

**Minutes
For
The workshop on Verification of Subnational Malaria Elimination and Prevention of Re-establishment
of Transmission in Cambodia**

Background

Certification of malaria elimination by WHO requires that applicant countries prove that local malaria transmission has been fully interrupted. The interruption will result in zero indigenous human cases for at least three consecutive years. In addition, an adequate programme for preventing the re-establishment of indigenous transmission is fully functional throughout the country.

Cambodia has established a scheme of sub-national malaria elimination in the MEAF 2026 – 2020 and MEAF 2021 – 2025. According to MEAF 2021 – 2025, 28 ODs have reached API < 1 per 1000 in 2019 and 2020. It is expected that eight more ODs will be added to the list. The latest MIS data showed that one province reported zero malaria cases in 2021. In addition, six provinces reported zero falciparum malaria cases in 2021.

Based on the significant achievement in the past years in malaria elimination towards its goal of zero cases of Pf in 2023 and all species of human malaria in 2025, Cambodia plans to initiate its subnational verification of malaria elimination. It will be part of the preparation for certification of malaria elimination in Cambodia by WHO in 2028/2029 – three consecutive years after 2025, the year targeted for zero indigenous cases of all human malaria species.

To ensure the preparation is in line with WHO's requirements considering the Cambodian context, with the technical and financial support from WHO, CNM plans to hold a workshop on the Verification of Subnational malaria elimination and prevention of re-establishment (POR) of transmission.

Aim

To ensure Cambodia is well prepared for certification of malaria elimination by WHO in 2028/2029

Objectives

1. To present the global status of malaria elimination certification by WHO
2. To refresh in the phasing in OD elimination strategy set by MEAF 2021 – 2025
3. To explain the WHO's criteria and procedure for subnational malaria elimination verification, documentation and prevention of re-establishment of transmission
4. To share experience and lessons from Thailand and Yunnan of China in subnational malaria elimination verification, documentation and prevention of re-establishment of transmission
5. To raise the awareness and understanding of participants that will lead to active participation by national and provincial sectors and partners in the coming process of subnational verification

Venue and Dates

Dara Airport Hotel, 28 to 29 April 2022

Participants

In total, 92 participants attended the workshop. Twenty-three participants were from CNM and 47 from provinces (PHD and PMS). Ten are from DDF and CMS of MOH and MOIH, MOND, and Ministry of Environment. 26 were from partner organizations, i.e., MC, UNPOS, GHSC-PSM, PSI, URC, USP and WHO.

Activities

1. Opening

On behalf of WHO, Dr Luciano expressed WHO's commitment to supporting Cambodia toward certification by WHO in his opening remarks. He emphasized that to reach the target of certification by WHO in 2028, in the coming six years, Cambodia needs

- 1) To start the process of documenting intervention activities.
- 2) To implement subnational verification exercises in the operational districts and provinces that have reached zero cases
- 3) To establish a functional system for preventing the re-establishment of transmission in the operational districts and provinces that have achieved zero cases. The system will be composed of key components such as a robust surveillance and response system.
- 4) To establish and expand integrated drug efficacy surveillance and address malaria parasite reservoirs.
- 5) If necessary, reshape our strategies and interventions to ensure they align with the certification requirements.

In his opening remarks, Dr Rykol, Director of CNM, summarized that

- 1) Cambodia has achieved a significant reduction of malaria cases since 2018, from over 66 000 cases in 2018 to only just over 4,000 malaria cases in 2021; no death since 2017
- 2) The deduction is in line with the target of MEAF 2021 and 2025
- 3) Cambodia is expected to reach the target of elimination of all forms of human malaria in 2025.
- 4) If the achievement of malaria elimination sustains for at least consecutive years, then we are eligible for certification of malaria-free status by WHO in 2028
- 5) To be certified by WHO with malaria-free status, we need to provide evidence of malaria-free and a functioning system for the prevention of re-establishment of malaria transmission. Such evidence includes
 - a. The documentation of all the aspects of malaria programs, including policies, guidelines, SOPs, records, etc., ranges from three to ten years.
 - b. The evidence of an established functioning system for prevention of re-establishment of malaria transmissions, such as a robust surveillance and response system.
- 6) We need to start now to prepare the evidence: beginning with a responsible team at the national level with focal points from CNM and provinces, then in the coming six years, documentation of evidence, establishing/sustaining functioning system

2. Presentations

1) The presentations of the workshop covered the following content:

- A. Cambodia's phasing approach of elimination at the OD level
- B. Global status of certification of malaria elimination by WHO
- C. The WHO recommended
 - a. Criteria and procedure for verification of subnational elimination
 - b. Checklist of elements for the prevention of re-establishment of malaria transmission, and
 - c. Documentation requirement
- D. The experience and lessons of Thailand and Yunnan, China, in
 - a. Verification of subnational elimination
 - b. Prevention of re-establishment of malaria transmission, and
 - c. Documentation

2) Presentations Key points – global certification status and subnational verification:

It is recommended for subnational verification that 1) use WHO's elimination criteria and similar procedure, 2) documentation should be as vigorous as the WHO certification process, 3) an independent advisory committee should be established for verification and recommendations, 4) establishment of a functioning system of prevention of re-establishment of transmission, and 5) application of the similar process for VSE.

In Thailand, the country launched Elimination strategic plan 2017 to 2026, aiming at 95% of districts/regions without transmission by 2021, reaching malaria-free in 2024 and being certified in 2026. Certificates of subnational elimination were issued on WMD each year. By 2022 so far, 42 provinces were malaria-free. Strong political commitment and increased budget allocation for POR are critical. POR plan is in place and to be discussed in early 2022.

Yunnan applied two levels of verification, country and prefecture. Each level involved two steps – technical evaluation in round one and multisectoral and technical assessment of POR in round two.

3) Presentations key points - POR:

- A. WHO's criteria for transmission re-establishment are at least three indigenous cases each year for three consecutive years.
- B. A country should tailor interventions for POR according to the risk of re-establishment in an area.
- C. Current WHO guidance on POR requires maintaining a robust health system to ensure early detection and immediate detection and integrating malaria activities into general health services (differ country by country. However, too much integration may lose POR capacity).
- D. WHO's POR checklist covers nine areas, including but not limited to
 - a. Plan to prevent re-establishment of transmission
 - b. Structure and coordination of the national malaria programme
 - c. Quality assured diagnosis
 - d. Case management
 - e. Surveillance and response system
 - f. Entomological surveillance and vector control
 - g. Multisectoral collaboration
 - h. Inter-country information-sharing and border collaboration
 - i. Raising awareness and provision of prevention strategies
- E. A functional QA system for diagnosis includes an officially-designated national reference lab (proof of authorization document should be available).
- F. A functioning surveillance and response system means that the system has at least appropriate guidance, well-performed staff, and a training system to sustain competency. The system ensures that all suspected cases from hard-to-reach and disadvantaged populations are tested and reported (minimum data on risk factors, proper ABER and SPR). Completeness of case reporting from all sectors (private, military and others) is held high. Case classification reviewed and justified. And a referral system for cases is in place.
- G. Thailand's plan of POR was formed in 2021: it has two objectives, i.e., undertaking preparedness and improving criteria for prevention. The experiences of Thailand in this regard are that: the 1-3-7 for preventing re-introduction is effective but not adequate to prevent re-introduction.

It requires good quality in response and capacity at all levels to use data to mount a more targeted response promptly. Readiness for a strategy for POR includes a robust surveillance system, a strong health system, a strong commitment from MoPH, structure in place for multisector collaboration. Districts are stratified into high or low-risk groups based on risks combining vulnerability and receptivity. District plans of PoR are developed by local stakeholders, covering measures, targeted areas (subdistrict/village), and duration of operation (place-person-time).

In Thailand, preventing re-introduction is the priority, not only re-establishment. Therefore, preventive measures are designed based on the risk level (high or low), covering vector prevention and control, preparedness of skills, materials, equipment and supplies, and prompt response; Re-assess and modifying periodically is necessary since it is a learning process.

- H. Yunnan of China started elimination when API < 1 per 10,000 person-years. For elimination and POR, The experiences are: it requires universal coverage of surveillance, rapid response to cases and foci, prioritized intervention; sensitivity and quality of surveillance and response system determine the program quality.

In the stage of POR, private hospitals are selected for surveillance as well; lab tests are done in county CDC and hospitals only; other facilities, including private ones, are only allowed to refer suspected cases for testing; proactive cases detection to high-risk areas and populations (border crossers) in the border area is critical. Encouraging that RDT is used by trained health or malaria workers to speed up detection.

In the non-border area, testing and treatment are done at the county level (CDC and county hospital); the MOH issues POR SOPs for epidemiological investigation and response.

1-3-7 strategy is still applied for POR. Positive slides are re-read by county CDC expert microscopists. Epidemiological investigation and response activities are case investigation, vector investigation, and RACD among family members or neighbouring households.

Border collaboration requires effective interventions with agreed strategies and activities between two border countries. Meetings, training and information sharing are not enough: Yunnan and other neighbouring countries' collaboration started in 2005, including Cambodia. High political commitment is critical; political stability is also essential; Reduced vigilance among local people and health personnel in the border areas could lead to delayed detection of imported cases.

4) Presentation key points – documentation:

- A. Documentation should start early.
- B. The national elimination report is the first requested document that should use the WHO template to answer two key questions, i.e., how was malaria eliminated and how malaria elimination will be sustained. In addition, the reports should be supported by supporting documentation (documents, records).
- C. Documentation should cover policies, processes, and procedures, including guidelines. Documentation should be technically sound, ensure accuracy and consistency in implementation, and be accessible to all staff.
- D. WHO requires 20 types of documents. They cover routine malaria activities (planning, policies, surveillance, diagnosis and treatment, vector control, multisector collaboration, cross-border collaboration), training, monitoring and evaluation (supervision, annual malaria program reports, MTR, MPR, etc.), and other records.
- E. The time frame of documentation ranges from more than ten years backwards to 6 or more years from the time zero indigenous cases were reported.
- F. Observation from the field visit by the WHO team from HQ and WCO from 26 to 27 April 2022 demonstrated that Cambodian documentation is occurring properly. There is an impressive MIS in place. The quality-assured diagnosis of malaria has been implemented. Multisectoral collaboration are in place and led by the governor or vice governor through PSMET; the VMW system is vital to access malaria and other disease services and PHC in peripheral areas.

Recommendations made by the field observation are to improve the quality of documentation by regular surveillance assessment, case review (ensure the correctness of case classification, applying WHO case classification and definition), providing better guidance on documentation, and including documentation as one of the indicators of supervision.

- G. Thailand's experience in documentation includes categorization by technical area and by verification and by POR, being as detailed and specific as possible, paying attention to the importance of investing in translation into English for external validation and certification in the future, and proper filing.

- H. China's Yunnan Province consolidated the provincial verification materials (documents and records) into 19 volumes. They are self-assessment reports, policy documents 2011 -19, annual reports of malaria incidence 2011-19, program work plans to POR, organization and financial support 2011-19, surveillance and its yearly reports, vector surveillance and control reports, etc.

Each level of the administrative structure of the province prepared its own technical and management documents in a separate volume, plus original documents; Technical exhibition boards were put up to brief the work of malaria elimination, operational elimination chart, etc. Twelve forms for different purposes were applied for each case management. Hospital documents are also part of the documentation.

3. Key points raised in Q&A and panel discussion

The Q&A and panel discussions covered more than 40 questions with broad topics relevant to Cambodia. The key points are

1) Subnational Verification:

- A. So far, none of the WHO-certified countries experienced a re-establishment of malaria transmission.
- B. More and more countries are going for verification of subnational elimination in the world. Following WHO's criteria and procedure for verification of subnational elimination will make the preparation easy for certification by WHO at the national level. Elimination of P.k is not required for certification of malaria elimination by the WHO
- C. RDT and microscopy are both acceptable for diagnosis. PCR can be used when the caseload is very low.
- D. All cases should be reported to the malaria surveillance system, including referral of suspected patients from private hospitals and clinics. So the system should be vigilant to avoid missing any single case
- E. OD is preferred as the elimination Unit for verification of subnational elimination. But the final decision will be made through a formal process
- F. NSMET, PSMET and DSMET will play the role of coordination broadly, including the involvement of other sectors.
- G. The independence of the evaluation is essential. We can not evaluate ourselves. Therefore, broad expertise is needed in the evaluation team. Retired malaria experts, other departments' former malaria experts, experts from other OD/provinces, universities, research institutions, formal directors, and NGOs can be invited to ensure independency.
- H. Elimination in Cambodia covers 103 ODs, not only 55 malarious ODs. Therefore, OD/province should have the capacity to submit request letters (with written elimination reports). However, building such capacity needs training and coaching.
- I. High-level government officials' certification at World Malaria Day (WMD) can demonstrate political recognition and commitment, increase the broader involvement, and encourage local governments to speed up elimination and verification.
- J. Further study is needed before accepting or adapting the concept of the scoring system of Yunnan, China. Cambodia has a VMW scoring system in MIS to assess VMW. The Scoring system provides an objective assessment that is fair for all ODs or provinces.

2) POR:

- A. Countries face challenges in increasing the risk of malaria resurgence in the POR phase, such as reduced motivation and reduced vigilance. Political commitment is vital to overcoming the challenges. Such as the government approving the SVE and POR; the financial and other sectors being aware of the POR plan in advance. Surveillance vigilance needs to be strengthened/maintained to keep alert.

- B. Thailand's foci are classified into four groups: A1 (active foci), A2 (residual non-active foci), B1(cleared foci but receptive) and B2 (cleared foci, non-receptive). An entomological survey is still applied in the cleared up foci.
- C. Re-introduction of cases is different from re-establishment of transmission.
- D. Independent evaluation will assess the different levels of the POR system to check if the component of the system is functioning or not. The evaluation team will check everything in detail. But prioritized areas for the check will be different from country to country.
- E. A minimum structure for POR should be established from now on, at least for the ODs and provinces that have reached zero cases. The POR will last until the last malaria case is eliminated in the world and the world is declared malaria eradication.
- F. The minimum structure should include a POR body at the national, provincial and OD level, designated hospitals and health centres and VMWs in some high-risk regions, covering diagnosis, treatment, surveillance and response, multisector collaboration, cross-border collaboration, etc.,
- G. The simulation could be a means to sustain the capacity of the minimum structure at different levels when it is rare to see cases.
- H. Maintaining stock supplies at all levels without seeing cases is crucial to respond to any instances found fast. "No regret" policy should be applied.
- I. Suspected case reporting is vital for the early detection of cases.

3) Documentation:

- A. Documentation should be applied at all levels of the malaria elimination system.
- B. Multisectoral collaboration is a vital component for malaria elimination and POR—a collaboration with private sections in Thailand and Yunnan of China. And the records and documents of the private sections are reviewed in the certification and verification process. For example, the Ministry of Defense in China is 1 of the 13 ministries that signed the joint agreement on malaria elimination.
- C. Cambodia MOH have MOU signed with the Defense as well. Ministry of Defense reported cases to CNM monthly, including individual details.
- D. P.k is not a threat yet to Cambodia's elimination. But the diagnosis for the detection of P.k needs to improve. In August this year, CNM will organize a workshop on malaria diagnosis.
- E. PCR should be applied to differentiate the species other than P.f, and P.v. CNM has Level 1 microscopy experts.
- F. It is necessary to decide what level to have microscopy capacity and competency.
- G. Pan RDT is an option for Cambodia to test P.m and P.o. It is feasible to use it since the country has few cases only now. CNM has been collaborating with IPC in using PAN RDT. We should start it. It is also the right time to use PAN RDT since P.f will be eliminated soon.
- H. Some provinces have no more cases; some have few only. Thailand and Yunnan's experience showed the need to start early with documentation to ensure comprehensive documentation quality. We need to start now to get it ready for certification systematically. We need to document all areas of malaria elimination and POR. We have only six years to come for WHO certification in 2028 or 2029. So do not underestimate the volume of the tasks of documentation.

Conclusion

The workshop was held as planned. It has produced the expected outcomes:

- 1) Participants understood better the global status of malaria elimination certification
 - 2) Participants were refreshed in the phasing approach of OD elimination in Cambodia
 - 3) Participants are better equipped with the knowledge of WHO criteria and procedures for subnational verification, documentation and prevention of re-establishment of transmission
 - 4) Participants are ready to actively participate in future activities concerning SNV and POR in Cambodia.
- "Where there is a will, there's a way – there is nothing we cannot do!"

Next steps

- 1.Establishment of the core group for verification of subnational verification: expected in May or June 2022
- 2.Development of policy documents, criteria, SOPs, guidelines for verification of subnational elimination, prevention of re-establishment of malaria transmission, and documentation: expected in June or July 2022
- 3.The pilot of the criteria, SOPs and guidelines: expected from July to December 2022
- 4.Development of a plan for verification of subnational elimination: expected in August 2022
- 5.Finalization of the criteria, SOPs and guidelines: expected in February 2023

6. Formal launching of the implementation of the plan of verification of subnational elimination: expected in Annual Malaria Conference in February 2023
7. Presenting the certification of subnational elimination to the first group of ODs/Provinces: on World Malaria Day, 2023 (if any of them passed)

Phnom Penh, 30 April, 2022

Reporter



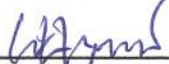

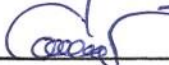



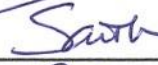
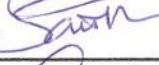
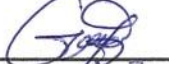


















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Dr. Siv Sovannaroeth

Annex Timetable for the Workshop of Verification of Subnational Elimination

Schedule for Workshop on Verification of Subnational Malaria Elimination			
Dara Hotel, 28 to 29 April 2022			
Time	Topic/Activity	Chair	Speaker/Facilitator
Day one: 28 April			
7:30 - 8:30	Registration	CNM Administration	
8:30 - 8:40	Objectives and subject of the Workshop		
8:40 - 8:50	WHO's opening remarks	Dr Siv Sovannaroth	WHO MME Coordinator
8:50 - 9:00	CNM's opening remarks		CNM director
Session 1: Global status and process of malaria-free status verification by WHO			
	Presentation		
9:00 - 9:20	a. Phasing of operational district elimination as planned in the Cambodia MEAF 2021 – 2025	Dr. Huy Rekol, Dr Luciano Tuseo	Dr Siv Novannoth
9:20 - 9:40	b. Global malaria-free certification status and process		Dr Li Xiaohong
9:40 -10:10	c. Q&A		
10:10 - 10:30	Tea break		
Session 2: Verification of subnational elimination of malaria			
	Presentation		
10:30 - 10:50	a. WHO's recommended verification of subnational elimination of malaria: criteria and procedure	Dr Chea Huch, Mr Mohammad Naeem Durrani	Dr Li Xiaohong
10:50 - 11:10	b. Experience and lessons in subnational verification from Thailand		Dr Deyer Gopinath
11:10 - 11:30	c. Experience and lessons in subnational verification from Yunnan, China		Prof Sun Xiaodong
11:30 - 12:00	d. Q&A		
12:00 - 13:30	Lunch break		
13:30 - 15:00	Panel discussion 1 - Criteria, oversight and management body for subnational verification	Panelists: Dr Siv Sovannaroth, Prof Dysoley Lek, Dr Luciano Tuseo, Dr. Saad El-Din Hassan, Mr Mohammad Naeem Durrani	
15:00 - 15:20	Tea break		
15:20 - 16:50	Panel discussion 2 - Steps and planning for subnational verification	Panelists: Dr. Chea Huch, Dr Boukheng Thavrin, Dr. Soy Ty, Dr. Li Xiaohong, Dr Deyer Gopinath	
16:50 - 17:00	House keeping (time to start at 8:00 am, etc.)	Dr Siv Sovannaroth	
Day two: 29 April			
Session 3: Prevention of re-establishment of transmission			
	Presentation		
8:00 - 8:20	a. WHO's checklist of elements for prevention of re-establishment of malaria elimination	Dr. Rithea Leang, Dr. Saad El-Din Hassan	Dr. Li Xiaohong
8:20 - 8:40	b. Experience and lessons in POR from Thailand		Dr. Deyer Gopinath
8:40 - 9:00	c. Experience and lessons in POR from Yunnan, China		Prof Xu Jianwei
9:00 - 9:30	e. Q&A		
9:30 - 9:45	Tea break		
9:45 - 11:00	Panel discussion 3 - POR: minimum implementing structure and capacities for diagnosis and treatment	Panelists: Prof Dysoley Lek, Dr Siv Sovannaroth, Dr. Pun Sok, Dr. Zaixing Zhang	
11:00 - 12:15	Panel discussion 4 - POR: surveillance and response (including vector surveillance), and multi-sector collaboration	Panelists: Dr Chea Huch, Dr. Lieven Vernaeye, Dr Leang Rithea, Dr Bunmeng Chhun	
12:15 - 13:30	Lunch break		
Session 4: Documentation for subnational verification			
	Panel presentation		
13:30 - 13:50	a. WHO's checklist of documentation required for certification of malaria elimination; Hong's observation in the Kampong Speu and Kampong Cham and recommendations	Prof Dysoley Lek, Dr. Zaixing Zhang	Dr Li Xiaohong
13:50 - 14:10	b. Experience and lessons in documentation for subnational verification from Thailand		Dr Deyer Gopinath
14:10 - 14:30	c. Experience and lessons in documentation for subnational verification from Yunnan, China		Prof Lin Zurui
14:30 - 15:00	d. Q&A		
15:00 - 15:15	Tea break		
15:15 - 16:30	Panel discussion 5 - 1) establishment of standards and procedures for documenting all aspects of the elimination and POR, and 2) the implementing arrangement for the standards and procedures	Panelists: Dr Chea Ngoun, Dr Siv Sovannaroth, Dr. Pun Sok, Dr Luciano Tuseo	
Session 5: Closing			
16:30 - 16:45	Wrap-up	Dr Siv Sovannaroth	WHO MME Coordinator
16:45 - 17:00	Closing remarks		CNM director



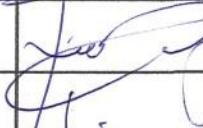

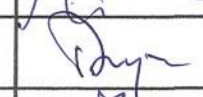
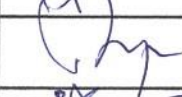




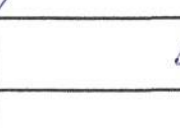
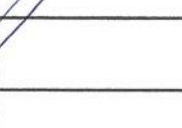
Attendance Sheet
Workshop on Sub-national verification of **Malaria Elimination** in Cambodia
Venue: Dara Airport Hotel, Phnom Penh
Date: 28-29 April, 2022

No	Name	Position	Contact Number	Signature	
				28-Apr-22	29-Apr-22
1	DUM SARITH	PMS	093241756		
2	Ke-Kvmmem	PMS Pursat	01609349		
3	leng Naren	PMS	097216336		
4	Leang Dths	Deputy director Kratie	012441614		
5	Ngim Chansareth	Deputy director Kampong chh	012911102		
6	BUT E-108 KNUY	PMS KBE	077356866		
7	Phok Nimitan	PMU. (Nandulhvi)	097758890		
8	Jok Sovann	Deputy Director,	012146741		
9	Touch Phalla	PMS KSThom	098510061		
10	Ly KANITA	Kg. spec PMS	010335808		
11	On Angkeara.	TBK.	060564217		
12	Dou Rathana	PMS SIVU	069760409		
13	Sy Vanantha	 - SIVU	096.6400006		
14	Dum Sovannarath	PMS BMC	092313297		

No	Name	Position	Contact Number	Signature	
				28-Apr-22	29-Apr-22
15	PM Skamp	PM Skamp	012856967		
16	Vice Director	Vice Director	012414112		
17	PM S. Ratanakiri	PM S. Ratanakiri	017962480		
18	PM S. Ratanakiri	PM S. Ratanakiri	012769090		
19	PM S. Ratanakiri	PM S. Ratanakiri	074244124		
20	PM S. Ratanakiri	PM S. Ratanakiri	012724042		
21	PM S. Ratanakiri	PM S. Ratanakiri	016712824		
22	PM S. Ratanakiri	PM S. Ratanakiri	012985689		
23	PM S. Ratanakiri	PM S. Ratanakiri	077645152		
24	PM S. Ratanakiri	PM S. Ratanakiri	012940622		
25	PM S. Ratanakiri	PM S. Ratanakiri	012314714		
26	PM S. Ratanakiri	PM S. Ratanakiri	012910166		
27	PM S. Ratanakiri	PM S. Ratanakiri	012592090		
28	PM S. Ratanakiri	PM S. Ratanakiri	012678614		
29	PM S. Ratanakiri	PM S. Ratanakiri	012892904		
30	PM S. Ratanakiri	PM S. Ratanakiri			
31	PM S. Ratanakiri	PM S. Ratanakiri			

No	Name	Position	Contact Number	Signature	
				28-Apr-22	29-Apr-22
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37	ප්‍රධා. කොට	ප්‍රධා. කොට	012 42648		
38	ප්‍රධා. කොට	ප්‍රධා. කොට	012 917296		
39	ප්‍රධා. කොට	ප්‍රධා. කොට	016 334 333		
40	ප්‍රධා. කොට	ප්‍රධා. කොට	012 825098		
41	ප්‍රධා. කොට	ප්‍රධා. කොට	017 898939		
42	ප්‍රධා. කොට	ප්‍රධා. කොට	012 819 698		
43	ප්‍රධා. කොට	ප්‍රධා. කොට	09 2286620		
44	ප්‍රධා. කොට	ප්‍රධා. කොට	011 346912		
45	ප්‍රධා. කොට	ප්‍රධා. කොට			
46	ප්‍රධා. කොට	ප්‍රධා. කොට			
47	ප්‍රධා. කොට	ප්‍රධා. කොට			
48	ප්‍රධා. කොට	ප්‍රධා. කොට	012 411 746		

Attendance Sheet
Workshop on Sub-national **verification of Malaria Elimination** in Cambodia
Venue: Dara Airport Hotel, Phnom Penh
Date: 28-29 April, 2022

No	Name	Position	Contact Number	Signature	
				28-Apr-22	29-Apr-22
1	Try. Radey	Technical officer	017891415		
2	Weiwei T. JEO	COORDINATOR	012 666 425		
3	Li Xiaohong	Technical Officer			
4	Deyer	" "	0922642731		
5	Zexing Zhang	Medical officer	012 465 169		
6	Ling Chr. Tucht	Project Specialist	099373530		
7					
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Attendance Sheet

Workshop on Sub-national verification of Malaria Elimination in Cambodia

Venue: **Dara Airport** Uotel, Phnom Penh

Date: 28-29 April, 2022

17. Mousumi Rahman

MC

trm D'-lakh

[Signature]

No	Name	Position	Contact Number	Signature	
				28-Apr-22	29-Apr-22
1	Dr. Fong	Program Specialist/UNOPS	016848472	<i>[Signature]</i>	<i>[Signature]</i>
2	John	M&E Manager	09863204	<i>[Signature]</i>	<i>[Signature]</i>
3	Paul Hamilton	Chief of Party URC	012303168	<i>[Signature]</i>	<i>[Signature]</i>
4	Khy Kichaka	Associate	099669298	<i>[Signature]</i>	<i>[Signature]</i>
5	Soyth Kheang	URC/bsp	012889388	<i>[Signature]</i>	<i>[Signature]</i>
6	Jim Malster	CoD PAB/PS1	085333929	<i>[Signature]</i>	<i>[Signature]</i>
7	Kn Mengse	M&E	012967523	<i>[Signature]</i>	<i>[Signature]</i>
8	Saad Hassan	PMI-RA	061228873	<i>[Signature]</i>	<i>[Signature]</i>
9	Michael Thijsen	PMI	012349495	<i>[Signature]</i>	<i>[Signature]</i>
	Mousumi Rahman	MC country director		<i>[Signature]</i>	<i>[Signature]</i>
11	Top Sapha	T.C	012846903	<i>[Signature]</i>	<i>[Signature]</i>
12	Ung Bunthoem	GHSC-PSM Project Lead	012355690	<i>[Signature]</i>	<i>[Signature]</i>
13	Preap Sodavuth	Prog-officer/UNOPS	012930035	<i>[Signature]</i>	<i>[Signature]</i>
14	VERNAEVE LEEVEN	PM - MC	09100074	<i>[Signature]</i>	<i>[Signature]</i>

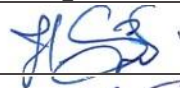
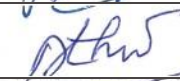
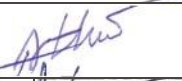









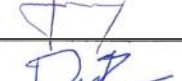
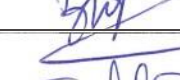



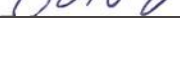

15. Poe Poe Dug
16. Koo Varmen

Regional representative - MC
OPM

09277515

[Signature] *[Signature]*






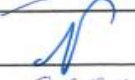


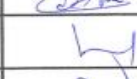
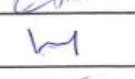


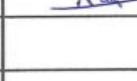
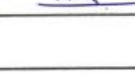


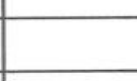
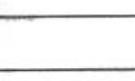
Attendance Sheet
Workshop on Sub-national verification of Malaria Elimination in Cambodia
Venue: **Dara Airport Hotel**, Phnom Penh
Date: **28-29 April, 2022**

No	Name	Position	Contact Num	Signature	
				28	29
1	HUONG SOPHEAKTRA	Ministry of Environment	085808636		
2	Dr. Rao Sokentha	Chief bureau	077257697		
3	Dr Khith Sok Ly	Chief of technical office MOND	012899984		
4	Khun Sok Poch	assistan MOND	0177171411		
5	LTN KARNIKA	officer MOTH	085514030		
6	HOR SRUN	officer (DDP)	012673268		
7	Meida	Chief. Admin	012344560		
	Sok Bunmang	DDP	017290237		
	PEOU CHANLEAKHENA	CMJ	7563393		
10	Heng Hong	Director of general of MoE	012703060		
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No	Name	Position	Contact Number	Signature	
				28-Apr-22	29-Apr-22
1	Leang Rithes	CNM Vice Director	02885666		
2	Ly Kim Sour	CNM Senior M & E	012354647		
3	Sok Sochetra	" "	028551233		
4	Saing Sam Ath	Chief of Lab. Unit CNM			
5	Pol Ly	Vice-Chief of Technical Bureau	516 886 836		
6	Meas Thra	Vice Director of CNM	012954367		
7	Seng Rothphey	Health Education	077 666 204		
8	Tol Bunke	CNM	016698999		
9	Sreyso Phannarith	CNM	012 361084		
	Chh Danyolay	CNM	012523180		
110	Thorny USS	CNM M & E	017914024		
12	Chen Huch	CNM - Deputy Director	012308405		
13	Cham Bunnary	CNM Staff	012697400		
	Deuk Rada	CNM - Pharm	06836390		

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No	Name	Position	Contact Number	Signature	
				28-Apr-22	29-Apr-22
15	Pengsy Ngor	MIS	010869388		
16	CHIEF DINARA	OT			
17	Sok Kimleng	MIS			
18	Ngau Vankou	CNN	02823799		
19	Hem Vanna	MIS	0979000190		
20	Souk Sokha	Pharmacy unit	012600051		
21	Horna Vuchnea	PSM officer	087638883		
22	Boukha Thavon	Vice director	077964811		
23	Chen Ngon	Vice Director	012532946		
24					
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