Workshop on leveraging Global Fund proposals for TB, HIV and Malaria in South-East Asia Region countries towards UHC and elimination targets

Bangkok, Thailand, 26-28 February 2020
# Table of Contents

- **Background** ........................................................................................................................... 1
- **Objectives and expected outcomes** .................................................................................. 1
- **Methodology for the workshop** .......................................................................................... 2
- **Proceedings and the outcome of the workshop** ................................................................. 2
  - HIV .................................................................................................................................... 2
  - Tuberculosis ....................................................................................................................... 4
  - Malaria ............................................................................................................................... 6
    - Bangladesh .................................................................................................................. 8
    - Indonesia ...................................................................................................................... 10
    - Myanmar ...................................................................................................................... 12
    - Thailand (Malaria Application approach is through GF RAI3E) ..................................... 13
- **Annex I: Agenda and programme** ..................................................................................... 15
- **Annex II: List of Participants** ............................................................................................ 17
Background

The Global Fund has launched the process for submission of funding request under the 2020-2022 cycle. All eligible countries with grants ending in 2020 have been tentatively designated to 3 application windows in 2020 (in March, May and August 2020). Nine out of the 11 Member States in the Region will be submitting funding request during the 2020-2022 replenishment cycle of the Global Fund. DPR Korea has recently reengaged with the Global Fund and is in the process of receiving a grant. Maldives has not received any allocation.

In the allocation period 2020-2022 to countries of the Region (excluding Maldives and DPRK) for the three diseases is over USD 1.37 billion, with India, Indonesia and Myanmar the top three countries. Disease split is 35% for HIV, 50% for TB and rest for malaria. Over and above the allocations, countries under notification from the Global Fund are also able to access additional funding under Catalytic investment funding, matching-funds, prioritize above allocation request and reprogramming of exiting funds.

WHO at all three levels continues to work closely with the Global Fund. WHO at the country level are actively involved in the Country Coordination Mechanism. WHO through its country office staff and additionally recruited Technical Consultants provide support to country partners in facilitating national dialogues on the three diseases, conducting monitoring and evaluation missions, review and revision of national strategic plans and drafting of national proposals for submission to the Global Fund. WCOs are also actively involved in the implementation of GF grants at the country level including having signed MOUs for active implementation. Review conducted by the Global Fund showed that between 2012-2017, WCOs in the SEAR received over USD 30 million from the GF grants to countries for undertaking activities and for staff and management cost.

Objectives and expected outcomes

The first application Window 1 will be on 23rd of March 2020. Four countries in the Region have tentatively planned to submit in this round. Three countries including India, Nepal and Timor-Leste are expected to submit in May 2020 window. Accordingly, this workshop was organised with the general objective to support member states in strengthening draft funding request for TB, HIV and Malaria to be submitted for Global Fund’s 2020-22 funding cycle.

The Specific objectives were as follows:

To support countries in the peer review process of the draft of proposals for submission.

To provide concrete comments and feedback to improve country proposal,

To suggest inclusion of specific elements related to resilience and sustainability of health systems and financing in the proposals, as per Global Fund requirements and in line with SEARO flagship priority on UHC

To increase participant's awareness on how to prepare for a robust funding request.
Methodology for the workshop

The workshop had plenary presentations on technical aspects and guidance on the new allocation cycle 2020-2022 and on the lessons learnt from the current grant presented by the Global Fund colleagues. WHO SEARO colleagues presented Regional perspectives for each of the three diseases - HIV, Malaria and TB during the plenary. Thereafter, participants broke up in disease streams to discuss within each group disease specific funding requests from the four countries along with experts and TGF colleagues. A tool for self-assessment was used by each country to evaluate their FRs. Most of Day 2 of the workshop was spent on self-assessment and later for Peer-review where one country reviewed the FR of another country along with eternal facilitators.

On Day 3, plenary was organized where each of the four countries presented on the gaps identified in the NSPs and FRs; lessons learnt from the discussion during the workshop and possible next steps with timelines.

Summary of the outcomes of the workshop is as follows:

Proceedings and the outcome of the workshop

HIV

During the first plenary, SEARO staff provided an overview of HIV situation and response in the SEAR and how it needs to help in formulating the concept note for the GF application. The key point highlighted was that GF application should balance HIV treatment and HIV prevention, prioritize interventions at sufficient coverage and scale so as to have an impact. It should also address populations with greatest HIV burden and barriers to accessing services. There is need to plan the rapid scale-up of new and innovative medicines and technologies, as per global guidance such as from WHO. Funding Requests should also provide rationale when not including prioritized interventions e.g. already funded through other sources.

During the disease specific sessions on Day 1, Dr Agnes from TGF gave an overview of the HIV priorities for the Global fund proposal. She informed the participants about key TRP recommendations for HIV. These recommendations provided guidance that countries should increase programmatic focus based on better use of data to target gaps in the HIV program. The proposals should break down the dichotomies between treatment and prevention interventions and consider options for sustainability, especially in programming for key and vulnerable populations. The recommendations also included consideration to integrate PrEP programming where appropriate, including overcoming policy and procurement barriers. Further improvements in data analytics to more appropriately target innovative interventions to fill gaps in cascades, especially those of gender, age and structural barriers for key populations was another key issue. Other recommendations were to further scale up universal treatment and switch of first ARVs, especially roll out DTG, routine viral load measurement and treatment optimization and maintaining sustainable ART programs from domestic funding sources. The proposal should include innovative HIV prevention approaches at scale designed to reach those most at risk. Inclusion of more innovative, biomedical prevention approaches such as PrEP, beyond the current focus on testing, condom programs and harm reduction services. It was also emphasized that
these interventions should include UNAIDS endorsed key human rights components, scaled up and integrated into prevention and treatment programme

Dr Agnes also provided an overview of Key Changes in HIV Modular Framework that includes New population groups (i.e. AGYW in high prevalence settings, Men in high prevalence settings, Non-specified population groups, partners of PLHIV, Adults and children (for Treatment module) and additional fields added in performance framework and detailed budget template. Participants were also familiarized with key changes to HIV Indicators- Impact, outcome, disaggregation, coverage indicators.

With this background Bangladesh and Myanmar made presentations on their NSP strategies and draft Funding request proposals. Indonesia had an early draft while Thailand did not share any draft during the workshop but both countries made presentations on their NSP and priorities. This was followed by self-assessment and peer assessment of the proposal with external experts assigned to each country. With regard to Thailand there was lot of discussion on 50% of HIV grant being assigned for PWID while country argued that majority of infections are among MSM and low risk females. After discussion and under performance for PWID in last grant, Thailand agreed to use this 50% grant for PWUD and not PWID only as majority of drug use now in Thailand is ATS and not injecting. Bangladesh proposal was just more of continuation of same with marginal increase in coverage targets and not much change in strategy. The DIC model is found business as usual; need to plan out of the box to produce impact; best practices can be replicated; differentiated services for KPs- Intensified for higher risk behaviours and PLHIV. Almost 82 % of grant asked was for NGOs and only 18% for the national programme. After discussion the writing team agreed to revise the proposal in line with discussion to reach the scale for prevention and treatment that will have a significant impact. Myanmar proposal was quite good and had been reviewed previously by SEARO and GF team also. The major changes had been included in the proposal. However, the adoption of DTG, as proposed in the FR, needs further in country discussion and fast tracking of switch from NVP based regimen to DTG based regimen ASAP. After discussions with facilitators/ experts, all four countries made presentation on day 3 on lessons learnt from workshop and the timelines for further refining/development of the proposal.

The Bangladesh team while presenting the take away agreed that Public sector need to take the lead to achieve ultimate goals of minimizing disease burden; services need to be mainstreamed with government system for better outcome and impact, Decentralized approach need to be taken up to the lower level- Public and private sector involvement for KP coverage – implementation. The next steps agreed by team included- programmatic table need to be updated, activity plan and budget need to be finalized before submitting to BCCM. All sections and pending annexures and other documents need to be ready including PAAR and possibly next version of FR will be ready by 10th March to get approval from Bangladesh CCM.

The Myanmar team identified some gaps in the proposal based on peer review. These included increasing the target of self-testing and PrEP for KP in catalytic fund, feasibility to pilot Health insurance scheme in country under RSSH, integrate the supply chain system delivery and distribution of commodities across three diseases. The team also agreed to accelerate the timeline for 3HP pilot for TPT and to enhance country DTG transition plan as key issues in net version of FR. The second draft will be ready by 3rd March, presented to Minister on 5th march, to CCM on 13th march and submitted to GF by 23rd March 2020.
The Indonesia team agreed to cover all districts in the country but 234 will be supported on priority. The narrative FR document and budgeting are still in preliminary draft, to be finalized, as it should be submitted in Window1 by 23 Mar 2020. The country will need focused support to meet the deadline and would be more appropriate to submit a sound proposal in second window of May 2020.

Thailand is still to have first draft of the funding. They suggested some key points of interventions of RSSH: MIS and M&E (Impact assessment, program review, data use, transparency, integrated program monitoring) and

Health products management systems (TA for implementation of national condom strategy, private sector involvement, proactive monitoring and evaluation). The first version of FR will be completed by 8 Mar for the CCM-review committee on 10 Mar. The second version of FR (after comments from CCM-review committee) will be completed by 17 Mar for the CCM approval on 19 Mar. The final version to be submitted to the GF will be completed by 22 Mar but there is a possibility of them also deferring it the May 2020 window.

**Tuberculosis**

Bangladesh has prepared a detailed NSP and Funding request based on it. The TB allocation is USD 115 million, and FR is tailored for NSP. The Global Fund country team has recently spent over a week discussing with NTP and partners. The Global Fund was joined by WHO HQ and the Stop TB Partnership. Country has received very detailed feedback covering all issues. Country participants working with their consultant worked intensely on addressing the GF feedback. Workshop facilitators worked closely with the team to fine tune the RF. The NSP needs to be aligned in line with the recommendation from country workshop, and the comments from mock TRP. The funding request needs to align with budget, NSP and country recommendation and feedback from the review workshop.

Other gaps that need to be addressed by country related to case finding include updating the key populations in order of priority (Based on CRG tool). Implementation of this strategy needs a phased approach which is aligned with plans to:

- establish and improve GX network utilization and quality
- sputum transport system needs to be strengthened and budgeted
- development of a government-led EQA mechanism for both microscopy and GX.

Reconsider the planned closure of peripheral labs in hard-to-reach areas and proceed with careful assessment. Costs of peripheral lab maintenance needs, including staff costs, to be budgeted according to plan.

In-depth discussion on RSSH with the full team was held, which highlighted the need for using the DHIS2, integrated trainings of CHWs and lab technicians, strengthen supply chain management. Country was strongly recommended to have a clear government HR plan that details recruitment and sustainability issues. The TB request for funding will be presented to CCM on 10 March.

Indonesia has an allocation of USD 150 million for TB and FR is to be tailored for NSP. At the workshop the keys gaps in the NSP and solutions identified by the country were the mismatch of
NSP strategic areas and programmatic scope vis-a-vis the budget. Need to clearly describe sections on PMDT, PPM and laboratory network. Develop a costed HR strategy for TB control with funding source information available in NSP.

In costing and financing from government including JKN (UHC), if possible provide the precise area of the investment, particularly in TB Management Staff (for financing from Government) and as advanced inpatient services/advanced TB management and secondary referral under JKN (for UHC).

With regards to the FR, the following actions were suggested:

- clarify the prioritization process to include funding request for some of the interventions than others
- the gap between diagnosis and treatment of DR-TB and the planned activities to improve this (including the acceleration plan) should be clarified and summarized
- complete each section
- aligning programmatic scope with amount of budget being requested
- matching fund (section 2.3) needs further work including how the financial and programmatic conditions are met
- request for PAAR should be separate (from matching fund) and supported by a strong rationale
- transition to daily regimen using government funding shouldn’t be postponed

As next steps, Indonesia plans to coordinate with HIV and Malaria proposal development team on issues related to RSSH. This includes strengthening of LMIS under the DG of Pharmacy, Supportive and integrated supervision and incorporation of data within the DHIS 2 platform. Country was recommended to address all the issues TGF secretariat has highlighted. Country will organize a CSO meeting on return. NTP team will re-write section 2.2 with clearer/to-the-point argument as a basis to provide the funding and using global recommended terminologies. Importantly Indonesia has to complete the budget section and funding landscape.

Allocation for TB in Myanmar is around USD 93 million and additional USD 6 million under catalytic investment for finding missing people with TB. The NSP and FR drafted by Myanmar is robust and reviewers opined that it was a good example for other countries to learn from. In general, the funding request is sound and is based on the JMM findings and recommendations, analysis of the two National Strategic Plans (TB and HIV, NSPs) and aligned to the health sector plan and other relevant national documents. The prioritization process was done thoroughly based on review recommendation and NSP gap analysis. This was done in most transparent and inclusive process involving all stakeholders and re-prioritized using scoring systems. There was detailed discussion on the target for DR-TB and TPT. RR-TB targets based on country evidence has been reflected in the NSP and a subset of the same has been put the FR and related performance framework.

Country team informed that changing the targets of NSP will require extensive revision of our NSP and it’s associated budget since these targets are linked with many budget lines for DRTB care and supports and other packages etc. Country is doing is best and further is changing policy and diagnostic algorithm according to WHO and in-country national DR TB Committee recommendations to facilitate more DR-TB notification.

TGF has suggested slightly increased in these targets and to reflect the increased numbers in the PAAR. Country has seen recent decline in RR-TB notification. A national Drug Resistance Survey
is being conducted and targets can be re-assessed once the data from the NDRS becomes available in 2021.

Thailand has an allocation of USD 20 million for TB. As per the allocation letter, Thailand has to use a full-review approach is expected to earmark USD5 million out of the total TB allocation on interventions directed towards migrant. The key challenge for Thailand are low treatment coverage at 74% and high death rates 6-8% in many provinces. Reference was made to the international mini-review of eh NTP conducted in 2016 and recommendations from the same. Thailand has an Operational Plan to End TB 2017-2021. This plan is being revised with targets projected till 2023. The country team has identified key interventions including for TB care and prevention; TB/HIV; MDR-TB, CGR and programme management. These have to be further expanded. The country is planning a joint TB-HIV.

Given the current level of preparedness for submission, country was suggested to consider submitting in the May 2020 window. Prior to which the NSP needs to be revised and updated including costing.

**Malaria**

The technical sessions of the 3-day long workshop started with an overview of disease situation and response in South-East Asia Region in relation to TB, HIV and Malaria.

The presentation on malaria focused on the current status in the world and the region, the achievements in the recent past and key issues, the region’s vision and action plan, SEAR Malaria Elimination Strategy 2017-2030 and targets for the region and member countries. Moreover, the presentation briefly outlined the WHO guidance for countries preparing malaria concept notes for the Global Fund 2020-2022.

The salient points highlighted during the presentation were as follows:

- Malaria is endemic in 9 out of 11 countries of the region, accounting for nearly 50% of the burden outside the WHO African Region. Despite being the second largest contributor to global malaria burden, the **South-East Asia Region continues to record the largest decline globally** while all other WHO regions recorded either little progress or an increase in incidence.
- Maldives and Sri Lanka are certified as malaria-free and continue to maintain their malaria free status. Timor-Leste has no indigenous malaria since July 2017 and has the potential to be eligible for WHO certification as malaria free by July 2020. Bhutan had only 6 indigenous cases in 2018.
- Three countries account for 97% of the total reported cases in the region, India being the largest contributor, followed by Indonesia and Myanmar. Despite being the highest burden country of the region, India showed a 49% and 60% reduction in reported cases compared to 2017 and 2016 respectively. Two other countries in the region reported substantial decline in total reported cases between 2017 and 2018, by 64% in Bangladesh and by 49% in Thailand.
- All countries in the region have strategic plans that aim for malaria elimination by 2030 the latest.
- Issues threatening elimination efforts in the region include:
- malaria transmission along the international borders shared between high-burden countries and those nearing malaria elimination that need to be addressed as no country can achieve and sustain malaria elimination in isolation.
- Due to the enormity of the burden, the size of the countries and diverse national contexts in larger countries, further progress needs substantial emphasis and investment in capacity building for sub-national elimination, especially in India and Indonesia.

- As malaria control improves, underlying heterogeneity in malaria risk is exposed, which demands new ways of thinking and acting. Stratification of the country according to past, present and future malaria risk, the structure and function of the health system and other contextual factors enables better characterization of subnational areas and their malaria risk. It also facilitates the selection of context-specific packages of interventions formulated and targeted to populations appropriately.
- Resource constraints mean it is rarely possible to implement all desirable interventions in all malaria endemic areas of the country, and malaria programs must therefore prioritize investments to optimize impact.
- Resource allocation decisions should be rational, prioritizing specific interventions within packages intended for specific settings, and prioritizing different packages in different settings.
- Prioritization should be based on expected impact and consider value for money across the whole country.
  - Although ITNs are recommended wherever there is a risk of malaria transmission, the concept of 'universal coverage' is presented as a supplemental statement. In the context of limited resources, it may be necessary to prioritise investments in settings with ongoing high risk of malaria over those with traditionally low risk and good access to diagnostic and curative services.
  - it is rarely justifiable to deploy IRS and ITNs in the same geographic areas if the resource needs to deliver an optimal intervention package elsewhere in the country have not been met.
  - Investments in larviciding merit careful consideration as this strategy has limited applicability - where breeding sites are few, fixed and findable - and should not divert resources away from ITNs or IRS.

During the disease specific sessions, which were run parallelly, Senior Programme Officer - Malaria Catalytic Initiative from Technical Advice and Partnerships Department of The Global Fund explained the context and outlined the technical and operational considerations for malaria funding requests, followed by a discussion. He alluded to prioritization pressures countries face and overarching principles drawing specific attention to what malaria interventions should be deployed where and what the access, coverage and use of malaria interventions should be. He provided general guidance on access and quality of care, diagnostics and treatment, vector control, strategic and operational considerations on the use of insecticide treated nets, indoor residual spraying, and larval source reduction. He further discussed on strategic considerations for interventions and tools for preventative therapy (IPTp, SMC, MDA, IPTi and vaccine), surveillance, M&E and social behaviour change. Specific practical considerations taken in to account included:
  - Ensuring that the program split and prioritization decisions are informed by a comprehensive gap analysis;
- Ensuring that malaria program participates in discussions around RSSH investments to address key challenges facing malaria programs as well as benefit from opportunities for integration;
- Encouraging applicants to use the RBM Country Regional Support Partnership Committee (CRSPC) template to inform the Global Fund gap analysis template;
- Using the Global Fund Reference Price when preparing a budget, if commodities are requested, even if the country procures outside the Global Fund’s Pooled Procurement Mechanism (PPM).

During subsequent sessions, the four countries going for Window 1 submission in March 2020 briefly summarized the salient aspects of their draft funding requests focusing on the following key areas:

- Epidemiological and response assessment
- Main findings and recommendations from most recent Joint Monitoring Mission (JMM)
- Country dialogue inputs
- Programmatic and financial gap analysis
- Outline of proposal – Key interventions & Budget summary
- Results framework

This was followed by facilitated discussions on the proposals presented focusing on:

- Useful aspects from each of the funding proposal
- Aspects that require improvement

Presented below are the key recommendations from the most recent Joint Monitoring Mission conducted in each of the four countries – Bangladesh, Indonesia, Myanmar and Thailand - as well as excerpts from their country presentations towards the end of the workshop.

**Bangladesh**

**Last JMM recommendations (2019)**

- Overall, the NMEP is demonstrating good progress that is anchored on sound strategy and progressive improvements in programme implementation by NMEP and its partners.
- NMEP should leverage strengths and opportunities and strengthen the foundation for malaria elimination in Bangladesh by 2030.
  - Despite progress, a number of constraining factors, challenges exist. Therefore, the NMEP should:
  - aggressively advocate malaria elimination agenda at the highest level of political leadership.
  - revisit the targets and milestones with a view to accelerate efforts for sub-national elimination; whilst focusing on radically reducing malaria burden in 03 CHT districts.
  - revise the malaria risk stratification based on epidemiological data (including data on receptivity and vulnerability, where available) for optimal planning and effective targeting.
  - strengthen epidemiology-led entomology for problem solving.
- update strategies, guidelines and SOPs, modules, tools & formats for each setting, viz. transmission reduction and elimination, as appropriate.
- ensure universal coverage of the populations at risk with appropriate interventions informed by stratification and ensure provision of supplies.
- utilize all service delivery mechanisms, which have proven to be effective so that lead time to achieve results can be minimized.

• The NMEP should:
  - strengthen surveillance and M&E across all settings in line with transmission reduction and elimination requirements.
  - prevent emergence of ACT resistant Plasmodium falciparum.
  - prioritize multi-sector strategic collaborations across health and non-health sectors, local governments as well as partner agencies; and ensure harmonization and oversight.
  - consolidate partnerships with current NGO partners (BRAC & Consortium partners) that contributed to outcomes & impacts as well as involve other CSOs/NGOs (national & INGOs).
  - strengthen community engagement urging their participation in malaria elimination agenda.
  - enhance BCC through channel-mix contributing to desired outcomes.
  - scale up private sector engagement.
  - ensure adequate human resources with necessary expertise/skill sets at all levels.
  - build cross-border collaboration between Bangladesh and India, Myanmar by adopting & adapting the 2018 WHO operational framework.
  - identify research agenda and lead/coordinate appropriate research.
  - advocate for sustained investments from domestic and external sources like the Global Fund & other development partners; as well as improve efficiency in the use of available resources.

Gaps identified in NSP and Funding Request
(based on the discussion during the workshop and feedback from GF Secretariat)

National Strategic Plans

• NSP costing should include full-expression of demand for burden reduction and elimination
• Prioritization of interventions in high-burden districts to maximize impact while including strengthening of case-based surveillance in elimination settings
• Programmatic gaps for key interventions need to clarify disaggregated scenarios for different settings
• The focus should be on RDT-based diagnosis at points of care
• Emphasis on targeted LLIN distribution for pop-at-risk
• Ensure adequate human resources with necessary expertise/skill sets at all levels
• Create a package of intervention for FDMN to explore additional resources from DPs
• Private sector engagement strategy to be further specified
• Financing section should articulate GoB and external funding,
• Transitioning (from GF) and sustainability

Funding Request
• Significant funding gap related to NSP implementation and rationalization of current GF allocation
• National and sub-national targets to be specified with comments
• Specify LLIN coverage for pregnant women through ANC
• Explore further efficiencies in budget

Lessons learnt (review of other country FRs, NSPs and feedbacks)
• Opportunity for further refinement of prioritization based on granular stratification
• Potential for integration of services with NTP under RSSH (diagnostic services in non-endemic districts, capacity building of MHVs, expansion of diagnostic services in high-endemic areas, etc.)
• The above may lead to further efficiencies and value for money
• Information on sub-national elimination from other countries

Next steps (actions to be taken on return to country and possible timelines for next version of FR)
• Finalization of costed NSP and FR based on the feedback in consultation with GoB senior management, CS PR and experts
• Further discuss implementation arrangement
• Submission of draft NSP and FR to BCCM for wide circulation and feedback on 29th Feb
• Based on feedback, finalize NSP and FR – 8th March
• Submission to GF – 23 March

Indonesia

Recommendation of Joint Malaria Program Review 2019
• Increasing coverage and quality of village-level case finding by training and equipping malaria village worker with RDT and malaria to allow rapid detection and treatment in every village in Papua with endemic Malaria transmission.
• Given the shortage of health staff and expertise in Papua, technical assistance from UN Agencies – WHO and UNICEF – will be needed to support this effort at district level to roll out the malaria village worker network, ensure the basic management of malaria diagnosis and treatment, also vector control (primarily LLIN) done well and consistently
• To support improved rapidity and accuracy of diagnosis by advocating for more widespread deployment of RDTs, a shift to community-based RDT use has been advised and coupled with improvement in the quality of microscopy.
• The LLIN should be targeted to populations at risk, with consistent use encouraged via social mobilization.
• IRS is an alternative to LLINs, not a supplement, preferred to be used when the insecticides used on LLINs are not effective, or when LLINs are available but not used by the community.
• Insecticide resistance requires careful monitoring, with good cooperation among the Malaria (and for Dengue, the arbovirus sub-directorate) and vector control sub-directorate, the BBTKL network, and the NIHRD
• Patients with symptoms consistent with Malaria be tested even in districts where Malaria is assumed to be rare.
• Reporting should be prompt, using modern software and communications, and where Malaria is confirmed, follow up investigation must be rapid and effective with faster response.
• A forward-deployed stockpile of RDTs, medicine, and vector control tools should be established to allow rapid response to outbreaks, whether in response to disasters or to naturally occurring outbreaks.
• Malaria elimination, as a national priority, is advised to be acknowledged and kept in the mind by every bupati, every walikota, and every governor in the archipelago, as only these officials can facilitate the needed cross sectoral management initiatives needed to achieve and sustain elimination.
• Mobilization of funds requires the cooperation and initiative of both elected officials and key officials in the bureaucracy.
• Supplemental funds from the GFATM serve to empower the central MoH, and technical assistance from WHO and UNICEF serve to increase the range and strength of the central MoH's efforts.
• Improved coordination with Papua New Guinea, which will remain a major source of importation of Malaria into Papua Province.

Gaps identified in NSP and Funding Request (based on the discussion during the workshop and feedback from GF Secretariat)

**Funding Request**

- The programmatic gap analysis: diagnosis on public sector
  - gradually target based on WHO estimation and stratified by endemicity area
  - proportion the confirmation by microscopic should be re-discussed
- The programmatic gap analysis: criteria of the IRS.
- Prioritization assumptions
  - stratified the budget need for Papua.
  - more allocation into high endemic area especially Papua with total coverage intervention (70-80%)
  - the remain allocation in other endemic area focused to strengthen surveillance system.

**Lessons learnt (review of other country FRs, NSPs and feedbacks)**

- Intervention for MMP should be clearly explained and specific to local context.
- Focus into high burden district.

**Next steps (actions to be taken on return to country and possible timelines for next version of FR)**

- Discussion and consolidate propose budget allocation with the writing team --> 1st week of March 2020.
- Discussion RSSH with the ATM writing team → 9th March 2020.
- 9th March 2020 → resubmit the new version of FR to the country team.
Myanmar

Last JMM recommendations

- Focusing on 12 high burden townships which represents 64% of malaria cases
- Address forest-based malaria transmission- promising tools need to be bundled together, collaboration with formal and informal sector forest-goers
- Urgent human resource review and develop an approach to attract, incentivize, retain and recruit staff with the skills needed to attain and maintain malaria elimination
- Adhere strictly to National Malaria Treatment Guidelines – primaquine prescription to the vivax cases.
- Full coverage with LLINs/ITNs in stratum 3a should be an immediate priority to ensure that there are sufficient nets for all householders based on sleeping patterns
- Malaria should be made a notifiable disease at the township level in elimination/ prevention of re-establishment townships immediately.
- The Programme will need to ensure that leadership of the malaria elimination agenda remains vivid all the way along the chain from central to local level. Ownership at township level, township health planning, capacity building.
- The malaria risk stratification approach needs to be reviewed in light of the rapid reduction in malaria burden in elimination townships.

Gaps identified in NSP and Funding Request
(based on the discussion during the workshop and feedback from GF Secretariat)

- NMCP is developing a new MIS electronic system but the plans for integration are still not clear.
- modified from the strict 1,3,7 approach to be more relevant and implementable
- To be included antimalarial commodities, Therapeutic Efficacy Study from other funding source
- some indicator in PF need epi linked information
- Activities under ‘PAAR’ which is gap are
  - Support to private sector
  - Support for e-health including DQA
  - LMIS training and some other activities related to SCM
  - Microscopy in EHO areas
  - Capacity building on GIS
  - Ensuring drug quality
  - BCC activities
  - Repellent for forest goers
  - Some operational cost

Lessons learnt (review of other country FRs, NSPs and feedbacks)

- Prioritize activities - Focus on high transmission area
- opportunity for integrated supply chain system, eHealth under RSSH

Next steps (actions to be taken on return to country and possible timelines)

- Debrief to Decision maker (TSG)
• Incorporate comments received from workshop, GF secretariat, Independent Monitoring Panel, Executive Working Group of Communicable disease and RSC secretariat
• 2 March 2020: Sharing the revised draft to GF CT and RSC
• 6 March 2020: circulation to Ex Working group (CCM) and presentation to Union Minister
• 9 March 2020 - submission to RSC
• 12-13 March – RSC meeting in Geneva to endorse the CN
• 23 March submission

Thailand (Malaria Application approach is through GF RAI3E)

Midterm Review & IMP Recommendations

• Malaria online enable near real-time case-based surveillance and 1-3-7 (~80% rate)  
  Enhance data integration (general vs vertical) and “import” case notification;
• Clear microstratification guided foci response activities  innovative strategy tailored to
  different migrant/mobile pop (cultural and anthropological barriers);
• Good performance at community level (Dx, Tx, and FU)  improve QC/QA Dx (RDT);
• High coverage of vector control interventions  limited entomology surveillance for risk of
  transmission and address outdoor transmission
• Strong malaria program integration with general health services, with other ministries, and
  cross-border collaboration (local)
• Sustainability Health in all policy; decentralization and integration of services;
• Efficient grant management strengthen supply management (e.g. drugs) and closer
  monitoring of SRs

Gaps identified in NSP and Funding Request  
(based on the discussion during the workshop and feedback from GF Secretariat)

• National Strategic Plans  
  - Current NSP valid 2017 - 2024  
  - Approved Operational Plan 2021 - 2023
• Funding Request  
  - Aligned with NSP, Operational Plan, GTS and GMS  
  - Focus on Pf elimination

Lessons learnt (review of other country FRs, NSPs and feedbacks)

• RSSH discussion with TB and Malaria  
  - Village Health Volunteers (Health)  
  - Social security / insurance scheme for migrants (health)  
  - Provincial – Emergency Operation Command  
  - District Health Board (policy and planning)  
  - Sub-district Local Administrative Organization (resource mobilization)
Next steps (actions to be taken on return to country and possible timelines)

- March 3rd draft FR and annexes to CCM for review
- March 5th CCM meeting to review FR draft
- March 6th submit to Regional Steering Committee
- March 19th CCM meeting to endorse Final FR and annexes
- March 23rd Submit to GF
## Annex I: Agenda and programme

### Day 1: Wednesday 26 Feb 2020

<table>
<thead>
<tr>
<th>Time</th>
<th>Session 1: Inaugural</th>
<th>Session 2: Breakout session: Disease stream (Each disease will be in a separate breakout room)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30-09:00</td>
<td>Registration</td>
<td>Global Fund disease specific priorities Presentation on the draft Funding Request [The four countries going for Window 1 submission in March 2020 will briefly summarize the salient aspects of their draft Funding request]</td>
</tr>
<tr>
<td>09:00 – 09:45</td>
<td>Welcome address WHO Representative</td>
<td>Bangladesh, Indonesia, Myanmar and Thailand</td>
</tr>
<tr>
<td></td>
<td>Opening remarks The Global Fund</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inaugural address Dr Preecha Prempree Deputy Director General Department of Disease Control, Ministry of Public Health, Thailand</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Objective of the meeting, introduction to participants and briefing of the agenda WHO SEARO</td>
<td></td>
</tr>
<tr>
<td>09.45 – 10.45</td>
<td>Overview of disease situation and response in SEAR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TB</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HIV</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Malaria</td>
<td></td>
</tr>
<tr>
<td>10.45 – 11.15</td>
<td>Coffee break</td>
<td></td>
</tr>
<tr>
<td>11.15 – 13.00</td>
<td>Presentation on Global Fund grant mechanism The Global Fund</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Allocation period 2020-2022</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What is the difference this time?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Different mechanisms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gender and human rights</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Building resilient and sustainable systems for health (RSSH) Summary of modules</td>
<td></td>
</tr>
<tr>
<td>13.00 – 14.00</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>14:00 – 15.00</td>
<td>Discussions on Matching Funds and PAAR The Global Fund</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>16:30 – 16.45</td>
<td>Healthy break</td>
<td></td>
</tr>
</tbody>
</table>
| 16.45 – 18.00   | Facilitated discussion on the proposals presented focusing on:           | • Useful aspects from each of the funding proposal  
• Aspects that require improvement  
Followed by orientation on the proposed work over next two days of the workshop |
| **Day 2: Thursday 27 February 2020: Disease-stream** |                                                                           |                                                                                                   |
| 08.30 – 10.00   | Self-assessment by countries                                              | Country plus peers                                                                                   |
|                 | Gap analysis of performance framework - Ensuring logical results chain   |                                                                                                   |
|                 | • National planning cycles, NSP and gap table                           |                                                                                                   |
|                 | • Funding priorities and implementation arrangement                       |                                                                                                   |
|                 | • Funding landscape and budget                                           |                                                                                                   |
| 10.00 – 10.30   | Healthy break                                                            |                                                                                                   |
| 10.30 – 12.30   | RSSH Clinic - 30 mins per country joint HTM                              | Olga Bornemisza and Agnes Dzokoto, TGF                                                             |
|                 | Self-assessment continued for others                                     |                                                                                                   |
| 12.30 – 13.30   | Lunch                                                                     |                                                                                                   |
| 13.30 – 15.30   | Peer review of Funding Request                                            | Team approach                                                                                      |
| 15.30 – 16.00   | Healthy break                                                            |                                                                                                   |
| 16.00 – 17.00   | Peer review continued and feedback session                               |                                                                                                   |
| **Day 3: Friday 28 February 2020** |                                                                                 |                                                                                                   |
| Putting the pieces together – Refining the funding requests |                                                                                         |                                                                                                   |
| 08.30 – 08.45   | Reflections from Day 2                                                    |                                                                                                   |
| 08.45 – 10.30   | Revision of country funding request (Country teams work on presentations with proposed revisions) |                                                                                                   |
| 10:30 – 11:00   | Healthy break                                                            |                                                                                                   |
| 11.00 – 13.00   | Country presentations with peer and expert review                         |                                                                                                   |
| 13.00 – 14:00   | Lunch                                                                     |                                                                                                   |
| **Closing Session** |                                                                                 |                                                                                                   |
| 14:00 – 15:00   | Panel discussion – action for impact                                     | GF and WHO                                                                                         |
| 15:00 – 16:00   | Recommendations and way forward Closing ceremony                         | SEARO  
WHO, Thailand                                                                                   |
Annex II: List of Participants

Government Nominations

Bangladesh

Dr Mohammad Aminul Islam Mian
Director
National AIDS/STD Control
Director General of Health Services
Mohakhali, Dhaka
Email: draminul1964@gmail.com
stdaids2008@gmail.com

Dr S. M. Masud Alam
Assistant Professor and Expert (LAB and IC)
National TB Control Program
Director General of Health Services
Mohakhali, Dhaka
Email: smmalam70@gmail.com

Dr Md. Helaluddin
Deputy Director (M&PD)
Centers for Disease control and Prevention
Dhaka
Email: dr.helal.51@gmail.com

Dr Afsana Alamgir Khan
Deputy Programme Manager, Malaria and
Vector Borne Disease Control
Centers for Disease control and Prevention
Director General of Health Services
Mohakhali, Dhaka
Email: afsanak.nmepdpm@gmail.com;
afsanaak11@gmail.com

Dr Nazis Arefin Saki
Medical Officer and Focal Person, MDR-TB,
National TB-Control Programme
Director General of Health Services
Mohakhali, Dhaka
Email: nazis.arefin@yahoo.com

Dr Holger Sawert
Consultant WCO Bangladesh
Fluederstrasse 17
8006 Zurich
Switzerland
Email: hsawert@yahoo.com

Dr Nadira Sultana
Public Health Specialist
Flat 9-F, Digonto, 3 and 3A Paribagh
Dhaka
Bangladesh
Email: sultanadrnadia@gmail.com

Dr (Ms) Shampa Nag
Consultant WCO Bangladesh
B 153, Chittaranjan Park
New Delhi 110019, India
Email: drshampa@gmail.com

Indonesia

Dr Wiendra Waworuntu
Director
Communicable Disease
Prevention and Control
Ministry of Health
Republic of Indonesia
Jakarta 12950
Indonesia
Email: wiendrakkQ@gmail.com

Dr Ann Natalia Umar
Deputy Director
HIV/AIDS and STI
Directorate of Communicable Disease
Prevention and Control
Ministry of Health
Republic of Indonesia
Jakarta 12950
Indonesia
Email: ann.umar36@gmail.com

Dr Imran Pambudi
Deputy Director for TB
Directorate of Communicable Disease
Prevention and Control
Ministry of Health
Republic of Indonesia
Jakarta 12950
Indonesia
Email: imranpambudi@gmail.com

Dr Bawa Wuryaningsityas
Coordinator, Programme
Management Unit GFATM for TB Component
Ministry of Health
Republic of Indonesia
Jakarta 12950
Indonesia
Email: emailbowo@gmail.com

Dr Martina Bintari Dwihardiani
Consultant GF TB Proposal
Development and Writing
Ministry of Health
Republic of Indonesia
Jakarta 12950
Indonesia
Email: bintaridwihardiani@yahoo.com
Dr Aang Sutrisna  
Consultant  
National Action Plan on HIV Development  
Ministry of Health  
Republic of Indonesia  
Jakarta 12950  
Indonesia  
Email: aang.sutrisna@gmail.com  

Dr Romanus Eddy P. Lamanepa  
Coordinator  
PME GFAID  
Ministry of Health  
Republic of Indonesia  
Jakarta 12950  
Indonesia  
Email: replam2002@yahoo.com  

Sri Budi Fajariyani  
Monitoring and Evaluation Specialist  
National Malaria Control Programme  
Ministry of Health Republic of Indonesia  
Directorate General Disease Prevention and Control  
Jakarta, Indonesia  
Email: yan.fajariyani@gmail.com  

Myanmar  

Dr Htun Nyunt Oo  
Program Manager (AIDS/STD)  
Department of Public Health  
Ministry of Health and Sports  
Republic of the Union of Myanmar  
Nay Pyi Taw, Myanmar  
Email: dr.tunyuntoo@gmail.com  

Dr Cho Cho San  
Programme Manager (TB)  
Department of Public Health  
Ministry of Health and Sports  
Republic of the Union of Myanmar  
Nay Pyi Taw, Myanmar  
Email: drchochosanmph@gmail.com; dr.ccs.ntp@gmail.com  

Dr Kyawt Mon Win  
Assistant Director (Malaria)  
Department of Public Health  
Ministry of Health and Sports  
Republic of the Union of Myanmar  
Nay Pyi Taw, Myanmar  
Email: kyawtmonwin@gmail.com  

Dr Pyae Soan  
Assistant Director (AIDS/STD)  
Department of Public Health  
Ministry of Health and Sports  
Republic of the Union of Myanmar  
Nay Pyi Taw, Myanmar  
Email: soan.p@ncpmmr.com  

Dr Kay Khaing Kaung Nyunt  
Assistant Director (AIDS/STD)  
Department of Public Health  
Ministry of Health and Sports  
Republic of the Union of Myanmar  
Nay Pyi Taw, Myanmar  
Email: kaykhaingkaungnyunt85@gmail.com  

Dr Wint Phyo Than  
Assistant Director  
Regional Public Health Department  
Bago Region  
Yangon  
Myanmar  
Email: wintphyothan@gmail.com  

Dr Pwint Phyu Phyu  
Team Leader  
Regional Public Health Department  
Bago Region  
Yangon, Myanmar  
Email: dr.pwintphyu@gmail.com  

Dr Aung Kaung Khant  
Medical Officer  
National TB Control Program  
Department of Public Health  
Ministry of Health and Sports  
Republic of the Union of Myanmar  
Nay Pyi Taw, Myanmar  
Email: aunngaungkhant@mohs.gov.mm; dr.aungkaungkhant@gmail.com  

Dr Mon Mon Aung  
Medical Officer  
National TB Control Program  
Department of Public Health  
Ministry of Health and Sports  
Republic of the Union of Myanmar  
Nay Pyi Taw, Myanmar  
Email: drmonmonaung.mma@gmail.com  

Nepal  

Dr Anuj Bhattachan  
Director  
Ministry of Health and Population  
Government of Nepal  
Kathmandu Nepal  
Email: ipdlah@gmail.com
Dr Sharad Kumar Sharma  
Under Secretary (Stat) Control  
National Tuberculosis Centre  
Ministry of Health and Population  
Government of Nepal  
Kathmandu Nepal  
Email: ghimires2002@gmail.com

Ms Yeshoda Aryal  
Senior Public Health Administrator  
Ministry of Health and Population  
Government of Nepal  
Kathmandu Nepal  
Email: aryal.yeshoda@gmail.com

Mr Bishwa Bandhu Regmi  
Section Officer  
National Centre for AIDS and STD Control  
Ministry of Health and Population  
Government of Nepal  
Kathmandu Nepal  
Email: bishwabandhuregmincasc@gov.np

Mr Tulsi Ram Baral  
Senior Auxiliary Health Worker  
Pokhara Lekhnath Metropolitan City  
Nepal  
Email: tulsibaral321@who.int

Dr Suvesh Kumar Shrestha  
Senior Technical Specialist-TB  
Save the Children  
Nepal  
Email: suvesh.shrestha@savethechildren.org

Dr Suman Thapa  
Senior Technical Specialist-Malaria  
Save the Children  
Nepal  
Email: suman.thapa@savethechildren.org

Dr Prakash Shakya  
Technical Specialist-HIV  
Save the Children  
Nepal  
Email: prakash.shakya@savethechildren.org

Thailand

Dr Phalin Kamolwat  
Director, Tuberculosis Division  
Department of Disease Control  
Ministry of Public Health  
Nonthaburi 11000, Thailand  
Email: phalin1@hotmail.com; drphalinoa@gmail.com

Dr Saowanee Viboonsanti  
Medical Officer  
Expert Level Division of AIDS and STIs  
Department of Disease Control  
Ministry of Public Health  
Nonthaburi 11000, Thailand  
Email: s203d4@gmail.com

Dr Montinee Vasantiuppakokorn  
Medical Officer, Senior Professional Level,  
Division of AIDS and STIs  
Department of Disease Control  
Ministry of Public Health  
Nonthaburi 11000, Thailand  
Email: dr.monthinee@gmail.com

Dr Booncherd Kladphuang  
Public Health Technical Officer, Senior  
Professional Level  
Division of Tuberculosis  
Department of Disease Control  
Ministry of Public Health  
Nonthaburi 11000, Thailand  
Email: bkladphuang@gmail.com

Dr Prayuth Sudathip  
Public Health Technical Officer, Senior  
Professional Level  
Division of Vector Borne Diseases  
Department of Disease Control  
Ministry of Public Health  
Nonthaburi 11000, Thailand  
Email: psudathip@gmail.com

Dr Rungrawee Tipmontree  
Public Health Technical Officer, Senior  
Professional Level  
Division of Vector Borne Diseases  
Department of Disease Control  
Ministry of Public Health  
Nonthaburi 11000, Thailand  
Email: rtipmontree@gmail.com

Mrs Bussaba Tantisak  
Policy and Plan Analyst  
Senior Professional  
(Program Specialist on AIDS and TB/HIV)  
Office of Global Fund Project Administration  
Department of Disease Control  
Ministry of Public Health  
Nonthaburi 11000, Thailand  
Email: bussabatan21@gmail.com
Ms Tinzar Naing  
Program and M&E Specialist on Malaria  
Office of Global Fund Project Administration  
Department of Disease Control  
Ministry of Public Health  
Nonthaburi 11000  
Thailand  
Email: tinzar.nd@gmail.com

Miss Darin Kongkasuriyachai  
Researcher, National Center for Genetic Engineering and Biotechnology  
National Science and Technology Development Agency  
Ministry of Higher Education, Science, Research and Innovation  
Nonthaburi 11000  
Thailand  
Email: darin@biotec.or.th

Ms Suravadee Kitchakarn  
Public Health Technical Officer: Professional Level  
Division of Vector Borne Diseases  
Department of Disease Control  
Ministry of Public Health  
Nonthaburi 11000  
Thailand  
Email: kitchakaran@hotmail.com

Ms Voranath Kaewkamthong  
M&E Specialist  
Division of Vector Borne Diseases  
Department of Disease Control  
Ministry of Public Health  
Nonthaburi 11000  
Thailand  
Email: voranath@gmail.com

Ms. Kesanee Sriruksa  
Public Health Officer Senior Professional Level (Programme Specialist on TB, GF Project)  
Office of Global Fund Project Administration  
Department Disease Control, MOPH, Nonthaburi 11000, Thailand  
Email: kes_kla@yahoo.com

Timor-Leste

Dr Sheena Jevatiene Dias Viegas  
Programme Manager  
National AIDS Programme  
Ministry of Health  
Timor-Leste  
Email: sheenadjv@gmail.com

Mr Constantino Lopes  
Programme Manager  
National TB Programme

Ministry of Health  
Timor-Leste  
Email: costa_tb@yahoo.com

Special Invitees

Dr Jamhoih Tonsing  
Regional Director  
The Union South-East Asia Office  
New Delhi, India  
Email: jtonsing@theunion.org

Dr Pratap Singhhasivanon  
Dean, Faculty of Tropical Medicine  
Department of Tropical Medicine  
Mahidol University  
Ratchawithi Road  
Ratchadewee  
Bangkok 10400  
Email: pratap.sin@mahidol.edu

Dr Reshu Agarwal  
Public Health Specialist  
Centers for Disease Control and Prevention  
U. S. Embassy  
Chanakyapuri  
New Delhi, India  
Email: mdx6@cdc.gov

Partner Agencies

Dr Mohammed Yassin  
The Global Fund  
Chemin Blandonnet 8  
1214 Vernier-Geneva, Switzerland  
Email: mohammed.yassin@theglobalfund.org

Dr Patrick Okello  
Senior Programme Officer  
Malaria Catalytic Initiative  
Technical Advice and Partnerships Department  
The Global Fund  
Geneva, Switzerland  
Email: Patrick.Okello@theglobalfund.org

Dr Olga Bornemisza  
Senior Advisor, Resilient and Sustainable Systems for Health (RSSH)  
RSSH Team  
Technical Advice and Partnerships Department  
The Global Fund  
Geneva, Switzerland  
Email: Olga.Bornemisza@theglobalfund.org

Dr Sreenivas A Nair  
Regional Advisor  
Stop TB Partnership Secretariat  
Geneva  
Email: sreenivasn@stopTB.org
Dr May Thu Aung Hsan
National Professional Officer (HIV and VH)
WHO Country Office
Myanmar
Email: thuaunghsanm@who.int

Dr Khine Thet Su
National Professional Officer (TB)
WHO Country Office
Myanmar
Email: ksu@who.int

Dr Lungten Z Wangchuk
Scientist
WHO Country Office
Nepal
Email: wangchukl@who.int

Dr Gopinath Deyer
Medical Officer (Malaria and Border Health)
WHO Country Office
Thailand
Email: gopinathd@who.int

Dr Debashish Kundu
Medical Officer (Tub)
WHO Country Office
Timor-Leste
Email: kundud@who.int

Dr Partha Pratim Mandal
Medical Officer (TB)
WHO SEARO
Email: mandalp@who.int

Dr Bharat Bhutan Rewari
Scientist (HIV/HEP)
WHO SEARO
Email: rewarib@who.int

Dr Risintha Premaratne
Technical Officer (Malaria)
WHO SEARO
Email: premaratner@who.int

Ms Shweta Verma
Team Assistant
TUB/CDS
WHO SEARO
Email: vermash@who.int

Mr Kamal Kant Sahdev
Team Assistant
HIV/CDS
WHO SEARO
Email: sahdevk@who.int