OPENING SESSION

Masters of Ceremony:
Rhodora Cruz
Antonio Bautista

Speakers:
Sir Richard Feachem
Thomas Teuscher
Mark Jacobs
Enrique A. Tayag

The APMEN VI meeting was officially opened with a Philippines 'Parade of Colours’ flag ceremony. Meeting MCs Dr Rhodora Cruz and Dr Antonio Bautista warmly welcomed more than 130 attendees to the sixth annual meeting of the network in Manila, the Philippines.

Sir Richard Feachem (APMEN VI Co-Chair, Director, Global Health Group, University of California, San Francisco, USA) congratulated APMEN on the dramatic progress being made towards elimination in the Asia Pacific region. He thanked the dynamic collaboration of countries, partners, regional and global organizations for being present, and for their continued advocacy and technical support. Sir Richard highlighted the importance of the newly-established Asia Pacific Malaria Leaders Alliance (APLMA) as a vehicle for mobilising high-level political support for malaria and elimination in the region. He restated the bold vision of a malaria-free Philippines by 2020, a malaria-free Asia Pacific by 2030, and to have achieved accredited malaria eradication in the region by 2035.

Dr Thomas Teuscher (Deputy Executive Director, Roll Back Malaria Partnership) noted Asia’s economic development as a shining example of what is possible in the region. He stressed the need for improved coordination and best practice for elimination and called for sharing of experiences. Lastly, he urged the meeting to review the rationale for malaria elimination in the post millennium development goal setting, and how best to capitalise on the value add of malaria elimination for advocacy.

Dr Mark Jacobs (Director for Combatting Communicable Diseases, World Health Organization Western Pacific Regional Office) congratulated APMEN on its success, and reiterated the critical need for sustaining the gains already made over the past decade. He stressed the importance of acknowledging the lives being saved, and cautioned that APMEN cannot afford to relax when 700 million people remain at risk. He concluded by stating that ‘malaria elimination is feasible and vital’ for the Asia Pacific region, and moreover, the world.
Mr Edgar O. Chua (Country Chairman, Shell Companies in the Philippines) welcomed everyone on behalf of Shell, who recently celebrated 100 years in the Philippines. He spoke on private sector involvement in the elimination agenda, and affirmed Shell’s commitment to seeing malaria elimination in the Philippines by 2020. Mr Chua gave great examples of success stories in provinces that have already achieved malaria elimination, thanks to the Government of the Philippines’ efforts, and support from the Global Fund. Mr Chua also noted the need for “home grown solutions” to the malaria issues and challenges.

The Executive Director of Pilipinas Shell Foundation, Inc. (PSFI), Mr Edgardo Veron Cruz, also attended the opening session, and was acknowledged for the overall contribution of PSFI to the Philippines malaria elimination program. Mr Veron Cruz presented at the APMEN Country Partner Leadership Meeting held in Palawan, Philippines, just prior to APMEN VI.

Finally in opening APMEN VI, co-chair Dr Enrique Tayag (Assistant Secretary of Health, Department of Health, Philippines) representing Dr Enrique Ona (Secretary of Health, Philippines), welcomed the participants of APMEN VI to Manila, and reaffirmed the Philippines commitment to malaria elimination by 2020. His signature dance routine and call to “keep active” was enthusiastically received and was a special ending to a memorable opening session.
SESSION ONE - COUNTRY UPDATES

Chair:
Christina Rundi

Presenters:
Mario Baquilod
Simone Nambanya

Dr Mario Baquilod (Division Chief, Infectious Diseases Office, Department of Health, Philippines) provided an update on the current malaria elimination situation in the Philippines, which is characterized by drastic, steady declines within the past decade, and shifting from control to elimination. Out of 80 provinces, 53 are malaria endemic, and 27 are malaria-free. There is a stratification system with targeted interventions which, among other activities, systems and private-public relationships, which are credited for contributing to the declines in cases.

The session also heard from Dr Simone Nambanya (Deputy Director, National Malaria Control Program, Ministry of Health) on behalf of APMEN’s newest Country Partner, the Lao People’s Democratic Republic (Lao PDR). He provided an introduction to the country’s malaria profile, current national strategies, challenges and next steps. Dr Nambanya acknowledged the APMEN Country Partners in attendance that share borders with Lao PDR—China, Thailand, Cambodia and Vietnam (and also the non-Country Partner Myanmar). He noted that more than 95% of reported malaria cases are focused in six southern provinces, and detailed the events of an outbreak in 2011. Some of the key recommendations from Lao PDR’s November 2013 Malaria Program Review included a need to strengthen human resource and management capacities at all levels, re-stratification of sub-national centers (North and South) for M&E, stronger surveillance, and high-level national and cross-border engagements. The main challenges for Lao PDR and malaria elimination are the emergence of artemisinin resistance, funding diversity, policy in treatment of *P. vivax*, vector control, and surveillance with respect to mobile populations.
SESSION TWO
PARTNERSHIPS FOR ADVOCACY AND FUNDING

Chair:
Gao Qi

Presenters:
Mika Kontiainen
Ngo Duc Thang
Susann Roth
Hannah Bowen

APMEN welcomed hearing from representatives of the Asia Pacific Leaders Malaria Alliance (APLMA) which is co-chaired by the Heads of Government from Australian and Vietnam — from Australia, Mr Mika Kontiainen (Director, Disease Prevention and Control, Department of Foreign Affairs and Trade, and from Vietnam Dr Ngo Duc Thang (Head of Epidemiology Department, Ministry of Health, Vietnam).

Mr Mika Kontiainen presented an overview of APLMA and explained its formation was a direct recommendation of the ‘Malaria 2012: Saving Lives in the Asia Pacific’ meeting in Sydney in November 2012. APLMA aims to deliver high-level political leadership and facilitate a cross-sectoral approach. He noted that the first APLMA taskforce meeting on Quality-Medicines was going to be held on the 12 March, 2014 in Sydney, Australia, and that preparations were underway for a meeting of the Regional Financing taskforce in the coming months. Mika predicted that future successes of APLMA would assist in maintaining a political focus, on malaria, and that the Australian Department of Foreign Affairs and Trade would use these examples of success in future high-level political fora, such as the East Asia Summit in Myanmar in November 2014.

Mika informed the meeting that the Australian Government’s Department of Foreign Affairs and Trade is currently in discussions with APMEN regarding future funding, while it was confirmed that future funding for the network beyond the no-cost extension end date of June 30 2014 would be provided, the final amount is unconfirmed. The success of APMEN played a significant role in the broader scheme for the region, and ultimately, will contribute to malaria elimination in the Asia Pacific.
Representative from Vietnam Dr Ngo Duc Thang thanked APMEN for its impact on the Vietnamese National Malaria Control Program since joining in August 2012. He congratulated fellow Country Partner Sri Lanka for being 15 months malaria-free. Dr Ngo agreed with Mika Kontiainen that APMEN should promote the political commitment to the fight against malaria as a regional, country-led network.

Vietnam being a co-chair of APLMA is important as it pairs a malaria-free and malaria endemic country with a united goal of elimination. Dr Ngo suggested increased efforts to discuss strategies to combat issues such as hard-to-reach populations and cross-border populations in APMEN countries. He pointed out that while the APMEN countries share borders, malaria vectors and malaria do not respect borders. He closed his address by saying that by establishing strong foundations of collaborative group of countries and not just as separate countries, we can eliminate malaria in the very near future.
Dr Susann Roth (Senior Social Development Specialist in the Regional and Sustainable Development Department, Asian Development Bank) discussed regional cooperation and integration, advocacy at the political level, and the importance of policy dialogue to build a platform to mobilize advocacy. Susann outlined the new Regional Malaria and Other Communicable Disease Trust Fund (RMTF) which is an aspect of the Health Financing Partnership Facility (HFPF), which seeks to mobilize co financing from development partner agencies, the private sector, and foundations. She noted recent important contributions by the UK and Australian Governments which committed seed funding of US$19.4 and US$16.3 million, respectively.

The RMTF pooled funding model provides lower administration costs for program funding transactions and serves to provide long-lasting partnership between the contributing countries, and create ‘ownership’ of the investments. Underpinning the overall basis for a RMTF economic gains from malaria elimination, and that ‘Heath is Wealth’. The RMTF is open to all malaria endemic countries in the region, and all those non-endemic countries who wish to contribute to this regional elimination effort.
Hannah Bowen (Global Policy and Advocacy, Malaria No More USA) introduced Malaria No More (MNM) to the meeting. Hannah described the malaria case of the Asia-Pacific as ‘a great investment’. Global investments in malaria amount to approx. US$2.5 billion, with US$1.49 billion for malaria elimination. Hannah showed that traditional funding mechanisms in the region for malaria elimination rely on Governments (78%), with the balance from external funders like the Global Fund & donor countries (22%). Challenges to malaria elimination funding are maintaining political will when there is lower disease burden, which can threaten future success and lead to reintroduction. Artemisinin and insecticide resistance, *P. vivax* and hard to reach populations also remain as key challenges.

New national opportunities in the private sector and philanthropy can appeal to investors with a clear ‘end goal’ of malaria elimination. Regional opportunities include cross-border initiatives for funding of interventions along borders or among migrants, private sector with regional perspective (tourism industry, multinational companies), and regional financing mechanisms such as the ADB’s Regional Malaria and Other Communicable Diseases Trust Fund.

Ms Bowen suggested some advocacy messaging opportunities for APMEN, including health security as national security, surveillance, universal health coverage, and the ‘Big Win’ of malaria elimination, and encouraged the members of APMEN VI to keep generating messaging that are unified and coordinated in targeting regional high-level decision makers. Strategies for highlighting these messages were also suggested for the public and private sectors, as well as philanthropy and social mobilization.
Dr Rob Condon (private consultant) & Prof Gao Qi (Chair of the APMEN Advisory Board and APMEN Country Partner) shared with the meeting the results and outcomes of the APMEN Country Partner Leadership meeting held in Palawan on March 7-9 prior to APMEN VI. The aim of the meeting was for National Malaria Control Program Managers to reflect on their roles as leaders and the future role of APMEN. The leaders agreed on their responsibilities in relation to malaria elimination in their country and the region, and agreed also to provide peer-to-peer support and inspiration for these efforts.

The leadership meeting included highlights such as field visits to Barangay Bahile Microscopy Center, and the indigenous community at Sitio Cayasan and Barangay Tagabinet. Plenary discussions were held with invited speakers, including the Governor of Quirino Province, a leader of an NGO working with one of the indigenous communities in Palawan, and APMEN Country Partner representative group work on leadership principles for malaria elimination. The joint presentation also outlined how country partners can contribute to and strengthen APMEN.

The APMEN meeting produced a Declaration of Commitment (Manila Declaration), which is signed by all Country Partner representatives at the APMEN VI meeting.

**DECLARATION OF COMMITMENT**

We, the undersigned, meeting in Manila, Philippines on March 11, 2014, representing the Country Partners of the Asia Pacific Malaria Elimination Network (APMEN), do hereby solemnly commit ourselves as leaders to reach our own country’s goals of achieving and sustaining malaria elimination, for the collective betterment of the Asia Pacific region.

We acknowledge the existence of a diverse and dynamic network of leaders and leaders-in-training who share the vision, values and norms of the Asia Pacific region.

We understand that malaria affects the health of all populations, and therefore, we commit ourselves to working together to eliminate malaria in the Asia Pacific region.

We undertake to engage in regular, systematic and meaningful dialogue with our respective governments and to promote the collective progress of the Asia Pacific region.

We commit ourselves to working in partnership with all stakeholders, including national malaria control programs, civil society organizations, the private sector, and all other relevant actors to achieve the common goal of malaria elimination.

We commit ourselves to the following principles:

- **Leadership:** We commit ourselves to taking leadership roles in our own countries and in the Asia Pacific region.
- **Collaboration:** We commit ourselves to working collaboratively with other leaders and leaders-in-training in the Asia Pacific region.
- **Innovation:** We commit ourselves to promoting and facilitating innovation and new approaches to malaria elimination.
- **Sustainability:** We commit ourselves to ensuring the sustainability of our efforts and the progress we make.

We commit ourselves to working together to achieve the common goal of malaria elimination in the Asia Pacific region.

We commit ourselves to the following principles:

- **Leadership:** We commit ourselves to taking leadership roles in our own countries and in the Asia Pacific region.
- **Collaboration:** We commit ourselves to working collaboratively with other leaders and leaders-in-training in the Asia Pacific region.
- **Innovation:** We commit ourselves to promoting and facilitating innovation and new approaches to malaria elimination.
- **Sustainability:** We commit ourselves to ensuring the sustainability of our efforts and the progress we make.

We commit ourselves to working together to achieve the common goal of malaria elimination in the Asia Pacific region.

We commit ourselves to the following principles:

- **Leadership:** We commit ourselves to taking leadership roles in our own countries and in the Asia Pacific region.
- **Collaboration:** We commit ourselves to working collaboratively with other leaders and leaders-in-training in the Asia Pacific region.
- **Innovation:** We commit ourselves to promoting and facilitating innovation and new approaches to malaria elimination.
- **Sustainability:** We commit ourselves to ensuring the sustainability of our efforts and the progress we make.

We commit ourselves to working together to achieve the common goal of malaria elimination in the Asia Pacific region.

We commit ourselves to the following principles:

- **Leadership:** We commit ourselves to taking leadership roles in our own countries and in the Asia Pacific region.
- **Collaboration:** We commit ourselves to working collaboratively with other leaders and leaders-in-training in the Asia Pacific region.
- **Innovation:** We commit ourselves to promoting and facilitating innovation and new approaches to malaria elimination.
- **Sustainability:** We commit ourselves to ensuring the sustainability of our efforts and the progress we make.

We commit ourselves to working together to achieve the common goal of malaria elimination in the Asia Pacific region.

We commit ourselves to the following principles:

- **Leadership:** We commit ourselves to taking leadership roles in our own countries and in the Asia Pacific region.
- **Collaboration:** We commit ourselves to working collaboratively with other leaders and leaders-in-training in the Asia Pacific region.
- **Innovation:** We commit ourselves to promoting and facilitating innovation and new approaches to malaria elimination.
- **Sustainability:** We commit ourselves to ensuring the sustainability of our efforts and the progress we make.

We commit ourselves to working together to achieve the common goal of malaria elimination in the Asia Pacific region.

We commit ourselves to the following principles:

- **Leadership:** We commit ourselves to taking leadership roles in our own countries and in the Asia Pacific region.
- **Collaboration:** We commit ourselves to working collaboratively with other leaders and leaders-in-training in the Asia Pacific region.
- **Innovation:** We commit ourselves to promoting and facilitating innovation and new approaches to malaria elimination.
- **Sustainability:** We commit ourselves to ensuring the sustainability of our efforts and the progress we make.

We commit ourselves to working together to achieve the common goal of malaria elimination in the Asia Pacific region.
The Philippines Department of Health’s Secretary of Health, Dr Enrique Ona gave the keynote speech at the APMEN VI Dinner, held at New World Hotel Makati, Manila (full transcript of Secretary Ona’s speech is available from the APMEN website, <www.apmen.org/apmen-vi/> media coverage). In his address, Secretary Dr Ona acknowledged that significant progress in the reduction of malaria cases and deaths, and malaria as part of the overall vision for disease elimination initiative in the Philippines. He noted the Government of the Philippines has markedly increased the budget for malaria by 99% since 2002 (US$67,000 in 2002 to US$7.2 million in 2014). Secretary Ona advocated the need for external funding to supplement increased domestic government resourcing, to complete the task of malaria elimination. He recognized the importance of cross-sectoral collaboration for “sustained political commitment” towards malaria elimination. Secretary Ona thanked APMEN for choosing Manila as the host venue of the sixth annual business and technical meeting.

Guests at the official APMEN VI dinner were invited to dress in their respective traditional National costume, which made for a colourful and festive event. Invited guests were treated to traditional Pilipino dancing from local Manila-based Lahing Batangan Dance Troupe, as well as special performances by the Assistant Secretary of Health, Dr Enrique Tayag, who encouraged many participants to ‘get active’ on the dance floor, too. Dr Tayag spear the message of active movement as a prevention for the rising burden of noncommunicable diseases in the Philippines.
As a result of evaluation feedback from the previous year’s meeting, APMEN V in Indonesia, APMEN VI hosted the first World Café for participants. This session aimed to share recent APMEN activities and to generate ideas, share knowledge, and stimulating innovative thinking about the specific issues and challenges with malaria elimination in the APMEN countries. This year, five discussion topics were tabled: Advocacy, Capacity Building, Vector Control, Vivax, and Surveillance and Response.

Advocacy is a key activity for APMEN and its country partners to achieve its goal of malaria elimination in the Asia Pacific region. The table groups focused on all levels of advocacy; local, national, regional and global with the strong call for high-level political advocacy in the coming years for the region. Time and resourcing for National Malaria Control Programs to undertake advocacy was a central theme and the table presentation on the recent APMEN advocacy workshop highlighted some approaches and messaging for engaging in-country advocacy, particularly for conversing with high-level individuals in charge of policy and financial support to programs. The table discussions touched on working with non-profit partners, private sector, philanthropists and other stakeholders with vested interests in malaria elimination.

Table facilitators: Advocacy
Louis Da Gama
Arna Chancellor
I Made Josi
Hannah Bowen
Mel Kawa
Theodora Minerva
The capacity building table noted APMEN activities have been targeted at individuals, institutions and teams, and communities and countries. In 2013 three Thematic Fellowships were developed with APMEN Partner Institutions and 2014 will see the return to offering five non-specified APMEN Fellowships. The Advocacy Workshop was also highlighted as part of a customized suite of capacity building activities undertaken in 2013. Two past recipients of APMEN Fellowships, Ms Majhalia Torno and Ms Joanne Bibit, were on hand to give personal insights into the impact that APMEN fellowship training is having on return to their respective workplaces.

The World Café participants agreed that vector control is complex and critical to achieve malaria elimination, and that there is a need for commonality in vector control standard entomological procedures.

Knowledge gaps at the sub-national level, specifically how each local government office is positioned within the health systems to carry out vector control, was raised as an emerging issue.

The full report of the 2014 Vector Control Working Group meeting is available on the APMEN website <www.apmen.org/apmen-vi>
Plasmodium vivax remains a unique and challenging issue for elimination of malaria in the Asia Pacific region, and has been a focus area for APMEN since 2010. An overview of the APMEN research grants and capacity building program were presented, and the next steps for how some of this work will be translated to inform policy were discussed. Issues that remain important to the region included diagnostic testing for G6PD deficiency.

See the APMEN website for the 2014 Vivax Working Group meeting report.

Feedback from the APMEN Surveillance Thematic group meeting in Wuxi in October 2013 provided the context for the table discussion. The APMEN World Café participants concurred that surveillance is crucial to malaria elimination, and will be a focus of APMEN activities in 2014. Issues such as imported malaria, border transmission malaria, and minority populations were discussed in the context of improved surveillance strategies. Tables identified that in-country (capacity building) needs strengthening in order to achieve each country's elimination goals. Complexities of policy implications in case reporting were broached, and will form part of future work of the APMEN Surveillance and Response Working Group (which was voted in as an official working group during the APMEN VI Business Meeting).
Professor Dennis Shanks (Director, Australian Army Malaria Institute) is one of the two partner institution representatives on the APMEN Advisory Board, and reported back to the meeting on the discussions from the APMEN Partner Institution breakfast meeting. The meeting was attended by 21 participants, representing 18 of APMEN’s 33 partner institutions, and this was the largest partner institution meeting since the network’s inception in 2009. The meeting included new partners International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b), the Walter and Eliza Hall Institute, and Malaria Consortium. A variety of issues were raised, including a call for more space in the agenda for technical scientific input such as a session reviewing the top 10 malaria science developments in the previous year. Another suggestion was to increase sharing via the APMEN e-newsletter and emails to network of latest research/technical information were made.

Other issues such as targeted parasite elimination (TPE) and perspectives for using MDA as an approach to the resistance problem were also briefly noted as issues of concern by some of the partner institutions.
SESSION SIX— SUB-NATIONAL ELIMINATION: HOW TO DO IT,

Prof Gao Qi (Director of the National Key Laboratory of Parasitic Diseases, Ministry of Health, China, and Chair of the APMEN Advisory Board) gave a comprehensive update of the malaria profile in China, including the elimination efforts towards the last remaining cases of malaria in the province of Jiangsu where there have been < 1 case/10000 for 3 years and in some counties no local infected cases since 2008. Gao Qi discussed the ‘1-3-7 strategy’ currently in effect in China, whereby ‘within one day’, any confirmed and suspected malaria cases by law must be reported to the web-based health information system by the local health-care agency, ‘within 3 days’ of reported cases it is determined where the case originated (local or imported), and ‘within 7 days’, intervention and targeted action to seek out other infections and reduce the chance of onward transmission is completed by the county-level China CDC of the county where the patient resides and/or works. He also gave examples of how diagnostic capacity building in China has improved due to activities such as the ‘Diagnostic Olympics’ where institutes from around the country challenge each other. Gao Qi described how the Government of China is committed to the elimination program and have strengthened ties between public and private hospitals and the local communities in Jiangsu. He noted that funding for malaria elimination, as the number of cases declines, has decreased domestically and internationally. China became ineligible for global fund grants since 2012, due to their classification as a high middle income country and low malaria burden, and no longer receives contributions from the Global Fund. These are challenges that many APMEN countries will face in the future.
Mr Albino Bobogare (Director, National Vector-Borne Disease Control Programme, Solomon Islands) presented on sub-national elimination efforts for the Temotu (2008) and Isabel Provinces (2010) and the historic low annual parasite index (API) levels. The malaria elimination goal for both provinces is 2014, and so far there have been major achievements including:

- No positive cases of malaria in infants
- No deaths due to malaria
- No positive cases among pregnant women in Isabel province
- API is below 10 cases / 1000 population in both provinces since 2004

However, major challenges to malaria elimination remain. There is a critical need for human resources and more field staff to maintain monitoring & evaluation and surveillance functions of the elimination program. Communications, logistics, and overall timeliness of response require urgent upgrading. Along with the new funding model mechanisms from the Global Fund, financing commitments are also a major challenge for the Solomon Islands.
Dr Bayo Fatunmbi (Monitoring & Evaluation (M&E) Officer, WHO-Emergency Response to Artemisinin Resistance, World Health Organization) provided for the meeting the most recent update of the Emergency Response to Artemisinin Resistance (ERAR) activities in the Greater Sub-Mekong Region including the fully functional ERAR Regional Hub and its endorsed workplan by key development partners namely: Bill & Melinda Gates Foundation and Australia Government – Department of Foreign Affairs and Trade (DFAT); identification of artemisinin resistant falciparum malaria in 2 provinces of Lao Peoples Democratic Republic; as well as identification of country priority operational research topics through consultation with countries.

The ERAR project aims to eliminate P. falciparum malaria where possible, and rapidly lower the burden in areas where elimination is not possible. Its specific objectives are to: Strengthen leadership, coordination and oversight mechanism; Maintain and expand drug efficacy surveillance networks and accelerate priority research; Improve access for migrant and mobile populations to quality services; Facilitate the full implementation of the Myanmar Artemisinin Resistance Containment (MARC) framework; Strengthen the response to artemisinin resistance in Viet Nam; and Limit the availability of oral artemisinin-based monotherapy, substandard and counterfeit antimalarial medicine while improving quality of artemisinin-based combination therapies.

Through provision of technical assistance and engagement with related regional initiatives such as APLMA and GF-RAI as well as country level partners and stakeholders, a systematic coordination of implementation of ERAR projects is on-going in 5 GMS countries (4 of which are APMEN Country Partners) and these included Thailand, Cambodia, Myanmar, Vietnam and Lao PDR. Previous experience and lessons learned during the Cambodia –Thailand collaborative Artemisinin Resistance Containment & Elimination (ARCE) project 2008 - 2011 have informed scaled up implementation of effective, innovative approaches in the ERAR countries while gathering new evidences to address bottlenecks in implementing sub- and national malaria elimination interventions. Further information is available through its website: www.who.int/malaria/areas/greater_mekong/
SESSION SEVEN: CLOSE TO ELIMINATION, GOING THE LAST MILE

Speaking on Bhutan’s progress toward malaria elimination, Mr Tobgyel Drukpa (Vector-borne Disease Control Program, Bhutan) updated the meeting on the district-wide stratification of Bhutan’s malaria monitoring service, and how it fits in the development and structure of the overall health system. Tobgyel discussed how the Global Fund has helped fund interventions and contributed to the decrease in malaria cases. However, it was described that, as cases have declined, there is an increase in the proportion of *P. vivax* infections (from 57% in 2012 to 69% in 2013). Tobgyel described the epidemiological trends for malaria by age, sex and ethnicity (Bhutanese and non-Bhutanese). Imported malaria was outlined as a major problem; in 2013, out of 47 cases, 18 were national and 29 were non-national. Out of 47 cases only 16 were indigenous, and rest were all imported cases. Despite this, Bhutan is moving forward into elimination phase and toward the 2nd programme reorientation aiming for zero locally acquired cases. As part of the Bhutan 11th Five Year Plan, 2013-2018, Bhutan is aiming for zero indigenous cases by 2018 and achieve WHO certification by 2020. The main challenges to malaria elimination are migrant labourers and population movement on the border areas, vector control, community engagement, human resources, and sustainable financing.

Dr Dewanee Ranaweera presented exciting news: Sri Lanka has had zero indigenous cases of malaria since October 2012. This news received a resounding round of applause from the meeting participants. Dr Dewanee then focused on the different challenges facing the country now, including: imported malaria, a limited availability of funding resources being lost due to the lack of cases and to other public health priorities, and the formidable task of, after eliminating, sustaining and maintaining spending for malaria elimination. Dr Dewanee gave a detailed presentation of the proven and effective strategies currently in place, including surveillance of malaria cases and vectors, treatment, and prevention of malaria. She noted improvements are still being made to the malaria program to combat the risk carried by migrant populations traveling to malaria endemic countries, specific guidelines for treatment, surveillance and follow-up testing on *P. falciparum* and *P. vivax* cases. Session Chair Dr Diana Measham (the Bill and Melinda Gates Foundation) led the meeting in again applauding Sri Lanka for achieving such monumental milestones in malaria elimination, and leading the way for a malaria-free Asia Pacific by 2030.
To close the session, Dr Jung Yeon Kim (Korea Centers for Disease Control and Prevention, Republic of Korea) presented an update on malaria elimination in South Korea. South Korea, who reached elimination phase in 2012, and aim to maintain their elimination phase (1 case /100,000) by 2015, and be validated by the WHO as malaria-free by 2020.

Specific to the Republic of Korea malaria elimination program is a web-based surveillance system linked to the District and Provincial Public Health Center that provides real-time data sharing. There are strict notification and reporting guidelines for malaria cases to minimalize delay of case investigation, and a weekly analysis by the Korea Centres for Disease Control and Prevention. The biggest achievement over the past 12 months, Dr Kim said, was the redefinition and departmentalization of risk areas, with ‘high risk’ areas being ‘more than 1 case in the previous year’; allowing for more focused attention to the areas requiring elimination efforts. The main challenges in Republic of Korea remain the restricted access to the area inside bordering the Demilitarized Zone (DMZ) where there is no vector control and case investigation is not performed in real time. Dr Kim noted the political climate toward malaria elimination is positive, and that the Republic of Korea can do as much as possible with some financial stability, but will need the cooperation of APMEN countries to reach zero malaria cases in the coming 24 months. Dr Kim concluded by explaining the title of her presentation as a ‘Re-Elimination Plan’ as the country had previously received elimination certification in 1987, but experienced a reemergence.
The official closing session of APMEN VI heard from VIP guest representatives Dr Thomas Teuscher (Roll Back Malaria), Dr Mark Jacobs (World Health Organization), and the APMEN VI meeting co-chairs - Assistant Secretary of Health Philippines, Dr Enrique Tayag, and UCSF Global Health Group Director, Sir Richard Feachem.

Dr Teuscher encouraged APMEN to capitalize on the existing collaborative framework of APMEN. He challenged APMEN to find further ways of cohesiveness in addressing operational challenges by sharing knowledge and data on technical issues, so that APMEN moves with a clear direction and purpose together, wherever possible.

Dr Jacobs congratulated the meeting on the valuable discussions of the past few days, and warned that tougher times may be ahead in the context of existing funding opportunities. He encouraged political advocacy for new and innovative processes to keep momentum going to see the achievable goal of malaria elimination.

Sir Richard Feachem was resolute in claiming the vision for APMEN is to see all current Country Partners approach the day of malaria elimination, just as Sri Lanka will do in the very near future. The vision of a malaria-free Asia Pacific by 2035 (5 years after the last country partner elimination goal of 2030 is reached), will be seen. Malaria Elimination, and not the containment of the disease and/or drug resistance in the region, is the only answer.

Assistant Secretary Dr Tayag thanked APMEN for choosing the Philippines to be the host of APMEN VI and ensured the Philippines would move forward with the malaria elimination agenda at the various levels of government, with the assistance of organizations such as Pilipinas Shell Foundation, Inc. and partners of APMEN.

All speakers re-affirmed the importance of addressing the new challenges for malaria elimination that will come as Asia Pacific countries continue to achieve small gains and experience new lows in their respective malaria burdens. Together, APMEN will defeat malaria!