

# **Rotarians Against Malaria (RAM) National Conference 2011**

## **Proceedings**

**Date:** Saturday May 14 – Sunday 15, 2011

**Venue:** St Columban's Catholic Secondary College, Caboolture, Queensland.

**Host:** The Rotary Club of Caboolture organised the venue, catering and the conference dinner.

**Chairman:** PDG Ian Sayers, Chairman of the Rotarians Against Malaria National Committee

**Attendance:** In total 34 Rotarians, other speakers and guests participated in the conference proceedings, compared with 31 delegates attending the 2010 conference.

**Key Websites:** <http://www.ramaustralia.org> <http://www.ram.com.pg>

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## **PROCEEDINGS**

### **Saturday May 14.**

#### **11:50 Morning session opened**

The conference was opened by the conference chairman PDG Ian Sayers with a formal welcome by DG 9600 Eric Wood.

**The Year in Brief:** Ian Sayers reviewed the year in brief with the following key points:

- It has been a bad year for disasters, making fundraising for Adopt-A-Village (AAV) more difficult.
- AAV contributions exceeded Au\$1,000,000. Richmond Manyweathers was formally thanked for his efforts in managing AAV donations.
- AAV in the Solomon Islands has changed from being a bed net provider to focussing on improving health and hygiene in villages through the provision of tools to be used primarily in the clean up and drainage of village areas.
- The efforts of PGD Peter Thomas and PGD Wayne Morris were recognised for work in the Solomons and on the PIRMCCM (Pacific Islands Regional Multi-Country Coordinating Mechanism) board as well as the successful conclusion of the Health, Hunger and Humanity (3H) Grant #59878 – Urban Malaria Control, Solomon Islands.
- RAM in PNG has changed, now employing 23 people to run the Global Fund's bed net distribution program headed by Tim Freeman. Ron Seddon was acknowledged for his ongoing efforts.

- The effort to have RAM represented by the Australian Federal Government is ongoing but gaining access to key government ministers is difficult.

Timor-Leste was welcomed to the conference and presented on the Global Fund's bed net program. Two National Malaria officers represented Timor-Leste and presented at the conference. Also welcomed was the Australian Army represented by MAJ Alyson Auliff.

**Introduction of Delegates:** Delegates completed a "around the table" self introduction.

**Have Your Say Session:** The conciseness of the introductory presentations allowed time pre-lunch for this brief session.

On Internal Rotary communication:

- The cost of RAM representation discussed. RAM does not run an administration fund so Rotarians need to meet a lot of the costs personally making it difficult for some otherwise enthusiastic Rotarians to work effectively.
- There is a need for RAM presentation packages to assist district representations.
- It is time consuming to get around big districts. In the largest districts this can involve 10–12 hours driving to reach some clubs, and 4-5 hours travel is not unusual. Kits are needed to set up regional representatives to reduce burden on District representatives.
- Web based communication such as Webinar (seminars on the web) was suggested by Phil Dempster as one tool to communicate over distance. Try the following for an introduction: [http://en.wikipedia.org/wiki/Web\\_conferencing](http://en.wikipedia.org/wiki/Web_conferencing)
- Because of the distances in Australia the message should be to "share the load of communicating".

On Government recognition:

It was suggested that NGO's require a "policy presence" by sitting on boards and being formally represented at meetings to become well known in the community.

It is hard for Rotary to be recognised by Government because the (Federal?) Government does not recognise volunteers.

If Rotary had staff and expenses we would be better understood by Government.

It was agreed that it will be useful to get AusAid representation to RAM Conferences.

## **Saturday May 14.**

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### **13:45 Afternoon session opened**

Dengue fever: The chairman noted that some recommendations had been made to add dengue fever to the efforts of RAM. It was noted by various delegates that dengue (virus) is quite a different disease to malaria with a different geographical spread. It was agreed that RAM should focus on malaria however that efforts, such as the Solomon Islands AAV clean up the villages program, will cause collateral damage to the dengue virus.

### **Adopt-A-Village Program update – Richmond Manyweathers:**

Richmond circulated a summary of AAV contributions by year and by club and confirmed that contributions to AAV have exceeded Au \$1,000,000.

Richmond acts as a “gateway” and AAV should be sent to him and he will ensure that they reach the intended country. A village is allocated for those funds and the donor will receive an acknowledgement of the funds. Cheques should be made out to RAWCS (RAM).

He also will send a certificate of contribution back to the donor club together with details of the recipient village.

Richmond bought up RAM brochures and a box of bed nets for distribution to interested Rotarians.

### **Solomon Islands Update – Wayne Morris:**

- Continuing funding of intervention program by Global fund with financial assistance from AusAID under the Malaria elimination program. PACMIS (Pacific Malaria Institute) technical support funded by AusAID.
- Support for program from JICA (Japanese Govt) with WHO providing technical support.
- Rotary volunteers erected prefab buildings, 3 second half of 2011. Still waiting for land in Honiara as sites for buildings.
- Procurement of boats for net distribution and safety training of operators is required. It would appear that agreement is close on the type of boat required.
- Adopt-a-Village – there are delays in tools program, agreed procedures have been adopted and to be part of Provincial Health Promotion program. Villages will be checked to insure that the tools will be used as per requirement. The Global Fund will check the use of tools when they complete been net distribution survey. Clubs may also be interested in funding other programs in villages, as an extension to the AAV clean-up program.
- Santa Isobel Island is close to malaria elimination – effort mostly driven by the church.
- Rotary successfully completion of 3H grant for Honiara.
- Malaria incidence for 2009 was 79/1000 and 76/1000 in 2010. Trend for 2011 shows further decline. The target for 2012/13 is 50/1000.
- SINCCM (country oversight committee) is now operational with Secretariat established. This group also looks after the TB and HIV Global Fund programs.
- 364,000 bed nets have been imported with a further 84,000 nets due in August. Further funding for replacement of bed nets in 2013 to be confirmed by Global Fund following

review of Phase 1 and goals for Phase 2. To be submitted to Global Fund in May and discussions in June.

### **The Rotary Foundation – Health, Hunger and Humanities Grant Program – Solomon Islands - Peter Thomas:**

- Wayne Morris has been honoured by the Solomon Island government for his contributions to the community with an OBE
- The Health, Hunger and Humanity Grant #59878 – Urban Malaria Control, Solomon Islands (3-H Grant) was completed and signed off by RI. This was a very successful program focussing on community education and mostly completed by the Solomon Islanders. Community education has not been addressed by the Global Fund and the 3-H has filled this gap for the Honiara area.
- Previously nobody had addressed the need for the use of surveyed boats for use in net distribution. Someone will be held accountable should there be an accident at sea. The first boat of appropriate design will be delivered shortly.
- Bed netting has produced dramatic results
- The World Bank has supplied funds to clean up Honiara and there has been a request for funds to supply larvicide to treat standing water (this could be a good fund raiser for a club).
- With respect to AAV it is important to work with the Solomon Island health and education people before instigating a program. It is also essential to work through an in-country club. The Project Application (PAF) form needs to be signed by local club and local Government authority.

### **Timor-Leste Presentation - Maria do R. de F. Mota, Timor-Leste Dept of Health**

Maria submitted a comprehensive PowerPoint presentation on the status of malaria interventions in Timor-Leste (T-L). The key points are:

Malaria incidence has dropped from 250/1000 (25%) in 2004 to 103/1000 in 2010. The health department has subdivided T- L into districts based on malaria infection rates. In high incidence districts infection rates can be up to 612/1000. The infection rate in children <5yo is 200/1000 in 2010 down from 450/1000 in 2006.

Interventions include:

- Long life insecticide treated net (LLIN) distribution in high risk areas as priority.
- Rapid diagnostic test kits (RDTs) for falciparum and vivax.
- ACT treatment.

Target: To reduce malaria infections by 50% by 2020.

National Strategy to achieve this target

- Case management through early case detection and delivery of effective anti-malarial therapies
- Integrated vector management programme to prevent and control malaria
- Community involvement as a successful way to raise awareness on the prevention and management of malaria
- Health system capacity building, monitoring and evaluation and community based operational research. This includes the recruitment and training of officers and also gaining long term access to international specialists.
- First priority is to get all children under 5 years old and pregnant women under bed nets

Funding for the above national strategy has been through the Global Fund.

#### Procurement of Long Lasting Insecticide Treated nets

No of population in the country 1,066,658

Total No of nets needed (1 net/2 people) 533,329

No of nets receive from GF 245, 164

Balance of nets needed 288,165

Cost to procure the balance of nets (288,165) is US\$2 million.

#### **RAM resolved to assist with provision of bed nets in Timor-Leste.**

#### **Papua New Guinea (PNG) – Tim Freeman, Project Manager RAM, Port Moresby**

Tim delivered an excellent PowerPoint presentation on the status of malaria intervention in PNG. Main aspects in brief as follows:

Most of the burden of malaria lies in Africa but Papua New Guinea is one of the countries outside Africa that share malaria transmission levels similar to those of Africa.

Initially GF net distribution was patchy rather than systematic though lack of coordination. As a result it was decided to make RAM a key funding recipient to manage a significant part of the net distribution program.

Initially, in each province, provincial officials are appraised of the program and sign a Memorandum of Agreement for it to proceed. At local levels, prior to net distribution a village survey is required to determine who is who and nets are then given out one by one to insure that each family receives the correct number of nets. The distribution is made in coordination with the Government District Health Authorities and Church Health Services together with other NGOs (Non Governmental Organisations), Church Groups, Community Based Organisations (CBOs) or Private Sector.

There are few roads in PNG and net distribution is mostly by boat or plane.

For most citizens there is little communication with the outside world. To publicise that net distribution is about to happen, word of mouth and posters are used.

From November 2009 to April 2011 RAM teams have worked in 33 districts in 12 provinces and have delivered to household level about 1.4 million nets to approximately 2.9 million people.

170,000 single nets also distributed to other vulnerable groups, particularly antenatal clinics but also boarding schools, prisons and people living with HIV/AIDS.

Tim and RAM PNG were congratulated on getting the nets out to the villages given it appeared to be a near impossible task. It was pointed out that volunteer helpers receive 20 kina/day and Dept of Health workers 30 kina/day

### **Ian Sayers**

A brief wrap up completed the day's proceedings.

### **Saturday Evening - RAM Conference Dinner**

This was held at the St Columban's meeting room and hosted by Caboolture Rotary Club assisted by the local Interact club.

An official welcome was given by DG Eric Wood and a toast to Rotary International by Robert Daly. A presentation of RAM activities covering the points made in the "Year in Brief" (see page 1) was given by National Chairman PDG Ian Sayers.

PDG Wayne Morris introduced guest speaker PDG Peter Thomas speaking on:

### **The Historical Prospective of RAM and the Global Fund.**

In 1998-99 early chairman of RAM, PDG John Reddish administered the first 3H grant in the Solomon Islands. Plans were in place for Guadalcanal activities using this grant however ethnic tensions prevented this. Rather than leave the Solomons, the grant was directed to the Western Provinces. At this time RAM was the only group doing aid work in the Solomons.

The Secretariat of the Pacific Community (SPC) commenced activity with the Global Fund.

SPC public health director Bill Parr attended a malaria conference in Honiara. Here he proposed that the Solomon Islands join PIRMCCM and that the SPC prepare a submission for funding malaria intervention in SI. At the next malaria meeting Bill Parr approached RAM to assist with a malaria grant he had received to upgrade health infrastructure in Honiara. RAM got involved and repaired and erected clinics and storage sheds. Soon RAM was invited to join PIRMCCM (which has members from 11 countries and representatives from WHO, AusAid, the Red Cross, the Pacific Council of Churches and now RAM). Peter became the RAM representative and more recently was promoted to be a member of the executive.

Each Global Fund recipient nation has a Country Coordinating Mechanism (CCM). This group is responsible for submitting proposals to the Global Fund, nominating a group to administer the funds and overseeing the grant implementation. In February Peter was invited to attend a 3-day workshop organised by the GF for CCM members from SE Asia and the Pacific. The standout for Peter from the discussions was the lack of knowledge of Rotary. Also most CCMs expressed concern about finding good private sector representatives to run programs. Peter told them about RAM and our involvement with PNG, SI and now the PIRMCCM. Peter has since received invitations to attend meetings in Bangkok and Sao Paulo to consider GF strategy planning and the GF Partnership Forum. Regrettably Peter's "bikki tin" is looking a bit bare and he will be unable to attend.

**Sunday May 15<sup>th</sup>.**

### **Have Your Say Session**

Next year's conference: The timing of next year's meeting was discussed. It was decided to have this in September 2012 as May clashes with other activities. The date will be decided by the RAM board.

Timor-Leste bed net program: Firstly a PAF (Project Application Form) will need to be prepared and register the project. Once registered, the project will be put on the RAM website. We will need to start raising funds which could take 12 months, money to go to Richmond Manyweathers.

Malaria Awareness Day:

Jackie Gleeson: 9210 and 9800 have been active using some newspaper advertisements and posters and dinner with speakers- a generic MAD

Jo Beilby: Adopting a "drip feed" approach to communicating about RAM. She has scheduled ballroom dancing, a microscopy course and a group called "The Knights of Malta" wish to run a dinner for RAM. Jo has organised a RAM blog that has had over 3,500 hits from several countries. The address is RAM9810.blogspot.com

Ian Sayers: Media approach is not working and RAM should adopt the “drip feed” approach. Ian also alerted the meeting to a Canadian group working in Africa, run by Debra Lefebvre and Gail Fones, called Buy-A-Net ([www.buyanet.ca/](http://www.buyanet.ca/)).

Tim Richards: Has prepared a talk on the Malaria Report 2010, WHO. This has presented at 3 clubs to date with another 2 engagements to go. There is a very good response to AAV from the talk.

Dengue Fever:

Ian Sayers was approached about bringing dengue fever intervention into RAM and he asked what the meeting thought.

Phil Dempster gave a brief summary of the disease: It is virus transmitted by the Aedes aegypti (and perhaps other Aedes species?). There are four strains of the virus (DENV1 – 4) which although cause severe symptoms rarely cause mortality. After infection the victim acquires long term immunity to the strain he/she contracted. However if this person is subsequently infected with one of the other strains then the new DENV infection places people at risk of dengue hemorrhagic fever and dengue shock syndrome, which can be fatal (the reason that this occurs is not understood).

It was noted by others that mosquitoes carry a number of diseases (arbovirus - viruses transmitted by mosquitoes or ticks) and if dengue is considered then what about the rest? It was agreed that putting dengue or other arboviruses into the mix with malaria would dilute the malaria effort. However it was noted that AAV village clean-up programs will reduce arbovirus infection rates, not just malaria. So indirectly RAM work helps reduce these other infections.

It was agreed that RAM will remain focussed on fighting malaria.

Lab Without Walls - Dr. Barry Mendelawitz:

Barry informed the meeting of an exciting new development in field diagnosis he is involved with. It is called Lab-without-walls and will have the ability to diagnose a dengue strain within 6 hours and can be run by a technician after only a short training period.

Solomon Islands AusAid-RAM Building Programs – Peter Thomas:

Forty teams have now come to SI on the building programs. Documentation for the construction of the next three houses is complete. AusAid has indicated that they will look at continue funding building programs.

It has emerged at PIRMCCM meetings that other islands (malaria free islands) would be keen to have Rotary involved with their building programs as well.

Also on AusAid: The difficulty in getting federal AusAid recognition of Rotary was discussed. Ian Sayers is trying to approach this issue through local members. The problem with head office is not understood given that the relationship with AusAid in SI is strong. AusAid has set aside \$2.6 million for Rotary to manage.

## **Shrinking the Malaria Map: The Pacific Perspective by Professor Maxine Whittaker, University of Queensland.**

### **Moving towards Malaria Elimination.**

Maxine is a member of the Pacific Malaria Initiative – Support Centre (PacMISC) ([WWW.pacmisc.net](http://WWW.pacmisc.net)) which is a consortium between the University of Queensland, the Army Malaria Institute and the Qld Institute of Medical Research. The centre works in cooperation with the Global Fund, national government health departments and other malaria interested groups.

Definitions:

Malaria Control: Maintaining infection rates at a level where malaria is not a public health issue in an area or country.

Malaria Elimination: Reducing the indigenous infection rates to zero in an area or a country.

Malaria Eradication: world-wide elimination of malaria.

### **Presentation topics:**

The PacMI is strong on health systems and entomology and assists in these areas in government programs.

The role of PacMI is the effective control and progressive elimination of malaria in the Solomon Islands and Vanuatu by 2014. This involves the reduction of annual incidence rates by 65% in the Solomons (128/1000 in 2007 reduced to 46/1000 in 2014) and by 70% in Vanuatu (23/1000 in 2007 reduced to 7/1000 in 2014).

Timotu Province and Santa Isobel Island in the Solomons and Tafea Province in Vanuatu are close to achieving Elimination.

There must be ongoing effort to maintain Elimination once achieved because new infections can (will) be imported.

There are three pillars of malaria Control: 1. Case management – diagnosis and treatment. 2. Surveillance – this includes tracking down cases and 3. Prevention – vector control and personal protection.

Case management - P. Vivax:

Vivax is very significant in the Pacific Islands and SE Asia and mortalities from vivax infections is higher than is widely appreciated. Some vivax parasites remain dormant in the liver for months or sometimes years (with falciparum all parasites clear the liver at one time in the disease cycle) and many of the carriers can feel well when infected with the liver stage making elimination particularly challenging. Vivax sufferers require treatment with Primaquine to clear

the liver of infection. This is difficult to administer as it is a 14-day treatment with many unfortunate side effects. Additionally many Pacific Islanders show a genetic G6PD deficiency (up to 30% in some communities). People with this deficiency cannot safely be treated with Primaquine as it results in haemolysis of red blood cells and renal failure. People with G6PD need to be identified before any mass drug treatment of communities can be safely completed. There is no rapid diagnostic test for G6PD.

#### Surveillance:

How often should surveys be carried out? With regard to vivax there is not enough known about it to make this decision.

#### Prevention problems:

Intervention places evolutionary selection on mosquitoes. In Timuto it has been found that Internal Residual Spraying (IRS) selects mosquito strains that will bite outside. There will also be a growing tolerance of pyrethroids used in LLINs.

Other practical issues include whether sprayers are doing a good job with spray application and total coverage of all huts etc. and the ongoing efficacy of treated nets.

#### Community Participation:

Will people continue to use nets once mosquito population is reduced to an extent where they are only rarely being bitten, particularly in very humid places?

ACT treatment is a 2 tablet/day, 3-day course where the patient feels very well after day 1. There is difficulty in convincing the patient to complete full course. This accelerates parasite drug resistance.

Border protection (the border between low risk areas and high risk areas) requires strong community support. Will people returning to a village be counselled to visit the clinic and be screened for malaria?

#### Elimination:

Elimination can be sort in areas with low transmission. Once elimination is achieved the elimination border can be pushed out thereby shrinking the malaria map.

People who are neglected in malaria intervention are neglected in other needs.

#### Conference Wrap-up:

It was decided to change the timing of the conference to sometime in late August or early September as the May timing clashes with many other events. The RAM board will decide on a

date once the timing of other September activities are considered. This conference could possibly be hosted in Brisbane.

Chairman Ian formally thanked the St Columban's principal, the Caboolture Rotary Club and Interact for making the conference possible.

End of Proceedings.