

*3rd SEA Regional
Coordination
Mechanism Forum
(SRCMF)
Virtual Meeting*

21st January, 2021

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Executive Summary

South East Asia Regional Coordination Mechanism Forum (SRCMF) organized its 3rd Virtual Meeting on 21st Jan 2021, chaired by Dasho Kunzang Wangdi, Global Fund (GF) Board Member from SEA GF Constituency and was participated by SRMCF Members and Alternate Members from 8 out of 11 Member States from SEA region representing country CCMs, experts in the Malaria, HIV, TB and Health System and partner organizations including RBM Partnership, APLMA/APMEN, PATH, UNAIDS, RTI. The meeting was organized with the objective of updating members on the progress and challenges faced by the member countries in implementing the malaria elimination, TB & HIV control programs due to COVID-19 pandemic, to appraise the members on the progress of SRCMF Secretariat funding support from RBM Partnership and progress in setting up technical working groups and their TOR, rosters of consultants, resource persons and advisors to eliminate malaria, TB and HIV/AIDS from the cross border area and strengthening the district/sub-district health system adjoining both sides of the international border of the member countries. It was also to brief on the SRCMF proposed work plan for 2021-2023, seeking guidance on possible role of SRCMF in COVID-19 vaccination program in the cross border areas, seeking guidance on SDF Project Proposal submission with main focus to End TB in the Cross Border Areas; and seeking guidance for Development of Strategy for Malaria Elimination in the Cross Border Areas.

The SRCFM Executive Secretary Dr Jigmi Singay updated the members on Grant RBM-2020-GSA 06-RCM UNOPS Sep. 2020 to Dec. 2020 for the establishment of SRCMF Secretariat and informed the meeting about RBM's continued support for the past project and also for the unwavering support and commitment for upcoming 3 years start up project, which is the only successful project out of four proposals submitted. In the current planned proposal submission under the resource mobilization the focus will be mainly for TB followed by HIV/AIDS.

The Member Countries and Partner Organizations whoever took the floor in the meeting appreciated for organizing this 3rd SRCMF meeting during this difficult time, appreciated and supported SRCMF's focus on Cross border area and adjacent international border district health system strengthening and reassured their support and look forward for collaboration in fulfilling the objectives and mandate of SRCMF.

The meeting after deliberating on each agenda items gave certain directives and recommendations. This directives and recommendations are given under the specific agenda items for the secretariat to follow up and in many cases for reporting in the next SRCMF meeting. Some activities are to be implemented on priority basis in consultation with technical partners and the national programs, and after getting concurrence electronically from the SRCMF Members. The meeting thanked profusely Dr Melanie Renshaw, RBM Partnership to end Malaria, and UNOPS for their continued support rendered to SRCFM Secretariat and to the SEA Region during this critical time. and its activities in extending collaboration between the countries through cross border and inter country collaboration. The meeting also agreed that SRCMF priority activities are to focus on Cross border area and it should be implemented through the national programs and also in line where existing with the WHO Guidelines

The meeting formally ended by adopting the draft verbal report in the closing session submitted by the Rapporteur and Chairperson formally closing it at 4.30 PM

Inaugural Session

The 3rd SEA Regional Coordination Mechanism Forum (SRCMF) Virtual Meeting started with inaugural session commencing with welcome address by **Dasho Kunzang Wangdi**, Board Member of SEA GF Constituency at 10.00 AM on 21st January 2021. While welcoming each and every one present in the inaugural session he reminded that the world is still going through a period of uncertainties with COVID-19 pandemic and expressed his deep appreciation to everyone for attending 3rd SRCMF meeting during this difficult time. He mentioned that the 3rd SRCMF meeting is taking at a historic time when the world is rolling out vaccination which has been developed in a record time to respond to the COVID-19 pandemic- currently the only hope for controlling this pandemic. He further highlighted on the generous sharing of vaccine by the Government of India with the neighbouring countries in the region and beyond and thanked the People and Government of India profusely. He then appraised the audience with the objectives and expected outcomes of the 3rd SRCMF meeting. He once again offered his warm welcome to all the speakers of the inaugural session, participants of the SRCMF meeting and each and every one attending the inaugural session.

Dr. Neeraj Dhingra, Director NVBDCP and SRCMF Member, India highlighted the importance of Cross-Border Coordination Mechanism for controlling/elimination of any communicable diseases which are inadequately addressed most of the time. He welcomed and supported the SRCMF with the mandate to address all the cross border issues including mobile population which is crucial for the elimination of malaria. He assured full participation and support as Government of India is fully committed to the malaria elimination which is amply demonstrated by maintaining the same level of funding for malaria elimination program in spite of COVID-19 Pandemic. He was very happy to observe the senior and expert level participations not only from the Member Countries but also from the Partner organization and agencies in this 3rd SRCMF Meeting. He looks forward for SRCMF's active collaboration with regional institutes especially with SAARC centres and other Regional Bodies. He further shared India's experience that in spite of COVID-19 Pandemic with some delay in LLINs distributions and indoor spray, India did not face any malaria outbreak. He also recalled that Malaria was about to be eliminated in the past but due to complacency we faced malaria resurgence. He stressed that SRCMF should actively monitor that such complacency should not be allowed to set in. He emphasised that SRCMF should ensure regular monitoring of the program particularly in the remote cross border areas and in mobile population. It was heartening to see SRCMF as a regional body is planning to develop to a level to provide a forum for exchange of information, share best practices, cover the mobile population and share information on people movement which are for any disease elimination is very important and critical and particularly for malaria. SRCMF while providing all the services should also link with other technical agencies like WHO, RBM, APLMA and GF to be requested for the funding support. He noted with appreciation the significant progress made and awaits very keenly to observe continued development of SRCMF effectively contributing to the elimination goals of the 3 diseases.

Dr. Palitha Abeykoon, SRCMF Member and Vice-Chair CCM, Sri Lanka after conveying the greetings from CCM Sri Lanka expressed his appreciation for timely convening the 3rd SRCMF meeting amidst turbulent and difficult time. He highlighted on how GF supported three diseases- Malaria, TB and HIV/AIDS along with WHO technical assistance facilitated in bringing improvements in the control and elimination of these diseases in the region. As for the cross border issues which had been addressed so far through bilateral and inter-country programs now with reinforcement through the SRCMF inputs with vigorous follow up and coordination will become more effective and accelerate achievement of the elimination goal. Agenda items put up for deliberation are appropriate, timely. He supported and endorsed for approval by the meeting, the proposed Malaria Technical Working Group (MTWG) and formulation of TB and HIV/AIDS technical group. He then highlighted on how the COVID-19 pandemic impacted the economy of the countries because of having to close the border, need to restrict the travel and movement of people and also highlighted on rolling out of vaccination which now seems to be main game changer for the pandemic. He however mentioned the current supply of vaccine is limited and therefore countries are opting for a staggered vaccination strategy. He concluded his address by assuring Sri Lanka's support and participation to make SRCMF more viable and useful to the countries of the region.

Dr. Sarthak Das, Chief Executive Officer, APLMA/APMEN after conveying greetings from his organization thanked SRCMF Secretariat for the opportunity to participate in this meeting. He appreciated SRCMF Secretariat for organizing this meeting in such difficult time with minimal resources thus walking the talk by providing the forum for coordination for eliminating the malaria in the cross border area in the region. He then highlighted the mandate, vision and mission of his organization impressing upon how action oriented his organization was in the field. He also mentioned that his organization was mainly an advocacy organization. He shared that it was very important to take an integrated approach while dealing with subject like elimination of communicable diseases, malaria elimination in particular. This integrated approach becomes more significant when focusing on cross border area which is very complicated and requiring skilful communication, by translating intervention messages very carefully and professionally so that we are able to garner political will and support, the success of which will be demonstrated through concrete and adequate allocation of resources for the elimination of diseases. It was mentioned that the organization he is heading is an advocacy organization specialized in communication to handle such complicated messages for fostering integrated approach and effective coordination amongst programs and at various level particularly in the field. As an example of integration and sustainability of three Programs- Malaria, TB and HIV/AIDS and for the prevention of future pandemic, he cited example of root bridges and the trees trained to grow along the ground and becoming stronger over the period which is found in Meghalaya and some other parts of the world. He looks forward for continued partnership and collaboration in the area of advocacy and resource mobilization for malaria elimination and other diseases with SRCMF. In conclusion he thanked SRCMF Secretariat again for the invitation and opportunity to address the inaugural session.

Dr. Melanie Renshaw, Co-Chair, Country & Regional Support Partnership Committee (CRSPC) and Chief Technical Advisor, RBM Partnership to End Malaria informed the meeting that three-year funding support (1st Jan. 2021- 31 Dec. 2023) for SRCMF from GF through RBM is in final stages of signing the agreement between GF, RBM and UNOPS. This start-up funding is to enable SRCMF to initiate coordination work in the region and sub region through deploying basic minimal level of staffing of the secretariat (Staff Salaries), supporting bilateral monthly, quarterly and bi-annual regional coordination meetings, Strategy development for malaria elimination, fielding consultants in various required fields, managing malaria program during pandemic such as sustaining case detection, diagnosis, treatment, Training for Malaria elimination related activities, developing website and communication materials, maintaining Secretarial office. She shared on how other regional coordination mechanisms are helping in accelerating the malaria elimination activities through sharing of information, sustaining and enhancing case detection and treatment in the cross border areas in Africa and Greater Mekong sub region. She emphasised need for an effective coordination for successful elimination of malaria, sustainability of the program and to ensure Global Health Security. She further highlighted that one of the unique feature for SRCMF is need for regional coordination has been felt from within the Member Countries of the SEA Region and not influenced from outside the region. She assured RBM's continued support and partnership with SRCMF Secretariat and the region, wished the meeting all the success in its deliberation and concluded by wishing everyone to keep well and safe.

Dr. Salil Panakadan, Senior Advisor, UNAIDS delivered the inaugural speech on behalf of Mr. Eamonn Murphy, Regional Director, UNAIDS for Asia Pacific Region. He thanked the organizers of the meeting for giving him the opportunity to address the inaugural session. He informed that henceforth he will be the focal point for the coordination of activities in the regional office of UNAIDS for the Asia Pacific Region. He recalled how SRCMF started very modestly in the beginning and was impressed with its development over a short period and commended for being able to organize this meeting in such difficult time. He noted many activities being undertaken in the area of malaria elimination; some activities in the area of TB but did not observe activities in the area of HIV/AIDS. It was reminded that after successful interventions in the earlier period, countries in this region showed good results which over time has plateaued and now most of the countries are having resurgence of HIV/AIDS infection in almost all the countries of the SEA region. This is mainly attributed to the complacency of the intervention program. He then shared the following new strategy which will be rolled out soon (2022):

- (1) Refocus on the key population in the cross border area;
- (2) Service delivery to involve non-traditional partners - private sector, social sector, social marketing, civil society and to be a component of UHC;
- (3) Reducing inequality - stigma, human rights and
- (4) Domestic financing.

He concluded by requesting all the partners to join in this new strategy implementation and further requested SRCMF for active participation with its coordinating role.

Dr. K S Sachdeva, Global Fund Alternate Board Member offered vote of thanks individually to all the distinguished speakers. He acknowledged the progress made in the establishment and working of the SRCMF Secretariat as highlighted by the speakers and thanked them for putting it on record. He also reaffirmed that Malaria elimination was the first program to be taken up and assured that HIV/AIDS and TB will now be focussed with equal emphasis on elimination. Responding to some of the specific points highlighted by some of the speakers he thanked them for raising it and assured where necessary for proper follow up by the Secretariat and thanked all the speakers for the assurances of their support and commitments for SRCMF to make viable and useful to the Member Countries. He thanked all the speakers for highlighting important issues, giving valuable guidance and particularly emphasising importance of cross border issues that needed to be addressed and followed up. He offered sincere thanks to all the speakers for acknowledging the important role to be played by the SRCMF on the cross border issues. He concluded by thanking each and every one present in the inaugural session and making it a very successful event.

The inaugural session ended at 10.50 AM IST

Business Session

The business session commenced at 11.00 AM. The first agenda item in the business was appointment of Office Bearers - Chair, Co-Chair and Rapporteur.

Dr. Jigmi Singay, Executive Secretary cum Coordinator, SRCMF Secretariat presided over as the chair of the session. He then called the meeting to order and invited nomination for the Chairperson of the 3rd SRCMF Meeting. Bangladesh proposed Dasho Kunzang Wangdi, GF Board Member as the Chair of the 3rd SRCMF Meeting. It was seconded by Nepal and Indonesia. In absence of other nominations Dasho Kunzang Wangdi GF Board Member was elected as Chair Person of the 3rd SRCMF meeting. The Chair then invited nomination for the Co-Chair of the meeting. Indonesia nominated Dr. Neeraj Dhingra from India to be the Co-Chair. Thailand seconded the Indonesia's nomination. In absence of other nominations Dr Neeraj Dhingra from India was elected as the Co-Chair. The Chair invited nomination for Rapporteur. Thailand Nominated Nepal (Dr. Prakash Ghimire) as a Rapporteur. It was seconded by Indonesia and Maldives. In absence of other nominations Dr. Prakash Ghimire from Nepal was elected as Rapporteur. The Chair reconfirmed Dasho Kunzang Wangdi as the Chair, Dr. Neeraj Dhingra as Co-Chair and Dr. Prakash Ghimire as the Rapporteur for the 3rd SRCMF meeting.

The Chairman requested the office bearers to take their respective responsibilities and handed over the Chairmanship to the Chairperson of the SRCMF meeting.

Adoption of Agenda

The Chairperson of the meeting thanked the participants for nominating him as the Chair of the 3rd SRCMF Meeting and then invited comments on the draft agenda. In absence of any comment, he requested the meeting for adoption of the draft agenda. The provisional agenda was adopted without any changes as the final agenda.

Update on SRCMF Secretariat – Dr. Jigmi Singay

The RCM Secretariat was launched on 30 Oct. 2018 in Myanmar with the appointment of Executive Secretary Dr. Jigmi Singay from Bhutan. In the same meeting it was decided to locate the secretariat in New Delhi, India. The Executive Secretary started functioning on part time basis from IIHMR New Delhi till 30th August 2020. During the same period IIHMR New Delhi had attached one faculty on part time basis for assisting the Executive Secretary for organizing the bi-annual, regional and other meetings. After launching the RCM, two regional meetings were held, the 1st RCM meeting was held in Thimphu Bhutan on 30 Oct. -2 Nov. 2019 followed by the 2nd RCM meeting virtually in Delhi on June 2020 where RCM was renamed as SRCMF (SEA Regional Coordination Mechanism Forum) after registration as Non Profit NGO in India. The office establishment project was approved by RBM Partnership to End Malaria in July 2020 for implementation from 1st Sep. 2020 to 31st Dec. 2020. The project has been implemented accordingly and completed on time. All reports submitted and formal closing report of the project from RBM/UNOPS received. SRCMF Secretariat office started functioning full time from 1st Sep. 2020 onwards in a rental space at IIHMR, Dwarka, New Delhi. Through the project one senior Finance and Admin Officer and one office assistant has been recruited and currently the Secretariat is functioning fully with bare minimum three staffs (01 Executive Secretary cum Coordinator, 01 Sr. Finance and Admin Officer and 01 Office Assistant).

Follow up recommendations of the 2nd SRCMF Meeting

As per the recommendation of the 2nd SRCMF meeting under the Resource Mobilization following four project proposals were submitted:

1. SDF proposal for Malaria Elimination;
2. USAID proposal for Providing Leadership & Advocacy in times of unprecedented public health crisis and uncertainty due to COVID-19 pandemic;
3. Project Proposal for PMNCH;
4. Establishment of SRCMF Secretariat under grant RBM-2020-GSA 06- RCM UNOPS Sep. 2020 to Dec. 2020.

Executive Secretary apprised the meeting that due to COVID-19 Pandemic only one project proposal i.e. Establishment of SRCMF Secretariat under grant RBM-2020-GSA 06- RCM UNOPS Sep. 2020 to Dec. 2020 was successful rest three proposal were unsuccessful.

The meeting deliberated on the Establishment of the SRCMF Secretariat and also noted the unsuccessful proposals due to COVID-19 Pandemic.

Meeting directed:

1. ***The SRCMF Secretariat to revive the unsuccessful proposals and resubmit the proposal with amendments as required depending on the pandemic situation.***

The Executive Secretary presented the list of 16 names of Advisors/Consultants maintained by the Secretariat in the SRCMF roster for Malaria, for information. The meeting was informed that the details of the individual persons are available and updated periodically. Similar list is also maintained for TB and HIV/AIDS. The selection of consultants and other personnel for contractual service are being done by a panel with proper criteria and ToR.

The following directives were received from the meeting:

- 1. Proper consultation to be done by the Secretariat with all the parties concerned for nomination, selection and recruitment. All the process and procedures be done transparently. ToR and CVs made available for the panel members well in time;*
- 2. ToR and Criteria's for selection be developed and maintained, if not available. All the selection be done professionally and transparently.*

Status of COVID-19 Pandemic and its impact on Malaria (presentation as per the template) -Member States

- **Bangladesh:**
 - Common symptom (fever) with Covid-19 made it more difficult,
 - Screening of suspected malaria cases (fever patients) slowed down;
 - Frequency of household visits came down during the lockdown;
 - Cases at facility level reduced.
- **Bhutan:**
 - Malaria screening reduced by almost 60% in the health facilities
 - Delay in health seeking and diagnosis
 - Complete cut off of cross border information
- **India:**
 - Disruption in timeliness and completeness of Supply and Distribution of Long-Lasting Insecticidal Nets (LLINs)
 - Disruption in timeliness and completeness of Surveillance due to restricted movement of Community Health Workers
 - Disruption in Monitoring and Evaluation due to restricted movement of Community Health Workers
 - Indoor Residual Spray (IRS) activities in sub-centres having API>2, were hampered with restriction of movement in the community.
 - Suspected cases could not get diagnosed on time resulting in the presence of hidden positive cases in the community and increase in transmission of Malaria.
 - Lack of IEC/BCC activities due to social distancing and community mobilization affecting the Community Awareness Programme on Malaria.
- **Indonesia**
 - Field activities by village malaria cadre is limited due to covid 19 pandemic
 - Malaria budget cut
 - Local Govt prioritized to manage covid19, therefore lack of attention to the rising of malaria cases.
 - Limited access of villager to visit the health centre
 - Malaria Screening and distribution of bed net for pregnant woman is decreasing during the covid19 pandemic
- **Nepal:**
 - Community case management could not be implemented

- Targeted interventions to address imported malaria case was lacking
- The returnees were not screened during the COVID-19 pandemic at the bordering sites
- **Thailand:**
 - Malaria diagnostic testing and case detection activities were affected slightly: March- April 2020.
 - Testing reduced due to less symptomatic cases over lockdown period, i.e. less exposure, migrants returning back to country of origin, decrease in case (index) and hence less RACD.
 - Core malaria elimination activities largely maintained using best practices to protect malaria at risk populations, health workers and communities.

Public sector

- Shift of government health budget and human resources for health, and clinical staff in responses to COVID-19,
- Reduction in government health budget resulting in negative impact of health care services for other health priorities,
- Decrease in in-patient volume due to cancellation of elective care, and the government policy in reducing the number of inpatients for other diseases,
- Decrease in outpatient volume due to patients not presenting, closure of some outpatient disease specific consultation clinics e.g. rehabilitation, palliative care, etc.
- Prolonged the follow-up period for chronic NCDs patients,
- Government or public transport lockdowns hindering access to the health facilities for patients,
- Clinical staff deployed to provide COVID-19 relief,
- In some areas, insufficient Personal Protective Equipment (PPE) available for health care providers to provide services.

Private sector

- Almost zero of foreigner's patients in top-five private hospitals in Thailand relying on medical tourism and medical hub policies,
- However, the private sector has played more active roles in COVID-19 screening and testing, and curative care,
- Serve as part of the alternative state quarantine and hospital quarantine for foreigners,

Thailand pointed out that information below the provincial level i.e. district level and below is very difficult to compile and time consuming. In future it will be easier to collect information up to Provincial level as it is readily available. This submission made by Thailand was supported by Indonesia and Nepal stating similar problems are being faced in their respective countries also.

The Secretariat has noted this concern for future reference whenever similar data and information are being requested from these countries.

Status of COVID-19 Pandemic and its impact on TB, HIV/AIDS and Other Essential Health Services – Member States

- **Bangladesh**
 - Tuberculosis:
 - Developed Interim guidance for management of essential TB services during COVID-19 pandemic and circulated to all respective authorities and TB program implementers - to ensure People-centered delivery of TB prevention, diagnosis, treatment and care services.
 - All TB Patient on treatment were supported by 1 month / 2 month drugs – so that TB drug not discontinue.
 - Patient follow-up and contract tracing were continued through mobile phone.
 - GF approved PRs for procurement of protective equipment.
 - NTP from Central response distributed almost all site the PPEs.
 - NTP and BRAC conducted weekly/ monthly meeting online – to manage the situation and provide necessary direction.
 - Online training and orientation of staff – on COVID-19 messages for TB staff arranged by BRAC.
 - NTP was awarded C19 RM grant and anticipated national COVID Response as well as activities have been undertaken to mitigate the effect of COVID 19 on TB, HIV and Malaria.
 - Challenges were:
 - COVID-19 positive patient and TB show similar symptoms such as cough, fever, and difficulty in breathing.
 - Around 1220 TB diagnosis facilities were running countrywide and the lab technicians are highly vulnerable in the current situation. The lab technicians are getting infection with COVID 19 and some staff is home quarantine.
 - Routine Procurement was delayed.
 - Overburden in health system challenging the regular activities of a sustained TB program at facility and community level.
 - Social Support, Nutrition Support and livelihood for TB patient is pressing challenges
 - Active Case findings.
 - Procurement of Infection control equipment – a complex procurement process during emergency
- **HIV**
 - HIV testing services and ART enrolment decreased

- Regular DIC/C-DIC based and outreach activities and services are interrupted due to restricted movement and lockdown
- Many beneficiaries also could not uptake clinical services due to movement restrictions and fear of being infected with COVID-19.
- The clinical and DIC staff could not move to operate the satellite sessions due to restriction of both inter-city and intra-city public transports.
- Some DICs and C-DICs were closed for some days due to the pressure from community, house owner and law enforcing agencies
- Around 30% of PWID and 70% of FSW were not found at field
- The client flow to the FSWs drastically reduced that affected their income
- Most street based FSW, PWID and Male Sex Workers (MSW) are experiencing financial hardship and hunger
- All forms of on-site meetings at outreach, group education, advocacy events and training events were postponed to ensure social distancing.
- All these challenges will have impacts on achieving the targets which will be reflected in the reporting period starting from April- 20
- **Bhutan:**
 - *No major impact on routine HIV/AIDS services except field activities:*
 - HIV testing carried out in flu clinics in six priority districts.
 - Medicine refilling done through mobile clinics
 - Online outreach for key population conducted and its ongoing.
 - Created group chat for KP leaders and NACP to discuss the issues during lockdown.
 - *Major Impact*
 - Effected targeted interventions for KPs
 - Standalone HISC remained shut down during the lockdown period.
 - HISC staff of got involved in COVID-19 duty.
 - All entertainment centers (Drayang, karokae, discotheques & late-night bars) closed.
- *No major impact on routine TB care services delivered through the health centres:*
 - Mandatory wearing of face masks-change in transmission dynamics
 - Screening and fast track TB services at Flu Clinics
 - Medicine refilling done through mobile clinics
 - 34 DS-TB and 3 MDR-TB detected from Flu clinics.
 - Started weekly monitoring of the TB screening at all the TB centres in the country during lockdown
- *Major impact*
 - Program activities at the field level -hampered
 - TB contact tracing-hampered to certain extent.
 - Delay in TB sample shipment (normally done through Bhutan postal services).
 - Delay in receiving lab consumables and drugs from the suppliers.

- **India**
 - Tuberculosis
 - Closure of health facilities including private clinics
 - Transportation affected during lockdown: Commute, specimen transportation, drug supply
 - Human resources and Infrastructure diverted for Covid response
 - Heightened stigma towards people showing Covid/TB symptoms
 - Significant dip in TB Notification: At 13 lakhs notified TB cases, we have achieved 35% lower than October last year.
 - NACO issued following guidance for uninterrupted services for PLHIV
 - Ensuring uninterrupted availability of antiretroviral drugs (ARVs) and Oral Substitution Therapy (OST) to People living with HIV (PLHIV) and Injecting Drug Users respectively
 - Preventive measures to be observed by persons engaged in HIV/AIDS response under NACP
 - Preventive measures to be taken with regard to HIV positive pregnant women and lactating mothers to ensure their protection and containment of COVID-19
 - Possibility of including key populations and People living with HIV (PLHIV) under various social protection schemes and link them with concerned line departments so that their needs of livelihood, shelter, nutrition etc are partially catered to
 - Guidance for migrant workers covered under Targeted Interventions on preventive measures to be taken (maintaining social distancing, restricting mobility and other safety measures)
 - Maintaining safety and adequacy of blood by professionals engaged in blood transfusion services
 -
- **Nepal**
 - HIV
 - Decrease in BCC reach and HIV testing of the key populations- due to restriction of movement of outreach workers (lockdown)
 - Disruptions in OST service delivery- shifted to takeaway doses
 - Disruptions in ART service delivery- shifted to home delivery services by CHBC workers
 - Affected the TLD transition- managed by virtual orientations
 - Decrease in VL testing- VL testing platforms used for COVID diagnosis
 - Procurement and supply chain of ARV drugs, test kits and other commodities heavily affected
 - Delay in national level IBBS survey of PWIDs, OST evaluation study

- Migrant program heavily affected as lockdown occurred just after the program initiation and also increased COVID cases among migrant returnees
- Delay in planned CLT trainings for migrant program- later on managed with combined virtual/physical modality
- Delay in starting the Prison program
- Tuberculosis
 - Diversion of health workforce/resources
 - Disruption of diagnostic services (Both Sputum microscopy and GeneXpert)
 - Drop in TB notifications and quality of care
 - Disruption of TB data recording and reporting systems
 - Disruption of the supply chain of TB drug and consumables
 - Disruption of active case finding interventions

COVID-19 Vaccination- Role of SRCMF – Dr. Jigmi Singay

Mobile Population, Ground Crossing (International Border Checkpoints), Seaports, Airports – Dr. Olavi Elo

The 3rd SRCMF Meeting was held at the time when vaccination for COVID-19 is being rolled out globally in all the countries including the countries of our region. The Executive Secretary submitted that since vaccination is not mandate of SRCMF, it is being put up to the meeting for directives as it is a case of pandemic and population in the border area being vulnerable for transmission of the disease. In the event SRCMF is to be involved then our function will be mainly in the area of coordination and resource mobilization.

Dr. Olavi Elo briefly presented on Mobile Population, Ground Crossing (International Border Checkpoints), Seaports, Airports and highlighted on the issues related to labour migration, humanitarian displacement, key population, LGBT, SW, nomadic populations and tourism.

The discussion reflected on concentrating on the challenges and solutions common to any other cross border disease control measures, such as coordination, synchronization, information and advocacy. Access of mobile populations to health and social services in cross-border areas was felt particularly challenging due to many times inadequate availability of services suited for these key and vulnerable people who may be stigmatized and may not have regular community support systems, which might facilitate testing and tracing as well as prevention and treatment.

Regarding vaccination SRCMF Secretariat has been directed:

- 1. To wait and see how the countries plan to include the border and mobile population;***
- 2. Identify the gaps and develop strategies to fill in gaps through the national strategies and programs;***
- 3. SRCMF should assist in mobilizing resources in the event requests are received from the countries for the cross border area vaccination resources.***

Work Plan, Administration & Finance of SRCMF Secretariat for 2021-2023 - Dr. Chhewang Rinzin

Dr. Chhewang Rinzin, Sr. Finance and Administration presented the Work-Plan and Budget for Malaria Elimination Program 2021-2023. He started the presentation by saying that this project fund is approved by RMB UNOPS to kick start the SRCMF Secretariat and administration. He reported the total budget committed for the next three-year (2021-23) is USD 984,396.00/- covering programs such as Planning and Coordination, Communication and Advocacy, Monitoring and Evaluation, Consultancy works, Travel, Salary and Office Administration.

Next he presented three proposals on bases of (1) drafting SRCMF administrative rules and regulations, (2) determining levels, various positions, number of staff in each, and (3) amount of base salary to be fixed for each position.

He said the Secretariat is in need of a reference point based on which administrative, finance and human resource rules and regulations can be drafted. On this, he reminded the floor that as the SRCMF represents 11 member countries and works for health related programs, the best way to go about is to follow and adapt UN/WHO system of administration and finance so that the systems and practices will be convenient for all member countries, also salary offered for each position will attract good professionals to work for the Secretariat.

Discussion

The Executive Secretary, SRCMF emphasized the need to maintain a small and compact Secretariat. At the same time, he informed the house that in order to fulfil the mandate of SRCMF a good team of professional staffs with work experience needs to be recruited by paying reasonably good salary. Further, the Executive Secretary informed the meeting that the proposed professional staff engagement has to be on contractual service for a period of 2-3 years duration, if required renewable on the basis of performance, so the base salary offered needs to be attractive. For that he proposed same salary scale of UN/WHO be adopted, after finalising the starting Grades/Level one has to begin at the lowest level of the offered grade. If this proposal is agreed, then Secretariat will work out the details for implementation for the already recruited staff and also use base figure for calculating the salary budget in all the Project proposals.

Dr. Shiva commented that there must be a strategy as to how this three-year investment of RBM will be used effectively in order to produce very good results. This start-up funding must be utilised well to convince the donors to prove the Secretariat's ability to deliver the results/deliverables so that we can generate more funding specially from the Catalytic fund and other sources.

Dr. Shiva also emphasized that for effective implementation of the program focussing on cross border areas consideration for appointing SRCMF Focal Points in the national program at the State and district levels needs to be explored by the Secretariat. For that he suggested the Secretariat should plan its activities in a way that is able to establish linkage by networking with each member countries and appoint a focal point each at member state level and in the border districts.

In a similar vein, CCM member representative, Bangladesh also recognized the importance of focusing on the cross border issues in developing the work plan. He added that the Secretariat should also have TB and HIVAIDS focal point and build linkage with a focal point in each member countries so that the Secretariat could maintain regular communication link, gather information from the field and collaborate with member countries. The CCM member also talked about fund requirement for TB and HIVAIDS program and said it could be adjusted from the current RBM funding or member countries could re-allocate or appropriate some percentage from respective National Program Fund.

The Executive Secretary, responded by saying that cross border issues will form the core of our work plan and activity planning which will be done phases-wise. He said, in the first phase malaria elimination will be the priority followed by other diseases with focus on cross border issues. The Executive Secretary also reminded the floor that since this is a small funding to start up the Secretariat administration, details of activity planning, focal point and coordination at various level will be put up in next meeting, but for now, he said approval of proposal (presented) is important as it gives the Secretariat a base-line to work with.

After extensive deliberation the meeting approved the following proposals put up by the SRCMF Secretariat:

- A. Work Plan for 2021- 2023 Malaria Elimination Program with activities and budget;***
- B. To Draft SRCMF Administrative Rule and Regulation;***
- C. Proposed SRCMF staff position and the salary to be pegged with UN/WHO system;***
- D. Proposed seven positions under the three year start up projects.***

On the basis of the above approvals of the proposal the following additional directives have been received by the SRCMF Secretariat for submission in the next SRCMF Meeting

- 1. Work plan as approved to be implemented against the approved budget,***
- 2. The draft SRCMF administrative rules and regulation may need to be adapted from the UN/WHO rules and regulations;***
- 3. The post already filled up and the post to be filled up along with the approved UN/WHO pegged salary to be submitted for formalization and approval in the next SRCMF Meeting.***

Organizational Structure of SRCMF- Dr. Shiva Murugasampillay

Dr. Siva presented tentative organizational structure for discussion and consideration. In the beginning, small Organizational structure and institution building steps may be considered. The start-up composition may include: Technical Coordinator, Administrator and Volunteers and consultants support in TB, Malaria and HIV. As the SRCMF evolves and during further development phase, the personnel/consultants may include: Technical Coordinator, Administrator, TB Adviser, Malaria Adviser, HIV Adviser. The possible key contracting support of the technical consultants/advisers as well as the administrative personnel would include: surveillance, information and monitoring and evaluation; Publicity and Communication; Finance and Administration; Human Resources. The SRCMF Secretariat needs to develop policy

documents: HR, Finance and PSM Manual as well as carry out institutional assessment and strengthening. As next steps, 100 days planning and programming may consider proposal and institutional development grant and proposal and program implementation grant. He suggested that the earlier blocks of countries, viz. Block-1 comprising Bangladesh, Bhutan, Nepal, India, Myanmar, Sri Lanka, Maldives; Block-2 comprising Timor Leste-Indonesia may now be replaced by Bilateral Proposals eg. Indo-Bhutan, Indo-Nepal Indo-Bangladesh etc.. In addition, support may be extended to the all countries in the Greater Mekong Sub region (GMS). Key focus of the Secretariat would be on would be on cross-border, inter-country/regional mechanism to support the national programs for HIV, TB and Malaria as well as the WHO Inter-country programs for those disease programmes. Advocacy, community engagement, resource mobilization for cross-border components would be included in the action plan. The key position(s) would need to be held by the Hon'ble Ministers of Health and/or Secretaries of Health and/or Chairs of CCMs.

The COVID-19 pandemic more than one year of COVID crises and chaos has posed several challenges and numerous learning in several areas, for example, surveillance and information and forecasting; travel health and port health; diagnosis (laboratory and point of care rapid tests), testing and screening, health promotion; health prevention (vaccination); case and contact tracking, investigation and isolation; case management; rehabilitation and palliative care. The pandemic has pointed out severe constraints in public health systems and disease control systems for prevention of introduction and elimination of diseases, epidemic control and endemic disease control besides inadequacies in national health services to cope with case management of mild, moderate and severe/critical respiratory cases and critical care in HDU and ICU; managing social safety. There is a need for major prioritization of investment in public health services globally.

After deliberation the meeting recommended the following:

- 1. Noting the successful mobilization of start-up funding USD 984,396.00/- for three years through RBM. Secretariat should immediately develop grant project proposal from GF and other donors on the cross border area;*
- 2. Develop a joint TB, HIV/AIDS proposal for the cross border implementation;*
- 3. Secretariat should maintain the policy of minimum required staffing at all levels. But in order to ensure good and successful results with effective and efficient implementation. consideration of using focal points should be explored specially at strategic level such as in Ministry, Departments, States and Districts/sub districts, in the national programs.*

Malaria Technical Working Group – Dr. Shampa Nag

Dr. Shampa Nag presented tentative technical committee for consideration by the SRCMF members, key partners and experts. A Malaria Technical Advisory Group (MTAG)/Malaria Technical Working Group (MTWG) to provide overall technical advice to the SRCMF. Similar technical structures for TB, HIV/AIDS are envisaged.

The proposed roles and responsibilities would include but not limited to:

- Oversee technical considerations in agenda setting and implementation of cross-border/regional initiatives so that it is in line with the national Government program policy and is as per the WHO and other Technical Bodies guidelines.
- Provide technical guidance on strategic plan, action plan, progress reports, advocacy/information products, Concept Notes/proposals.
- Review periodically progress made vis-à-vis milestones and targets related to cross-border/regional action plans are in line with national, regional and international plans and targets.
- Provide directions on capacity building needs; and documentation of innovations, best practices, and success stories
- Guide effectiveness of regional coordination between CCMs, national programmes, addressing any issue and recommend way forward.
- Facilitate strengthening of stakeholder, partner and donor coordination.
- Support in resolving potential challenges, risks, and conflicts, if any.

The proposed composition of the MTAG/MTWG:

- SRCMF members
- Disease focal points from national programmes
- Thematic experts (national, international)
- Representative from CCMs
- Representative from WHO, relevant multilateral/bilateral agencies
- Representative from relevant sectors - research/academia, civil society, private sector, Trusts, foundations, professional bodies
- Technical experts from the Global Fund, and global and regional, national platforms/networks (RBM Partnership, APLMA/APMEN, GMS platform, others)
- SRCMF (member secretary)

At a later stage, the SRCMF may create a few need based thematic groups within the TAG, if needed by and agreeable to the SRCMF members. The MTAG meetings could be held quarterly. The Chair would be nominated on rotation basis every year. The SRCMF Technical Expert(s) would be the member secretary. S/he would be supported by the SRCMF Secretariat.

Further, at a later stage, the SRCMF may consider forming an overarching governance structure, viz. a Steering Committee (with Hon'ble Ministers of Health and/or Secretaries of Health and/or Chairs of CCMs in chair on rotation basis). A Steering Committee (SC) may be constituted subsequent to discussion and endorsement by the SRCMF members and partners (subsequent to consensus, draft composition, roles and responsibilities would be circulated to SRCMF members and partners for consideration). The proposed SC roles & responsibilities may consider following elements (indicative):

- Provide the overall advice and direction to the SRCMF (while the MTAG would be focused on technical aspects and provide recommendations to the SC).
- Take decisions based on the consensus principle.
- Advise on overarching agenda setting for cross-border/regional initiatives and lead strategic planning.

Advise on advocacy for sustained political commitment, partnerships and collaborations, and resource mobilization, as appropriate.

After deliberation the meeting approved:

- 1. The Malaria Technical Working Group (MTWG) with composition, ToR, Roles and responsibilities as reflected in the above and to be reviewed and refined after the appointments of the members and thereafter periodically;*
- 2. The Malaria Technical Working Group (MTWG) should focus on cross border area.*

TB Technical Working Group – Dr. Jai P Narain

According to Dr Narain, tuberculosis (TB) continues to remain the world over as the leading infectious cause of death among adults. According to the Global TB report 2020, each year there were 10 million new cases and 1.4 million deaths. Of these 10 million TB cases, the South-East Asia Region contributes the whopping 44%; two countries of our Region namely India and Indonesia report the largest number of cases; 26% and 8.5% of cases by India and Indonesia respectively. This also means that while all countries in the world are committed to eliminating TB by 2030, the target cannot be achieved without substantial progress in our Region!

Over the past year, the Covid-19 pandemic was a major setback which has adversely affected progress everywhere -- as TB notifications have declined substantially and many patients were unable to complete treatment as supplies and availability of TB medicines got severely disrupted, including and most likely also by those living in cross-border areas. These are the areas where inequitable access to quality and timely diagnosis, prevention, treatment and care has traditionally been a challenge. In fact, the pandemic has exposed the gross inequities and alarming gaps in care and treatments of marginalised and vulnerable populations. Ensuring provision of humane and evidence-based health care including TB care to them is an ethical imperative as well as an obligation.

Under such circumstances, a technical advisory group (TWG) can help guide implementation of TB elimination in cross-border areas, and help coordinate action and ensure more efficient use of scarce resources by improving communication and collaboration among various stakeholders.

As the name indicates, the TWG is basically of a technical in nature but besides technical it also has to deal with programmatic issues. So, the TWG must consist not only of technical people or subject matter experts or content area experts but also the TB programme managers including those at state/provincial and border districts.

As a multi-disciplinary group, the TWG must be both productive and inclusive and have representation also of NGO or civil society, private sector if relevant, the donor agencies, technical agencies as well as the local community. One needs to ensure diversity of participants and balance between men and women. In terms of size, it's preferable if TWG was not too large or unwieldy which would make consensus building difficult. Any number between 10 and 12 is perhaps an appropriate size.

The scope or TOR could include the following:

1) Advise on technical policy, strategy and set targets on TB elimination in the cross-border context 2) Coordinate and provide oversight on the quality and speed of programme implementation and address any challenges faced in a collaborative manner, 3) monitor and evaluate progress, 4) finally, TWG can help develop technical guidelines on programmatic aspects

In terms of process, the TWG members should nominate a chair or co-chairs who have strong interest in the issue and are respected as subject matter experts. The responsibilities of Chair are getting agreement on meeting time and setting agenda and facilitate meetings. Chair should encourage participation from all members and ensure that no one person dominate conversation. In addition, TWG should have a secretary who will prepare minutes of the meeting, and share information with group members between meetings. These days, since most meetings are through digital platforms, online facilitator has important role to facilitate information sharing.

After deliberation the meeting approved:

- 1. The TB Technical working group in line with the presentation. The formulation of TB Technical group will be presented in the next SRCMF meeting.***

Development of Strategy for Malaria Elimination – Dr. Shampa Nag

Malaria along the international border areas poses many challenges. Some of these are: difficult terrain, remoteness; and hard to reach during monsoon & post-monsoon season; population movement (organized/unorganized); variable health systems; variable application of interventions and surveillance and M&E; limited/no information about neighbouring areas; limited/absence of harmonization/synchronization of interventions; variable; private sector & presence of non-formal providers; capacity and motivation of HWs posted in border areas; drug resistance; limited information on vectors and insecticide resistance; social, cultural, economic, political, legal – including tribes/ethnic minority groups; mobile and migrant populations; groups without documentation; rights & gender barriers and inequities; conflict zones; variable awareness levels and health seeking behaviour, limited local community and private sector engagement (formal, non-formal), etc.; inadequate resource availability and allocation, when needed; amongst many others; besides yet to develop and roll out cross-border actions and follow up. However, opportunities do exist in terms of commitment for cross-border collaboration and strengthening of responses along border areas. Most national strategic plans include a cross-border strategic component. In addition, technical leadership, guidance on cross-border component is available from the WHO including an Operational Framework for Cross-border Collaboration for the South-East Asia Region. Support from the partners/donors, GF, RBM Partnership, APLMA/APMEN, SDF, has been positive, apart from best practices, lessons learned available from various parts of the world.

The SRCMF proposes the development of a draft strategic plan essentially involving the following processes, viz, seeking support from SRCMF members for consensus and requesting necessary information sharing (related to cross-border component); seeking guidance from relevant partners, as appropriate; conducting situation analysis relevant for cross-border areas (entailing desk review of national strategic plans, relevant documents, available guidance

by the WHO, various partners; and questionnaire for collation of information on malaria, health systems, stakeholders, impact of COVID-19, others). Following analysis, a draft cross-border strategic plan would be prepared and shared with the SRCMF members (and relevant partners, experts) for inputs, consensus. Country ownership and application; as well as partner & stakeholder inclusiveness would be ensured through the process.

The meeting after deliberation directed the Secretariat:

- 1. To develop the Malaria Elimination Strategic plan as proposed with consultation with the other Technical Agencies and Partners and to submit the draft proposal and share with the members of the SRCMF electronically.*

Closing Session

The draft report was presented by the Rapporteur verbally. The main points and issues deliberated were highlighted in the verbal report of the Rapporteur. He mentioned that all the comments and recommendations have been duly noted by the Rapporteur and secretariat. It will be reflected in the draft report. All the participants were requested to comment on the draft report.

The Executive Secretary cum Coordinator briefly addressed the closing session. He thanked all the participants for their active participation with valuable contributions. He also thanked the Chair for his able chairmanship in conducting the meeting and bringing it to a successful conclusion without any break. The Executive Secretary also thanked the Rapporteur for his excellent job and assured the meeting that the report will be circulated first in the draft form where all the participants will be requested to comment then followed by the final draft report. The Executive Secretary thanked the consultants, resource persons and the inaugural session speakers for their kind participation, valuable guidance and suggestions.

The Chair briefly addressed the closing session by thanking each and every one for their active participation, very productive deliberations and making a very successful meeting. In spite of a heavy agenda, he noted that the meeting was able to conclude before time. He thanked the Rapporteur and the Secretariat for the efficient work. He wished everyone to stay safe and reminded that the pandemic is yet to be over. The Chair formally closed the meeting at 4.30PM IST.

ANNEXURE

SEA Regional Coordination Mechanism Forum (SRCMF) 3rd Virtual Meeting, January 21, 2021

DRAFT AGENDA

Time	Issues	Responsible person(s)
9.45-10.00	Virtual Registration	SRCMF Secretariat
<u>Inaugural Session</u>		
10.00-10.10	Welcome Address, Objective and Expected Outcome of the Meeting by Global Fund Board Member	Dasho Kunzang Wangdi
10.10-10.17	<ul style="list-style-type: none"> • Address by Director, NVBDCP and SRCMF Member, India 	Dr. Neeraj Dhingra
10.17-10.24	<ul style="list-style-type: none"> • Address by SRCMF Member & Vice-Chair CCM Sri Lanka 	Dr. Palitha Abeykoon
10.24-10.31	<ul style="list-style-type: none"> • Address by Chief Executive Officer, APLMA 	Dr. Sarthak Das
10.31-10.38	<ul style="list-style-type: none"> • Address by Co-Chair, Country and Regional Support Partnership Committee (CRSPC), and Chief Technical Advisor, RBM Partnership to End Malaria 	Dr Melanie Renshaw
10.38-10.45	<ul style="list-style-type: none"> • Address by Senior Regional Advisor, Representative of Regional Director, UNAIDS, Asia Pacific Region 	Dr. Salil Panakadan
10.45-10.52	<ul style="list-style-type: none"> • Vote of Thanks by Global Fund Alternate Board Member 	Dr K. S. Sachdeva
<u>Business Session</u>		
11.00 – 11.05	<ul style="list-style-type: none"> • Appointment of Office Bearers- Chair and Rapporteur 	Dr. Jigmi Singay

11.05 - 11.20	<ul style="list-style-type: none"> • Adoption of Agenda • Updates on SRCMF Secretariats- <ul style="list-style-type: none"> ▪ Establishment of SRCMF Secretariat under Grant RBM-2020-GSA 06 – RCMUNOPS Sep. 2020 to Dec. 2020 • Follow up recommendations of the last SRCMF Meeting held back to back with Pre Board Meeting <ul style="list-style-type: none"> ▪ Resource Mobilization ▪ SDF Proposal • Comments and Discussions 	Chair Dr. Jigmi Singay
11.20 -12.20	<ul style="list-style-type: none"> • Status of COVID-19 Pandemic and its impact on Malaria (presentation as per the template) by Member States- BAN, BHU, IND, INA, MAL, MMR, NEP, SRL, THA, TLS • Status of COVID-19 Pandemic and its impact on TB, HIV/AIDS and Other Essential Health Services by Member States - BAN, BHU, IND, INA, MAL, MMR, NEP, SRL, THA, TLS • Comments and Discussion 	Chair By Member States By Member States
12.20 -12.50	<ul style="list-style-type: none"> • COVID-19 Vaccination- Role of SRCMF by Executive Secretary, SRCMF • Mobile Population, Ground Crossing (International Border Checkpoints), Seaports, Airports • Comments and Discussion 	Chair Dr Jigmi Singay Dr. Olavi Elo
12.50– 1.20	<ul style="list-style-type: none"> • Work Plan, Administration & Finance of SRCMF Secretariat for 2021-2023 by Sr. Admin & Finance Officer, SRCMF <ul style="list-style-type: none"> • Work Plan • Budget • Proposed Salary • Organization Structure of SRCMF • Comments and Discussions 	Chair Dr. Chhewang Rinzin Dr. Shampa Nag Dr. Shiva
1.20 – 2.30	<u>LUNCH</u>	
2.30– 3.00	<ul style="list-style-type: none"> • Malaria Technical Working Group • TB Technical Working Group 	Chair Dr. Shampa Nag Dr. J P Narain Dr. Dipanjan Roy

	<ul style="list-style-type: none"> • HIV/AIDS Technical Working Group • Comments and Discussions 	
3.00– 3.30	<ul style="list-style-type: none"> • Proposal Development for SDF with main focus to end TB in the Cross Border Area • Development of Strategy for Malaria Elimination • Comments and Discussion 	Chair Dr. Dipanjan Roy Dr. Shampa Nag
3.30– 3.35	<ul style="list-style-type: none"> • AOB 	Chair
3.35 – 4.00	<ul style="list-style-type: none"> • Preparation of Report byRapporteur 	Rapporteur
4.00 – 4.30	<p><u>Closing Session</u></p> <ul style="list-style-type: none"> • Presentation of Report byRapporteur • Discussion& Adoption of the Report • Comments of the Participants • Closing Remarks by Executive Secretary, SRCMF • Closing Remarks and Formal Closing of the Meeting by Chair 	Chair

Annex-2- List of participants- Regional Coordinating Mechanism Forum(SRCMF) Virtual meeting

Date: 21st January, 2021

SL	Name	Designation	Organization	Country	Email Address
1	Dasho Kunzang Wangdi	Board Member, GF SEA Constituency	Bhutan CCM	Bhutan	dashokunzang@gmail.com
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3	Dr. Jigmi Singay	Executive Secretary, SRCMF	SRCMF Secretariat	Bhutan	jigmi2118@gmail.com
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19	Dr. Melanie Renshaw	Co-Chair, Country and Regional Support Partnership Committee(CRSPC), and Chief Technical Advisor	RBM Partnership to End Malaria		melanie@endmalaria.org
20	Dr. Sarthak Das	Chief Executive Officer	APLMA/AP MEN	Singapore	sdas@aplma.org

21	Dr. Salil Panakadan	Senior Advisor	UNAIDS, Asia Pacific Region	Bangkok	PanakadanS@unaids.org
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25	Dr. J P Narain	Resource Person	SRCMF	India	narainjp88@gmail.com
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