

# ACTMalaria News

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## APMEN III Annual Meeting



The third annual meeting of the Asia Pacific Malaria Elimination Network (APMEN III) was held last May 9-12 2011 in Kota Kinabalu, Sabah, Malaysia. The meeting celebrated the on-going efforts within the region to reduce the scourge of malaria, to share experiences on how countries are working towards elimination of malaria, and work collaboratively on projects in research, capacity building, and advocacy. (Please see the story next page...)

## Basic Malaria Management Series

There were series of trainings on Basic Malaria Management for Rural Health Midwives done in the Philippines for the past months. This is to strengthen capabilities of rural health unit staff in providing regular quality malaria prevention and health care services since they are the first health care providers to the people afflicted with malaria. This training had the following objectives: to strengthen early diagnosis & prompt treatment capability at the peripheral level; to understand the basic concepts and rationale of vector control measures; to establish a system for supervision and monitoring of RDT and microscopy centers, as the case may be; to strengthen recording, compilation and utilization of malaria data; to monitor the disease trends over a period of time using feedback from the Phil-MIS hub as basis; and to strengthen simple logistic management. The said trainings use participative -interactive learning approach using group dynamics, case study methods or scenario analysis, role playing, actual demonstrations with return demonstrations combined with mini-lecture presentations.

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

**malaria**  
**NO MORE**

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**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.

## **Asia Pacific Malaria Elimination Meeting Held in Sabah, Malaysia**

The third annual meeting of the Asia Pacific Malaria Elimination Network (APMEN III) was held May 9-12 2011 in Kota Kinabalu, Sabah, Malaysia. The meeting celebrated the on-going efforts within the region to reduce the scourge of malaria, to share experiences on how countries are working towards elimination of malaria, and work collaboratively on projects in research, capacity building, and advocacy. In attendance was the Malaysian Deputy Minister of Health, Datuk Rosnah binti Abd. Rashid Shirlin, and Health Director General, Dato' Dr Hasan bin Abdul Rahman, alongside 80 representatives from the 11 Country Partners and research and partner institutions from the region, including the WHO. Bhutan, China, Indonesia, Malaysia, Philippines, Republic of Korea, the Solomon Islands, Sri Lanka, Thailand, and Vanuatu were represented as partner countries and Vietnam, Cambodia and Nepal attended as meeting observers.

The meeting took place in the state of Sabah on the island of Borneo, where impressive progress is being made towards elimination. Malaysia has one of the world's oldest malaria control programmes, dating back to the pioneering work in Klang, Kuala Lumpur and Penang by Sir Malcolm Watson in 1901. In 1967 the nationwide eradication programme was almost successful in eliminating malaria from the country but transmission persisted in areas of deep forest in Sabah and Sarawak.

In 1986, with the establishment of the Vector Borne Diseases Control Programme, a further reduction was seen in the number of malaria cases. The country has shown its continuing commitment to controlling the disease with the introduction of the Malaria Elimination Programme in the 9<sup>th</sup> Malaysia Development Plan (2006-2010). With the addition of more resources the aim is now to achieve malaria elimination status by 2020. The strategy includes the use of indoor spraying of residual insecticide and encouraging the use of insecticide-treated bed nets that offer protection for up to 5 years to reduce the *anopheline* mosquitoes spreading malaria and finding cases of malaria early by engaging communities at risk through volunteer village health workers supported by the state health services.

During the APMEN III meeting, participants discussed updates on progress towards elimination of malaria. Two technical topics were explored in depth: *Plasmodium vivax*, the malaria species that is resilient to elimination efforts due to a dormant liver stage, and *Plasmodium knowlesi*, a species that is naturally hosted in a type of monkey, macaques, and was recently found to infect humans in Malaysia. Delegates heard from public health officials from Brunei, which was certified malaria-free in 1987, who stressed the need for continued commitment to surveillance against malaria in order to prevent re-introduction and outbreaks of the disease. The APMEN Fellowship and Research Grant programs were showcased. They are initiatives that enable malaria control staff to gain elimination-specific skills from other APMEN institutions and support operational research for APMEN countries

through small grants. A workshop was also held on how to type the malaria parasites using genotypes. In response for the need for improved mapping of cases APMEN formed a new group to help with surveillance and the use of geographical information systems. The meeting was hailed a success by participants.

(Group photo and news announcement taken from [www.apmen.org](http://www.apmen.org))

## Simple Rapid Diagnostic Tests for Malaria Work Well

ScienceDaily (July 5, 2011) — When a person living in a malarial area gets a fever, health workers need to know the cause to make absolutely sure they give the right treatment. For many years in sub-Saharan Africa primary health workers have often assumed a fever is caused by malaria, and given antimalarial drugs. This approach means sometimes people receive the wrong treatment for their illness. It also wastes resources and, over time, can promote resistance to available drugs.

A new Cochrane Systematic Review examines the accuracy of Rapid Diagnostic Tests (RDTs), which are designed to detect malaria based on the presence of parasite antigens, using a quick and easy to use format. The World Health Organization (WHO), now strongly recommends health staff confirm a malaria diagnosis prior to treatment with artemisinin combination therapies (ACT's), but in many settings, this demands a major shift in practice and is not as easy as it may seem to adopt.

Up until recently, confirming a diagnosis of malaria infection was done by detecting parasites in a blood sample using a microscope. This requires highly trained staff, reagents and equipment, all of which are in short supply in many areas where malaria is common. RDTs use carefully manufactured molecules (antibodies) that when in contact with an infected patient's blood can bind with the malaria parasites and trigger a colour change on a test strip that can be easily seen with the naked eye. While these tests are technically difficult to manufacture, once built they are relatively simple to perform, require no specialised equipment and provide accurate results in many geographical settings.

"After reviewing available data in 74 different studies, we can say that these antigen-detecting tests will identify at least 19 out of 20 cases, a success rate that would be very useful in clinical practice," says Katharine Abba, who carried out this review at the Liverpool School of Tropical Medicine, UK.

"The use of Rapid Diagnostic Tests is another step towards reaching the goal of universal accuracy in the diagnosis of malaria and key to ensuring that the correct treatment is given to patients. Resources can be saved with the rational use of anti-malarial drugs and it will also reduce the pressure on drug resistance."

There are various different RDTs designed to detect the malaria parasite. "All the tests performed reasonably well, but we do need more research to address issues such as how easy these tests are to use and what barriers there may be to adopting them," says Abba.

Malaria is caused by the parasitic protozoan *Plasmodium*. It causes high fevers, headaches and aches and pains elsewhere in the body. If not treated early, malaria quickly evolves from an uncomplicated state into a severe disease where the brain is involved and the risk of death or brain damage is high. Malaria kills over 700,000 people a year worldwide, mostly children in Africa. In addition there are cases in Asia, Latin America, the Middle East and parts of Europe.

### Source:

Wiley-Blackwell (2011, July 5). Simple rapid diagnostic tests for malaria work well. *ScienceDaily*. Retrieved July 11, 2011, from <http://www.sciencedaily.com/releases/2011/07/110705211013.htm>





## 9th International Training Course on Management of Malaria

The Faculty of Tropical Medicine, Mahidol University in collaboration with World Health Organization (WHO) Regional Office for South-East Asia Region and WHO Mekong Malaria Programme will be holding the International Training Course on Management of Malaria 2011, during August 29-September 2, 2011.

This course is organized jointly by the Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand, the World Health Organization Regional Office for South-East Asia Region, New Delhi, India and Mekong Malaria Programme, c/o Faculty of Tropical Medicine, Mahidol University, Thailand.

This course is being conducted at the Faculty of Tropical Medicine, Mahidol University as a WHO Collaborating Centre for Clinical Management of Malaria.

For more information please visit <http://www.malariatraining.com>.

## Health Systems Management, 27<sup>th</sup> October-14<sup>th</sup> November, 2011 – Israel

**The International Centre of Excellence for Health Management** is happy to announce opening the registration to the programme. Let's take this opportunity and come together this year to highlight the pressing issues challenging health systems worldwide, and above all to stimulate action. As Dr. Gro Brundhagen, Norwegian politician and international leader in sustainable development and public health stated: *"There is no real growth without healthy populations. No sustainable development without tackling disease and malnutrition, and no hope for the spread of freedom, democracy and human dignity unless we treat health as a basic human right"*.

We welcome all senior health officers, doctors, nurses and administrative medical staff and other Health Care Professionals who express a sincere interest in the following topics: Community and Public Health Indicators; Hospital Planning; The Health Planning Triangle (Planning, Demand and Budgeting, Staffing); Poverty and Health; Project Management; Supply of Health Services together with many more intriguing avenues.

Israel has invested a great deal of time and effort into creating and maintaining a world-renowned health care system. We want to share our latest innovations along with our most up-to-date research capabilities. In addition, we look forward to sharing experiences together, in an effort to achieve many more future breakthroughs in health policies.

We cordially invite you to register to this unique programme, or to nominate candidates on your behalf. Tuition scholarships and special early bird bonuses are currently available. For information regarding curriculum, fees, tuition scholarship policy, and early bird discount please contact Mrs. Ortal-Taler Dolhan directly at [ortal-dolhan@galilcol.ac.il](mailto:ortal-dolhan@galilcol.ac.il) for further enquiries as well as registration kits, or visit our website at <http://www.galilcol.ac.il>.

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



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ASIA







## ACTMalaria Plans for its Crystal Year

ACTMalaria was established from the outcome of a meeting on Human Resources Development for Malaria Control on November 1996. The National Malaria Control Program directors from Thailand, Bangladesh, Cambodia, China, Indonesia, Lao PDR and Vietnam identified national and international training needs and cross-border collaboration. Because of this, a network was set-up to meet the training requirements identified to establish an information and communication network. Today, ACTMalaria has 11 member countries. Four countries were added from the original members: Malaysia, Myanmar, Philippines and Timor-Leste. Singapore became a member but decided to withdraw since they already controlled malaria. The network is being managed by a secretariat which is now based in Manila, Philippines. ACTMalaria is celebrating its 15th year anniversary this year. We invite all stakeholders, country members, training alumni, technical partners and financial donors to celebrate with us through a special event this year.

### Call for Presentations To All Alumni

*Poster or oral form,  
Abstract must be no more than 150-200 words  
Photo of the applicant, training attended, year attended  
Group Picture if available*

Please email Bong Mendoza at [bmj@actmalaria.net](mailto:bmj@actmalaria.net)

**CLICK ON!!**



The world's scientific and social network for malaria professionals

MalariaWorld started back in 2004 as part of the MIMCom project under the National Library of Medicine (Washington DC, USA). It has grown from less than 100 subscribers to 5000+ members as of October 2009. Since mid-2007 MalariaWorld is produced weekly by K&S Consulting, a registered Dutch consultancy firm that focuses on the provision of medical information, management education, and consultancies in infectious disease control.

Visit them at <http://www.malariaworld.org/>.

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](http://nobelprize.org/educational_games/medicine/malaria/index.html)  
You may also play the Mosquito Splat game in the Facebook page of ACTMalaria.



## PHILIPPINES

## Basic Malaria Management Training

This training is to strengthen capabilities of rural health unit staff in providing regular quality malaria prevention and health care services since they are the first health care providers to the people afflicted with malaria. The training is in coordination support with the GF Consolidated Malaria Grant with the Pilipinas Shell Foundation.



Isabela Batch 2



Rizal Province



Quezon Province



Isabela Batch 1



Rizal Province



Kalinga and Apayao



Palawan 2 batch



Rizal Province





Zamboanga &amp; Basilan



Occidental Mindoro



Cagayan &amp; Nueva Vizcaya



Basilan

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

[http://www.actmalaria.net/home/photo\\_gallery.php#base](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

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An electronic copy can be downloaded from  
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