

External Evaluation of ACTMALARIA

EXECUTIVE SUMMARY

ACTMalaria is an informal network of eleven Asian Malaria Program Directors, who agreed to collaborate in training and information sharing. During the first five years of its existence (1997-2001) it has been effective in training, but less so in information sharing. The training courses were innovative and used as models for national training courses. **Important factors contributing to** this relative success were the strong technical resources available to the Secretariat, especially the first Technical Coordinator, who was able to motivate the program directors, donor agencies, curriculum designers, trainers and participants. This dynamic person has left the organization, as have other key resources.

Information sharing/ networking were less effective because the **Technical Core Group has remained largely inactive**. This Group consists of country contact persons, who were supposed to provide technical input to the ACTMalaria Newsletter and Website. This Technical Core Group is also responsible for giving input to the Curriculum Development Committees, but has failed in this respect. As a consequence the training courses reflect more the ideas of the trainers, advisors and the Technical Coordinator, and development of a regional training resource base has not occurred.

The Secretariat has also become irrelevant. Administration of the training courses has been handled by the local training course committees, and with the second Technical Coordinator **located** in Kuala Lumpur, management of the Newsletter and Website cannot properly be taken care of by the Communication Network Officer **post (currently vacant) in Bangkok**. With the weakness of the Secretariat and inadequacy of the Technical Group, ACTMalaria as it stands is unlikely to be able to further develop excellence in training and to activate information sharing. Presented in this evaluation report are two **alternative** scenarios for organizational change recommended for ACTMalaria member's consideration.

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INTRODUCTION

ACTMalaria

The Asian Collaborative Training Network for Malaria (ACTMalaria) is an informal network for capacity building, through training and informal sharing of eleven countries in Asia. It was formed in November 1996 in Chiangmai, Thailand, by the national malaria Program Directors of Bangladesh, Cambodia, the Yunnan Province of PR China, Indonesia, Lao PDR, Thailand and Vietnam. Malaysia, Myanmar, Singapore and the Philippines joined subsequently. **A Memorandum of Understanding was produced for the 2000 Executive Board Meeting**, clearly setting out the organization.

ACTMalaria consists of an Executive Board, a Coordinating Country Director, Advisors and a Secretariat. The Executive Board is composed of member country malaria Program Directors who meet once a year to discuss malaria control program problems, to review past training activities, to assess training needs, and to examine the secretariat's performance. This one-day closed meeting is followed by a second day meeting with partners, i.e., donor agencies, organization/ universities interested in malaria control and training instructors. At the 2001 executive Board Meeting, alumni of the Management of Malaria Field Operations Course (MMFO) made presentations on the value of their ACTMalaria training, and the positive impact it had had on their work.

The Coordinating Country Directorship is two years and rotates among the member countries. The Secretariat consists of a Secretary Manager, a Finance Officer, Communication Network Officer, and a Secretary. The ACTMalaria Senior Advisor also has office space. The Secretariat is located in the Malaria Division, Ministry of Public Health of Thailand, which provides considerable operational support. Staff salaries and travel are paid from course levies and grants, mainly from WHO.

The Technical Coordinator coordinates the ACTMalaria training activities, which are carried out by a Technical Core Group, Curriculum Development Committees, and Course Coordinators. The Technical Core Group encompasses contact persons of member countries and is responsible for providing technical information. The Curriculum Development Committees

and the course Coordinators are ad hoc and are set up in the counties where the training courses are developed and executed.

Evaluation of ACTMalaria

In November 2001 WHO (WPRO) Manila contracted the evaluators to conduct an evaluation in respect of ACTMalaria, with the following terms of reference.

Preparation of a report reviewing the organization, structure, administrative and financial component of ACTMalaria, and providing recommendations on these aspects; the report will include assessment and recommendations on the role of ACTMalaria in relation to health system development in member countries, and on the future works of ACTMalaria in terms of training or any other future roles that may be foreseen for the network.

The evaluators were informed that the ACTMalaria membership would hold a strategic planning meeting in March/ April 2002 in advance of the 2002 Executive Board Meeting in April/May, and that the evaluation report would be circulated to member countries in advance to assist their review and strategic planning.

The evaluation commenced in Thailand (26-30 November), and involved consultations with the ACT Malaria Secretariat, Ministry of Health/Malaria Division, WHO, and related organization (see Acknowledgements). The evaluators also attended two days of the Management of Malaria Field Operations (MMFO 4) course in progress at the Asia Hotel, and met with resource persons, organizers/facilitators, and participants.

In Ho Chi Minh City, VietNam (1-4 December) the evaluators met with the Directors of the VietNam National and Sub Institutes of Malariology, Parasitology and Entomology, as well as with MMFO 4 advisors, facilitators and participants, who traveled from Bangkok on 2 December to resume the course.

In Lao PDR (5 - 8 December), a session was held with the Centre of Malariology, Parasitology and Entomology which included discussions with alumni of ACTMalaria training courses, and some supervisors. The

evaluators also met donors in the field of malaria, as well as the Deputy Director of Hygiene and Prevention in the Ministry of Health, the Acting WR, WHO, and several donors active in supporting malaria control.

In Malaysia (December 9-16) the evaluators met with the Deputy Director General of Public Health, who is also the ACTMalaria Coordinating Country Director (2001-2002), the Deputy Director of Disease Control (Vector), and the Chief of the Malaria Control Division, who is also the current ACTMalaria Technical Coordinator. A meeting also took place with four Malaysia alumni of MMFO courses, two from the international level, and two from the national level MMFO course. The evaluators also met with the WR, WHO.

FINDINGS

ORGANIZATION, STRUCTURE & FINANCE

Organization

- ACTMalaria has survived for five years as an informal membership organization involving malaria control Program Directors from 11 countries, a good track record compared with some inter-country agencies operating under formal inter-governmental MOUs.
- The fact that ACTMalaria is a self-directed organization of malaria control Program Directors is generally valued by both members and funding agencies as a model of ‘ownership’ and for its regional, cross-border operational relevance with respect to malaria control.
- In spite of operating difficulties, the organization has respected its mandate to sponsor operational and management training and networking activities for the benefit of its members, has maintained member’s involvement, and has produced a slow, steady flow of activities. The goals are as pertinent as they were five years ago, but improvements are possible in the variety and quality of activities undertaken and the means used to achieve them.

- The rotation of coordinating Country Directors for 2 year terms (Thailand, Indonesia, Malaysia) has worked well and provided appropriate leadership.
- ACTMalaria has built up a reservoir of goodwill amongst the technical experts and resource persons involved in the organization's training activities, and with institutions they represent (CDC, Malaria Consortium, etc.) and has built a body of ACTMalaria alumni in member countries who are available as facilitators and national trainers. Constructive and complementary linkages have also been developed with partner organizations such as SEAMEO TROPMED, EC Regional Malaria Control Project, ADB, WHO, etc.
- The organization's lack of legal status has hindered its ability to raise (receive) funds, and complicated its administration of funds. Intellectual property protection for curricula and course modules, on the other hand, is not an issue as no restrictions on their use need be imposed.
- The organization does not produce a proper annual report. The minutes of the annual Executive Board Meeting have been used to serve this purpose. Financial statements were last produced in 1999, and **were** included in the minutes of that year's meeting.
- The Secretariat, originally intended to move with rotation of Country Coordinating Directors, was permanently located in Bangkok in 1997. The **physical** separation of the two has complicated the oversight responsibility of the Coordinating Country Director, and the management functions of the Secretariat. Since 2001 the Technical Coordinator has been located in Malaysia, with the Coordinating Country Director.

Structure and Management

- Since the beginning of ACTMalaria, when the Director of the Malaria Division in the Thai Ministry of Public Health was the founding Coordinating Country Director for ACTMalaria, the Secretariat has functioned almost as part of the Malaria Division. The latter has generously provided a great deal of support, both financial and in-kind.

ACTMalaria is allocated 3 quite separated office spaces for its 4 staff, however, and encounters constraints with requisitions and approval for communications and supplies.

- The ACTMalaria Secretariat has experience high turnover. For example, the Communication Network Officer post is vacant - the incumbent stayed for little over a year, and the current Finance Officer is the third in the past year. Low salaries are a major cause, and will continue to perpetuate the problem.
- The Secretariat currently has four staff posts. For a period, Secretariat staff numbered only two, and output was high. Compartmentalization and increase in posts may have increased total costs, reduced effectiveness, and had the consequence of keeping salaries low.
- The MOU approved by the Executive Board in 2000 provided general Terms of Reference for the posts in the Secretariat as well as for other posts and functions. Although the organization chart was modified in 2001 the Terms of Reference have not been further clarified or revised, either by the Executive Board or, for its approval, by the Secretariat.
- Until 2001 the Technical Coordinator was virtually part of the Secretariat and could work closely with it with regard to all training-related matters. In 2001 a Technical coordinator was appointed from Malaysia, and no travel budget was established to compensate for the separation. Also, for the remainder of 2001 the new Technical Coordinator was not able to devote the amount of time to ACTMalaria activities as had been foreseen. As a result, there was some slippage in training related coordination during 2001, but as the trainers and Curriculum Committees are now familiar with course delivery, there were no problems in the execution of the Management of Malaria Field Operations (MMFO 4) course in October- December.
- With regard to networking, the Communications Network Officer post reports to the Secretary Manager, and has been utilized as a technical position with regard to the Website. In fact, however, the effectiveness of ACTMalaria's communications activities depends on close collaboration between the Technical Coordinator and Communication Network Officer with regard to the Newsletter, Website (e.g. directing

questions), and development of the expert data base. When the Technical Coordinator appointment moved to Kuala Lumpur from the Malaria Division in Bangkok this problem became particularly apparent, and networking activities were largely stalled during 2001.

- Over the past year the Secretariat has suffered an overall contraction of technical support. The Technical Coordinator role moved to Kuala Lumpur, and in mid-year the Director of the Malaria Division departed her post; the latter was the founding member of ACTMalaria, and has taken responsibility for sponsoring through the Malaria Division all the various proposals, especially to WHO, for support for the Secretariat. And at the end 2001 the ACTMalaria Senior Advisor will retire; the incumbent has been extremely active in the development and revision of courses, and was always on the spot to advise the Secretary Manager when, for example, communication with the Coordinating Country Director was not possible.
- Work-plans are not used, either the Coordinating Country Director and the Secretary Manager/Secretariat, or by the Secretary Manager within the Secretariat itself, and performance/work reviews are not conducted, nor performance appraisals used. These are mechanisms for harmonizing work relations and promoting initiative in addition to their role in strengthening accountability, and could be used to advantage.

Finance

Financial support for the organization (Secretariat) and sponsorship for the ACTMalaria course participants has been catch-as-catch-can:

- For the Secretariat, the Malaria Division of the Thai Ministry of Public Health provided office space, equipment, and many supplies, especially during the term of the previous Director, who was the first ACTMalaria Coordinating Country Director. It was not possible to quantify this support, which also extended to considerable in-kind assistance for MMFO training. Currently, procedures involving requisitions and approvals are time consuming, and the office space, while no-cost, consists of three separated space in the building where the Malaria Division is housed.

- Since ACT malaria membership straddles both SEARO and WPRO Regions, it would be reasonable to expect that core(Secretariat) costs might have been covered by joint arrangement. That was no the case however, and the main support has come from WHO (Thailand) Country Office. The former Malaria Director on behalf of ACTMalaria sponsored project proposals for Secretariat support to the Country Office, and the funding received from WHO Thailand for the period 1997-2001 was substantial- **approximately** \$ 90,000. Outstanding proposals to the Country Office for support to the Secretariat total \$34,755. A proposal to TDR for support for an operational research program is outstanding in the amount of \$114,500.
- Additional funds for the secretariat have been obtained from a levy on course participant fees, in the amount of \$100/week/participant, to a maximum of \$1,000 (e.g., For the 11 week MMFO course). This has proved workable and equitable, but funds realized have not been enough to permit the Secretariat to function adequately, including reasonable salaries for the Secretariat staff. Following are current monthly salaries in Thai Baht and US dollars, compared with salaries paid for similar positions in the Thai Government.

<u>Post</u>	<u>ACTMalaria</u>	<u>Thai Government</u>
Secretary Manager	40,000 TBT (\$1,000)	90-120,000 TBT
Finance Officer	20,000 TBT (\$ 500)	40- 60,000 TBT
Communications Officer	18,000 TBT (\$ 450)	40- 60,000 TBT

In addition, government personnel also receive health and life insurance coverage.

- The Secretariat does not administer the funds used for the development and delivery of training courses. The estimated funds necessary to finance each training course are advanced by the Secretariat to course organizers, who are responsible for acquitting use of the funds, and sending any funds remaining back to the Secretariat. In 2001 Indonesia requested that the funds remaining following the 2000 BITTW course should be retained there. ACTMalaria agreed that Indonesia should retain the funds in that it was the “Center of Excellence” for that course and would be taking on the responsibility of course revision and planning for the same course in the future. Such a practice, without a detailed proposal, obscures accountability, does not take into the opportunity cost

of these funds remaining in Indonesia, and runs the risk of encouraging poor financial behavior in future.

- The Secretariat in 1999 and 2000 produced a Financial Operational Manual, which helped lay out financial operating principles. The fact that funds must pass under the financial umbrella of the Malaria Division has complicated the matter of rationalizing the financial accounts, and their presentation requires improvement, for management and transparency purposes.
- Standard financial statements were last presented to the 1999 Executive Board Meeting and were included in the minutes. They were not available to the evaluators for the balance of 1999, 2000, **and 2001**.
- The Secretariat transmit to the Country Coordinating Director monthly summaries of receipts, expenditures, and bank account balances. This permits limited financial oversight.
- With regards to the sponsorship of the course participants, the course fees are expensive; for example it was pointed out that the ACTMalaria International MMFO course (11 weeks) costs \$7,000, compared with \$10,000 for a one year MPH program at Mahidol University. While member countries are very positive about the training provided through ACTMalaria, most cannot afford the fees. Hence a variety of external financing practices have developed, country to country. For example, generally:
 - WHO Country Office funded Thailand course participants.
 - ADB funded Indonesia course participants.
 - WPRO funded Malaysia participants.
 - EU Regional and Country Malaria Control Projects funded Cambodia, Lao PDR and VietNam participants.
 - Yunnan Province, PR China, funded its own participants.
- SEARO and WPRO appear to apply different approaches to funding ACTMalaria course participants, and policy regarding access to Regional Office (as opposed to Country Office) funding is not clear.

- For the 2001 MMFO 4 course, Myanmar and Bangladesh, both ACTMalaria member, were reportedly unable to send participants because they were unable to obtain funding from SEARO/their WHO country office. In the same course, however, where 7 participants from non-member countries (India and Nepal) for whom funding was provided by SEARO or their WHO Country Office.
- It was not possible for the evaluation to look into regional/country-by-country Roll Back Malaria program involving member countries. The possibility of RBM utilizing ACTMalaria as a training arm was acknowledged, but evidence was not presented to suggest that such coordinated planning has taken place, or may be going to take place.
- In one year the EU Regional and Country Malaria Control Projects in Cambodia, Lao and VietNam will terminate, as will the ADB Project in Indonesia, in mid 2003. Alternate sources of funds for malaria control-related training will be required by these four countries.

TRAINING

- ACTMalaria has since its inception conducted eight training courses- Training of Trainers (1997), Management of Malaria Field Operations (MMFO- 1997, 1998, 1999, and 2001), Health Information System (1998), Drug Policy Development (DPD-2000), and Broadening Involvement Team Training Workshop (BITTW-2000). For the next two years four courses have been planned – three repeat (MMFO, DPD, and BITTW) and one new (Transfer of Training Technology). At the 2001 Executive Board meeting, members identified training needs in the areas of epidemiology, surveillance, vector control and vector biology, operational research principles for the ground levels, quality assurance in malaria control, and training on IT system. Report writing, operations research, and surveillance were mentioned by the interviewees as future training topics. Technical subjects, such as basic repair and maintenance of microscopes and management of severe cases were considered by the Executive Board to be more appropriate for the workshops and seminars, for example organized on a bilateral, two country basis.

- The innovative training methodology (problem-based and hands-on training approaches) adopted by ACTMalaria is appropriate because the goals of the courses are to develop life-long learning skills and to solve real malaria program problems. The use of learning contracts, field work and individual projects render the application of this methodology effective to a certain degree. Some of the impeding factors were limited resources for pursuing individual learning, insufficient country of origin situational analysis data, language barriers, especially during field exercises, and lack of support from superiors for subsequently implementing projects.
- Some interviewees commented that course acceptance criteria had sometimes not been respected, and cited the importance of all candidates being involved at a middle level in a malaria control work in a malarious area, and preferably willing to remain so for at least two years. The importance of candidates bringing with them malaria control project proposals approved by their supervisors, as requested, was also mentioned. There is less likelihood of meaningful follow-up on returns for those who do not.
- The present faculty and facilitators are effective in delivering the courses. The faculty of the USA and UK are well accepted because of their expertise, teaching skills, and better use of the English language. One MMFO course alumnus said that these international faculty are necessary to make the courses more attractive. The selection of faculty from member countries has not yet been developed because ACTMalaria does not have an inventory of available resource persons in the region who have the expertise or expertise in management, epidemiology, operations research, and education. Facilitators are usually alumni of ACTMalaria courses and go through a one week facilitator training prior to the execution of the courses.
- The duration of the international courses, especially the 11 week MMFO, could be substantially reduced if the technical course contents (e.g., the technology of dipsticks, entomology, pharmacology of new drugs) are delivered through individual learning methods (e.g. hand-outs, interview resource persons, literature search via the internet).

- After each training course the Curriculum Development Committee, the Advisors, the Technical Coordinator, and the local Course Coordinator meet to revise the curriculum. According to one of the instructors, the MMFO has very much improved because of the revisions.
- The built-in ongoing mechanism for evaluating participants is partly effective. Evaluation of the performance of participants during the course is carried out through a number of assessment techniques: pre- and post-tests, self- and peer-assessment at the end of each block, and project proposal assessment by a panel. Participants, together with the Advisors and Directors evaluate the course, the trainers and facilitators at the conclusion of the course. Post-course evaluation of participants has not yet been conducted.
- During the annual Executive Board meetings new courses are identified and prioritized, a member country is designated responsible, and a Curriculum Development Committee is set up, comprising local and external experts and ACTMalaria Advisors. The presence of ACTMalaria Advisors and the Technical Coordinator at the course development meetings ensure some degree of quality control. There are no explicit criteria for discontinuing courses. An interviewee said that the international MMFO will be dropped when a sufficiently critical mass has been created in the member countries. Another said that the international MMFO would be modified and shortened as a refresher for trainers and managers.
- Some member countries have conducted adapted versions of the international course and it **necessary** have translated the training modules into the national language. Most noteworthy were the national MMFOs carried out in Thailand, Vietnam, Yunnan and Malaysia. Alumni of the Yunnan and Malaysia courses considered their national MMFO of 2 weeks to be too short, and Yunnan intends to increase the course to one month. Lao PDR plans to implement a 4 week MMFO course in 2002, with different content emphases according to level in the health system.

- Not one of the respondents expressed concern regarding a “legitimizing certificate”. Participants receive a Certificate of Achievement or Certificate of Attendance after completion of the course. MMFO and some other course alumni are eligible to apply for credits in the College of Public Health, Chulalongkorn University, and the Faculties of Tropical Medicine and Social Sciences and Humanities, Mahidol University. None of the interviewees, however, knew of any MMFO alumni who had applied to these Universities.
- **A donor/partner pointed out that while ACTMalaria and SEAMEO TROPMED both have strength as inter-country organizations, ACTMalaria focused exclusively on malaria and the value of its training derived from its emphasis on practical rather than academic curricula.**
- MMFO alumni reported that the main influence of the course is in changing attitudes, i.e, in solving problems, in activating staff, and in involving the community. Alumni were able to formulate operational plans, write reports, write proposals, and training activities.
- The impact on the efficacy/efficiency of malaria control overall in the participating countries is difficult to prove - **although the four member countries visited referred to gains that had been made.** An ACTMalaria Advisor said that many factors contribute to the success of malaria control, not just training; and another said that it is too early to see impact, certainly on malaria rates.
- **Some** alumni were unequivocal, however, with respect to the positive impact ACTMalaria training had had on their work, referring to examples of improvements and initiatives they had been able to take as a result. Supervisors confirmed this, and several instances of promotion of alumni were cited.
Other alumni were unable to verbalize very clearly about the impact of their training, in some cases due to English language limitations and in others due to their having been too junior. To maximize training impact, member countries need to better observe course selection criteria: in addition to English language, MMFO candidates, for example, should be mid-level managers, and more priority should be given to including senior trainers.

- ACTMalaria has not explicitly supported coordination among categorical Programs, e.g., communicable disease control programs and IMCI, and this may in any case be more appropriate to incorporate at the national level. It does, however, support the role of the national malaria control program in strengthening health services in general where malaria control is integrated with other services at the district level and below. In countries where the malaria program is markedly vertical (e.g., Thailand), the impact of the ACTMalaria training courses is limited to the malaria control program.
- Graduates of the ACTMalaria training courses who were interviewed emphasized the importance of follow-up, especially in regards their individual project proposals, mentioning the need for implementation funds. The support of the Malaria Program Director **in each country** is very critical. In Malaysia, MMFO graduates were given modest funding to carry out their project proposals on return and the Program Director made a point of requiring progress and final report presentations at formal staff meetings. In contrast, it was pointed out that for participants from non-member countries their Program Directors are much less likely to facilitate follow up than are member Program Director. To further enhance follow-up, it was suggested that one or two alumni who had implemented their project proposal well could be nominated by their Program Directors to present the results of their work to a succeeding MMFO course, to further motivate course participants.
- Course fees are all-inclusive, covering everything the participants need, i.e., food accommodation, ground transportation, health insurance, book and training materials, and tuition, as well as expense for the instructors and facilitators. This has been very convenient for participants, and facilitates their concentration on the course. Approximately ten percent of the fees, of US \$100 per week, is used to support the Secretariat.
- Most of the ACTMalaria member countries have not adequately included training institutions and other units of their MOH (for example the training unit, other programs, and the research unit) in the development and delivery of ACTMalaria courses. The Technical Core Group has not sufficiently followed new developments in malaria control technology and the Curriculum Development Committees have not sufficiently integrated malaria control technology with the process subject matter

(surveillance, quality control, inter-program/**inter**-sectoral involvement, operations research, training technology, drug resistance). Networking with local and regional universities, other sectors, and other program has been lacking.

- The international ACTMalaria training **introduced Program Managers to innovate methods and ideas on developing and organizing training, serving** as a model and TOT for national training. The alumni of the international training courses are equipped to adapt and translate the modules, and train local facilitators. The former Technical Coordinator of ACTMalaria was actively involved in the planning and execution of national training initiatives.
- None of the country Program directors interviewed agreed with expansion of ACTMalaria to “ACTHealth”. What is conceivable is broadening **its scope to cover** collaboration in Vector Borne Disease Control. They also hold that ACTMalaria should limit its role to training and information sharing. Each country should decide for itself what control measure it wants to take and put forth effort to secure the necessary resources for carrying out those measures.

INFORMATION, COMMUNICATIONS AND NETWORKING

- ACTMalaria supports networking through the ACTMalaria Newsletter and Website. The Newsletter is not effective. The interviewees did not contribute to it, and some did not read it. From a monthly Newsletter it became a quarterly publication in May 2001, and most consists of announcements. The Malaria Division of the Thai Ministry of Public Health provided the facilities and materials for the printing and mailing. The Web page was well done, and was last updated on 23 July 2001. Before the update there were an average of 961 visits per month to the Website. None of the respondents utilized it as a means of sharing information, **however**, and in many member countries malaria control staff do not have access to the internet.
- ACTMalaria serves a useful purpose for donor agencies in the sense that it functions once a year as forum to meet the malaria Program Directors

From the member countries and to listen to their needs and plans with regard to capacity building. National and international technical partners have continued as much the same group of Advisors from year to year. Other universities, research institutions, and even drug companies, for example, have not yet been invited to participate. These could introduce new malaria control techniques to the Directors, and get ideas for further development of malaria control interventions.

- ACTMalaria has not yet supported networking with other regional initiatives with similar objective (e.g., SEAMEO TROPmed Network, Roll Back Malaria Mekong, the EU Regional Malaria Control Project, Mekong Basin Surveillance, etc.). Detailed information on what these agencies are doing that can be used by the Program Directors has not yet been covered in the Newsletter and Website. Inclusion of critical information on topics such as drug resistance, disease surveillance, migration, and environmental management, could increase the use of these two media. The Mekong Malaria Forum, a quarterly technical journal by the EU Regional Malaria Control Project is a high-end example of a publication that has relevant and interesting content, and is widely read.
- A number of alumni personally keep in touch with former course colleagues and expressed interest in an alumni association. They were also interested in the possibility of refresher courses, and follow-up meetings. ACTMalaria has not yet conducted technical seminars or workshops, which could presumably involve alumni.

CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS:

- The Secretariat is no longer a center for technical resources and functions instead as an administrative layer that is not cost-effective.
- Member countries can continue to meet, exchange information, and plan with or without the ACTMalaria umbrella.

- Member countries have been empowered by the ACTMalaria “Center of Excellence” approach to organizing training, and are now sufficiently familiar with the system of course development and delivery that they can continue the implementation of existing courses, including at national level, and probably undertake development and implementation of new course.
- With **reinvigorating** high quality technical support and technical direction, ACTMalaria has good potential to further strengthen and extend the support provided to ACTMalaria member countries’ malaria control programs through improved training and more effective networking. Whether sufficient demand exists amongst members to justify the cost associated with such a continued investment in ACTMalaria is not clear, however, given that considerable training has been carried out in malaria control to date, that emergence of new disease priorities in member countries may shift emphasis elsewhere, and that in several countries major projects that have to date funded participation in ACTMalaria courses from member countries will terminate.
- ACTMalaria focuses on malaria, a concern common to member countries. Whether ACTMalaria can profitably be extended to cover vector borne diseases cannot be easily addressed as health structures in member countries differ, the nature and extent of vector borne diseases varies from country to country, and the program components involved in addressing them are different. What is clear, however, is that ACTMalaria needs to be stabilized and functioning well before such a question should be explored.
- ACTMalaria may be useful model to study in regards the feasibility of developing a similar approach to training and networking for communicable disease control in general or specific diseases such as TB. Organizing a new membership base, **which would involve a consistency considerably wider than malaria control Program Managers.**

RECOMMENDATIONS:

Two alternative change scenarios are presented for ACTMalaria's consideration.

1. ACTMalaria as an organization should be wound down, as a job well done.

Following the TTT course in Malaysia and the 2002 Executive Board Meeting, the Secretariat should be closed. As "Center of Excellence" Thailand (MMFO), Indonesia (BITTW), Yunnan and VietNam (Drug Policy, and Malaysia (TTT) will be in a position to organize and implement further international courses following the procedures developed under ACTMalaria, and may well wish to develop new courses as well, given the close association built up with course training resource persons, and the possibility of recruiting participants from former ACTMalaria member countries. New course offerings will also depend on demand and former members' access to funding. Course, existing or new, would be funded through fee structures similar to what has been used for ACTMalaria training to date, and if necessary donor funds. Fees would be lower, given no levy for the Secretariat.

The Technical Coordinator can during 2002 work to insure that information has been shared with member countries to provide a good foundation: contact names, expert data bank, curricula, facilitators and alumni, etc. The training experts and the institutions that have assisted ACTMalaria training to date are familiar to members and will still be available to members wishing to organize a national or international training.

Members can easily stay in touch and exchange information without need for a newsletter. A member country might wish to take on the website and/or associated hardware, or it can be sold.

Malaria Program Directors can continue to meet, at least once a year as before, to exchange information, collaborate and plan. SEARO/WPRO, perhaps in conjunction with other donors, are in an excellent position to support inter-country and regional/cross region activities in support of malaria control.

2. ACTMalaria should continue, with a streamlined support structure.

ACTMalaria should be maintained as an informal membership association, but the Secretariat, Technical Core Group, and Technical Coordinator should be collapsed into one dynamic technical support position, i.e., the ACTMalaria Executive Coordinator (EC). The Advisory Committee should have a broad representation of experts, donors, regional institutions, etc. as possible.

The EC should report to the Coordinating Country Director (CCD), and the CCD reports to the Executive Board. The CCD directs the EC, utilizing workplans/reviews. The EC should be assisted by one Executive Assistant (EA). The CCD will provide office space to the EC and EA near his/her office.

The EC and EA positions should be advertised internationally. The Executive Board should appoint a number of its member to form a selection committee **which should** also include agencies who provide funding for the EC and EA. The selected EC is entitled to salary and other benefits according to international/competitive standards. Leave Without Pay or secondment from a member country could be considered for the successful candidate. A sizeable travel budget **for the EC** is vital, **whether the EC undertakes travel him/herself, or develops and draws upon a pool of regional resources to share in the execution of his/her coordination functions.**

The EC must have the following qualifications: expertise and experience in malaria control, education, and management, experience in one or more countries in the region; capacity to coordinate production of a newsletter/journal; a creative and motivational approach to the EC role; and commitment to malaria control capacity-building in the region.

The EA should be hired on a local contract at international or competitive rates without benefits. S/he must have the following qualifications: experience in administration, and capacity to handle electronic library, electronic telecommunication networking, and work independently, with initiative. Familiarity with management, education, malaria control and the activities of the organization would be advantageous.

Tasks proposed for the EC are as follows: **to work with the membership** to identify training and information sharing needs; to identify **and draw on** countries that are capable of organizing specific training courses, seminars and workshops; to identify **and work with** donor agencies that are willing to provide financial support for training courses, seminars, and workshops; to identify **and draw a pool of** technical and process experts; to identify and **draw on a pool of** curriculum development specialist and trainers (with good English Language proficiency and training experience); to build linkages among Program Directors, Training/Seminar/Workshop and Operational Research committees, experts, trainer/ educationists, and donor agencies, i.e, ensure that they meet, communicate, make agreements, **and contribute** reports and articles; **to build a pool of regional resource people by interacting with the malaria Program Directors, their CDC superiors, central and local level MOH authorities, and people from related ministries, the private sector (NGOs, drug companies), universities and R&D organizations, donor/international agencies, and consultants/experts;** to **coordinate/ensure** collection and analysis of technical and process information and data; to **ensure** editing of the bulletin and updating of the Website; to **ensure/coordinate** the answering of questions on the Website; to **collect/select** reports, documents and references for the electronic library/documentation repository; to ensure quality of the training and information sharing activities through systematic monitoring and evaluation; and, to report back to the CCD/membership regularly on matters of interest, and prepare the ACTMalaria Annual Report.

The tasks of the EA will be as follows: to conduct administrative work (communication, correspondence, make travel and meeting arrangements, and book-keeping); to compose the bulletin and Website; to ensure timely printing and mailing of the bulletins; to put updated information on the Website; to transfer reports, documents and references to electronic media; to maintain a filing system for the secretariat, Website, bulletin, library, and training courses/ workshops/seminars; and , to assist the EC in all aspects of his/her work, as required, and to conduct the office in his absence.

The WHO, or/and other donor agencies, could provide the funds for salaries of the EC and EA, office operations, publication and mailing of bulletins, maintaining the Website and electronic library for a secure 2-5 years period. **(Given the cross-regional nature of the ACTMalaria membership, SEARO/WPRO and TDR funding would be particularly appropriate).**

Legal status would not be an issue, **and the Coordinating Country Director would provide office space.**

The Inter-Country Training Courses, Seminars, and Workshops will continue to be developed and executed by the ad hoc country Committees/Curriculum Committees which are authorized by the Executive Board, as at present. These Committees will be responsible for developing and delivering the training, workshop or seminar, and responsible for setting the fees, handling the course accounts, and reporting to the country malaria Program Director, who will report on the event to the ACTMalaria CCD/Executive Board. Fees for training courses will be lower, because of no levy for the Secretariat.

ACTMalaria could during 2002 consider assuming responsibility for the “Mekong Malaria Forum” and/or their Website when the EU Regional Malaria Control Project terminates, and enter into discussions accordingly. Also to be considered are the possibility of linkages with the malaria control documentation center being set up in Hanoi by WHO in connection with the above EU Project, given that the next ACTMalaria Country Coordinating Country will be VietNam, beginning in January 2003.

It is not recommended that ACTMalaria adjust its membership/ownership base at this time. Over the two-three year period of this re-organized support structure, however, the Executive Board and Executive Coordinator might wish to explore member countries’ interest in and support for expanding the organization to encompass Vector borne disease control. While all member countries are concerned with malaria control, degrees of interest amongst members may very different with respect to vector borne disease, and health structures differ from country to country.

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