OR covers all countries of the GMS.
- Ongoing challenges to operational research include the COVID-19 situation (travel restrictions, staff redeployment and changing funding priorities), the political unrest in Myanmar (functioning of public services, armed conflict and staff safety, communication difficulties), the procurement of commodities not quality assured by the Global Fund, declining malaria incidence affecting the statistical power of analyses, and insufficient consideration of gender in OR design, implementation and analysis.

Discussion:

- OR findings on issues of immediate operational significance should be effectively disseminated so that they can be rapidly implemented.
- Collaboration with NMCPs and CSOs should be further promoted to enhance synergies and minimise disruptions.
- Gendered analysis is also important in OR that examines medications and diagnostics. Studies on G6PD testing have shown that different diagnostic thresholds should be used for male and female participants. Social and cultural factors underlying the gendered impacts of policies should also be considered in research and implementation.

[GMS epidemiological update \(WHO MME\)](#)

Dr Luciano Tusco, Coordinator, WHO MME

Presentation:

- All GMS countries now aim to eliminate Plasmodium falciparum by 2023.
- Despite COVID-19, the GMS countries have made remarkable progress on malaria elimination. In 2020, compared to 2019, there was a 28% decrease in total malaria cases, a 45% decrease in P.falciparum + mixed cases and a 19% decrease in P.vivax cases. API decreased from 0.44 to 0.32. The number of tests performed remained stable and ABER remained stable (3.3% in 2019, 3.2% in 2020).
- The most significant decrease in P.falciparum and P.vivax cases has been seen in Vietnam.
- Significant data gaps in Myanmar hinder accurate evaluation of the malaria epidemiological situation in the country.
- There is a need to not just increase the quantity of available data, but also the quality of key data, to enable progress towards elimination.
- Official letters have been sent by WHO MME to all NMCPs in the GMS requesting further data sharing, i.e. elimination data (case/foci investigation), weekly data sharing, sharing

access to MEDB for partners, lowest level sharing, and data disaggregated by age, gender and sectors.

- WHO MME is supporting countries through human resources (epidemiologists, field staff and data managers), technical support and communication support.
- Recently published WHO MME communications materials include: MME 2020 Annual Bulletin, 1 quarterly and 4 monthly epidemiology summaries (covering Nov 2020 to Feb 2021), quarterly Partner Activity Summaries (14 different partners, donors and NMCPs), 4 MME 2020 conference reports (covering therapeutic efficacy surveys, surveillance, OR, and WHO malaria elimination guidance), 4 feature stories, and 1 video and photo mission on the last mile of malaria elimination in Cambodia.

Discussion:

- In Cambodia the aggressive approaches (mass drug administration, chemoprophylaxis) do not replace existing CIFIR (case investigation focus investigation response) activities. Rather, the two approaches are integrated. Aggressive approaches are most useful in hotspots where they are used to drive incidence down to pre-elimination levels. CIFIR is applied in low-incidence endemic areas for the last mile towards elimination.

[COVID-19 impact on RAI3E activities](#)

[C19RM update from the Global Fund](#)

Ms Izaskun Gaviria, RAI Fund Senior Portfolio Manager, The Global Fund

Presentation:

- The COVID-19 Response Mechanism (C19RM) has recently been replenished and has defined new country allocations.
- C19RM funding requests include COVID-19 response needs, as well as additional country needs to mitigate the impact of COVID-19 on HIV, TB and malaria programmes.
- GMS malaria stakeholders should participate in building C19RM funding requests in their countries to ensure malaria needs are adequately included.
- The Country Coordinating Mechanism (CCM) is responsible for developing the funding request. Due to the ongoing political unrest in Myanmar, the RSC is temporarily supporting the activities usually covered by the national CCM to draft the Myanmar funding request. The RAI CSO Platform is involved in the drafting of the Myanmar funding request, of which the first complete draft is expected at the end of this week.
- The Global Fund is also liaising with GAVI to explore if the temporary arrangements in Myanmar could be leveraged for vaccine deployment.

- Cambodia has submitted a fast-track funding request and will submit the full funding request on 30 May.
- The Global Fund now has a more robust committee, somewhat similar to the TRP, to review C19RM funding requests. As a result, countries can expect more extensive comment on the content of proposals compared to previous C19RM rounds.

Discussion:

- The RSC has made a formal request to all CCM Secretariats to share a well advanced version of the full-fledged proposal with the RSC for its comment and inputs. The Global Fund welcomes a strategic review by the RSC of the GMS countries' C19RM funding requests.
- The Global Fund is asking all countries to include COVID-19 adaptations and PPE until 2023, or at least until the end of 2022, in C19RM funding requests, as well as to include activities covered by the Global Fund grant as well as other partners.

[Update from WHO MME](#)

Dr Luciano Tuseo, Coordinator, WHO MME

Presentation:

- The COVID-19 situation remains stable in the GMS and the stock of malaria commodities is stable.
- In Cambodia, there is a third wave of local COVID-19 transmission but malaria services are continuing without interruptions. Last mile activities have been scaled up.
- In Yunnan, China, the MoH has officially requested malaria-free certification by WHO. All areas of Yunnan are rated as low risk of COVID-19 and malaria activities are on track.
- An increase in local COVID-19 cases has been observed in Lao, with the highest number of cases in Vientiane.
- In Myanmar, COVID-19 surveillance, testing, treating and services have broken down due to the Civil Disobedience Movement. The situation has also impacted malaria test and treat services at public health facilities, but these are continuing through ICMVs. WHO is purchasing services from private and CSO sectors, including for COVID-19 response and vaccination.
- In Vietnam, the fourth wave of COVID-19 is ongoing and the C19RM proposal is under development.
- The full presentation provides detailed information for each GMS country on PPE availability, NMCP guidance, malaria diagnostic capacity, returning migrant workers, forest-going movement, incidence of severe cases, medical product stock-outs, and LLIN coverage.

- PPE availability is sufficient in Cambodia and Lao. Myanmar has used some of the RAI2E budget for PPE and plans to use further C19RM funding. Global Fund funding is used in Thailand to support PPE procurement. In Vietnam, PPE procurement is a priority of local government.
- In Cambodia, Thailand and Myanmar guidance on how to deal with malaria cases has been updated given the current context. The policies in Lao and Vietnam have not specifically changed.
- Malaria testing in the community increased in Cambodia from January to April, and has reduced in Thailand, Vietnam and Myanmar (dropped by 70%). There has been no significant change in Lao.
- Migrant workers are not a major concern in Cambodia. In Lao, significant reductions in migrant worker movement have been observed. In Myanmar, large population movements are ongoing, particularly to forests/mountains. In Thailand, migrant workers are returning to their home countries.
- In general, forest-going activity may have decreased in the GMS, with the exception of Myanmar where population shifts are known to be happening to safe hideouts in forest areas.
- There has been no increase in the number of severe malaria cases.
- There are no major stock outs of medical products expected in the GMS countries.
- LLIN distribution has generally been able to proceed with some local delays or alterations.
- Detailed information on risks and mitigation measures, as well as the implementation status of the mitigation measures, is available for each GMS country in the full presentation.
- The roll-out of COVID-19 vaccination is ongoing in all countries of the GMS except Myanmar.

Discussion:

- A gendered breakdown of positive cases is available for Cambodia, Lao, Myanmar and Thailand in MEDB.
- Disaggregation of testing data by gender is available for Cambodia, Lao and Myanmar in MEDB.

Update from UNOPS PR

Dr Myat Yu Lwin, UNOPS

Presentation:

- Cambodia: shift from testing in health facilities (decreased) to testing in the community (increased), foci investigation affected by travel restrictions, postponed trainings, slow scale-up of P.vivax radical cure due to monitoring visits not being possible, postponed malaria elimination committee meetings, mass campaigns suspended, all monitoring visits from the central level postponed, VMW/MMW joint meetings reverted to individual sessions, PPE for the last mile already procured and supplied, PPE for routine implementation finalised and will be included in C19RM proposal, regular virtual follow-ups with SRs and subnational levels.
- Lao PDR: testing only slightly decreased compared to pre-COVID data, foci responses ongoing (special travel approval) with some delays, supply of commodities is undisrupted, CMPE and CSOs are coordinating with PAMS for delivery of stocks by CSO field staff to service delivery points, trainings postponed until lockdown is over, meetings are conducted online, reports are collected electronically, supervision visits are postponed with remote virtual coaching, provinces are coordinating with CMPE, DCDC and CSOs to distribute PPE.
- Myanmar: underreporting of COVID-19 and malaria data due to collapse of public health care delivery and surveillance systems, malaria diagnosis and treatment continue to be carried out by ICMVs, commodities are transported from the central store and kept at state and regional levels to be distributed, sufficient stock up to the end of Q3, supervision conducted by field level but not central stuff, postponement of trainings and meetings, active case finding and CIFIR cannot be conducted.
- Thailand: malaria elimination activities affected in some villages where full public health and social measures (PHSM) are in place, fewer people seeking care and being tested in SMRU facilities along the Thai-Myanmar border, no effect on malaria commodities, insufficient PPE available for malaria staff in VBD health facilities and in villages and PPE is being included in a C19RM fast track application.
- Vietnam: decrease in number of people tested, large decrease in detected foci and investigated foci, delay in monitoring and supervision visits due to delayed project approval, encouragement of online trainings and meetings, PPE for health care workers and volunteers will be included in the C19RM funding request.
- Regional: extension of RAI2E OR projects, virtual meetings, postponed WHO MME supervision visits but remote technical support provided.
- Procurement and Supply Management: completed delivery of COVID-19 commodities in 2020 (C19RM and grant flexibilities).

Discussion:

- The information provided by UNOPS complements the information provided by WHO and by countries.

- Intensive activities such as CIFIR have been more affected than routine community-based case management.
- The idea to establish supply chains from neighbouring countries to Myanmar had previously been discussed as a means to mitigate supply issues. This option has been discussed thoroughly. Customs clearance would also have to be obtained for supplies from neighbouring countries. UNOPs has been able to obtain tax exemption certificates for the supplies. Such a scheme could however be useful for non-government-controlled areas.

Tour de table of country representatives

Cambodia:

- High levels of community transmission have been ongoing since the end of February, particularly in Phnom Penh and other urban areas.
- Concomitant lockdown restrictions and travel bans have affected programme implementation.
- Despite lockdown restrictions, there is still some population movement out of red zones, which may affect transmission of both COVID-19 and malaria.
- Cambodia has submitted a fast-track funding request to the C19RM and is currently preparing a full funding request.
- There are currently no supply chain disruptions for goods moving out of Phnom Penh to the province and OD levels.

Lao:

- Lao has a mitigation plan in place to safeguard the implementation of programmes funded under RAI3E.
- There is currently a nationwide lockdown in effect due to an increase in COVID-19 cases since mid-April. COVID-19 is mostly affecting urban areas. Large COVID-19 outbreaks are also linked to illegal border crossings.
- CMPE is coordinating with DCDC and CSO partners, as well as at provincial and local levels, to distribute PPE to community VMWs. Due to limited stock of PPE, however, hospitals have priority for PPE.
- Coordination meetings with CSOs are held regularly to organise stock delivery to service delivery points. Due to outbreaks in some remote areas, there have been some issues delivering commodities to these specific areas.
- In cases presenting with fever and COVID-19 related symptoms, COVID-19 testing can be conducted at the provincial level, with samples sent from the community, using mobile PCR and GeneXpert machines procured using Global Fund grant money.

- CMPE is working with technical partners to develop a training curriculum.
- Since Lao is using electronic reporting channels, there have been no major problems with reporting from the community.
- Supervision visits have largely been postponed due to lockdowns.
- Despite the lockdowns, implementing partners have special permission to still be able to carry out HIV, TB and malaria activities.

Thailand:

- COVID-19 cases are increasing in Thailand, mostly in high-risk populations in cities (Bangkok and neighbouring provinces).
- Not many COVID-19 cases are occurring in malaria-endemic areas, and the malaria programme continues to be implemented well. The 1-3-7 strategy can be implemented without major disruptions.
- Refugees from Myanmar pose difficulties for Thailand and may lead to an increase in cases along the Thai-Myanmar border.
- There is considerable population movement from urban to rural areas by workers, which may spread COVID-19 and lead to increased malaria susceptibility.
- Children may be going to farms more with their parents, therefore malaria cases may increase among children as a result.
- Mobile COVID-19 testing is occurring in provinces.
- The CSO World Vision is collaborating with the Thai CDC for COVID-19 testing and helps run the field hospital for migrants at the border areas of Tak and Ranong.

Vietnam:

- The 4th wave of COVID-19 is ongoing in Vietnam.
- Most COVID-19-affected provinces are urban and plain areas, and very few are malaria-endemic provinces.
- So far, there has been no major impact of COVID-19 on malaria activities in Vietnam.
- The supply of commodities is stable. No stock-outs of RDTs or antimalarial drugs are envisioned.
- In a few provinces, travel restrictions have restricted training and surveillance activities.
- Vietnam is preparing a funding request for the C19RM and plans to submit it to the Global Fund by 15 June.

RSC Chair:

- Thank you to the NMCPs for sharing this additional context, which reinforces the information shared by the PR and CSOs, particularly with respect to the impact of

COVID-19 on malaria quality assurance activities such as training and supportive supervision.

RSC Independent Monitoring Panel (IMP)

Dr Jim Tulloch, Chair, IMP

Presentation:

- The IMP's planned activity for 2021 was approved at a meeting with the RSC Executive Committee on 3 March 2021.
- The IMP is currently reduced to two people: Dr Jim Tulloch and Dr Sean Hewitt.
- Given ongoing travel restrictions limiting country visits, implementation of all planned IMP activities may not be possible.
- The IMP is conscious that partners are very busy keeping both malaria programmes running and managing the COVID-19 pandemic in their countries, and is therefore trying to design a streamlined remote programme of work without imposing too many demands on countries.
- The IMP's overall approach, given ongoing COVID-19 restrictions, is: 1) recruit national independent consultants (one per country) to work with the IMP in country (three consultants are under recruitment); 2) collaborate with LFAs on selected topics (on hold for the moment); 3) continue desk-based monitoring of data available (ongoing); and 4) resume country visits when possible.
- Agreed areas of monitoring include: 1) CSO activity (successes, challenges, lessons), 2) Case Investigation Focus Investigation and Response, 3) P vivax 8-aminoquinolines treatment in the GMS, 4) Roll-out of tailored approaches/innovations (especially for forest-goers), 5) continued improvement of surveillance, and 6) reviewing/complementing performance frameworks. More detailed information on these areas can be found in the full presentation.
- Since the RSC Executive Committee meeting in March, an additional activity planned for the IMP is the review of C19RM funding requests.

Discussion:

- The CSO Platform recommended that the IMP connect with UNOPS, since much of the data collected by CSOs is collated and reviewed by UNOPS, in order to reduce the number of reporting channels for CSOs.
- The IMP uses all information already shared through existing reporting structures, such as Principal Recipients, and asks for additional information when these are not already available elsewhere. This is done as the IMP provides an independent critical monitoring lens of CSO activity, and looks at different angles than other existing oversight bodies.

- The IMP could consider looking at the innovative approaches taken by countries to move towards *P.falciparum* elimination in the context of COVID-19.

Transition and sustainability of the malaria response in the GMS

Dr Sara Fewer, Malaria Elimination Initiative, UCSF

Presentation:

- UCSF has developed a sustainability model with NMCPs, the Global Fund and other in-country partners.
- This sustainability model is built on two approaches: 1) supporting the transition from donor financing, 2) malaria budget advocacy.
- Current activities are focused in Cambodia, Vietnam and Thailand.
- In Cambodia and Vietnam there are two workstreams: 1) conducting a transition and sustainability assessment, 2) supporting malaria budget advocacy scoping and strategy development. These projects will be completed by end of June.
- The TRP has recommended that all RAI recipients conduct a sustainability and transition assessment to inform the development of a sustainability and transition plan. The goal is that the sustainability and transition assessments in Cambodia and Vietnam will lead to actionable evidence to inform the transition strategy.
- The assessments involve identifying and prioritising, through a multi-stakeholder process, the key challenges and opportunities that are anticipated with the transition from malaria donor financing.
- The malaria budget scoping exercise complements the assessment to identify the solutions and opportunities for domestic resource mobilisation.
- In Thailand, building on an already completed assessment and malaria budget scoping exercise, UCSF is working with DVBD to take the next steps. UCSF aims to support greater collaboration between public health agencies and local government and is currently conducting a study looking at the key facilitating factors in local administration engagement.
- In terms of sustainability planning, UCSF is building on gaps and priorities identified in the previously completed sustainability and transition assessment to develop guidelines on integration of the malaria programme into the general health services structure. An ongoing study is examining the experiences of four provinces in integrating malaria activities.
- UCSF is also supporting DBVD in developing and updating their prevention of reintroduction of malaria plan and UCSF will be helping to pilot the plan at the provincial level.

- Across all three settings and multiple workstreams, there have been some delays due to COVID-19, but progress is being made and outcomes of the work will be shared soon.

Discussion:

- It is critical that the NMCPs, as well as the line ministries, are actively involved in this work.
- The Global Fund offers transition grants and provides countries and regions with support in planning their transition from Global Fund funding to ensure programmes are sustained when donor resources are decreased.

Day 2 - 18 May 2021

Introduction to day 2

Meeting attendance

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

Objectives of the meeting for Day 2

- Discuss innovative approaches towards malaria elimination
- Update from the CSOs Platform
- Updates from GMS countries

Innovative approaches towards malaria elimination

Cambodia

Dr Giulia Manzoni, Epidemiologist, WHO Cambodia

Presentation:

- The number of P.falciparum and mixed cases has drastically decreased in Cambodia and there has been a steady increase in the number of monthly tests performed.
- Step 1, detailed in the intensification plan from 2018, was the deployment of MMWs closer to the forest to perform active case detection.
- Step 2, implemented since 2019, is case foci-based elimination.
- Since late 2020, Step 3 has been implemented, which involves foci management with aggressive interventions.
- WHO guidelines for case notification, case investigation, foci investigation and foci management are followed.
- Villages with L1 cases are classified as new active foci and are visited for a focus investigation within 2 weeks. This includes desk review, village mapping, household surveys, and night capture of mosquitoes.
- Final classification of foci is based on receptivity and vulnerability scores.
- Nearly 100% of potential foci are investigated. Currently 50-60 active foci have been identified, and 40 potential additional foci are pending entomology results.
- Foci management is based on foci classification, with different interventions implemented depending on classification. These include synergetic combinations of VMW/MMWs, LLIN/LLHINs, TDA (ASMQ), IPT, and weekly door-to-door fever screening.

- Foci management also includes training, community engagement and social mobilisation, and a census of the at-risk population.
- Six SOPs have been developed for the different interventions.
- Activities are strictly monitored using household and village forms.
- P.vivax radical cure has not yet been implemented countrywide, but is being piloted in some provinces.

Discussion:

- The denominator for both TDA1 and TDA2 is the target population. The aim is that all members of the target population have two doses. However, some have just one dose, due to for example absence from the village. Some members of the target population have a contraindication to taking TDA.
- The target population for TDA is men aged 15-49. The choice to include men and not women in TDA and IPT is because the at risk population in Cambodia is mainly men.
- Weekly active fever screening targets the whole population (men and women), with the aim to test and treat as soon as possible.
- Every P.falciparum case is investigated and responded to. Foci investigation is only performed in villages with L1 (locally transmitted) cases. For other cases, active case detection is performed.
- IPTf preliminary results are not available yet.
- Only the first day of TDA is directly observed treatment (DOT). VMW/MMWs follow up on the second and third doses.
- People taking TDA are counselled about possible side effects and advised to visit the health center in case of side effects. The health center records and reports the incidence of side effects.
- Other countries in the region could consider adopting the same aggressive strategies as Cambodia to drive progress towards elimination.

Lao PDR

Dr Viengphone, Deputy Director CIMPE

Presentation:

- Residual hotspots persist despite routine case management, 100% LLIN coverage, proactive ACD of forest-goers (FTAT), increased OPD testing and outbreak response (ACD, IRS, IEC).
- Current interventions are not having a high enough impact in hotspot areas, in part due to inadequate implementation and drug/insecticide resistance, but mostly because strategies are not protecting or reaching all high-risk groups.

- Routine strategies are not having a homogenous impact because transmission profiles and behaviour of at-risk populations are not homogenous.
- Detailed analysis of highest burden districts and villages indicates distinct variability in risk behaviour patterns, environmental exposure and access to diagnosis and treatment.
- Phouvong District (Attapue Province) given as an example: mainly ethnic minority villages where Lao is the second language. District cases mainly come from urban villages near the district capital. Men, particularly young men, are at higher risk than women due to forest-going.
- Lamam District (Sekong province) given as an example: mainly ethnic minority villages where Lao is the second language. District cases are in remote, mountainous and forested areas. Men and women are equally at risk due to whole families living in remote satellite settlements away from the village.
- Aggressive targeted strategies used to accelerate *P.falciparum* elimination include: 1) village census, 2) community engagement and social mobilisation, 3) top-up distribution of LLINs in target villages, 4) targeted distribution of LLIHNs, 5) TDA for men and women aged 7-49 years, 6) IPTf for all high-risk groups aged 7-49 years (men and women), and 7) active house-to-house fever screening every 2 weeks.
- Target areas: 19 stamped villages from 8 districts, covering approximately 70% of *P.falciparum*/mixed cases in 2020. These districts are: Boualapha, Nong, Xepone, Taoi, Lamam, Xaysetha, Sanxay and Phouvong.
- Village selection criteria are: 1) High number of *P.falciparum*/mixed cases in 2020, 2) high API, 3) epidemiological link to a village with high burden (based on local knowledge).
- LLIHNs are targeted to areas with high levels of *P.falciparum*, confirmed forest transmission and with populations who sleep inside the forest. There is a need to monitor acceptability and use of LLIHNs. The impact of LLIHNs is hard to measure.
- TDA is conducted in three rounds each one month apart. The target population is men and women aged 7-49 years. The drug of choice is ASMQ (2nd line treatment in Lao). TDA is conducted in the low transmission season (Jan-March 2022). Village-level administrative structures will be leveraged for the roll out. Lessons learnt from other MDA programs will be applied. Pharmacovigilance protocols have been developed.
- Target populations for IPTf are 1) forest-goers, 2) field-goers, 3) satellite villages, and 4) forest villages. To reach the target population, each village should have a VMW in the village, a VMW for outreach and a KMW for populations living in Katos.
- A pilot will be conducted in 3 villages in Khammuane province in 2021 and early 2022, with scale-up to 19 villages in five provinces planned for late 2021 and 2022.
- Issues implementing accelerator strategies in Lao include 1) tailoring implementation methods to the Lao context, 2) building a strong AFS system to underpin TDA and IPTf,

3) dedicated HR at district, HC and village levels, 4) confirmed fund availability, and 5) flexibility to include new villages with high *P.falciparum* incidence.

Discussion:

- In Lao, both men and women are targeted for TDA and IPTf, and Lao will work to include differences in male/female tolerability in pharmacovigilance design and protocols.
- The inclusion criteria for include much younger children than in Cambodia, the pharmacovigilance system will also detect any side effects in this younger age group.
- Pregnant women are excluded from TDA. Pregnancy tests are used as screening in women of reproductive age before TDA is given.
- TDA is conducted in the village and IPTf is implemented in the forest. In some districts, villages are in the forest or at the margins of forests. In other districts, the villages are urban villages where people travel to go to the forest. TDA and IPTf are also not provided at the same time.
- CMPE plans to set up a way to measure the acceptability and use of LLINs.

[CSOs Platform update](#)

Dr Josselyn Neukom, CSO Platform

Presentation:

- A comprehensive consultation has been conducted with 10 CSOs in Myanmar to identify possible solutions to the current unprecedented challenges. CSO suggestions were shared with UNOPS and the RSC Secretariat.
- Country-specific consultations with 19 CSOs in the other four countries were completed to understand progress against TRP review feedback and on RAI3E priorities.
- The CSO Platform met with the IMP and provided introductory support for their independent monitoring of CSOs under RAI3E.
- The CSO Platform also reviewed TRP feedback and initiated discussions with CSOs where appropriate to promote relevant actions.
- The divisions of roles of the representatives of the CSO Platform have been clarified. Maxine will represent the platform on the OR Sub-Committee. Josselyn will be the representative to the Ex-Comm.
- CSOs approvals and MOUs are progressing in all countries, with only some still outstanding in Lao and Vietnam.
- Myanmar CSOs are demonstrating remarkable resilience and make essential contributions to progress on elimination while the public health system is non-functional.
- Concerns remain around the safety and security of Myanmar CSO staff.

- CSOs are making key contributions to malaria elimination, by 1) increasing coverage of forest goers and other most-at-risk communities, 2) leading on the roll-out of key innovations (e.g. developing community-based organisations, enabling patient-assisted referrals), and 3) providing a strong community-level contribution to national surveillance, where CSO outreach workers report case data directly into electronic surveillance systems.
- Key questions arising from CSO consultations are shared in the full presentation.
- Priorities for the next quarter include: 1) supporting quality CSO responses to C19RM applications, 2) supporting CCM and NMCP coordination with CSOs in collaboration with UNOPS, 3) organising country-specific discussions of TRP feedback to promote active efforts by CSOs to incorporate feedback into ongoing implementation, 4) supporting IMP efforts to review CSO progress, 5) documenting emerging CSO good practices supported by RAI3E, 6) following up with OR leads to encourage CSO consultation.

Discussion:

- Regular meetings between NMCPs and CSOs are effective means to coordinate activities.
- The CSO Platform will follow up with the NMCP in Cambodia to plan a consultation with RAI3 and non-RAI3 CSOs and will also reach out to other NMCPs to explore their interest in Platform support for similar consultations.
- NIMPE commented that coordination between NIMPE Vietnam and CSOs is going well with monthly meetings to update each other.
- The importance of also learning from non-RAI3E CSO partners was recognised. The CSO platform welcomes suggestions of other partners and initiatives that it should form connections with.
- A suggestion was made to liaise with PMI-funded partners in Myanmar, whose implementation seems to be progressing well despite the problems engendered by the ongoing political unrest.
- The possibility of IMP conducting an independent review of community testing policies and practices across the region was raised, in response to this need identified by CSOs. The IMP explained that they are currently monitoring and evaluating CIFIR with the help of in-country consultants, which includes aspects of community-level testing.

[Myanmar update](#)

Dr Badri Thapa, WHO Myanmar

Presentation:

- In 2020, the targets for total cases, *P.falciparum* cases, deaths, and API in Myanmar were not achieved.
- The main reason for the observed increase in cases is *P.vivax* outbreaks in high-burden townships concentrated in Kachin and Tannintharyi States.
- The highest incidence townships in Myanmar are in border areas. Ongoing armed conflicts in these areas is a further challenge.
- Some state and regional VBDC offices and most of the township VBDC offices are not functioning.
- Most GF-supported malaria activities were suspended by NMCP, as a result of the current political situation and due to COVID-19 restrictions.
- Following WHO stock analysis, replenishment of key malaria commodities (ACT, CQ, PQ, RDTs) is ongoing.
- 121 of 330 townships submitted malaria reports, which showed a 70% decrease in the tests performed and a 34% reduction in the total confirmed cases.
- Public sector test and diagnosis rates have decreased by 93% and 83% respectively. Testing and diagnosis have decreased by 40% and 19% in the community sector.
- 67% of confirmed malaria cases in the public sector were fully investigated and classified between January and March 2021.
- Internal migration and population shifts, especially from Yangon to high-endemic areas, add an additional level of complexity.
- The public health system has nearly collapsed and the health system is reliant on CSOs, including community malaria case management through ICMVs. There is a crucial opportunity to harness the strengths of CSOs, EHOs and ICMVs. The role of ICMVs should be transformed from a passive to a more active role.
- Intensified case detection is still planned for persistent hotspots and high-burden villages.
- Myanmar's intensification and acceleration plan aims to eliminate *P.falciparum* by 2023 and reduce the overall malaria burden by 95% in the next five years. The steps include: 1) hotspot identification, 2) full coverage of malaria services (HCF, ICMV), 3) full implementation of malaria activities (CM, VC, IEC/BCC, surveillance), and 4) elimination activities (case and foci investigation, classification and response).
- Next steps include: 1) rapid review of the RAI3E projects and readjusting as needed, 2) purchasing services from CSOs, EHOs, ICMVs and the private sector 3) optimising intensification plans in high-burden townships and intensifying CFIR for all *P.falciparum*/mixed cases, 4) targeting forest-goers and other MMPs, and monitoring population shifts, 5) early detection and response to outbreaks, 5) optimising M&E by simplifying reporting structures and data flows, 6) aligning technical partners and donors.
- The C19RM funding request is being prepared for submission by the end of May.

Discussion:

- Myanmar's intensification plan is very ambitious, aiming to target 20 high burden townships with aggressive elimination strategies. The plan was developed by the NMCP prior to the political crisis. CSOs and ICMVs have crucial roles to play in the plan, including in case management, active case detection and vector control, and the implementation of these activities is ongoing despite the crisis.
- As the majority of activities are paused from the NMCP side, these need to be adjusted and can hopefully be performed by CSOs, EHOs and ICMVs. WHO and CSO partners are still functional in high-burden areas so case detection and treatment remain possible and are continuing.
- Despite the collapse of public services at the central level, NMCP ICMVs may still be functioning.
- Outbreak detection and response is still functional in some areas, as some team leaders in the NMCP are still functional.
- The UN is preparing a Health Response plan for Myanmar. This plan will include an M&E plan for the UN system, which can also form a basis for the M&E of malaria programming.
- India was lucky that it was able to prevent a malaria outbreak during the first phase of COVID-19 in 2020, by ensuring that drug, diagnostics and vector control supplies continued to flow to high-risk communities. In the latest COVID-19 wave in India, it has been observed that COVID-19 was no longer concentrated in urban areas and shifted to more rural areas, where there was insufficient PPE to safeguard all malaria activities. A cyclone is also occurring on the West coast of India, which is an area very prone to malaria epidemics. International support may be needed to ensure malaria activities are not compromised in high risk areas, which also include the borders of Myanmar with surrounding countries.
- Concern was raised around how partners in Myanmar would ensure consistency in service delivery now that previous supervision and coordination structures are not functioning. Since many of the CSOs, EHOs and ICMVs are well established from previous grant, they may continue to function well even though with limited supervision. If new actors are engaged, there will be a need to design new governance structures. Since the Technical Strategy Group is no longer functioning, existing partnerships that are still functional will need to take on more oversight and coordination roles.
- Ensuring continued procurement and functioning supply chains has been a significant challenge, and it was initially feared that stocks could only last until the end of June 2021. However, following a breakthrough in April, access to the central store could be secured and consignments stuck at the airport have been released. UNOPS has been able to organise the in-country transport of commodities and distribution is ongoing to the tail of

the supply chain. Private sector companies have agreed to help as part of their CSR activities.

- There is concern that the number of IDPs as a result of armed conflicts will only further increase and that they will seek shelter in forest areas, where they are at heightened risk of malaria.
- Health staff, institutions and vehicles are being targeted and CSO staff safety is threatened. CSOs are concerned about the consequences of any public sign of collaboration with the Myanmar MoHS/SAC.

Dr Maxine Whittaker, CSO Platform

Presentation:

- Ever increasing volatility in many regions of Myanmar necessitates rapid adaptations to safeguard CSOs.
- More collaboration and coordination is needed for a more efficient and impactful response in these unstable times.
- The information provided by CSO complements the information from WHO and UNOPS.
- The CSO Platform is incorporating the results of CSO consultations into the draft of the Myanmar C19RM proposal.

Ms Izaskun Gaviria, Global Fund

Presentation:

- It is becoming clear that the political situation in Myanmar may take some time to resolve.
- Many partners are organising themselves to provide humanitarian services to vulnerable populations.
- The Global Fund is working with CSOs willing to work in Myanmar right now and trying to make sure that the activities implemented are as safe as they can be and nobody is put at risk. The Global Fund is encouraging organisations that can safely work to do so.
- Disruption of treatment access for HIV, tuberculosis and malaria may have dramatic consequences. HIV and TB services are currently more disrupted than malaria, as malaria services are concentrated at the village level.
- Surveillance systems are currently not functional.
- The Global Fund is trying to liaise and coordinate with key stakeholders in Myanmar to be supportive of organisations delivering services.
- The Global Fund is aiming to be as flexible as possible; trying to identify alternative ways to provide treatment, tailored to the current context, for not just HIV, TB and malaria but also for a wide range of other essential health services funded by other donors.
- The current crisis could take Myanmar back 10-15 years in terms of health indicators.
- Myanmar benefits from having CSOs with huge capacity, knowledge and motivation.

Cambodia update

Dr Siv Sovannaroath, Malaria Program Manager, National Center for Parasitology, Entomology & Malaria Control

Presentation:

- Total cases decreased by 66% in January-April of 2021 compared to the same period in 2020. *P.falciparum* + mixed cases decreased by 64% and *P.vivax* cases decreased by 67%. Total tests increased by 6%, which was driven by the community level, since the number of tests performed at health facilities decreased by 12%.
- Since 2018 there have been zero malaria deaths.
- Radical cure of *P.vivax* is being scaled up. 100% of G6PD normal patients received radical cure, and 83% completed treatment with no reported side effects.
- Surveillance is ongoing for all species.
- Last mile activities are being conducted and reached 11/21 HCs in 5 provinces. TDA1/2 coverage was around 70%.
- 100% real-time reporting has been achieved; except for nets, stock and from non-endemic areas.
- There is adequate stock of malaria commodities at all levels
- Due to COVID-19, VMW/MMW meetings are suspended, following the MOH directive to avoid large gatherings. VMW/MMWs can individually attend the health centre to submit monthly reports and replenish stocks (ACT/RDT/PQ).
- Outreach activities continue as usual with appropriate PPE
- Continuous monitoring and timely communications are led by CNM to the subnational staff.
- Supervision visits are conducted through either mobile or field trips in smaller numbers to avoid big groups of people, with social distancing and hygiene measures practiced.
- Video modules are developed by the MIS team for VMW app training (awaiting approval).
- A mass net distribution campaign is being planned as house-to-house distribution rather than inviting villagers to attend a single distribution point.
- Additional services being integrated to the VMW/MMW role include providing deworming treatment to children and providing dengue vector control.
- ASMQ has been the first-line drug since 2015. In 2020, ASMQ TES results were 100% in K. Speu and Rattanakiri and 88% in Pursat
- Current GF contract staff are covered by government counterpart funding.
- Counterpart funding also covers second-line malaria drugs and severe malaria drugs.
- CNM is working with UCSF to conduct sustainability and transition assessments, with the final results expected by September 2021.

Discussion:

- A specific agenda point is planned for the next RSC meeting to discuss the progress of integration of services at community level.

Lao PDR update

Dr Viengphone, Deputy Director, CMPE Laos

Presentation:

- Key program updates include: 1) the grant agreement was signed in January 2021, 2) the first disbursement was received in Feb 2021, 3) bottom-up planning meetings were conducted in Feb 2021, 4) elimination activities were extended to 19 districts in the South, 5) new VMWs (605) were trained in March 2021, 6) TDA and IPT for *P.falciparum* elimination are being planned, 7) follow up on outbreak responses in Attapeu and Sekong is ongoing, and 8) technical trainings are being planned in 2021.
- Remote locations complicate *P.vivax* referral and compliance monitoring, as well as conduction of TES.
- Training is being planned on the new RACD strategy.
- There is a limited quantity of LLIHNs for forest-goers.
- In general, there is limited HR and capacity for vector surveillance.
- Timely initiation of foci and outbreak responses is challenging due to subnational HR and capacity limitations and seasonal access issues.
- COVID-19 risks delaying implementation. The COVID-19 outbreak started in mid-April 2021 and there is currently a nationwide lockdown. CMPE, DCDC and CSOs are coordinating with provinces to receive PPE shares for VMWs/MMWs.
- In the first quarter of 2021, there was a 15% decrease in cases compared to Q1 of 2020, but the proportion of *P.falciparum*+mixed cases increased by 15% to 42% in 2021.
- The testing rate is improving. The community level contributes 24% of testing but 28% of positive cases.
- TES has been conducted for AL, where ACPR without PCR correction was 95%.
- ASMQ (second-line drug) delivery is expected in June 2021, with rollout to provincial hospitals in June-July 2021.
- The prescription rate for PMQ for *P.falciparum* is 99%. For *P.vivax*, PMQ prescription rate is 75%.
- G6PD tests were delivered in April 2021. The COVID-19 outbreak delayed G6PD test training.
- The Lao government's co-financing amount for 2021 is US\$ 643,836.

- There is an ongoing review and approval process for the budget amount and activities within the MOH.

Discussion:

- The outbreak in Attapeu seems to be subsiding but is still ongoing. CMPE is aware of the risk that the outbreak will flare up again now that malaria season is restarting. CMPE is working closely with the provincial team to implement more targeted measures to interrupt and reduce transmission before it escalates again.
- It is hoped that the new accelerator strategies to be implemented in early 2022 will flatten the usual seasonal pattern next year.

[Vietnam update](#)

Dr Thieu, Director, NIMPE Vietnam

Presentation:

- The supplement agreement has been signed by the Global Fund, UNOPS and Vietnam MOH.
- The RAI3E grant document has been approved by the government and MOH.
- Order requests for LLINs, LLIHNs, RDTs, antimalarial drugs and microscopes have been sent.
- The RAI3E introduction workshop has been conducted.
- Bottleneck issues have included a long grant approval procedure (Jan-May 2021) and the impact of the COVID-19 pandemic on grant activities.
- Malaria cases in 2020 decreased to 1422 compared to 4665 in 2019.
- An 84.5% decrease in total cases has been seen in Q1 2021 compared to Q1 2020.
- Testing has been decreasing by about 10% per year.
- Malaria in Vietnam is currently concentrated in the central provinces.
- Enhanced case detection is being implemented by community, public and private sectors.
- The 2/4/7 strategy is being implemented, which includes reporting, case investigation, foci investigation and response.
- 100% of malaria cases are treated in compliance with the national guidelines.
- Pyramax is used in provinces with evidence of *P.falciparum* resistance (6 provinces).
- Radical treatment of *P.vivax* is performed with low dose of CQ for 14 days with follow-up.
- LLINs/LLIHNs are targeted to people in risk areas, especially MMPs.
- Coordination is being strengthened between the national programme and SRs to conduct FSAT in villages and at work sites in the forest.

- The surveillance system is being enhanced to accelerate elimination.
- The completeness of the eCDS-MMS surveillance system has been steadily increasing since July 2020.
- Training on eCDS-MMS was conducted in 2019 with all users at central, provincial, district, and commune levels (11,000 users). Refresher training was conducted in Q4 of 2020.
- Data reviews are conducted at the regional level and response mechanisms have been designed to follow up with poor-performing districts and communes.
- Data quality has been improved with 100% of cases now reported on the system, and 80% on time. Nearly 100% of aggregate reports are submitted and 94% of the data is consistent.
- Upcoming work on the surveillance system includes updating the surveillance system as per the latest surveillance guidelines, conducting refresher training at the provincial and district levels in 2021, capturing historical data down to the commune level for all critical indicators for the last 3 years, and performing routine maintenance and M&E of the system.
- The COVID-19 situation is affecting the organisation of meetings, conferences, training and supervision. All implementation workshops and meetings are organised online.
- Fear of COVID-19 infection reduces access to medical services.
- VHWS services include: IEC, case finding, CHC referral, case and foci investigation, ACD and continuous LLIN distribution.
- MOTs, coordinated by HPA, provide case finding, diagnosis and treatment for high-risk groups.
- CMAT (by VietMCI) provide IEC, case finding in mobile groups and hard to reach populations, and bring or refer cases to CHCs, MOT or the private sector.
- The private sector (VPHA/PSI) provides diagnosis and treatment in the private sector.
- CHCs provide diagnosis, treatment, case follow-up, support for radical cure for P.vivax, and iDES; and participate in case investigation, foci investigation and other health aspects.
- Diagnosis and treatment guidelines were updated in 2020.
- An additional two provinces (Phu Yen and Lanh Hoa) are now using Pyramax for P.falciparum treatment in 2021 (total 6 provinces).
- P.vivax treatment is low-dose PQ for 14 days with follow-up. PQ will stock out in September but has been ordered through UNOPS. There is sufficient stock of other ACTs.
- Vietnam's co-financing commitment to RAI3E is \$2,218,398.
- NIMPE will advocate to the government to support domestic financing of malaria programs for elimination going forward.

Discussion:

- Pyramax has potentially contributed to the reduction of malaria, particularly *P.falciparum*.
- Pyramax is only used in provinces with *P.falciparum* resistance. Other drugs are used where *P.falciparum* is sensitive to them.
- Conducting TES will become difficult with increasingly low numbers of *P.falciparum* cases. Using molecular markers might be more feasible.
- Vietnam is considering implementing a foci management strategy with TDA/IPTf.
- Unlike other GMS Countries Vietnam does not apply a Day 1 deadline for CIFIR. A 2-4-7 strategy for malaria elimination is implemented, as per national surveillance guidelines.

Thailand update

Dr Sudathip, Malaria Group, DVBD Thailand

Presentation:

- Key programmatic updates include: 1) Distribution of 130,000 LLINs to target populations, 2) Countrywide roll-out of the mHealth application (REVEAL) for foci management, 3) Upgrade of the malaria online system to link to mHealth components, and 4) Approval of the POR plan by the National Malaria Elimination Steering Committee.
- 39 out of 77 provinces in Thailand are malaria-free. Among the endemic provinces, two provinces (ChiangRai and Buriram) have had no transmission foci and no indigenous cases for more than 3 years.
- In 2021 (up to 17 May 2021), there have been 759 confirmed cases. 90% of cases are indigenous. 95% of cases are *P.vivax* and 3% are *P.falciparum*. Two thirds of cases are in men. One third of cases is in children under 15 years old.
- There have been no malaria deaths so far this year.
- There are currently 334 active foci, most situated along the Thai-Myanmar border.
- Innovative approaches towards malaria elimination include: 1) mHealth application (REVEAL) for foci management countrywide, 2) collaboration with relevant ministries involved in malaria elimination (esp. MOD, MOI and MOE) 3) improving iDES, 4) developing the POR plan and outbreak response, 5) implementing *P.falciparum* elimination activities, 6) implementing school-based interventions, and 7) implementing people-centered approach.
- COVID-19 has impacted malaria elimination activities in some locked down villages.
- Blood examination has reduced by 24% in 2021, especially among MMPs due to lockdowns.
- Malaria elimination staff have been reassigned to COVID-19 control activities.
- Meetings or supervision visits have been postponed or changed to an online medium.

- Malaria reintroduction was identified in June 2020 in Phisanulok province, with 10 clusters in Nakornthai district classified as active foci.
- There is insufficient PPE available for malaria staff at both HF and village levels. PPE is being requested in C19RM fast track app.
- Malaria will be integrated into the primary health care system through the VHVs. The MOPH has already included malaria elimination activities in the VHV curriculum.
- VHVs in transmission villages were trained on malaria elimination activities to improve treatment compliance, follow-up, RACT, PACD and BCC activities
- Community case management services have been implemented through the village-based malaria posts and health-promoting hospitals at sub-district levels.
- 2020 iDES results are 1) 98% ACPR of *P.falciparum* for DHA-PIP on Day 42, 2) 99.9% ACPR of *P.vivax* for CQ on Day 28 and 91.7% on Day 90, and 3) the K13 mutation has been found in Tak province.
- Stock-outs of paediatric PQ are expected by the end of June and new stock is projected for August 2021.
- Current stock of Pyramax will expire in June 2021, and new stock will arrive at the end of May 2021.
- Thailand's co-financing commitment for 2021 is 1.6m US\$, and includes the DDC malaria elimination budget, Sub-district Administrative Organisations (SAOs), and the National Health Security Office (NHSO).
- To transition from GF funding, resources for malaria elimination and reintroduction prevention are to be mobilised from SAOs and non-government sectors.
- A guide to malaria elimination for SAOs and health networks has been developed and distributed. SAOs in endemic areas have been trained.

Discussion:

- The increase of cases at the Thai-Myanmar border is related to conflict along the border, refugees and economic migrants from Myanmar, and the difficulty conducting malaria elimination activities in this setting.
- A twin city approach exists between Thai-Myanmar border cities under the overall Thai-Myanmar MoU for health security.
- A request was made for BVBD to present their REVEAL tool in more detail at a future meeting.
- VHVs will work with malaria posts to perform RACD or PACD in active foci. VHVs can conduct testing and will refer cases for treatment.
- Thailand is currently conducting pilot implementation of focal MDA.

AOB and next meeting

- The 18th RSC meeting will take place on 15-16 November 2021. RSC side meetings are planned for 17 November 2021.

Annex I: Meeting Agenda

17TH MEETING OF THE RAI REGIONAL STEERING COMMITTEE 17-18 MAY 2021

AGENDA DAY 1 - 17 May 2021

Time in Geneva	Time in Phnom Penh	Item
8:45-9:00	13:45-14:00	Access to online platform
9:00-9:15	14:00-14:15	Meeting objectives and introductions (<i>RSC Chair</i>) <ul style="list-style-type: none"> • Quorum, COI declarations, Membership updates
9:15-10:15	14:15-15:15	RAI3E grant update <ul style="list-style-type: none"> • UNOPS update • OR Sub-Committee Chair update
10:15-10:45	15:15-15:45	GMS epidemiological update (<i>WHO MME</i>)
10:45-11:00	15:45-16:00	<i>Break</i>
11:00-12:00	16:00-17:00	COVID-19 impact on RAI3E activities <ul style="list-style-type: none"> • C19RM update from the Global Fund • Update from WHO MME • Update from UNOPS PR • Tour de table of country representatives
12:00-12:45	17:00-17:45	RSC Independent Monitoring Panel (<i>IMP Chair</i>)
12:45-13:00	17:45-18:00	Transition and sustainability of the malaria response in the GMS (<i>UCSF</i>)
13:00-13:15	18:00-18:15	Closing remarks

AGENDA DAY 2 - 18 May 2021

Time in Geneva	Time in Phnom Penh	Item
8:45-9:00	13:45-14:00	Access to online platform
9:00-9:05	14:00-14:05	Introduction to Day 2 (<i>RSC Chair</i>)
9:05-9:45	14:05-14:45	Innovative approaches towards malaria elimination <ul style="list-style-type: none"> • Cambodia • Lao PDR
9:45-10:15	14:45-15:15	CSOs Platform Update (<i>CSO Platform</i>)
10:15-10:45	15:15-15:45	Myanmar Update (<i>WHO CO 15', CSO Platform 15'</i>)
10:45-11:15	15:45-16:15	Cambodia Update (<i>NMCP 15', Discussion 15'</i>)
11:15-11:30	16:15-16:30	<i>Break</i>

11:30-12:00	16:30-17:00	Lao PDR Update (<i>NMCP 15', Discussion 15'</i>)
12:00-12:30	17:00-17:30	Vietnam Update (<i>NMCP 15', Discussion 15'</i>)
12:30-13:00	17:30-18:00	Thailand Update (<i>NMCP 15', Discussion 15'</i>)
13:00-13:15	18:00-18:15	AOB and next meeting

Annex II: List of Participants

No	Name	Organization	Role	Day 1 17 May	Day 2 18 May
1	Prof. Arjen M. Dondorp	Faculty of Tropical Medicine Mahidol University	Chair	Yes	Yes
2	Dr. Rattanaxay Phetsouvanh	ASEAN	Vice-Chair	Yes	Yes
3	Dr. Teng Srey	Ministry of Health, Cambodia	Voting Member	Yes	Yes
4	Dr. Khampheng Phongluxa	Ministry of Health, Lao PDR	Voting Member	Yes	Yes
5	Ms. Pham Thi Minh Chau	Ministry of Health, Viet Nam	Voting Member	Yes	Yes
6	Prof. Maxine Whittaker	CSO Platform	Voting Member	Yes	Yes
7	Dr. Josselyn Neukom	CSO Platform	Voting Member	Yes	Yes
8	Ms. Ye Xu, alternate (replaced Mr. Rikard Elfving)	Asian Development Bank	Voting Member	Yes	No
9	Dr. Pascal Ringwald	World Health Organization	Voting Member	Yes	Yes
10	Dr. David Sintasath	PMI / USAID	Voting Member	Yes	Yes
11	Dr. Megan Counahan	Development Policy Division Department of Foreign Affairs and Trade (DFAT)	Voting Member	Yes	Yes
12	Dr. Taraneh SHOJAEI	French Embassy	Voting Member	Yes	Yes
13	Ms. Amita Chebbi	Asia Pacific Leaders Malaria Alliance (APLMA)	Voting Member	Yes	Yes
14	Dr. Viengphone Sengsavath	Ministry of Health, Laos	Non-Voting Member	Yes	Yes
15	Prof. Tran Thanh Duong	Ministry of Health, Viet Nam	Non-Voting Member	Yes	No
16	Dr. Luciano TUSEO	World Health Organization	Non-Voting Member	Yes	Yes
17	Mr. Matteo Dembech	RSC Secretariat	Non-Voting Member	Yes	Yes

18	Ms. Izaskun Gaviria	The Global Fund	Observer	Yes	Yes
19	Ms. Estrella Lasry	The Global Fund	Observer	Yes	Yes
20	Ms. Anna Sarkissian	The Global Fund	Observer	Yes	Yes
21	Ms. Rosie Ameyan	The Global Fund	Observer	Yes	Yes
22	Ms. Sandra Kuzmanovska	The Global Fund	Observer	Yes	Yes
23	Doungkamon Oeuvray	The Global Fund	Observer	Yes	Yes
24	Mr. Soso Getsadze	The Global Fund	Observer	Yes	Yes
25	Mr. Frederic Suzanne	UNOPS	Observer	Yes	No
26	Mr. Maysandi HTIN AUNG	UNOPS	Observer	Yes	Yes
27	Mr. Zaw Win Tun	UNOPS	Observer	Yes	Yes
28	Ms. Yu Nandar Aung	UNOPS	Observer	Yes	Yes
29	Dr. Myat Yi Lwin	UNOPS	Observer	Yes	Yes
30	Dr. Ioana BADESCU	UNOPS	Observer	Yes	Yes
31	Dr. May Thinza Kyi	UNOPS	Observer	Yes	Yes
32	Ms. Min Min Thien	UNOPS	Observer	Yes	Yes
33	Ms. Tin Me	UNOPS	Observer	Yes	No
34	Ms. Young Hee	UNOPS	Observer	Yes	No
35	Dr. Attila Molnar	UNOPS	Observer	Yes	Yes
36	Dr. Faisal Mansoor	UNOPS	Observer	Yes	Yes
37	Dr. Eisa Hamid	UNOPS	Observer	Yes	Yes
38	Mr. Naeem Durrani	UNOPS	Observer	Yes	Yes
39	Dr. Min Min Zin	UNOPS	Observer	Yes	Yes
40	Ms. Aung Myo Myat	UNOPS	Observer	Yes	No
41	Ms. Inessa Ba	Global Malaria Team – Greater Mekong Subregion (GMS)	Observer	Yes	Yes
42	Mr. Jan de Jong	PricewaterhouseCoopers	Observer	Yes	Yes
43	Dr. Jim Tulloch	IMP	Observer	Yes	Yes
44	Dr. Sean Hewitt	IMP	Observer	No	Yes
45	Dr. Prayuth Sudathip	Department of Disease Control, Thailand	Observer	Yes	Yes
46	Dr. Nguyen Quang Thieu	Ministry of Health, Viet Nam	Observer	Yes	Yes
47	Dr. Nguyen Dinh Nam	Ministry of Health, Viet Nam	Observer	Yes	Yes
48	Dr. Siv Sovannaroth	National Center for Parasitology, Entomology & Malaria Control	Observer	Yes	Yes

49	Rittika Datta	APLMA	Observer	Yes	Yes
50	Dr. Trinh Ngoc Linh	CCM Vietnam	Observer	Yes	No
51	Dr. Yen Nguyen	CHD Vietnam	Observer	No	Yes
52	Pherng	Chias	Observer	Yes	No
53	Phouthakone	Chias	Observer	No	Yes
54	Dr. Htin Kyaw Thu	CSO platform	Observer	Yes	Yes
55	Dr. Lieven Vernaeve	CSO Platform	Observer	Yes	Yes
56	Dr. Pyae Phyoo Htoon	CSO platform	Observer	Yes	Yes
57	Dr Sok Pun	CSO platform	Observer	Yes	Yes
58	Dr. Warisala Chatuchinda	CSO platform	Observer	Yes	Yes
59	Dr .Maihuong Kieu	CSO Platform	Observer	Yes	Yes
60	Dr. Nyan Win Phyoo	CSO platform	Observer	Yes	Yes
61	Dr. Louis Da Gama	CSO platform	Observer	Yes	Yes
62	Dr. Viengkhone Souriyo	CSO Platform	Observer	No	Yes
63	Mr. Shreehari Acharya	CSO platform, Regional	Observer	Yes	Yes
64	Mr. Mako Nagao	JICA	Observer	Yes	Yes
65	Dr. Yumiko	JICA	Observer	No	Yes
66	Dr. Masatoshi Nakamura	JICA Malaria Elimination Project in Myanmar	Observer	Yes	Yes
67	CMPE Laos	Lao PDR	Observer	Yes	Yes
68	Chias Laos	Lao PDR	Observer	Yes	Yes
69	Prof. Md. Nazmul Islam	Ministry of Health and Family Welfare, Bangladesh	Observer	No	Yes
70	Dr. Afsana Khan	Ministry of Health and Family Welfare, Bangladesh	Observer	No	Yes
71	Dr. Neeraj Dhingra	Ministry of Health and Family Welfare, India	Observer	No	Yes
72	Dr. Nounnippa Simmalavong	Ministry of Health, Lao PDR	Observer	Yes	Yes
73	Dr Nguyen Xuan Xa	RAI3E CPMU Vietnam	Observer	Yes	No
74	DVBD	Thailand	Observer	Yes	Yes
75	NIMPE Vietnam	Vietnam	Observer	Yes	Yes
76	Mr. Hanh Nguyen	VPHA	Observer	Yes	Yes
77	Mr. Tuan VPHA	VPHA	Observer	Yes	Yes
78	Ms. Phakny So	RSC Secretariat	Facilitator	Yes	Yes
79	Ms. Caitlin Pley	RSC Secretariat	Facilitator	Yes	Yes

80	Dr. Matthew Scott SHORTUS	WHO Laos	Observer	Yes	Yes
81	Dr. Thipphaphorn D	WHO Laos	Observer	Yes	Yes
82	Ms. Elodie JACOBY	WHO MME	Observer	Yes	Yes
83	Mr. Rady TRY	WHO MME	Observer	Yes	Yes
84	Ms. Giulia Manzoni	WHO MME	Observer	Yes	Yes
85	Dr. Thapa Badri	WHO Myanmar	Observer	Yes	Yes
86	Dr. Deyer GOPINATH	WHO Thailand	Observer	Yes	No
87	Dr. Mya Sapal NGON	WHO Vietnam	Observer	Yes	Yes
88	Dr. James Kelley	WHO WPRO	Observer	Yes	Yes
89	Mr. Kong Seng	N/A	Observer	Yes	No
90	Mr. Rattanak Sourn	N/A	Observer	Yes	Yes
91	Ms. Moh Moh Lwin	N/A	Observer	No	Yes
92	Ms. Sara Fewer	UCSF	Observer	Yes	No