



ACTMalaria 16th Executive Board and Partner's Meeting

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ACTMalaria held its 16th Annual Executive Board and Partners Meeting at Central Hotel, Yangon, Myanmar on March 20-21, 2012 participated by the member countries national malaria program manager, ACTMalaria key contact person partners and stakeholders.

The annual meeting aims to further advance partnership and co-operation in capacity strengthening and information sharing in the control and eventual elimination of malaria in this region.

ACTMalaria EB meeting is in line with the organization's commitment to uphold collaborative inter-country effort to regional capacity development and information exchange with regards to control and elimination of malaria. During the meeting, the group review the activities of the network since the institutionalization of the network in 2003 and perform a capacity inventory and asset mapping as part of the continuing training needs assessment for the development of new strategic plan for 2012-2016.

The meeting was held in plenary sessions, special board meeting and working country group sessions. The special board meeting was called for a possible expansion of the network. The meeting was attended by 40 participants including the member countries' program manager and ACTMalaria key contact person, partners like the UNICEF, SEARO, WHO, Malaria Consortium; our stakeholders like BestNet Europe Ltd, BASF, DFINTL, and Jhpiego.



Yangon also known as Rangoon, literally "End of Strife" is a former capital of Burma (Myanmar). Yangon, with a population of over four million, continues to be the country's largest city and the most important commercial centre. It is the former British colonial capital which has the highest number of colonial period buildings in Southeast Asia. The Shwedagon Pagoda (header picture) also known in English as the Great Dagon Pagoda and the Golden Pagoda is the most sacred Buddhist pagoda for the Burmese with relics of the past four Buddhas enshrined within.

Photo Gallery



Bangladesh



Lao PDR



Cambodia



Indonesia



Vietnam



Malaysia



Myanmar



Timor Leste



Dr. Laihad, Dr Ahmed, Dr Thar, Dr Than Win, Dr. Krongthong, Dr. Ortega



Dr. Than Win



Dr. Aung Thi (Myanmar)



Workshop



Thailand



Dr. Nihal Singh (WHO-Nepal)

ACTMalaria and ACTMalaria Information Resource Center (AIRC) activities are made possible with the support from USAID-Asia through WHO.



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Workshop to Monitor Insecticide Resistance and Mapping of Malaria Vectors in the Greater Mekong Subregion



A biregional workshop to monitor insecticide resistance and mapping of malaria vectors in the greater Mekong subregion was jointly organized by the WHO Western Pacific Regional Office (WPRO) and the WHO Southeast Asia Regional Office (SEARO), in Bangkok, Thailand, from 14 to 16 March 2012. The workshop was attended by 37 participants.

The workshop aims to review the insecticide susceptibility/resistance status of malaria vectors in GMS countries and geographical distribution of malaria primary and secondary vectors; to agree on methods to monitor insecticide resistance and to carry out vector mapping, to be used in the GMS, reporting system, networking and data sharing and dissemination mechanisms; and to develop costed 2012 country work plans for insecticide resistance monitoring and vector mapping in the GMS, based on a needs assessment.

The workshop was held in plenary sessions, working group sessions, and a field visit with demonstrations. Photos below shows the visit of the participant in the AFRIMS laboratory.



<http://www.malarianomore.org/>

malaria
NO MORE

Malaria No More is determined to end malaria deaths in Africa by 2015. Malaria is a preventable and treatable disease and recent progress shows that malaria's days are numbered — but we need your help. Together, we can make malaria no more.

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Strengthening Quality Assurance System of Giemsa Malaria Microscopy Planning Workshop

A planning workshop in strengthening quality assurance system of Giemsa Malaria Microscopy in the ACTMalaria member countries and in the countries of the Pacific was jointly organized by the Department of Health-Philippines, in collaboration and with support from ACTMalaria, World Health Organization Mekong Malaria Programme, the Western Pacific Regional Office (WMPRO) and the South East Asia Regional Office (SEARO), in Manila, Philippines, from May 2 to 4 2012. The workshop was attended by 43 representatives from the participating ACTMalaria member countries and the Pacific countries as well as staff from WHO (SEARO, WPRO, MMP and WHO country office in Nepal); and representatives from URC-Cambodia, AAMI, DOH-Philippines, RITM, and ACTMalaria.

The objectives of the workshop were to:

1. Provide an overview of the structural components of Laboratory Quality Management System (LQMS) and Quality Assurance System (QAS) for Malaria Microscopy;
2. Identify strengths and weaknesses and remaining gaps in the existing QAS in the countries based on the standard tool for assessing capacity of national QAS and plans developed by the programs in 2011;
3. Develop systems for internal QA (cross-checking) appropriate to the different situations and conditions;
4. Develop a SOP for Parasite Counting and for conducting a national competency assessments;
5. Discuss and demonstrate how to establish a national reference slidebank for malaria;
6. Develop action plan to strengthen quality assurance in malaria microscopy.

The workshop consisted of a number of presentations of technical information and country situation presentations; QA planning workshop; country discussions; system planning exercise; practical sessions on malaria slidebanking/QA for RDT; and a visit to WHO-CC on QA for RDT and Regional Malaria Slidebank. The outputs of the meeting included the development of country quality assurance system work plans for malaria microscopy of the participating countries.

The resource persons of the workshop are the following: Dr. John Storey, a retired malaria man, consultant of WHO; LTCOL Ken Lilley, AAMI; Dr. Dorina Bustos, MMP; Dr. Bayo Fatumbi, WPRO; Dr. Eva Christophel, WPRO; Mr Paul Rogers, WPRO; Dr Lasse Vestergaard, WHO; and the RITM personnel, Mr Sherwin Galit, Ms Felisa Guballa and Ms Jennifer Luchavez..



Try some online educational malaria games at [Nobelprize.org](http://nobelprize.org). Click this link for more information:

http://nobelprize.org/educational_games/medicine/malaria/index.html

You may also play the Mosquito Splat game in the Facebook page of ACTMalaria.

WORLD MALARIA DAY



The theme for World Malaria Day 2012 - "**Sustain Gains, Save Lives: Invest in Malaria**" - marks a decisive juncture in the history of malaria control. Whether the malaria map will keep shrinking, as it has in the past decade, or be reclaimed by the malaria parasites, depends, to a great extent, on the resources that will be invested in control efforts over the next years.

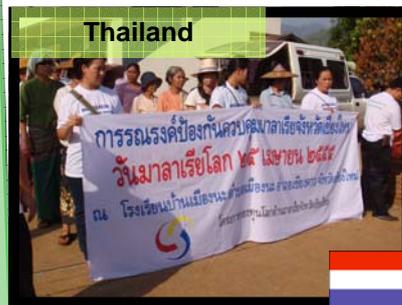
Investments in malaria control have created unprecedented momentum and yielded remarkable returns in the past years. In Africa, malaria deaths have been cut by one third within the last decade; outside of Africa, 35 out of the 53 countries, affected by malaria, have reduced cases by 50% in the same time period. In countries where access to malaria control interventions has improved most significantly, overall child mortality rates have fallen by approximately 20%.

However, these gains are fragile and will be reversed unless malaria continues to be a priority for global, regional and national decision-makers and donors. Despite the current economic climate, development aid needs to continue flowing to national malaria control programs to ensure widespread population access to life-saving and cost-effective interventions. Long-term success will also depend on investments in on-going research and development to combat emerging threats such as parasite resistance.

Sustaining malaria control efforts is an investment in development. Continued investment in malaria control now will propel malaria-endemic countries toward **near-zero deaths by 2015 and achieving the Millennium Development Goals**, especially those relating to improving child survival and maternal health, eradicating extreme poverty and expanding access to education.

* Article is the official media release from WHO-RBM .

25 April 2012
Sustain Gains, Save Lives: Invest in Malaria



25 April 2012

Sustain Gains, Save Lives: Invest in Malaria



5-header microscope displayed in the Malaria Microscopy section during the celebration of World Malaria Day in Bangladesh. (Photo credits to Dr. Nazrul Islam)



Philippines



Philippines- LLIN's distributed to the Lumads* by the CHO-Davao with the partners from PSFI and WHO in Mapula, Paquibato District



*Lumad is a group of indigenous people of the southern Philippines.

25 April **2012**
Sustain Gains, Save Lives: Invest in Malaria

**WORLD
MALARIA
DAY**

COMMEMORATION OF WORLD MALARIA DAY , 25 APRIL 2012 INDONESIA

By Dr Rita Kusriastuti, Msc

Every year since 2008 Indonesia commemorates World Malaria Day (WMD) to increase awareness and commitment of stake holders and all parties including community at risk of the danger of malaria and toward Elimination of Malaria in Indonesia as well.

This year a series of activities was conducted such as press conference , workshop nad launched a National RBM Forum by Ministry of Health where the meeting was also attended by vice president and our important guest, RBM Ambassador Princes Astrid of Belgium. Princes Astrid and her team, also visited one of Malaria areas in Lampung provinces and released fish to lagoon as biological control. The peak of Indonesia WMD was conducted in Palangkaraya, Central Kalimantan with a theme : **Elimination of malaria is a nation investment.**



Vice president of Indonesia formally open a series of activities in commemorating World Malaria Day , in Indonesia, Jakarta, 12 April 2012.



Innauguration of Chair and Vice Chair of Indonesia National Forum of Roll Back Malaria by Vice Minister Health, Prof. Dr. Ghufron Mukti to Mr. Ujang Sudirman from Ministry of home affair and Dr. Rita Kusriastuti, MSc. Director of VBDC, MoH Indonesia.



Director of Vector Borne Disease Control, Ministry of Health Indonesia, dr. Rita Kusriastuti, Msc greeting and welcoming HRH Princess Astrid of Belgium, the Ambasador for Roll Back Malaria, accompanied by Begium Ambasador to Indonesia, Mr. Christian Tanghe



Princess Astrid of Belgium as Roll Back Malaria Ambassador visited Indonesia and deliver a speech in National Forum of RBM ,the meeting was attended by many malaria experts from various universities and units in Indonesia.



25 April 2012

Sustain Gains, Save Lives: Invest in Malaria



Door stop Director General DC & EH MoH was asking by medias right after press conference



Press Conference , left to right Ambassador Belgium to Indonesia Mr. Christian Tanghe, Special RBM staff Mr. Verhoosel, Princess Astrid from Belgium, Director General of Disease control and Environmental Health, Prof. Dr. Tjandra Yoga Adhitama, WHO Representative to Indonesia, Mr. Kanchit Limpakarnjanarat and Head of UNICEF Indonesia, Ms. Angela Kearney. The press



During the field visit to Lampung province HRH Princess Astrid was visited Hospital and met and greeted severe patient of Malaria at Abdul Muluk Hospital. She also visited health center observed screening activity to pregnant women using RDT and delivered LLIN. Visited Integrated Health post and met with so many village volunteers and observed integration activities on Malaria , ANC and immunization program as well as health education.



The RBM staff Mr Verhoosel, HRH Princess Astrid from Belgium and Mr Ambassador Mr. C Tanghe is observing a prototype of anopheline mosquito which carved from wood.



Declaration of Comittment of all head of Districts in Central Kalimantan towards Centrtal Kalimantan Elimination of malaria by the year 2018 , 2 years ahead from National target which is in year 2020. The declaration was read by Secretary of Provincial Government followed by signing the declaration.



Participants of the National Forum of GEBRAK (Gerakan Berantas Kembali) Malaria or Indonesian Roll Back Malaria Forum that had just innaugurated. It is under Ministry of Health decree No. 131/2012 signed at 21 of March 2012

25 April 2012

Sustain Gains, Save Lives: Invest in Malaria



Delivering the AIDE from MoH central level such as ambulances, motor cycle, spraying machines, LLINs, ACTs drug and RDTs to Head of Provincial Health office , Dr. Rian Tangkudung by Mr. Governor and accompanied by Director of VBDC, MoH Indonesia.



Commemoration of World Malaria Day in Palangka Raya City, Central Kalimantan on 2 of May 2012. At picture Governor of Central Kalimantan Province Mr. Agustin Teras Narang. The activities are press conference, Provincial Health working meeting, declaration from all major and regency on Elimination of malaria in central Kalimantan , exhibition and visited Health centre and hospitals.



Participants of WMD commemoration in Governor Office of Central Kalimantan, Palangka Raya, 2 May 2012.



A malaria exhibition during the WMD in Governor Office Central Kalimantan, people seen the type of Anopheline mosquitos, its larvae and got many information about malaria and its target toward Elimination



Press Conference WMD in Central Kalimantan, Director VBDC MoH Indonesia was interviewed by correspondents, accompany by new head of Subdirector Malaria dr. Asik Surya and at the background 2 staffs of Malaria Dr. Niken Palupi and Dr. Elvie Samudro



All of the WMD Central Kalimantan organizer and central team are taking picture together at the end of the session. In the middle Head of Central Kalimantan Health Office, Dr. Ryan Tangkudung.

APMEN: Enlarging its territories



The Asia Pacific Malaria Elimination Network (APMEN) announces on World Malaria Day, **Cambodia** as the twelfth County Partner to join the Network. Last year, Cambodia Prime Minister Hun Sen launched the national strategic plan (2011-2025) to eliminate malaria in by 2025. Malaria transmission mainly occurs in the forested areas in the northern and eastern provinces of the country. In the western provinces, malaria has been greatly reduced largely as a result of intensive control interventions and it serves as a strong example of how national and international efforts can lead to reduced transmission. From 2000 to 2010, malaria cases have been reduced by 75%. Cambodia, similar to its APMEN partner countries, faces many challenges in its elimination goal – reaching mobile populations, treating *P. vivax* malaria, and preventing the spread of anti-malaria drug resistance. Cambodia, through joining APMEN, will support networking and collaboration across countries especially in the containment of anti-malarial drug resistance.



Articles are the official media release of APMEN
For further information,
please visit <http://www.apmen.org>.



APMEN is pleased to announce two new Partner Institutions to join the Network: **The Mahidol Vivax Research Center and the Malaria Research Centre, Universiti Malaysia Sarawak.**

The Mahidol Vivax Research Center (MVRC) established in March 2011 is unique as it is dedicated to the study of *Plasmodium vivax* and non *falciparum* malaria. Its establishment at Mahidol University in Thailand is important to the region as Mahidol has a long and impressive record in the field of tropical disease medicine and research. Mahidol Vivax Research Center was initiated by the Dean of the Faculty of Tropical Medicine, Mahidol University, Associate Professor Pratap Singhasivanon and is directed by Dr. Jetsumon Prachumsri, formerly the leader of malaria research at the Armed Forces Research Institutes of Medical Sciences (AFRIMS) and APMEN Partner Institution representative.

The Malaria Research Centre was established at the Universiti Malaysia Sarawak in 2006 in recognition of the major contribution to malaria research by Professor Balbir Singh, Professor Janet Cox- Singh, and co-researchers at the Malaria Research Laboratory in the Faculty of Medicine and Health Sciences. MRC-UNIMAS is known for its work on *Plasmodium knowlesi* that was recognised by the World Health Organization (WHO) in 2008 as the fifth species of *Plasmodia* parasite to infect humans in the wild.

MRC-UNIMAS found that many malaria infections in Sarawak, Malaysia, had been incorrectly diagnosed and a major cause of malaria was *Plasmodium knowlesi* that is transmitted via the bite of an Anopheline mosquito from long-tail and pig-tail macaques. *P. knowlesi* has also been reported in other parts of Malaysia, Indonesia, and Philippines and may be endemic in more countries in Southeast Asia. The final elimination of malaria in the Asia Pacific region will depend on a greater understanding of *P. knowlesi* and how we can target this zoonosis.

The Malaria Research Centre, Universiti Malaysia Sarawak and the Mahidol Vivax Research Center have already supported APMEN through their active participation at last year's annual meeting in Kota Kinabalu, Malaysia.

The fourth annual APMEN Annual Meeting will be held in May 2012 in Seoul, Republic of Korea. This year's meeting will focus on how to sustain the gains made in the elimination of malaria and the importance in the coming years of maintaining successful approaches and their support. The region has many challenges to face in malaria elimination, in particular *P. vivax*, a type of malaria that is more difficult to diagnose and treat than *P. falciparum*, the type of malaria most often discussed at a global level. APMEN through its information exchange, capacity building, and evidence building and advocacy activities is committed to supporting and maintaining elimination efforts in the Asia Pacific Region

ACTMalaria and ACTMalaria Information Resource Center (AIRC) activities are made possible with the support from USAID-Asia through WHO.



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Emergence of Artemisinin Resistance On Thai-Myanmar Border Raises Spectre of Untreatable Malaria

Source:

Wellcome Trust (2012, April 8). Emergence of artemisinin resistance on Thai-Myanmar border raises spectre of untreatable malaria. *ScienceDaily*. Retrieved May 9, 2012, from <http://www.sciencedaily.com/releases/2012/04/120408150543.htm>



Evidence that the most deadly species of malaria parasite, *Plasmodium falciparum*, is becoming resistant to the front line treatment for malaria on the border of Thailand and Myanmar was reported in *The Lancet* April 5. This increases concern that resistance could now spread to India and then Africa as resistance to other antimalarial drugs has done before. Eliminating malaria might then prove impossible.

The study coincides with research recently published in *Science* in which researchers in south east Asia and the USA identify a major region of the malaria parasite genome associated with artemisinin resistance. This region, which includes several potential candidate genes for resistance, may provide researchers with a tool for mapping resistance.

Both studies, funded by the Wellcome Trust and the National Institutes of Health, follow reports in 2009 of the emergence of artemisinin-resistant malaria parasites in western Cambodia, 800km away from the Thailand-Myanmar border where the new cases of resistance have been observed. Resistance to artemisinin makes the drugs less effective and could eventually render them obsolete, putting millions of lives at risk.

According to the World Malaria Report 2011, malaria killed an estimated 655,000 people in 2010, mainly young children and pregnant women. It is caused by parasites that are injected into the bloodstream by infected mosquitoes. *Plasmodium falciparum* is responsible for nine out of ten deaths from malaria.

The most effective antimalarial drug is artemisinin; the artemisinin derivatives, most commonly artesunate, have the advantage over other antimalarial drugs such as chloroquine and mefloquine, of acting more rapidly and having fewer side-effects and, until recently, malaria parasites have shown no resistance against them. Although the drugs can be used on their own as a monotherapy, and these can still be obtained, fears over the possible development of resistance led to recommendations that they should only be used in conjunction with one or more other drugs as artemisinin-based combination therapies (ACTs). These are now recommended by the World Health Organization as the first-line treatment for uncomplicated falciparum malaria in all endemic countries. ACTs have contributed substantially to the recent decline in malaria cases in most tropical endemic regions.

In the *Lancet* study, researchers at the Shoklo Malaria Research Unit on the border of Thailand and Myanmar, part of the Wellcome Trust-Mahidol University-Oxford University Tropical Medicine Research Programme, measured the time taken to clear parasites from the blood stream in 3,202 patients with falciparum malaria using oral artesunate-containing medications over a ten year period between 2001 and 2010.

Over this period, the average time taken to reduce the number of parasites in the blood by a half -- known as the 'parasite clearance half-life' -- increased from 2.6 hours in 2001 to 3.7 hours in 2010, a clear sign that the drugs were becoming less effective. The proportion of slow-clearing infections -- defined as a half-life of over 6.2 hours -- increased over this same period from six to 200 out of every 1000 infections.

By examining the genetic make-up of the parasites, the researchers were able to provide compelling evidence that the decline in the parasite clearance rates was due to genetic changes in the parasites which had made them resistant to the drugs.

This finding is supported by the evidence reported in *Science*, in which the same researchers, together with an international team led by scientists at the Texas Biomedical Research Institute, San Antonio, identified a region on chromosome 13 of genome of the *P. falciparum* parasite that shows a strong association with slow parasite clearance rates. Whilst the actual mechanism involved is not clear, the region contains several candidate genes that may confer artemisinin resistance to the parasite.

Professor François Nosten, Director of the Shoklo Malaria Research Unit, said: "We have now seen the emergence of malaria resistant to our best drugs, and these resistant parasites are not confined to western Cambodia. This is very worrying indeed and suggests that we are in a race against time to control malaria in these regions before drug resistance worsens and develops and spreads further. The effect of that happening could be devastating. Malaria already kills hundreds of thousands of people a year -- if our drugs become ineffective, this figure will rise dramatically."

Professor Nick White, Chairman of the Wellcome Trust's South-East Asia Major Overseas Programmes and Chair of the WorldWide Antimalarial Resistance Network (WWARN), added: "Initially we hoped we might prevent this serious problem spreading by trying to eliminate all *P. falciparum* from western Cambodia. Whilst this could still be beneficial, this new study suggests that containing the spread of resistance is going to be even more challenging and difficult than we had first feared."

Dr Tim Anderson from the Texas Biomedical Research Institute, who led the genetics studies in both papers, commented: "Mapping the geographical spread of resistance can be particularly challenging using existing clinical and parasitology tools. If we can identify the genetic determinants of artemisinin resistance, we should be able to confirm potential cases of resistance more rapidly. This could be critically important for limiting further spread of resistance."

"We know that the genome region identified harbours a number of potential genes to explore further to see which ones drive artemisinin resistance. If we can pinpoint the precise gene or genes, we can begin to understand how resistance occurs."

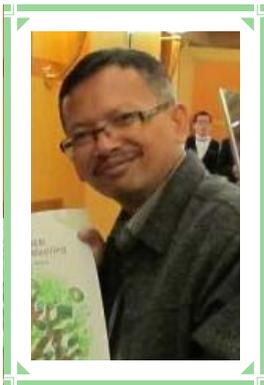
The Wellcome Trust-Mahidol University-Oxford Tropical Medicine Research Programme is one of the Wellcome Trust's major overseas programmes, working to achieve the Trust's strategic priorities, which include combating infectious diseases.

Dr Jimmy Whitworth, Head of International Activities at the Wellcome Trust, said: "These two studies highlight the importance of being vigilant against the emergence of drug resistance. Researchers will need to monitor these outbreaks and follow them closely to make sure they are not spreading. Preventing the spread of artemisinin resistance to other regions is imperative, but as we can see here, it is going to be increasingly difficult. It will require the full force of the scientific and clinical communities, working together with health policymakers."

BITTW 2012

We are pleased to announce that the National Malaria Control Program of Indonesia will conduct Broadening Involvement Team Training Workshop on 18-29 June 2012 in Lampung Province, Indonesia.

The aim of the course is to develop Broadening Involvement Team who will be able to improve the planning, implementation, development and follow-up of malaria control program based on evidence-based data gained from good partnership, networking and advocacy to other linked sectors.



Welcome

DR. ASIK SURYA
Head
 Subdirector of Malaria
 NMCP
 Indonesia



A bunch of photographs can now be accessed at the online photo gallery of ACTMalaria:

http://www.actmalaria.net/home/photo_gallery.php#base



Asian Collaborative Training Network for Malaria



ACTMalaria (Asian Collaborative Training Network for Malaria) is a training network to which the National Malaria Control Programmes of Bangladesh, Cambodia, PR China, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand, Timor-Leste and Vietnam are members. The network aims at 2 major activities:

- Provide collaborative training for member countries to meet the needs of malaria control in Southeast Asia and the Mekong Sub-region;
- Improve information and communication exchange among member countries, partners and other stakeholders on malaria problems affecting the region.

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