United We Defeat Malaria

APLMA-APMEN STRATEGY 2020-2022

25 MARCH 2019
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**ACRONYMS**

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<tr>
<td>AGM</td>
<td>Annual General Meeting</td>
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<td>APLMA</td>
<td>Asia Pacific Leaders' Malaria Alliance</td>
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<td>APME</td>
<td>Asia Pacific Malaria Elimination Network</td>
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<td>ASEAN</td>
<td>Association of South East Asia Nations</td>
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<td>BFI</td>
<td>Blended Finance for Impact</td>
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<td>CBO</td>
<td>Community Based Organisation</td>
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<td>CHAI</td>
<td>Clinton Health Initiative</td>
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<td>CiP</td>
<td>Coalition of Interest Parties</td>
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<td>CSO</td>
<td>Civil Society Organisation</td>
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<td>DPRK</td>
<td>Democratic People's Republic of Korea</td>
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<td>EAS</td>
<td>East Asia Summit</td>
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<td>EMC</td>
<td>End Malaria Council</td>
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<td>G6PD/G6PDd</td>
<td>Glucos-6-Phosphate Dehydrogenase</td>
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<td>GMS</td>
<td>Greater Mekong Sub-region</td>
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<td>GOI</td>
<td>Government of India</td>
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<td>HOG</td>
<td>Heads of Government</td>
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<td>IVCC</td>
<td>Innovative Vector Control Consortium</td>
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<td>KM</td>
<td>Knowledge Management</td>
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<td>M&amp;E</td>
<td>Monitoring &amp; Evaluation</td>
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<td>MDB</td>
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<td>MMV</td>
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<td>MoFA</td>
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<td>OECD</td>
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<td>PDP</td>
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<td>PMO</td>
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<td>PMWG</td>
<td>Program Management Working Group</td>
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<td>Population Services International</td>
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<td>R&amp;D</td>
<td>Research &amp; Development</td>
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<td>RAI2E</td>
<td>Regional Artemisinin Initiative 2 - Elimination</td>
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<td>RDT</td>
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<td>Regional Health Fund</td>
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<td>Republic of Korea</td>
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<td>Regional Regulatory Partnership</td>
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<td>TDR</td>
<td>WHO Special Program for Research and Training in Tropical Diseases</td>
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<td>VCWG</td>
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<td>VxWG</td>
<td>Vivax Working Group</td>
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<td>WEF</td>
<td>World Economic Forum</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WHO-TDR</td>
<td>WHO Special Program for Research and Training in Tropical Diseases</td>
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EXECUTIVE SUMMARY

Asia Pacific will be the test case for regional malaria elimination, with success in this region a pre-requisite for global eradication. Significant political capital has now been invested in the establishment of the elimination mandate and joint APLMA-APMEN Secretariats. The result has been an increasing sense of common purpose, broadly declining burden and increasing financing across the region. For the next investment period, APLMA-APMEN will use our mandate, credibility and access to accelerate progress toward elimination.

Our strategy is based on four important principles: A) APLMA and APMEN are fully aligned under a common strategy and workplan; B) country support remains at the core of our work, underpinned by country needs assessments and engagement strategies; C) the initiative clearly identifies funding needs and financing opportunities for malaria elimination; D) the Board and Secretariat ensure continuity in operations through leadership transitions.

In this strategy we present a clear **Strategic Goal**, and four **Primary Outcomes** required to achieve it.

**Overarching Strategic Goal:**
To achieve substantial, sustainable progress toward an Asia Pacific Free of Malaria by 2030 by bolstering country leadership, benchmarking progress, and brokering policy, technical and financing solutions.

The four **Primary Outcomes** required to progress towards this **Strategic Goal**, span areas of 1) Leadership, 2) Country Support, 3) Financing, and 4) Access, with APLMA and APMEN delivering as one organisation.

**PRIMARY OUTCOME 1**
**BY 2022, THERE IS MORE DEMONSTRABLE, MORE BROAD-BASED LEADERSHIP COMMITMENT TO ELIMINATE MALARIA, SPANNING ASIA PACIFIC**

A broad-based movement is key to sustaining momentum as the malaria burden declines. Leadership commitment to the APLMA Roadmap will be sustained and deepened. APLMA will ensure increased engagement with national leaders, Champions and partners using clear, consistent narratives backed by compelling data.

We will continue to focus on the East Asia Summit (EAS) as the primary mandate and leverage it to build support. APLMA will work with countries of the region to undertake a “5-year review” of progress against the Roadmap, to be presented to EAS Leaders in 2020. The process will provide the opportunity to refresh the Roadmap, increasing specificity, ambition and commitment.

The annual APLMA Senior Officials’ Meeting (SOM), bringing together central agency officials from across the region, has proven to be an effective platform to discuss progress and challenges. Yet, there is room to make it more impactful. An improved meeting process, better quality data, and an improved Dashboard will better allow regional leaders to hold each other accountable for progress.

APLMA and APMEN will more purposefully engage and support decision-makers (across national and sub-national levels and sectors) through joint APLMA-APMEN country action plans.

These plans will have clear tangible deliverables that will advance malaria elimination in priority countries and sub-regions (GMS, Melanesia, India, Indonesia). To facilitate these achievements, APLMA-APMEN’s strong networking and convening functions will be aided by the establishment of two sub-regional hubs during the period 2020-22 — one in South Asia and one in Melanesia; it will also increasingly leverage technical support available in the Greater Mekong Sub-Region (GMS) and Malay Archipelago for the benefit of the entire region.

Ramped-up engagement with the Governments of non-endemic nations such as the US, Australia and Japan will also ensure these important supportive voices are sustained.

Finally, APLMA’s ability to work with the corporate sector is a core part of our DNA. APLMA will engage corporate leaders to strengthen political commitment to malaria elimination using M2030 as a platform.

**PRIMARY OUTCOME 2**
**BY 2022, TARGETED NATIONAL PROGRAMS HAVE ADOPTED MORE EFFECTIVE AND EVIDENCE-BASED STRATEGIES AND INTERVENTIONS THAT ARE SUITED TO THE ASIA PACIFIC MALARIA ELIMINATION CONTINUUM**

As malaria programs progress along the continuum from transmission reduction to elimination and prevention...
of reintroduction, there is a significant shift in focus of their service delivery, surveillance systems, vector control strategies, workforce functions and supply chain management systems. APMEN will provide targeted support to countries to re-align their strategies and fill gaps in technical expertise as they transition in their elimination status.

We know that a robust surveillance and response system is an important pre-condition for malaria elimination. APMEN will support national malaria programs with adoption and replication of proven regional innovations for timely detection, investigation and response to malaria cases like the 1-3-7 strategy developed by China.¹

The control of the malaria vector is an important component of a malaria elimination program. The lack of trained and competent entomologists remains a challenge for malaria programs. APMEN will support capacity building of the regional entomology workforce on effective vector surveillance and control and insecticide resistance.

APLMA-APMEN are uniquely positioned to jointly deliver an accelerated, safe and effective radical cure for P. vivax through their engagement on the supply side with manufacturers and product development partnerships (PDPs), and on the demand side with national malaria programs. APMEN will support national programs to accelerate the process for introduction of new commodities into national guidelines alongside strengthening more conventional approaches where they remain relevant but do not yet perform at a level that supports elimination.

Bottlenecks in effective malaria service delivery include logistics and supply chain management, community engagement and leadership development. APMEN will use innovative change management tools like the Organisation Development for Malaria Elimination (ODME) tool to assist malaria programs to improve the quality and effectiveness of service delivery.

PRIMARY OUTCOME 3
FINANCING FOR MALARIA IS INCREASED FOR ASIA PACIFIC IN 2020-2022

APLMA is already playing a unique role as an advocate for sustained financing for malaria elimination in Asia Pacific. Given APLMA’s mandate and reach, there is no other actor who can do this. With many countries in the region entering a health financing transition (reflecting changes in both the burden of disease and sources of financing), APLMA will have even greater responsibility to ensure adequate financing for malaria elimination. Domestic resource mobilisation will be the top priority, working with external grant makers and on innovative financing mechanisms and improved efficiency to achieve this outcome.

During 2020-22, APLMA will support efforts in the priority countries to increase their fiscal space (including through domestic financing) for malaria elimination. We will monitor domestic commitments and assist countries in gradually transitioning from grant financing.

We know, however, that increasing domestic financing alone will be insufficient. External grant funding will continue to play an important role in Asia Pacific and must also be increased or at least sustained. To achieve this, we will scale-up and diversify our engagement with the Global Fund and strengthen collaboration with other countries and institutions that are able to influence external financing.

APLMA will promote innovative financing, with a focus on Global Fund catalytic funds. The identification of new funding instruments by Development Finance Institutions and the corporate sector will also be critical. A key aspect of this work will be continuing to support the Blended Finance for Impact (BFI) partnership by engaging countries; cultivating additional partners; and, ensuring that malaria finds a space in the recently launched “Regional Health Fund” and similar mechanisms.

PRIMARY OUTCOME 4
INCREASED ACCESS TO QUALITY ASSURED PRIORITY MALARIA COMMODITIES IN AT LEAST FIVE COUNTRIES BY 2022

Transformative tools and malaria commodities are currently in the pipeline and could accelerate the progress toward malaria elimination in Asia Pacific. However, several barriers stand in the way of their speedy registration and use. Conversely, substandard and falsified medicines (SFs) remain a major concern as we cannot eliminate malaria without access to quality malaria commodities. APLMA-APMEN will work jointly to ensure that demand for these tools is well understood and that Senior Officials act on these key issues.

To deliver malaria elimination, the region needs optimal access to good quality priority malaria commodities wherever coverage gaps remain, including treatments to counter drug-resistant malaria and the unresolved burden of P. vivax malaria as overall malaria incidence declines.
APLMA APMEN STRATEGY 2020-2022: HIGH LEVEL OVERVIEW

To achieve substantial, sustainable progress toward an Asia Pacific Free of Malaria by 2030 by bolstering country leadership, benchmarking progress, and brokering policy, technical and financing solutions.

**LEADERSHIP**

**PRIMARY OUTCOME 1**

By 2022, there is more demonstrable, more broad-based leadership commitment to eliminate malaria, spanning Asia Pacific

**COMPONENT 1.1**

A revised Elimination Roadmap is endorsed by at least 5 countries.

**COMPONENT 1.2**

Country level leadership is strengthened, resulting in new and renewed political commitments in at least 5 priority countries.

**COMPONENT 1.3**

Engagement, collaboration and knowledge sharing strengthened across Asia Pacific to accelerate malaria elimination

**COMPONENT 1.4**

Corporate leaders engaged to strengthen the political commitment to malaria elimination using M2030 as a platform

**COUNTRY SUPPORT**

**PRIMARY OUTCOME 2**

By 2022, targeted national programs have adopted more effective and evidence-based strategies and interventions that are suited to malaria elimination in Asia Pacific

**COMPONENT 2.1**

Malaria programs have improved capacity to implement elimination-ready surveillance and response systems along the elimination continuum

**COMPONENT 2.2**

Vector control and surveillance capacity enhanced in 5 priority countries

**COMPONENT 2.3**

Improved capacity of public and private health services to provide safe and effective detection and treatment of malaria, including early adoption of novel technologies for safe and effective radical cure of P. vivax

**COMPONENT 2.4**

Improved malaria program effectiveness and operational efficiency in at least 5 targeted priority countries

**FINANCING**

**PRIMARY OUTCOME 3**

Financing for malaria is increased for Asia Pacific in 2020-2022.

**COMPONENT 3.1**

Domestic financing in APLMA priority countries for malaria (GMS, India and Melanesia) increased in 2020-2022

**COMPONENT 3.2**

External grant funding sustained in 2020-22

**COMPONENT 3.3**

Innovative financing instruments increase financing for malaria and health systems in 2020-2022

**COMPONENT 3.4**

Three priority commodities are introduced in 5 countries by 2022.

**ACCESS**

**PRIMARY OUTCOME 4**

Increased access to quality assured priority malaria commodities in at least five countries by 2022

**COMPONENT 4.1**

Improved data on access to commodities and health services in the GMS by 2022

**COMPONENT 4.2**

Three priority commodities are introduced in 5 countries by 2022.

**COMPONENT 4.3**

Three GMS countries take action to strengthen quality monitoring of tests and treatments for malaria by 2022
Through an annual Access Map, we will ensure that Senior Officials are aware of both the adoption of priority commodities and coverage gaps. Mapping the availability of existing commodities will inform a more targeted approach to service delivery for at-risk populations. It will also tell us where new malaria innovations are needed. To fill the gaps, we will continue to work to expedite the introduction to market of new innovations. Through our various access platforms, APLMA and APMEN will support the accelerated registration and roll-out of three priority malaria commodities—encompassing diagnostics, medicines and vector control tools—in at least five countries by 2022.

APLMA will continue contributing to regional efforts around SFs. This includes supporting the Medicines We Can Trust (MWCT) campaign. APLMA will support at least three countries to strengthen quality monitoring of commodities for malaria by 2022.

CORPORATE DEVELOPMENT

The initiative will transition to a new CEO early in the life of the next investment period. Additionally, some issues around Board architecture are under discussion as of December 2018. Following consultation with the Board, a full transition strategy will be included in the grant submissions to be delivered to donors by end March 2019. Further details are provided on page 13.

Figure 1: APLMA-APMEN areas of action and synergies
INTRODUCTION

APLMA is a regional initiative established under the East Asia Summit, now with the support of 23 heads of Government throughout the Asia Pacific region. Its mission is to drive implementation of the APLMA Leaders Malaria Elimination Roadmap by bolstering leadership, benchmarking progress, coordinating regional action and brokering policy, technical and financing solutions to key challenges, all to expedite elimination by 2030.

The Asia Pacific Malaria Elimination Network (APMEN, now co-located with APLMA, was established in 2009. It is composed of 18 countries, with four more expected to join by 2020. Whilst APLMA facilitates engagement of senior government officials, APMEN focuses on brokering South-South and peer-support to solve technical and strategic challenges facing national malaria programs in their quest for elimination.

MALARIA IN THE REGION

Following the Malaria2012 Summit, the Asia Pacific region has made substantial progress towards malaria elimination. We have witnessed a 31% decrease in cases and a 72% decrease in malaria deaths; in the GMS, that figure is 75% and 93% respectively. India reports a 50% decrease in the last two years, whilst Malaysia reported no indigenous human cases for the first time in 2018. In addition, domestic funding for the disease has increased by 63%. Despite this, we have also seen from PNG and Cambodia that gains are fragile, and resurgence can be extremely rapid. Other challenges include the threat of drug and insecticide resistance and the unresolved burden of relapsing P. vivax malaria.

The region presents an extremely heterogenous landscape, both across and within countries. The three countries targeting elimination in 2020 (China, Malaysia and Republic of Korea) are threatened by their proximity to countries with a relatively high burden. The movement of people across borders is an additional challenge to contend with to sustain efforts towards elimination. Many countries are facing major technical challenges in simultaneously working on burden reduction, elimination and prevention or re-introduction in different areas. Decentralisation demands political, financial and technical support, in the provinces as much as in capitals. Yet, by 2020, many countries in Asia Pacific will be entering a financing transition that may see reduced access to external grant funding for specific diseases or programs. This underpins the need to keep malaria high on the political agenda and ensure sustained domestic financing, to reach the 2030 goal.

COMPLEMENTARITY OF APLMA AND APMEN

APLMA and APMEN present the only platform in Asia Pacific that engages both central agencies and programs in this common agenda, spanning the rules-based system of the East Asia Summit, to program managers operating in extremely challenging environments (see figure 1). Without this breadth of support to a shared endeavour, elimination is impossible, and resurgence likely. This document presents APLMA and APMEN’s contribution to the goal of an Asia Pacific free of malaria by 2030. It is based on four important principles:

A) APLMA and APMEN are fully aligned under a common strategy and workplan

Delivery of this program of work requires APLMA and APMEN cooperating on a country-by-country basis, around a common plan. The APLMA Board has identified priority regions and countries for APLMA (Indonesia, Myanmar, Cambodia, India and Melanesia—see Annex A). For these countries APLMA will provide intensive support on leadership, financing and access to priority malaria commodities. APMEN will also support leadership across the region by strengthening the community of practice. Additionally, APMEN will complement APLMA operations by brokering South-South cooperation via its new business model (Annex C).

B) Country support remains at the core of our work, underpinned by country needs assessments, engagement strategies and partnerships

As of 2018, APMEN has been actively assessing and prioritising needs at country level. By doing so, they also identify the main policy bottlenecks for access to services and commodities, on a country-by-country basis. Through these country needs assessments, APMEN also helps discern key evidence and messages to inform APLMA’s advocacy interventions. For APLMA, the Dashboard and Senior Officials’ Meeting (SOM)—bringing together central agency officials from across the region—provides the primary vehicle by which support needs are identified, and Senior Officials are engaged in solution identification.
Improvements in the Dashboard planned for 2020 will enhance this process.

APLMA and APMEN work closely with numerous organisations: development banks, academic initiatives such as UCSF-MEI, corporate entities, manufacturers, product development partnerships and implementing organisations (including CHAI and PSI). APLMA will continue to nurture and expand these partnerships, with new relationships formalised with WEF, Malaria no More Japan and others.

**The World Health Organization (WHO):**
APLMA /APMEN will formalise its relationship with WHO. The APLMA Secretariat’s partnership with the WHO is longstanding and crucial for the development of the Leaders’ Dashboard. APLMA works closely with WHO through its Access Platform; including the Regional Regulatory Partnership (RRP), which will now be operated by the WHO Regulatory Systems Strengthening Team. The Vector Control Asia Pacific Platform (VCAP) is another vehicle through which we work closely with the WHO Global Malaria Program and the pre-qualification team.

**RBM Partnership to End Malaria (RBM):**
As the global forum for coordinated action against malaria, RBM provides a platform for global consensus-building and developing global solutions to challenges in the implementation of malaria interventions. APLMA, APMEN and RBM have a shared commitment to end malaria for good. Their membership overlaps 22 countries in Asia Pacific. For these countries, the APLMA Secretariat acts as a core strategic and policy partner to RBM, while APMEN offers technical and operational solutions through its network. An MoU between these organisations is currently being finalised.

**C) The initiative clearly identifies funding needs and financing opportunities for malaria elimination**
APLMA will place domestic resource mobilisation as the top financing priority. Other components of this Outcome outcomes, i.e. the work with external grant makers and on innovative financing mechanisms, will also support this goal. This work will be underpinned by rigorous data collection, support to countries in the gradual transition from external assistance, and deep engagement with the largest financing partners in the region.

**D) Board and Secretariat ensure continuity in operations through leadership transition**
This is explored in more detail on page 13.

**THE STRATEGY**

The four **Primary Outcomes** required to progress towards this goal span: 1) Leadership, 2) Country Support, 3) Financing, and 4) Access. These four Primary Outcomes, taken together, contribute to the following overarching Strategic Goal:

**OVERARCHING STRATEGIC GOAL:**
To achieve substantial, sustainable progress toward an Asia Pacific Free of Malaria by 2030 by bolstering country leadership, benchmarking progress, and brokering policy, technical and financing solutions.

**I. LEADERSHIP**

**PRIMARY OUTCOME 1: BY 2022, THERE IS MORE DEMONSTRABLE, MORE BROAD-BASED LEADERSHIP COMMITMENT TO ELIMINATE MALARIA, SPANNING ASIA PACIFIC**

**Why is this a priority?**
Elimination in Asia Pacific requires sustained leadership within endemic countries, supported financially, politically and technically by neighbours and the international community. This kind of cooperation does not happen by accident; it must be actively brokered and supported. We have seen increasing leadership support and financing for elimination, but success is proving uneven, transient and hard to sustain.

In many parts of Asia, malaria is becoming an invisible disease, located in the geographic and societal margins and far from the thrusting capitals and influential voters. It is critical to broaden the coalition of influential actors who can keep the spotlight on malaria and its elimination. This will require concerted efforts to cultivate existing influencers and Champions and bring in new supporters.

The role of the Joint Secretariat is to use our political mandate and networks to encourage decision-makers in provinces, national capitals and multilateral organisations to support this agenda; to give them the tools to do so and hold them accountable for success. Without this brokering,
accountability and policy-support role, the region will not eliminate by 2030.

In the previous investment period, we successfully established the Dashboard and Senior Officials’ Meeting as a policy process that promotes collaboration among central agencies to stimulate financing and political support. The theory of change is that, whilst Ministries of Health lead implementation, through engagement of central agencies, reputational risk is shared, creating a strong incentive for delivery. This theory has held true, for example, in India and Myanmar; in other countries, more must be done.

Our Approach
Primary Outcome 1, sustained leadership, will be delivered by achieving three Components – specifically, a refreshed Roadmap to renew APLMA’s mandate and relationships with and between leaders while simultaneously focusing political advocacy on priority countries, supported by senior level Champions in the private sector.

APMEN also has an important role in leadership development. Together, APLMA and APMEN will increasingly link leadership support, through central agencies and line ministries, to program level. The APLMA SOM process will be used to build demand for APMEN support, and APMEN’s strategic and technical network will be the vehicle to operationalise change. Policy and technical engagement around the Senior Officials Meeting will be formalised, and specific impact measured [see Figure 2].

First Component (1.1)
A revised Elimination Roadmap is endorsed by at least 5 countries.

Refreshed Roadmap
The East Asia Summit has endorsed the APLMA Roadmap each year since 2014, and the mandate has proven invaluable. When the Roadmap was developed, elimination was a distant and poorly understood aspiration. As the political landscape and epidemiology have changed for the better, the Roadmap has become outdated. More than a document, the Leaders’ Roadmap is a policy process, a vehicle to engage key decision makers and force a discussion on progress and priorities.

The Roadmap is now endorsed by 23 countries and contains a provision for reporting back to the EAS periodically. APLMA plans a report back in 2020, foreshadowed and requested by the 2019 EAS Chairman’s Statement (See Annex B). With Viet Nam as chair, the 2020 EAS provides an opportunity to highlight the excellent progress noting the reduction in the malaria burden by 31% in Asia Pacific since Malaria2012 and doubling of domestic financing commitments. Actively involving countries in the review

Figure 2 Policy Process from Dashboard to the Senior Officials Meeting for APLMA and APMEN
process will build commitment going forward. This also provides a critical opportunity to place elimination in the context of UHC, avoiding the risk that single disease elimination becomes anachronistic in the context of the health systems, financing and epidemiological transitions taking place in the region.

Revised Dashboard

While the Roadmap is about process, the Dashboard’s function is to monitor progress. A revised Roadmap provides an excellent opportunity to also improve the Dashboard to track elimination more effectively and in a timelier manner. Our next phase will improve the accessibility, availability and accuracy of epidemiological data for the region. In addition, and as countries approach elimination, milestones need to be made more specific, and more ambitious. Interactive visualisation, specific maps, a more transparent approach to uncertainty, more details on sub-national progress and private sector reporting must all be addressed.

Improved SOM with deeper APMEN involvement

The SOM is the only platform in Asia Pacific that engages central agencies in the progress and bottlenecks for elimination, as part of a process informed by experts (APMEN) and data (Dashboard), with outcomes communicated directly to heads of Government. The format will be revised to deliver a more interactive platform, with more purposeful pre and post-outreach. SOM will be increasingly data-driven, and actively engage APMEN partners to prioritise challenges, and follow-up on outcomes. An outline of the process appears in Figure 2 (see page 3).

Second Component (1.2)

Country level leadership is strengthened, resulting in new and renewed political commitments in at least 5 priority countries.

Whilst all of Asia Pacific have now made formal commitments to the 2030 agenda, active engagement is required to sustain action. APLMA will focus advocacy and policy engagement on priority countries and sub-regions; India, Indonesia, Melanesia and the GMS, delivering specific action plans for each. APMEN will take an enhanced role in building and recognising the technical leadership of program managers, with improved communications building a more unified community of practice for elimination.

In India, a Parliamentarians’ and Political Champions’ council will elevate the profile of malaria elimination in the national agenda. APLMA will also ensure that malaria elimination remains a positive story by highlighting progress through contemporary evidence and recognising and rewarding leadership. At state level, one priority state will adopt elimination as a major priority, and we will facilitate exchange of knowledge between states.

In Indonesia, APLMA will support a strong “whole of government coordination” through an effective National Malaria Task Force. We will strengthen national commitment to malaria elimination by cultivating Champions; through partnerships with local institutions; and, aligning malaria elimination with key national health priorities such as universal healthcare system, health-systems strengthening and health financing. We will also support sub-national advocacy and build commitment to malaria elimination in at least 2 high endemicity provinces.

In Melanesia, our approach focusses on pushing forward the Prime Ministerial commitment made at the London Malaria Summit. In Solomon Islands this means APLMA and APMEN supporting the implementation of the PM’s Whole-of-Government / Whole-of-Society Malaria Elimination Roadmap, including financing, political commitment and technical support. In PNG a revitalised ‘Friends of Pacific Health’ will take a multi-agency approach to advocacy in both Port Moresby and Canberra. Support in Vanuatu will similarly focus on development of a new national malaria strategic plan (NSP) that recognises the accelerated progress towards elimination under the current NSP, with high-level support, together with an exploration of financing options.

In the Mekong Region our approach will focus on supporting and advocating to leaders to strengthen the existing technical, regulatory and financing partnerships that support malaria elimination efforts. This will include facilitating the engagement of non-traditional actors in disease surveillance and health service delivery, such as civil society organisations, private sector, and military medical agencies. We will advocate for maintaining external support from the Global Fund and regional financing institutions for national and subregional elimination efforts, while continuing to advocate for and support increasing domestic financing for malaria. Within the GMS, Cambodia and Myanmar present special challenges and will require targeted, more intensive engagement; focus will be on supporting delivery of the joint Ministerial Call for Action, brokered by APLMA in 2018.
Non-endemic countries will continue to have a critical role, both in utilising the rules-based system (EAS, ASEAN, G20, GHSA) and leveraging bilateral relationships to drive the agenda. This eco-system of regional agenda setting, bilateral support and advocacy from in-country Champions requires active support.

Australia will remain actively engaged in the malaria elimination agenda, particularly through the lens of health security. By working closely with DFAT to support this agenda, and, by working with like-minded influencers in the political and academic space, APLMA will work in partnership to continue Australian leadership on malaria, health security and global health.

Japan is showing outstanding leadership on the UHC agenda, with many points of intersection with malaria elimination. The demographic and epidemiological transitions currently facing much of Asia have very significant implications for both the financing and delivery of the elimination agenda. As LMIC nations move to Social Health Insurance models, budgets for preventative services are being squeezed. APLMA will work closely with the Government of Japan, ADB and the Global Fund on this agenda, to ensure efforts to finance elimination are not undermined by broader structural shifts that favour curative services and chronic care.

Supporting media engagement

To create a supporting leadership-environment for the above, APLMA will scale communications to deliver a clear narrative, as a drumbeat. APLMA will target media coverage to impact key influencers with specific countries and markets in mind. ‘Moments’ like WEF Asia, UNGA and G20 will be supported with media outreach. We will use access to media and other communications platforms to reward political leadership and reinforce commitment to end malaria.

APMEN plays the role of an honest broker in connecting experts in national malaria programs with partners with relevant expertise, and prioritises capacity building through South-South and peer-to-peer collaboration. Countries in the region are at varying stages of elimination and this mechanism offers an opportunity for national programs that are further along the elimination continuum to support their peers with technical expertise and real-life case studies from the region, and for countries closer to elimination to collaborate as they approach their goals and target dates. Sharing of locally developed experience and best practices within the region helps ensure the relevance, acceptability and cost-effectiveness of solutions.

To facilitate this work, APLMA-APMEN’s networking and convening functions will be aided by the establishment of two sub-regional hubs—one in South Asia and one in Melanesia—during the period 2020-22; the hubs will maintain a joint APLMA-APMEN presence tailored to the epidemiological and health system context and the needs of those countries. The Secretariat will maintain direct engagement with countries of the GMS and the Malay Archipelago, whilst scaling assistance to Melanesia and South Asia.

Review of new tools and interventions will be managed more dynamically and often outside of formal meetings. Small thematic sessions to address key challenges, such as surveillance and response for forest malaria transmission, will make greater use of virtual communication methods.

Fourth Component (1.4)
Corporate leaders engaged to strengthen the political commitment to malaria elimination using M2030 as a platform

M2030 is a branded private sector initiative to bring corporate power to the elimination fight. APLMA will build partnerships with other influential actors, e.g. World Economic Forum (WEF) to create an M2030 Champions Council, consisting of CEOs of participating companies. Members of the Champions Group can drive corporate leadership to end malaria in their countries by:

• Engaging their own businesses to mobilise funds and awareness using the M2030 platform;
• Mobilising additional corporate partners to M2030, as appropriate;
• Supporting outreach activities to highlight the importance of malaria elimination.

Third Component (1.3)
Engagement, collaboration and knowledge sharing strengthened across Asia Pacific to accelerate malaria elimination

Malaria elimination is, by nature, a multi-country and multi-partner endeavour. Therefore, a platform that allows the key stakeholders to come together and exchange information and experiences in malaria elimination is invaluable. Since its inception, APMEN has gained credibility as a unique platform for national malaria control programs (NMCPs) to share skills and support training needs in tandem with partner institutions.
2. COUNTRY SUPPORT

PRIMARY OUTCOME 2:
BY 2022, TARGETED NATIONAL PROGRAMS HAVE ADOPTED MORE EFFECTIVE AND EVIDENCE-BASED STRATEGIES AND INTERVENTIONS THAT ARE SUITED TO THE ASIA PACIFIC MALARIA ELIMINATION CONTINUUM

Why is this a priority?
The Malaria landscape in the Asia Pacific region is heterogeneous and dynamic. Sub-nationally we have focal areas of high transmission that need priority support. In other areas, low transmission settings where decentralised programs are struggling to adapt to an elimination model. This “elimination continuum” is matched with a broader epidemiological, financing and systems transition which requires constant adaptation on the part of programs.

APMEN is the only platform in Asia Pacific that brings together the decision-makers from country programs and leading experts from research, academia and non-governmental organisations to address the “diverse range of common challenges” on the path to malaria elimination. Continued support is essential. In the absence of such support, countries will regress and lose the valuable gains made over the past years.

Our Approach
APMEN enjoys a strong reputation and trust among its member countries and has played a central role in malaria elimination in the region to date. The enhanced alignment between APMEN and APLMA’s scope of work allows for better coordinated effort along the continuum of malaria elimination; from policy and financing support through to technical assistance and improved program delivery.

Better informed, peer support, closer to the ground
Country support delivered through APMEN will be driven by a needs-assessment process that in fact began in 2018. Specific initiatives have been tailored to individual country contexts through a demand-driven model that prioritises national malaria program needs.

APMEN is a sustainable, collaborative network for delivery of technical malaria expertise, that uses a brokering approach to connect experts in national malaria programs with relevant expertise. The shared elimination challenges within Asia Pacific make South-South cooperation by far the most efficient, relevant and effective support model. Thus, APMEN prioritises sharing of experience and capacity building through South-South and peer-to-peer collaboration.

To better address heterogeneity in elimination needs across the region, and to be more responsive to country requests, APMEN is moving towards a sub-regional model of delivery. The APMEN Secretariat in Singapore will work through sub-regional hubs, in South Asia and Melanesia. A detailed discussion on the new business model is in Annex C.

First Component (2.1)
Malaria programs have improved capacity to implement elimination-ready surveillance and response systems along the elimination continuum

Malaria elimination requires strong, surveillance-based strategies that allow programs to identify and respond to every malaria infection. While surveillance and response are core pillars of the WHO Global Technical Strategy for Malaria, there are significant gaps in knowledge, capacity and quality of surveillance and response interventions in many Asia Pacific countries. There are also gaps in evidence on the optimal, cost-effective surveillance strategies needed for diverse epidemiological, ecological and sociocultural contexts.

APMEN will engage with countries to optimise surveillance and response systems, according to the existing capacity and stage along the elimination continuum. APMEN will develop processes and resources to support case and foci surveillance, with a focus on helping countries to progress toward integrated case and vector surveillance, and to better target high-risk populations (such as mobile and migrant populations and at-risk occupational groups). This will include adapting and scaling-up existing evidence-based approaches, such as the 1-3-7 strategy (pioneered by China to reflect the number of days taken to report-investigate-respond to an identified event).

APMEN will conduct surveillance assessments in countries that have identified surveillance and response systems as a bottleneck (Cambodia, Laos, India, Thailand, Vietnam, PNG, Solomon Islands and Vanuatu) and will coordinate technical assistance to address gaps in surveillance systems as identified through the assessments (which will include peer learning, training and sharing of protocols).
National malaria programs have identified engagement with the private health sector as a critical gap on the path to elimination. APMEN will conduct studies to identify appropriate approaches for engaging with the private sector, including coordination mechanisms, aggregated reporting systems, appropriate regulation and potential incentives, to encourage reporting by the private sector to the surveillance system and their active participation in specific responses.

Second Component (2.2)  
**Vector control and surveillance capacity enhanced in 5 priority countries**

The control of the malaria vector is a fundamental component of a malaria elimination program. A challenge for Asia Pacific is its high diversity of vectors, with 19 different *Anopheles* species or species complexes in the region, compared to 7 in Africa. This diversity, coupled with variations in biting and resting behaviours, requires tailoring of vector control strategies to specific environments for maximum effectiveness. However, currently, vector ecology across the region is not well-characterised, partly due to gaps in funding for entomology research, changes in vector attributes (such as adaptive shifts in feeding behaviour, increasing insecticide resistance, etc.), and to serious shortfalls in the entomological workforce and inadequate training opportunities to equip existing field entomology workers to address vector control challenges.

Countries in the malaria control phase have different entomological needs from countries in the malaria elimination phase and need an approach that is more intensive and site-specific. This requires a highly competent and dedicated entomological workforce that understands local vector and transmission dynamics, species complexes, behaviours, and insecticide resistance.

APMEN will assist in upgrading the skills of the regional entomology workforce through coordinating focused training courses on effective vector surveillance and control, with an emphasis on creating entomology capacity within National Malaria Control Programme to meaningfully contribute to the increasingly sophisticated needs for malaria elimination.

APMEN is testing new vector collection tools that are more ethical than traditional outdoor transmission tools, such as the Human Landing Catches. These studies will help in a significant shift in entomologic monitoring by propagating the use of improved, alternate practices.

Another focus area where there are critical gaps is malaria program capacity to monitor and respond to insecticide resistance. APMEN will partner with the Worldwide Insecticide Resistance Network (WIN) to establish regional reference laboratories to support programs to monitor the effectiveness of insecticides. APMEN will continue to work with VCAP (described later) and other regional partners to facilitate the translation of evidence for new vector control tools into policy.

Third Component (2.3)  
**Improved capacity of public and private health services to provide safe and effective diagnosis and treatment of malaria, including early adoption of novel technologies for safe and effective radical cure of *P. vivax***

Achieving malaria elimination in Asia Pacific relies upon the safe and effective diagnosis and treatment of all malaria cases. While APMEN aims to support countries to treat all malaria parasites, it maintains a focus on implementing the safe and effective radical cure of *P. vivax*. Repeated relapse of *P. vivax* malaria is a major cause of morbidity in the region and increases the risk of ongoing transmission. However, the biology of this parasite, and the limitations of existing drug treatment options, present significant challenges to achieving the 2030 goal.

The substantial geographical variation in the risk, frequency and timing of *P. vivax* relapse, antimalarial efficacy and the prevalence and severity of G6PD deficiency, necessitates a multinational and cross-disciplinary approach. The APLMA Access team has identified Tafenoquine (TQ) and prioritised G6PD point-of-care tests as priority commodities that are most appropriate for the regional malaria elimination context (see 4.2). APMEN will support rollout by developing credible demand forecasts for these commodities in the priority countries based on epidemiological data, program coverage and consumption information to inform manufacturers’ plans for accelerated registration in these countries.

APMEN will also work with national programs and technical partners to assess the relevance and efficacy of existing treatment and diagnostic protocols, including in areas that are still grappling with artemisinin resistant falciparum malaria. This will involve conducting qualitative studies in target countries to build evidence for introducing new commodities, assessing feasibility and acceptability of novel diagnostics and the benefits and risks of introducing...
new treatment strategies (including primaquine and/or tafenoquine). APMEN will support malaria programs with operational research that will answer key questions related to introduction of new commodities, and help accelerate the process for guideline change.

Fourth Component (2.4)
Improved malaria program effectiveness and operational efficiency in at least 5 targeted priority countries

APMEN has identified several enabling factors that are essential for effective program management. These include leadership and supervision at all levels, sustained political and financial commitment, reliable supply and control of physical resources (including commodities), effective management of data and information, appropriate incentives, and consistent accountability—functions that may be especially challenging in countries with devolved national health systems and public health programs (e.g. India, Indonesia, the Philippines and PNG).

Adding to the complexity, the requirements of an elimination program may conflict with those of a control regimen—particularly where they exist concurrently within a national program. Thus, an additional challenge is successfully managing program transitions along the continuum from control to elimination to prevention of reintroduction.

Countries have identified some key bottlenecks in effective malaria service delivery, of which logistics and supply chain management, community engagement and leadership development at all levels of service delivery were prioritised for action. APMEN will support the use of the participatory ODME tool to apply change management principles to malaria programs for improved logistics management, community engagement and leadership. ODME, developed by UCSF MEI, offers participatory problem identification and situational assessment. This is followed by action planning and work plan implementation, leading to gathering and analysis of data and providing feedback, and involves all relevant stakeholders (‘system in the room’ model) from central decision-makers to frontline implementers.

This work will focus on APLMA-APMEN’s 5 priority countries and areas, and will be carefully coordinated with other in-country actors working on health system efficiency and strengthening. In some cases, the combined APLMA-APMEN program will take a lead role in strengthening particular aspects of program management capacity; in others, it will play a more catalytic role in improving the clarity, technical competency and efficiency, with active links to APLMA’s work on domestic financing (Outcome 3.1).

3. FINANCING

PRIMARY OUTCOME 3
FINANCING FOR MALARIA IS INCREASED FOR ASIA PACIFIC IN 2020-2022.

Why is this a priority?
Adequate financing is a prerequisite for reaching the 2030 malaria elimination goal. Despite large increases in domestic resource allocations for malaria, most countries are still dependent on external grant funding. With positive economic growth, and with declining malaria rates, many countries in the Asia Pacific region are entering an epidemiological and health financing transition, and grant financing will likely decline from 2020. If not managed carefully, this may put the malaria elimination goal at jeopardy. This is not only about securing more domestic funding; it is about ensuring the sustainability of programs within a UHC context, and supporting an orderly transition from grant financing.

The health financing landscape in Asia Pacific is vast, fragmented and heterogenic. It includes Ministries of Health, central agencies, development banks, technical agencies, grant makers, bilateral donors, and corporate actors. APLMA occupies a unique role as an advocate for sustained financing, broker and convener, able to engage at the highest levels of the political, diplomatic and private spheres, working with leaders and decision-makers beyond traditional health actors. This mandate places APLMA in a critical position to support countries expanding fiscal space for health and malaria. There is no other actor in Asia Pacific that can play this role to advance the malaria elimination agenda. Without this engagement, countries run the risk of failing the malaria elimination target and reversing the health, economic and social gains made in the past decade.

Our Approach
To achieve the primary outcome of increased funding for malaria, APLMA will work to mobilise additional domestic resources, sustain external grant funding, and develop innovative financing instruments.
In 2017-18, APLMA Secretariat built robust alliances and country-focused platforms. Many of these platforms are promising and are already delivering value to countries. M2030, for example, was launched at the end of April 2018, but has already produced several funding, awareness-raising and media campaigns, and business leaders have started to champion the malaria elimination goal in Myanmar, Thailand and other countries. Under the BFI partnership, there is already a commitment to develop a new Regional Health Fund leveraging grants and loans. APLMA also monitors and reports on domestic and international financing commitments, leveraging the Dashboard and Senior Officials Meeting for mutual learning and advocate for additional resources; and works with OECD donor groups including Parliamentarians and Ministries to sustain international financing efforts.

With the changing environment and financing landscape, and as the program of work matures, APLMA must adapt its strategy to stay relevant and focused on the most urgent demands from countries. In 2020-22, APLMA will place domestic resource mobilisation as the top financing priority, working in partnership with other agencies that are supporting countries to address the financial and institutional sustainability of health programs with significant external financing (e.g. through the World Bank Multi-Donor Trust Fund for Integrating Donor-Financed Health Programs). Other components, i.e. the work with external grant makers and innovative financing mechanisms, will also support this goal.

First Component (3.1)

Domestic financing in APLMA priority countries for malaria (GMS, India and Melanesia) increased in 2020-2022

Political commitment to end malaria, sustained economic growth, and counterpart financing polices by the Global Fund, have contributed to large increases in domestic funding for malaria. It is unclear, however, whether this positive trend will continue. Non-communicable diseases and emerging issues like the rapidly aging population are increasingly taking precedence in the region, with a risk that communicable diseases will be pushed to the side.

There is no magic bullet for increasing domestic allocations. It requires a comprehensive country-focused program of work, supported by reliable financing data; analytical support to countries for the planning and use of domestic resources; platforms for mutual learning; sustained political commitment, as well as the leveraging of external resources and new instruments.

Monitoring domestic commitments: To make informed decisions, countries need reliable financial data on malaria and health. APLMA must monitor and report updated domestic commitments for all member countries, using the SOM and dashboard for dissemination and learning. Additionally, in the context of decentralisation and integration of health services, APLMA will commission work to explore other metrics for assessing volume, and the effectiveness of domestic funding in countries.

Transitioning from grant financing: Building political commitment to services delivered through primary care, or through vertical programs funded by domestic means, will take time and require new approaches. Through deep analytical work in partnership with CHAI, UCSF and others, APLMA must support key countries to assess their readiness to sustain malaria services, and to increase their fiscal space for malaria program implementation (including through domestic financing). This will include transition assessments for key countries, or more targeted work on aspects of programmatic sustainability.

In addition, the procurement of low quantities of commodities at competitive prices and lead times is a common challenge for countries near elimination. APLMA will review the feasibility of procurement mechanisms for low quantities of malaria commodities.

Second Component (3.2)

External grant funding sustained in 2020-22

The Global Fund is the largest grant maker for malaria in Asia Pacific, covering close to 45% of all expenditures. It is an indispensable partner in supporting the elimination agenda, facilitating the transition from grants, incentivising domestic and innovative funding. APLMA has a close partnership and active MoU with the Global Fund. In 2017-19, APLMA supported the Global Fund’s replenishment efforts; transitioning work in Sri Lanka; partnered under BFI and launched M2030 to mobilise resources for Global Fund financed programs. M2030 is a leadership initiative designed to crowd in CEOs and business leaders as malaria Champions, and as such presented under objective I; however, it also includes fundraising components for malaria with a target to mobilise USD 5 million by 2022.
Partnership with the Global Fund: By the time of activating the 2020-22 strategy, the Global Fund allocation for Asia Pacific will be known. APLMA will build on existing collaboration, while expanding the engagement to also: a) Explore supporting the Asia Pacific Delegations on the Global Fund’s board in making the case for sustained funding for the region; and b) Seek co-funding from the Global Fund to engage countries in near-elimination in cross-country learning, promoting additional domestic funding.

In addition, APLMA will build and strengthen existing collaboration with OECD countries active in the region, as well as China, to support continued funding for malaria and communicable diseases through bilateral aid and multilateral institutions. This work is presented under the Leadership section in this strategy.

Third Component (3.3)
Innovative financing instruments increase financing for malaria and health systems in 2020-2022

Innovative financing plays an important role in the health development landscape. It can help crowd in new investors; refocus on achieving better results; and provide solutions for countries in transition from grant funding. APLMA is well-positioned to drive these mechanisms with partners and countries.

Blended Finance for Impact (BFI): BFI is a partnership between the Global Fund, APLMA and Multilateral Development Banks, notably ADB, to expand financing for health including malaria by blending grants and loans. From the kick-off at the APLMA malaria week in December 2017 to date, the partnership has moved fast; most noteworthy is the announcement to launch a “Regional Health Fund”. APLMA has played a critical role in this partnership and will continue advancing the partnership by engaging countries; as a partner, ensuring that funding through the RHF or other mechanisms includes malaria-relevant financing; addressing regional collaboration; and building engagement with partners that can support the partnership, e.g. WEF.

Leveraging private resources: From the launch of M2030 to the partnership with the DT Families Foundation for the Indochina Health Partnership; and the development of the corporate sector platform of the Regional Artemisinin Initiative (RAI2E), APLMA occupies a leading role in engaging the corporate sector in the region. APLMA, in partnership with DT Families Foundation, will support the expansion of the Indochina Health Partnership: a partnership to crowd in funding from High Net Worth Individuals and the corporate sector for malaria. In partnership with RAI2E, APLMA will co-establish and participate in the Corporate Advisory Committee of the corporate sector platform, and bring lessons learnt to other countries or sub-regions to facilitate the formation of similar mechanisms.

4. ACCESS

PRIMARY OUTCOME 4
INCREASED ACCESS TO QUALITY ASSURED PRIORITY MALARIA COMMODITIES IN AT LEAST FIVE COUNTRIES BY 2022

Why is this a priority?
To achieve malaria elimination, communities at risk in Asia Pacific need access to quality malaria commodities, to prevent, test and treat all malaria cases. We are ill-equipped with the current set of tools available to address elimination challenges. However, new tools are in the pipeline to address relapsing malaria, the spread of drug-resistant malaria and of insecticide-resistant mosquitoes. Tafenoquine (TQ), a new single-dose radical cure for relapsing malaria (P. vivax), and the associated G6PD point-of-care test will be essential to the fight against relapsing malaria. Similarly, tests for asymptomatic malaria, non-pyrethroid insecticides and spatial repellents all show promise.

These could be transformative, but there is no time to lose. The Asia Pacific market for these commodities is small and fragmented, with unclear registration pathways to market, leading to delays in registration and use. The pipeline from R&D to market needs support. PDPs require guidance on how to approach countries and need visibility of the demand for new tools and their registration pathways.

Additionally, SFs continue to circulate in the region, in unknown quantities. These are detrimental to elimination efforts, potentially exacerbating drug-resistance. Increased awareness of this threat, better reporting, and strong regulatory systems are key to elimination as well as health systems strengthening.

Governments pay too little attention to access issues and regulation challenges. Building on existing platforms and our established relationships of trust with government
agencies, including regulators. APLMA has a role to play to raise these issues to Senior Officials. APMEN supports efforts to improve the delivery of commodities through capacity building.

The joint APLMA-APMEN contribution can lead to faster and more targeted delivery of services and commodities to the communities that need them most. Without this support, we may witness a resurgence in P. vivax, delays in the registration of game-changing innovations and missed opportunities to detect and treat remaining cases.

Our Approach:
To achieve the primary outcome, APLMA and APMEN will build the demand for new malaria commodities; support supply via the expedited introduction and delivery of three priority commodities to communities at risk; and ensure that these tools are of good quality to avoid missed diagnoses, failed treatments and to prevent the spread of drug resistance.

Together, APLMA and APMEN have a unique role to play in identifying common policy bottlenecks to access in Asia Pacific e.g. registration delays, and solutions such as facilitated registration mechanisms. We work with partners in the access and delivery space, building on existing platforms including the Regional Regulatory Partnership (RRP), the Regulatory Strengthening Program (RSP), the Vector Control in Asia Pacific Platform (VCAP) and the MWCT initiative. Through these platforms, APLMA and APMEN will: 1. Improve the availability of data to map the coverage gaps in access to health services and commodities; 2. Accelerate the introduction of priority malaria commodities, including for the radical cure of P. Vivax; and 3. Support efforts to improve the quality of commodities.

First Component (4.1)
Improved data on access to commodities and health services in the GMS by 2022
Supporting malaria elimination in the last stretch requires a continuous understanding of where the gaps are in terms of access to both services and commodities, to the last mile. Building on the Leaders’ Dashboard, APLMA will further develop an Access Map for Vietnam, Thailand and Myanmar with the potential of expanding to the GMS and other priority countries. This Access Map will highlight the positive impact of good coverage of services on burden reduction. The Map will be updated yearly in consultation with countries and in collaboration with partners including the WHO, the Global Fund, UNOPS, PSI and CHAI. APMEN will be the primary link to country malaria programs in gathering available data. By visualising access to services through this map, APLMA will build a compelling case to policy makers on the urgency of universal health coverage and access, including to malaria services. APLMA will articulate the case for malaria elimination and health systems strengthening (HSS), highlighting that this entails stronger regulatory frameworks for the efficient delivery of services and commodities.

Second Component (4.2)
Three priority commodities are introduced in five countries by 2022
APLMA and APMEN will jointly support efforts to expedite the introduction to market for new diagnostics, medicines and vector control tools that respond to the needs of the region; tafenoquine as a radical cure for P. vivax, the associated diagnostic tests for G6PD deficiency, and spatial repellents against outdoor biting or sugar bait traps.

APLMA will socialise the public health value of these tools to decision-makers and regulators using evidence generated through APMEN and their partners. APLMA and APMEN will work through three main access platforms; the RRP and the DFAT-funded Indo Pacific Regulatory Strengthening Program (RSP), as well as the newly established VCAP platform (see below).

Improved access requires stronger regulatory systems. The RRP has been a cornerstone of APLMA’s access work to date. Building on the RRP’s achievements and the evolution of the RRP into the RSP and the WHO Coalition of Interested Parties, APLMA and APMEN will continue to play a brokering role in relaying the demands of regulators and programs for antimalarial commodities to PDPs and access partners. APLMA will facilitate access to countries for capacity building missions in 6 priority countries: Indonesia, Myanmar, Vietnam, Cambodia, Lao PDR and Papua New Guinea. APLMA uses its existing platforms, including the Senior Officials Meeting to elevate discussion on key regulatory challenges identified through the RSP as proposed below:

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<th>Dialogue with RSP Leadership</th>
<th>RSP Forum</th>
<th>APLMA SOM</th>
<th>RSP Roundtable</th>
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<tbody>
<tr>
<td>APLMA Participates in RSP Reference Group</td>
<td>Participants identify 3 themes to bring up to APLMA SOM</td>
<td>APLMA offers platform for RSP/TGA to raise these issues</td>
<td>Heads of Regulatory Authorities in Asia Pacific progress</td>
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</table>
To support innovation for this region, PDPs need a better understanding of the priority countries, their needs and the pathways to market. Building on existing Access platforms, APLMA and APMEN will support PDPs including IVCC, MMV, FIND and PATH to: 1. Increase visibility of pipeline of new innovations for Senior Officials [APLMA]; 2. Facilitate gap analyses and map the demand for new innovations to incentivise R&D [APLMA]; 3. Identify regulatory bottlenecks and identify pathways for expedited registration [APLMA]; 4. Support the development of policy roadmaps for policy adoption of Tafenoquine and G6PD point of Care tests [APLMA and APMEN]; and, 5. Support the efficient delivery of these tools to communities at risk [APMEN].

VCAP
Taking the lessons learnt from RRP and applying it to the much-neglected vector control space, APLMA, APMEN and Unitaid jointly established VCAP in 2018. This partnership aims to promote innovation and access to vector control (VC) tools in Asia Pacific. VCAP meetings and its website will provide a platform for interaction between regulators, malaria programs, manufacturers, and global health partners to address policy barriers such as registration delays. The scope of this partnership and its activities will be geared towards increasing policy makers’ visibility of the tools available to effectively reduce transmission in the region, building the capacity of VC regulators to expedite the registration of relevant VC tools.

Beyond the formalisation of a network of regulators, the partnership will:

- Tailor capacity building trainings and workshops for regulators of VC tools in Asia Pacific, including with the WHO pre-qualification team.
- Support IVCC’s landscaping activities in the region by facilitating access to country respondents, and relaying findings from these studies.
- Work with countries to build case studies on their regulatory processes and cross-sectoral mechanisms for collaboration as lessons learnt e.g. with Malaysia and Thailand who have shown enthusiasm for VCAP and its purpose.
- Engage with countries individually to advocate for cross-sectoral collaboration to roll out VC tools, between ministries of health, agriculture and commerce.

Third Component (4.3)
Three GMS countries take action to strengthen quality monitoring of tests and treatments for malaria by 2022

We will not eliminate malaria without access to quality assured malaria commodities. Regulators in Asia Pacific need support to scale-up efforts in medicine quality assurance and reporting SFs. This coincides with unprecedented momentum on combating SFs, to which APLMA has contributed. Going forward, APLMA will highlight the risks that poor-quality medicines pose to elimination through in country advocacy with regulators, by hosting cross-sectoral side events on SFs and participating in INTERPOL trainings. APLMA will support the endorsement of the Phnom Penh Declaration 2018 for the GMS and the global Oxford Statement 2019 to guide countries’ response against SFs and monitor progress in country through Milestone 5 of the Leaders’ Dashboard. APLMA will continue lending support to the Medicines We Can Trust campaign, building on its existing partnerships with both Unitaid and United States Pharmacopoeia (USP). MWCT, launched in November 2018 in the GMS raises awareness of the human impact of SF medicines. It is a vehicle to advocate for stronger regulatory systems, and access to quality products. APLMA will recruit regional MWCT champions and identify local stories to illustrate the challenge of SFs to disease elimination.

RISKS AND MITIGATION:

The success of APLMA and APMEN’s work depends on our ability to mitigate the following risks:

- In many parts of Asia Pacific, malaria is becoming an invisible disease; this will have an impact on both the political attention and funding (external and domestic). The future of health financing in Asia Pacific requires new thinking and innovation – including mechanisms that leverage private resources and funding from MDBs. This will pose a challenge to countries and partners. APLMA must be resourced to support countries to carry out the financing work.
- Unforeseen delays in availability and registration of new tools: This will require us to flag delays in approval processes and cover a broad spectrum of commodities.
- Partners not delivering on shared outcomes: both APLMA and APMEN rely heavily on partners
for implementation, often from relationships of goodwill and trust. Management will require strong partnership management, regular communication, and formalisation of key partnerships.

- Challenges to access to data: The Access Map will depend on our ability to work closely with countries, through APMEN, and with implementing partners to access sub-national data. Access to information on regulatory gaps, challenges and needs in terms of commodities will be facilitated through existing platforms including the RRP, RSP and VCAP.

- The proposed program of work is extremely ambitious; a mid-term review will allow for a frank assessment of progress and ensure the initiative continues to optimize strategy to the broader environment.

MONITORING AND EVALUATION

In 2018 APLMA initiated a new M+E system, including more advanced internal tracking procedures and a more logical organisation of outputs, ranging from the 6 Roadmap Priorities to more straightforward indicators under Leadership, Country Support, Financing, and Access.

In support of this new Strategy, a more streamlined performance framework will use a smaller number of well-chosen indicators. The new indicator-set will reflect a combination of: routinely collected data for monitoring the Roadmap and Technical Annex; and operational monitoring of the implementation of each of the four Components of the joint Strategy, including the establishment of the planned sub-regional hubs. As APLMA and APMEN work in partnership with a range of stakeholders, a small number of additional assessment tools will also be developed to aid regular tracking and evaluation of APLMA-APMEN’s contribution to higher level progress towards malaria elimination at country and regional level—especially where those outcomes reflect a combination of national program activities and/or multiple partners’ support.

The initiative will also plan an independent mid-term review in mid 2021, reporting to the BoD.

CORPORATE DEVELOPMENT

The initiative will transition to a new CEO early in the life of the next investment period. Issues of succession and business continuity will need to be considered by the Board. To prepare for this transition, a program of team-
building and coaching for senior leadership was initiated in early 2019 and this will continue throughout 2019. In terms of executive search, the following process is proposed:

**March 2019**

1. Chair convenes CEO Search / Succession Planning Committee (remotely).

2. Committee to review the ToRs for the position to ensure these remain relevant.

3. APLMA Secretariat to work with Committee to identify Executive Search firm options.

**April 2019**

4. BoD formally approve CEO Search / Succession Planning Committee to manage recruitment and agree on communications strategy. BoD review and approve ToRs and agree to hire search firm.

**June 2019**

5. Search firm starts work, with monthly catch up calls with the Committee. The Committee will instruct the Secretariat to advertise the position in a wide range of platforms focused on relevant professional networks, Asia Pacific-focused media and the APLMA contact list. The Committee will outsource the shortlisting to the specialist firm, with an option to see the long list as required.

**September 2019**

6. Applicants required to submit a written application, addressing the selection criteria and specific responsibilities contained in the ToR, and importantly, describing their vision for the initiative. A detailed Curriculum Vitae should be provided. The names of three referees who can address the applicant’s capacity relative to the selection criteria and responsibilities should be provided. Referees’ reports will only be required by the committee if the candidate is shortlisted. Applicants do not need to have the endorsement of their (or any) government to apply.

7. As evidence suggests that interviews alone have a limited predictive value in term of performance; for shortlisted candidates, a written test will also be administered by search firm. The written test will be designed to test key skills that are hard to assess during interview, including strategic thinking, written English, persuasive skills, lateral thinking, regional knowledge, leadership style, and ability to use evidence to support targeted advocacy.

8. An interview panel will be convened by the Committee and will interview shortlisted candidates against a structured interview guide. The guide will be based on competencies required in the position ToR. The use of video-conferencing and similar technologies may be used for interviews.

9. The panel will independently score the (blinded) written test and interview performance without conferring between candidates. References will also be considered, but not scored.

10. The Committee will then compare scores and references, rank candidates and hold a moderating discussion to agree final scores. Selection shall be solely on the grounds of merit; the panel may not discriminate and will comply with APLMA Code of Ethics and Equality Policy, and, Conflicts of Interest Policy. At shortlisting, any individual conflicts of interest will be entered into the record.

11. The most highly ranked eligible candidate following the moderation discussion will be proposed to the full Board (likely out of session) for confirmation or otherwise. Eligibility criteria will include: Ability to secure an Employment Pass in Singapore; ability to serve as a member of the Board of Directors; and, the absence of any conflict of interest as determined by the Committee.

12. The Committee chair will subsequently enter into discussions with the selected candidate to confirm logistics and terms of engagement. Remuneration will be based on the standard scale for the position, as independently determined by UNOPS in 2016.

**January 2020 or sooner**

13. New CEO takes up post. During handover period, current CEO serves as Senior Advisor until contract-end 30 April 2020.
ANNEXES


ENDNOTES


2 Bangladesh, Bhutan, Cambodia, China, Democratic People’s Republic of Korea, India, Indonesia, Lao People’s Democratic Republic, Malaysia, Nepal, Papua New Guinea, Philippines, Republic of Korea, the Solomon Islands, Sri Lanka, Thailand, Vanuatu and Vietnam.

3 Afghanistan, Myanmar, Pakistan, and Timor-Leste.

4 Dept. Prime Minister, Ministries of Finance, Foreign Affairs (Depts whose ToRs extend across all policy areas).

5 These countries identified surveillance and response systems as a bottleneck in the APMEN Reference Group Meeting – February 2019

6 APMEN Reference Group meeting (February 2019)


8 Based on Global Fund counterpart financing data, domestic commitments have increased from approximately US$ 376M in 2012-14 to US$ 919M in the period 2018-20, an increase of 140%

9 External grants are often used to address the needs of key populations, working with NGOs and CBOs. Even when countries are ready to take over the costs of such programs, there are often barriers that prevent contracting with other providers.

10 Expansion of fiscal space entails more than just ‘new money’, it is about the efficient use of resources; the availability of financing instruments suited to country needs and demands; the engagement of all sectors in the fight against malaria; and the mobilization of influential public and private actors as Champions for elimination.

11 The vision for BFI is to support transitioning from grants to domestic funding in an orderly way; leverage disease-specific financing to expand investments in health; ensure that health loans address malaria and other communicable diseases, and support regional collaboration

12 APLMA will not play a role in resourcing the RHF through bilateral donors; nor will APLMA support the development of ADB investments in countries not interested in financing health with loans.

13 APLMA supported the Phnom Penh Conference on SFs spearheaded by PM Hun Sen last November 2018
The Asia Pacific Leaders Malaria Alliance (APLMA) is an affiliation of Asian and Pacific heads of government formed to accelerate progress against malaria and to eliminate it in the region by 2030.

www.aplma.org

The Asia Pacific Malaria Elimination Network (APMEN) is a network of countries and stakeholders in the Asia Pacific region, that are committed to working towards malaria elimination. The Network acts as a platform to allow collaboration and exchange between regional malaria control programs and a range of international elimination partners from the academic, non-governmental and private sectors, as well as the World Health Organization (WHO).

www.apmen.org/