Meeting Summary
APMEN Vivax Working Group 2014 Business Meeting

Attendees: *Vivax Working Group (VxWG) Members:*

<table>
<thead>
<tr>
<th>Country Partner Representatives</th>
<th>Partner Institutes</th>
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<tr>
<td>Bhutan – Kinley Penjor</td>
<td>Australian Army Malaria Institute</td>
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<td></td>
<td>Dennis Shanks</td>
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<td>Cambodia – Lek Dysoley</td>
<td>Australian Army Malaria Institute</td>
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<td></td>
<td>Qin Cheng</td>
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<td>China – Gao Qi</td>
<td>Burnet Institute</td>
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<td></td>
<td>Jack Richards</td>
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<td>Indonesia – Made Yosi Purbadi</td>
<td>Centre for Disease Control and Prevention</td>
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<td>and Endang Sl Narang</td>
<td>Jimme Hwang</td>
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<td>Malaysia – Chong Chee Kheong</td>
<td>Eijkman Oxford Clinical Research Unit, Kevin Baird</td>
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<td>Nepal – Garib Das Thakur and</td>
<td>Mahidol Vivax Research Centre</td>
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<td>Prakash Ghimire</td>
<td>Jetsumon Prachumsri</td>
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<td>Philippines – Effie Espino</td>
<td>Malaria Research Centre, UNIMAS</td>
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<td>Balbir Singh</td>
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<td>Republic of Korea – Jung-Yeon</td>
<td>PATH</td>
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<td>Kim</td>
<td>Gonzalo Domingo</td>
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<td>Thailand – Apinya Niramitsantipong</td>
<td>Walter and Eliza Hall Institute</td>
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<td>Ivo Mueller</td>
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<td>Solomon Islands – Albino Bobogare</td>
<td>WHO, Manila</td>
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<td>and Lyndes Wini</td>
<td>Lasse Vestergaard</td>
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<td>Sri Lanka – Dewanee Ranaweera</td>
<td>GHG / APMEN Secretariat</td>
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<td>Roly Gosling</td>
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<td>Vanuatu – Esau Naket</td>
<td>Vivax Working Group Coordinating Team</td>
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<td>Ric Price</td>
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<td>Kamala Ley-Thriemer</td>
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<td>Sarah Auburn</td>
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<td>Kylie Mannion</td>
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<td>Vietnam – Ngo Duc Thang</td>
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Observers:
Arantxa Roca-Feltrer  Malaria Consortium
George Jagoe  MMV
Iveth Gonzalez  FIND
Louis Da Gama  GHA/POAF
Mark Fukuda  CDC PMI
Simon Hay  MAP (Malaria Atlas Project, University of Oxford)
Thar Tun Kyaw  Myanmar
Timothy Williams  MoH Malaysai
Thomas Teuscher  Roll Back Malaria
Ray Hughes Odgers  Shared Sky Pty Ltd, Australia
Wasif Ali Khan  ICDDR,B Bangladesh

2014 Vivax Working Group Business Meeting Agenda

<table>
<thead>
<tr>
<th>Item</th>
<th>Meeting Co-Chairs</th>
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<tr>
<td>1</td>
<td>Review of VxWG annual meeting structure</td>
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<tr>
<td>2</td>
<td>Review of VxWG priorities</td>
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<td>3</td>
<td>Review of VxWG successes and areas needing more attention</td>
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Minutes from the Business Meeting

Item 1 – Review of VxWG annual meeting structure

The style and structure of the meeting was discussed in an open forum. Most people agreed the new structure of country partner and partner institutions round tables was an improvement and should be used in future meetings. It was seen to encourage conversation and to give smaller countries and newer members the confidence to contribute.

In relation to future meetings, VxWG members expressed:

- A preference for not separating the VxWG Annual Meeting from the main APMEN meeting.
- Holding more than one meeting a year.
- A preference for longer meetings. With a day and half participants felt that there was not enough time for adequate synthesis of discussions or to discuss challenges being faced by countries at the different stages of elimination.

Feedback on the content of the sessions was provided in the meeting evaluation forms (Appendix 1)

Item 2 – Review of VxWG activities

The priorities of the VxWG were first established when APMEN was designed. As part of each annual meeting the Working Group reviews and when necessary revises its priorities.

Participants felt that the following activities should be included in the 2014/15 work plan:

1. Gathering evidence and building capacity, including through Research Grants.
2. Translating information, with National Malaria Control Programs as the primary audience.
3. Supporting Country Partners to address operational challenges and to demonstrate safety of currently available treatments (a pharmakovigilance project was suggested by both Country Partners and Partner Institutes).
4. Sharing data.
5. Explore broadening the focus of the working group.
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Item 3 – Review of VxWG successes and areas needing more attention

Due to time constraints this matter was not covered in detail. The APMEN Evaluation had considered this issue and already documented Country Partner and Partner Institution feedback. Meeting participants also agreed to include their own reflections on this in the Meeting Evaluation forms. All feedback given is listed in Appendix 1.


The VxWG members’ endorsed the draft report in principle agreeing that it was important to document the body of work that had occurred over the past four years. In addition to the report, the Annex “Building the Evidence” was also considered. It was requested that as research projects were finished that the project summaries be updated and this information distributed.

The coordinating team thanked those who had provided feedback and encouraged members to discuss the report, their suggestions and ideas for how it could be adapted to suit different audiences amongst one another and with the coordinating team. The timeline for completing the report was not set, but it was noted that the report would be finalised in conjunction with other APMEN reports and publications.
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Appendix 1 – VxWG success and future focus

Due to time limitations, meeting participants gave feedback on their meeting evaluation forms regarding the VxWG, what it had achieved, and work they felt it was important that the Working Group invest in.

This list is not an exhaustive review of work to date, but merely documents some feedback provided during this meeting. Lists are not made in any numerical or preference order. However for the 2nd list we have attempted to group common areas and rank them in terms of popularity.

APMEN Vivax Working Group achievements
- Demonstrated challenges associated with the treatment of vivax malaria
- Highlighted the challenges of G6PD and surrounding issues
- Helped countries share data and information
- Built research capacity within the region
- Developed a strong technical program

APMEN Vivax Working Group where to next
- Consider broadening scope to *P. knowlesi* and *P. falciparum* to address the overarching issues in elimination
- Develop a stronger connection between the technical and programmatic program
- Continue to develop a strong technical program
- Continue to invest in building research capacity
- Sharing and integrating protocols and analysis
- Complete, analyses and report on grants in progress
- Build lab capacity
- More grant rounds and workshops
- Share country partner experiences
- Advocacy
- Fellowships and site visits
- Translate research into new tools or policy change
- Review research priorities
- Collaborative research and data sharing
- Support continuation of APMEN
- Develop synergies between countries
- Clearly define how information, study outcomes will inform policy, example:
  - for efficacy studies what efficacy is acceptable
  - for G6PD prevalence, what testing is needed, what risk benefit ratio is acceptable
  (this should be modelled)
Table 1: Draft model for what risk benefit ratio is acceptable for Vivax studies will inform policy

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<thead>
<tr>
<th>Advocacy</th>
<th>Sharing data</th>
<th>Sharing protocols / tools / in-country experiences</th>
<th>Translating Research</th>
<th>Broaden Focus</th>
<th>Continue Research Grants</th>
<th>Capacity Building</th>
<th>Site Visits</th>
<th>Extra workshops</th>
<th>Review research priorities</th>
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<tr>
<td>4</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>7</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>4</td>
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- **Meeting suggestions for 2014/15**
  
  **Content**
  - Share Data
  - Review research results
  - Build capacity, need clarity around what is meant by capacity building
  - Mixing programmatic and technical issues
  - Explore risk of primaquine treatment
  - Pre elimination / elimination activities in developing countries
  - Country Partners should present highlights, activities, progress
  - Country Partner session on practices and achievements, as a forum for sharing and learning from similar countries
  - PK and implications for elimination.
  - A few critical advances in the field should be summarised at the meeting i.e. advances in treatment regimens, G6PD or treatment diagnostics.
  - Have countries in the elimination and pre elimination phases share approaches to addressing vivax from a programmatic perspective, followed by round table discussions on what worked and what didn’t
  - More sharing of experience of program implementation
  - Could we develop a framework that describes success, this would be useful
  - Zoonotic malaria

  **Logistics**
  - Continue the same format, breakout groups enabled better participation especially from smaller countries
  - More time for preparation
  - Consider having 2 VxWG meetings per year
  - Chance for small meeting of just country partners
  - One meeting that combines VxWG and APMEN is better
  - Accommodation and food arrangements to be kept optional
  - APMEN must invite right/relevant officials to attend the meeting to obtain commitments and understand obligations
  - Roundtable format felt slightly disjointed.
    - It did encourage flow of conversation
    - Messy synthesis of discussions and little documentation at the end of the day
  - Do not separate VxWG from APMEN annual meeting
  - Would be nicer to be closer to a malaria endemic area