Bangladesh Country Coordinating Mechanism (BCCM)
Ministry of Health and Family Welfare
BCCM Secretariat

Subject: Minutes of 8th Oversight Committee meeting

Date (dd.mm.yy)	10.02.2016
Venue of the meeting	Conference room, MOHFW, Bangladesh Secretariat, Dhaka-1000.
Meeting started	11:00 am
Meeting adjourned	2:00 pm
Meeting Chaired by	**Ms. Roxana Quader, Chair, Oversight Committee & Additional Secretary (PH&WHO), Ministry of Health & Family Welfare.**
Meeting Steered by	**Mr. Manaj Kumar Biswas, BCCM Coordinator.**
Total number of participants	25 Persons
Did quorum Presence at meeting?	• Yes
Meeting attendance	• BCCM Oversight Committee Members: 10 • GMS: 01 • PRs: 12 • BCCM Secretariat:03
Attendance list	Yes
Other supporting document	Yes

Meeting Agenda:

Agenda Item # 1	Approval of 7th Oversight Committee meeting minutes.
Agenda Item # 2	CCM dashboard presentation by PRs (October-December 2015)
Agenda Item # 3	Report on identification of the reasons of Malaria upsurge during last year (2014)
Agenda Item # 4	Last visit follow up & next oversight visit last week of February
Agenda Item # 5	Member inclusion from NGO constituency in OC
Agenda Item # 6	Recruitment of Deputy Coordinator (Formation of Recruitment Committee, Finalize the TOR, advertisement, Interview and selection of Candidate)
Agenda Item # 7	Update on PR Dashboard for HIV & USAID TA request for BCCM Secretariat
Agenda Item # 8	Endorsement of BCCM Work Plan and Oversight Plan
Agenda Item # 9	**AOB:** Salary of Cleaner cum Security

The meeting started at 11:00 am and was chaired by **Ms. Roxana Quader,** Additional Secretary (PH&WHO) and Chair, Oversight Committee of BCCM.

At the outset, Chair, BCCM Oversight Committee welcomed all the participants including BCCM Oversight Committee members, GMS team and PRs. She directed BCCM Coordinator to steer the meeting in accordance with predetermined agenda.

Minutes of each agenda item:

Agenda Item # 1	Approval of 7th BCCM Oversight Committee meeting minutes
Conflict of Interest	N/A
Summary of the issue to be discussed	
The 7th BCCM Oversight Committee meeting was held on 04 November, 2015 and the minutes were electronically circulated to all and hard copies were provided in the folders. BCCM Coordinator read out the agenda, decisions and explained implementation status of the last BCCM Oversight Committee meeting.	
Constituency/ Sector	**Write content of contributions below**
Chair Oversight Committee	Chair, BCCM Oversight Committee and Additional Secretary (PH&WHO), Ministry of Health & Family Welfare requested Oversight Committee members to give their comments and feedbacks, if any on 7th BCCM Oversight Committee Meeting minutes. Having no comment and feedback on the 7th BCCM Oversight Committee Meeting minutes, she requested BCCM Oversight Committee members to take the minutes as confirmed and approved.
Oversight Members	Oversight members gave feedback that the minutes is OK but in one word need to be corrected. There will be "RUMA" in place of "RAMU". In another little correction to be needed in name of BRAC's representative in the meeting.
Decisions	**BCCM Oversight Committee confirmed and approved of the 7th BCCM Oversight Committee meeting minutes with little correction as above.**

Agenda Item # 2.	CCM dashboard presentation by PRs (October – December 2015)
Conflict of Interest	N/A
Summary of the presentation and issue to be discussed	
All PRs presented their grant implementation status through oversight dashboard that are financial, management and programmatic indicators. After the presentation the Oversight committee make comments, provide recommendations. The decisions are recorded to solve problems to achieve the grant performance.	
Constituency/ Sector	**Write content of contributions below**
BCCM Secretariat	BCCM Coordinator requested all PRs to present quarterly performance of grant implementation through dashboard according to the summary presentations presented by the BCCM Secretariat.
PR-NMCP	Dr. Md. Nazrul Islam, M & E Expert, National Malaria Control Program, presented the dashboard on behalf of LD, NMCP. He explained about the below disbursement and below expenditure rate according to target. He said that some of the amount directly spend by the GF for the procurement purpose centrally, so that the dashboard showing below expenditure and below disbursement. He also explained about the Inj. Artisunate vials stock only for 9 months. NMCP already sent their inventory request and within few weeks it will be one year stock balance. Supervisory visit also below than targets and he explained that perdiem and travel cost very low according to HPNSDP rule. It is not sufficient to visit field level for supervisor level staff. So that Senior level staff Manager are not willing to go field with this perdiem and travel cost. He also informed that NTP and NMCP jointly proposed a revised perdiem and travel guidelines to the GF. If the GF agree with the proposed guidelines for field visit then supervisor can easily move to the field.
PR-BRAC-Malaria	Dr. Moktadir Kabir, Sr. Program Manager, Malaria presented the dashboard on behalf of BRAC-Malaria program. He informed that below stock balance for ACTs 24 tabs course and ACTs 18tabs course are for few days. BRAC already sent requisition to complete stock balance according to the guidelines.

PR-NTP	Dr. Mojibur Rahman, National Program Coordinator NTP, presented the dashboard on behalf of LD, NTP. He explained about the below disbursement from the GF and below expenditure from TB case prevention and MDR-TB module. Below disbursement due to the previous grant balance and below modular expenditure due to bottle neck of procurement of Gene Xpert machine. NTP tried to complete the procurement through BRAC and Save the Children but they have internal problem according to their policy. NTP will discuss about this issue with GF CT team during their next visit in March 2016.
PR icddr,b	Dr. AKM Masud Rana, Project Coordinator, Program for HIV/AIDS, icddr,b, presented quarterly performance of grant implementation through oversight dashboard with regard to programmatic, financial and management aspect. He explained about the below expenditure. He also discussed that vacant management position. He said icddr,b already published advertisement for this position. Within few weeks this position will be filled in. He also explained about the stock gap of lubricant and VCT kits. The stock gap will be filled within this month.
PR- Save the Children	Dr. Lima Rahman, Chief of Party, HIV/AIDS Program, Save the Children, presented the dashboard situation as regards programmatic, financial and management points of view of their program implementation on HIV/AIDS component. She explained about the vacant positions. She said the positions are SR's position. SRs are on process to make up these position. Hopefully by next two months these positions will be filled in.
Decisions	**PR dashboard updates by the TB and malaria PRs acknowledged by the meetings.** **NTP will discuss about their procurement issue with the GF CT during their next visit in Marc 2016 and bring out the solution to remove the bottleneck.** **PRs will be sent their dashboard report to BCCM Secretariat after 45 days of reporting period of the reporting quarter**

Agenda Item # 3	**Report on identification of the reasons of Malaria upsurge during last year (2014)**
Conflict of Interest	**N/A**

Summary of the presentation and issue to be discussed

Malaria is one of the major public health problems in Bangladesh. The disease is highly endemic in 13 out of 64 districts of the country, with around 90% of cases and deaths being reported from the three hill tract districts (Bandarban, Rangamati and Khagracari) and the coastal district, Cox's Bazar. These districts are in the east and north-east borders facing the international border with eastern states of India and a part of Myanmar. Perennial transmission occurs in those districts having significant features, e.g. i) geo-physical conditions (hills, foothills and forests), ii) climate (rainfall and humidity), iii) population characteristics (mobility, internal and cross-border and migration) and iv) limited coverage of interventions, due to hard-to-reach areas in the hill tract districts.

Constituency /Sector	**Write content of contributions below**
BCCM Secretariat	BCCM Coordinator requested Prof. Dr. MA Faiz, Ex-DG, DGHS to present the draft report on possible reasons of malaria upsurge in 2014 and how to overcome malaria upsurge.
Oversight Member	Prof. MA Faiz, Ex –DG, DGHS and Member OC as Malaria Expert presented the report on causes of upsurge of malaria during 2014. He requested to make comments and feedback on the report from the oversight committee members in this meeting for finalize it to present in next BCCM meeting. He explained each and every identified reasons for the malaria sudden malaria upsurge according to the attached report in Annexure A with this minutes.
Vice Chair, OC	Prof. Dr. Mahmudur Rahman requested to Prof. M.A Faiz to remove the future plan section from the report because it is the responsibilities of NMCP and implementing organizations. BCCM may queries to the Oversight Committee about the future plan and Oversight Committee is not entitle for this kind of study.

Chairperson, OC	Ms. Roxana Quader, Additional Secretary (PH& WHO) & Chair Oversight committee said that Oversight committee would like to thank Prof. M A Faiz and his team for identifying the possible reason of sudden upsurge of malaria in 2014 and prepare this report. She also said that Oversight Committee appreciate this huge work on causes of malaria upsurge. On behalf of Oversight committee, she expressed the sincere appreciation to Prof. M A Faiz and other contributors to this study and report. Finally, she suggested to bring this report to next BCCM meeting according to discussed revisions.
Decision	**The meeting decided to present the report on identifying reasons of sudden malaria upsurge during 2014 in next BCCM meeting as attached in the annexure A with this meeting minutes.**

Agenda Item # 4	**Last visit follow up & next oversight visit last week of February 2016**
Conflict of Interest	**N/A**
Summary of the issue discussed	
The meeting gets updates on last visit follow up actions and next oversight visit schedule	
Constituency /Sector	**Write content of contributions below**
BCCM Secretariat	BCCM Coordinator informed that last oversight visit follow up action and letter received from BRAC (TB &Malaria), NTP and Save the Children. They are working according to the recommendations of oversight visit team. He also informed that next Oversight Visit will be conducted last week of February 2016 in Khulna region.
Oversight Committee Chairperson	The Chairperson requested to members to inform their availability according the next visit schedule in last week of February 2016.
Decisions	**The meeting acknowledged update on oversight follow up action and next oversight visit schedule.**

Agenda Item # 5	**Member inclusion from NGO constituency in Oversight Committee**
Conflict of Interest	**N/A**
Summary of the issue discussed	
Reference to the decision of the last NGO constituency consultation meeting held on June 10, 2015 organized by SKUS. NGO constituency keen interested to involve themselves in oversight functions of BCCM. NGO constituency thought that they should have participation in oversight functions through membership in Oversight Committee. NGO constituency has sent a request letter to Chairperson, Oversight Committee. Oversight Committee is not agreed to this request.	
Constituency /Sector	**Write content of contributions below**
BCCM Secretariat	BCCM Coordinator informed the meeting that according to last NGO Constituency Consultation meeting decision, Ms. Jesmin Prema sent a letter to the Chair of Oversight Committee on behalf of their constituency to include a member to the Oversight Committee from their constituency. Oversight committee should decide on this issue. Letter distributed among the members electronically and meeting folders.
GMS	Mr. Abu Sayeed, GMS Consultant opined that Oversight Function is very specialized function by finance, program, diseases and procurement specialist. There is no functions of any constituencies except PLHIV&KAP according to the Global Fund guidelines. So as constituency representative, NGO constituency should not be in Oversight Committee.
Oversight Chairperson	Ms. Roxana Quader, Additional Secretary and Chair OC opined that as the GF guidelines, there is no role of NGO constituency in BCCM Oversight Committee. So, the oversight Committee should not include members from NGO Constituency till next BCCM reconstitution. If BCCM think it is necessary then during next reconstitution process, NGO constituency can request

	BCCM to be part of oversight committee.
Decisions	**The oversight Committee is not agreed with the request from NGO constituency to include member from NGO constituency in BCCM oversight committee as the Global Fund Guidelines. The meeting decided accordingly and BCCM Secretariat would share this minutes with NGO constituency.**

Agenda Item # 6	**Recruitment of Deputy Coordinator (Formation of Recruitment Committee, Finalize the TOR, advertisement, Interview and selection of Candidate)**
Conflict of Interest	N/A
Summary of the presentation and issue to be discussed	
The meeting formed a committee to form a Recruitment Committee, finalize the TOR, finalize advertisement, Interview schedule and process of selection of candidate including Prof. M A Faiz –Ex DG, DGHS, Dr. Sukumar Sarker-USAID, Dr. Saima Khan-UNAIDS and Mr. Abu Sayeed-GMS headed by Prof. Mahmudur Rahman, Director IEDCR & Vice Chair OC.	
Constituency/ Sector	**Write content of contributions below**
BCCM Secretariat	BCCM Coordinator informed that a meeting was held on the USAID TA request for Oversight function to BCCM Secretariat on 31st December 2015 in IEDCR Chaired by Prof. Mahmudur Rahman. According to decision of that meeting BCCM Secretariat prepared a draft TOR for Deputy Coordinator position and circulated among the Oversight Committee members for their comments and feedback. BCCM Secretariat also distributed 2nd draft of TOR in the meeting folders incorporating feedback from the GF and GMS. He requested to finalize **the TOR,** advertisement, and interview schedule and selection process of candidate. He also requested to form a recruitment committee for the Deputy Coordinator recruitment. He also mentioned that GF country team sent an email to the Chairperson of Oversight Committee expressing interest to be the part of recruitment committee.
Oversight Member	The meeting discussed on the draft TOR for the Deputy Coordinator and suggested to include oversight activities in the TOR of Deputy Coordination. The meeting opined that Deputy Coordinator would coordinate the Oversight Functions according to the oversight plan and Coordinator's direction. The meeting requested to GMS to review the draft TOR and submit before the Oversight Committee.
Chairperson Oversight Committee	Ms. Roxana Quader, Additional Secretary and Chair OC suggested to form a committee to finalize the TOR, finalize advertisement, form a Recruitment Committee, interview schedule and process of selection of candidate including Prof. M A Faiz –Ex DG, DGHS, Dr. Sukumar Sarker-USAID, Dr. Saima Khan-UNAIDS and Mr. Abu Sayeed-GMS headed by Prof. Mahmudur Rahman, Director IEDCR & Vice Chair OC. This proposed committee can sit together as much as needed and can settle this recruitment of Deputy Coordinator.
Decisions	**The meeting decided to form a committee to finalize the TOR, finalize advertisement, form a Recruitment Committee, interview schedule and process of selection of candidate including Prof. M A Faiz –Ex DG, DGHS, Dr. Sukumar Sarker-USAID, Dr. Saima Khan-UNAIDS and Mr. Abu Sayeed-GMS headed by Prof. Mahmudur Rahman, Director IEDCR & Vice Chair OC. This committee will sit together as much as needed and settle down this recruitment of Deputy Coordinator aligning with the GF guidelines. BCCM Secretariat will work with this committee and finalize this issue as early as possible.** **The meeting decided that Mr. Abu Sayeed, Lead Consultant would review draft TOR and submit to above mentioned committee before their first meeting.**

Agenda Item # 7	**Update on PR Dashboard for HIV & USAID TA request for BCCM Secretariat**
Conflict of Interest	N/A
Summary of the presentation and issue to be discussed	

The meeting discussed and acknowledged this issue. The meeting also discussed about the necessity of Administrative Assistant in the BCCM Secretariat. Finally the meeting tried to find out the opportunity to get funding the position of Administrative Assistant in the BCCM Secretariat.	
Constituency /Sector	**Write content of contributions below**
BCCM Secretariat	BCCM Coordinator informed the meeting that according to last oversight meeting and BCCM meeting decision, BCCM Secretariat sent TA request for PR Dashboard for HIV/AIDS grant to USAID. He also informed the USAID TA request for Oversight function to BCCM Secretariat. According to last BCCM meeting decision, BCCM Secretariat organized and conducted a meeting one this issue. The meeting was held in IEDCR meeting room and chaired by Prof. Mahmudur Rahman, Director IEDCR and Vice Chair OC. That meeting analyzed the oversight activities in BCCM Secretariat. Finally that meeting found oversight activities can be completed by the proposed Deputy Coordinator if BCCM make the TOR and Job Description accordingly. There is no need to extra staff for oversight functions. But that meeting also found, one support staff with BCCM Coordinator and Deputy Coordinator would be necessary to continue BCCM Secretariat activities. That meeting suggested to search the opportunity to get funding from other sources for the position of Administrative Assistant.
GMS	GMS opined that it is necessary and GMS will explore about the opportunity and inform BCCM if it is possible to provide fund for the position of Administrative Assistant.
GOVT/ Vice Chair	Prof. Mahmudur Rahman, Director IEDCR & Vice Chair OC argued and referred meeting was held on 31st December 2015 on the **USAID TA (staff) request for oversight function to BCCM Secretariat.** He informed the meeting that Administrative assistant position is very necessary for the BCCM Secretariat to perform Coordinator and Deputy Coordinator according to plan. He requested to UNAIDS and other international development partner to provide support to the BCCM Secretariat for the position of Administrative Assistant.
UNAIDS	Dr. Saima Khan from UNAIDS said that UNAIDS also would explore about this issue and try to bring out opportunity among the multilateral and bilateral development partners in Bangladesh.
Oversight Chair	The Chair Oversight Committee also suggested that the committee (which will finalize the Deputy Coordinator TOR including USAID, UNAIDS, GMS and Prof. MA Faiz) headed by Prof. Mahmudur Rahman, Director IEDCR & Vice Chair OC can work on this issue to manage extra funding for this position from the multilateral and bilateral development partners in Bangladesh.
Decisions	**The meeting acknowledged the update about the update on PR Dashboard and its request to USAID for HIV grants.** **The meeting decided that the committee (which will finalize the Deputy Coordinator TOR including USAID, UNAIDS, GMS and Prof. M A Faiz) headed by Prof. Mahmudur Rahman, Director IEDCR & Vice Chair OC would work on this issue to manage funding for this position from the multilateral and bilateral development partners in Bangladesh.**

Agenda Item # 8	**Endorsement of BCCM Work Plan and Oversight Plan**
Conflict of Interest	N/A
Summary of the presentation and issue to be discussed	
The meeting discussed about the BCCM Work plan and oversight plan for 2016. The meeting suggested to make plan for oversight meeting and BCCM meeting quarterly. First oversight committee meeting then BCCM meeting to be planned in the BCCM work plan.	
Constituency /Sector	**Write content of contributions below**

BCCM Secretariat	BCCM Coordinator presented the BCCM work plan including oversight plan for 2016. He requested to endorse this plan by the Oversight Committee before presenting in next BCCM meeting.
GMS	GMS suggested to make this plan quarterly oversight meeting and BCCM meeting. GMS also suggested to make oversight meeting first then BCCM meeting in the work plan.
Oversight Member	The meeting discussed and analyzed the proposed BCCM work plan for 2016. The meeting also suggested to revise it according to GMS suggestions.
Decision	**The meeting decided to endorse the BCCM work plan with the condition of revision of plan oversight meeting and BCCM meeting quarterly. BCCM Secretariat would bring revised work plan to next BCCM meeting for endorsement.**

Agenda Item # 8	**AOB:** Salary of Cleaner cum Security
Conflict of Interest	N/A
Summary of the presentation and issue to be discussed	
According to the BCCM Secretariat budget, the Oversight Committee endorsed the amount BDT 500/day (Five Hundred Only per day) salary for the Daily Basis Cleaner cum Security.	
Constituency /Sector	**Write content of contributions below**
BCCM Secretariat	BCCM Coordinator informed the meeting that one daily basis cleaner cum security is working in BCCM Secretariat. He usually works from 8.00 am to 5.00pm each and every working day. BCCM Secretariat is giving him salary only BDT 365 per day. But it is difficult to get whole day service with this kind of below daily salary. He proposed to increase salary for Cleaner cum Security at least BDT 500 (Five Hundred Only per day) from Cleaning and Security cost category of budget.
Oversight Member	The meeting discussed about it and agreed to increased daily salary of Cleaner cum Security as proposed if budget available in the cleaning and security cost category of budget.
Chairperson	Chairperson of oversight committee asked to BCCM Coordinator about the available budget. After getting information about the available budget, she endorsed the increased salary as proposed on behalf of oversight committee.
Decisions	**The meeting decided to increase salary for Cleaner cum Security from BDT 365/day to BDT 500/day which is effective from January 2016 from Cleaning and Security cost category of budget.**

Having no other issues to discuss, the Vive-Chairperson thanked all the participants for their attendance and wrapped up the meeting.

Roxana Quader
Chairperson
Oversight Committee, BCCM and
Additional Secretary (PH&WHO), MOHFW

Annexure A

Investigation into possible causes of upsurge of malaria in Bangladesh in 2014

Malaria cases in Bangladesh more than doubled from 2013 to 2014. The rise was mostly in the Chittagong Hill Districts (**Figure 1**), particularly Bandarban (9,304 to 23,921 cases), Khagrachari (4061 to 9756 cases) and Rangamati (7926 to 17,045 cases) hill districts. Total cases were higher in 2014 than in 2013 in every Upazila in these three districts **(Figures 2** and **3**).

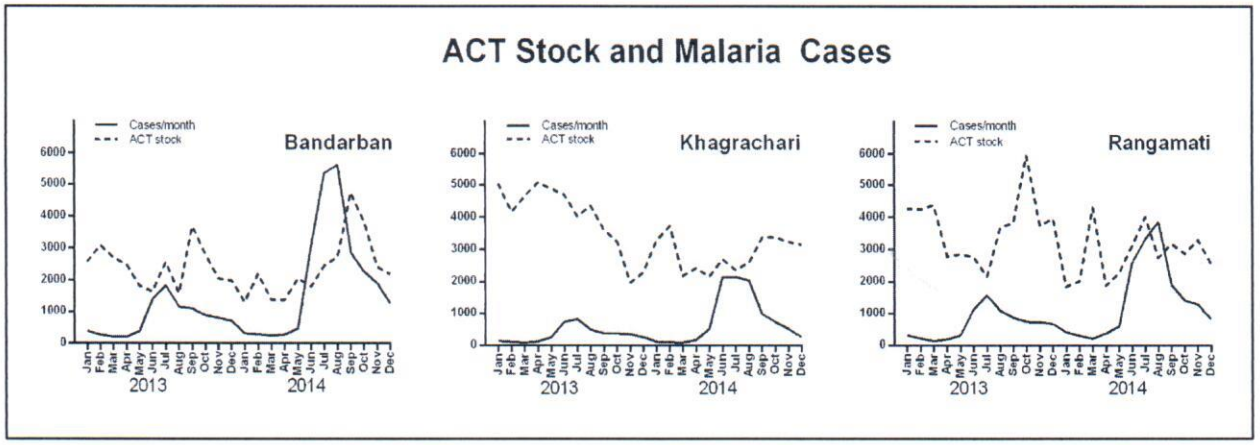


Figure 1. Total malaria cases and ACT closing stock by District in the Chittagong Hill Tracts 2013-2014.

Analysis of data from the National Malaria Control Programme (NMCP), preliminary mathematical modelling, study of NCMP reports and field reports,field visits, and limited other available evidence and observations were collated to determine possible causes of this increase. A summary of preliminary findings is presented below. From the available evidence, at present there appears to be no single cause for the upsurge and further analysis and investigation will be required. A series of research studies are currently underway which will help to further clarify the cause.

Possible factors contributing to the increase include:

1. **Insufficient stocks of drug- ACT treatment before the upsurge in 2014.** This information is summarized in **figures 1** and**2** by district and **3** by Upazila for government health facilities. In 2014, the number of courses of ACT treatment available fell to <50% the number of confirmed malaria cases during the peak malaria season in 6/7 upazila in Bandarban, 4/8 upazila in Khagrachari and 5/10 in Rangamati district. In Thanchi, Manikchari and Laxmichari stocks fell to <10% of the number of cases. However, in many of the Upazila with the largest increases in cases from 2013-2014, the stockouts occurred during the same period

as the increases, rather than before them. This suggests the stockouts may not have been the main cause of the outbreak but may have contributed to it.

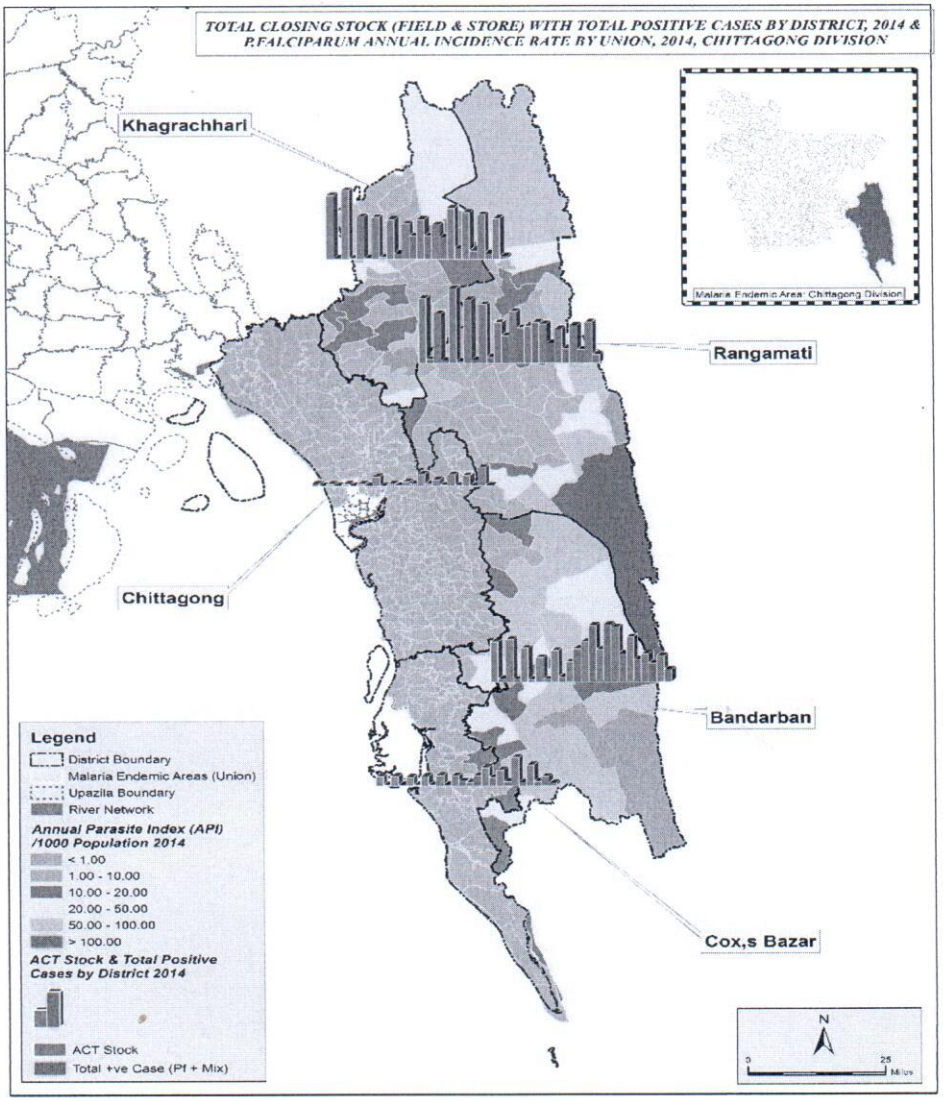


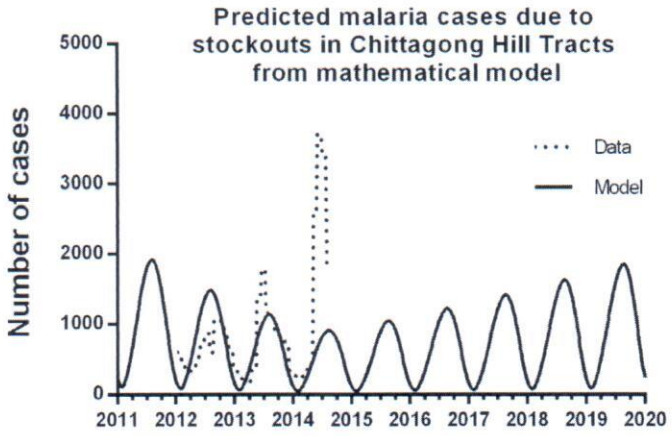
Figure 2.*P. falciparum* malaria cases/1000 population by union in 2014 with ACT stocks and cases by District.

		2013												2014												
		Closing stock previous month/cases											Total cases	Closing stock previous month/cases											Total cases	Ratio of cases
District	Upazila	February	March	April	May	June	July	August	September	October	November	December	in 2013	January	February	March	April	May	June	July	August	September	October	November	December	in 2014	2014 / 2013
Bandarban	Bandarban Sadar	5.00	5.42	5.29	4.50	1.53	0.74	1.37	2.24	3.25	2.62	8.81	512	7.86	3.81	5.08	4.36	7.57	0.71	0.40	0.32	0.29	0.98	1.36	4.41	1202	2.35
Bandarban	Alikadam	6.47	7.46	9.17	4.66	1.06	0.53	0.45	0.22	0.06	1.10	1.95	2358	4.28	4.14	6.33	4.12	1.70	0.27	0.20	0.24	0.35	0.89	0.76	0.88	6059	2.57
Bandarban	Naikhongchhari	8.00	19.48	25.29	17.38	3.11	1.92	5.02	3.31	5.85	5.60	1.56	1295	2.96	3.27	22.84	15.00	5.56	4.38	0.61	1.17	3.06	5.09	9.55	5.21	2291	1.77
Bandarban	Ruma	9.00	6.82	0.97	0.16	0.05	0.00	0.30	0.22	2.46	4.29	4.74	682	13.62	11.80	11.06	4.40	3.85	0.70	0.57	0.49	1.92	2.55	0.54	1.23	1884	2.76
Bandarban	Thanchi	14.04	16.85	18.72	5.12	1.24	1.14	0.26	0.07	0.11	0.00	0.05	1112	0.15	0.42	1.15	1.00	0.28	0.01	0.03	0.27	0.39	1.04	0.82	0.91	4189	3.77
Bandarban	Lama	11.40	24.44	22.73	6.32	1.02	1.61	1.07	2.55	2.48	3.81	5.47	1476	12.16	10.41	13.08	15.75	6.21	1.11	0.56	0.22	1.45	4.32	4.24	2.72	5121	3.47
Bandarban	Rowangchhari	22.94	21.67	13.33	5.81	0.98	0.33	5.88	2.10	10.60	5.36	2.23	1869	5.97	0.06	3.78	0.86	0.88	0.34	0.25	0.96	0.08	0.03	0.00	1.60	3175	1.70
Rangamati	Rangamati Sadar	57.00	221.00	86.67	37.14	7.28	4.31	7.65	9.26	21.67	25.20	16.13	142	56.50	18.43	174.00	174.00	19.78	6.66	3.37	5.25	14.26	15.93	21.00	25.25	253	1.78
Rangamati	Barkal	10.26	27.20	14.70	1.08	0.32	0.18	0.79	0.67	0.66	0.64	0.71	1330	0.00	0.06	2.48	1.44	0.58	0.24	1.35	0.75	0.39	2.95	2.26	6.21	2394	1.80
Rangamati	Baghai Chhari	10.35	13.77	7.56	1.61	0.62	0.34	0.46	0.19	0.66	0.69	0.54	1948	2.22	2.38	7.83	3.42	1.78	0.94	0.42	0.76	0.81	0.74	0.53	0.47	5025	2.58
Rangamati	Kawkhali (Betbunia)	111.40	557.00	277.50	185.00	69.38	23.09	43.33	72.86	105.80	71.71	31.25	87	62.50	62.25	62.25	124.50	49.80	10.83	5.64	3.60	4.02	6.35	20.14	26.75	247	2.84
Rangamati	Belai Chhari	13.05	4.95	20.17	2.54	1.71	1.29	1.30	0.66	0.61	2.29	2.96	1636	4.06	4.18	4.77	6.08	0.64	0.36	1.15	0.73	1.25	2.16	2.05	5.44	4049	2.47
Rangamati	Kaptai	69.75	188.00	47.00	15.24	7.07	5.73	4.92	36.70	53.95	122.00	94.44	449	226.44	16.00	29.09	156.31	8.21	2.08	0.46	1.60	0.93	4.98	3.86	4.30	1026	2.29
Rangamati	Jurai Chhari	5.32	15.15	3.90	0.45	0.09	0.09	0.13	0.00	0.21	2.42	3.58	1524	2.70	6.49	6.00	3.95	3.23	0.71	0.87	1.13	2.95	2.23	3.09	5.49	2646	1.74
Rangamati	Langadu	58.33	128.00	384.00	323.00	34.44	11.96	30.50	34.80	24.85	40.00	17.14	108	240.00	18.75	37.50	22.83	34.75	5.24	3.85	1.91	0.95	0.92	0.52	0.50	209	1.94
Rangamati	Rajasthali	39.13	43.23	28.56	44.80	5.43	4.49	3.47	3.81	2.89	3.31	9.60	503	11.67	26.25	23.33	8.67	6.97	2.37	1.11	2.50	3.43	4.58	3.62	7.91	767	1.52
Rangamati	Naniarchar	43.50	174.00	174.00	375.00	9.26	4.59	0.00	0.22	12.36	15.11	20.67	199	31.33	18.80	19.83	38.00	19.00	0.20	0.13	0.12	1.53	3.91	3.91	6.43	429	2.16
Khagrachhari	Khagrachari Sadar	446.00	892.00	581.00	97.71	28.20	14.46	71.42	176.00	428.50	92.20	90.33	102	240.00	512.67	519.00	14.29	5.26	0.65	4.04	12.73	14.33	29.88	149.00	149.00	280	2.75
Khagrachhari	Ramgarh	0.00	0.00	0.00	6.49	3.29	2.89	4.54	7.39	8.65	6.16	26.94	475	37.18	5.47	70.22	11.63	3.88	0.62	3.40	4.44	9.07	15.14	19.81	17.84	785	1.65
Khagrachhari	Mahalchhari	329.00	493.50	163.25	94.83	20.30	26.10	8.88	42.18	20.71	25.42	0.00	248	0.00	0.57	2.00	0.00	1.47	0.19	0.17	0.54	0.42	2.21	6.59	2.88	948	3.82
Khagrachhari	Matiranga	45.47	50.80	45.47	14.79	2.35	2.75	6.17	7.09	3.93	7.67	17.06	705	21.08	29.20	16.58	13.60	2.90	0.80	0.85	0.73	0.86	6.26	8.14	15.04	1776	2.52
Khagrachhari	Panchhari	240.00	#DIV/0!	48.00	15.53	10.53	8.29	14.75	44.71	20.15	10.36	56.20	176	0.00	#DIV/0!	10.00	30.75	45.70	4.06	2.47	0.31	4.46	6.42	9.78	21.00	395	2.24
Khagrachhari	Dighinala	80.93	29.58	23.50	46.96	10.14	9.39	16.34	21.11	16.49	14.30	2.60	769	28.43	60.11	48.18	36.79	14.45	2.52	3.55	1.73	6.11	7.43	6.89	12.69	1968	2.56
Khagrachhari	Manikchhari	71.00	142.00	177.50	52.00	19.66	8.36	11.71	4.44	4.67	10.72	10.80	238	0.00	0.36	0.00	0.00	0.00	0.32	0.07	0.60	2.16	0.00	3.00	177.00	638	2.68
Khagrachhari	Laxmichhari	7.52	9.48	4.45	2.73	1.29	0.64	0.42	0.00	0.01	0.39	0.00	1348	0.00	7.61	6.78	1.98	1.25	0.30	0.28	0.07	0.35	1.26	1.75	6.51	2966	2.20
Bandarban District		**9.65**	**14.96**	**13.39**	**6.60**	**1.31**	**0.90**	**2.22**	**1.43**	**4.18**	**3.50**	**2.93**	**9304**	**6.38**	**4.57**	**9.24**	**5.07**	**2.96**	**0.67**	**0.34**	**0.44**	**0.95**	**2.09**	**2.01**	**1.90**	**23921**	**2.57**
Rangamati District		**20.15**	**32.37**	**23.15**	**9.02**	**2.54**	**1.77**	**1.98**	**4.26**	**5.17**	**8.15**	**5.59**	**7926**	**9.60**	**6.28**	**9.78**	**11.51**	**3.12**	**0.88**	**0.94**	**1.04**	**1.45**	**2.24**	**2.24**	**3.98**	**17045**	**2.15**
Khagrachhari District		**46.18**	**50.78**	**39.03**	**20.37**	**6.66**	**5.76**	**8.28**	**11.74**	**9.92**	**9.41**	**7.78**	**4061**	**20.03**	**33.01**	**40.42**	**13.26**	**4.76**	**1.01**	**1.26**	**1.16**	**2.65**	**4.65**	**6.63**	**12.76**	**9756**	**2.40**

Figure 3. ACT closing stock and total numbers of malaria cases in 2013 and 2014 in Bandarban, Khagrachari and Rangamati Districts, Bangladesh. The ratio of closing stock of ACT courses each month divided by the number of malaria cases in the following month for each Upazila with fewer courses than cases shown in blue.

Preliminary exploration with a mathematical model predicted that an increase in cases of the magnitude seen in Bangladesh from 2013 to 2014 would take much longer to become apparent if due to ACT stockouts alone (**figure 4**). This is because the increase in transmission due to untreated clinical cases would be too slow to cause a doubling of cases within the same malaria season.

Figure 4. Preliminary example result for predicted numbers of malaria cases due to ACT



stockoutsin the Chittagong Hill Tracts produced using a spatially explicit mathematical modelling framework.

2. **Relaxation of the efforts by health workers (Government& NGO) and the public**. Early Diagnosis and Prompt Treatment (EDPT) was not truly practiced as planned. In one observation of 32 patients with malaria attending an upazila hospital, the mean duration of fever before arrival to hospital was 6 days. Single dose use of Primaquine as a gametocytocidal drug for falciparum and 14 days for vivax malaria were also not used adequately. Pre referral treatment (once the patient develops features of severe malaria they require hospital admission for management and a first dose of drug as either injection or per rectal before referral) was not provided for severe malaria, although this is unlikely to have contributed much to increased transmission.

   A change in treatment-seeking behavior may also have resulted from public awareness of stockouts causing them to present more than once to different health facilities and potentially causing an artefactual increase in cases in some areas. The same mathematical was used to explore this and preliminary predictions by the model were that on average patients who were unable to obtain ACT due to a stockout would have to seek treatment an additional 1-2 times to produce the increase seen in Bandarban but such behaviour was predicted to be insufficient to produce the increases seen in the Khagrachari or Rangamati.

3. **Reported low efficacy of old LLIN.**A study is ongoing to investigate this. Behavioral aspects of the use of bed nets by the community should also be studied.

4. **Importation and spread through population movement.** There was a coincident increase in the numbers of malaria cases in the neighboring countries. It is possible malaria was imported from India and/or Myanmar. There was a large increase in malaria cases in 2014 in Tripura State, India bordering Chittagong Division. It is also possible that malaria was spread within Bangladesh by movement of the infected population. In-migration of non-immune individuals may also have contributed although in areas of low transmission as in Bangladesh there is little immunity in the resident population so this is unlikely to be sufficient to cause an outbreak. There are field studies underway by NMCP and MORU to assess possible effects of population movement on the distribution of malaria in 2015-2016.

Less likely:

5. **Change in weather/environment conditions leading to increased mosquito abundance, particularly rainfall.** On examination of weekly rainfall data from Bandarban there was no significant difference in the pattern between 2013 and 2014 (**figure 5**). This suggests that a change in rainfall did not cause the outbreak.

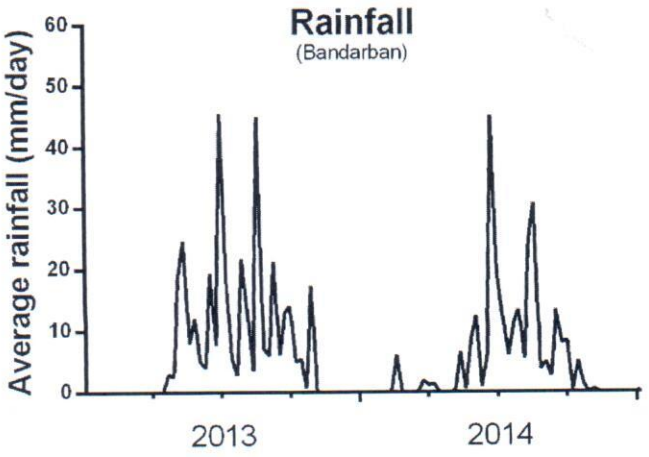


Figure 5. Rainfall in Bandarban District in 2013-2014.

Insecticide resistance: susceptibility testing by NMCP in 2014: *An. vagus* showed reduced (80% to 97%) susceptibility to deltamethrine. Other species 100% susceptible.

6. **Change of the biting behaviour of the mosquito** should also be considered. In some countries the mosquito has changed biting behavior from the late part of night to early part of night or at day-time. This is yet to be confirmed in Bangladesh.

7. **Antimalarial resistance**: Therapeutic efficacy study (TES) of ACT in 3 sentinel sites by NMCP in 2013-14 found 100% efficacy of ACT, and also by MRG-MORU at Ramu, Coxsbazar close to Bandarban Hill district as a part of TRAC. Further TES by NMCP has been planned /TRACII is ongoing.

8. **Natural increase of cases of malaria.** There is a natural variation in numbers of malaria cases from year to year. However since 2007, malaria cases in Bangladesh have steadily decreased with intensified control efforts.

Mitigating strategies to date have included increased supply of antimalarial and community level diagnostics and there have been fewer malaria cases in 2015.

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8th Oversight Committee Attendance Sheet

Date: 10 February, 2016

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