Minutes of the fourth meeting of the Regional Steering Committee
(RSC) for the Global Fund Regional Artemisinin Resistance Initiative (RAI)

30 September 2014

Park Royal Hotel, Nay Pyi Taw, Myanmar

Minutes taken by: Amélie Joubert, Executive Secretary

Attendees - Appendix 1
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Dr. Soe Lwin Nyein of the Myanmar Ministry of Health (RSC member) made opening remarks and welcomed the RSC to Myanmar. He gave an update on the status of the ICC activities at the Thai-Myanmar border: TME pilot is pending ethical approval.

Prof. Arjen Dondorp (Chair) welcomed new members, Dr. Suriya Wongkongkathep who is taking the Vice-Chair ASEAN seat on behalf of Thailand. Viet Nam will take over this seat soon. Dr. Xiao Ning, Deputy Director of the National Institute of Parasitic Diseases, was also introduced as a new non-voting member for China.

He introduced the new Executive Secretary, Amélie Joubert, and an update was provided on the RSC Secretariat: recruitment of the additional administrative staff is under way.

The revised version of the minutes for the last meeting (28 March 2014, Phnom Penh) were endorsed.

Mr. Promboon Panitchpakdi (civil society representative) announced that he would not participate in discussions relating to Thailand because his organization is a sub-recipient.

1) RAI country component (1): Update on country activities

UNOPS (Dr. Attila Molnar) gave a presentation of a mock RAI public website which would have both a public interface (including "grant map", i.e. allocation of RAI funding and SRs per location and key activities) and an intranet interface for use by RSC members, to be managed by the RSC Secretariat.

Discussion:

- Technical inputs into the website needed to be carefully managed and RSC should play a role to ensure accuracy and relevance.
- The public website should highlight achievements/results as an important focus of the RAI communication effort from the start.
- Executive committee or subcommittee meeting minutes /reports should also available on the intranet.
- Primary objective of the website should be to show what RAI is doing, although it may be possible to expand on that afterwards to integrate information from non-RAI funded components of the programs and other initiatives.
- Considering potential overlap with ERAR work on mapping and working group on SME integration, RAI website should be linked to ERAR website.

Decision point: Sub-committee to oversee website content management and validation was created composed of Walter Kazadi (ERAR), Amélie Joubert (RSC Secretariat), Arjen Dondorp (Chair) and Louis Da Gama (Civil Society).

UNOPS provided an update on the progress regarding implementation of the Country Component of the RAI (*presentation available*): overall progress was satisfactory, but there has been a delay in starting activities in a few countries (Cambodia, Vietnam), which has resulted in lower budget absorption (mid-2014 expenditure of 9m USD out of 40m USD budgeted, i.e. 25%), but activities (and with that spending) are picking up. Developing specifications for LLINs materials has been a challenge and UNOPS asked for technical partners to provide evidence-base to support country-level preferences.

Discussion:

- RAI is designed to complement national program (other GF) funding. RAI funds are managed by the same implementation structures / programs as the other GF grants to address the risk of duplication of funding and create synergies. Indicator reporting is integrated with other funds but in terms of financing, RAI will focus on areas of high antimalarial drug resistance.
- RSC members requested further information on numeric target achievements, financial data (available savings) and new indicators reported under RAI v. existing indicators (*updated presentation available*).
- The variety of case management approaches across countries constitutes a challenge for harmonized reporting.
- Performance framework indicators (reported by UNOPS) do not provide sufficient information on impact of the program at a higher level, which is why a separate exercise is planned for impact evaluation (planned for June 2015).

2) RAI country component (2): Technical partner recommendations for priority activities

There are savings available under country components to be reallocated within the RAI and this is an opportunity for the RSC to give strategic inputs on how savings should be used at country level.

a. MPAC outcomes: GMS elimination plan

Arjen Dondorp (Chair) presented, on behalf of MPAC, the main recommendations from the consultancy report on a plan for malaria elimination in the GMS, now endorsed by WHO (*presentation available*). Artemisinin resistance is a prelude to ACT failure in the GMS. In addition to delayed clearance of parasites, ACT failure rates have now been documented in the region (e.g. over 40% failure rates after treatment of falciparum malaria with DHA-piperaquine in western Cambodia). The "last man standing" concept is widely accepted now, which implies that the remaining P. falciparum parasite pool will be the most resistant, so that if elimination efforts are not sustained, malaria will resurge in an even more resistant and more difficult to treat form.

The estimated cost of elimination in the region is 3.2 to 3.9 billion USD over 15 years. Modelling shows that inaction would cause economic impact of multidrug resistance of 4 billion USD annually. Most GMS countries are already in pre-elimination phase, without yet having an elimination strategy in place, however sustainability and scale-up of financing, supported by strong governance and political commitment, are key concerns. Specific recommendations from the report include:

- Establishing a joint inclusive governance platform to monitor and coordinate implementation (for instance building on the current RAI-RSC)
- Strengthening surveillance
- Expanding community-based services (VMW or VHW models)
- Emphasis on MMPs as target population, including the military
- Engaging with the private sector entities delivering services
- Investing in research to guide elimination efforts

- Targeting the asymptomatic carrier pool (with TME/TMT as a potential approach)

Conclusion: feasibility is based on certain conditions (technical, operational, financial).

WHO/GMP highlighted that the shift towards an elimination strategy for the region is supported by the latest TEG review of AR data, and endorsed by the MPAC, showing that a "firewall"/containment approach is no longer relevant. The financial modelling work may need to be further refined with the support of health economists if possible – but a fundraising strategy will be needed in any case. APLMA may be best placed to play this role through their high level support. Support / endorsement of countries to integrate the elimination plan into their strategies will also be critical. SEARO/WPRO will jointly lead this effort and work with countries to prepare action plans in the next few months, starting with consultations in November. Informal consultations with national program managers are ongoing also. The strategy should be available for the ERAR annual forum of interested parties meeting in January 2015.

The Global Fund stated that they will align as relevant with the guidance from technical partners, including WHO, to support reprogramming for elimination goals under the RAI grant. The ADB announced that the November East Asia Summit will take forward the elimination agenda as well.

Discussion:

- The main goal of the elimination plan is P. falciparum elimination as the priority threat, with an acknowledgement that P. vivax will need to follow (but tools for Vivax elimination may not yet be available).
- Political messaging around this focus of the elimination plan needs to be well thought through and RSC as a group should endeavour to communicate consistently on this, especially for engagement with donors.
- We need to move quickly to adopt this agenda and roll out the elimination strategies in countries in collaboration with WHO.

b. Migrants and Mobile Populations (MMPs)

WHO/ERAR (Dr. Deyer Gopinath) gave a presentation on the work conducted by the ERAR Hub in this area over the past 9 months, including regional-level and country-level consultations on MMP, looking at what current country plans have to address MMP issues, what gaps exist and what should be done next (*presentation available*). This exercise may be challenged by the variety of definitions for MMP across RAI countries, but we need to focus on commonalities. Based on a detailed mapping exercise, action plans for all 6 GMS countries were developed including timelines, targets and estimated cost (500K- 700K USD per year per country).

Discussion:

- Before making a decision to take this forward for funding in the RAI, there is a need to elaborate further on the strategic level thinking and elements of political consensus around an approach to border areas/MMPs.
- There is also a need to address informal/private sectors and poor quality drugs as an issue specifically for MMP.
- It is acknowledged that a lot of work is still required at the policy level. An analysis of cost-effectiveness of interventions is needed as well.
- RSC members re-iterated their support for the MMP component as a priority area for RAI investments. Targeting this at-risk population is critical to the elimination goal and this should be part of the forthcoming budgeting exercise with UNOPS (November 2014).
- Cooperation between countries as well as integration of resources will be critical. MMP represent specific challenges in the elimination context. Community-based action is very important in border areas, as well as information systems / reporting.
- Local / provincial government authorities should be engaged in these discussions at country level.

- Concerns were raised regarding timelines and risk of delay in postponing this decision, also considering the need to build country-level buy-in (including endorsement of national CCMs).
- Much work has already been done, and a consultancy is under way at ERAR to elaborate an MMP strategy and outcomes will be shared with RSC- this could help in putting together a proposal for RSC approval.

Decision point / action item:
A working group (composed of Wichai Satimai (Thailand), Alan Magill (Gates), Michael O'Dwyer (DFAT), Promboon Panitchpakdi (Civil Society) and Deyer Gopinath for ERAR) is tasked to extract from ERAR MMP action plans a strategized proposal for RSC decision within one month of this meeting (by email).

c. Including the military as a target population under RAI

Mark Fukuda (USAID) gave an overview of malaria prevention & control activities currently provided by the national Military Medical Departments (MMDs) in the GMS. The military sector has common features with the private sector: there is a multiplicity of outlets providing services at various levels, with varying degrees of integration with the NMCPs. Capture of data by the national systems also varies. Potential areas for investment include surveillance (weak area of Ministries of Defense), coverage of at-risk population in new outbreak areas (Laos/Vietnam border), occupational needs-specific prevention (provision of insecticide-treated uniforms, chemoprophylaxis, expansion of pre-deployment screening), promotion of Military Malaria Volunteers (MiMVs). Our goal should be to incorporate military population into the existing implementers' scope of coverage, and to obtain parity between the MMD and civilian sector.

Discussion:
- Civil society representatives questioned support by RAI investments, in particular for commodities, in the military, considering existing challenges to fund community-based organizations which should remain a priority and stated that activities aiming at military staff are primarily the responsibility of the government.
- On the other hand, military troops were recognized as an at-risk group which has been neglected and should therefore be included in RAI activities, using a country by country tailored approach.
- Global Fund (Urban Weber) was asked to clarify whether there was an official position of the Board on supporting funding for the military: while no official position has been taken by the Board to date, the GF traditionally supports the inclusion of all at-risk populations.
- There are strong country examples of cross-collaboration between the military and the national programs, supported by GF funding (e.g. Cambodia), but some needs still remain unmet.
- Training and capacity-building are critical needs to address this population. Ultimately it's in the interest of all MOHs to reduce the number of cases. A top-down approach may be needed.
- Resource mobilization and awareness-raising among military/defense authorities also serve as a strong rationale to invest.

Decision point (vote): The RAI funding can be used to support activities aimed at the military as a key target population (3 against, 8 in favor).

The following conditions were added to this decision:
- Existing best practices should be followed and funding channels should be determined on a country-by-country basis.
- National CCMs need to endorse this as well as NMCPs. It is ultimately a country-level decision.
- The RSC should support funding for policy development, advocacy and capacity-building to enable the military sector to provide the relevant services, but funding should not be used for commodities.

Action item: Mark Fukuda to put forward proposal on this basis for RSC review by email, after consultation with national CCMs. Because of the tight timeline, he was requested to provide the revised proposal soon.

d. Cost-effectiveness of interventions

Health economist Yoel Lubbell gave a presentation titled "Optimizing the expansion of LLIN and VHW in Myanmar" (*presentation available*). More efficient targeting of interventions is possible and essential to maximize impact in a resource-constrained environment. This could include allocation of resources on the basis of a micro- (township) level analysis. Modelling work was presented which shows the increase in "transmission days averted" with micro-level intervention targeting (i.e. greater return on investment). Understanding the determinants of cost-effectiveness is also important (quality of services, effective monitoring).

Conclusions on Country Component

We should be aware that timelines for reallocation of savings under Country Component are tight. Current grants end at the end of December 2014 with the possibility of a 3-month extension at most to be granted by the Global Fund. While it would be preferable to aim for comprehensive exercise to be done in early 2015 which could factor in the country action plans developed under WHO leadership (based on the GMS elimination plan), there may not be sufficient time considering the country-level work required to revise national strategic plans.

However, strategic changes in the current programs are already possible without waiting for the elimination plan. Adjustments of activities are already possible based on the overarching objectives of the grant which have already been agreed upon, especially focusing on at-risk populations and areas. This exercise is about prioritization, not the development of a new Concept Note.

Based on the above, UNOPS is currently planning workshops with all 5 country recipients in November 2014 and it is expected that extended grant agreements to cover until end of 2016 will be negotiated and signed within Q1 of 2015.

3) <u>RAI Inter-country component (ICC)</u>

a. Update from UNOPS (Attila Molnar)

Grant agreements have been signed for Y1 (July 2014-June 2015) for the three SRs approved last March, and activities are progressively starting, based on mapping of target villages, trainings, implementation of VHW networks, etc. There has been some delay on the TME component due to pending ethical approval requested by the Myanmar MOH. If we extend existing SRs, there is approximately 5 million USD left available under the ICC funding, but the tight timelines to issue a new RFP and negotiate agreements are a critical concern.

Discussion:

- RSC members felt it was premature at this stage to decide on continuation of the ICC budgets beyond the first year, since activities are just starting. It was agreed to defer this decision until the next RSC meeting.

b. Update from data sharing working group

Dr. Pongwit Bualombai (Thailand) presented a proposal for a Regional Data Sharing center for GMS to be developed, with start of implementation in mid-2015. The proposed budget is 511K USD for two years (255K per year), with as main objective the alignment of national data systems and to act as repository for data generated by RAI activities.

Discussion:

- ADB has been involved in the development of a shared data platform for HIV/AIDS in the region. If done in a similar fashion for the RAI activities, this is a large undertaking, which will require much more activities than in the current proposal.

- A minimum set of indicators was agreed upon at the Phuket meeting driven by ERAR and can be put forward as the basis for developing a web-based surveillance system. ERAR already has a consultant hired to do this. In addition, the ERAR hub is currently developing the impact indicators, in which the RSC is also involved, and can be used for the ToR for the planned consultancy for the 'higher level impact evaluation' of the RAI.
- The proposed work will need close collaboration with ERAR and the ADB initiatives around the same theme to avoid duplication.
- Data ownership issues should be addressed. WHO/ERAR has an agreement with countries that they can release national data (based on long-established data flow between WHO and countries)

Decision point: A ceiling of 500K USD will be allocated to develop this data sharing platform; the current proposal will be evaluated together with ADB and ERAR representatives. The ToR for the consultancy on impact evaluation will be developed further in conjunction with the ERAR initiative on harmonizing indicators.

c. Remaining ICC funding

Arjen (Chair) presented an overview of the 8 priority activities as previously defined for the ICC.

Discussion on elimination of monotherapies:

- A plan developed under ERAR remains unfunded (3m USD approximately although it may not be entirely funded from RAI). ERAR will submit the Concept Note to the RSC for review.
- ADB is doing a lot of work on this issue, i.e. strengthening regulatory mechanisms, funding market surveys.
- DFAT also preparing a project along similar lines, to work with 3 regulatory authorities (CAM, LAO, MYN).
- We should ensure that these initiatives are coordinated: DFAT, ADB and ERAR to work together (outside of RSC committees).

Discussion on expansion of ICC cross-border activities to other areas:

- The first three proposals (for Thailand/Myanmar border) were approved based on a pilot basis; since these pilot projects are just starting, there was discussion whether expansion of these activities to other border areas (Laos-Cambodia or Vietnam- Cambodia) is currently warranted (some members in favour, some against).
- Several members thought the available information and time in the meeting was insufficient to make an informed decision on priority activities from the remaining ICC funds. It was therefore discussed to replicate the earlier exercise: unfunded ICC activities from the original Concept Note and the Von Seidlein/Brown consultancy report will be put forward to the RSC members with the request to prioritise these.
- Concern was raised surrounding lack of engagement with national CCMs. However, it was reminded that the RSC members represent their constituencies, so that government representatives of each RAI country are responsible to communicate, inform and engage with the national CCMs.

Decision point: an accelerated exercise for prioritisation of activities to be funded under the ICC component will be initiated. Depending on the selected activities, a consultancy will prepare a call for proposals. The RSC Chair will communicate a proposal for polling among RSC members by email (response expected within one week).

4) Regional Malaria and Other Communicable Disease Threats Trust Fund (ADB)

APLMA Executive Secretary Benjamin Rolfe was introduced and he presented an update from APLMA. Current headline issues are the elimination of monotherapies and endorsement of a regional goal for a malaria-free zone by 2030.

ADB (Patricia Moser) gave a presentation on the Regional Malaria and Other Communicable Disease Threats Trust Fund (RMTF), co-funded by DFAT and DFID.

Summary of the recommendations from the consultancy report on "Strengthening regional responses to Malaria in AR-countries":

- Strong APLMA, ADB and RMTF coordination
- Develop comprehensive communications strategy for the region
- Initiate proactive engagement with the Private Sector
- Establish one standing monitoring team with the same objectives
- Combine overlapping agendas and agree on mutual membership of governance mechanisms.

Discussion:

- RSC could establish a subcommittee to work on the RMTF. A broader regional discussion is needed and RSC may be an appropriate forum for that discussion.
- The RSC may need to re-evaluate its mandate, and explore where TA support will come from, where Secretariat support will come from, etc.
- RSC members support the idea of a comprehensive architecture, especially in the context of the elimination agenda, with a view to maximizing the use of existing governing mechanisms, greater time efficiency and reducing transaction costs.
- WHO lead is central as the technical normative body and as a central coordination function. Some particular areas stand outside of that, such as APLMA, established to get political engagement at higher level (specifically for ASEAN), and a government body to oversee implementation (similar to the RSC tasks).

Action item: Patricia Moser (ADB) will engage individually with RSC members further on this discussion, potentially as part of a sub-committee. By end of the year, some preliminary thoughts will be circulated to the group by email.

5) Other updates

Walter Kazadi (ERAR) shared preparatory work undertaken by the Hub and leading to the constitution of an independent review consultancy team to evaluate the first phase of the RAI implementation. Approximately $ US 650,000 have been allocated and to be managed through the ERAR Hub. However, due to late start of activities, the RSC has recommended that the independent review of the RAI take place in June 2015.

François Desbrandes (Private Sector) gave a summary the Private Sector forum meeting of the previous day (Sept. 29 in Yangon) and which several RSC members attended (*final report available*). The agenda included discussions on how to engage with the corporate sector around malaria control and elimination activities in the region, in particular through: corporate social responsibility (e.g. Total model, which could be replicated to smaller businesses in the region through business coalitions/CoC), public-private partnerships (e.g. Sanofi activities in partnering for R&D and expertise-sharing), and market-based approaches (e.g. PSI work on drug quality). Materials from the PS forum are available upon request.

Update as of 13 Nov: The Ministry of Health of Lao PDR has officially proposed to host the meeting. The next RSC meeting is proposed for Wednesday 8 April 2015, to be confirmed.