

# Malaria Free Mekong Steering Committee Meeting



Hosted by

# Malaria Free Mekong Steering Committee Meeting

Date: 19<sup>th</sup> July 2021

## Background

On the 19<sup>th</sup> of July 2021, the CSO platform hosted a Steering Committee meeting which included 22 participants from all 5 GMS Countries. The meeting included a platform update from the CSO platform secretariat and from the RSC CSO representatives. Following this presentation, each country from the GMS region was invited to speak about their implementation successes and challenges; and to share any lesson learnt. The meeting also discussed the technical review panel's (TRP) comment and responses from each country, as well as allowing SC members to discuss their expectations from CSO reps in the next RSC meeting, in addition to discussing inputs needed from the platform.

Objectives:

- To update SC members on platform engagement and activities within 6 months
- To plan future platform activities and identify support needs to the countries.

## Platform Update

### National and Regional Consultation

The CSO platform has had numerous National and Regional Consultation from all five countries since January 2021. In terms of national consultation this included: an online individual consultation with numerous CSOs in Myanmar regarding the effect of the political situation on malaria project implementation; national preparation for the C19RM funding request; a large national online consultation with Thailand which brought in all the RAI3E implementing CSOs; a project update from Lao CSOs which depicted that Lao is doing well in terms of testing and treatment in the community and working with the national program in the past quarter (this was also shared in the RSC meeting); a consultations in Vietnam led by Josselyn and finally; a one-to-one consultation with Cambodian partner MC and an update from CRS through email.

Although the CSO platform were not able to arrange in person regional consultation, the platform did have three virtual regional consultations. The first was the CSO Consultation on the Global Fund Post 2022 Strategy Development; whereby we were able to bring in many malaria implementing partner (not just from Global Fund but from other projects as well). This was jointly organized with APCASO, and the input was shared with Global Fund and secretariat. The other regional consultation was to prepare RAI RSC ExCOM meeting and consultation to discuss Myanmar specific CSO Consultation for C19RM funding request development; bringing RSC Chair, members, UNAIDS, WHO, Save the Children and PR UNOPS. The outcome of this meeting was shared with the writing committee in Myanmar.



## Advocacy and Partnership

Projects in terms of advocacy and partnership included:

- World Malaria Advocacy Campaign and video message, April 2021
- Frontline Heroes from Myanmar, March 2021
- National Children Day 2021 Campaign, June 2021
- World Refugee Day, June 2021
- Myanmar Migrant Story on COVID-19 impact, May 2021
- International Women's Day, March 2021
- Official APMEN partnership announcement, June 2021

## Platform Participation in Different Malaria and COVID-19 Events

We have collaborated with the Pandemic Action Network to both present and facilitate presentation. The CSO platform secretariat and Myanmar platform focal person from Myanmar presented on a webinar entitled "Managing the Socio-economic Impacts of the Pandemic" organized by Pandemic Action Network (PAN). The platform also helped to facilitate and coordinate for World Vision Foundation Dr. Nyan to present on the topic 'COVID-19 in the migrant context.'

In addition to this the CSO platform also prepared for the last RAI RSC ExCOM and full Meetings by consulting all our country partners to help inform our RSC CSO Rep's presentation on the 17-18th of May. We have shared the debrief of this with all SC member after the RSC Meeting.

## Technical Support

The platform, in collaboration with RaksThai Foundation, helped to translate the handbook and pocketbook into 5 languages (Thai, Lao, Vietnam, Burmese and Cambodian). The translation and review have been completed and we are now awaiting designing and printing. The handbook and pocketbook will be available in both hard and soft copies. In addition to this, we have supported CSO representatives reviewing each RAI implementing countries C19RM funding request by facilitating and collecting feedback and comments from our CSOs partners. Finally, we also worked with The Global Fund CRG team and supported community led monitoring (CLM) landscape survey in Lao and Cambodia.

## Update from RSC CSO Reps Presented by Josselyn and Maxine

### Key Updates:

- Approvals/MOI are progressing in all countries but is not yet complete in Laos and Vietnam
- Myanmar CSOs are demonstrating remarkable resilience despite the political situation.
- CSOs across all 5 countries are planning/implementing activities to increase coverage of forest goers and other most-at-risk communities.
- Key innovations are being led by CSOs in Laos, Vietnam and Cambodia.
- There is a strong community level contribution to national surveillance in Cambodia and Laos.

### Questions arising from the CSO Consultations

- How to optimize CSO contributions in the context of COVID-19 and Myanmar coup?
- How can the platform best support coordination across and learning from all CSOs contribution to elimination including non-RAI3E partners?
- Is there regional learning that can be gained from the NMP's approach to CSO coordination in Laos and Cambodia?
- Is an external review and guidance regarding community-level testing policy/practices for malaria and other community health priorities feasible given the variation across and sometimes within countries?
- Some CSOs are assessing integration opportunities to increase contributions to multiple health and possibly non-health needs as malaria caseloads fall, are there learnings from these assessments that can benefit CSOs throughout the region?

### June-August 2021 Priorities

- Support quality CSO response to COVID-19 solicitation in Myanmar and provide reviewer feedback to other country applications, highlighting CSO and community perspectives
- Support NMP coordination with CSOs in collaboration with UNOPS (Vietnam and Cambodia)
- Organize country-specific discussions of TRP feedback to promote active efforts by CSOs to incorporate feedback into ongoing implementation
- Support IMP CSO monitoring
- Document emerging CSO good practices supported by RAI3E including coverage, innovation and gendered issues as well as promote community-level perspectives
- Encourage OR leads to consult with CSOs to engage communities appropriately, minimizing duplication and revisit gender aspect of research questions

### C19RM Proposal

The CSO Platform secretariat and the CSO representatives reviewed all C19 proposals including the TB for MMP's regional grant. Some examples of the common concerns raised included: budget allocation; clarity of geographic and demographic; surveillance and feedback/response system and gender and human rights attention.

The CSO platform provided the following responses to feedback from the CCMs/Writing Committees:

- Recommend that PRs provide sufficient time and support for local consultation to prepare detailed planning before signing the contract with SRs
- The CCMs and the WC must have a commitment to revising coverage needs and revisiting the proposed, optimal locations for COVID-19 service centers
- There must be a consideration of resource requirement, which is prioritized during grant-making to ensure that there are some mechanisms to track human rights, gender and gender-based violence, and respond to the issues at the community level

- PRs can create a M&E spreadsheet which enables the recording and reporting of essential key data related to C19RM activities from the community to PRs. This is to ensure a more granular and real-time data, even if this is not mandated by the GF
- Community systems and CSO capacity are needed to deal with COVID-19, this may require some additional support and we encourage PRs to consider this in their financial allocations to SRs.

## OR Subcommittee RAI2grants

The following table displays the current OR and their geographical location and budget.

### OR Subcommittee RAI2grants (7) COVID 19 impacted

SR	Research Title	End date	Locations	Budget (US\$)
AFRIMS	Deployment of malaria elimination interventions in high risk military personnel (including Chemoprophylaxis among border armed forces)	June 2021	Cambodia (Stung Tieng, Ratanakkiri, Prachvihea) Not done in Lao PDR nor Thailand	160,000
BI	Optimal community based malaria elimination models in Evaluation of community delivered models in GMS	June 2021 request to Dec 2021)	Lao PDR and Myanmar	186,814
HSD LSHTM	Piloting radical cure of Pv in Cambodia using G6PD RDT and primaquine	June 2021	Kravanh and Pursat , Cambodia	143,840
IPC (MC, PFD)	Effectiveness of forest-based malaria control interventions in large forests of Cambodia	March 2021	Stung Tieng and Kratie, Cambodia	25,428
MORU	Chemoprophylaxis in Cambodia, Lao PDR and Thailand	June 2021	Cambodia/LaoPDR/ Thai	170,223
SMRU IRD (France)	Assessment of environmental analysis and surveillance to improve malaria elimination strategies	June 2021	East Myanmar Border	60,507
UCSF	Community-based ACD and treatment in high-risk groups in Lao PDR and Thailand	December 2021	Lao PDR – Champasak and Saravan and Tahiland- Kanchanaburi, Mae Hong Son, Ubon Ratchtahani and Tak	600,000

The implication for practice for CSOs can be summarized as the following:

1. **Predictive tools:** This can be used as information to forest goers to assess their risk which is not yet available.
2. Can be used as a **utility for interventions/tools:** such as the role of prophylaxis for groups at highest risk to accelerate elimination; and the role of private sector company engagement in forested areas.
3. **Access** as close to forest goers for testing and treating
4. **Pilot test** to understand the context for community delivered ME models.

The CSO platform, however, would like to raise the following concerns regarding the OR in general and their engagement with CSOs. Firstly, there was poor coordination between different research groups, between researchers themselves; and finally within the community and existing CSOs. There needs to be a consideration on ways to disseminate this information back to the communities where the research has occurred and to the CSOs in the area. The CSO platform would like to encourage OR communities and CSOs to be viewed as partners and highlight the needs to be attentive to gender, ability and literacy need.

## Discussion Arising from Presentation

**Q:** How can we disseminate information back to the communities?

**A:** Perhaps as a short 5-minute short animation/presentation as previously done by the Lancet to illustrate several research findings. The CSO platform can help translate these research findings into laymen terms with key messages, which can be reviewed by the steering committee. This can then be incorporated into routine health education sessions.

**A:** In thinking about next steps, another suggestion can be a scheduled interactive meeting from the OR to speak to the Steering committee and the wider network directly about their work and needs. We can think about ways of disseminating information into the community.

**A:** Another consideration would be translating the OR findings into language that can be easily understood. With the C19RM being delayed, there could be some savings from the OR. We can suggest a bid for OR into dissemination activities.

## Update from Country:

### Thailand Country Update Presented by Khun Wasurat Homsud

Thailand has not conducted any in-person meeting, but we have collected from our partners RaksThai, World Vision, YMAT, SMRU and Alight.

### Thailand Update on the Malaria Situation:

Detail	Fiscal year		Diff
	2020	2021	
Active Foci	601	417	-184
Active Foci Pf	93	42	-51
% LLIN coverage	N/A	86%	N/A
% LLIH coverage	N/A	N/A	
1-3-7 Strategy performance			
Case report within day 1	N/A	91%	N/A
Case investigate within day 3	N/A	97%	N/A
Foci investigated and respond within day 7	N/A	86%	N/A

Species	Fiscal Year			Treatment follow up		
	2020	2021	Diff	Number of cases to follow up	Number of cases follow up for 4 times	%
Number of test	844,331	511,115	-333,216			
Malaria case	4,423	2,157	-2,266	976	602	62 %
PF	256	50	-206	43	19	44 %
PV	4,049	2,010	-2,039	863	551	64 %
PM	53	17	-36	9	4	44 %
PO	0	0	0	0	0	-
PK	13	55	42	51	27	53 %
Mix	18	10	-8	10	1	10 %
Unknown	34	15	-19			

Source: [http://malaria.ddc.moph.go.th/malariaR10/index\\_newversion.php](http://malaria.ddc.moph.go.th/malariaR10/index_newversion.php)

The number of testing and malaria cases has declined significantly. In terms of the follow-up of malaria cases, the achievement is 62%. The breakdown of cases can be further observed in the right table.

### Thailand COVID-19 situation

Thailand is experiencing an exponential rise in COVID-19 cases, as of today, we have broken the record of new cases of 11,784. Overall, we had 415,170 cases. The new death cases equate to 81

cases and the total number of death cases is 3,422. The proportion of cases is 90% for Thai and 10% for non-Thai.

### **Malaria Update on Implementation**

**Implementation successes** include building strong collaboration with all stakeholders including other CSOs, Government agencies and the local community. The result of RAI3E has strengthen village health volunteers for Malaria interventions, provided health education to the community, provided LLIN distribution and case follow-up in active foci areas. Lastly there is also a continued support for community malaria resilience program (a joint task program between the government and CSOs to the community)

**In terms of challenges**, all of the malaria program faced some obstruction due to the COVID-19 restrictions in gathering and travel. Another challenge is caused by the rain as we approach the monsoon season. In addition, there are also challenges within the Myanmar community due to the political situation, they have become anxious and suffer greatly from mental health problems which has led to mass immigration between the borders of Thailand and Myanmar. This has led to border closure for security which has consequently led to activities that were supposed to be conducted on the borders to be temporarily postponed.

**The lessons learnt** included the following: the Standard Operating Procedure (SOP) for COVID-19 prevention which has helped improved efficiency; collaboration with Village Health Volunteer (VHV) has proven to be very insightful and finally, there was a large adaption to online monitoring and communication to solve the restriction from COVID-19.

### **TRP Comments and Response from Thailand**

TRP have made the following statement: Thailand have responded that they will focus on building the resilience and sustainability of community-based services through strengthening partnerships with civil society organizations (CSOs).

The comments from Thailand CSOs:

- Improvement have been observed. The CSO platform has fostered more connectedness and have disseminated information among CSOs in Thailand
- The provincial task force needs to be strengthened and provide more capacity building to VHV and communities.
- There is still a lack of task-shifting road maps from Government down to the CSO and the community.
- The government needs to be allowed CSOs to provide more malaria testing.

The TRP have also issued a statement that Thailand will expand the role CSOs in supervised treatment of P.f P.v cases which will expand in RAI3E.

In response Thailand CSOs has commented

- Data sharing and the role of CSOs need to be more clearly clarified
- There is a need to develop and endorse the model of community-led services

- The supervised treatment amount the migrant cases are still challenging, especially if COVID-19 can still surge and cause restrictions.

### **Thailand's expectations from CSO reps in the next RSC Meeting**

- There must be lesson learned sharing in the next RSC Meeting
- There will need to be more discussion on the GMS Malaria control and elimination model
- Thailand asks for more channels for CSOs to present their contribution in Malaria Elimination
- Thailand asks for more technical and budget support for malaria intervention during the COVID19 situation and ask for CSO rep to report back to their members.

### **Input from CSO partners on platform support needs:**

Thailand have asked for CSO Platform to conduct policy advocacy for more acknowledgement for CSO's contribution and more advocacy on testing that can be done by CSOs. When the opportunity allows, Thailand would like the CSO platform to conduct more field visit and monitoring with their partners. If possible, Thailand CSOs would like to request for support of COVID-19 prevention equipment or support with the technical protocol guidance. There is also a request to provide more space for knowledge sharing and lesson learned among members. In light of the COVID-19 situation, it is important for the CSO platform to advocate for non-Thai Staff and non-Thai population to be include in the COVID-19 vaccination campaign.

#### **Discussion Arising from Presentation**

Q: Is the COVID-19 the alpha, delta or a mixed of these two variants?

A: In Thailand more than 52% of the COVID-19 seen are of the delta variant. In Myanmar, they are also reporting the delta variants but there is no way of calculating the number of infected. We know that the delta variant is the most dominant variant that we are seeing now.

Q: Which province has the highest rate of COVID-19?

A: Bangkok and the greater Bangkok provinces (Nonthaburi, Samut Prakan, Samut Sakhon). 90% of the new cases are Thai and is concentrated in the inner capital city. Along the borders, Mae Sot and Mae Hong Son has also seen new clusters.

Q: How are CSOs providing supervised treatment?

A: Thai CSOs are working with the village help volunteer in the active foci area in terms of training and they also conduct daily observation of treatment of malaria. The CSO staff acts as supervisors for this training.

### **Cambodia Country Update, Sovann Peng on behalf of Cambodia focal person**

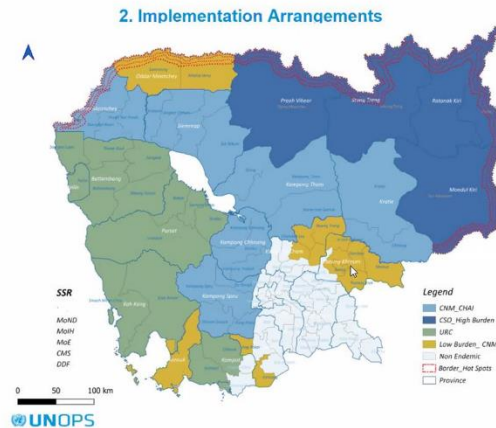
The update from Cambodia is not nationwide but are updates from the CSOs from CRS and Malaria Consortium from their implementation areas.



## RAI3E Target Area

The following map shows the RAI3E Target implementation Area

### The RAI3E target area



CRS are covering 4 provinces and 5 operating districts (OD) whilst MC are covering a 10km border area with Thailand, Laos and Vietnam. This covers 6 provinces with 65 locations.

### Achievements in the first 6 months of RAI3E

The CSOs in Cambodia started the project start-up and implemented project activities with timely support from CNM, UNOPS and WHO. There were recruitment, training and support to VMWs/MMWs to help them perform their task. They supported to organize VMWs/MMWs monthly meetings at the health centers and distribution of LLIN/LLIHN. There has also been conducted monitoring and supervision visits and technical support provided to OD and healthcare centers (HC) to enter data directly into the MIS system. Finally, the CSOs also conducted case investigations/classification to support Last Mile activities/P. v radical cure.

### CSOs achievements in the first six months of the RAI3E

No	Module	Coverage and other key indicators	Targets for Jan-June 2021	Results for Jan-June 2021
1	Vector Control	VC-1 <sup>(M)</sup> Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns	N/A	77,863
2	Case Management	CM-1a <sup>(M)</sup> Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	18,870	16,020
3	Case Management	CM-1b <sup>(M)</sup> Proportion of suspected malaria cases that receive a parasitological test at the communities	47,704	124,960
4	Program management	CM-2a <sup>(M)</sup> Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities	818	269
5	Vector Control	CM-2b <sup>(M)</sup> Proportion of confirmed malaria cases that received first-line antimalarial treatment at the communities	708	465
6	Case Management	CM-5 <sup>(M)</sup> Percentage of confirmed cases fully investigated and classified	1,220	642
7	Case Management	CM-6 <sup>(M)</sup> Percentage of malaria foci fully investigated and classified	53	6

The table shows the results in comparison to the targets. However, in terms of foci case investigation only 6 foci were investigated. This is because of the late guidance and the effect of COVID-19.

### Challenges

This included broken assets such as HC tablets and VMW phones which has led to obstruction of data collection and entry. There were also inadequate CSO staff to provide timely support to VMWs/MMWs especially in regard to foci management activities. COVID-19 has caused restrictions in gathering and travelling which has affected program implementation and there was inadequate budget for PPEs. Furthermore, ASMQ dose for children were not available in some HCs and travelling to some target areas were made more difficult due to the wet season.

### Vietnam Country Update, Nguyen Hoang Yen, Vietnam platform focal person

At the time of the presentation, there were 43,458 COVID-19 cases with 34,545 treated, 8,655 were cured and 254 died.

### Summary of VietMCI Project

- VietMCI a CSO consortium under SCDI covered 6 provinces in the central highland and lowland areas. In 5 of the provinces (Binh Phuoc, Gia Lai, Dak Nong, Dak Lak and Binh Thuan) they have been approved the project approval letter. However, VietMCI is awaiting for a response letter for the province of Phu Yen. The VietMCI project transferred 2,211 customers with suspected malaria to health facilities and supported treatment compliance for 39 customers. The organization contributed to both communication consulting activities in the community and distribution of 1,731 hammocks.

In the next 6 months VietMCI plans to do the following:

- Transfer 4,200 customers with suspected malaria and support treatment compliance for roughly 315 customers
- Distribute 3,000 hammocks to forest-goers to sleep in the fields and other communication materials and items
- Capacity building training activities will be more flexibly organized as either face-to-face or online depending on the evolution of COVID-19
- There will be continued improvement in the recruitment of CMAT
- There will be monitoring activities to improve program quality
- There will be coordination activities with the members of the consortium, coordination with CDC in the provinces are focused and maintained. Especially in the two new provinces (Phu Yen and Binh Thuan)

### Summary of VPHA

VPHA has received four written approved consents from 4 provinces. In terms of achievement, VPHA has conducted a field trip to introduce the project to health management systems in 4 project provinces and have successfully performed a quick assessment of the current situation of the private health system. The organization has also developed an outline for the baseline survey and made detailed plans for each group of project activities. There have also been discussions with PSI

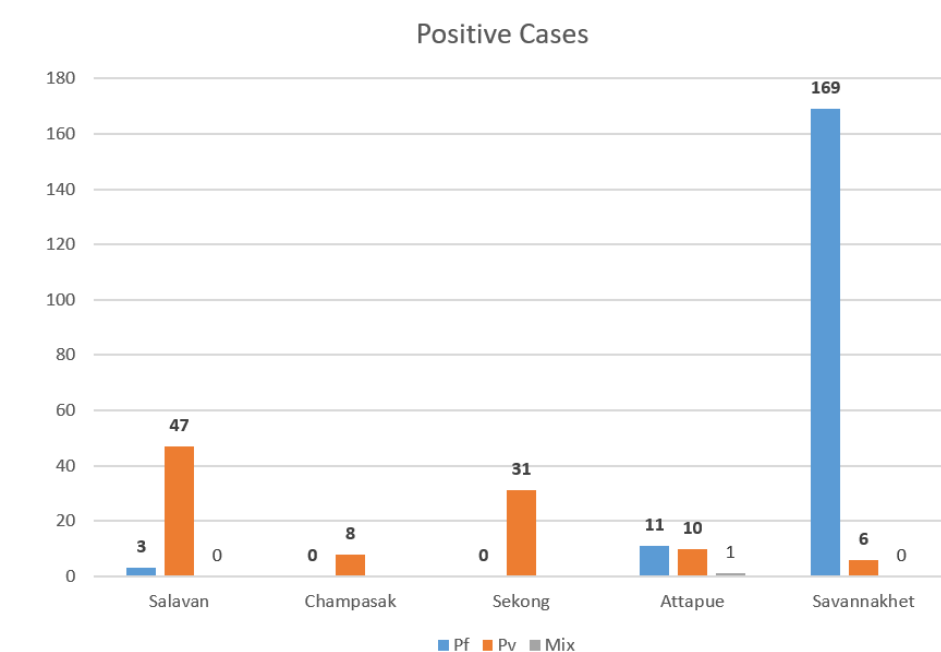
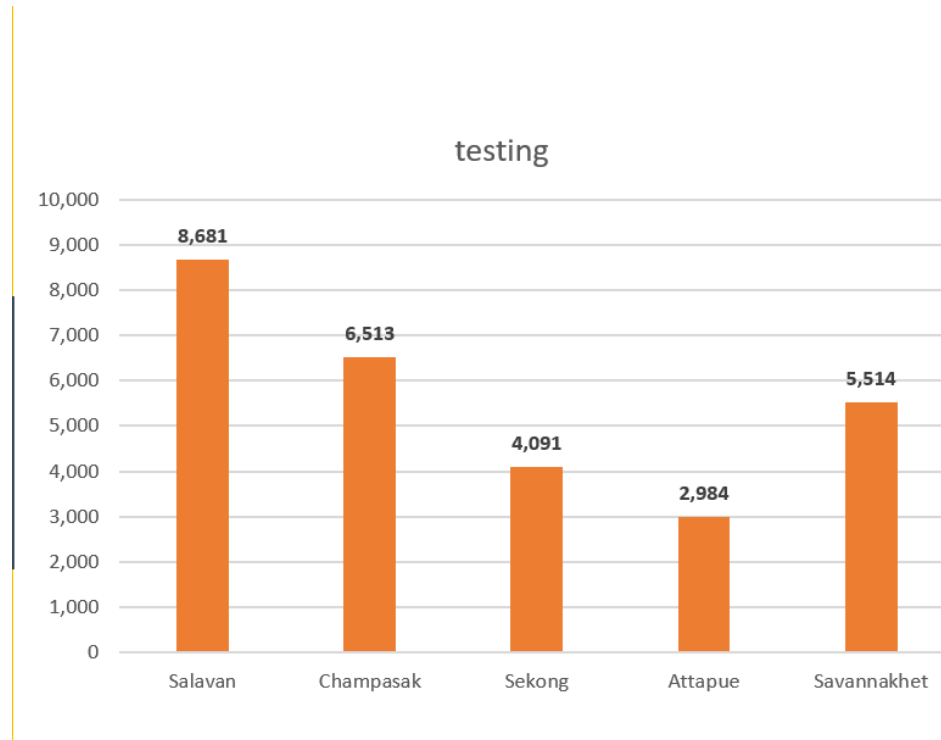
to transfer and inherit some of PSI's activities. VPHA is currently implementing the consulting package for developing communication materials and have implemented some online activities.

The biggest challenge to VPHA is the effect of COVID-19 and how project approval process are taking longer than expected. Another challenge that was mentioned was also a lack of suitable qualified human resources. In the next quarter VPHA is reviewing all the activities in 2021 and will make necessary changes to suit the situation.

## Laos Country Update, Viengkhone Souriya, platform Laos focal person

### Progress Update Achievement under RAI3E

There has been 27,783 presumptive case testing under 23 VMW. CHias has found 286 positive cases which has been diagnosed and fully treated. The table below shows the province of testing and positive cases in Laos.





## Challenges

COVID-19 has caused disruption to the project implementation and issues with referral forms being lost or not well kept. There have also been issues in consolidating data from F1 to F4 in some HCs which has led to some discrepancies in data. Finally, VMW in some villages were careless in monitoring RDT/ACT stock, making it inaccurate report of RDT/ACT.

### Input from CSO partners on Platform

We would like support in training TOR of the integrated disease management guidebook and to help vaccinate for COVID-19 for VMW.

### Q&A

Q: How are you responding to vivax cases?

A: We have pushed the comprehensive package for RAI3 to the community level – support travel cost to VMW and the patient if they are found to be P.v positive. There is also allocated food allowance to ensure they can have the G6PD testing and complete treatment.

Q: Is the government doing anything around the guideline for COVID19 activities

A: In Dec 2020, the government approved the legal status of VMW and dictated the role of VMW in their TOR. However, their role and action in regard to COVID-19 are very limited.

### Myanmar Country Update, Dr. Moh Moh Lwin CSO platform Myanmar focal person

Data is obtained by SaveTheChildren and UNOPS PR.

### COVID-19 Situation

In terms of COVID-19, the total specimen tested were 2,972,006 with 229,532 lab confirmation and 5000 deaths. However, although this is national statistics, due to the military coup there is a possibility that these data are inaccurate. Starting in mid-June there are now a spread of a third wave of COVID-19. In the tested individuals there is a 36% positivity rate. This is believed to be an underestimation due to limited testing capacities.

In many provinces there are lockdown in most townships due to increasing COVID-19 cases which has led to staff having to work from home and field activities have been temporarily suspended due to travel restrictions. Some of the staff also contracted COVID-19 and tested positive. General Practice clinic opening status dropped from 80% to 40% in general. In some states only 20% of HC are opened. In response to COVID-19, many have switched to teleconsultation to help their patients. Patients are treated at home due to the lack of government leadership in proper care and a lack of resources in the hospitals due to CDM. Lastly, SAC is trying to control oxygen filling, businesses, hospital admission and pharmacy markets.

### Malaria Situation

There has been a P.v outbreak occurring in the Kachin State (also indigenous case in Myitkyinar), Tanintharyi Region, Kayin and Sagaing in June and July. There are limited response activities such as ACD, mass screening, LLIN distribution and health education due to the political instability and COVID-19. The table below shows the UNOPS and GF PR data for malaria cases. This showed that we could not meet the target and there is limited distribution of LLINs.

## Malaria CSO data

	# of Tests	# of confirmed Malaria Cases	P.f	P.v	Mix/others	LLIN Distributed
UNOPS	108,672	4,933	767	4,136	30	2,829
GF	225,278	5,664	215	5,443	6	2,106
All	333,950	10,597	982	9,579	36	4,935

3% Positivity Rate

### Political situation

There has been a reinforcement of military forces and establishment at the military gates at the entrance of the townships in Tanintharyi, Kayin and Mon States. Local authorities do not allow for field visits in some townships such as Ye and Kyarinseikgyi. In Tanintaryi they have asked all INGOs to stop their activities and close down their offices and for the staff to return home in May.

### Implementation update

CSO providers can continue their service apart from Tanintharyi. In this state they are arresting medical practitioners, our providers are trying to hide their medicine and testing and treating in low profile. Our staff and volunteers are saying that they are going to stock-out.

In terms of reporting there has been difficulties in collecting reports especially from the EHO due to the political situation. Most of routine supervision visits have been postponed and remote supervision has continued through digital platform. Malaria training was given to our staff in addition to IPC and Home-based care for COVID-19 training.

### Next Step

- PQ adherence strategy – by DOT phone call and reminder sticker/card
- There will be continued PPE distribution
- Myanmar CSOs wil continue trying to collect data and incentive payment
- Emergency kits to support IDP amps
- COVID-19 community activities – plan
- Further planning for teleconsultation and mobile team in major cities.

### Request for CSO platform

C19RM has been approval for C19RM is ongoing, we need platform ongoing advocacy support to get the resources. The process to negotiate with township medical officer (TMOs) in Tanintharyi is on its way for continued malaria implementation, we want platform to continue it's advocacy to bring NGO implementation back.

### Future CSO activity plan and Next Steps

- NMCP CSO Coordination - Survey have contributed to the ideas of how to frame the country consultation. This will be finalized in the next couple of months.
- Regional consultation – The CSO platform has heard from our CSO partners that should be focusing on the border and on the migrant population.
- Online capacity strengthening/sharing tools and guidelines – The CSO platform are thinking of designing online training packages to country needs, however we are also hearing from our country CSO partner of creating program specific support within countries.
- Printing/publishing of disease integrated handbook and pocketbook – We will ask our CSO partners of how many hard copy publications they require.
- Community network building/ strengthening in Thailand, Vietnam and Laos within the next 6 months. Laos has created network under RAI2E we will keep contact with our focal person.
- Preparation for the next RSC Meeting in November – We will need our CSO partner's input to prepare for our next RSC Meeting.
- The CSO platform has also been asked to complete a rapid mapping of CSOs contributing to malaria elimination (not limited to RAI3). The CSO platform will continue communication with our partners.
- Workshop with researchers and our SC members on a discussion around dissemination of OR findings. The CSO platform can create an animation for a visual representation of the findings and ask our partners to help in translation.
- The CSO platform would like to send a specific follow-up question survey in terms of the suggestions you have made of how the CSO platform can help our CSO partners.
- There has been a suggestion of an updated toolkit guideline around the use of PPE for our VMW to help build capacity for CSO partners and volunteers.

## 22 Participants

Display Name on Zoom	Role	Organizations
Rachel Sismar	Senior Program Coordinator	Alight
Shree Acharya	RAI RSC CSO Project Manager	MalariaFreeMekong CSO Platform
Maxine Whittaker	RAI RSC CSO Representative	MalariaFreeMekong CSO Platform
Josselyn Neukom	RAI RSC CSO Representative	MalariaFreeMekong CSO Platform
Louis De Gama	RAI RSC CSO Advisor	MalariaFreeMekong CSO Platform
Warisala Chatuchinda	RAI RSC CSO Project Officer	MalariaFreeMekong CSO Platform
Dr. Htin Kyaw Thu	RAI RSC CSO Alternate	Malaria Consortium
Linna Khorn	RAI RSC CSO Alternate	Catholic Relief Services
<b>Cambodia</b>		
Rattanak Sourn	Cambodia Steering Committee Representative	Cambodia Malaria Consortium
Sovann		Catholic Relief Services Cambodia
Maysac Sun	Cambodia Steering Committee Representative	Individual Advocate for Malaria Free Mekong
<b>Lao</b>		
Viengkhone Sourio	Lao Steering Committee Representative	CHias Lao
Phouthakone	Project Coordinator	CHias Lao
Keomany		HPA Lao
<b>Thailand</b>		
Wasurut Homsud	Thailand Steering Committee Representative Focal Person	RaksThai
Dr. Aung Myint Thu	Thailand Steering Committee Representative	Shoklo Malaria Research Unit
Dr. Nyan Win Phyo	Thailand Steering Committee Representative	World Vision Foundation Thailand
<b>Vietnam</b>		
Nguyen Hoang Yen	Vietnam Steering Committee Representative Focal Person	CHD
Hanh Ngyuyen	Project Officer	VPHA
Ye Hein Naing	M & E Director	URC-CHS
<b>Myanmar</b>		
Dr. Moh Moh Lwin	Myanmar Steering Committee Representative Focal Person	PSI Myanmar
Dr. Pyae Phyo Htoon	Myanmar Steering Committee Representative	Save The Children



## Annex 1: Agenda for the SC Meeting

Time	Agenda	Facilitator and comments
14.00-14.15	Agenda overview and introduction	Warisala
14.15-14.30	Platform update	Shree
14.30-15.00	Update from RSC CSO reps <ul style="list-style-type: none"> <li>- Past engagement and coordination (C19RM, TEAM, RSC Meeting and engagement with other members, OR subcommittee)</li> <li>- Re emphasis on IMP role</li> </ul>	Josselyn Neukom and Maxine Whittaker 10 minutes each + 10 minutes for Q&A
15.00-16.30	Update from country <ol style="list-style-type: none"> <li>1. Update on implementation successes and challenges Lessons learned. Lessons to be shared.</li> <li>2. TRP Comments and response from the country</li> <li>3. Country expectations from CSO reps in the next RSC meeting preparation and participation</li> <li>4. Inputs from CSOs partners on platform support needs</li> </ol>	
15.00-16.30	Update from country <ol style="list-style-type: none"> <li>5. Update on implementation successes and challenges Lessons learned. Lessons to be shared.</li> <li>6. TRP Comments and response from the country</li> <li>7. Country expectations from CSO reps in the next RSC meeting preparation and participation</li> <li>8. Inputs from CSOs partners on platform support needs</li> </ol>	Shree and Josselyn
16.50-17.00	AOB/Closing	