

Report: Rotarians Against Malaria (RAM) Conference 2013

Held: St Columbans Catholic Secondary College, Caboolture, Qld.

Dates: Sat 24 and Sun 25 August 2013

Attendance: As per Attendance Register

Conference opened at 1200 hrs with lunch provided by the Rotary Club of Caboolture.

Saturday 24 August.

Opening.

DG Trevor Taylor, RI District 9600 welcomed delegates to the Conference held in his District. In his address he thanked RAM for the work being done. He hopes that Rotary now has polio on its last legs. He said that once polio finishes, RAM may have a case to present to Rotary International to have malaria take over from polio.

Introductions.

Introductions were then made with everyone introducing themselves, and from whence they came. This was oversights by Chairman, PDG Phil Dempster, assisted by departing Chair, PDG Ian Sayers. Once this had been completed, the program commenced.

Year in Review

Departing Chair, PDG Ian Sayers then gave his thoughts on the past year. He said there had been a number of highlights. The first was our entry into Timor Leste, and the initial distribution of nets at the end of 2012. He acknowledged the great value of the support work done by Australian Rotarians, led by PDG Phil Dempster.

The second was the international conference hosted by AusAID for the Australian Government - Malaria 2012 – and the fact that RAM was, not only invited to participate, but was also acknowledged by a number of the countries present.

The next was our raising \$130,000 for the Adopt A Village program, mainly for Timor Leste , bring the total to almost \$1.4 million.

He then acknowledged the award of the Medal of the Order of Australia to PDG Richmond Manyweathers and added that it had been so very well deserved.

He then made several acknowledgements and thanks –

The Rotary Club of Port Moresby for their magnificent effort in distributing Global Fund nets throughout Papua New Guinea.

PDG Peter Thomas as RAMs representative on the Pacific Islands Regional Multi-Country Coordinating Mechanism’.

Everyone on the National RAM Committee who had given him such great support over the past three years. Finally, all the District and Regional representatives without whom, and for the work they do, RAM simply would not exist.

Adopt A Village.

PDG Richmond Manyweathers OAM. PDG Richmond then addressed the Adopt A Village program and went through the finances of the program. To date a total of \$1.4 million has been raised. He stressed how much we need a new brochure. He advised he has nets if they’re need by anyone. He especially acknowledged the efforts of the Rotary Club of Hornsby with their coin boxes at airports. He said that the concept of the bed net, and its distribution, is a great selling point when speaking on

RAM, and acknowledged the great generosity of Rotary clubs. He also went through Papua New Guinea's adoption recognition process and mentioned that which was followed in the Solomons and Timor Leste.

In the paper he circulated, PDG Richmond advised the amounts donated for the year and how these funds have been disbursed over time. These figures won't be repeated in detail as all Districts have received a copy of the paper. As above, the total is now almost \$1.4 million. In 2012/2013 donations totalled \$129,347.87. Because of the concentration over the last year on Timor Leste, most funds, almost \$99,000, were directed there. PDG Richmond also advised and sought ratification of funds disbursed as follows:

Solomons – village clean up	\$ 47,429
Timor Leste – container #1	133,000
2013 RAM brochure	1,760
Admin expenses – Chair	69.45
do AAV	196.25

This will be attended to during tomorrow's Annual General Meeting.

PDG Ian Sayers announced that Rotaract clubs throughout Australia have decided to make RAM the recipient of their fund raising this coming year. A great initiative.

Solomon Islands Report.

PDG Wayne Morris OBE. Wayne reported on the Solomon's situation.

PDG Wayne advised that the Solomons malaria program had been affected by an outbreak of dengue that had also been the responsibility of the Malaria Division. Over 400,000 nets had arrived in April 2013 and were presently being distributed. Budgetary difficulties had also been experienced and these had also affected the program.

Global Fund reporting problems had also strained the resources of the Malaria Division.

A new Solomon Islands National Country Coordinating Mechanism has been formed to administer Global Fund grants but no longer has a Rotary representative.

Core membership of the Malaria Steering Committee has also been revised with no Rotary. PDG Wayne has expressed his disappointment at this, as Rotary commenced the anti-malaria program in the Solomons.

During 2013 RAMs involvement has been limited to the supply of tools under the Healthy Community program. To date tools have been distributed to 38 communities. PDG Wayne has requested an assessment of the effectiveness of the program before any more tools are to be distributed. He also advised that the Australian Government, through AusAID, is committed to SB\$105 million over the next four years under the Pacific Malaria Initiative.

In terms of the disease itself, PDG Wayne advised the incidence of malaria is continuing to drop. It was 44.0/1,000 (cases per 1,000) in 2012 compared with 49.1 in 2011 and 132.0 in 2007. Malaria mortality was 3.2/1,000 in 2012 compared with 25.3/1,000 in 2006, an 87.4% reduction.

In terms of vector control a total of 31,781 LLINs (long lasting insecticide treated nets) or 63.6% of the projected total of 50,000 had been distributed. A total of 27,161 hoses had been sprayed under Indoor Residual Spraying (IRS).

A total of 327 primary schools were visited as part of the antimalarial education program.

PDG Peter Thomas added comments. PDG Peter spoke of the relationship between AusAID and Rotary and was concerned at the lack of recognition for Rotary and what it's doing. He spoke of the receipt in the Solomons of 400,000 nets, in one 40 ft container. This has evoked much discussion between the Solomons and Geneva. The Global Fund's Principal Recipient (PR) didn't know how to handle containers. It was obvious the PR wasn't doing the job too well. He mentioned the Health Communities program and how the villages are being cleaned up in Isobel.

Timor Leste Update.

Maria do Rosario de Fatima Mota, Program Manager National Malaria Control Program, Timor Leste Ministry of Health.

Maria advised there has been a reduction in malaria incidence 220 per 1000 population in 2006 to 6 per 1000 population in 2012. In fact, the number of malaria cases in the country has declined rapidly since 2008, thus achieving Millennium Development Goal 5.

She showed charts that indicated the highest incidence of malaria was in Viqueque Province.

Maria then listed a number of probable reasons for the reduction of malaria. There were:

- Introduction Artemisinin based Combination Therapy for treatment of *P. falciparum* cases
- Increased surveillance coverage and reporting of malaria cases based on diagnosis due to use of bivalent Rapid Diagnostic Test kits in the rural Community Health Centres and Health Posts where there were no malaria microscopy facilities available
- Training and refresher training for the clinicians and clinical nurses to carry out treatment based on diagnosis
- Strengthened community based treatment in the rural, hard to reach areas through specially selected Community Health Volunteers who would diagnose and treat uncomplicated malaria
- Quality control of malaria microscopy and RDT
- Stratification of the malaria risk areas according to malaria receptivity, strengthening of LLIN distribution in malaria high risk areas and expansion of Indoor Residual Spraying in epidemic prone areas and malaria risk areas based on stratification
- Distribution of 151, 711 Long Lasting Insecticide treated Nets to children under 5 years of age covering more than 90% of the children under 5 years in the country in 2010
- Recruitment of 109 officers including focal points at the national and district levels funded by GF Round 7/ 10 and government
- Strengthening of monitoring and evaluation starting from 2009
- Strengthening of Entomological surveillance by establishing Entomology teams and laboratories for implementation of evidence based vector control programs
- Provision of technical support from WHO by assigning a long term Technical Adviser for malaria since 2009 and short term support since 2006
- Improved funding for NMCP from the Global Fund (GF7 and 10) to scale up malaria control and prevention activities and to recruit focal points.

Maria concluded by stating there was a need for funds to procure 30,000 square type LLINs needed to protect the pregnant women in 2014, and 1000 conical shape nets to be given to six hospitals, and thirteen Community Health Centers with beds.

After Maria's presentation, PDG Phil Dempster announced that on Monday 26 August order would be placed for 20,000 LLINs towards to 30,000 required by Timor Leste. The Rotary Club of Campbelltown (SA) had announced that it would provide the 1,000 conical nets for hospitals and health centres.

Pacific Island Regional Multi-Country Coordinating Mechanism (PIRMCCM) update.

PDG Peter Thomas.

All will remember that PDG Peter was elected to be RAM's representative to PIRMCCM. He briefly brought everyone up-to-date on his activities. The PIRMCCM comprises two representatives from twelve (12) member countries. There is a new Global Fund reporting process for the South Pacific. There is a real concern amongst nations in the South Pacific about what will happen in 2014 if the Global Fund doesn't continue support.

Papua New Guinea Update. Tim Freeman, RAM Port Moresby.

Tim reported that – In the last three and a half years a total of 3,581,497 LLINs have been distributed (3,123,236 LLINs to Household Level and 458,261 LLINs to Vulnerable Groups).

In Global Fund Round 8 nets have been distributed to 72 out of 90 districts in eighteen provinces.

This is 45 nets for every 100 people in the country.

Impact on malaria has been massive.

Clinical malaria incidence has fallen by as much as 70% following a distribution by nets in a district.

Prevalence of malaria has fallen by 75% in some regions

Tim explained the process RAM Port Moresby uses when distributing the nets.

A village list is made of each district based on the 2000 census. Information includes projected population for each village.

The list produced is first verified with district staff.

District health staff are asked to allocate each village to a health centre which are the focus of all distribution. This is the basis of planning in terms of nets needed and how many teams are needed to cover each area.

Partners are identified who can help with staff and logistics particularly in places of difficult access so that every village in a district is reached

Logistics are identified that are needed to carry out the survey. Cars, boats, helicopters, airplanes and number of staff needed for how many days based on two staff per team. For difficult to reach places shows alternative budgets of using different types of transport e.g. walking against use of air planes or boats.

Budgets are made for fuel, hiring vehicles or boats if necessary and staff costs. Volunteers are paid 20 Kina a day and MOH staff 30 Kina (US\$15) a day. NB RAM staff costs not included in the budget Surveys are then conducted in some detail. Once these are completed and reviewed, distribution can commence.

Distribution is based on the needs of a family.

- One net for mother and father and up to two children under the age of six.
- One net is given to boys between the age of 6 and 16 (one net for three boys)
- One net is given to girls between the age of 6 and 16 (one nets for three girls).
- Extra nets are given for other family dependents.

Only a family member from each family can receive nets and this person is indicated against the family list on the survey register.

If certain families are not present, these nets are handed over to the village elders using a trust form in front of villagers so that there are witnesses. Village elders must sign for their receipt.

At the end of the distribution, all volunteers are paid and a report made which includes problems found as well as positive aspects of the program noted.

Tim then highlighted the achievements

RAM Port Moresby has reached practically all villages in areas covered. Villages only missed out in Kerema (Landslide), Kikori (moving villages), New Ireland (refuse survey), ARB (restricted areas) Goilala (Tribal Fights) though areas in Kerema and Kikori now covered.

They have worked well to finish only one month behind schedule to complete Phase One and only one month behind schedule for Year Three.

Most people appear happy with our program.

They've had no serious incidents where staff have been seriously injured or died despite difficult conditions. Minor accidents include air crash (Kikori), boats capsizing (Kerema), tribal fight (Madang) and numerous small car accidents.

There has been no serious loss of money in the field except some officers who stole funds and another officer when his boat capsized.

Tim then told us about some of the difficulties faced by RAM Port Moresby in the process.

- Weather – too much rain in many cases and in some cases not enough rain resulting in dry rivers stopping entry into some areas.
- Geography – landslides, difficult terrain and no infrastructure.

- Human factors – Tribal fights and in some areas refusing surveys. Teams often associated with the Anti Christ resulting in initial difficult receptions.
- Planning – provincial staff not always knowing their areas – e.g. Teptep in Madang resulting in not the correct number of nets being taken to the right location. Goilala nets going to wrong place
- Reconciling nets – theft, data entry, poor stock keeping, poor verification.
- Reconciling funds and verification of payments made in very remote areas.
- Misuse of vehicles:
 - Using vehicles for personal issues.
 - Not utilising vehicles in the most efficient way.
- Not thinking of the most efficient way to carry out a job.
- Drunkenness

PDG Phil thanked Tim for his very comprehensive and details presentation.

Have Your Say.

There was a very short “Have Your Say” session during which PP Nerida Dean (D9640) suggested RAM should get donations using the Australian Rotary Health model. She also suggested that District RAM representatives be given lists of donations from their District. This would help considerably when visiting clubs.

Saturday Night Dinner.

Dinner, hosted by the Rotary Club of Caboolture, was also held in the Hall at St Columbans Catholic Secondary College.

Speaker: Rotarian Roshni Thattengat (D9500)

Roshni spoke on Frontiers in Malaria Research. She gave three examples:|

The attraction of mosquitoes to smelly feet

The inhibition of malaria development in Wolbachia infected mosquitoes

Chloroquine resistance.

Sunday 25 August

Annual General Meeting (AGM).

PDG Ian Sayers introduced the AGM and explained its necessity. His three-year term has expired and it's now necessary to elect a Deputy Chair, the successor to PDG Phil. He then handed over to

PDG Phil Dempster.

PDG Phil explained there were two candidates for election: Joanne Beilby (9810) and Rod Madew (D9570). He then invited each candidate to make a short statement. This was done and a vote, by secret ballot, followed.

Rod Madew (D9570) was declared elected.

PDG Richmond Manyweathers sought confirmation of accounts that had been paid. These are listed above. Payment confirmed. Manyweathers/Sayers. Carried.

PP Nerida Dean suggested that someone should mentor new District and Regional representatives. The National RAM Committee will consider this.

David Pearson (D9650) raised issue of recognition of clubs for RAM donations. PDG Richmond Manyweathers explained the procedure. |

PDG Peter Thomas spoke of the death of Tim Richards (D9640) and long-time stalwart of Rotarians Against Malaria and paid tribute to his efforts over the years.

Delegates were also told of the serious illness of another stalwart, Jacquie Gleeson (D9800). Chair was asked to send her greetings and best wishes.

There being no further business the Annual General Meeting closed at 0920 hrs.

Keynote Speaker.

Professor Dennis Shanks. Australian Army Malaria Institute (AAMI) and School of Population Health, University of Queensland.

Topic: Malaria Control and Elimination Activities at the Army Malaria Institute.

Professor Shanks gave, as background to his talk, the example of the repatriation of Japanese soldiers from Nauru, through the Solomons, at the end of hostilities in 1945. At the end of October, 800 Japanese soldiers arrived in the Solomons from Nauru: by the beginning of December, almost 30% were dead from malaria.

Professor Shanks told how AAMI together with other organisations were presently conducting field studies in the Nggela Islands in the Solomons. These studies had the aim of advancing knowledge of how malaria interventions work in field with the subsidiary goal of building local capacity/infrastructure to guide future malaria interventions.

At present there is a low level, or no, malaria in the area, and the aim is to get rid of the last of the parasites. The islands are small. They will survey the child population on Nggela to establish the level of malaria. They are then going to watch the situation for a year. They are trying to understand the dynamics of malaria transmission when approach elimination. He also spoke of rapid diagnostic testing for G6PD deficiency. People with this genetic trait are generally protected from malaria. Greeks and Italians have this trait. AAMI is working with others to improve the quality of Rapid Diagnostic Testing (RDT) kits. They're looking for kits that are faster and cheaper Professor Shanks also spoke of a school-based survey being conducted on Tanna in Vanuatu. There is now very little malaria there. It's possible to get rid of *Plasmodium falciparum* (Pv) but there are so many versions of *P. vivax* (Pv) that it's going to be very hard to get rid of it.

Professor Shanks finalised by saying what happens when malaria is pushed down.

There are -.

- Fewer people sick with malaria
- Fewer people with + microscopy slide
- Fewer people with + nucleic acid test
- Fewer strains in each person
- Fewer total strains of *P falciparum*
- Fewer total strains of *P vivax*

He then listed six things that have to happen to eliminate malaria

- Improve local health infrastructure and personnel
- Improve means of quickly diagnosing malaria
- Have fully effective medications for *P. vivax* malaria
- Maintain bednets when there is little malaria
- Learn how to better handle imported cases
- Maintain interest when few people are sick

Keynote Speaker.

**Dr Danielle Staniscic, Laboratory of Vaccines for the Developing World
Institute for Glycomics, Griffith University.**

Topic. Progress in the hunt for a malaria vaccine.

Dr Staniscic introduced her topic by spelling out why we need a malaria vaccine.

Up to 1 million deaths per year mostly children, pregnant women

500 million cases per year 90% of malaria in sub-Saharan Africa

40% of world's population at risk

She added that existing control methods such as insecticides and anti-malarials are increasingly less effective.

Dr Staniscic then spelled out the considerations for a malaria vaccine.

Which Plasmodium species should a vaccine target?

-There are 6 species of malaria that infect humans: Plasmodium falciparum and Plasmodium vivax are dominant.

What Plasmodium stage should be targeted?

-Pre-erythrocytic vaccine

-Erythrocytic vaccine

-Transmission blocking vaccine

What do we want a malaria vaccine to do?

-eliminate infection?

-reduce disease?

-prevent transmission?

The Institute has developed a malaria vaccine technology road map which is -

Interim goal:

By 2015 to develop and license a 1st generation vaccine with 50% protective efficacy against severe disease and death lasting longer than 1 year.

Ultimate goal:

By 2025, to develop a malaria vaccine that has efficacy of >80% against clinical disease and provides protection for longer than 4 years.

She then took us through a very detailed technical presentation on how the Institute proposes to address this roadmap. This included the immunization of humans with a low dose, live *P. falciparum* infection.

The presentation is very detailed and, as suggested above, very technical. It is available, in PowerPoint format, should anyone be interested. Please contact either PDGs Ian Sayers or Phil Dempster if you'd like a copy.

Summary of AusAID response to Malaria 2012 Consensus Document.

PDG Ian Sayers reporting.

It had been hoped that someone from AusAID would be able to join us but that hadn't been possible. AusAID had, however, provided notes of how it was responding to the Malaria 2012 Consensus. It is re-produced in entirety below.

"As discussed, the Malaria 2012 consensus has been central to the activities that have been undertaken. To this end, I structure this email around the 5 key action items:

1. Promote high level regional political leadership and collaboration
 - a. On 20 November 2012 at the 7th East Asia Summit (EAS) leaders meeting, the Australian proposed declaration on Regional Responses to Malaria Control and Addressing Resistance to Antimalarial Medicines was adopted
 - b. The Asia Pacific Leaders Malaria Alliance (APLMA) is being established and Australia will co-chair it with Vietnam

- c. The inaugural meeting of the APLMA will take place in the margins of the 8th EAS in Brunei on 10 October 2013
 - d. The Australian government has provided funds to the Asian Development Bank (ADB) to enable them to provide secretariat support to the APLMA.
2. Close the financing gap
- a. We are in the process of confirming co-chairs for this taskforce
 - b. The ADB secretariat will support the taskforce in terms of confirming membership, commissioning required technical analysis, modelling etc
 - c. Subsequent to M2012, the Global Fund announced a commitment of \$100 million to the Greater Mekong Subregion to address artemisinin resistance. Australia is represented on the Regional Steering committee for this grant and is heavily involved in its design. The majority of this grant will be spent at the country level and will contribute to improved coverage of key malaria interventions in priority areas (action area number 4 – Achieve universal coverage of key malaria interventions in priority areas)
3. Expand access to quality medicines and technologies
- a. We are in the process of confirming co-chairs for this taskforce
 - b. The ADB secretariat will support the taskforce in terms of confirming membership, commissioning required technical analysis, modelling etc
4. Accelerate highest priority research
- a. Subsequent to M2012, AusAID released a Medical Research Strategy <http://www.usaid.gov.au/Publications/Pages/medical-research-strategy.aspx> which identifies malaria as a priority disease and prioritises investment in malaria product development partnerships.

On another note, in April 2013, Australia and China signed a memorandum of understanding to explore practical means by which to strengthen cooperation and collaboration; work together to achieve shared objectives on issues of global or regional importance; and work together to reduce global poverty and promote achievement of the Millennium Development Goals and the post-2015 agenda. The first pilot project under the partnership targets drug resistant malaria in PNG.

And finally, AusAID and the Bill and Melinda Gates Foundation have co-funded the World Health Organisation to coordinate the emergency response to artemisinin resistance in the Greater Mekong Subregion and importantly, in April this year, the WHO released the ERAR (Emergency response to artemisinin resistance) which is the technical framework which will guide activities in the region.”

RAWCS Role. PDG John McLaren.

PDG John briefly explained what the RAWCS National Committee is doing at present. The priority task is to target Federal Ministers over the issue of tax deductibility for RAWCS project volunteers.

In response to a question the RAM National Committee will circulate a list of the Executive to RAM Regional and District representatives.

Wrap Up. PDG Phil Dempster.

PDG Phil very briefly summarised what had been discussed and achieved over the past two days. He thanked everyone for their attendance and wished all a safe journey home.

The Conference ended at 1230 hrs.