Introduction

This report presents a short overview of the work of the Asia Pacific Leaders Malaria Alliance (APLMA) and its secretariat during 2014. During the year, APLMA built increasingly broad, strong and substantive partnerships in support of regional leadership in the fight against malaria. With APLMA now at the centre of a leader-endorsed regional movement for malaria elimination, these results have taken regional aspirations to a new level. Having brought together many of the global technical and thought leaders on malaria – and driven engagement and ownership from prime ministers, through ministers, secretaries and national malaria program managers – APLMA ended 2014 as a highly credible and influential initiative. Those concerned with the spread and impact of malaria have entered 2015 with considerable optimism.
Malaria in the Asia Pacific region

An impressive scale up of funding and interventions has driven down malaria-related deaths in the Asia Pacific region by more than 80% since 2000. But progress is inconsistent and fragile. The most recent World Health Organization (WHO) data estimates that more than 2.3 billion people in the region are at risk of malaria, particularly in Cambodia, India, Indonesia, Myanmar, Pakistan and Papua New Guinea (PNG).

Eight countries in the region have already achieved the target of reducing malaria incidence by more than 75% by 2015: Cambodia, the People’s Republic of China, Malaysia, the Philippines, Solomon Islands, South Korea, Vanuatu and Viet Nam. Sri Lanka has had no cases of local malaria transmission since 2012 and is on the threshold of elimination. However, several countries, including some vulnerable to resurgence, have recently cut back related programs. For example, the malaria burden in India remains very large and persistent. External financing has largely underpinned dramatic
increases in the use of rapid diagnostic tests, insecticide-treated bed nets and indoor residual spraying. Such support may decrease drastically as Global Fund resources are reallocated to other countries and regions. This substantially raises the risk of malaria resurgence.

WHO estimates that only half of the annual funding required to fully implement the Global malaria action plan was available in 2012. Detailed, up-to-date malaria financing data are currently not available for Asia Pacific, particularly pertaining to scale up towards elimination. Filling these data gaps – and identifying viable strategies to fill the corresponding financing gaps – is a key task for the APLMA secretariat in 2015.

There is growing awareness of the risks posed by artemisinin-resistant malaria in the Greater Mekong sub-region. Without urgent action, the most important first-line treatment for malaria could become ineffective within years, triggering a devastating rise in malaria mortality globally, as well as significant productivity losses. These concerns led to the development of the WHO Emergency Response to Artemisinin Resistance (ERAR) regional framework for action 2013–15. An ERAR implementation ‘hub’ became fully operational in Phnom Penh, Cambodia in early 2014. Other partners, including the Bill & Melinda Gates Foundation (BMGF), the Asian Development Bank (ADB), and the Clinton Health Access Initiative (CHAI) are eager to accelerate progress in the Greater Mekong sub-region. For the APLMA secretariat, drawing these efforts together and focusing regional leaders’ attention on key interventions, policy changes and financing are critical.
APLMA mission and mandate

APLMA was established by the East Asia Summit (EAS) during its 2013 meeting in Brunei in response to Leaders’ concerns about the rising risks of malaria resurgence, in particular due to increasing drug-resistant malaria in the Greater Mekong sub-region. In December 2013, regional malaria resources were bolstered through the US$100m Global Fund Regional Artemisinin Initiative (RAI) grant to tackle artemisinin resistance in Cambodia, Laos, Myanmar, Thailand and Viet Nam. However, the wider Asia Pacific region may be on the cusp of a significant decline in external health-related financing, which would not only impact on gains made against malaria, but significantly reduce the region’s ability to manage other health security threats.

The need to engage and support leaders and finance ministers led to the creation of APLMA using the EAS process to galvanize heads of government. APLMA also presents an important platform from which to use malaria as an entry point for broader strategic dialogue on health systems and security.
Significant institutional developments since APLMA’s inception

Australian and Vietnamese Governments

APLMA was developed, in tandem with member states from across Asia Pacific, under the original Co-Chairs. Within weeks of the 2013 Australian election the incoming Prime Minister, Tony Abbott, and the Prime Minister of Vietnam, Nguyen Tan Dung, had committed to the initiative and taken it to the EAS Summit in Brunei.

Asian Development Bank (ADB)

ADB’s recent mid-term review of its Strategy 2020 recommended expanding health assistance to between 3 to 5% of overall financing. Hosting the APLMA secretariat is part of this investment. APLMA complements the ADB Regional Malaria and Other Communicable Disease Threats Trust Fund, which is similarly focused on supporting leadership, financing and other regional public goods for malaria and communicable diseases, in addition to building country level capacity to respond to these threats. Under Strategy 2020, the Bank also continues to focus on core areas such as infrastructure, regional cooperation and finance.
APLMA aims and objectives

APLMA’s work in 2014 was designed to achieve the following impact:

To promote regional political leadership and collaboration to accelerate progress towards the target of 75% sustained reduction in malaria cases and deaths, and catalyze action to reduce and control the spread of drug-resistant malaria in the Greater Mekong sub-region.

The APLMA secretariat determined that it needed to deliver outcomes in four key areas in order to maximize the alliance’s impact:

1. **Leadership and advocacy**: Increased political commitment to malaria elimination by leaders in the Asia Pacific region.

2. **Accountability**: Heads of government in 22 malaria-endemic countries increasingly hold each other mutually accountable for progress against agreed malaria targets.
Following the recommendations of the two APLMA Task Force meetings in June 2014, APLMA reoriented its strategy to encompass the elimination agenda, in pursuit of an Asia Pacific “free of malaria by 2030”. The current report focuses on what was done to deliver these outcomes; what was achieved and learned; and revision to the secretariat’s strategic priorities and approaches for 2015.

3 Financing: APLMA convenes a high level Regional Financing for Malaria Task Force (RFMTF), chaired by former ADB VP, Mr C. Lawrence Greenwood to secure sustained financing.

4 Quality medicines: Asia Pacific malaria-endemic countries concur on the need for coordinated national and regional action for supply chain enhancements. APLMA convenes a high level Access to Quality Medicines and Other Technologies Task Force (AQMTF), co-chaired by Australian Secretary of Health Prof. Jane Halton PSM, and Indian Secretary of Health, Lov Verma.
What was achieved?

The biggest achievement of 2014 was undoubtedly the East Asia Summit leaders’ agreement to the goal of an Asia Pacific tree of malaria by 2030. This resulted in considerable praise from within the global public health community. Although hard to measure impartially, the credibility and standing of the initiative has increased exponentially, with key figures in global public health now proactively engaging to further the agenda.

As a result of the collaborative efforts of APLMA, ADB and the Australian Department of Foreign Affairs and Trade (DFAT), leaders representing more than half the world’s population (and more than half of its economic productivity) have agreed to an ambitious malaria elimination goal – the first such goal adopted at the leaders level outside of Europe. As it is specific and timebound, it is also measureable. As with the
June 2014
2nd AQMTF meeting recommends
12 priority actions to considerable
praise by malaria community
2nd RFMTF (virtual) meeting
recommends five priority actions,
and reforms elimination commitment
MoU established with Malaria No
More
Scorecard draft presented to WPRO
countries

September 2014
APLMA Task Forces finalize outcome
statements/recommendations
APLMA secretariat initiates diplomacy missions
/advocacy activities for EAS support to 10 Asia
Pacific countries
APLMA co-convenes Regional Private Sector
Forum on Malaria
APLMA participates in ASEAN Health Ministers
Meeting; China makes clear statement
APLMA statement at RCM

November 2014
9th EAS endorses goal
for Asia Pacific malaria
elimination by 2030

August 2014
Viet Nam APLMA Task Force is
established
MoU established with RBM
UN General Assembly welcomes
APLMA

October 2014
APLMA Co-Chairs Australia PM Tony Abbott
and Viet Nam PM Nguyen Tan Dung write
letters to EAS Leaders urging support for
APLMA recommendations
APMEN and APLMA sign MoU
CHAI initiates engagement with APLMA
Bill and Melinda Gates Foundation awards
grant to APLMA
APLMA develops prototype country scorecard

Millennium Development Goals (MDGs), these features will
greatly enhance the likelihood that required policy and funding
actions will be taken.

Through active engagement, advocacy and the presentation
of evidence, major partners became strong supporters – as
witnessed by statements made at
the 2014 EAS.

The following descriptions of
outputs and outcomes show how
various actions and products
contributed to the adoption of
the elimination goal.
1. Advocacy and support for leadership

The APLMA secretariat made a critical strategic choice early in its life to focus on building the evidence base for leaders to deliver good policy, rather than seeking to build community level pressure for increased spending and/or and expansion of existing programs. Most of the subsequent diagnostic, analytical and policy development work was undertaken under the two major work streams initiated by the secretariat dealing with regional financing (output area 3) and quality medicines (output area 4). Leadership work involved taking those products and using them as the basis of a series of influencing outputs, as follows:

Advocacy and influencing products for leaders

Currently, the secretariat’s engagement with leaders comes via two channels: 1) the annual EAS; and 2) Co-Chair communications with APLMA leaders.

a. Inputs for EAS

Draft leaders’ statement language

The APLMA secretariat worked closely with regional partners to advocate for potential language framed around the regional malaria elimination goal, and engaged with key stakeholders to help build related consensus.

Joint Task Force Progress Report 2014

A special purpose product, designed to bring the key findings of the Task Forces together was published and distributed from August 2014. The five-page report was designed as a quick snapshot for busy decision-makers. Supplementary briefing notes were prepared to pre-empt requests for further information. The APLMA Co-Chairs, the Prime Ministers of Australia and Viet Nam, conveyed the report directly to 18 heads of government under a covering letter urging agreement to the elimination goal during the October EAS.

b. Public communications

The aim of the secretariat’s public communications has been: 1) to inform interested parties of APLMA milestones and achievements; and 2) to provide a supportive political climate to encourage leaders and decision-makers to take additional action to counter malaria. An External Relations Team Leader was contracted in the lead up to EAS and facilitated a substantial increase in the volume of communications through all channels.

c. Speeches and presentations

A total of 30 presentations were given by the secretariat to key constituencies showcasing its work – largely delivered by the interim Executive Secretary.

Highlights were as follows:

• Association of South East Asian Nations (ASEAN) Health Ministers Meeting side event, well attended at senior levels.
• ASEAN Senior Officials on Health and Development and CDC Experts meeting.
• Viet Nam APLMA Task Force with Vice Minister and DFAT Head of Mission in attendance.
• Presentation to senior PNG stakeholders with United Kingdom MP Stephen O’Brien, jointly with Roll Back Malaria (RBM) Partnership.
• Presentation to the Regional Steering Committee (RSC) of the Regional Artemisinin Initiative (RAI), Greater Mekong sub-region malaria stakeholders.
• Presentations at all major WHO/ERAR events during 2014.
• APLMA objectives presented at World Health Assembly ministers meeting and WHO Western Pacific Regional Office (WPRO) Regional Committee meetings.
• Presentations to Australian, Indian (x2), PNG, Viet Nam Health Secretaries.
d. Interviews and ‘Op eds’

The secretariat produced and placed four editorials/op-eds in regional newspapers with a substantial circulation among English-speaking decision-makers. These included:

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<thead>
<tr>
<th>Title</th>
<th>Publication</th>
<th>Date</th>
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<tr>
<td>Killer on the loose again as malaria menaces Asia</td>
<td>The Nation</td>
<td>10 Oct.</td>
</tr>
<tr>
<td>Drug-resistant malaria: Replaying an Asia Pacific nightmare?</td>
<td>The Hindu</td>
<td>5 Nov.</td>
</tr>
<tr>
<td>An effective alliance could combat malaria</td>
<td>The Hindustan Times</td>
<td>6 Nov.</td>
</tr>
<tr>
<td>Asia plays an important role in bid to stop malaria</td>
<td>Bangkok Post</td>
<td>8 Nov.</td>
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e. Media coverage

News coverage of the APLMA media release Asia Summit adopts unprecedented regional malaria goal appeared across key English language newspapers in ASEAN countries including Brunei, Cambodia, Laos, Myanmar and Viet Nam, from 14–17 November. The Citizen News Service, a non-profit health news agency based in India, published the article online and was picked up by several online newspapers in South Asia.

Deutsche Welle (DW), a major news wire service, published a lengthy interview with senior ADB and APLMA secretariat staff highlighting the importance of the malaria elimination effort in the Asia Pacific region. The report was subsequently syndicated by several European news sources.

The ADB website carried a video interview with the APLMA Executive Secretary entitled Changing Asia: Historic agreement to eradicate malaria that highlighted critical issues related to malaria elimination in Asia Pacific by 2030. APLMA partners and malaria stakeholders including the Asia Pacific Malaria Elimination Network (APMEN), Global Health Sciences (GHS/UCSF) and the Global Health Technologies Coalition (GHTC) also shared the news on their websites and blogs. The Malaria Consortium published an article covering the EAS agreement in a sponsored edition of The Guardian.
Asia plays an important role in bid to stop malaria. Bangkok Post, 8 Nov.

Commentary: Asia Pacific adopts game-changing goal to be malaria-free by 2030, Global Health Sciences, UCSF, 20 Nov.

APMEN applauds leaders’ regional vision of Malaria-Free Asia Pacific. Asia Pacific Malaria Elimination Network, 17 Nov.

East Asian leaders commit to eliminating malaria. Democratic Voice Burma, 17 Nov.


Commitment to eradicate malaria major victory for health diplomacy. Deutsche Welle, 17 Nov.

Asian leaders pledge to eradicate malaria. The Phnom Penh Post, 17 Nov.

Changing Asia: Historic Agreement to Eradicate Malaria. ADB website, 17 Nov.

East Asia Summit adopts unprecedented malaria goal. The Hans India, 15 Nov.

East Asia Summit adopts unprecedented malaria goal. Citizen News Service, 14 Nov.

Eliminating malaria is good for business. South China Morning Post, 14 Nov.
f. Website

The APLMA website (www.aplma.org) was hosted by ADB until November 2014. For much of the first year the site provided basic content/design as the secretariat lacked the time, capacity and skills to establish a high profile, up-to-date and interactive site. In the second half of the year the site was redesigned, with the addition of APLMA reports and clearer information about APLMA’s role and purpose. In 2015, the secretariat will examine whether making the site a clearinghouse for up to date information on the work of regional actors would make a significant contribution to enhancing coordination.

g. Social media

Both ADB and APLMA senior managers run Twitter accounts and re-tweet significant achievements such as the EAS leaders agreement to the regional elimination goal. With concentrated effort the APLMA corporate Twitter account achieved a respectable degree of online influence (klout score)\(^1\) as presented below (Figure 2). The secretariat averaged 4 tweets per day in recent months with 383 in total emanating from the secretariat, with many re-tweets from eminent people in the malaria field and from high-profile organizations.

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ADB mobilization

a. Regional and Sustainable Development Department

ADB has provided substantial support to the APLMA secretariat since its inception. In-kind contributions amounting to an estimated US$ 255,000 have been provided in the form of office space and equipment, business process support and senior staff engagement.

b. Supporting outreach by ADB Vice President and President

Steve Groff, Vice President Operations 2 (VPO2), is responsible for most of the geographic territory of specific interest and concern to APLMA – principally South East Asia and the Pacific Islands. VPO1 has taken a leadership role in speaking publically about the initiative, meeting with DFAT, and with high-level international visitors from other organizations, such as APMEN’s Sir Richard Feachem and Ira Magaziner of CHAI. The APLMA secretariat and RSDD have been responsible for initiating, preparing and briefing for those meetings and for the follow up.
Partnership building and leveraging

a. DFAT alliance
During 2014, DFAT has been the primary external financier of the APLMA secretariat. Weekly teleconferences have been supplemented by regular conversations with DFAT senior executives. Two formal, dedicated partnership meetings were held – in September and December.

b. World Health Organization (WHO)
As the directing and coordinating authority for health in the United Nations system, WHO is a principal partner for APLMA. WHO provides leadership on global health matters, shapes the health research agenda, sets norms and standards, articulates evidence-based policy options and provides technical support to countries, especially in responding to health challenges. WHO has established the ERAR hub in the Greater Mekong sub-region.

Throughout 2014, the secretariat maintained close working relations with WHO and the hub, particularly on access to quality medicines issues. WHO was represented by two participants in the Access to Quality Medicines and Other Technologies Task Force (AQMTF) and the second meeting was hosted by WPRO in Manila.

The APLMA secretariat complements WHO by bringing key messages to heads of government attention and by facilitating collaboration with finance ministries, funding bodies and the private sector. Senior secretariat staff held several strategic level meetings with WHO counterparts and a strong relationship was built with WPRO Regional Director, Dr Shin Young-soo. A similarly strong and supportive relationship was also built in the second half of the year with WHO South East Asia Regional Office (SEARO) Regional Director, Dr Poonam Singh. A memorandum of understanding (MoU) between ADB and WHO is under development.
c. Association of Southeast Asian Nations (ASEAN)

APLMA engagement with ASEAN has increased as the capacity of the secretariat evolved throughout the year. APLMA secretariat staff travelled to Jakarta to meet with the ASEAN Secretariat at senior levels, and in November 2014 APLMA was invited to participate in the 9th ASEAN Expert Group on Communicable Diseases in Bangkok.

d. Asia Pacific Malaria Elimination Network (APMEN)

APMEN is a key partner for APLMA due to its Asia Pacific geographic coverage, its focus on malaria elimination, as well as the reach and influence of its high-profile Co-Chair, Sir Richard Feachem. APMEN comprises 16 Asia Pacific countries that are pursuing malaria elimination, as well as leaders and experts from key multilateral agencies and academic institutions. Its mission is to collaboratively address the unique challenges of malaria elimination through leadership, advocacy, capacity building, knowledge exchange, and building the evidence base.

APLMA negotiated an MoU detailing cooperation with APMEN in 2014 and has maintained strategic dialogue. The two organizations have collaborated on policy and advocacy, particularly framing the elimination goal for EAS and a ‘Leader to Leader’ full-page open letter published in the Financial Times newspaper.

e. Bill and Melinda Gates Foundation (BMGF)

Malaria is a top priority for the BMGF, which has already committed over US$ 2 billion to combatting the disease. Under its new multi-year malaria strategy, Accelerate to zero, the foundation is focusing on demonstrating an accelerated pathway to elimination, as well as investing in new technologies and mobilizing support. The foundation as expressed a willingness to support political outreach, including the identification of opportunities to mobilize the Gates family in support.

The BMGF is providing a grant to the APLMA secretariat, with the successful signing of an agreement in November 2014.

f. Clinton Health Access Initiative (CHAI)

CHAI works to improve markets for life-saving medicines and diagnostics, lower the costs of treatments, and expand access to life-saving technologies. CHAI’s work led to the Affordable Medicines Facility–malaria (AMF-m), a financing mechanism intended to expand access to affordable and effective antimalarial medication.
CHAI has expanded its efforts to counteract artemisinin-resistant malaria in the Greater Mekong sub-region and has become a regular dialogue partner for APLMA. CHAI is seconding two officers to work with the APLMA secretariat at no cost.

g. Roll Back Malaria Partnership (RBM)

Drawing on RBM’s proven track record in implementing high-level external relations and advocacy strategies, APLMA has entered into a collaboration with RBM to manage joint external relations, advocacy and policy development efforts to elevate the work of APLMA and RBM in the Asia Pacific region. An MoU was signed with RBM in July 2014.

h. Malaria No More (MNM)

MNM is a US-, UK- and Japan-based policy advocacy non-profit organization. It uses high-profile champions to target US and international leaders to do more to tackle malaria. It is active in demonstrating the cost effectiveness of malaria interventions and in mobilizing additional financing to make those interventions more accessible.

In July 2014, MNM and APLMA signed an MoU defining a collaborative partnership that builds leadership behind accelerated malaria elimination across the Asia Pacific region. MNM will work with the APLMA secretariat to leverage diplomatic and political support for malaria activities in the region. To date, MNM has provided significant support in raising APLMA’s profile, including ensuring APLMA coverage on the White House blog and supporting pre-EAS outreach with the US Department of State.

Together with APLMA and RBM, MNM co-convened the Regional Private Sector Forum on Malaria held in Yangon, in September 2014. MNM has also been working with APLMA’s communication team on social networking for APLMA activities.

Development diplomacy

The Government of Australia has deployed its extensive diplomatic network in support of APLMA goals. This has been complemented by a more targeted role by the APLMA secretariat, reaching a different range of senior officials in departments of health and foreign affairs in priority countries.

a. Targeted outreach

Malaria-endemic ASEAN countries comprise a key target for the secretariat, and advocacy visits were undertaken between September and November 2014 to Laos, Cambodia, Indonesia, Myanmar, Thailand and Viet Nam. The New Zealand and Singapore Governments were also briefed and encouraged to offer their support to the EAS elimination goal. In South Asia, advocacy visits were undertaken to India and Sri Lanka, and a separate visit was made to PNG to accompany UK Malaria Champion, Stephen O’Brien MP in partnership with RBM.

b. ‘Leader to Leader’ open letter

A direct public approach to leaders was made in the lead up to the EAS meeting in November. Four international figures, all prominent in the fight against malaria, signed an open letter to EAS leaders asking for their support and commitment to regional malaria elimination.

The letter was published as a one-page advertisement (page 5) of the Financial Times, and reached up to half a million potential readers. The signatories were: Ibu Naf, Chair of the Global Fund Board; Sir Richard Feachem, Co-Chair of APMEN; Admiral Tim Ziemer, Chief of the US President’s Malaria Initiative; and Mr C. Lawrence Greenwood, Senior Managing Director, Government Relations Asia, Metlife and Chair of the APLMA Regional Financing Task Force.
c. Champions Group and Leaders’ Envoy

Formation of a high-level Champions Group was envisaged as a means of sustaining high-level policy dialogue between annual EAS meetings. The concept has been developed internally as a relatively loose informal network of influential people who are ready, willing and able to be advocates, publically or privately, at key moments.

In the course of 2014, the APLMA secretariat determined that its own efforts should be augmented by appointment of a Leaders’ Envoy to provide strategic guidance, engage with other internationally prominent people and to give its messages greater weight and authority. Part of this role was defined as leading the Champions Group. The secretariat has refrained from establishing the group more formally until the Leaders’ Envoy is on board and can shape arrangements. It is hoped that the envoy will be appointed by early 2015.
2. Accountability

The principal means by which leaders, countries and organizations will be able to monitor progress in the fight against malaria is through development of a scorecard that records information on the extent to which regional commitments to policy actions, financing and service provision are being met.

In 2014, the APLMA secretariat contracted an expert to work alongside WHO WPRO to develop a prototype scorecard. WHO plays a critical role in collecting, ratifying and analysing country data – and provides considerable support to countries needing to improve data collection and integrity. A strong prototype scorecard was developed by October 2014, and tested with national malaria program managers across the Greater Mekong sub-region. The prototype received positive feedback and additional work is being undertaken to maximize its utility and user friendliness.

It is proposed that consultations be held in 2015 to build consensus around the indicators described by the scorecard, and how best to present and make use of the resulting data. The emphasis will be two-fold: identifying program successes and areas where greater collective effort and mutual support are required.
3. Regional Financing

a. Regional Financing for Malaria Task Force

Task Force terms of reference were finalized and agreed between the secretariat, ADB and DFAT in January 2014. Task Force members were identified and appointed, comprising 20 experts from the public and private sectors, as well as academia. The Task Force Chair, Mr C. Lawrence Greenwood, Senior Managing Director of Government Relations Asia, MetLife, was appointed in April. Mr. Greenwood brought unique experience from senior roles in the public and private sectors and also as a former ADB Vice President.

In March 2014, the APLMA secretariat began commissioning, managing and overseeing the production of eight study papers and presentations on various aspects of financing for malaria in March 2014. Key reports covered:

- Overview of malaria financing.
- Key gaps in malaria control: Priorities for a regional response.
- Scope for public–private partnerships.
- Innovative financing for health.

The first meeting of the Task Force was held in Hong Kong in May and further deliberations were undertaken by teleconference in June. Following those dialogue opportunities, the secretariat drafted an outcome paper with five high-level recommendations. The paper was finalized and adopted by the Task Force members in July 2014. Its three central recommendations were to: 1) Commit to a malaria elimination goal; 2) Establish a regional health security fund, focused on scaling up anti-malaria interventions; and 3) Increase private sector participation in financing and delivering malaria control and elimination.

A synthesis report was also produced in August 2014 that provides a problem statement, substantive rationale and detailed responses to support the recommendations.

b. Resource mobilization strategy

In October 2014 it was agreed with WHO that the APLMA secretariat would provide support to WHO to design a resource mobilization strategy in support of malaria elimination in the countries of the Greater Mekong sub-region, as recently
recommended by the WHO Malaria Policy Advisory Committee.

The main work will commence in earnest in February 2015 at an APIMA partners meeting in Bangkok.

c. New scoping studies

In the fourth quarter of 2014, work commenced on scoping analyses and diagnostic work needed to:

- support increased domestic, bilateral and official development assistance (ODA) investment in national malaria programs;
- determine the cost of malaria elimination and the estimated financing gap;
- assess the need for, and feasibility of, a (new) regional fund or platform, in support of malaria elimination; and
- improve the efficient allocation and use of existing malaria financing.
4. Quality medicines

a. Access to Quality Medicines and Other Technologies Task Force (AQMTF)

The AQMTF, co-chaired by then Australian Secretary of the Department of Health, Jane Halton (now Finance), and her Indian counterpart, Lov Verma, was established as one of the first orders of business of the APUWA secretariat to facilitate an early Task Force meeting in Sydney in March 2014.

A number of studies were commissioned to support Task Force deliberations.

The studies were as follows:

- Malaria in Asia-Pacific and artemisinin resistance.
- Malaria in India.
- ERAR Regional Hub: Overview, objectives and priorities.
- Oral artemisinin-based monotherapies.
- Regulation of anti-malaria commodities with a focus on artemisinin combination therapy in Asia and the Pacific.
- Market landscape for antimalarial commodities.
- Ensuring access to malaria commodities for high-risk populations.
- Market interventions to improve access to quality medicines and diagnostics: Generating evidence for malaria medicine policy in the Asia-Pacific region.

The first Task Force meeting, involving more than 35 formal participants, recognized the need to address artemisinin resistance as a regional priority. This conclusion was re-stated at the second Task Force meeting, held in Manila (in June 2014) along with endorsement of Asia Pacific malaria elimination as the optimal strategy to tackle artemisinin resistance. The detailed recommendations are the first of their kind in the region, supported by highly credible analysis from global experts in the field, and endorsed by representatives of 18 member states. A number of high quality papers were commissioned to support this decision making. These included:

- Frameworks and processes for malaria control, drug quality and artemisinin resistance in Asia.
- Market analysis of supply-side issues for antimalarial commodities.
- Overview of antimalarial commodity issues in the Asia Pacific region.
• Overview of WHO Pesticides Evaluation Scheme (WHOPES).
• Malaria Medicines Regulators’ Group report.
• Synthesis of the current evidence on the causes of malaria drug resistance.
• Case studies, including on community health workers and ACT forecasting.
• Vector control commodities: Prequalification, procurement and quality control.

The AQMTF produced a final list of prioritized policy level actions required to realise the 75% malaria mortality reduction target, as well as regional elimination. These included the application of best practice principles for government and donor procurement to improve supply security, prices and product acceptability. Greater use of private sector capacity and reach were also urged.

b. Regional regulators meeting
A meeting of regional pharmaceutical regulators was held in Bangkok in May 2014, co-chaired by the National Manager of the Australian Therapeutic Goods Administration, Dr John Skerritt and by Dr Singh, the Drug Controller General of India. The first meeting of national regulatory authorities on malaria to be convened in the region, the meeting agreed on a groundbreaking program of 12 actions to strengthen regional regulatory capacity. The meeting was catalytic in leveraging a significant subsequent investment from the Government of Australia, currently under design.
APLMA and its secretariat were established at the 2013 Brunei EAS following the declaration at the Phnom Penh meeting of the EAS in 2012. The APLMA secretariat formally commenced operations in January 2014, with full establishment by mid-year.

Initial funding of US$211,000 was provided to ADB by the Government of Australia in August 2013 to initiate activity and support the lead up to the 2013 EAS. More substantial secretariat financing began with further investment of US$1.5 million from the Government of Australia, which was approved in October 2013. An additional US$0.75 million was approved in May 2014 by the Regional Malaria and Other Communicable Disease Threats Trust Fund (RMTF), increasing total secretariat funding to US$2.461 million.
What’s next for APLMA? Priorities for 2015

2014 has been a demanding but successful year for APLMA. 2015 will be even more challenging; key priorities for the APLMA secretariat include:

1. Bringing on board a high-profile Leaders’ Envoy to provide high level guidance and outreach.

2. Moving forward the Champions Group of key international figures who can give strategic guidance on the preparation of a Leaders’ Malaria Elimination Roadmap and on long-term issues of policy, governance and financing.

3. Devising a credible set of processes to shape and ultimately endorse the Leaders’ Malaria Elimination Roadmap before it goes to EAS leaders, including convening key reference group meetings with participation from across the region.

4. Commissioning and managing several large and complex streams of work to support the roadmap development, to be delivered through a range of mechanisms and a large number of separate organizations and individuals.

5. Successfully bringing new partners, such as the BMGF and CHAI, into the secretariat as influential policy and operational, as well as financial, contributors.

6. Achieving agreement at the 2015 EAS to a credible, costed Leaders’ Malaria Elimination Roadmap. Supported with a scorecard as an evaluation process with broad ownership and support.