

Government of People's Republic of Bangladesh
Directorate General of Health Services
Disease Control Unit
National Malaria Elimination Programme
Mohakhali, Dhaka 1212.

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Date: -09/12/2020

Subject: 52th Technical Committee Meeting Minutes

Date: 1st December 2020

Chairperson Prof. (Dr.) ShahnilaFerdousi
Director, Disease Control, and LD, CDC, DGHS, Mohakhali, Dhaka 1212

Venue: Conference Room, NMEP
Mohakhali, Dhaka 1212

Attendance: Attached as Annex 1

Meeting Proceedings

The chairperson of the National Malaria Technical Committee, Prof.Dr.ShahnilaFerdousi welcomed and greeted the technical committee members for their presence. Some key members also participated in the meeting through online. She suggested Dr. Afsana Alamgir Khan , the deputy program manager of National Malaria Elimination Program to proceed meeting according to the agenda. A presentation was made on progress and program update by Dr Md Mosique Rahaman ,Epidemiologist ,National Malaria Elimination Program .The discussion was made on that presentation and the meeting .The summary of the discussion presented in the undermentioned table.

The Agenda

1. Confirmation of 51th National Malaria Technical Committee Meeting Minutes
2. Programmatic Update during COVID -19 Pandemic
3. Surveillance, Monitoring & Evaluation and vector control
4. Miscellaneous

Agenda	Discussion	Decision`
1) Confirmation of 51 th Technical Committee Meeting Minutes	1) Dr.Afsana Alamgir Khan shared the 51 th Technical Committee meeting minutes.	1) 51 th Technical Committee Meeting Minutes was approved by the technical Committee Members
2) Programmatic update in COVID 19 scenario	<p><u>Discussion Point one</u></p> <p>With victory month greetings Dr Md Mosique Rahaman shared some action points progress update -he highlighted the activities organized by NMEP in last two months. He informed that zone wise district level action plan meetings were organized successfully- one for Mymensingh Zone, one for Sylhet Zone, One for Chittagong and Cox'sBazar Zone,One for Chittagong Hilltracts Zone and one for Non-Endemic Zone. In those meetings Zone wise malaria elimination/control action plan was prepared in the participation of District Civil Surgeons and the respective Upazila Health and Family Planning Officers.Professor M.A Faiz appreciated NMEP for organizing the action plan meetings and suggested NMEP to inform the technical committee members about the action plan made during those meetings</p> <p><u>Discussion Point Two</u></p> <p>In comparison with year 2019,malaria case incidence was reduced 64% in the year 2020(up to October).This reduction may reflect the reduction in blood test due to 'lockdown' due COVID-19 pandemic as it was reduced 9% than the previous year. In this year up to October,the number of cases are 5,455 and that were 15,050 in the year 2019. NPEP distributed 1.24 million Long Lasting Insecticide Treated Mosquito Nets in this year.Last year up to October only 8 people died of malaria but this year 7 people died of malaria. Number of cases were increased in Hobigonj and Netrokona Districts.</p> <p>Professor Be-Nazir Ahmed suggested that more in depth analysis is needed to identify the causes of case reduction in this year. He assumed that the actual number of cases might be higher than the reported number of cases and there might be some cases who did not seek treatment or health workers did not contact them.He advised to follow chronologically the hotspots to find out the causes of reduction of the number of malaria cases. He suggested NMEP to take special initiatives to reduce the malaria burden in Bandarban District as it contributes more than 80% of the</p>	<p><u>Action Point one:</u></p> <p>NMEP will prepare a report on the Action Plan meeting and share it to the National malaria Technical committee</p> <p><u>Action Point two</u></p> <p>1.NMEP team will explore the factors for reduced number of cases with a small questionnaire and field visits to the CHTs and involving district civil surgeons, UHFPOs and Brac NGOs</p> <p>2. Information will be collected on the number of COVID19 infected GoB Health personnel</p>

	<p>country malaria burden. He highlighted the importance of collecting information on the Government Health Care providers infected or died from COVID-19 in the Chottogram Hill Tracts region.</p> <p>Dr Jamaluddin Chowdhury, Secretary General of Bangladesh Private Medical Practitioner, raised his concern regarding the reduction of cases than the previous year. As discussed in the 51st meeting the NMEP was not able to conduct the death survey. He mentioned that if total death cases from fever cases in CHTs could be reviewed, the exact causes of malaria case reduction might be identified.</p> <p>Professor Ridwanur Rahman urged for a thorough objective investigation to generate the evidence in order to measure the intensity of impact of COVID-19 on malaria case burden.</p> <p>Dr Jahirul Karim –Deputy Director-M&PDC wrapped up the discussion point with a decision that NMEP will explore the option for conducting a survey/study if not possible the evidence will be generated by involving the district civil surgeons and UHFPOs in the CHTs districts.</p> <p>Discussion Point Three</p> <p>Detailed discussion was taken place on malaria vector distribution</p> <p>Mr.Touhid Uddin Ahmed pointed that the distribution of <i>An.philippinensis</i> might not reflect the real scenario as it may be ambiguous with the distribution of <i>An. Nivives</i>. He also mentioned regarding <i>An.nivives</i>, a group of <i>An. philippinensis</i> species can be vector species and need to confirm and identify the species properly. He proposed a longitudinal study to explore the vector distribution with icddr, b collaboration.</p> <p>MrAzizur Rahman Chowdhury –Ex Consultant WHO opined that NMEP should first focus on the types of mosquitoes spreading malaria in the endemic zone when the types of Anopheles is known then NMEP can go for vector bionomics. He opined that <i>An.vagus</i> not be the primary vector and the role of <i>An. vagus</i> is very insignificant except the high transmission season/areas. He also mentioned to find out the anthropophilic/biting behaviour of <i>An. vagus</i> mosquito.. He also suggested to conduct microscopic test along with RDT to find out the transmission capacity of vector in the non-endemic zone</p> <p>Dr Jahirul Karim –Deputy Director-M&PDC suggested to explore the factors that contributed to malaria vectors habitat in the CHTs year after year and not spreading throughout the country unlike <i>Aedes</i> mosquito.</p> <p>Discussion Point Four</p> <p>Dr Afsana Alamgir Khan –Deputy Program Manager Malaria raised the issue of involvement of Multipurpose Health Volunteers in conducting RDT for malaria.</p> <p>Dr Geeta Rani –Deputy Programme Manager opined positively and</p>	<p>Action Point Three:</p> <ol style="list-style-type: none"> 1. In the Elimination districts microscopic test will be done along with RDT 2. Malaria vector distribution will be monitored by entomology team in periodic basis <p>Action Point Four</p> <p>A meeting will be organized with CBHC program by NMEP</p>
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willingness to involve them in malaria elimination program. **Professor M.A Faiz** described this initiative as an opportunity to reduce case fatality particularly for the hard to reach areas in CHTs Districts. **Professor Be-Nazir Ahmed** echoed same regarding their involvement. However, **Professor Ridwanur Rahman** advised to explore their receptivity and motivation before their engagement. Prof. Shahnila Ferdousi also opined for more in-depth scrutiny and feasibility assessment before deciding to involve MPHVs in malaria diagnosis. According to her, they may do the referral of the patients to HW / CC / UHC.

Discussion Point Five

Mr Anjan Saha -MIS expert described the background and obstacles faced by NMEP regarding integration of Malaria MIS into DHIS2. He mentioned that as a part of technical assistance (TA) to the countries of the south-east Asia regions, WHO is supporting national malaria programs to adopt DHIS2 for malaria surveillance. The objective of this TA is to include malaria reporting into the National HMIS through DHIS2. WHO SEARO has contracted HISP, India to provide the technical support to the countries, including Bangladesh, in developing malaria module for DHIS2 and customizing it according to the needs of respective national malaria programs. Under this contract, HISP India will provide the following support to the NMEP, Bangladesh: develop both the aggregated and tracker systems along with transfer of legacy data into the system and TOT for both the web and android based system. In reference to this, WHO has sent a request letter to the Secretary of the Health Services Division, MOHFW, Bangladesh on 15 October 2020, to provide some technical information.


He also requested ADGMS of Bangladesh armed Forces to incorporate Armed Forces malaria data in the NMEP database.

Miscellaneous: Technical committee members were updated on a case study of a male of 24-year-old from Chadkhola of Nababgonj Dhaka who was admitted in a private hospital of Dhaka City with diagnosis of Severe Malaria with dengue, without any travel history. NMEP intervened and found negative for Plasmodium in both Blood slide and RDT test. The patient died within 24 hours of admission and further investigation for causes of death will be carried upon by IEDCR

Action Point Five

1. A letter from the NMEP will be sent to the HISP Bangladesh chair to initiate process. NMEP will expedite the process in collaboration with MIS.
2. The soft copy of compiled data will be sent electronically from DGMS office

Chairperson of the meeting thanked all participants for their presence and contribution. In her closing remarks she requested all to materialize the decisions taken in the meeting. She also requested all concerns about real time sharing of data to ensure the response timely and closed the meeting


 9.12.2020
 Prof. (Dr.) Shahnila Ferdousi
 Director, Disease Control & Line Director,
 DGHS, Mohakhali, Dhaka 1212