# APMEN VII
## Session 14: Business Meeting Minutes
Palm Garden Resort & Spa, Hoi An, Vietnam
Friday, 27 March, 2015

## AGENDA

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| 11.0   | Reflections from APMEN Guests                                              | Dr. Norma Padilla, Elimination of Malaria in Mesoamerica and the island of Hispaniola (EMMIE) Regional Malaria Initiative (Guatemala)  
Hon. Minister Dr. Richard Kamwi, Elimination 8 Ambassador, Former Minister of Health and Social Services, Namibia and former Chair of the Elimination Eight (E8) Ministerial Committee |
| 12.0   | Any other business                                                        |                                                                           |
Country Partners in attendance (one vote per Country):
Bangladesh: Prof Abul KM Shamsuzzaman and Dr Mohammad Jahirul Karim
Bhutan: Rinzin Namgay
Cambodia: Dr Chea Nguon
China: Prof Gao Qi
Indonesia: Hanifah Rogayah
Lao PDR: Phoutnalong Vilay
Malaysia: Dr Rose Nani Mudin and Dr Wan Ming Keong
Nepal: Dr GD Thakur
Philippines: Marvi Trudeau
Democratic People’s Republic of Korea: Park Kyeong-Eun and Kim Jung Yeon
Solomon Islands: Albino Bobogare and Dr Lyndes Wini
Sri Lanka: Dr Risintha Premaratne and Dr PHD Kusumawathie
Thailand: Dr Sanchai Chasombat
Vietnam: Dr Ngo Duc Thang

Apologies:
India
Democratic People’s Republic of Korea
Vanuatu

Meeting opened at 11:30 ICT.

1.0 Order of the meeting, process and voting (Minutes of previous meeting; business arising from previous meeting minutes)

The APMEN Secretariat introduced the session and outlined the process for the meeting. The Network’s decision making process was briefly summarised and participants were reminded that each country present was entitled to one vote.

Observers were welcomed.

2.0 Report from APMEN Country Partners

Fourteen of APMEN’s Country Partners were represented at the APMEN VII Meeting and all representatives were present at a Country Partner meeting held earlier that day to discuss matters relating to the Network and this Business Meeting. These discussions led to a series of priorities being drafted which focussed strongly on the Network’s funding gaps and future sustainability of the Network and its activities. In-country and regional capacity development and support was also identified as a key focus area for the Network. The Country Partner’s also prepared a Hoi An Endorsement of a Malaria-Free Asia Pacific by 2030, (Annex) which acknowledged and reaffirmed the Network’s commitment to the regional elimination goal set by Heads of State at the East Asia Summit in November 2014.

3.0 Report from APMEN Partner Institutions

The Partner Institutions held a meeting during APMEN VII, which representatives from the 17 present Partner Institutions attended. The meeting focussed on the continuing ways Partner Institutions can support APMEN as well as addressing the funding issues that the Network is facing and prioritising activities during this time of transition. The Partner Institutions also put forward to the Network a list of suggested priority areas for future research within APMEN, to be voted on by the Country Partners. During the
meeting, the Partner Institution representatives also drafted a unified statement of commitment in support of the Network’s and region’s goal of an Asia Pacific free of malaria by 2030. This will be finalised by offline discussions led by the Partner Institution Board representatives.

4.0 Report from APMEN Vector Control Working Group

A summary of the Vector Control Working Group’s activities over the past year was presented which included the undertaking of a Vector Survey (follow up to the survey done by the working group in 2011), development of the Vectors of the Asia Pacific Region phone app (still under development), the 2015 annual working group meeting (co-hosted by the Malaysian Ministry of Health) and the related “Trade Fair Expo” which was held in Kuala Lumpur in January, and the launch of the Vector Research Grants (which had been delayed due to reduced funding).

5.0 Report from APMEN Vivax Working Group

The Vivax Working Group presented the activities that had been undertaken during 2014. The Group highlighted that its three priority areas were Surveillance, Diagnostics and Treatment as well as tackling the threats. The three greatest challenges are the safe and effective use of primaquine, development of novel G6PD diagnostics, and defining the extent and degree of drug resistant P. vivax.

Activities of the past 12 months included the Annual Meeting of the Working Group in Siem Reap, Cambodia in November, publication of the APMEN report entitled “*Targeting vivax malaria in the Asia Pacific: 2009 – 2014*” and a Clinical Trials Workshop in Cambodia, a G6PD Workshop in the Philippines in February (co-hosted by PATH and RITM). The coordinating team continues to support the remaining grant recipients in conducting their field work, and producing the final analysis and publishing their results, they have also prepared three Evidence Briefs specifically for Country Partners: i) *Standardized evaluation of qualitative G6PD assays*, ii) *An update on the treatment of vivax malaria* and iii) *What molecular tools are being explored to map and identify imported cases*. Several publications for this Working group were made available through the meeting.

The Working Group presented a list of recommendations to be considered by the Country Partners which included the renaming of the VxWG to *Vivax Plus* (Case Management for Elimination). The group explained that this would better encompass both the current and future broader direction of its work. This name change would also assist the group’s opportunities to apply its developed techniques and strategies more broadly and where feasible and appropriate, incorporate this into its work.

It was announced that Dr Sanchai Chasombat (Country Partner Thailand) had been elected as the new Co-Chair of the VxWG.

An overview of a 2015/16 work plan was presented. This included supporting the completion of the Technical Grants, as well as proposed activities such as a fourth round of Technical Grants, collaborations with MAP and WWARN, and the possibility of a workshop on Malarial haemolysis. The Working Group will also continue its efforts to influence policy and practice through supporting the WHO launch of a Global Technical Strategy for malaria, linking with partners from Mesoamerica and South America and advocating the need for safe and effective radical cures.

6.0 Report from APMEN Surveillance and Response Working Group
Over the past year, the Surveillance and Response Working Group (SRWG) proceeded on activities that were identified as priorities at the first SRWG meeting in 2013. The priorities and activities undertaken during 2014 included a Capacity Building Workshop on Surveillance and Response which was held in Wuxi, China in October and was co-hosted and cost-shared with JIPD (through a generous grant from the Chinese Government) and UCSF GHG (through their funding for APMEN from the BMGF) as well as a survey on populations at higher risk of malaria, which was presented during the APMEN VII meeting.

Activities planned for 2015 include: hosting an annual meeting in May in Thailand (in collaboration with the Thailand BVBD), a potential second thematic Fellowship, gather and share SOPs on the response component of surveillance, develop an inventory of key research questions as well as document the countries and research partners conducting this work, and develop a matrix on definitions and interventions of high risk populations.

### 7.0 Report from APMEN Secretariat (Annual Report 2014; Governance)

The Secretariat highlighted the Network’s growth over the past year, with two new Country Partners, Bangladesh and India joining, as well as three new Partner Institutions. The Secretariat also emphasised the importance of collaborating and complimenting the work of key regional partners such as APLMA, WHO and RBM in technical activities as well as high level political advocacy to support the regional effort to eliminate malaria by 2030.

A brief overview of the Network’s activities (alongside those presented by the Working Groups) was provided which included: the selection of seven Fellowship recipients, running an Advocacy Workshop in Thailand in December, supporting Country Partner participants and representatives to attend a number of regional/global meetings/workshops (Science of Eradication: Malaria, Barcelona Vivax Malaria Conference, WHO WPRO Elimination Training, the launch of three case studies, Letters of Understanding drafted with APLMA and WHO WPRO, Roll Back Malaria Progress and Impact series, the development of a number of advocacy materials, briefing documents and reports, and increased engagement with key regional and global partners. The Secretariat also noted the election of a new Advisory Board (following the expiry of the term for the previous Board), as well as the re-election of the Chairs and Co-Chairs of all of the Network’s Technical Working Groups. An evaluation of APMEN was also published in November 2014.

A question was raised from the floor around the changing Sustainable Development Goals (SDGs) and if these will affect the future or direction of the Program/Network. The Secretariat responded that funding plans for APMEN have always needed to take into consideration the SDGs as well as other action plans. It added that the Network is actively involved in discussions with partners and continually seeking opportunity for value-add.

### 8.0 Workplan 2015-2016

The Secretariat presented the 5-year (2015-2020) vision statement for the Network from APMEN’s current strategic plan (drafted in 2014). The APMEN workplan for June 2014 – June 2015 was also presented which outlined the full scope of activities the Network had planned for and the funds that were available, which highlighted a funding gap.

The workplan for 2015 is already detailed in the Network’s Five Year Strategic Plan. The funding gap analysis has not been prepared due to funding uncertainties. If further funding confirmation is received the Secretariat will circulate a draft future workplan and budget analysis to Country Partners and the Network for discussion and voting.
9.0 Funding for APMEN

A chart outlining APMEN’s development phases was presented, with the vision of supporting countries reach regional elimination by 2030 as its overall target. The Secretariat discussed the various approaches it and other Network participants had been progressively working towards to find sustainable funding solutions for APMEN. A number of charts were displayed that demonstrated the evolution of funding to the Network since APMEN’s inception and highlighted the increase in overall funding and diversification of funding sources. These charts also showed the reduced percentage that the foundation donor occupies within this overall total.

10.0 Summary of recommendations and voting

The Country Partners advised that there was consensus from the Country Partner meeting earlier that day that they could vote for an entire priority group, rather than voting on each individual item outlined within the groups.

Recommendation
That the following priority items listed and presented under the Advocacy work stream are accepted:

- Increase focus of advocacy efforts for recognition of the *P. knowlesi* challenges in the region especially for finding solutions to address this problem including diagnostics
- Continue to advocate for fast tracking new drug and diagnostic developments for the needs of this region including G6PD RDTs, *P. knowlesi*, *P. vivax* and drug resistant *P. falciparum*
- Continue regular short messages on the progress in and ends of the region in the global and regional arenas
- Continue working with WHO and APLMA for policy and political support with other sectors, especially Ministry of Finance and national development
- Continue advocating for Global Fund to remain engaged in and financing Asia Pacific region and elimination
- Continue to advocate for sustainable (domestic and external) funding for malaria elimination (working with partners) for 10+ years (funding required to get to certification and 2030 for the region)

Moved: Philippines
Seconded: Thailand
Passed unanimously

Recommendation
That the following priority items listed and presented in the Partner Institution presentation are accepted:

- Continue focus on advocacy networks (e.g. with WHO WPRO; academic institutions)
- Continue focus on training
- Feeding good evidence into IMPAC (WHO) to support CPs
- Feed into Harmonization Working Group (RBM) – a route to ensure Global Fund Technical review panel (TRP of soundness of program decisions)
- Review questions from program managers during the global café – may have needs such as:
  1. Definitions for elimination
     - Operational translatable
     - Operation definition and translation
     - TPPs for diagnostics
2. Translate information from the research into information that the country programs can use; twining with institutions that have this skill

• Bridging the gap:
  – Leverage from governments
  – Involve other academic institutions
  – WHO-TDR will resume small-grants funding
  – Non-traditional academic funding
• Communication:
  – To program: research for the programs and priority areas are not neglected
  – To funders: the research results will be utilized by programs
• Tough decisions on weak evidence; best available evidence; take this decisions as temporary/evolving
• Refresh research topics in MalEra 2015/6
• Implementation research (including health systems) to address practical issues in:
  – Surveillance
  – Eliminating the last foci
  – Mass blood screening and treatment
  – Bednet utilization
• Focus on topics in the global café:
  – Surveillance
  – P vivax
  – P knowlesi
  – Vectors
  – New drugs
  – Parasite-host biology
  – Low-density infections

Discussion occurred over the four listed priority areas for future research grounds (Surveillance, Eliminating the Last Foci, Mass Blood Screening and Treatment, Bednet Utilisation). Country Partner Malaysia put forward an amendment that these priority areas should also include the seven topics covered in the Global Café (Surveillance, *P. vivax*, *P. knowlesi*, Vectors, New Drugs, Parasite-Host Biology, Low-Density Infections). Country Partner Bangladesh also proposed an amendment that Monitoring and Evaluation as well as Behavioural Change Communication should be included in this list. Following queries, it was clarified that the topics of Rapid Test Kits should be included under *P. vivax*, and that IVM can be included in Vector Control.

The Chair of the Meeting emphasised that there should be a key message for future research rounds, and that they should relate in some form to the top four priorities as originally indicated.

The Secretariat commented that the current research priorities were not worded clearly enough and recommended that it works with Partner Institutions in the coming weeks to draft a more clear list and circulate to Country Partners after the meeting to discuss and vote on.

Moved: Philippines
Seconded: Republic of Korea
*Passed unanimously*

**Recommendation**

That the following priority items and recommendations listed and presented in the Vivax Working Group presentation are accepted:

• The program of current and intended future research remains highly relevant and APMEN and its donors should continue investment in research to generate evidence to inform policy and practice.
• Changing the name of the ‘Vivax Working Group’ to a title more inclusive of the broader issues (name suggested: “Vivax Plus” → Case Management for Elimination)

• The Working Group needs to develop relationships with the Global Malaria Programme and the WHO Special Programme for Research and Training in Tropical Diseases (TDR).

• The Working Group to prepare a synthesis paper for publication, based on the Targeting Vivax Malaria in the Asia Pacific report.

• APMEN and Partner Institutions should co-sign a letter of support highlighting the East Asia Summit commitment to elimination and the importance of research investment to achieving this goal.

Further discussion occurred around the re-naming of the Vivax Working Group to ‘Vivax Plus’ (Case Management for Elimination), to better reflect the groups broader focus on *P. vivax* as well as other issues such as *P. knowlesi* and Artemisinin Resistance.  Country Partner China did not agree with this re-naming. Country Partner Philippines noted their support of the name change stating that the current Working Group name indicated too strong a focus on *P. vivax*, and that the Group/Network needed to ensure other parasitic issues and concerns are included and incorporated.

Moved: Thailand  
Seconded: Solomon Islands  
*Passed, 11 in favour, 1 against, 1 abstained*

### 11.0 Reflections from APMEN Guests

Refer to *APMEN VII Meeting Session Summaries* document.

### 12.0 Any other business

No other business was raised.

*Meeting closed at 13:00 ICT.*