MMV co-leads the VivAccess initiative with PATH, focusing on reducing the global disease burden of P. vivax malaria by accelerating better implementation of currently available radical cure tools such as primaquine (PQ) 14-day or adoption of new radical cure (RC) tools (drugs and diagnostics) as soon as possible after WHO recommendations are released. New tools for vivax include point-of-care qualitative and quantitative tests, shorter treatment regimens for radical cure of vivax such as primaquine 7-day or tafenoquine (TQ) single-dose.

At the regional level—in the Greater Mekong Subregion, MMV, in close collaboration with PATH, is liaising with National Malaria Control Programmes. That work includes undertaking readiness planning and vivax roadmap workshops during which key gaps and priorities are identified for further action.

MMV and the Asia Pacific Malaria Elimination Network – Vivax Working Group (APMEN Vx WG)

As of Jan 2021, MMV, will co-host the APMEN VxWG and aims to contribute towards accelerated uptake and implementation of better radical cure for vivax malaria. In hosting the APMEN VxWG, MMV aims to bring together key partners working on vivax malaria to facilitate open discussion and knowledge sharing. This builds on the MMV ethos, which is to work in partnership.

What do we mean by ‘better radical cure’? Better radical cure means improvements in implementation of the currently recommended 14-day primaquine regimen and potentially shorter primaquine or tafenoquine regimens later in time if they are recommended by WHO in the future. For example, this could include identifying mechanisms to increase patient adherence; identifying ways to ensure and improve implementation of G6PD testing before treatment and strengthening pharmacovigilance to increase patient safety.
What do we mean by ‘accelerated’? For current tools – increasing emphasis on better use of PQ14 for example, improving patient adherence. For new tools and approaches- supporting countries and partners to be ready for when new WHO recommendations on vivax are released.

Job base: Thailand or the Asia-Pacific region +/- 2 hours Thailand time zone. Travel at 20% is expected as part of this role.

The role of the Malaria Technical coordinator consultant will be to support the MMV regional adviser in their duties as co-chair of the APMEN Vivax Working Group. The technical coordinator will:

**Identify, document and facilitate implementation of best practices for NMCP and MOHs decision-making:**
- Review published and grey literature to identify and synthesize evidence into briefs for NMCPs
- In collaboration with Menzies, support NMCPs in the development of a tool to support National Malaria Programmes assess options for radical cure suited to their contexts
- Support drafting of publications out of APMEN Vivax Working Group activities
- Close coordination with MMV and APLMA communications and advocacy teams to ensure dissemination of best practice reports, study protocols, job aids, evidence briefs, example strategies, etc that can help stakeholders develop research and/or inform strategies for increasing access to better vivax radical cure.

**Quarterly report writing:**
- Develop draft of quarterly reports on APMEN Vivax Working Group activities
- Develop draft of annual VxWG report

**Partnership & coordination:**
- Ensure strong and close connection and coordination with NMCPs and WHO regional and country offices through regular contact with each through email and zoom to identify any bottlenecks, issues arising around vivax elimination
- Ensure regular contact and connection with CSOs, via CSO regional platform/coordination mechanisms to identify ongoing activities and where there are opportunities to learn from delivery/access experiences, collate tested tools, and where relevant, standardise approaches.
- Support VxWG chair and co-chair in the coordination and contact with key stakeholders across the region in organising annual meetings and/or tech talks
- Liaison with APMEN secretariat for the organisation of technical meetings

**Essential qualifications and skills**

**Education, experience and technical skills required**
- Preferably PhD in epidemiology, global health, health systems research or related speciality or equivalent experience in those areas
• Demonstrated extensive experience (e.g. >= 3 years) working with disease control programmes and Ministries of Health, in particular, on malaria control or with malaria programmes/projects
• Experience searching for, reviewing and synthesizing literature (grey or published) into either literature reviews or shorter evidence briefs
• IT skills, use of excel, word, powerpoint. Experience with data management and/or spatial analysis is desirable but not essential.

**Behavioural skills required**

• An innovative problem-solver with an open communication style who enjoys working collaboratively with others
• Able to work diplomatically with NMCPs, MOHs, WHO and key technical partners understanding their work practices and processes and how to work effectively within them
• Can demonstrate strong writing and communication skills
• Has excellent attention to detail
• Sensitive to different work ethics and cultures
• Can demonstrate ability to work successfully with people of different ethnicity and gender

**Deadline and how to apply:**

Please apply with CV, Cover Letter outlining relevant experience and daily rate to danevay-consultants@mmv.org by 1st March 2021.