



## PNGIMR celebrates 40 years of malaria research

**Malaria research at the Papua New Guinea Institute of Medical Research (PNGIMR) has contributed significantly to improving the health of Papua New Guineans and has contributed to the global knowledge of the disease.**



**By Geraldine Vilakiva**

In August this year, the PNGIMR celebrated its 40 years of malaria research – a significant milestone for the Institute.

The IMR and its collaborating partners commemorated this achievement by organizing a three-day malaria colloquium.

The event included presentations and speeches which celebrated the success and challenges of the past 40 years and also discussions about planning the future of malaria research at IMR.

“This is to ensure that the Institute continues to conduct innovative research that can be used to effectively control and eliminate malaria,” said Professor Peter Siba, Director of IMR.

Since 1977 our research into malaria through our various studies on malaria drugs, vaccines and clinical studies has led to an improvement in health policies and guidelines for the country.

“Our drug studies’ results led to the change in PNG’s standard treatment guideline for chloroquine to falcipar + chloroquine and recently to Mala

1; our bed net studies in the 1980s led to the Bill and Melinda Gates Foundation, giving significant funding to developing countries that cannot afford such resources and led to the mass distribution of treated bed net distribution in the country,” said Dr Moses Laman, Chairman of the Malaria Colloquium Organizing Committee.

This resulted in the drastic decrease in malaria incidences in PNG.

The Institute’s clinical studies also contributed to the ‘test and treat’ policy in which the World Health Organization has now also adapted this policy.

These successes are also attributed to the very supportive communities that we have worked with over the years – some for more than 25 years such as the Wosera-Gawi area in Maprik which has been a very strong field site for IMR to trial a malaria vaccine; and in Madang in areas of Amele, North coast, Alexishafen, Mugil, and villages along the Sumkar electorate.

For the past 30-35 years, the fight against malaria in terms of IMR’s research has been about looking for better drugs to treat malaria.

With the burden of malaria declining not

## Contents

- 2 Director’s Message
- 3 IMR celebrates first female scientist with a PhD
- 4 PhD candidate writes first, first authored paper
- 5 Study provides vital data on PNG’s HIV epidemic
- 6 Training Units updates the training program: what IMR has achieved so far in training staff
- 7 IMR partners in a new research program in ENB Province
- 8 Staff attends 3-month Leadership Training

just in PNG but globally, the focus of malaria research has now also shifted – the focus is now on the ‘hotspots’ – why malaria incidences are high in certain areas and other areas are not.

The Institute is currently doing basic epidemiological field studies to determine why there are high transmissions rates in some areas while in others it is not; why there are malaria outbreaks in some areas while others do not have outbreaks and also looking at how we can control it.

More than 150 guests, which included our collaborating partners, over the last 40 years – both local and overseas, former and current staff members, community representatives from the Madang and Sepik areas attended the three-day event at the Madang Resort.

# Director's Message

Hello and welcome to the 52nd issue of the IMR Nius.

This quarter has been very busy but significant for us because as an Institute, we have achieved 40 years of malaria research work. To commemorate this significant milestone, we hosted a three-day Malaria Colloquium, from the 24-26th August at the beautiful Madang Resort in Madang Province.

I want to congratulate the Madang IMR staff and the Organizing Committee led by Dr Moses Laman and Dr Leanne Robinson – you all did an exceptional job in hosting a very successful event. I also want to thank all staff at other branches for supporting this event through their fundraising efforts to assist our colleagues at the Madang IMR to host this event.

I would like to acknowledge and thank all our sponsors; your support has helped make it possible for us to host this successful malaria colloquium.

To all our collaborating partners within PNG and abroad, former colleagues who attended and or supported the event, your presence and support for the three-day colloquium was very much appreciated.

The formation of a comprehensive malaria research program began at the Institute in 1971 and has since evolved to being the biggest research program at the Institute today with research portfolios comprising of drug studies, clinical studies, malaria vector studies, and intervention/control programs. For the past 30 to 35 years, our fight against malaria in terms of IMR's research has been about looking for better drugs to treat malaria.

I am very proud to say that our malaria program has successfully contributed to: affecting changes in health policies and malaria treatment guidelines in PNG and improving the health of Papua New Guineans contributed to global knowledge, and training of staff.

After celebrating 40 years of malaria research, what's next? Where do we go from here? What is malaria research going to be for the next 40 years? I personally would hope that by then there won't be any more malaria research at the IMR since malaria would be eliminated. Obviously, this would be our biggest challenge not just for IMR but for PNG as a whole. But more important how do we sustain the momentum – reduction in malaria incidence, to ultimately eliminating malaria in our country? This requires global and national efforts; stronger collaboration between all stakeholders, more financial support and a more focus-driven malaria program.

For the IMR, in the last five years, with the burden of malaria declining not just in PNG but globally, the focus of our malaria research is now on the 'hotspots' – why malaria incidences are high in certain areas and other areas not so.

For future, we are strengthening our training programs at the Institute for all our staff both in research and administration. In the long term this is significant to sustaining all our research programs, including malaria. Through our malaria research program, we now have three national scientists with PhDs and we have three others currently working on their doctoral degrees. There is a lot more doing their Masters and Honours program locally and abroad.

More stories about our 40 years of malaria research can be found in the Malaria Colloquium magazine.

In regards to other developments at the Institute, I would like to officially welcome back Samson Akunaii as our Deputy Director for Corporate Affairs and Support Services and with Samson back, we now have a full senior management team.

Peter Siba, Director



**Professor Peter Siba**

**"For the IMR, in the last five years, with the burden of malaria declining not just in PNG but globally, the focus of our malaria research is now on the 'hotspots' – why malaria incidences are high in certain areas and other areas not so."**

## IMR celebrates first female scientist with a PhD

The Institute reached a milestone this year when it celebrated its first ever PhD award for a female scientist in July. Dr Janet Gare became the Institute's first Papua New Guinean woman researcher to successfully complete her PhD from the Monash University in Melbourne, Australia under the Australian Awards scholarship.

For the Institute, this achievement is a reflection of its long term commitment – to have more nationals to attain higher degrees in medical research.

But for Janet, this was a testament of hard work, patience, commitment and dedication of more than 13 years of HIV work at IMR. Her achievement was also the result of the support given by her family and by the four strong women supervisors who helped her to achieve her PhD.

“Working at IMR made me more confident to do my PhD,” says Janet. “To me, doing a PhD felt more like I was going to do just another higher degree.”

“Although it was more challenging and a bit stressful especially working on my own and at my own pace, I’m glad I had four supervisors – four strong and powerful women supervisors whose expertise and advice tremendously helped me to complete my studies. My family was also very supportive.”

-----  
**“Although it was more challenging and a bit stressful especially working on my own and at my own pace, I’m glad I had four supervisors – four strong and powerful women supervisors whose expertise and advice tremendously helped me to complete my studies. My family was also very supportive.”**  
 -----

Her supervisors were Professor Suzanne Crowe, Dr Anna Hearps, Dr Claire Ryan and Dr Angela Hanku-Kelly.

Her PhD study was on HIV drug resistance in people living with HIV in PNG. This involved laboratory analysis of blood specimen to identify the presence of drug resistant virus and also doing interviews to explore factors that affect treatment adherence. It is widely known that non adherence to treatment encourages the development of drug resistance.

ART or antiretroviral therapy is a treatment given to individuals who have been tested positive for HIV/AIDS.

ART first became available in PNG in 2003 as part of a trial that was subsequently scaled-up through the public and faith-based health systems and intensified in 2006. Later in 2010, a further decentralization of the ART roll-out program saw the implementation of the ART to the district level.

Janet explained that her PhD study was inspired both by the roll-out of the ART treatment program in PNG and her Master’s study. Dr Claire Ryan, who was then the head of the HIV/STI laboratory, was instrumental in initiating the drug resistance survey.

Her Master’s project which she did at the Swiss Tropical and Public Health Institute in Basel, Switzerland, in 2008, was to develop a simple micro-array technology for the detection



of popular mutations in the drug targeting genes of HIV.

“So I wanted to try and see if the techniques and laboratory methods which I learnt and used in my Master’s project would be applicable to doing HIV drug resistance,” said Dr Janet Gare.

Coincidentally, the HIV lab was also doing a study on identifying the different types of HIV in PNG and so using this study, a proposal was developed for HIV drug resistance. This launched her PhD program in 2010 when she was awarded an Australian Aid scholarship to do her doctoral studies.

200 people living with HIV and receiving the ART treatment were recruited – 100 each from the two largest ART administering clinics

in the Highlands Region – Tininga Clinic at the Mt Hagen General Hospital and the Michael Alpers Clinic at the Goroka General Hospital.

This study was also the first to be conducted in PNG looking at HIV drug resistance and results showed that there was already drug resistance in the study population.

“We found out that in both sites, there was a low prevalence drug resistance less than 2% in people who were not on treatment and for those who were on treatment, there was high prevalence of drug resistance of more than 5%.

These figures are a representation of the small study population but to give a bigger picture of the epidemic in PNG a bigger study would be required.

Aside from the laboratory work, the study also looked into the study populations attitudes and lifestyles as this is important to understand their adherence to treatment.

The study found that being forgetful in taking treatment on time was common amongst all the study population; that participants at one stage of their treatment history sort traditional and faith-based healing; and, that there is still discrimination causing them not to seek treatment at the clinics.

Janet is back at the IMR working at the HIV Laboratory but in a more senior role – managing the HIV Laboratory and currently acting as head of the Sexual and Reproductive Health Unit at IMR and as well mentoring and supporting young scientists and honour students, especially in the HIV/STI lab. She was recently elected the President of the PNG Biomedical and Social Sciences Society.

She is currently a principal investigator representing IMR and working in partnership with the World Health Organization’s PNG office to embark on a country-wide surveillance on HIV drug resistance in PNG.

# Study contributes to PhD candidate's first, first-authored paper – Celestine Aho

Children in Papua New Guinea, especially those living in the highlands, carry *Streptococcus pneumoniae* in their noses within weeks of birth.

*S. pneumoniae* is often carried in the noses of healthy individuals also.

However, carrying *S. pneumoniae* (also called pneumococcus) early in life predisposes children to pneumococcal disease as well as being able to transmit this bacterium to others in the community. In PNG, pneumonia is the biggest killer disease for children under-five-years-of-age and it is most commonly caused by the bacterium *S. pneumoniae*.

There are more than 90 different subtypes of this bug; among them are those that commonly cause pneumonia and other diseases such as meningitis and middle ear infections (otitis media) which can cause hearing loss.

To prevent these children from acquiring pneumonia and other diseases caused by this bug at an early age, a pneumonia vaccine, namely the 13-valent pneumococcal conjugate vaccine (13vPCV), was introduced by the National Department of Health into the National Immunization Program in 2014.

This was the end result of 44 years of pneumonia research done by the PNG Institute of Medical Research (PNGIMR) and its collaborators.

Between 2005 and 2009, the IMR and its collaborators conducted the Neonatal PCV trial using a forerunner of the 13vPCV, namely 7vPCV containing 7 subtypes of the pneumococcus.

The aim of the study was to find out whether the vaccine 7vPCV was safe for PNG children; if it could boost the immune system of babies to protect them against acquiring *S. pneumoniae* at an early age and; and the effect of 7vPCV on the carriage of this bug in the nose.

Therefore, for high risk populations like PNG where *S. pneumoniae* carriage in children is very high, vaccines should be developed to cover all subtypes of the bug.

Studies of such novel vaccines are taking place around the world and IMR continue to provide information to assist



The Menzies Child Health Division laboratory staff (Celestine Aho, second from the right) posing with Australian Prime Minister Michael Turnbull during his visit to Menzies where he was taken on a lab tour. Celestine also had the privilege of talking to him about her PhD work.

in the development of new vaccines.

In addition, it will be important to address issues such as overcrowding, hygiene and indoor air pollution to reduce transmission of this bug from one person to another.

The conjugate vaccines (in the case of PNG this is currently 13vPCV) do prevent severe diseases caused by the *S. pneumoniae* and it is important that all children under the age of two years get immunized with these vaccines.

This study and its findings contributed to Celestine Aho's first, first-authored paper titled '*Limited impact of neonatal or early infant schedules of 7-valent pneumococcal conjugate vaccination on nasopharyngeal carriage of Streptococcus pneumoniae in Papua New Guinean children: a randomized controlled trial*', published in the journal Vaccine Reports in August, this year.

Celestine is one of IMR's 'bright stars' who is currently studying for her doctoral degree at the Menzies School of Health Research and enrolled through Charles Darwin University in Darwin, Northern

Territory, Australia.

She is part of a large team of dedicated scientists that continue to conduct extensive research into pneumonia and the pneumonia vaccines in PNG.

Writing this publication was not as easy as Celestine found out. "It was challenging as it is structured and highly specific and I was not used to the writing style," she said. "The literature review is a process and was time consuming. Celestine is very pleased to have been a part of the neonatal PCV team and to undertake this important work and also to have the privilege of writing it up.

"I'm very proud of the work we did," she said.

This publication is part of Celestine's PhD study looking at "Understanding pathogens with relevance to otitis media (OM) management in Papua New Guinea".

Simply, the aim of her thesis is to provide data to advance our understanding of why ear infections are common in high risk populations such as PNG.

**The study found that 50 different subtypes of *S. pneumoniae* are carried in children's noses within the first month of life and there was limited impact of the 7vPCV on the carriage.**

# 'Kauntim mi tu' study provides essential data on PNG's HIV epidemic

**Data from the IBBS will contribute to: the development of the next national HIV strategy; help the government, policy makers, donor partners and implementers get a better sense of the epidemic in the country; be used for advocacy to improve the lives of those most affected by HIV; and, inform the next round of PNG's Global Fund grant for HIV.**

A Key Population Integrated Bio Behavioural Survey (IBBS) or commonly known as 'Kauntim mi tu' is currently being implemented by the PNG Institute of Medical Research in collaboration with its partners, the PNG National Department of Health, Kirby Institute UNSW, UNAIDS and US Centers of Disease Control and Prevention (US CDC).

This study is very important to Papua New Guinea on many different levels. Data from this IBBS will contribute to: the development of the next national HIV strategy; help the government, policy makers, donor partners and implementers get a better sense of the epidemic in the country; be used for advocacy to improve the lives of those most affected by HIV; and, inform the next round of PNG's Global Fund grant for HIV.

The study has several components – a behavioural survey and biological testing for HIV syphilis and other STIs (both for vaginal and anal/rectal) as well as qualitative in-depth interviews to understand the stories behind the numbers.

Working closely with the communities involved – those most at risk of HIV – the study's data collection commenced in the middle of 2016 and will continue for another 12 months in three study sites.

Data collection in Port Moresby – the first site – is well underway.

"We are collecting a wide range of information on HIV knowledge and testing, sexual behaviour including condom use and access to sexual health services – how often do they access these services and their experiences at the services. We are also collecting information on violence and discrimination, drugs and alcohol and TB. For women we are obtaining important information relating to pregnancy and pregnancy outcomes as well as family planning. For those living

with HIV we explore issues relating to treatment adherence. Throughout this study we are trying to link people to care." said Dr Angela Kelly-Hanku, Principal Investigator of the study and Head of the Sexual and Reproductive Health Unit at PNGIMR.

For the biological component, a community laboratory has been set up with fully trained staff and equipped with cutting-edge technologies to analyse the biological samples – some of these are PNG firsts and also world's firsts.

"We are providing point-of-care testing," said Dr Kelly-Hanku. "Most integrated bio behavioural surveys would test someone but not return the results on that same day. We are returning nine different test results the same day and as appropriate provide treatment."

"We are also providing GeneXpert HIV Viral Load Testing where we can determine how much virus is in the blood. This information is important for understanding treatment adherence as well as treatment failure. It also provides important information on understanding the risk of HIV transmission at an individual and population level."

Samples of HIV will be analysed for HIV drug resistance by Dr Janet Gare in partnership with the US Centers for Disease Control.

Qualitative interviews will give a much richer in-depth understanding of the lives of the communities involved in the study.

"By looking at their behaviours, we can start to understand what the risk factors for transmission are and be able to predict where our epidemic will go."

"By looking at their behaviours, we can start to understand what the risk factors for transmission are and be able to predict where our epidemic will go."

"Information from this study will help to identify areas that need prioritize funding; program support – maybe what kind of legal issues we need to look at and try and reform so that people

can access treatment, prevention and care better; and we can reduce discrimination and stigma and violence against particular minority populations. So there is a lot coming out of this study." said Professor Peter Siba, Director of IMR

"It is also important for the individuals participating in the study as they are getting their results on the same day, accessing HIV and STI testings that they cannot get anywhere in the country and then being referred to appropriate services for ongoing support, treatment and care."

20 IMR staff are employed on the project and are working tirelessly to ensure it is a great success. "We are very proud of the team, each person is essential", says Dr Angela Kelly-Hanku.

Dr Kelly-Hanku says "The success of this study lies in the partnerships involved in the project as well as the amazing relationship that the IMR and the team in particular has established with key populations over the years."

'Kauntim mi tu' is funded by four donors – PNG National Department of Health, Global Fund to Fight HIV, TB and Malaria, the Australian Government and US Centres for Disease Control.



# Staff capacity building at the IMR

**At the Papua New Guinea Institute of Medical Research (PNGIMR), developing and upgrading the skills of our national staff to enable them to take on more senior roles is paramount to sustaining the research programs in the long run.**

At the Papua New Guinea Institute of Medical Research (PNGIMR), developing and upgrading the skills of our national staff to enable them to take on more senior roles is paramount to sustaining the research programs in the long run.

Through our training program, our national staff members have been attending various specialty training programs both locally and abroad to improve their skills and knowledge in different areas of medical and biomedical research – such as epidemiology, microbiology, pathology, diagnosis, disease management, ethical responsibilities, social science, international public health, communications and information management.

In 2005, through research collaboration between IMR and the Case Western Reserve University in Ohio, USA; a five-year training grant became available from the National Health Institute (NIH) under the Fogarty International for capacity building of nationals involved in the research collaboration.

This set the formal beginnings of a comprehensive training program at the Institute and also led to an agreement between the University of Papua New Guinea to train and groom potential science graduates into biomedical and medical researchers.

That same year saw the first recruitment of students into our Internship, Honours and Masters Programs.

Since then, over more than 70 students have passed through the Internship program, 55 have graduated with Honours and eight with Masters in Science and Medical Science.

Seeing the positive results it had on capacity building the second trench of the Fogarty grant in 2011 concentrated on developing the Master's and Doctoral degree graduates.

Apart from the Fogarty program, IMR's training unit also supported staff to go for aid scholarships abroad through the New Zealand Aid, Australian Aid, Fulbright, Swiss Tropical Public Health, Asian Development Bank and Japanese programs.

Six years on, IMR's training program

has produced 19 Masters and 4 Doctoral degree graduates and they are currently working at IMR.

Early this year, the Institute reached a significant milestone when one of its female national scientists graduated with a Doctoral degree – Dr Janet Gare is now PNG's only HIV specialist, specializing in HIV drug resistance.

Currently four staff members are working towards attaining their Masters while five others are working towards getting their Doctoral degrees in various research fields – four of them women.

The training program has indeed been one of IMR's success stories over the years primarily because of its objective - to build the research capacity of its national staff in biomedical research.

"IMR is PNG's only biomedical research facility and we need to have specially trained biomedical and laboratory specialists to continue to work and serve PNG in this field," says Professor Peter Siba, IMR's Director.

"Training and building the capacity of our national staff is the only way we can have more national staff who are specialists working in different areas of research IMR."

"We cannot continue to rely on international experts to fill in these 'specialists' gaps – it's high time PNG and in particular the IMR develop its own national staff as they will be the next generation of specialist scientists to take the Institute and biomedical research forward for PNG."

Our training program is designed in a way that different training stages simultaneously link up to each other – from internship to doctoral degrees.

Student or staff members who perform extremely well in their IMR research projects and the students' educational projects are given pathways for further career developments.

Staff members and students in this category are listed as potential candidates and are earmarked for possible scholarships within the country (UPNG) and out of the country through Australian Awards, New Zealand, Fogarty Scholarship, STPHI and others for PhD programs.

They all have access to supervisors on the ground with internal educational

experience at IMR to guide them in their research projects and their studies with facilities available through the IMR as an Institution.

IMR is proud that a good percentage of students and staff recruited through the different capacity building programs (Internship, Honours, and Masters) are retained at IMR and who work through to the PhD program.

Staff and students that access this program have also shown great ability in health research within and out of the country in the specialty fields.

Travel Award.

"In line with the Institute's strategic plan 2011-2020, we hope to have at least eight PhD holders – nationals working at IMR and so far we have archived that and have gone some steps further with more than the eight target," said Prof Siba.

"So I am very pleased with our training program and the management will continue to assist staff in terms of training as this is the way forward for sustaining IMR for the future."

Apart from training, we are also encouraging our young national scientists to write and publish papers as well collaborate and grow their network so they can learn and become better scientists."

For the PNGIMR, it is hoped that in the long run, PNG will have a pool of local scientists, with the knowledge, skills and experience to provide infectious disease awareness to communities in the country, while having the ability to promote infectious disease research in PNG and on an international scale.

**Since 2005:**

**More than 70 internship students**

**55 graduated with Honours**

**19 graduated with Masters**

**4 PhD graduates**

**Currently:**

**4 are doing their Masters**

**5 PhD students**

# IMR partners in a new research program

**The PNG Institute of Medical Research (PNGIMR) in partnership with the Burnet Institute and three other organizations are conducting a two-year research program in East New Britain province.**

The 'Healthy Mothers Healthy Babies (HMHB)' Research Program is a partnership between the IMR, Burnet Institute, University of Papua New Guinea and the East New Britain Provincial Government.

This program will be fully funded from private donations - especially from individual philanthropists, business people and corporations in Australia and PNG making it, a new research initiative that is being implemented in PNG.

Under this partnership, the HMHB program will conduct five different studies to investigate problems and potential solutions for improved care of mothers and babies during pregnancy, childbirth, and shortly after birth; as well as specific aspects of the reproductive health of young men and women in the province.

HWHB's Study 1, is well underway tracking pregnant women from their first antenatal clinic visit until 12

months after childbirth; and collecting information on pregnancy and the newborn period, covering nutrition, anaemia, clinical complications of pregnancy and childbirth, family planning, infections such as malaria, TB and STIs, as well as how mothers use health services in the Province.

In July, a team from the Burnet Institute travelled to Goroka and met with HMHB co-investigators at the PNGIMR.

The team led by Prof. James Beeson met with Prof. Peter Siba, Director of IMR and other senior scientific staff who are also co-investigators of HWHB to discuss progress on the current Study 1, and plans for future HMHB studies, particularly Study 2 which has just started this month.

Currently, the PNGIMR is conducting some studies, but in other provinces, with different populations, who have different health status and lower levels of access to health services,

compared with ENB. These studies have some similarities to the HMHB studies.

The meeting provided an opportunity to discuss progress and plans for sample testing, data analysis, and collaborative linkages between the institutions involved in the study.

The team also benefited from hearing about IMR's experience on how to do successful follow-up work in this type of study and as well drew on the Institute's expertise to help evaluate and analyse Burnet's development projects, such as the Sexual Health Improvement Program.

The collaboration between PNGIMR and Burnet Institute will facilitate future comparisons between these studies, enabling an analysis based on provinces with different health indices.

The HWHB program started in 2014 and will end in 2016

## Staff attends world meeting on bio risk management

Biorisk management is all about ensuring safety in all levels of work for staff and biological agents – promoting safe working habits among staff and a safe conducive working environment for all.

Biological agents include human specimens such as blood, sputum, wastes, body secretions and chemicals in the forms of liquid, gas or powder.

In settings such as the IMR where the handling of biological agents is common and on a daily basis, it is best practice to have specially trained and skilled personnel to implement biorisk management policies.

In July this year, Absalom Mai, a Senior Occupational Health and Safety (OHS) Officer at the Institute became the first staff member and Papua New Guinean to successfully complete his professional certificate training in biorisk management from the International Federation of Biosafety Association (IFBA) based in Ontario, Canada.

The training was done through correspondence.



*Absalom Mai*

This achievement makes him the only certified person in the country to practice biorisk management.

"The training was very helpful in a sense that it increased my awareness of the importance of biorisk management such as how to protect staff when handling agents in the laboratories and as well how to protect these biological agents from getting into the hands of terrorists," says Absalom.

Absalom hopes with his new learning experience, and with the support of the management of the Institute, he can

apply his expertise to assist the Institute to strengthen its biosafety programs.

"In the near future I would like to adapt some of the best practises learnt into IMR's current occupational and health safety management programs to protect the staff and the agents that are being used in the Institute's various laboratories," he said.

These include updating the inventory lists of all bio agents that are being used at the Institute and also doing more awareness and training for staff on biorisk management.

"This is so to increase the level of awareness among staff of the potential risks involved in handling various bio agents, so as to minimize costs and damage that may incur."

Absalom is currently a member of the Australia/New Zealand Biosafety Association and is the only certified Papua New Guinean currently registered with to the Association.

His trip was sponsored by the Asia Pacific Biosafety Association and supported by the IMR.

# Staff member attends three-month Leadership Program

The Institute’s Human Resource Manager is among 25 participants from across the Pacific region currently attending a three-month Pacific Islands Leadership Program (PILP), a competitive leadership scholarship program jointly funded by the East West Centre in Hawaii and the government of Taiwan.



“Also the opportunity to learn from other young leaders/managers in the Pacific - something I look forward to doing over the next ten weeks.”

This training experience will also be an added bonus for IMR Human Resource Unit.

“With the role that I am doing at the IMR and due to the very diverse workforce we have and the issues that we handle daily, it needs critical thinking and reasoning and such learning opportunities gives a heads up to meeting those needs. “

Using this experience, Denver hopes to plan out a pathway to have it implemented now and into the unknown.

Apart from Denver and the other three Papua New Guineans, other participants come from Solomon Islands, Fiji, Vanuatu, Tonga, Samoa, Palau, Kiribati, Niue, Tuvalu, Nauru, Guam and the Federated States of Micronesia.

Denver’s training opportunity was made possible through the endorsement and support from the Institute’s management and the Training Committee.

Meanwhile, Mary Amos, Senior HR officer, will oversee the general operations of the HR Unit in Denver’s absence.

Of the 25 participants, Denver Ame Kave is among four other Papua New Guineans to be awarded a placing in this prestigious program which will see them attending an intense training spread over 10 weeks in three different countries.

This will include six weeks training at the East West Centre in Hawaii, USA, one week’s training in Narita, Japan followed by a month’s field study at Taiwan’s Ministry of Foreign Affairs Institute of Diplomacy and International in Taipei, Taiwan.

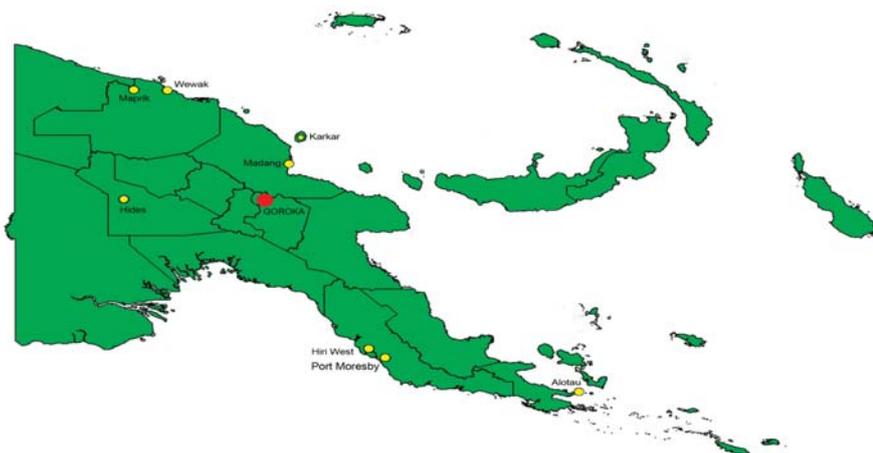
The PILP is designed to provide opportunities to enhance the leadership

capacities of individuals in the Pacific region and as well build a network of young leaders across the region and will include course topics such as applied leadership skills, future scenario planning, social entrepreneurship, risk analysis and human capacity building in the Pacific.

For Denver, the next 10 weeks will be about learning new leadership skills and networking with other participants.

“What really captivates my interest in the program is it gives me an opportunity to learn about building leadership capacities within the developing countries,” said Mr Kave.

## OUR LOCATION



**Head Office  
Goroka**

**Ph: +675 - 531 4200  
Fax: +675 - 532 1998**