



## **Annual Report 2010**

**February 2011**

## **Introduction**

The APMEN was established in February 2009 at a meeting held in Brisbane co-hosted by Global Health Group (GHG), University of California, San Francisco and University of Queensland (UQ) and co-funded by the Bill and Melinda Gates Foundation and AusAID. At this meeting, a 5 year work plan was developed and AusAID agreed to be a foundation donor to the Network and co-finance the work plan, and BMGF agreed to support GHG in their role as part of the Joint-Secretariat of the Network. This work plan was developed into a more detailed design document, and presented to the foundation donor in May 2009 for a July 2009 start. The School of Population Health (SPH) at UQ was selected by AusAID to manage the AusAID contribution towards the **Asia Pacific Malaria Elimination Network (APMEN)** for an initial 2 year period and the University signed a funding agreement with AusAID in November 2009 to operate this Network.

The work plan was divided into a 6 month inception phase (July – December 2009) followed by five annual activity plans, to be reviewed and endorsed each year by the Network's Country Partners. As the funding agreement was signed in November 2009 (and therefore funds availability only from that date) the Inception phase and first year of the plans were rolled into a 14 month year one. This report therefore highlights those activities undertaken between November 2009 and December 2010. Before the funding commenced, the Network and UQ/GHG Secretariat developed draft governance documents and policies and worked with the foundation donors to finalize the design documents. An interim website was established by GHG until the present website was established. The initial planning for the second annual APMEN meeting (APMEN II) in Sri Lanka also commenced before the funding was available. The design document also detailed a broad monitoring and evaluation framework which was endorsed at the APMEN II meeting. During year one, the APMEN processes and framework were established and the APMEN governance documents were finalised and consensus obtained from the Network and APMEN Advisory Board.

The network consists of ten Country Partners, nineteen Partner Institutions, two Co Chairs, an Advisory Board, donor organisations, regional WHO representatives, joint UQ /GHG secretariat and the broader malaria community. This report presents the activities and outputs the APMEN has produced during year one and details some of the activities involved in establishing work plans, governance structures and processes, as well as identifying the priority needs and focus areas of work that were raised during the annual APMEN Technical and Business meeting (APMEN II) in February, 2010. This report highlights both the Network's successes and lessons learned during the year one period.

## **APMEN Aims and Objective**

The initial overall aim and key strategic objectives of the APMEN, as described in the APMEN Establishment Support Program contract, are articulated below. The overall aim of the APMEN is to develop and sustain a network of Country Partners and Partner Institutions to work collaboratively to address the challenges of malaria elimination in the Asia Pacific region, with particular focus on the unique challenges for the region such as *Plasmodium vivax* (*P. vivax*). This overall aim will be accomplished through the following key strategic objectives:

1. Share information and develop expert consensus on issues relating to malaria elimination, in order to support policy and decision making at the country level.
2. Support country decision making through building of the evidence base for malaria elimination, with a particular focus on *P. vivax*.
3. Increase expertise and capacity to carry out elimination activities through guidance, training, and sharing of experiences.
4. Provide leadership and advocacy for malaria elimination in the region by expanding international and domestic awareness, funding, and support.
5. Facilitate support for emerging priorities for malaria elimination especially in the Asia Pacific Region.
6. Develop a governance structure suitable for the network and provide Secretariat support of governance infrastructure and smooth coordination and to enable efficient work of Network.

## **Proposed Activities for Year One**

APMEN activities are developed and implemented by all APMEN participants, including Country Partners, Partner Institutions, individuals within the region or broader international malaria community and in consultation with the WHO, who are non-voting members of the APMEN Board (through SEARO and WPRO). Discussions on the 2010 work plan and activities occurred at APMEN II in February 2010. The UQ Secretariat received further feedback from participants on the draft work plan from APMEN II over email and revised the work plan accordingly. The APMEN work plan detailing proposed AusAID funding allocations was submitted to and endorsed by AusAID in June 2010.

The APMEN work plan for year one focused on establishing the physical and human resources for its operation (see Table 1 and Appendix 1). This included activities to set up the organisational structure and function of the Joint Secretariat, development the founding and governance documents for the Network, convening an annual network meeting and Board meetings and other meetings such as the Vivax Working Group (VxWG) and the Vector Control Working Groups (VcWG) and commencing the APMEN Fellowship and Research Grant Programs. Contractual arrangements that were also required were established, to implement proposed work plan activities (such as the subcontract with Menzies University, and contractual arrangements and a contract amendment with AusAID).

**Table 1: Major Priority Activity Areas: Work Plan Year One - 2010**

<b>Objective</b>	<b>Priority Activity Areas</b>
<b>1. Information sharing and consensus building</b>	
<b>A</b>	Develop APMEN website
<b>B</b>	Translation and publication of documents
<b>C</b>	Share knowledge -Annual meetings
<b>D</b>	Review technical strategies and develop guidelines
<b>E</b>	Centralized centre
<b>2. Building the evidence base for decision support</b>	
<b>A</b>	Document available evidence through case studies
<b>B</b>	Vivax working group: set priorities and perform reviews
<b>C</b>	Vector control working group: Set priorities and perform reviews
<b>3. Technical guidance and capacity building</b>	
<b>A</b>	Expertise and human resource capacity building
<b>B</b>	Provision of technical assistance
<b>4. Leadership, knowledge management, advocacy</b>	
<b>A</b>	Lead elimination efforts
<b>B</b>	Generate public understanding
<b>C</b>	Gain political and financial support
<b>5. Facilitating of Emerging priorities</b>	
<b>A</b>	Facilitate cross-border and regional collaboration
<b>B</b>	Establish a program of work for community in malaria elimination
<b>C</b>	Other emerging trends
<b>6. Secretariat Function</b>	
<b>A</b>	Coordination and management of APMEN governance and activities
<b>B</b>	Plan and coordinate annual meeting
<b>C</b>	Ensure and manage funds
<b>D</b>	Link APMEN with global and other regional malaria efforts
<b>E</b>	Develop Secretariat capacity and infrastructure
<b>F</b>	Conduct organized planning
<b>G</b>	Conduct timely and accurate reporting

## **Review of Year One (2010) APMEN Key Achievements**

A detailed report on 2010 APMEN activities are presented in Appendix 2 according to the monitoring and evaluation framework of the work plan. A summary of the outputs achieved by APMEN in 2010 are as follows:

### **Objective 1: Information sharing and consensus building**

#### ***Priority Areas-Objectives A-E***

In February 2010, a successful APMEN II meeting (which included Business, Technical and Board Meetings as well as the Vivax and Vector Control Working Groups' annual meetings) and a study tour occurred in Colombo and Kandy, Sri Lanka, with over 50 Network participants attending. Preparatory work undertaken to ensure that this meeting was successful and included: identifying, informing and engaging key contacts and Partner Institutions in the Network. Country Partners and Partner Institutions were also approached and confirmed as interested partners based on their initial expressions of interest at and participation in the inaugural meeting (APMEN I) held in Queensland in February, 2009. Close communication and liaison occurred between the Sri Lankan Ministry of Health and the APMEN Secretariat to develop the program and related details for the APMEN II and resulted in a confirmed conference location, logistical arrangements and a suitable study tour program. Sponsorship and cost sharing arrangements facilitated the attendance at this meeting of approximately one half of attendees. Additional efforts were required to meet the security concerns in Sri Lanka at the time and a minority of participants were unable to attend because of the security alerts and response required by their country or organization or personal concerns. The delay in hosting these meetings – originally planned for November/December 2009 were due to the both the timing of funding availability and the security situation around the Sri Lankan presidential and provincial elections

Additional financial resources were provided for sponsoring participants to the APMEN II meetings, which contributes to a broadening of the financial support beyond the funding donors. These were:

- Malaria Consortium sponsoring 2 Thai country representatives and 1 MC staff person ;
- UNICEF Indonesia funding 4 representatives as observers from Aceh
- In-kind support through provision of equipment borrowed for the meeting, and staff time from the Sri Lankan Vector Borne programme
- MAP, USAID Regional Office, Medicines for Malaria Venture, Malaria Elimination Group, Roll Back Malaria Secretariat, Bill & Melinda Gates Foundation amongst other supporting participation in the meetings
- The Global Health Group funding 5 representatives as Secretariat partners (one of which was already in-country)

The APMEN website was structured and branded in March, 2010 (incorporating elements of the interim site) and now provides an important means of communication among APMEN participants and with the larger malaria community, as well as links to relevant country and regional resources. As of January 2010, the website has been hosted permanently by the UQ Secretariat and has had a total of 2,638 visitors from more than 30 countries. There has been a total of 9,904 page visits. The website has recently shared the national strategic plans from a number of APMEN Country Partners which have been collected to make available key strategies, especially technical elements and to assist in informing other countries' strategic planning processes in the Asia Pacific region and beyond. A challenge exists to make available the remaining plans which are either not available in English or currently being revised. In 2010 the Secretariat has facilitated the translation of the Republic of Korea Malaria Action Plan. This translation now available of the APMEN website documents for others an example of a well developed and advanced program. The APMEN Matrix project commenced, information being collated from national strategic plans, APMEN presentations, and other country documents available through the network and the internet. These matrices are to be available on the APMEN website when finalized. It was identified that there is a need for a quarterly APMEN newsletter to be emailed to the network and be available on the website. The APMEN website has become a primary means of distributing information to the Network and broader community on APMEN activities

such as the Research Grant and Fellowship Program. Information and documents such as guidelines and applications for both of these APMEN Programs were accessible and accessed from the APMEN website.

## **Objective 2: Building the evidence base for decision support**

### **Priority Areas-Objectives A-C**

The Vivax Working Group (VxWG) and Vector Control Working Group (VcWG) annual meetings took place in Colombo in conjunction with APMEN II in February, 2010. Membership to the working groups had been defined at the APMEN I meeting and through communications and networking after the meeting. The Secretariat managed the process of organising both of these meetings with the Chairs of the working groups, as contracts had not been finalized with Menzies School of Health Research (MSHR) as the host of the administrative support to the VxWG. Following the meetings, group objectives and Terms of Reference for both working groups were confirmed and agreed to by Network.

The VxWG coordinating team was established at MSHR, in Darwin, Australia and two staff members were recruited. The coordinating team, situated within the Menzies Global Health Division, has been responsible for facilitating the development of the VxWG activities with the members of the working group, as well as the co-ordination of the Vivax Research Grant Program (Refer to Appendix 3).

The details and documents on the APMEN Research Grant Program were agreed to by the Network and the VxWG following a consultation process and Round one of the APMEN Research Grants (vivax) was launched on 25 June 2010. The research priorities identified for 2010 by the VWG were:

- Optimizing the treatment of blood stage,
- Understanding relapse and achieving radical cure ,
- G6PD deficiency - risks, prevalence and diagnostics,
- Diagnostics for case management and population surveillance,
- Public Health, monitoring and evaluation.

A group of experts within the Network and globally were identified for the formal research review process, using guidelines for review adapted from the WHO and finalized by the coordinating team. Sixteen pre-proposals were received for a broad range of short-term operational research projects. In the review process, considerable support in proposal writing, and follow-up for methodological and ethical issues was provided by the VxWG coordinating team. This capacity building support was important to the development of quality research proposals and activities within the Network. The support process also highlighted the need for a *P.vivax* diagnostics workshop and a research reviewing workshop which are currently being built into the APMEN III program agenda. Following the review process, fourteen full-proposals were received for total of AUD\$615,000. Once ethical clearances, amendments and clarifications are submitted, a total of AUD\$340,000 for 11 research grants is expected to be awarded towards the APMEN Round One (vivax) Research Grants. The Menzies-UQ agreement has taken many months to be finalized as the awarding of research grants required a major clarification of intellectual property issues and other contractual issues leading to a deed of amendment to the head contract.

The VcWG has been slow to commence activities. Reliance on the “spare time” of the working group members and lack of a dedicated point person to the work has contributed to the progression of activities as well as changes in original members availability to participate (due to job changes, transfers, other interests, etc). In the original design of this working group, the Network did not feel any support staff would be required. The UQ APMEN Secretariat has had to play this role to date. In light of this, a small working group meeting was held by teleconference, and the work plan prioritised the completion of a needs assessment for vector control capacities for control and elimination as the highest priority activity to be completed and forming the basis of decisions around the 2011 work plan. In December, a survey as part of this needs assessment was developed to gain an in-depth understanding of the technical and operational capacity of APMEN countries to support vector control interventions required for reaching and sustaining malaria elimination. A Master’s student from UQ is undertaking the administration and analysis of this survey as a Masters of International Public Health project, under supervision by three members of the working group and the reports will be reviewed by the VcWG before the APMEN III meetings.

In addition to the activities directly supported by AusAID, other activities have been undertaken as a collaboration between APMEN and the Global Health Group, which for the APMEN work is funded by the Bill & Melinda Gates Foundation. A case study on Sri Lanka's malaria control and elimination program was conducted and a publication describing the key success factors in its reduction in malaria incidence is close to finalization. A second case study of Bhutan's malaria control and elimination program, highlighting the challenge of border malaria, was conducted and a publication is in development. Lastly documentation of the experience and lessons learnt from mass drug administration of primaquine in China's Jiangsu Province has commenced.

### **Objective 3: Technical guidance and capacity building**

#### ***Priority Areas-Objectives A- B***

The APMEN Fellowship Program proposal papers were drafted and presented at APMEN II. At this meeting members for the Fellowship Program Committee were recruited. Recommendations on details of the Fellowship Program were discussed and agreed upon in principle at APMEN II amongst the APMEN Fellowship Program Committee and the Country Partners. After the meetings detailed operational documents including guidelines, application forms, review process and documents and Host mentor organisation and Fellowship recipient contractual agreements were further refined, drafted and agreed to by the APMEN Fellowship Program Committee. When this process was completed, the APMEN Fellowship Program was launched on World Malaria Day, on 25 April, 2010.<sup>1</sup> Ten applications were received from six countries (includes one non-APMEN Country Partner application which was ineligible) and following a review process by the APMEN Fellowship Program Committee, five Fellowships were awarded on the following topic areas; Taxonomy and mapping of species to correlate vector distribution and disease incidence, Geographical information system mapping, Genotyping for *P. vivax* isolates as a tool for monitoring parasite population and transmission, Community action groups and behavioral change communication in malaria elimination, Establishment of Enzyme-linked immunosorbent assay (ELISA) based high-throughput serological methods including modeling data analysis and interpretation. The administrative and logistical arrangement for placement of the fellows has been extensive and undertaken by the UQ secretariat. Fellowship Program recipients were from a range of countries, topic/interest areas. Strong positive feedback has been received from all of the mobilized Fellowship recipients via formal reporting requirements and through discussions with the respective Host Mentor Institutions. Reports of their work as well as formal evaluations will be available for the APMEN III meeting.

The first round of Fellowship Program applications in 2010, highlighted that future applicants should be required to provide more detail of their learning needs and a step will be built into the process where support to submit an application ensures an even broader coverage of applications from the entire Network. The original intended length of fellowships of up to 3 months was not possible with the level of funding allocated, which was based on the APMEN II discussions. This meant that Fellowship placements were approximately 4 weeks on average. An increase in funding and a confirmed need to develop a customized relevant GIS training program (originally identified for a Year 2/3 activity for APMEN) became evident as requested training in this area from a Fellowship recipient was unavailable within the Network. Unexpected positive outcomes of the 2010 Fellowship Program included an application from an organisation to become a Partner Institution of APMEN (London School of Hygiene & Tropical Medicine) following the hosting of a Fellowship recipient and a current non-APMEN Country Partner institution facilitating a placement for a Fellow. These outcomes further broadened and reinforced APMEN's links within the elimination community and indirectly increased the resource contributions beyond the founding donors.

### **Objective 4: Leadership, knowledge management, advocacy.**

#### ***Priority Areas-Objectives A- B***

An advocacy strategy and plan was developed in 2010 and the APMEN II meeting conducted in Sri Lanka 2010 attracted a wide range of local, regional and international coverage, which is now available on the

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<sup>1</sup> AusAID featured the launch of this program on World Malaria Day April 25 2010 as part of its Hot Topics report on recent important events involving Australia's aid program message

APMEN website. A Comment was published in The Lancet which described the successes and challenges of elimination in the Asia Pacific Region and the role of APMEN. The article was picked up by many news websites, including Roll Back Malaria (RBM) news. The Advocacy work is led by the GHG secretariat, but coordinated and contributed to by both Secretariat components. Other key achievements of the Network in 2010, such as the launch of the Fellowship and Research Grants Programs, have both received media coverage particularly on web based services, including ACTMalaria, tropIKA.net, ACTMalaria, and MalariaWorld. In 2011, further efforts are planned to support Country Partners to increase the utilisation of prepared media releases to internally advocate for malaria elimination efforts.

Gradually the number of presentations and representation at meetings is increasing. The development of PowerPoint presentations and promotional materials on the Network has assisted in the quality and consistency of the information about the Network's activities that is being provided. New interest in the Network in 2010 is evidence of APMEN becoming recognized among malaria community and publicized in general public. 2010 has seen a new Country Partner application from Thailand and a Partner Institution application from the London School of Hygiene & Tropical Medicine.

Continuing support from the AusAID via the UQ and the Bill and Melinda Gates Foundation via GHG and from the Ministries of Health in both Sri Lanka and Malaysia at the respective Annual Network Meetings, have contributed to the Network moving forward to meet its objectives. Early discussions have occurred with the Government of Brunei about future collaboration by this successfully eliminated country with the Network. This been a direct result of advocacy work of the Network and Co Chairs.

Other global advances in support to malaria elimination and awareness of the challenges of *P. vivax* have occurred because of direct communications, meeting attendance, APMEN Country Partner engagement in global malaria meetings at WHO (RBM, WPRO and SEARO); scientific attention is focused on elimination by *Malaria Journal* and *The Lancet* as well as at the International and Joint International Tropical Medicine Conference (Bangkok December 2010) and International Malaria Colloquium (Bangkok December 2010). APMEN was active at the MEG meeting presenting and engaging in discussions on cross border/regional collaborations. This provided linkages provided an opportunity to link with other initiatives such as cross border initiatives in Southern Africa - Trans Zambezi Malaria Initiative (TZMI) and Mozambique Zimbabwe Southern Africa (MOZIZA). Also we linked with Carlos Slim and Gates supported Mesoamerica Health Initiative which has a broader agenda of improved delivery of health services These advances in global support are evidenced in the adoption of a Malaria Control and Elimination 5 year plan by WPRO endorsed by its country partners in November 2010, the explicit including of elimination objectives in the RBM Global Malaria Action Plan

#### **Objective 5: Facilitating of Emerging priorities.**

##### ***Priority Areas-Objectives A- C***

Two emerging issues identified by the Network to focus on: community participation and cross-border work were both examined at small group discussion forums at APMEN II. APMEN's ability to be responsive to WHO requests was evident in the assistance provided to Bhutan cross-border & regional collaboration, co-financed through SEARO, GHG and APMEN. A report detailing the considerations, challenges, and possible way forward for Bhutan's cross-border malaria situation is in development, to be shared with the Network. The APMEN community participation forum which was established on the ACTMalaria website commenced but has received limited activity, again suffering from the difficulties of lack of paid staff and reliance on volunteer efforts to manage and contribute to these activities. In the 2011 work plan, the role of community participation in elimination efforts is anticipated to be documented in a literature review and the opportunity of a case study about this issue is currently being explored.

#### **Objective 6: Secretariat Function**

##### ***Priority Areas-Objectives A-G***

The Secretariat teams at UQ and Global Health Group (GHG), University of California, San Francisco, were established in the early months of 2010 complementing the presence of the existing co coordinators who are

an in-kind contribution by their parent institutions. Two staff members were recruited in March 2010 to manage the Secretariat office situated at UQ and a part time program analyst was seconded to GHG. A major body of work completed by the Secretariat in 2010 was the finalisation of the Governance documents based on the drafts presented and discussed at APMEN II. The process of drafting the consultation feedback, editing, review and final agreement from the Network occurred in late April. The work plan consultation process has also occurred twice in 2010, with final sign off of the 2010 work plan occurring in June and consultation for the 2011 occurring in November. Difficulty engaging participants over email has been overcome by direct phone contacts and opportunistically through international meetings.

The Secretariat planned and conducted a very successful APMEN II meeting in Sri Lanka and focused planning for APMEN III (May, 2011) began in August, 2010. The coordination and management of the activities of the Advisory Board has included the drafting of standing orders which once approved will be included in the Governance documentation. The Secretariat ensures APMEN coordination with other malaria partners and regional efforts and identifies and liaises with potential collaborators for the Network. Regular joint GHG UQ Secretariat meetings facilitate inter secretariat and network communications and the operationalization of the Networks work plan activities.

### **2010 Budget Acquittal**

The funding acquittal for the period January 2010 to December 2010 is provided in Appendix 4 of this report. The Secretariat has been responsible for the development of financial budgets, processes and systems for the Networks activities. APMEN direct funding sources are AusAID, with the GHG support and contributions funded by the Bill & Melinda Gates Foundation, Maxine Whittaker (APMEN Co-Coordinator) component supported by University of Queensland and cost sharing for attendance at APMEN II requested from and provided by various Partner Institutions. The Malaria Consortium also sponsored the attendance of a Thai observer delegation at APMEN II and this sponsorship is expected to be extended to Vietnam in 2011. Standard operating procedures for APMEN funds management including financial reporting were established in 2010.

The budget execution rate has been affected by the timing in the funding flow to the Network, in addition to security concerns, which resulted in delayed activity start dates and the delays in the APMEN II meeting timing. Other factors contributing to this execution rate included: mobilisation of human resources, legal and procedural issues that have now been resolved, and late agreement of the work plan and the unrealistic estimation of the capacity of APMEN Country Partners to undertake aspects of the work plan.

It is anticipated that all remaining unspent funds for the year 2010 will be rolled over into 2011 to increase the capacity of existing APMEN Programs and support the activities agreed upon in the 2011 work plan. The APMEN Fellowship Program 2010 allocation had been underestimated and in 2011 agreement from the Network is underway to increase this allocation to AUD\$15,000 per individual Fellowship. Funding for GIS surveillance training is also seen as an emerging need from the Fellowship and Research Grant Programs. Inclusion in the 2011 budget for attendance at various key regional meetings such as WPRO/SEARO and MEG meetings by the Co-coordinators was also an issue for consideration in the leadership and advocacy element of the APMEN.

### **Conclusion**

The inception – the Year One phase of APMEN establishment - has seen the initial establishment of the physical and resource infrastructure required to meet the objectives of APMEN. The initial engagement of the partners of the Network and their commitment to attend APMEN II in February 2010 positioned APMEN to be well placed to commence activities during the March –December 2010 period and begin to address, as a Network of Country Partners and Partner Institutions, the challenges of malaria elimination in the Asia Pacific Region. The Network has already witnessed increasing interest in the regional and global malaria and scientific community and initial additional resourcing being provided to APMEN activities.