

# RAM NEWSLETTER

Volume 2 Number 4

My Rotary Friends and Friends of Rotary.

We had a very informative and interesting Conference at Caboolture a few weeks ago. For the first time we had two representatives join us from the Timor Leste Ministry of Health – Maria Mota, Senior National Malaria Officer, and Fernando da Concencao, a District Malaria Officer. With one exception, we had representation from every Australian State and Territory, as well as from Papua New Guinea and the Solomon Islands. Notes on the Conference will be circulated and placed on our website, but it's worth highlighting a few things we learned during the various presentations.

There had been some interest in expanding our charter to incorporate dengue fever as well. It was agreed we should retain our concentration on malaria, but should learn something about dengue. Some of what is being done, especially in the Solomons, will also help reduce the dengue problems. We now know that contributions to the *Adopt A Village* program will exceed \$1 million. What a wonderful achievement. Let's keep it going.

In his report on the situation in the Solomons, PDG Wayne Morris spoke of many things but, and very importantly, highlighted the continuing fall in the incidence of malaria in that country. Amongst PDG Wayne's good news stories one that stood out for me - Santa Isabel is close to malaria elimination. I should put that in upper case and bold letters ... We also learned of the very satisfactory conclusion to the Rotary Foundation *Health, Hunger and Humanities* (3H) grant in the Solomons. PDG Peter Thomas brought us up-to-date on the AusAID-RAM Building Program in the Solomons. This is something that Australian Rotarians can be very proud of – to date forty (40) Project Volunteer teams have been in the Solomons. Work on the construction of houses, funded by AusAID, is continuing. Another very important and extremely pleasing bit of news was that the Solomons Islands Government has recognised the work of PDG Wayne Morris with the award of an OBE.

One of the most important outcomes of the Conference was that as a result of having two officers from the Timor Leste Ministry of Health join us, the *Adopt A Village* program has been extended to Timor Leste. We learned during the presentation given by Maria Mota, that the Global Fund grants for supply and distribution of treated bed nets does not cover the entire country – there is a gap. After some quick discussions overnight, we agreed on the extension. This is very pleasing, and something that many Australian Rotary clubs have been looking for.

We also met, for the first time, the Project Manager, RAM Port Moresby. Tim Freeman gave us a very informative insight into the situation in Papua New Guinea. RAM Port Moresby is now responsible for the distribution of treated bed nets supplied by the Global Fund. Distribution is funded by the Global Fund and to date nets have been delivered to almost 3 million people. One of the things Tim stressed was just how logistically difficult such a task is in Papua New Guinea. There will be some photos illustrating this on the RAM website.

For the first time in some years we had one of our own speak during the Saturday night Rotary dinner, so capably and wonderfully hosted by the Rotary Club of Caboolture, and supported by members of the local Interact club. PDG Peter Thomas spoke of his experiences as a member of the Pacific Islands Regional Multi-Country Coordinating Mechanism (PIRMCCM). A few years ago now, PDG Peter was elected by RAM to represent us on this body. He is now on the Executive. PDG Peter told us of the relationship between PIRMCCM and the Global Fund.

The final speaker at the Conference was Professor Maxine Whittaker from the Pacific Malaria Initiative Support Centre (PacMISC), University of Queensland. Professor Whittaker explained the role of PacMISC and told us of some of the problems faced by PacMISC. Importantly, she too spoke of how close Timotu Province and Santa Isabel in the Solomons, and Tafea Province in Vanuatu, are to elimination.

We concluded by discussing the possible timing of next year's Conference.

It was a very successful Conference and I'm extremely grateful for the great support received from the Rotary Club of Caboolture and in particular PP Rosemary Worthington.

Ian Sayers  
Chairman

## Malaria Awareness Day 2011

We've had limited feedback on this year's Malaria Awareness Day. There's a lesson for us there, and we have to re-think what we do, and also start much earlier.

President Laurence O'Keefe of the Rotary Club of Buderim was instrumental in distributing a Community Service Announcement (CSA) throughout the WIN TV network. He also arranged for the CSA to be distributed to parts of the Prime and Southern Cross 10 networks. We don't think the CSA received too much exposure, hence the comment about re-thinking what we do next year.

The cartoon series, "Tottering-by-Gently", is published in the English journal, *Country Life*. In March this year the following cartoon appeared. It's so appropriate to what we're about, that I sought, and was very graciously given approval, to re-produce it in our Newsletter.

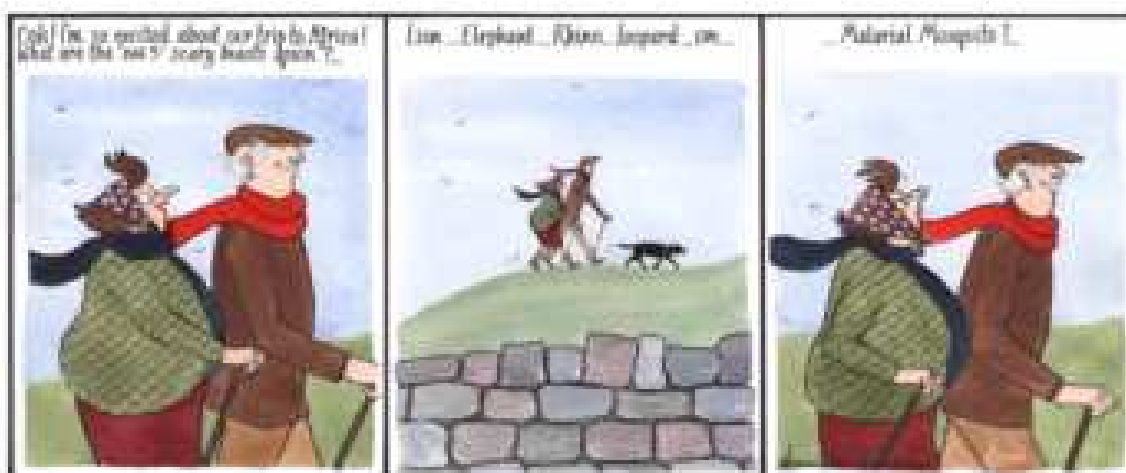


Image by courtesy of Tottering-by-Gently.

© Annie Tempest at The O'Shea Gallery, London. For more details on prints and all products available please visit the Tottering-by-Gently website on [www.tottering.com](http://www.tottering.com)

## A World Without Malaria? It's Possible

The following was posted on the Bill & Melinda Gates Foundation blog in June 2011 by Michel Kazatchkine –

Most people would agree that dying from a mosquito bite in the twenty-first century is an absolute tragedy. Yet, until recently this was largely accepted as an inevitable part of life in large parts of Africa and Asia.

Times are changing fast.

Such has been our progress in fighting malaria in the last decade that in the next few years the disease could be eliminated as a public health problem in most endemic countries. This is a realistic possibility if those countries keep expanding malaria prevention and treatment at the pace set in recent years.

The numbers tell a clear story. In 2000, malaria was a neglected disease. Today, at least 11 of the most endemic countries in Africa have shown a reduction of more than 50 percent in confirmed malaria cases or malaria admissions and deaths.

The Global Fund, which accounts for two-thirds of international malaria funding, has been at the heart of this progress. Since the Fund was created in 2002, its resources have enabled the distribution of more than 160 million insecticide-treated nets to prevent malaria. Remarkably, 60 million of these were distributed in 2010 alone.

The massive increase in resources from the Global Fund and other sources over the last few years means that today there are enough nets to cover three-quarters of the African population at risk of malaria.

Nigeria is one country leading the way. Bolstered by Global Fund resources and a concerted effort by the government and other partners, half of the country's states achieved universal access in bed net coverage by the end of 2010. The rest are expected to do so by the end of this year.

We are now at a critical inflection point. As the world catches its breath with the economic crisis, some donor countries are reducing their overseas development budgets. But if we are to realize our goal of eliminating malaria, the world must commit to finish what has been started. Now, more than ever, is the time to step up the fight against malaria so that no-one dies from that simple but deadly mosquito

## What is the Global Fund?

The above item refers to the Global Fund and you've also heard a lot of talk about the Global Fund in relation to anti-malaria activities in the RAM countries of Papua New Guinea, the Solomons, and Timor Leste. So just what is the Global Fund? The follow is taken straight off the Global Funds website. For those who may like to explore further, have a look at - <http://www.theglobalfund.org/en/>

The Global Fund is a unique, public-private partnership and international financing institution dedicated to attracting and disbursing additional resources to prevent and treat HIV/AIDS, TB and malaria. This partnership between governments, civil society, the private sector and affected communities represents an innovative approach to international health financing. The Global Fund's model is based on the concepts of country ownership and performance-based funding, which means that people in countries implement their own programs based on their priorities and the Global Fund provides financing on the condition that verifiable results are achieved.

The Global Fund's international Board includes representatives of donor and recipient governments, non-governmental organizations, the private sector (including businesses and foundations) and affected communities.

Key international development partners also participate, including the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), public-private partnerships (Roll Back Malaria, Stop TB, UNITAID) and the World Bank. The latter also serves as the Global Fund's trustee.

The Board meets at least twice annually and is responsible for overall governance of the organization, including approval of grants.

Since its creation in 2002, the Global Fund has become the main financier of programs to fight AIDS, TB and malaria, with approved funding of US\$ 21.7 billion for more than 600 programs in 150 countries (as of 31 December 2010). To date, programs supported by the Global Fund have saved 6.5 million lives by providing AIDS treatment for 3 million people, anti-tuberculosis treatment for 7.7 million people and 160 million insecticide-treated nets for the prevention of malaria. The Global Fund works in close collaboration with other bilateral and multilateral organizations to supplement existing efforts in dealing with the three diseases.

## Summary Report 11<sup>th</sup> PIRMCCM Meeting

The following brief summary report has been prepared and submitted by the RAM representative on the Pacific Islands Regional Multi-Country Coordinating Mechanism (PIRMCCM), PDG Peter Thomas.



Twenty-two country representatives, one representative of people living with HIV, eight regional partners — AusAID, IFRC, JICA, RAM, UNAIDS, UNFPA, UNICEF and WHO — the donor — The Global Fund to Fight AIDS, Tuberculosis and Malaria or GFATM — the Local Fund Agent and SPC as the Principal Recipient of three GFATM grants met from 31 May to 3 June 2011 for the 11th annual PIRMCCM meeting.

### Strategic Decisions

Several strategic decisions were made at the PIRMCCM meeting which will strengthen grant oversight and assist with the continuation of health funding to the Pacific region.

Major decisions included:

1. Approval of the Request for Continued Funding for the Phase 2 of the Malaria Rolling Continuation Channel grant to the Solomon Islands and Vanuatu;
2. Re-confirmation of the importance of developing a clear terms of reference for the PIRMCCM to conduct its grant oversight activities;
3. Review of the Principal Recipient's management of the three grants;
4. Agreement to submit a regional proposal for Round 11 and the steps to be taken to identify a Principal Recipient;
5. Acknowledgement of the work of the newly established Joint Secretariat; and
6. The election of new PIRMCCM Executive rotating members.

Meeting documents related to strategic decisions can be found on the website:

[http://www.spc.int/frp/index.php?option=com\\_docman&task=cat\\_view&gid=83&Itemid=33](http://www.spc.int/frp/index.php?option=com_docman&task=cat_view&gid=83&Itemid=33)

### **PIRMCCM New Leadership**

Effective from 3 June 2011, the PIRMCCM Executive Committee will be chaired by Dr. Stephen Homasi from the Ministry of Health of Tuvalu. Mrs Apolonia Cabi-Tongia from the Cook Islands National Council of Women is now the elected Vice-Chair. Other Executive members are:

- Mrs Gualofa Matalavea from the Ministry of Health, Samoa
- Mr Albino Bobogare from the Ministry of Health and Medical Services, Solomon Islands
- Mr Robert Spegal from Micronesia Human Resources Development Center, FSM
- Mr Jones Sanga from the Rehabilitation Centre, Solomon Islands
- Mrs Maire Bopp from PIAF representing people living with HIV
- Mr Peter Thomas from Rotarians Against Malaria
- Dr Dong-il Anh from WHO
- Mr William (Bill) Parr from SPC

The Executive will focus on ensuring the Malaria Rolling Continuation Channel grant receives continued funding and coordinating the PIRMCCM regional proposal for Round 11.

## **Use of larvacide in the Solomons**

A short time ago the National RAM Committee was asked to help fund the purchase of a quantity of larvacide for use in the Solomons. This was a first for us, but after some investigation we agreed. The simplest way to describe the effects of larvacide is to quote directly from the website of BASF and an item on Abate ® larvacide

When applied to standing water where mosquitoes and other insects breed, Abate kills the larvae before they develop into mature insects. In effect, it short-circuits the cycle that disseminates the pathogen to humans. Several vector-borne diseases, such as malaria and dengue fever, may be strongly associated with the domestic storage of drinking water. One option, where there is a significant risk of disease, is to prevent disease vectors from breeding in stored, domestic drinking water. Temephos, the active ingredient in Abate is recommended by the World Health Organization for addition to drinking water

A short report, with a couple of photos, received from PDG Peter Thomas follows.

The "Abate" larvacide we supplied to the malaria control program in Honiara has been used most effectively to control mosquito larvae. The program was held up for a couple of months, until the heavy rains eased, and now in conjunction with a special grant from the World Bank has been used to clean up drains and waterways within the urban area and adjacent squatter settlements. The "Abate" is used in areas that cannot be drained, or the flow of water is insufficient, and according to the team who check such areas and collect larvae where they can, is very effective. Larvae counts are dramatically down and stay down. So far 6 twenty kg drums of granules have been used.



I travelled to White River, a low-cost housing settlement on the edge of town, and witnessed one of the clean-up teams checking watercourses and stagnant water areas and applying “Abate”. I was impressed; they were doing a very thorough job.



Part of White River settlement White



Larvacide distribution

This work is an integral part of the overall malaria control program in the urban area. The use of treated bednets, the spraying of residual insecticide in all dwellings, good treatment protocols and reduction of mosquito breeding areas, has seen a dramatic reduction in the Incident Rate for Honiara Urban Area to 82/1000. Funding from The Global Fund, AusAID, The Rotary Foundation (our 3H Grant) and RAM have all contributed to this outstanding achievement.



Testing for mosquito larvae, White River settlement

These photographs are a good representation of the area and the work.

I am waiting for the formal report and a follow-up request for more larvicide. I would recommend that RAM funds the supply of a further 6 drums of “Abate”.

## Malaria Outbreak in the Torres Strait Islands

For those who may have missed this earlier, the following article by Mark Roy was published in *Torres News Online*, 8 Apr 11. Although the outbreak was a minor one, it shows that we can never afford to become complacent. The article has been substantially edited.

### **Rogue mozzie spreads malaria**

JUST one rogue mosquito could be responsible for the closure of the sea border between Papua New Guinea and Australia.

Border restrictions between the two countries were put in place on Monday, March 28, following a

malaria outbreak on Dauan and Saibai Islands.

Queensland Health and the Torres Island Regional Council say they are taking the threat "very seriously" after four residents of the Outer Islands contracted the more-severe form of the disease last week. A spokesperson from Queensland Health said two Saibai and two Dauan residents caught the more serious form of the disease, which can cause cerebral malaria.

"We could be talking about one rogue mosquito, that has bitten an infected person before transferring it to the others," the spokesperson said. The disease was acquired locally, possibly from someone travelling down from PNG. The disease is not usually present in Far North Queensland, and needs to be imported from malarial countries before local transmission can occur."

On Monday, March 28 the Department of Foreign Affairs and Trade (DFAT) put a restriction on inward visits from PNG to Boigu, Dauan and Saibai.

The restrictions, which expired on April 11, applied to the traditional movements of citizens of PNG who live in the live in the adjacent coastal area of Papua New Guinea to the Torres Strait Protected Zone. Torres Strait and Northern Peninsula Area Health Service District executive director of medical services Greg Papworth said outbreaks of malaria in the Torres Strait were rare. "The last malaria outbreak in the Torres Strait was in 2004, when there were three locally acquired cases on Saibai Island," Dr Papworth said.

Far North Queensland is a malaria-receptive zone, which means the Anopheles mosquito can transfer the disease if the malaria parasite is present in the area.

Queensland Health deployed mosquito control staff, public health nurses and public education staff to Saibai and Dauan to help reduce the risk of further cases. "The mosquito control staff are spraying homes with a residual insecticide, setting mosquito traps, and fogging at dusk to kill as many mosquitoes as possible," Dr Papworth said.

Torres Strait Island Regional Council Mayor Fred Gela said the council was working with Queensland Health to ensure education and awareness was delivered on-ground.

He said all other Torres Strait communities should be aware of the potential threat posed by malaria mosquitoes. Wearing insect repellent, especially if outside during dusk or at night, when the malaria mosquito bites, can help prevent infection, he said. Mosquito bed nets, mosquito coils, and plug-in mosquito repellent devices are also recommended.

Unlike the dengue mosquito, which is a day-biter, the Anopheles malaria mosquito bites mainly in the evening and at night. While the dengue mosquito breeds in containers around the home, the malaria mozzie breeds in surface water such as swamps and lagoons.

Records going back to 1997 indicate that there have been no known deaths from malaria in the Torres Strait

### Did you know:

Hippocrates, a physician born in ancient Greece, today regarded as the "Father of Medicine", was the first to describe the manifestations of the disease, and relate them to the time of year and to where the patients lived

## **Reserve the Date.**

**2012 RAM National Conference**  
**Date: Weekend 26/27 May 2012**  
**Place: Australian Army Malaria Institute**  
**Weary Dunlop Drive**  
**Gallipoli Barracks**  
**ENOGGERA QLD**

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*Contributions and comments are welcome.*