Regional Consultation on the Global Technical Strategy for Malaria
Manila, Philippines (10-11 June 2014)

Meeting Report

I. Background and introduction

On 10-11 June 2014, the WHO Regional Office for the Western Pacific (WHO/WPRO) held a regional consultation on the development of a new Global Technical Strategy for Malaria (GTS). Invitations were sent to Ministry of Health officials in 10 malaria-endemic countries, as well as to all key malaria partners and stakeholders. The following nine countries attended the consultation: Cambodia, China, Lao PDR, Malaysia, Papua New Guinea, Philippines, Solomon Islands, Vanuatu, and Viet Nam (the Republic of Korea sent apologies). The meeting was followed by a regional consultation on the Roll Back Malaria Partnership's Global Malaria Action Plan 2, also hosted by WHO/WPRO.

I. 1. Objectives of the consultation

The meeting started with a brief presentation on the consultation's objectives, highlighting the importance of country and regional consideration of the draft strategy. The WPRO consultation was the seventh and final consultation that was held to engage country-based and external experts in the process. The consultations aimed to solicit detailed feedback and recommendations on the needs, priorities and unique challenges of all WHO regions. These expert discussions have been central to the development of the new strategy, seeking to ensure that WHO responds to all concerns and that countries see their issues reflected in the final document.

I. 2. Strategy development process

This presentation described the GTS's purpose, target audience and structure, and explained the role of the Steering Committee. The presentation also described the GTS process to date, and the alignment between the GTS and the Global Malaria Action Plan 2. The GTS website was highlighted and participants learned that the next version of the document will be posted for public comment before the final version is reviewed by the Malaria Policy Advisory Committee in August. The document is scheduled to be submitted to the Executive Board in September, and is planned for review by the World Health Assembly in May 2015.

I. 3. Progress and challenges in achieving 2015 targets

The next presentation reviewed progress towards the targets set through the Millennium Development Goals, the World Health Assembly, and the WPRO Regional Action Plan for Malaria Control and Elimination in the Western Pacific (2010-2015). It described the significant diversity in malaria biology, epidemiology and health systems capacity in the

Western Pacific, where over 700 million people remain at risk of the disease. Malaria is present in 10 countries but is concentrated in three, which account 79% of the cases.

Unique to the region is the challenge posed by a diversity of *P. vivax* strains and their differing relapse patterns, the challenge of testing and treating G6PD deficiency, and the difficulties in diagnosing infections caused by *P. knowlesi*. The presentation also highlighted the emergence and spread of artemisinin resistance in countries of the Greater Mekong subregion, and the difficulty national malaria or vector-borne disease programmes face in reaching remote areas, where migrant and mobile populations are most affected.

All 10 malaria-endemic countries of this region have declared malaria elimination as a national goal, the most recent being Papua New Guinea. While 2015 targets continue to be realistic, there is an urgent need for acceleration along the pathway to elimination, a further scale-up of interventions, strengthened programme and human capacities, and strong collaboration among partners. However, shrinking international funds for this region bring into question the feasibility of the 2015 goals, while spreading artemisinin and insecticide resistance, as well as the movement of migrants and mobile populations across international borders, further complicate the malaria intervention landscape.

I. 4. Content of GTS: Challenges, core values, vision and goals

The next presentation summarized the key global challenges that the GTS seeks to address, as well as the five core values, and the vision and goals that serve as the strategy's foundation. The GTS lists eight main global challenges, ranging from drug and insecticide resistance, to addressing the infectious reservoir, to dealing with an unregulated private sector, through to the challenge of raising the necessary financial resources. The five proposed core values are: 1) country leadership, 2) using data for programmatic decisions, 3) acceleration, 4) sustained success, and 5) equity.

WHO's long-term global vision is a world free of malaria, i.e. global eradication of the disease. The vision of GTS document is to accelerate progress towards a world free of malaria. WHO Headquarters has used a combination of three approaches to define a new set of global goals and targets for 2025: a review of existing regional and country targets, an analysis of burden reduction trends, and modelling conducted by Imperial College. As a result of this exercise, the following global goals were suggested for consideration:

- To reduce malaria mortality rates globally by 75% compared to 2015;
- To reduce malaria case incidence globally by 75% compared to 2015;
- To eliminate malaria from 20 countries that had ongoing transmission of malaria in 2015.

The presentation was followed by individual country presentations about existing national goals and targets for malaria elimination.

I. 5. Content of GTS: Five strategic directions and pathway to elimination

The draft GTS proposes five strategic directions: 1) Surveillance and response; 2) Preventing cases and reducing transmission; 3) T3: Test. Treat. Track; 4) Innovations and implementation research; and 5) Development and health systems strengthening.

The GTS proposes a move away from the existing four-stage pathway to elimination (control, pre-elimination, elimination, prevention of re-introduction) to an updated pathway on which the phases are set along a continuum, and do not represent strictly distinct phases. The three suggested new phases are: reduce, eliminate and sustain. To achieve country-specific elimination goals and the GTS's global goals by 2025, national programmes need to accelerate, strengthen and implement targeted interventions, deploy new tools as they become available, and to sustain elimination through high-quality surveillance and response to prevent re-establishment of transmission.

Following the plenary presentations, participants were divided into five working groups and asked to discuss the five key strategic directions, as well as the key concepts presented above. The so-called World Café Method was used in which groups rotate around rooms and every participant has a chance to contribute to the discussion on all subjects.

II. Conclusions and recommendations arising from the consultation

II. 1. Overarching recommendations

1. Broaden the strategy's appeal by making it more relevant to all WHO regions. It is presently too focused on Africa;
2. Expand the health systems section to include service delivery, health information, logistics, human resources, monitoring & evaluation, management, and financing;
3. Add a new strategic direction on health education/ health promotion (including community participation and engagement, and the role of local governance;
4. GTS should not only generate technical recommendations but also deal with the "how", i.e. how those should be implemented. Some overlap with GMAP 2 is acceptable.
5. Capture better the usefulness of stratification as a strategy;
6. Provide guidance, or at least reference to existing documents, on how to best prioritize interventions in resource-constrained settings;
7. Clarification is needed on what is meant by "universal access" throughout the document. Does it mean 100% coverage of interventions of all at-risk populations?
8. Clarify inconsistencies with the GTS. While the draft is mostly based on WHO recommendations, some sections are not;
9. Spell out in GTS how the different WHO regions should operationalize the strategy. WPRO is likely to develop an action plan for the region;
10. Consider restructuring the GTS for better navigation and readability (list tools and interventions first, then how they are best combined, then expectations and goals, and finally, list what data should be collected to measure progress).

II. 2. Feedback on "Challenges"

In addition to the eight challenges listed in the draft GTS, the following region-specific challenges should be referenced, or given higher prominence, in the document:

1. Reductions in external funding are changing the capacity of programmes to scale up malaria efforts and respond to resurgences and epidemics, while domestic funding has levelled off;
2. Increased migration within the ASEAN free trade zone will further complicate population dynamics in remote, hard-to-reach areas, and along international borders, impacting also on the spread of artemisinin resistance;

3. GTS should highlight the challenge of reaching the most vulnerable populations in this region, i.e. migrant and mobile populations, refugees and displaced persons, military personnel, the population of isolated areas and remote islands;
4. The challenge of *P. knowlesi* (especially in Malaysia) is an increasing threat to the success of malaria elimination;
5. Poor regulatory environment and the significant private sector share in diagnostic testing and treatment contributes to weak patient adherence and poor treatment outcomes, also fuelling drug resistance;
6. The principle of "universal access" to interventions is unrealistic due to high out-of-pocket expenditures in the region, as well as difficult infrastructural conditions which leave millions without regular access to health services.

II. 3. Feedback on "Core values"

Consider the following changes:

1. Rename core values as "guiding principles";
2. Add words "leadership and ownership" to the core value "Country leadership";
3. Rename "Using data for programmatic decisions" as "Using evidence-based data to guide development of policies and strategies";
4. Consider adding "community engagement" as a sixth core value/ guiding principle.

II. 4. Feedback on "Vision and goals"

1. Reconsider the wording of the GTS vision "to accelerate progress to a world free of malaria". Is this a vision or a mission? Why does the document contain two visions?
2. Clarify that the 75% burden reduction goals are global goals and will be monitored globally;
3. At present, it is felt that global goals may be too ambitious for the Western Pacific region to follow, as some countries have already reduced the burden to very low levels. Will countries be evaluated against 75% target?
4. Consider including proposals for regional and/or country goals;
5. In Goal 2, include "confirmed cases";
6. In Goal 3, replace *number of countries* with goal to reduce the size of global population at risk and emphasize sustaining malaria- free status.

II. 5. Feedback on "Pathway to elimination"

1. There were no major inputs on the proposed new pathway or the wording of the pathway. The proposal is agreeable, and the GTS should use a simple diagram to illustrate it;
2. There is, however, a need for further guidance/ and a set of criteria to be developed on how countries should classify their programmes according to these new phases;
3. Clarity is needed on whether WHO will continue with its own classification of countries once the new pathway is launched;

II. 6. Feedback on the five strategic directions

Strategic Direction I. Surveillance and response

1. In general, this section is too technical and detailed, and not strategic enough. It repeats much of what is in the operational manuals on surveillance;
2. Highlight importance of capturing additional information sources, such as entomological data, information on foci, drug and insecticide resistance, results of case investigations, data to track population mobility, migration patterns and cross-border services;
3. The following should be added to building blocks: data management, active case detection, entomological surveillance, drug efficacy and insecticide resistance monitoring, risk communication to communities as part of response activities;
4. Emphasis is currently on surveillance, while "response" has not been sufficiently developed. The link between the two should be further strengthened;
5. Highlight the importance of sustained surveillance once malaria-free status has been achieved;
6. Mention the challenge of weak health systems and health information systems, weak human resource capacities, and often lack of essential data to enable effective responses;
7. Add a separate section on Monitoring and evaluation under Strategic direction 5;
8. Clearly define the role of the private sector and community workers in strengthening surveillance systems;

Strategic Direction II. Prevent cases and reduce transmission

1. Vector control section focuses too much on high-transmission countries. It should also cover guidance for moderate and low-transmission settings as well as elimination;
2. Clarify what new pathway's implications will be for vector control programmes. In particular, make clear what vector control interventions should be applied in areas of moderate transmission, and when and how LLINs can be scaled back;
3. Emphasize the need to couple effective vector control interventions with scaling up effective therapies in areas where artemisinin resistance has been detected;
4. Encourage the development of complementary strategies to deal with outdoor/residual transmission;
5. Make reference to importance of regulation in relation to vector control products (LLINs and insecticides);
6. Highlight that insecticide resistance monitoring should continue in elimination settings and that it is important to monitor durability and effectiveness of LLINs;
7. Spell out that all LLIN procurement decisions (including those by donors and NGOs) should be based on WHOPES recommendations;
8. Surveillance data should include vector-specific information and entomological surveillance data;
9. Consider usefulness of IPTp in areas of high transmission outside of Africa;

Strategic Direction III. Medicines to prevent malaria and reduce transmission: malaria diagnosis and treatment (T3: Test. Treat. Track)

1. T3 section should acknowledge that some key challenges complicate all aspects of T3. In the Western Pacific, these are the difficulty in reaching and treating mobile and migrant populations, G6PD deficiency, the complexity of *P. vivax* strains and relapse patterns;

2. Paragraph 104 recommends universal diagnostic testing for malaria and G6PD deficiency. It should be clear whether latter is recommended at all levels of the health system, including at community level?
3. Universal access as a concept exceeds the T3 strategic directions and should be spelled out in the beginning of the document to apply to all interventions. Context of iCCM should also be mentioned;
4. This section should acknowledge that the G6PD recommendation does not apply in some *P. vivax* settings (e.g. in Korea), and that it does not pertain to cases where single dose primaquine is administered for *P. falciparum* treatment;
5. GTS should emphasize that universal access to G6PD testing is currently not a realistic aim. It should also highlight that G6PD status must be known before anti-hypnozoite treatment is administered;
6. Tracking section should encompass a broader goal to include patient follow-up as a public health intervention (as opposed to a formal TES). Move TES to under the Surveillance strategic direction;
7. Highlight need for innovation, especially better diagnostics, RDTs to detect lower parasitemia, and encourage use of *P. vivax* diagnostics to improve accuracy of estimating *P. vivax* burden;
8. Paragraph 114 should be corrected. It currently recommends a progressive withdrawal of diagnostic testing in low-transmission settings, which surprised many participants;
9. The treatment section should be retitled as the ACT headline is not appropriate;

Strategic Direction IV. Innovation and implementation research

1. GTS layout should be restructured to emphasize gaps and problems that can only be solved through innovation and new tools;
2. In Western Pacific, innovation is mainly needed to improve management of low-transmission situations and *P. vivax* infections. Vector control challenges are also different from other regions due to typology of vector species and biting behaviour;
3. The following main themes were highlighted in the area of research:
    - Diagnostic testing: cost-effectiveness studies on 1) use of microscopy vs. RDTs vs. new tools, on 2) where to deploy G6PD tests, and 3) how to best deliver and record point-of-care G6PD information;
    - More research needed on managing non-malaria fevers, on outdoor biting vectors, the role and usefulness of DOT, MDA and FSAT in elimination settings, and the management of *P. vivax* infections in G6PD-deficient individuals;
4. In relation to innovation, the following main issues were covered:
    - Vector control: need new and improved preventive measures for at-risk groups who do not have access to LLINs and IRS, and new approaches such as genetically-modified mosquito populations;
    - Diagnostic testing and treatment: need alternatives to primaquine, safer anti-hypnozoite medicines, reliable diagnostic tools that detect all five species, test that predict severity of disease, and high-sensitivity screening tests that help manage sub-clinical malaria burden.

Strategic Direction V. Development and health system strengthening

1. Health systems strengthening should be a component of both the GTS and the GMAP 2. GTS should highlight need for a whole-of-government, or health-in-all-policies approach to accelerate progress in malaria;

2. New and improved strategies and better cross-border collaboration is needed to reach remote populations and to treat mobile and migrant populations (even when illegal). These will be key ingredient of success;
3. Importance of improved access to high-quality services and commodities – and overall strength of malaria infrastructures and delivery systems – should be spelled out;
4. Make reference to examples of successful public/ private mix approaches which include best practices and examples, including regulation of private sector engagement;
5. Consider adding a stand-alone section for monitoring and evaluation. Since the financing landscape is expected to change in the next 15 years, consider adding a stand-alone section on financing, too;
6. Highlight that good health impact assessments (HIA) are essential to guide public health programmes including for malaria elimination programmes;
7. Strengthen section on importance of multi-sectoral collaboration and spell out need for strong, sustained political commitment, even beyond elimination;
8. Include importance of capacity building and skill strengthening for programme managers/ Ministries of Health officials to advocate for malaria interventions in a competitive environment.

III. Additional recommendations to WHO (linked to GTS)

1. WHO should develop more detailed guidance on malaria elimination, and on the programmatic/ operational shift from malaria control to elimination;
2. Provide guidance on what vector control interventions should be applied in areas of moderate transmission, and when and how LLINs can be scaled back;
3. WHO should develop a standardized definition for "malaria case" (specifying distinction between infections and asymptomatic cases), and for "suspected" case. These should be used consistently in the GTS;
4. In the surveillance manuals, clarify whether use of prevalence surveys is recommended, and provide clear definition of population at risk;
5. WHO should clarify whether and where DOT may be an appropriate strategy to use. Some countries are already using DOT, and many think this could be a useful addition to the arsenal of tools once the case load is reduced to a manageable level;
6. Consider adding a fourth T to the T3 concept to cover "Training and capacity building", including behaviour change communications and the provision of information, education and communications materials;
7. If more detailed guidance was to be developed on stratification:
    - include SOPs for surveillance and response for activities at different programme levels;
    - consider addition of "administrative features" (such as political and provincial boundaries, health zones);
    - Include the need to map potential transmission foci linked to development projects.

IV. Annexes

- Agenda
- List of participants

Western Pacific Regional Consultation on the

Global Technical Strategy for Malaria: 2016-2025

Constellation Room, Diamond Hotel, Manila, Philippines

10-11 June 2014

AGENDA

Meeting objective:

To review and provide feedback on the draft of the Global Technical Strategy for Malaria: 2016-2025, providing inputs and recommendations on specific Western Pacific Member States' needs, priorities and prerequisites to be considered in the document

Day 1 – 10 June 2014, Tuesday

08:00 – 08:30	Registration	
08:30 – 09:00	Opening session	Dr Shin Young-soo WHO Regional Director for the Western Pacific
09:00 – 09:30	*Group photo* *Coffee/tea break*	
	I. Setting the scene	
09:30 – 09:35	Objective of the consultation	Dr Mark Jacobs, DCC/WPRO
09:35 – 09:55	GTS development process and country input	Dr Kevin Baird, Member of GTS Steering Committee
09:55 –10:05	Global and regional progress in malaria and challenges	Dr Eva Christophel, MVP/WPRO
10:05 –10:20	Questions and answers	
	II. GTS Core concepts	
10:20 – 12:30	**Panel discussion: Vision and goals: "Malaria 2025: Accelerate to Eliminate"** *Moderator*: Dr Mark Jacobs *Panelists:* Dr John Reeder, Dr David Brandling-Bennett, Dr Kevin Baird, Dr Gao Qui, Dr Eva Christophel	
	Presentations GTS Core concepts *(20 minutes)* Projections for 2025 for the Western Pacific Region *(10 minutes)*	Dr John Reeder, GMP/WHO Dr Eva Christophel, MVP/WPRO
	Country vision and goals *(country presentations, 5 minutes each)* Cambodia China Lao People's Democratic Republic Malaysia Papua New Guinea	

	Philippines Republic of Korea Solomon Islands Vanuatu Viet Nam	
	Reflections by the Panel members, followed by plenary discussion, on: ***Where the Region will be by 2025***	
12:30 – 13:30	*Lunch break*	
	III. Strategic directions **1. Introduction to strategic directions** (*15 minutes presentation, 10 minutes clarifications)*	
13:30 – 15:35	Surveillance and response	Dr Lasse Vestergaard, MVP/WPRO
	Preventing cases and reducing transmission	Dr Tom Burkot
	T3: Test. Treat. Track	Dr Kevin Baird
	Innovation and implementation research	Dr David Bell
	Development and health systems strengthening	Dr David Brandling-Bennett
15:35 – 16:00	*Coffee/tea break*	
	2. Review of strategic directions using the World Café method *(1 hour for the first group, 45 minutes for each subsequent group)*	Café host: Dr John Reeder
16:00 – 16:10	Introduction to the group work and the method	Dr Eva Christophel, MVP/WPRO
16:10 – 18:00	Strategic direction 1: Surveillance and response	Hosts: Dr Lasse Vestergaard, Dr Gao Qui, Dr Sylvia Meek*
	Strategic direction 2: Preventing cases and reducing transmission	Hosts: Dr Tom Burkot, Dr Rabindra Abeyasinghe, Dr Cecil Hugo
	Strategic direction 3: T3: Test. Treat. Track	Hosts: Dr Kevin Baird, Dr Mark Fukuda, Dr Walter Kazadi-Mulombo*
	Strategic direction 4: Innovation and implementation research	Hosts: Dr David Bell, Dr John Reeder, Dr Betuela
	Strategic direction 5: Development and health systems strengthening	Hosts: Dr David Brandling-Bennett, Dr Christophel, Dr Postma, Dr Klara Tisocki*, Dr Kevin Palmer*
	**will be joining on the 2nd day*	
From 18:30	***Welcome reception*** *Diamond Hotel Ballroom (Ground Floor)*	

Day 2 – 11 June 2014, Wednesday

09:00 – 12:00	Breakout groups: continued	
	Coffee/ tea will be served during group work	
12:00 – 13:00	*Lunch break*	
	3. Feedback on results of group work: Summary of key regional inputs *(10 minutes presentation, 10 minutes discussion)*	
13:00 – 13:20	Feedback on Strategic Direction 1	Group members
13:20 – 13:40	Feedback on Strategic Direction 2	
13:40 – 14:00	Feedback on Strategic Direction 3	
14:00 – 14:20	Feedback on Strategic Direction 4	
14:20 – 15:00	*Coffee/ tea break*	
15:00 – 15:20	Feedback on Strategic Direction 5	
15:20 – 15:40	Feedback on Core Concepts, and general feedback	
15:40 – 16:00	**Conclusions and recommendations**	Dr Eva Christophel, MVP/WPRO
16:00 – 16:30	Closing session	Dr John Reeder, GMP/WHO Dr Mark Jacobs, DCC/WPRO

WORLD HEALTH ORGANIZATION | **ORGANISATION MONDIALE DE LA SANTE**

REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL

WESTERN PACIFIC REGIONAL CONSULTATION ON THE GLOBAL TECHNICAL STRATEGY FOR MALARIA: 2016-2025

WPR/DCC/MVP(06)/2014/IB/2

Manila, Philippines
10-11 June 2014

ENGLISH ONLY

INFORMATION BULLETIN NO. 2

PROVISIONAL LIST OF PARTICIPANTS, TEMPORARY ADVISERS, REPRESENTATIVES/OBSERVERS AND SECRETARIAT

1. PARTICIPANTS

CAMBODIA

H.E. Dr Char Meng Chuor
Director
National Center for Malaria Control, Parasitology and Entomology
Ministry of Health
Phnom Penh

Dr Kheng Sim
Deputy Director
Department of Communicable Disease Control
Ministry of Health
Phnom Penh

Dr Siv Sovannaroth
Chief of Technical Bureau
Vector Control Coordinator
National Center for Malaria Control, Parasitology and Entomology
Phnom Penh

CHINA

Dr Hu Tao
Officer, Bureau of Disease Control
National Health and Family
Planning Commission
Beijing

LAO PEOPLE'S DEMOCRATIC REPUBLIC	Dr Rattanaxay Phetsouvanh Deputy Director-General Department of Communicable Diseases Control Ministry of Health Vientiane
	Dr Viengxay Vanisaveth Deputy Director Center of Malariology, Parasitology and Entomology Ministry of Health Vientiane
MALAYSIA	Dr Mohd Hafizi Abdul Hamid Principal Assistant Director Disease Control Division Ministry of Health Putrajaya
	Dr Rose Nani Mudin Public Health Specialist and Head Vector Borne Disease Control Disease Control Division Ministry of Health Putrajaya
PAPUA NEW GUINEA	Mr Leo Makita National Malaria Control Programme Manager Department of Health Waigani
PHILIPPINES	Dr Mario Baquilod Officer-in-Charge-Director III/Medical Officer VII Infectious Diseases Office National Center for Disease Prevention & Control Manila
SOLOMON ISLANDS	Mr Albino Bobogare Director, National Vector Borne Disease Control Programme Ministry of Health and Medical Services Honiara
VIET NAM	Dr Nguyen Thi Bich Thuy Medical Officer General Department of Preventive Medicine Ministry of Health Hanoi
	Dr Ho Dinh Trung Vice Director National Institute of Malariology, Parasitology and Entomology Hanoi

2. TEMPORARY ADVISERS

Dr David Bell
Director, Infectious Diseases
Global Good Fund
United States of America

Dr David Brandling-Bennett, MD, DTPH
Co-chair of the GMAP2 Task Force of the
Roll Back Malaria Partnership
Senior Advisor, Malaria
Global Health Division
Bill & Melinda Gates Foundation
United States of America

Prof Tom Burkot
Member of the GTS Steering Committee
Professor and Tropical Leader
School of Public Health, Tropical Medicine and Rehabilitation Sciences
Queensland Tropical Health Alliance
James Cook University
Australia

Dr Mark Fukuda
CDC Malaria Advisor
President's Malaria Initiative, Greater Mekong Subregion
U.S. Agency for International Development/ Regional Development Mission Asia
Thailand

Ms Cecilia Hugo
Executive Coordinator
ACTMalaria Foundation, Inc
Philippines

Dr Sylvia Meek
Technical Director
Malaria Consortium
United Kingdom

Dr Kevin Palmer
Independent Consultant
6113-A Summer Street
Honolulu

Dr Gao Qi
Member of the GTS Steering Committee
Professor and Director
National Key Laboratory on Parasitic Diseases
Jiangsu Institute of Parasitic Diseases,
China

3. SECRETARIAT

WHO/HQ

Dr John Reeder
Acting Director, Global Malaria Programme
Director, TDR
Switzerland

Dr Zsofia Szilagyi
Technical Officer
Global Malaria Programme
Switzerland

Ms Sunetra Ghosh
Consultant, GTS
Global Malaria Programme
Switzerland

Dr Roberto Garcia
Consultant, ERAR
Global Malaria Programme
Switzerland

WHO/WPRO

Dr Marc Jacobs
Director, Division of Communicable Diseases
Regional Office for the Western Pacific
Philippines

Dr Eva Maria Christophel
Team Leader
Malaria, Other Vectorborne and Parasitic Diseases
Regional Office for the Western Pacific
Philippines

Dr Rabindra Abeyasinghe
Regional Entomologist
Malaria, Other Vectorborne and Parasitic Diseases
Regional Office for the Western Pacific
Philippines

Dr Lasse Vestergaard
Medical Officer
Malaria, Other Vectorborne and Parasitic Diseases
Regional Office for the Western Pacific,
Philippines

Dr Klara Tisocki
Team Leader
Essential Medicines and Technology
Regional Office for the Western Pacific
Philippines

Dr Sjieuwke Postma
Team Leader
Health Systems Development

	Regional Office for the Western Pacific Philippines
WHO CAMBODIA	Dr Abdur Md Rashid Medical Officer Malaria, Other Vectorborne and Parasitic Diseases Phnom Penh
WHO CHINA	Dr Zhang Shaosen National Programme Officer (Emergency Response to Artemisinin Resistance in the Greater Mekong Subregion) Beijing
WHO LAO PEOPLE'S DEMOCRATIC REPUBLIC	Dr Chitsavang Chanthavisouk National Professional Officer (Emergency Response to Artemisinin Resistance in the Greater Mekong Subregion) Vientiane
WHO SOLOMON ISLANDS	Dr Zhang Zaixing Medical Officer Malaria, Other Vectorborne and Parasitic Diseases Honiara
WHO VANUATU	Dr Ros Seyha Scientist Malaria, Other Vectorborne and Parasitic Diseases Port Vila
	Dr Jean Olivier Guintran Medical Officer Malaria, Other Vectorborne and Parasitic Diseases Port Vila
WHO VIET NAM	Dr Tran Cong Dai National Professional Officer (Emergency Response to Artemisinin Resistance in the Greater Mekong Subregion) Ha Noi

4. OBSERVERS

ASIA PACIFIC LEADERS MALARIA ALLIANCE	Dr Benjamin Rolfe, MPH, PhD, FFPHM Executive Secretary *ad interim* Asia Pacific Leaders Malaria Alliance Asian Development Bank Philippines
	Mr Steven Mellor Consultant Asia Pacific Leaders Malaria Alliance
ASIA PACIFIC MALARIA ELIMINATION NETWORK	Dr Maxine Whittaker Professor of International and Tropical Health Program Director AICEM and Co-Coordinator of APMEN Secretariat School of Population Health

	The University of Queensland Australia
INSTITUTE FOR MEDICAL RESEARCH, MALAYSIA	Dr Rohani Ahmad Research Officer Medical Entomology Unit & WHO Collaborating Centre for Vectors Kuala Lumpur
INTERNATIONAL ORGANIZATION FOR MIGRATION	Dr Jaime F. Calderon Jr., MPH Regional Migration Health Adviser Regional Office for Asia and the Pacific Thailand
POPULATION SERVICES INTERNATIONAL	Mr Chris White Senior Malaria Technical Advisor (Asia-Pacific) Population Services International Myanmar
ROLL BACK MALARIA PARTNERSHIP	Dr Eric Louis Mouzin Epidemiologist World Health Organization World Health Organization Switzerland
	Dr Vanessa Racloz GMAP2 Coordinator World Health Organization Switzerland
UNIVERSITY OF MELBOURNE	Professor Graham V Brown Director Nossal Institute for Global Health Melbourne School of Population and Global Health, Australia