

DAY ONE - February 17, 2010	
Session	Comments and Discussion
Welcome & Opening Remarks	<p>Richard Feachem, APMEN Co-Chair; Director, Global Health Group, University of California, San Francisco</p> <p>Sir Richard shared 4 personal objectives for consideration by APMEN. 1) “Power of 10” - APMEN together can achieve more together than as individuals. The 10 countries must convey what will be helpful, and the purpose of the network is to help countries fulfill these ambitions. 2) Elimination – APMEN should focus on elimination, not just malaria. There are other organizations and forums for general malaria work. Maintaining the focus on elimination will ensure success. 3) Action – APMEN support must be action-oriented. A job is already being done and we are helping countries go about the work better. 4) Pragmatism - The Network must be pragmatic in the initiatives and projects it chooses to take on support. APMEN should take on work that achieves short-term benefits within the next five to ten years. APMEN role is not to take on long term research projects, rather activities such as operational research, information sharing, and the fellowship program will provide answers that come quickly.</p> <p>Firdosi Rustom Mehta, WHO Representative, Colombo, Sri Lanka</p> <p>All levels of the World Health Organization are represented at this meeting, and, along with partner countries, institutions, and observers, forms a rich mix. Malaria has long been a public health problem – if our efforts at elimination are successful, we can make it something of history. Sustainability should be added to the four aforementioned key points for the network. Elimination is a long-term project that relies upon many years of continued investment and interest. Also, APMEN is a network, which means net (interconnected) + work (action, not talk).</p> <p>Kamini Mendis, Coordinator, Global Malaria Programme, Geneva, Switzerland</p> <p>At this moment, there is increased visibility of malaria elimination. Countries now want to push the boundaries of control a step further. The Australian Agency for International Development (AusAID) is appreciated for their support of malaria elimination in the Asia Pacific Region. There are two main challenges in the transition from control to elimination in this region: <i>Plasmodium vivax</i> and surveillance. APMEN has well-placed focus on these two issues. A greater synergy between the Global Malaria Program of WHO, the Malaria Elimination Group (MEG), and APMEN would create a greater support system for these countries.</p>

Session 1	<p>Sri Lanka Study Tour & Case Study</p> <p>Dorina Bustos Presentation: Sri Lanka Study Tour Report-back [See slide presentation]</p> <p>Gawrie Galappaththy Presentation: Update on Sri Lanka Case Study [See slide presentation]</p> <p>Key points & discussion</p> <ul style="list-style-type: none">• Soldiers are a main source for continued transmission.• 50% of patients are seen in the private sector but they are then referred to the public clinics where antimalarials are stocked.• Direct Observed Therapy has been instituted.• All cases received a follow-up case investigation. Blood films are performed around positives cases and sometimes they are able to identify other cases this way.• The Sri Lankan experience highlights the importance of sustainability: resurgence after near-elimination in 1960s was due to lack of real-time surveillance and response. Globally, the malaria eradication program failures show the need for continued research (to capture resistance), sustained surveillance and response systems, and the assurance of political and financial commitment in the long-term.• Sustainability of funding is an issue to explore with programs that receive a majority percentage of their malaria program budget from external aid, such as Sri Lanka. What does this mean in the long term?• There is a strong interest in need for more work on costs of elimination.• Macro-economic analyses are not yet addressed in the case study. Looking at benefits of elimination in tourism, household costs would highlight the need for investment and worthiness of the goal. A comprehensive cost-benefit analysis would capture some elements that are harder to measure, such as equity issues, regional public good, potential for economic benefit, and political gains.• Also important is to capture the contribution of the Anti-Malaria Campaign program to broader health systems issues, such as supervision and management, and to other vector-borne diseases, such as dengue.
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Session 2	<p>Updates towards elimination</p> <p>Karma Lhazeen Presentation: Bhutan, Progress towards elimination [See slide presentation]</p> <p>Key points & discussion</p> <ul style="list-style-type: none">• Because there is very little private practice in Bhutan, underreporting is minimal. 84% of fever patients go to a health facility.• The border areas with India are a particular challenge, with the influx of foreigners. Sarpang is the district that borders Assam State; this is the main area with <i>P. falciparum</i> cases.• The increase in cases since 1994 may be due to increased surveillance capacity and reporting in 1993, when technicians were retrained and surveillance increased. By 1994, outbreaks and deaths received more attention.• In 2009, there were small focal outbreaks. There may be a potential problem with the LLINs distributed four years ago – 72% of patients had these nets, but have not washed them. Many are covered with dust and may not be effective. Net coverage is good (90% in population at risk per 2009 MIS) so behavior related to LLIN maintenance could be at issue. It is necessary to study and better understand the efficacy of LLIN after four years of use and little maintenance.• There is weak understanding of vector behavior in the country; there is a lack of vector control capacity.• Regarding the border issue, there have been many meetings but no activities are in place. There is a lack of synchronization of activities on both sides. <p>Wichai Satimai Presentation: Thailand, Progress in Subnational elimination [See slide presentation]</p> <p>Key points & discussion</p> <ul style="list-style-type: none">• The country currently has two times more <i>P. vivax</i> than <i>P. falciparum</i> cases, believed to be due to relapses. Half of the cases are Thai, and half are non-Thai.• Main challenges are population movement and resistance.• The country is implementing elimination zones within their malaria control plan; 65% of districts are aiming for elimination. Elimination projects are underway at the Thai-Cambodia border and in Phuket.• Borders are a major challenge. Harmonizing the treatment policy with neighbors, such as Bhutan or India, may be necessary.
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	<p>Ashwani Kumar Presentation: Goa, India, From control to elimination [See slide presentation]</p> <p>Key points & discussion</p> <ul style="list-style-type: none"> • Goa signed an official elimination goal in January of 2009. • Goa is a tourist destination and is undergoing a construction boom. Through legislation, each laborer must carry a “malaria card” with patient history. Additional measures include BCC by a local NGO that visits all construction sites using the parties’ native language. Satellite vector-borne disease control units aim to prevent malaria cases. • Both <i>P. vivax</i> and <i>P. falciparum</i> are present in Goa. One challenge is to differentiate between fresh and relapsing <i>P. vivax</i> cases – the plan is to use genotyping for this purpose. • A main challenge is a financial gap – The cost is \$1.25 per capita. The government is providing 720,000 but they have a gap and are looking toward the mining and tourism and travel industries for support. • Another challenge is to replace LLIN and remove current nets. A third challenge is the border with Bhutan, where there currently are no collaborative efforts or synchronized activities, although some meetings have occurred. • Restricting ACT to the public health sector ensures diagnosis before cure and, in Sri Lanka’s case, has allowed tracking and follow up of each case. With elimination, all medications need to be free and not in the private sector.
Session 3	<p>Surveillance – From Passive to Active Case Detection, Fundamentals and Technical Advances</p> <p>Lasse Vestergaard [See slide presentation]</p> <p>Key points & discussion</p> <ul style="list-style-type: none"> • Vanuatu has no information technology and very difficult terrain. Mobile phone coverage is poor, mobility between islands is challenging. • Screening incoming populations is not done, except on the northern islands. • Considering the poor quality of data from the health system (only 40% of cases are reported), the country has embarked on a pilot project using GIS mapping technology to better track individual cases and clusters, target IRS activities, find coverage gaps. • Creating adequate systems for mapping is a challenge, especially the human resources for training and supervision, and the logistical, communication, and reporting challenges. • Standard Operating Procedures (SOP) have been essential for every activity.

Han Sung Lee

[See slide presentation]

Key points & discussion

- Malaria is the 5th most common infectious diseases in ROK. There were 1,300 cases in 2009. Transmission occurs from March to October. The goal is to eliminate by 2015.
- The two main border crossing areas are with DPRK. Communication is improving, which is essential to achieve elimination in ROK.
- Most cases are in soldiers and veterans, aged 20 to 42 years old. All cases exist along the northern border with DPRK, including soldiers in the DMZ, and citizens living near it. The DMZ is a 150 mile-long barrier, 3 miles wide. Soldiers receive prophylaxis.
- GIS systems are mainly used in the DMZ, to identify clusters at the household level and population density of mosquitoes. Climate and rainfall will be integrated into the model.
- Accuracy of reporting in border areas is a question; it is hoped that the Global Fund grant will improve case reporting.

Gao Qi

[See slide presentation]

Key points & discussion

- A challenge is low bednet usage in some areas of China.
- There are many private hospitals and clinics in China, and there is an official mandate to report cases.
- Movement from rural to urban areas continues as economic development occurs. Urban areas are not usually endemic because of lower vector density.
- As part of the new strategic plan, all cases in Jiangsu province will be investigated within 3 days (previously was one week).
- In China, IFAT is performed at sentinel sites at the end of the transmission season. If the titer is >1:40 or >1:80, more detailed surveillance is done in the community to identify other cases.
- Many patients seek care in private clinics in China but after the SARS epidemic, all hospitals including private hospitals have computers for disease reporting.

Overall Session Discussion

- Elimination needs vector surveillance in order to predict changes in disease patterns and potential outbreaks. Understanding which vectors are most active, their density and behavior, is sometimes overlooked. This type of surveillance will become more important in sustaining elimination. To measure transmission, however, case surveillance may be better than vector surveillance.
- The detection of asymptomatic carriers, while it can be resource-intensive and low yield, is considered important.

	<p>Screening to find these carriers would be best done with fast turnaround time, high throughput PCR. Sometimes patients may present with clinical malaria before PCR results are available. However, without any diagnostic to identify patients harboring hypnozoites, <i>P. vivax</i> remains a challenge.</p>
<p>Session 4</p>	<p>Mapping the international limits and population at risk of <i>Plasmodium vivax</i> transmission in 2009 Simon Hay [See slide presentation] Key points & discussion</p> <ul style="list-style-type: none"> • These malaria maps can be used for advocacy, malaria programs need them as do researchers for estimates of burden. • MAP finds 95 <i>P. vivax</i> endemic countries, and Africa will be implicated as well, once <i>P. falciparum</i> is less dominant. In 2009, 2.32 billion people were at risk of <i>P. vivax</i>. • Metrics used for these maps are API data. There is not yet enough information from PCR, serology, and EIR studies. • Data is collected from medical institutions, international travel health guides, NMCP reports and websites. Then, risk modifiers are used, such as urban areas, temperature masks, mosquito survival rates, and Duffy negativity. API is considered elimination at 0.1 case per annum, indicating consolidation phase of low, unstable transmission, based on the Global Malaria Eradication Program. • Data from different time periods can highlight space/time changes. • Maps can also tell us where the data is missing and help inform better data collection. • MAP can assist countries in developing country-level maps. MAP also appreciates access to data for these global and regional maps. • MAP can collaborate with APMEN in the area of capacity building for mapping. • With the <i>P. vivax</i> map, there is uncertainty on how G6PD deficiency affects transmission. Also, relapse patterns are unknown and this is another weakness of the current maps. • There is no way for the <i>Pf</i> and <i>Pv</i> maps to be merged right now, this is a major challenge. • Some countries may prefer relying on their incidence maps rather than maps generated by models; there needs to be a reality check on maps.
<p>Session 5</p>	<p>Vector Control Working Group Priorities and Scope of Work Kevin Palmer [See slide presentation] Key points & discussion</p> <ul style="list-style-type: none"> • APMEN can facilitate capacity building and training of entomologists. First, the working group would like to first create an inventory of a range of capacities in the region – including entomological cadres, specialists, training programmes and institutions, and experiences with range of vector control methods.

	<ul style="list-style-type: none"> • Entomologists are lacking in quantity and when available often under/poorly-utilized. For many they leave for the private sector. We need to understand what they doing now and what should be changed. • Use dengue and chikungunya (and other important vector borne illnesses) to keep entomologists in demand and available. • The working group would like to explore new methods and technologies. IRS for instance has not been changed for decades. Perhaps bed nets can be hung in different ways, e.g. on the ceiling or outside? • There is a need to synchronize the activities of this elimination working group with the MalERA malaria control research agenda to address gaps that other mechanisms are not handling and to avoid overlap. And potential links with the <i>vivax</i> work. • APMEN could play a role in providing guidance on removal and destruction of outdated LLINs, and ways to involve the private sector. • Organizing an innovation exposition or fair may be of interest to countries and promote creative solutions.
<p>DAY TWO - February 18, 2010</p>	
<p>Session 6</p>	<p>Vivax Working Group Priorities and Scope of Work Ric Price [See slide presentation] Key points & discussion</p> <ul style="list-style-type: none"> • Current working group objectives are to identify research gaps, share experience among APMEN countries, fund research, develop partnerships with stakeholders in the region, and advocate for research. • Identified research priorities include treatment of blood stage, understanding relapse and radical cure, G6PD deficiency, case management, and public health priorities. • Some issues will be beyond the scope of the APMEN vivax working group, we can advocate. Asia/Pacific Region would benefit from advocacy for the development of Tafenoquine and certain diagnostics such as a rapid G6PD deficiency test. • There should be an effort to strengthen capacity in country, and avoid sending samples out to foreign research institutions. • The APMEN vivax working group needs to keep its identity but coordination with other vivax groups is important, e.g. Asian Vivax Network, WHO regional offices, MalERA, and TDR. This will create greater synergy. • APMEN research should focus on the short term agenda. Many APMEN countries are aiming for elimination within 5-10 years and they cannot wait for new tools. Rather, they need to know how to better use existing tools. We must not forget that many countries in the past successfully eliminated malaria with fewer tools than what we have available today. Certainly, there needs to be a long term agenda, but this should be the focus of other groups, such as MalERA, and not APMEN. • Many countries cannot wait for Tafenoquine to be developed and there is an acute need to know how to use primaquine

	<p>better. This may be in higher doses in shorter courses, or lower doses in longer courses. There is an unfounded fear of primaquine in the region and APMEN needs to address this to rapidly push toward elimination.</p> <ul style="list-style-type: none"> • Research results must be relevant to countries. There must be country ownership so that the agenda is not hijacked by the researchers. • WHO is having a planning meeting on <i>P. vivax</i> control and research; this will be a good forum for researchers to come. • More treatment guidelines are needed from WHO. For example, there will be a new ACT with a <i>Pv</i> indication, Pyramax. Indonesia is using Artekin. • There is a role for research to help inform policy. • The discussions have brought to light that countries have very different policies and practices for diagnosis, treatment, etc. If we surveyed countries, we would likely find 10 different policies on first line treatment for vivax, 10 different policies on use of microscopy/RDT, etc. It was suggested that APMEN could create a matrix of what are the policies and practices among APMEN countries.
Session 7	<p>Breakout Sessions</p> <ul style="list-style-type: none"> • APMEN Fellows Program – A draft proposal was distributed for review and discussion by the breakout group. (See presentation) • Research Grants – The ideas proposed by the vivax working group were to be discussed. Also, a draft proposal of guidelines was distributed for review and discussion by the breakout group. (See presentation) • Strategic Planning for Malaria Elimination – The group was given the following guidelines for discussion: The transition from control to elimination requires a reorientation to strategies specific to elimination. Certainly there are still gaps in our understanding of how to do elimination. But while this evidence base is being developed, country programs are moving forward in their elimination efforts. Based on successful elimination campaigns and experience among countries participating in this meeting, what are the key strategies and how can countries adapt their national plans to these strategies? Available resources, such as the WHO report, <i>Malaria Elimination: A field manual for low and moderate endemic countries</i>, or the Malaria Elimination Group document, <i>Shrinking the Map: A Guide on Malaria Elimination for Policy Makers</i>, are helpful but may not provide the level of guidance needed for strategic planning, particularly in this region. What might be the role of WHO, APMEN, or other partner institutions? • Emerging Themes – Imported Malaria & Cross Border Issues - The group was given the following guidelines for discussion: Prevention of reintroduction requires prevention of imported malaria across national, or in some cases, sub-national borders. This has been accomplished through screening arrivals at ports of entry, or synchronization of activities

	<p>between two countries along a border area to ensure consistent vector control, but more opportunities exist for managing cross-border malaria. The questions below serve only as examples.</p> <ol style="list-style-type: none"> 1. What type of coordination is required between countries or, at the sub-national level, provinces to prevent importation (e.g., regional networks, country to country partnerships)? 2. What examples have you seen/heard of that have been successful? What do you think would work in a particular country context? 3. What are the particular areas of this issue that would benefit from further exploration or evaluation? <ul style="list-style-type: none"> • Emerging Themes – Community Engagement - The group was given the following guidelines for discussion: It has been noted that any successful campaign, including malaria elimination, will require awareness, support, and involvement by community members. There has been great success in some countries, such with mass drug administration in Vanuatu, vector control by community members in Mexico, and others. The questions below serve only as examples. <ol style="list-style-type: none"> 1. What types of community-based organizations/structures might have the most success? 2. What are the key factors for success in working with communities? 3. What are appropriate ways for community members to become involved in an elimination campaign? Think about long-sustaining interventions and fulfillment for community members. 4. What are the particular areas of this issue that would benefit from further exploration or evaluation?
<p>Session 8</p>	<p>APMEN Business: Review/Approval of Management and Guidance Structure and Review/Approval of APMEN Advisory Board Maxine Whittaker [See slide presentation] Key points & discussion (A formal minute of the business meeting is being developed and will be available before the end of March)</p> <ul style="list-style-type: none"> • The proposed management and guidance structure of APMEN was presented. The ten participating countries were provided the opportunity to approve, approve with revision, or disapprove any of the suggested items. • Major items for discussion and approval included identifying co-chairs, process for vetting and inducting new country and institutional partners, and the Advisory Board/Panel structure, role, and initial members. • There was overall support for the proposed management and guidance structure, with a few suggestions for amendments/clarifications <ul style="list-style-type: none"> • The Advisory Board should play a role in advising and conflict resolution, not decision making which should be done by the Network at the Business Meetings

	<ul style="list-style-type: none"> • New country partners should have a visible commitment to elimination, while the Network is open to observers from countries in the region. • There needs to be a clear application process by which countries that wish to join APMEN can apply. There should also be clarification on what activities observer countries can take part in.
<p>Session 9</p>	<p>APMEN Business: Review/Approval of Annual Work Plan Michelle Hsiang [See slide presentation] Key points & discussion</p> <ul style="list-style-type: none"> • Every year, the Network will receive a report-back on activities from previous year and planning for the next year. • Budget for each year is indicative only, there is a cap on the annual meeting of \$205,000AUD only, all else is flexible based on the Network’s input as to priorities for the workplan. • The Secretariat serves as a communication channel between and among the Network and the Working Groups. • Work detailed in the Work Plan must be done by Network partners with local responsibility for implementation. The Secretariat only coordinates the work. • APMEN Work Plan for 2010 was explained in detail. • Much of the APMEN budget will go toward the Vivax Working Group, which was approved for the 2010 activities, because vivax activities were identified as a major priority at the Brisbane Inaugural Meeting. • Major activities in the Inception Phase included development and submission of funding proposals (mainly to AusAID, but also to Bill and Melinda Gates Foundation for GHG support to APMEN). AusAID grant has been approved. APMEN advocacy begun and now APMEN is recognized amongst the global malaria community, website established, collection and sharing of national strategic plans has begun, Sri Lanka Case Study began. • There was overall satisfaction with the performance of APMEN during the inception phase and support for the proposed workplan, with a few suggestions for amendments/clarifications: <ul style="list-style-type: none"> • It was suggested that APMEN should have an activity or event for World Malaria Day 2010. • A range of case studies may be most useful, including a long-term study on a high-burden country as it moves toward and through elimination, and focusing on countries that have already been successful. A study of all ten countries on one issue, such as cross-border elimination, would be a useful exercise. Further development of the case study framework was also mentioned. • A revised Work Plan, in consideration of these discussions and reporting from Breakout Session groups, will be circulated after the meeting – proposed timeframe the end of March.

DAY THREE - February 19, 2010	
Session 10	<p>Report back from Breakout Sessions</p> <p>Mario Baquilod APMEN Fellows Program [See slide presentation] Key points & discussion</p> <ul style="list-style-type: none">• The group suggested an increase in annual funding to \$50,000 from the \$40,000AUD proposed. This would enable the funding of 5 Fellows/year.• The Fellowship committee would include 2 country representatives, someone from a partner institution, and then someone from the Secretariat. The Committee will also call upon 1-2 external reviewer(s).• Review meetings and Fellowship Committee meetings should be synchronized with the APMEN annual meetings to reduce costs and to be able to announce selections at the meeting.• There could be special considerations for Fellows that want to extend their program – these should be reviewed on a case by basis by Review Committee.• There was general consensus that the \$2000 AUD for host institutions is important and helpful for the host institution.• The proposed criteria seem to be minimum requirements and should include more criteria for quality proposals.• It was agreed that the Review committee, and not the Advisory Board, can make decisions for granting proposals.• The document outlining the fellows programme should be completed in March, circulated to members, and then activities within the timeline commenced.• Submission of applications should begin in April 2010. <p>Rabindra Abeyasinghe APMEN Research Grants [See slide presentation] Key points & discussion</p> <ul style="list-style-type: none">• Calls for research proposals should be put on the APMEN website.• All proposals could come through the NMCP.• Criteria should include weighted scoring.• The review process should give weight to capacity development.• Those who are not funded receive support to improve the quality of their application for potential funding the following year or the same year if funds are available. The application process should be an iterative process.• Completed projects can be presented at general APMEN meeting, and should be published, following peer review process, for example as part of the Malaria Journal's elimination series. Publications should be put on the website.

- It was asked if the main goal of these research grants should be to address gaps or to improve capacity, and it was felt that capacity building was important but that the main goals would be to fill gaps and answer operational research questions.
- Some of the same projects may need to be done in multiple sites to allow for different epidemiology's and to also compare countries.
- APMEN fellowships could be complementary to the research grants.
- APMEN can liaise with the WHO TDR focal point for guidance on certain questions about operations of these small grants.
- Country partners play a stewardship role, like with the Global Fund.
- The research grants document shall be modified according to this feedback and circulated by end of March 2010. The grants should be awarded around mid-2010.

Lasse Vestergaard

Strategic Planning for Malaria Elimination

[See slide presentation]

Key points & discussion

- The breakout session discussions were more broad rather than a set of concrete recommendations for APMEN.
- Countries need more input on re-orienting their programs from control to elimination.
- Subnational elimination is not considered by WHO, and better guidance on criteria and guidelines is needed.
- Future guidelines must consider stratification within a country, where to best put resources and what resources are prioritized. Conflict areas and border areas must be considered.
- Strategic planning must serve to capture government attention and appropriate resources for the long and sustained term, before heading into elimination.
- Countries need TA to answer questions about feasibility and to develop costed plans.
- Current guidelines are more falciparum focused and guidelines that are more vivax focused are needed.
- WHO will take a primary role in development of guidelines and establishing key indicators for the transition between control and elimination. WHO is just beginning the exercise of updating guidelines for elimination as well as updated surveillance guidelines and indicators. WHO representatives at the meeting felt that it was important for WHO to engage APMEN and MEG in this process.
- APMEN could play a role in:
 - Sharing information
 - Supporting sharing of case studies as well development of new case studies to identify best practices
 - Helping countries advocate for elimination, e.g. through economic analyses
 - Identify key differences between control and elimination
 - Further the discussion on strategic planning for subnational elimination

A.P. Dash

Imported Malaria & Cross Border Issues

[See slide presentation]

Key points & discussion

- Bordering countries could benefit from technical assistance and information exchange.
- Case studies of cross border issues would highlight challenges and potential solutions.
- Countries must engage their neighbors at the country-level. APMEN may not be able to do this as it can be a sensitive and complex matter. This is more a role for WHO.
- For APMEN countries, many of the cross border issues will be with other countries that are not part of APMEN.
- For subnational elimination, the interactions need to be province to province.
- The group requests a budget of \$50,000 to support APMEN work in this area and suggests that the Secretariat serve as the focal point.
- We can learn from existing cross border collaborations, e.g. BIST (Brunei, Indonesia, Singapore, and Thailand) – they have regular meetings

Akira Kaneko

Community Engagement

[See slide presentation]

Key points & discussion

- Indonesia distributes LLINs through cadres, but there are over 60 PHC programs which is good but this means there are many parties to coordinate.
- Aneityum has maintained its malaria free state for >20 years, and this has to do with the community's financial contribution to maintaining border screening.
- Part of the GMEP failure was lack of community participation. Low burden country populations must be reminded of malaria burden before elimination, and also be made aware of potential risks post-elimination (importation and outbreak risk), and the long-term benefits to communities as well as the need for financial resources in the community.
- The knowledge and action gaps need to be addressed.
- A package for community participation support could be created.
- Issues of cross-border malaria and migrant populations overlap much with issues of community participation.
- The establishment of The Community Participation in Malaria Elimination (COPME) Working Group is suggested. It will increase the evidence base in elimination, host a website discussion group, and establish community-directed strategies. The Working Group will partner with ACTMalaria. Some funding will be necessary.

<p>Session 11</p>	<p>Approval of APMEN Governance and Work Plan, Next Steps Maxine Whittaker</p> <p>Dr. Abeyasinghe noted that the country participants had met last night and discussed the documents, processes, work plans and next steps.</p> <p>Each of the governance documents as well as the Fellows Program proposal and 2010 work plan was briefly summarized and presented to the Network for approval. Comments were few:</p> <ul style="list-style-type: none"> • Documents are not set in stone and amendments can be made. • Concerns at any time can be addressed to the Secretariat who will bring them to the attention of the Advisory Board. Suggested changes can then be presented to the Network. • Country programs and partner institutions interested in joining APMEN can submit a request to the Secretariat; these procedures will be formalized. • It was noted that funds for APMEN II meeting have not all been used and these funds can be used to support requests for more funding in other areas (e.g. Fellows program, Imported Malaria, Community participation working group) though accounts from APMEN II meeting have not all been settled so the UQ Secretariat will need to review closely in the weeks to come. • It was also noted that although the work plan was presented and generally approved, the suggested priorities/work plan for APMEN are still quite broad. In the future, we need to clarify priorities as all budgets and time are limited. <p>The 8 country participants that were present (Bhutan, China, Indonesia, Malaysia, Philippines, ROK, Solomon Islands, Sri Lanka) approved the governance document pending integration of suggested edits. Updated documents will be circulated to the Network before the end of March, then finalized after allowing 2 weeks for review and feedback.</p>
<p>Session 12</p>	<p>Conclusions</p> <p>Kamini Mendis</p> <p>WHO congratulates the Network for a successful meeting and pay special thanks to the hosts the Sri Lanka National Malaria Control Program, and the Secretariat for organizing the meeting. WHO respects the focus on vivax and elimination. However, vivax could become a crowded field, and WHO can provide coordination and more efficient use of resources. WHO is glad to see that APMEN is anchored around countries. It is good to see that Sir Richard is guiding APMEN. Having led the Global Fund, he understands the power of the countries, and that work must be driven by the demands of the countries.</p> <p>Richard Feachem</p> <p>3335 years ago, King Tut died of falciparum malaria; this was recently discovered and Egypt recently successfully eliminated malaria. It is encouraging to see that this ancient scourge is being brought to an end in certain places during our lifetime.</p>

APMEN is well and truly launched after this successful meeting. One final point, and a possible emerging theme for next year, is the issue of regulation and legislation for malaria elimination. There are examples among the 10 APMEN countries. There are also examples from past successful eliminators, such as Singapore, where one could be court marshaled if you were ill with malaria because this indicated that you were not taking prophylaxis. Such discipline could be enacted in armies, such as with Indonesia and Sri Lanka. Also, the private sector must share some of the responsibility. It might be the duty for instance of constructions sites, to screen all migrant laborers and treat appropriately. Sir Richard again thanked all participants with special thanks to WHO HQ represented by Kamini Mendis, WPRO represented by Lasse Vestegaard, SEARO represented by AP Dash, as well as AusAID represented by Sue Elliot and Lucy Phillips.

It was formally announced that the next APMEN meeting will be in late April, early May and take place in Malaysia, perhaps Sabah or Sarawak. Appreciation of this offer and its acceptance was shown through applause.

Rabindra Abeyasinghe

Sri Lanka was very pleased to host the Second Annual Meeting of APMEN. For many years, the country has been associated with conflict, but now you can associate it with strong malaria control and promise for elimination. Thank you to all the guests for their contributions to a very successful meeting.