

Broadening Involvement Team Training Workshop (BITTW 2012)

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The 6th BITTW or Broadening Involvement Team Training Workshop was held in Lampung Province, Indonesia last June 18-30, 2012.

Indonesia has been charged in conducting the said course since 2000. The course aims to develop broadening involvement team in malaria control program in each member countries through the knowledge and skills in carrying out several activities such as team building, communication skills, critical thinking, problem solving and various activities related to qualitative research. It emphasized the development of the process of partnership, networking, and advocacy.

At the end of the course, the participants are expected to practice team building, good communication skill including presentation skill, critical thinking and problem solving; assess the need of malaria control program by conducting qualitative research and several activities related to it such as PRA, FGD, in depth interview to important key persons in gaining important issues related to malaria, so that the problems can be solved objectively; analyze data related to qualitative research which the results can be applied as the basis evidence for next plan to overcome malaria problems as a comprehensive approach.

The expected knowledge and skills are to be implemented in designing and developing many necessary interventions in combating malaria in each Asian and Asia Pacific member countries.



During the past decade, global malaria prevention and control efforts have been scaled up, with notable progress in sub-Saharan Africa. On the occasion of World Malaria Day, 25 April 2012, the World Health Organization launches a new initiative to urge countries and donors to reinforce the malaria fight. The initiative seeks to focus the attention of policy-makers and donors on the importance of adopting WHO's latest evidence-based recommendations on diagnostic testing, treatment and surveillance, and updating existing malaria control and elimination strategies, as well as country-specific operational plans.

Photo Gallery



Welcome speech from Dr Rita Kusriastuti, Director of Vector Borne Control Disease as on behalf of Director General of Environmental Health and Disease Control.



Head of District of South Lampung office for meeting with Head of District of South Lampung, Mr. Rycko Menoza SZP, SE, SH, MBA



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The participants were divided into three groups to go into the villages. A Focus Group Discussion is formed to get information about what the community knows about malaria. The community is expected to give opinion and the participants were tasked to facilitate them. The FGD involved the villagers such as head of village, head of hamlet, volunteer, housewife, student and others. The group conducted body mapping to assess the knowledge of the community about the symptoms of malaria. Village mapping was also done to know what the villagers know where is the brooding and resting place of mosquitoes. The group mapped the house of malaria cases and cases of pregnant women and children.

In-depth interview with the shrimp breeder, fish breeder and a member of Family Welfare Movement (PKK). This activity aimed to get more information from the community about their knowledge in malaria.

Transect walk is done later to make the mapping of the village together. The participants made a map from the data they got from FGD. With these activities, they can make a map of the breeding place and the patient's house. After these activities, the participants together with the community analyze the data and draft an action plan.

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.

Photo Gallery

Advocacy workshop was done through presenting the final output of the group in the Head of District Office. The participants were divided into three groups to do indepth interview with the Department of Public Works, Department of Marine Affairs and Fisheries and City's Development Planning Board.



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

CLICK



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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BITTW INSIGHTS

... It is clearly understood that malaria is not only responsible of health department. Maximal involvement of cross program and other multi sectorial partners will play important role in malaria program. However, it becomes very difficult for the program to involve all the partners. In my own experience, those difficulties often happen due to the program itself does not utilise proper approaching method to involve multi partner agencies. By participating in BITTW, I have better understanding on the important of the role of each partners agencies include community. BITTW has given me a chance to understand more on how to approach in proper way and establish our partnership in Malaria program. I had learned how to deal with high local authority, local community leader, religious leader, press and other related agencies and how to mobilize them to support malaria program, by then the burden of malaria program could be shared. It was great opportunity also for the participant who participates in the BITTW to share and learn the experience from other country who participates in BITTW. In overall, from whatever I have learned through BITTW, it all has made me more confident to practicing it in my home country.

-Johanes Don Bosco, Timor Leste

It was indeed a great honour and privilege to become one of the participants of the recently conducted BITTW in Malaria Control, done in the culturally rich, generous and friendly Indonesian country.

My short 2 weeks stay in Lampung Selatan and Jakarta was full of beautiful and unforgettable memories not only due to the panoramic view, courteous native residents, nice and conducive ambiance but most especially the daily learning from the competent and intelligent professors that patiently guides us to the methodologies and applications of the principles applied.

It opened my mind to the many possibilities of the method application to my job as a new Malaria Regional Coordinator in ARMM. Empowering many stakeholders will really bring a remarkable impact in the success of the program.

I feel so lucky that aside from the important international training in Malaria, I was able to gain friends from different Asian countries. We became like a family as each day comes. These broaden also the networking from other colleagues, who unselfishly shared their experiences in the field and also proved that we can become one though we are from different cultural, social and political backgrounds.

Lastly, may the spirit of collaboration reign in the hearts of everybody concerned in order to attain our universal elimination target for Malaria.

In closing, send my acknowledgement to the ACT malaria group for the heroic effort and to my directors for the trust and confidence in sending me to this training.

God bless us all!

-

- Cindy Raki-in, Philippines



-----The Broadening Involvement Team Training Workshop is basically a course to develop a team working towards the prevention and elimination of malaria. The 2012 BITTW- class conducted at the Province of Lampung and in the city of Jakarta, Indonesia was undertaken to impart to each of the participants to be a good communicator equipped with a skill of a creative thinker and a person who can be an icon of change in the community. Each participant experienced to get broader and "deeper" involvement in the community level through the different methods used to have a better assessment of the needs of the community on their problems on malaria. They were taught to make use and better analyze existing data to have better planning and achieving concrete program implementation.

The actual cross border / cross program meetings and the real simulation on media interview experienced by all the participants taught them to appreciate the value of their potential partners through careful community organizing strategies that can help them achieve a strategic and unified actions planning for the community.

I just hope the participants can really put to practice all what they have learned during the 2-week long activity. Having said that - I do believe they will be the future country's Malaria Program Managers.

I also want to thank the ever active and reliable working committee, it was nice working with them, to the facilitators, members of the faculty and above all my congratulations to the Malaria Control Programme - Ministry of Health of Indonesia for another successful event and for hosting the 5th Broadening Involvement Team Training workshop, last 17- 30 June 2012.

Mabuhay at Maraming Salamat po.

- Joy Ann B. Lico, Philippines



I have a lot to thank the ACT malaria has facilitated me to follow BITTW, before I follow BITTW I do not have good strategies and methods for community empowerment, and advocacy to stakeholders. before I find it very difficult to get support from the many-side in malaria control. BITTW training has provided the knowledge and insights that open up with both empowerment and advocacy that will get the support of all parties.

In 2012, I will do the PLA in two districts namely Bintuni and Fakfak districts, and in 2013 I will advocate for the establishment of malaria center in Fakfak and Bintuni district.

I thank the organizers, facilitators and teachers for all that has been given to me
God bless

-Edi Sunandar, Indonesia



My department sent me to apply this course for two weeks at Jakarta and Lampung Selatan. I found that the course is very useful and informative and it was very interesting to experience the Lampung style of community life.

I could not only raise my thinking process ability but also meet and interact with participants from different countries and enhance my multi-cultural skills which are now so important in ASEAN perspective.

For BITTW 2012, I was also impressed with the systematic and quality teaching. Experts and facilitators were all very kind and considerate.

Lastly, it was a great opportunity for me to join the international training in Malaria. The important knowledge for applying with my responsibility is qualitative methodology such as in-depth interview, focus group discussion and community approach.

- Chantana Sovat, Thailand



Nepal's Step Up!!

Early diagnosis and appropriate treatment is one of the key strategies for malaria prevention and control. It requires, among others, a network of facilities with quality assured capability for diagnosis of malaria. Light microscopy (Giemsa Malaria Microscopy) is still the gold standard for malaria diagnosis.

Nepal's National Malaria Program has attained considerable progress leading the country towards pre-elimination of malaria. Despite the achievements made, the country is still faced with some challenges in the laboratory diagnosis of all suspected malaria diagnosis. Of the 96,000 suspected with malaria in 2010, only 3,115 (about 3%) were confirmed as malaria cases either by malaria microscopy or by RDT (NMP, 2010).

The new Malaria Strategic Plan of the program for 2011-2016 includes strategy that aims to strengthen capacity of health facilities in providing timely and accurate malaria diagnosis. The NMP is already supported by a malaria microscopy network that involves the PHC level and some HP's located in malaria endemic districts. Although system for assuring quality of diagnosis already exists, i.e. cross checking of slides examined at these levels by the RHD, this needs to be expanded to take into account all the elements of a comprehensive Quality Assurance System (QAS). A functional QAS should include the development of SOPs for every aspect relevant to delivery of quality malaria diagnosis, provision of supportive supervision for both public and private sectors, conduct of basic/refresher training of microscopists according to standards and establishment of internal quality control and external quality assurance that will help maintain competency of microscopists at all levels.

In consultation with the Nepal's National Malaria Program of the Epidemiology and Disease control Division, Dept. of Health Services and WHO, it is proposed that ACTMalaria conduct the workshop/writeshop on development of SOPs for Quality Assurance of Malaria Microscopy and a refresher training for the creation of core team of malaria microscopists in the national malaria program.

Objective of the writeshop/workshop and training, are to develop SOP for Routine Giemsa Malaria Microscopy and Quality Assurance and to ensure that malaria microscopists maintain a high level of proficiency and acquired knowledge and skills are retained and up to date.

The SOP development was hosted and organized in the KIST medical college while the refresher course was conducted in the Vector Borne Diseases Training Center in Hetauda last July 2012.



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Indonesia is a vast equatorial archipelago of 17,000 islands extending 5,150 kilometers (3,200 miles) east to west, between the Indian and Pacific Oceans in Southeast Asia. The largest islands are Sumatra, Java, Kalimantan (Indonesian Borneo), Sulawesi, and the Indonesian part of New Guinea (known as Papua or Irian Jaya). Islands are mountainous with dense rain forests, and some have active volcanoes. Most of the smaller islands belong to larger groups, like the Moluccas (Spice Islands).

Indonesia, the world's fourth most populous nation, is 86 percent Muslim—and the largest Islamic country, though it is a secular state. Indonesians are separated by seas and clustered on islands. The largest cluster is on Java, with some 130 million inhabitants (60 percent of the country's population) on an island the size of New York State. Sumatra, much larger than Java, has less than a third of its people. Ethnically the country is highly diverse, with over 580 languages and dialects—but only 13 have more than one million speakers.

After independence from the Netherlands in 1945, the new republic confronted a high birthrate, low productivity, and illiteracy—areas in which progress has since been made. The government used a "transmigration" policy to address uneven population distribution by relocating millions of people from Java to other islands. Unity and stability are improving, although outer areas of the archipelago resent domination by Java. The Asian financial crisis hit Indonesia extremely hard. Public unrest, including violent rioting, forced President Suharto—in office since 1967—to resign in May 1998. One year later Indonesia conducted its first democratic elections since 1955.

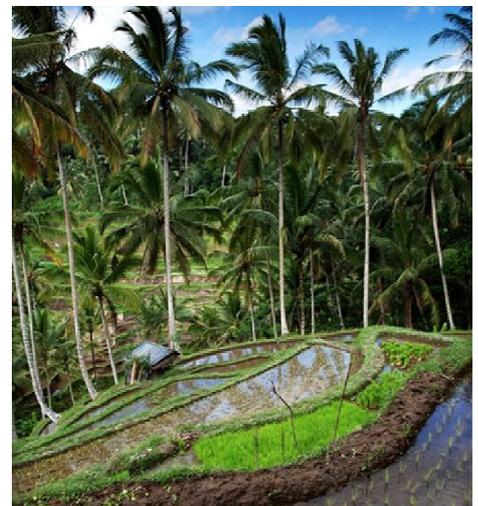
The democratic government faces many problems after years of military dictatorship. Secessionists in the regions of Papua and Aceh (northwest tip of Sumatra) had been encouraged by East Timor's (now Timor-Leste) 1999 success in breaking away after 25 years of Indonesian military occupation. A 2005 peace agreement with Aceh separatists led to 2006 elections and a cooling of the tension. Militants on Papua still engage in a low-level insurgency. Militant Islamic groups have become active in recent years, and religious conflict between Muslims and Christians recently flared in Sulawesi and the Moluccas. The island of Bali, a center of Hindu culture, suffered a terrorist bomb blast in 2002 that killed more than 200 people—mostly tourists. Three years later, in 2005, the country was hit by the devastating Indian Ocean tsunami, which killed more than 220,000 Indonesians.

Export earnings from oil and natural gas help the economy, and Indonesia is a member of the Organization of Petroleum Exporting Countries (OPEC). Tourists come to see the rich diversity of plants and wildlife—some, like the giant Komodo dragon and the Javan rhinoceros, exist nowhere else.

ECONOMY

- Industry: Petroleum and natural gas; textiles, apparel, and footwear; mining, cement, chemical fertilizers
 - Agriculture: Rice, cassava (tapioca), peanuts, rubber; poultry
- Exports: Oil and gas, electrical appliances, plywood, textiles, rubber

—Text From *National Geographic Atlas of the World, Eighth Edition*



10th International Training Course on Management of Malaria,
Faculty of TropMed, Mahidol University, Bangkok,
10-14 Sept 2012

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.

The objectives of the course are:

- To teach the participants in the management of severe and uncomplicated malaria both in well-equipped hospital and places with limited facilities
- To be updated with anti-malarial drugs in the treatment of severe malaria
- To review and train participants in the laboratory diagnosis of malaria
- To understand the recent pathogenesis of malaria

Entry Requirements

Level of Responsibility: Medical officers or other related fields who are presently, or will be in future, responsible for malaria management.

Educational Background: Medical doctor or health care personnel from an approved university/institution with experience in clinical treatment or disease control.

Language Proficiency: The course will be conducted entirely in English, and therefore a good command of written and spoken English is essential.

Computer Literacy: Ability to use word processing and other software applications.

Health: It is essential that the participants are in good health.

Admission Procedure

Eligible candidates are invited to apply using standard WHO fellowship forms available from the respective WHO country offices. Applications need to be endorsed by the national ministries of health and sent to the WHO regional office of South East Asia through the WHO country office. The candidates selected for the course will be communicated by WHO and it will be the responsibility of the candidates to prepare themselves appropriately, and in time, including obtaining visas as necessary and vaccinations.

Fellowship from other funding agencies should apply directly to the Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand and all management will be made between the faculty and the agencies.

Course Fee

The course fee is US\$ 900 per person. We expect to run the course with minimum participants of 15 and the maximum of 25 persons. Fund should be paid in advance directly to the Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand.





Sequencing of Malaria Genomes Reveals Challenges, Opportunities in Battle Against Parasite

ScienceDaily (Aug. 5, 2012) — Genetic variability revealed in malaria genomes newly sequenced by two multi-national research teams points to new challenges in efforts to eradicate the parasite, but also offers a clearer and more detailed picture of its genetic composition, providing an initial roadmap in the development of pharmaceuticals and vaccines to combat malaria. The research appears in two studies published in the latest issue of the journal *Nature Genetics*. They focus on *Plasmodium vivax* (*P. vivax*), a species of malaria that afflicts humans and the most prevalent human malaria parasite outside Africa, and *Plasmodium cynomolgi* (*P. cynomolgi*), a close relative that infects Asian Old World monkeys.

"The bad news is there is significantly more genetic variation in *P. vivax* than we'd thought, which could make it quite adept at evading whatever arsenal of drugs and vaccines we throw at it," said Professor Jane Carlton, senior author on both studies and part of New York University's Center for Genomics and Systems Biology. "However, now that we have a better understanding of the challenges we face, we can move forward with a deeper analysis of its genomic variation in pursuing more effective remedies."

In one study, the researchers examined *P. vivax* strains from different geographic locations in West Africa, South America, and Asia, providing the researchers with the first genome-wide perspective of global variability within this species. Their analysis showed that *P. vivax* has twice as much genetic diversity as the world-wide *Plasmodium falciparum* (*P. falciparum*) strains, revealing an unexpected ability to evolve and, therefore, presenting new challenges in the search for treatments.

The second study, performed jointly with Professor Kazuyuki Tanabe at Osaka University, Japan, sequenced three genomes of *P. cynomolgi*. The researchers compared its genetic make-up to *P. vivax* and to *Plasmodium knowlesi* (*P. knowlesi*), a previously sequenced malaria parasite that affects both monkeys and humans in parts of Southeast Asia.

Their work marked the first time *P. cynomolgi* genomes have been sequenced, allowing researchers to identify genetic diversity in this parasite. Its similarity to *P. vivax* means that their results will also benefit future efforts to understand and fight against forms of malaria that afflict humans.

"We have generated a genetic map of *P. cynomolgi*, the sister species to *P. vivax*, so we can now push forward in creating a robust model system to study *P. vivax*," explained Tanabe. "This is important because we can't grow *P. vivax* in the lab, and researchers desperately need a model system to circumvent this."

Much of the work occurred under a seven-year grant from the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health. The funding has established 10 International Centers of Excellence for Malaria Research (ICEMR). Carlton is heading an ICEMR based in India, where malaria -- and *P. vivax* in particular -- is a significant public health burden. A particular aim of this Center of Excellence is to support and help train scientists in India who can then work to combat infectious diseases, such as malaria, where they are most prominent. The *P. vivax* sequencing was funded by NIAID as part of the NIAID funded Genomic Sequencing Center for Infectious Diseases at the Broad Institute under Contract No. HHSN272200900018C. The Burroughs Wellcome Fund was instrumental in providing pilot funds for the *P. cynomolgi* sequencing.

Researchers at the following institutions were also part of the *P. vivax* sequencing: The Broad Institute, the National Institute of Malaria Research in India, Arizona State University, and the Centers for Disease Control and Prevention.

Researchers at the following institutions were also part of the work on *P. cynomolgi*: Osaka University, Dokkyo Medical University, Japan's Corporation for Production and Research of Laboratory Primates, Nagasaki University, Juntendo University's School of Medicine, the University of Tokyo, the National Institute of Biomedical Innovation, the Centers for Disease Control and Prevention, and Arizona State University.

Source: New York University (2012, August 5). Sequencing of malaria genomes reveals challenges, opportunities in battle against parasite. ScienceDaily. Retrieved August 15, 2012, from <http://www.sciencedaily.com/releases/2012/08/120805144839.htm>





ACTMalaria has been continually developing and implementing a large number of trainings and workshops on malaria control. It has been a sub recipient of grants from Global Fund and Shell in conducting national trainings in the Philippines. It has been also instrumental in the development of core of technical and managerial expertise on malaria control in the Philippines.

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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