



The Official Newsletter of the Asian Collaborative Training Network for Malaria



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5th Batch of MMFO Training Going On



2004 MMFO Delegates from 10 countries with the course Organizers, Speakers & guests during the Opening Program

Malaria is one of the most serious disease to affect people in countries within the region. It is particularly dangerous for young children, pregnant women and its unborn children and the productive populace of the community. The malaria problem is frequently associated with international borders which is best addressed through collaborative efforts between countries.

ACTMalaria both as a structure and an initiative to Roll Back Malaria is envisioned to carry this task and be as instrument to a sustainable cross-border communication for better malaria control and disease management. It directly promotes cooperation and collaboration among member countries to strengthen capacity building and information exchange to improve the quality and effectiveness of malaria control programmes.

The Management of Malaria Field Operations (MMFO) is one of the courses being offered by ACTMalaria. Currently, the fifth training course is being conducted and is jointly organized by the National Malaria Control Programs of the Royal Thai Government and the Royal Government of Cambodia.

Among the objectives of the course are to develop capacity of mid-level managers to acquire and synthesize epidemiological, socio-economic and management information to analyze a local malaria situation.

The opening ceremony took place on October 3, 2004 at the Amari Airport Hotel in Bangkok. Eighteen (18) participants representing the middle level managers from different countries. Twelve (12) participants came from the ACTMalaria member countries namely: Cambodia (2), Indonesia (1), Lao PDR (2), Myanmar (2), Malaysia (1), Philippines (2), Thai (4) and Vietnam (1) while the three (3) others were from non-member countries such as North Korea (2) and from Nepal (1).

Editorial

It has been a busy quarter for ACTMalaria and our members. While preparing for the Inter-country MMFO (which is already on-going as of this writing) right after the EB meeting, Information-Exchange visit started in August. During same period, country members conducted their own national trainings and our OR Alumni proceeded nicely with their respective projects.

Let's just all keep up the good work!

Just Allow us to greet our Muslims friends...



Delegates to the ACTM Communication & Info Exchange Job Exposure Program



Cambodian
Participants



Chinese
Participants



Vietnam
Participants



The ACTMalaria Foundation has pursued the strengthening of its Communication and Information Exchange Functions through the "On the Job Exposure Activity". This is to enhance one of the core functions of the foundation- the Information Sharing. This project was funded by the TDR and ACTMalaria grants for Information Exchange. Four of the eleven member countries came to work in the ACTMalaria Office in the Philippines for two to three days. Delegates were Vice Director Nong Saokry and Dr. Chea Nguon for Cambodia, Prof. Le Thuan Khuan and Dr. Le Xuan Hung for Vietnam. Prof. Tang Linhua, ACTM CCD and the ACTMalaria contact person Dr. Chen Jiaxu for China and Mr. Prayuth Sudathip and Ms. Rungrawee Tipmontree for Thailand. Visiting country members were given an orientation on the day to day communication activities of the network, lay-outing of the newsletter and preparation of their respective epidemiological profile. All of the member countries who visited the network was assigned to provide articles for newsletter in the coming months.



Thailand Participants



News In Brief

National TOT Course on Preventive Maintenance and Basic Troubleshooting of Microscopes Conducted in the Philippines

The Asian Collaborative Training Network (ACTMalaria) with the support from the WHO-RBM Philippines and National Infectious Disease Surveillance Control Project, has collaborated with the Hospital Maintenance Service-Center for Health Development Southern Mindanao, Department of Health-Philippines in organizing a Training of Trainers (TOT) Course on Preventive Maintenance and Basic Troubleshooting of Microscopes. The training was held at the Hospital Maintenance Service for Mindanao, Davao Medical Center, Davao City last Aug 23-28, 2004.

Participants and observers were welcomed from member countries of the ACTMalaria Network who have plans of conducting a similar course in their country.



The training was participated in by eighteen trainees five of whom were from Myanmar (3) and from China (2). The course was designed to equip the participants with knowledge and practical skills on preventive maintenance and conduct of basic troubleshooting and repair of microscopes.

The opening program was attended by no less than the WHO-Philippines Representative, Dr. Jean Marc Olive', Assistant Secretary of Health Department-Phil., Dr. Dolores Castillo, the ACTMalaria Country Coordinating Director, Prof. Tang Linhua, the ACTMalaria Executive Coordinator, Ms. Cecilia T. Hugo, Dr. Mario Baquilod, Chief, Division of Parasitosis, Department of Health, Manila and Dr. Chen Jiaxu from China as guest. Senior executives of the HMS and staff, together with the resource persons and facilitators also witnessed the event.

PERMANENT MALARIA BLOOD SMEARS PREPARED FOR MICROSCOPY TRAINING AND QUALITY ASSURANCE

Identification of the species of malaria parasites and determination of their stages and densities are necessary for successful treatment of malaria, malaria epidemiological surveys and for formulation of malaria control policies. Hence, it is critical that malaria diagnosis based on Giemsa-stained blood smear (the gold standard) is accurate. Proper preparation and staining of blood films is the basic step towards this goal. The malaria community needs singular guidance on malaria microscopy and access to a standardized set of reference slides.

From January to June 2004, the National Centre for Parasitology, Entomology and Malaria Control (CNM), Ministry of Health, Cambodia, in collaboration with the United States Naval Medical Research Unit No. 2 (U.S. NAMRU-2), Jakarta, Indonesia, collected blood specimens from people who were blood smear positive for malaria, as well as from those who were blood-smear negative. This generated a large number of standard blood films for the purpose of training and maintaining the diagnostic quality of microscopists working in various health and educational facilities. The project was funded by the United States National Institute of Health (US NIH).

These blood films were prepared under a strict, standard procedure at the National Malaria Centre, labeled by barcode and cover-slipped. Cover-slipping using appropriate mounting medium makes these blood films permanent/semi-permanent, and can therefore be

re-examined multiple times under oil immersion without causing any damage to the smears or fading of the Giemsa stain.

Twelve sets of (1,200 slides) of the thick and thin blood smears containing different combinations of parasite species and density levels have been deposited at the Malaria Research and Reference Reagent Resource Center (MR4) (www.malaria.mr4.org) and are available on loan to research institutes, universities and malaria control programs worldwide through the MR4 repository.

Five hundred mosquito nets have also been provided by representatives of the U.S. Defense Attaché Office (c/o U.S. Embassy, Phnom Penh) to CNM during the hand-over ceremony.



An additional 12 sets (1,200 slides) have been handed over to CNM for reference and training of malaria microscopists in Cambodia on Monday, October 4, 2004, Dr. J. Kevin Baird of the U.S. Naval Medical Research Center, Silver Spring, MD, USA, and Dr. Jason D. Maguire of the U.S. NAMRU-2, Jakarta, Indonesia present these material to Dr. Duong Socheat, the Director of CNM..



Country - N- Focus:



VIETNAM

Vietnam is located in the Southern Asia bordering the Gulf of Thailand, Gulf of Tonkin and South China Sea, along China, Laos and Cambodia. It has a total area of 330,991 sq. km. Seventy percent five (75%) of the areas is covered by forest and mountains. The country's populations today is estimated to be over 82 million, about 47% of which is at risk of Malaria. Vietnam is comprised of 64 provinces, 624 districts, 10,515 communes including 54 ethnic minorities. The ethnic division are Vietnamese 85%-90%, Chinese 3%, the rest are Muong Thai, Meo, Khmer, Man and Cham. Its labor force is 37.7 million by occupation which is divided into agricultural 65%, industrial and service 35%. The hot and wet climate is favorable for the quasi annual transmission for malaria. Natural calamities are numerous in the country causing great damage to properties as well as to human lives. These, in turn influence the living conditions which pave the way for malaria epidemics.

Vietnam is a developing, densely -populated country that has had to recover from ravages of war. Substantial progress was achieved through economic aid of billion in credits and grants pledged by international donors. Since the Party elected new leadership in 2001, Vietnamese authorities have reaffirmed their commitment to economic liberation and have moved to implement the structural reforms needed to modernize the economy and to produce more competitive export-driven industries.

Funding agencies have supported development projects in Vietnam. The funds aim to help promote equitable growth and alleviate poverty. Since reengaging in Vietnam in 1993, donor agencies have helped the government fight poverty by providing financing for agriculture, infrastructure, health programs, schools, and other essential needs.

Example of a support extended by funding agencies have helped connected villages with new roads, increased incomes for the rural and urban poor, they have been the instruments to help many primary school-age children to go to school and most importantly they have contributed to reduce malaria and tuberculosis infections in communities.

Health support projects initiated in the country-wide helped the country reach its national health goals by improving the quality of health services in

provinces and supporting national programs for malaria, tuberculosis and acute respiratory infections.

Said projects provided essential drugs to health care centers, and trained health workers in the communities among the poorest of the poor provinces. The projects continued to provide the poor with access to high-quality health services particularly on the management of malaria.

Presently, the administration in the Malaria Control Program in Vietnam is continuously striving to protect the 38,620,000 population who are at risk of malaria. For the year 2003, the country Malaria situation indicates a reduction of 33.33% on the severe and total malaria cases compared in the year 2000 and likewise reduced by 66.22% on the number of malaria deaths in the country as compared in the year in 2000.

The program has initiated control measures which has been applied to roll back malaria. Such measures were the Issuance of the updated treatment guidelines suitable with each level and region. The use of Artemisinin Combination Therapy: CV8; Artesunate and Mefloquine, Management of drug quality and distribution by providing sufficient free of charge drug & the management of the migrant people coming in and out of the country .

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More successful initiatives undertaken as a contribution to the rollback back malaria project in Vietnam

MCP in Vietnam has intensified its efforts by setting up microscopy points at communal level and use of rapid tests as well on its application of insecticide treated bed net. The program provided subsidized bed nets at a price especially for poor people in remote areas. Indoor residual spraying were done based on its subsidies malaria zone stratification guidelines. Back to back with these activities are Health Promotion and Education activities wherein printed materials were developed, produced and distributed especially for the minority groups.

Trainings and Researches are some of the aspects MCP Vietnam has aggressively focused on their actions to fully implement a successful malaria strategy. Trainings were conducted among the Village Health Workers (VHW) focusing on the 90% villages situated in the endemic areas for malaria. New research institutions were established at the provincial malaria centers and provincial hospitals for researches to be carried out on a wider scale. This is in addition to other established research institutions such as the department of infectious disease of central hospital and department of parasitology of medical schools in the area. The continued success of Vietnam in the implementation of its malaria control program is made possible through the concerted efforts of all the three hundred (300) efficient and well trained health staff who are working with malaria and other parasitic disease control.

Program Report on the Operational Researches undertaken to address the problems on Malaria through the Human Resource Capacity Development Program of ACTMalaria

Use of the Insecticide Treated Nets (ITNs) and Insecticide Treated Hammocks (ITHs) for Malaria Prevention of Migrants in Daknong District, Central Vietnam—Dr. Le Xuan Hung

Findings.

Malaria with migration is a complex but common phenomenon occurring in Southeast Asia. The project is a baseline study in one village in Central Vietnam. The main objective is to determine the acceptance and cultural practices related to the use of insecticide treated nets (ITNs) and insecticide treated hammocks (ITHs) among migrant households. A total of 271 individuals composed of (mother/women) and 3 groups of male/female informal leaders, and male workers in the forest/ farms (10 people each) were selected for face-to-face interview and for focus group discussion (FGDs).

The findings of the study showed that most of households in the village (96.4%) have regularly done forest activity. They have low knowledge about malaria and prevention (44.5%) and don't have adequate personal protection against the disease (34.5%) particularly ITNs in their homes and ITHs in the forest where many of the adults work and obtain resources for home use.

Migrants are willing to use ITNs & ITHs (94.6%). They understand that it can help them to avoid the malaria disease in their homes and in the forest. They got the desire to utilize ITNs & ITHs which shall be provided for free by the state.

The results confirmed the major role played by forest activities on the malaria burden and the willingness to use ITNs and ITHs of households in this village and provide the basis for targeting control activities to migrant workers. New intervention based on the insecticides-treated materials need to be urgently evaluated.

Progress.

Approval from NIMPE & MOH:	Feb./ 2004
Working with local health providers and select study site:	Feb./ 2004
Formulate research team and training:	March/ 04
Field work:	June/ 2004
Final report to ACT:	October/ 2004

Supported thru DFID/UK-WHO-ACTMalaria Seed grants

NIMPE HEALTH STAFF **In ACTION!!!**



Training Courses conducted on Malaria IEC Development & on Malaria Diagnosis



Face to face interview done by a Malaria Staff during the conduct of the Baseline OR Project Study.



ACTMalaria alumni evaluating the use of RDT to a malaria patient.



Community Involvement on the Malaria Control Activities aimed to help in changing attitude which serves as barriers to better health.

ACTMalaria Events

INTER-COUNTRY TRAININGS/WORKSHOPS

ON GOING

Management of Malaria Field Operations (MMFO)

hosted by the Ministries of Health of Thailand and Cambodia

4 October–12 December, 2004

FORTHCOMING

Broadening Involvement Team Training Workshop (BITTW)

hosted by the Ministry of Indonesia

17 January to 12 February, 2005

Yogyakarta, Indonesia

Other Scheduled Trainings/Workshop in the Region

Bi-Regional Mekong Roll Back Malaria Workshop on Anti-Malarial Drugs

15-18 November 2004

Hanoi, Vietnam



We are on the web:

<http://www.actmalaria.org>

11/f Ramon Magsaysay Center
1680 Roxas Boulevard, Malate
Manila, Philippines

Phone: +63(2)521-3166 to 85 loc. 170
Fax: +63(2)536-0971
Email: infonetwork@actmalaria.org

ACTMalaria (Asian Collaborative Training Network for Malaria) is a training network to which National Malaria Control Programmes of Bangladesh, Cambodia, PR China, Republic of Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Vietnam are members. The network aims at 2 major objectives:

- Provide collaborative training for member countries to meet the needs of malaria control in Southeast Asia and Mekong valley;
- Improve communications among member countries on malaria problems affecting common