



Annual Report 2011

December 2011

1.0 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 Global Health Group 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 GHG agreed to support the network in their role as part of the Joint-Secretariat. 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 overall **aim** of the APMEN (as described in the APMEN Establishment Support Program contract) 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*). The **key strategic objectives** are:

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.

The work plan was divided into a 6 month inception phase (July – December 2009) followed by five annual activity plans. As the funding agreement was signed in November 2009 the 2010 Annual report highlighted activities undertaken during the 14 months between November 2009 and December 2010 (Year 1).

This report focuses on activities from January to December 2011 (Year 2).

2.0 Achievements

2.1 Introduction

In 2011 APMEN experienced a small growth in the size of the formal Network as well as an increased interest and active participation by various stakeholders and participants. Building on the solid processes and framework put in place in year one the Network has quickly matured and year two has been typified by an expansion of the range of activities in response to Network demands and a definitive movement towards delivering results in key activity areas.

The network consists now of eleven Country Partners, twenty Partner Institutions, two Co Chairs, an Advisory Board, donor organisations, and 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 two and details some of the activities involved in establishing work plans, responding to identified priority needs that were raised during the annual APMEN Technical and Business meeting (APMEN III) in May , 2011. This report highlights both the Network's successes and lessons learned during the year two period.

APMEN activities are developed and implemented by all APMEN participants, including Country Partners, Partner Institutions, APMEN working groups, 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 2011 work plan and activities occurred out of session via email and supplementary telephone consultations in October and November of 2010. The UQ Secretariat received further feedback from participants on the draft work plan through three mechanisms and revised the work plan accordingly. After internal peer review by the Board, the finalized and approved (country partner email consultation in January 2011) the APMEN work plan detailing proposed AusAID funding allocations was submitted to and noted by AusAID by end of January 2011.

The APMEN work plan for year two focused on continuing establishing activities and commencing new various activities (see Table 1 and Appendix 1). This included activities to continue the functions of the Network and function of the Joint Secretariat, 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 continuing the APMEN Fellowship and Research Grant Programs. New activities included; increased network work plan consultation, the GIS training Program and Community Engagement Workshop and collaboration to produce the APMEN *Atlas*. Managing Contractual activities included negotiations for and auctioning a no cost extension amendment and a costed extension with AusAID and the continuing agent's agreement with Menzies University. A midterm external review of the UQ management of the AusAID foundation program (annex TOR) was also conducted according to the contractual agreement with AusAID.

Table 1: Major Priority Activity Areas: Work Plan Year Two - 2011

Objective	Priority Activity Areas
1. Information sharing and consensus building	
A	Maintain and improve APMEN website
B	Translation and publication of documents
C	Share knowledge -Annual meetings
D	Support review of technical strategies and develop guidelines
E	Centralized centre for case monitoring
2. Building the evidence base for decision support	
A	Document available evidence through case studies
B	Vivax working group: operational research
C	Vector control working group: set priorities and perform reviews
3. Technical guidance and capacity building	
A	Expertise and human resource capacity building
B	Provision of technical assistance
4. Leadership, knowledge management, advocacy	
A	Support elimination efforts
B	Generate public understanding
C	Gain political and financial support
5. Facilitating of Emerging priorities	
A	Support cross-border and regional collaboration
B	Establish a program of work for community engagement in malaria elimination
C	Other emerging trends

6. Secretariat Function	
A	Coordination and management of APMEN governance and activities
B	Plan and coordinate annual meeting
C	Ensure and manage funds
D	Link APMEN with global and other regional malaria efforts
E	Continue Secretariat capacity and infrastructure
F	Conduct organized planning
G	Conduct timely and accurate reporting

2.2 Progress against planned Activities for Year Two

A detailed report on 2011 APMEN activities are presented in Appendix 2 according to the monitoring and evaluation framework of the work plan.

Objective 1: Information sharing and consensus building

Priority Areas-Objectives A-E

In May 2011, a successful APMEN III 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 Kota Kinabalu, Sabah, Malaysia, with over 90 Network participants attending. Preparatory work undertaken to ensure that this meeting was successful included: identifying, informing and engaging key contacts and Partner Institutions in the Network. Attendance at the meeting as observers from neighboring Brunei - a certified malaria elimination country - was an important result from advocacy and networking efforts by the Secretariat (both UQ and GHG).

Close communication and liaison occurred between the Malaysian Ministry of Health and the APMEN Secretariat to develop the program and related details for the APMEN III and resulted in a confirmed conference location, logistical arrangements. Based upon the evaluation of the 2010 study tour, more detailed information was provided to participants prior to the 2011 study tour. Agreement was reached between with the Malaysian Ministry of Health that this was developed by engaging a local consultant to support the documentation the work of community workers in malaria elimination in Sabah. Subsequent to this activity, the Sabah provincial health office and Malaysia MoH have offered to undertake in a more detailed and formalized APMEN case study (using the jointly developed MEG./WHO/APMEN template) on reaching mobile populations - in Sabah the focus on plantation workers. The Secretariat and hosts had to implement a security response for the meeting, based on regional events at the time of the meeting. This included delaying any media activities until after the conference.

The Secretariat was able to leverage additional financial resources for the APMEN meetings which facilitated the attendance at this meeting of approximately one third half of attendees. Additional financial resources were provided for sponsoring participants to the APMEN III meetings, namely:

- Malaria Consortium sponsoring 1 Vietnam country representative and cost share 1 Country Partner representative from Thailand (attending the Vector Control Working Group);
- Kenan Institute (USAID funds) cost share 1 Country Partner representative from Thailand (attending Vivax Working Group)
- UNICEF Indonesia funding 4 representatives as observers from Aceh and Banda
- In-kind support through provision of equipment and vehicles borrowed for the meeting, and staff time from the Malaysian Vector Borne Diseases programme.
- Support of Sabah team to APMEN consultant transport and field activities;
- MAP, Medicines for Malaria Venture, GSK, amongst other supporting participation in the meetings
- The Global Health Group funding 5 representatives as Secretariat partners

New interest in the Network in 2011 was evident by increased participation at APMEN III and notably an increased engagement with WHO representatives including the Global Malaria Programme and Mekong Malaria Program (presenting information of the issues of Artemisinin resistance and responses in the region). New Country Partner application from Cambodia and Partner Institution applications from the Sarawak Malaria Centre, Malaysia and the Mahidol Vivax Research Centre, Thailand indicate APMEN increasing importance as a network.

Following recommendations made during the Kota Kinabalu meeting for increased Country Partner face-to-face consultation on work plan progress and development, the Secretariat facilitated two meetings in the later part of 2011. With support and in-kind resourcing of meeting room from the WPRO, APMEN was able to coordinate a consultation meeting in Manila for APMEN country partners in the WPRO region (as a special evening meeting held during the WPRO Malaria Managers meeting. APMEN country partners who were not attending the former meeting were consulted during a pre-dinner meeting held in conjunction with the APMEN Community Engagement Workshop in Chiang Mai, Thailand in November. These meetings have increased engagement in decision making for the proposed 2012 work plan, and provided another conduit for communication on upcoming activities as well as providing a forum for informal discussion between country partners and the APMEN Secretariat.

The APMEN website is regularly updated and provides an important means of communication among APMEN participants and with the global malaria community, as well as links to relevant country and regional resources. The website hosted and maintained by the UQ Secretariat and has had a total of 4, 054 visitors between January 2011 and December 2011. This is an increase of 1,416 visitors from 2010.

A key network output was finalisation of the APMEN Malaria Elimination *Atlas*, a first-of-its kind *Atlas* of APMEN's malaria-eliminating partner countries which displays the geographic distribution of malaria, and clearly outlines how much malaria remains and where it is concentrated. It was developed with consent of the countries and their approval of release and utilization of the data. The APMEN *Atlas* serves as a tool to aid program managers, policy makers, and funders. It resulted from an APMEN collaboration with the Malaria Atlas Project (MAP), and was coordinated by the UCSF Global Health Group. Launched during the BMGF Malaria Forum in October 2011 in Seattle, Washington, 520 copies of the APMEN *Atlas* have been provided to APMEN Country Partners, 300 to partner institutions and 85 to past observers at the APMEN meetings. The APMEN *Atlas* has a companion publication; The *Atlas of Malaria Eliminating Countries* contains maps of the 36 malaria-eliminating countries around the world. This *Atlas* has had resources provided by MAP and MEG in terms of specialist technical assistance (mapping, modeling, analysis), graphic design and editorial support to supplement the funding provided through the AusAID funding. Media interest was noted for the launch event and the publication.

Another important activity completed was the dissemination of the matrices developed under the APMEN Matrix project. The 10 matrices are a user-friendly tool designed to add to the current body of knowledge on malaria control strategies and interventions in the Asia Pacific region. Each matrix includes information collated from countries' national strategic plans, APMEN presentations, and other country documents available through the network with country approval and the internet. Collaboration with WHO resulted in the national strategic plans from DPRK being added to this resource. Outcomes of the availability of these matrices have been:

- assisting the collation of case investigation strategies for analysis of approaches to case investigation in elimination environments
- identify of the range of PV regimes to support the identification of vivax related research priorities for multicentre study (Wuxi Vivax meeting).

Based upon feedback by Country Partners to streamline communications an APMEN newsletter was launched. Since May, four newsletters have been disseminated via 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 are accessible and accessed from the APMEN website.

Another format of communicating with country partners and partner institutions, and the global malaria community (including development partners) are publications. These are also one of the activities for advocacy both of issues of importance to the Region, and for the APMEN. In 2011 publications include:

- the APMEN *Atlas*
- Peer reviewed published paper Anderson et al *Trends in malaria research in 11 Asian Pacific countries: an analysis of peer reviewed publications over two decades* Malaria Journal 10:131 May 2011.

A second unpublished paper *Primaquine Clinical Trials* was presented to VxWG members at the Jiangsu meeting to assist the VxWG develop a protocol for the multicentre primaquine trial. Preliminary work commenced on the collection of historical case studies from the WHO Archives, intending to capture the existing historical literature on malaria elimination in the Asia Pacific region. These reports will shape an online resource to be posted in 2012.

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 Kota Kinabalu immediately preceding APMEN III in May, 2011. The VxWG coordinating team situated within the Menzies Global Health Division has been responsible for facilitating the VxWG activities and co-ordination of the Vivax Research Grant Program (Refer to Appendix 3). In 2011 VxWG coordinating team have focused on establishing and supporting 11 research projects being implemented in 7 different APMEN countries, running a genotyping workshop, assisting the VxWG develop protocols for a multicentre trial and in engaging and updating VxWG members in the ongoing *P.vivax* debates and discussions.

Key outputs in 2011 include:

- Publication of a literature review conducted by VxWG members (Anderson et al 2011 op cit)
- Commencement of 10 research projects (One research grant withdrawn by country partner).
- Support visits to research grant recipients in Indonesia, China, Philippines, Malaysia
- Genotyping workshop conducted in Kota Kinabalu Malaysia
- Multicentre primaquine trial workshop and protocol development
- Technical and program support to VxWG supported research projects
- Literature review of antimalarials clinical trials

The VcWG has had experienced some increase in the level of activity in comparison to 2010, stimulated by the appointment of a new (volunteer) coordinator – Dr Alongkot Ponlawat of AFRIMS, Thailand and new members/attendees to the working group (28 attended the meeting in May). An APMEN vector control survey with the aim to develop 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 was commenced in late 2010. Finalized in the first half of 2011, the preliminary results were presented at the May meeting. Additionally an inventory of vector control and entomology training courses available in regional institutions was compiled and presented at the May meeting. Partners such as ACT Malaria, WHO, and CDC/JCU provide the working group details of their activities in vector control in the region. Based upon these presentations recommendations were developed in this meeting, noting that for 2011 there was no need for a stand-alone research programme in vector control. The meeting participants recommended that a sub group met in September in Thailand to conduct detailed discussions on the results of the APMEN Vector Survey and inventory, and to develop an action plan for 2011/2012. This meeting identified the importance of taking stock of what is already know on the role of vector control in elimination environments (including historical evidence from the “eradication’ campaigns) before identifying any new research priorities or agenda.

The working group had identified its reliance on the “spare time” of the working group members and lack of a dedicated administrative support person to the activities of this working group as being a constraint to the pace and breadth of work that can be supported. It noted that the original discussions and the resultant

design did not envisage the need for this support, and that the UQ APMEN Secretariat has played this role to date. It recommended the recruitment of a part time administrative person, and given the restrictions of placement of a person in AFRIMS, for an interim arrangement of the position to be located at UQ Secretariat.

In addition to the activities directly supported by AusAID, other activities have been undertaken as collaboration between APMEN and the Global Health Group, whose primary funder is the Bill & Melinda Gates Foundation. These have been:

- A manuscript of a case study of Bhutan's malaria control and elimination program, highlighting the challenge of border malaria, was completed, submitted to the Malaria Journal and accepted 'in principle' for publication by early 2012.
- A manuscript of a case study on Sri Lanka's malaria control and elimination program was completed and submitted to a leading public health journal and is now currently under revision. This case study describes the key success factors in its reduction in malaria incidence.
- Completion of the matrices.
- Documentation of the experience and lessons learnt from mass drug administration of primaquine in China's Jiangsu Province continues.
- A survey tool on reactive case investigation methods was developed and disseminated to the APMEN Country Partners, of which five were already completed by early December. This survey will be disseminated as a report and a peer review publication, documenting the different strategies used by each country and will highlight any gaps in evidence for this method.

Objective 3: Technical guidance and capacity building

Priority Areas-Objectives A- B

The APMEN Fellowship Program was showcased at APMEN III and Country Partners (and all meeting participants) confirmed its value as a key capacity building activity of the network alongside suggestions to improve the program. Strong positive feedback from Fellowship recipients, Host Mentor Institutions and National Malaria Program Managers confirms the formal evaluation which was made be available during the APMEN III meeting and on the APMEN the web site.

In 2011 Fellowship applications were received from 11 individuals from 7 countries. Originally the Fellowship committee was concerned that in this round:

- a) Proposals did not provide enough information and detail to assess them adequately
- b) Several applicants were for GIS training, and so there should be a delay in review until the GIS training program was held, to identify if further needs for these applicants remain that would warrant a fellowship opportunity.

Later this year following a review process by the APMEN Fellowship Program Committee, five Fellowships were awarded on the following topic areas: spatial analysis and GIS along border regions, Malaria management training, G6PD deficiency, and genotyping. Based upon this experience a step will be built into the process in 2012 where support will be provided to applicants to submit an application ensures an even broader coverage of applications from the entire Network

The administrative and logistical arrangement for placement of the fellows continues to be undertaken by the UQ Secretariat. Fellowship Program recipients were from a range of countries, topic/interest areas. Following agreement by the network to an increase in the level of funding which would allow for the original intended length of fellowships of up to 3 months to be achieved was undertaken in 2011. The average of 4 weeks in 2010 has been increased to 8 in 2011/2012 fellows placements.

Recent activities of the APMEN Fellowship Alumni have been included in the APMEN newsletter and prior to the call for 2012 APMEN Fellowship applications the expertise register of potential APMEN Fellowship hosts will be made available on the web.

A GIS committee was established and TOR drafted. A GIS survey was developed to inform the GIS training development, and final analysis, together with pre and post APMEN GIS training evaluation surveys to inform the 2012 capacity building activities. The aim is to identify training needs for elimination competency pathway and training program for 2012. The inaugural training program was conducted in Shanghai co hosted and supported in-kind by the National Institute of Parasitic Diseases China with 35 attendees from APMEN Country partners. WPRO has initiated initial discussions with APMEN both on using the survey in a broader regional context and also for a collaborative approach to training in the region. In-kind contributions were also provided to this activity in the form of expert trainer from London School of Hygiene and Tropical medicine and expert peer review of materials by UQ.

Support to Research Grants recipients include visits to China (2 projects), Vanuatu, Malaysia and Indonesia (2 projects) China by the VxWG Clinical Coordinator and Research Officer to provide technical support. Additionally technical support has also been provided to other research grants projects via emails, Skype and phone meetings. A successful genotyping workshop was conducted at APMEN III, as part of Vivax Working Group meeting in Kota Kinabalu. In 2012 a one-week course on research ethics facilitated by Menzies will be organized to further strengthen the research capacity of APMEN Country Partners in Vivax research efforts

The Vector Working Group during its meeting in Kota Kinabalu requested that the UQ Secretariat facilitate the attendance by WPRO APMEN Country Partners at the SEARO IVM workshop in Pondicherry, India in October, 2011. Due to bureaucratic issues and visa issues, the 6 APMEN attendees identified did not participate. All parties agreed to work in close collaboration with longer lead times to facilitate this activity in 2012.

Improvements in implementing this objective in 2012 will be: increased linkage with WHO and ACT Malaria in Fellowship and Research Grants and integration of APMEN capacity-building via both the by Research Grants program and Fellows program.

Objective 4: Leadership, knowledge management, advocacy.

Priority Areas-Objectives A- B

During the recent global financial crisis APMEN has observed continued support from the eleven National Malaria Programs, major donors, and political leaders. Continuing support from the AusAID via the UQ and the GHG (through their grant from the Bill and Melinda Gates Foundation) and from the Ministries of Health in both Malaysia and the Republic of Korea in the planning and hosting of the Annual Network Meetings, have contributed to the Network moving forward to meet its objectives.

APMEN and elimination efforts in the region are increasingly recognized among malaria community and in the general public. In October 2011 the RBM Progress and Impact series entitled, *Eliminating Malaria; Learning From The Past, Looking Ahead* was released ahead of the Gates Seattle forum where there was a renewed call and resurgence of the "elimination" agenda. APMEN participants have been invited to and attended and presented at many of the major malaria forums and the number of request for this level of participation has increased. 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. Presentation were requested and undertaken at; Malaria Elimination Group (Tanzania, October 31 through November 3); Roll Back Malaria Partnership Board meeting (Wuxi, November 2011), Australian Medical Students Association (Sydney, July), BMGF Malaria Forum (Seattle October 2011), WPRO Malaria Managers Meeting (Manila, August) and the American Society of Tropical Medicine 60th Annual meeting(Atlanta ,November) amongst others.

APMEN maintains professional linkages with other initiatives such as cross border initiatives in Southern Africa - Trans Zambezi Malaria Initiative (TZMI), Trans-Kunene Malaria Initiative (TKMI), and by serving as a model for the Elimination 8 (E8) initiative of southern Africa. Attendance at the tenth anniversary meeting of

the Amazon Malaria Initiative and the Amazon Network for the Surveillance of Antimalarial Drug Resistance (RAVREDA) has further established links within this region.

The lead in developing an advocacy strategy and plan was undertaken by the GHG co-secretariat in 2010, with contributions from the UQ co-secretariat. In Kota Kinabalu discussion on advocacy was a common theme amongst all working group meetings, as well as in a specific break out discussion group on this topic. In these discussions advocacy were classified as: advocacy in countries for commitment to resourcing progress towards and sustaining elimination; advocacy for development partners to support the unique malaria agenda in the region (e.g. vivax, borders, resistance) as well as elimination efforts; and advocacy for supporting APMEN activities. Based upon these discussions, the 2012 advocacy efforts include organizing a high level delegation of senior health decision makers in the countries and region to a focused session preceding APMEN IV to increase their commitment to advocacy at a regional level ; to provide elimination themed messages for country level activities including World Malaria Day 2012 and to further utilise prepared media releases to internally and regionally advocate for malaria elimination efforts. The redesign of the one page APMEN brochure has been delayed in order to align with the planned advocacy kits.

Key media achievements of the Network in 2011, have included the launch of the APMEN *Atlas* and Community Engagement Workshop, and the new membership of new members Thailand and the London School of Hygiene and Tropical Medicine all received media coverage on web-based news sites, including ACTMalaria, tropiKA.net, and MalariaWorld. The APMEN Community Engagement Workshop was also featured extensively (9 articles) on the popular frequented “Malaria Free ” blog of William Brieger, Professor of Health Systems Programs, John Hopkins Bloomberg School of Public Health. The Secretariat have identified reference to APMEN was in 4 major and/or peer reviewed publications.

New interest in the Network in 2011 is evidence of APMEN becoming recognized among the malaria community. 2011 has seen a new Country Partner application from Cambodia and Partner Institution applications from the Sarawak Malaria Research Centre, Malaysia and the Mahidol Vivax Research Centre, Thailand (applications being considered by the network in 2012).

Objective 5: Facilitating of Emerging priorities.

Priority Areas-Objectives A- C

Emerging issues identified by the Network during work plan consultation and the APMEN III meeting included: Advocacy (previously discussed), community participation and cross-border work. Two significant community participation activities resulted from the stimulus provided by the successful APMEN Study Tour to Kiulu Health Clinic, Sabah, Malaysia which focused on Volunteer Health Workers. The APMEN meeting called for the reformation of an APMEN Community Participation Group. This group formed quickly and includes representatives from UQ, GHG, ACTMalaria, Karolinska Institute, Mahidol University, WHO, MoH Thailand and RBM participation. A timely literature review on the role of community in elimination was published in August and partially supported by APMEN. In November a well attended (50 participants including all country partners, many from provincial levels and/or health promotion sections of Ministries of Health)) Community Engagement Workshop was conducted with the support of co hosts Thailand Vector Borne Disease program in Chang Mai. The Thai MoPH provided in-kind support to the APMEN through organizing and hosting the field trip. This forum, the first of its kind focusing on malaria elimination, will result in further activities relating to this emerging theme, including capacity building, research priorities and case studies on community engagement in APMEN Country Partners, in 2012.

The politically sensitive nature of cross-border and regional elimination work remains a key emerging issue for the network. During the APMEN meeting in May a renewed call was made for APMEN to address this issue, but also re-focussing the issue on “mobile population”. In 2011 APMEN has developed links with regional countries that have successfully eliminated malaria such as Brunei and others in pre elimination phases that border APMEN countries such as Cambodia, Vietnam, Nepal and Laos. These linkages have resulted in invitations to attend and present at meetings and capacity building activities. A key regional strategy is the Vivax Multi Centre research trial where APMEN countries have agreed on SOP for genotyping which may eventually lead to an ability to identify if a case is local or imported. This work has seen interest

from other non APMEN countries in the region. A Bhutan cross-border report was co-financed through SEARO, GHG, Bhutanese Government and APMEN and was completed and made available on APMEN website in May 2011. This report details the considerations, challenges, and possible way forward for Bhutan's cross-border malaria situation.

Objective 6: Secretariat Function

Priority Areas-Objectives A-G

The Secretariat teams at UQ and Global Health Group (GHG), University of California, San Francisco, consolidated their approach to the joint Secretariat in 2011. A new co-Coordinator of the Network from GHG commenced in April and complemented the UQ co-coordinator as in-kind contribution by their parent institutions, UQ and GHG. The regular GHG and UQ meetings that facilitate inter secretariat and network communications and the operationalization of the Networks work plan have continued. The Secretariat planned and conducted a very successful APMEN III meeting in Kota Kinabalu and have commenced planning in August 2011 for APMEN IV in the Republic of Korea (May, 2012). Working group meetings, study tour and the overall meeting were all evaluated using formal surveys. The increase in the networks activity has also resulted in increased workloads for the joint Secretariat. The new approach requested by the Country Partners to the work plan consultation process has resulted in two extra meetings that have attempted to resolve the challenges of engaging participants over email.

The Secretariat ensures APMEN coordination with other malaria partners and regional efforts and identifies and liaises with potential collaborators for the Network.

- Development of new policy and procedures
 - Standing orders for Advisory Board members
 - Draft Child Protection policy
 - Draft Travel management policy
 - Contracts register
- Secretariat
 - New GHG Co-coordinator inducted
- Facilitate preparations for Aus AID midterm review
- Menzies Agents contract -Induction of new Vivax working Group Coordinator

In September the Chair of the Advisory Board resigned. This event highlighted the need to strengthen the Governance documents. (The Country Partners had approved the original governance documents noting that when an unanticipated event occurs which requires change then they will need to be updated). The governance documents will be redrafted in 2012 and advice on this process is on the agenda of the December Advisory Board meeting. In October a midterm evaluation of the program was undertaken by AusAID. Preliminary findings have been presented to the UQ Secretariat and when the final report is made available it will be shared with the APMEN Advisory Board, Network and participants.

2011 Budget Acquittal

The funding acquittal for the period January 2011 to December 2011 is provided in Appendix 4 of this report. The Secretariat has been responsible for the development of financial budgets, processes and systems for the Network's activities.

The budget execution rate has increased in 2011. This is attributed to increased expenditure for the Vivax components and increased budget to the emerging theme activities of the community participation workshop, the GIS training workshop and the *Atlas*. The under spending is attributed to: delays in ethical clearance of vivax research projects in country; capacity of the vector working group to implement activities. The unspent funds for the year 2011 will be rolled over into 2012 to support the activities agreed upon in the 2012 work plan as well as 2011 activities which have experienced some delay e.g. 2 Fellows and Vivax research grants.

3.0 Conclusion

Year two of the APMEN establishment - has seen a marked increase in the level of activity to meet the objectives of APMEN. In 2011 the Network has witnessed increasing commitment from the National Malaria Programs to contribute to information gathering and sharing and as a result the Network is beginning to pursue collaborative approach to regional elimination issues. The expansion of the Network and engagement of key partners such as WHO and RBM has positioned APMEN to contribute significantly to the challenge of malaria elimination in the Asia Pacific Region.