



FOR A MALARIA-FREE WORLD

# Roll Back Malaria Partnership Case Management Work Group #9

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Acting Co-Chairs

S&C Orangerie, Basel  
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Center for Global Health

Malaria Branch, Division of Parasitic Diseases and Malaria





Introduction

# **OBJECTIVES AND AGENDA**

# **RBM Case Management Work Group #9 Objectives**

- ❑ **Reconvene global malaria partners to share experience and evidence on best practices for improving malaria case management**
- ❑ **Review terms of reference for CMWG in the revised RBM partnership**
- ❑ **Decide on future leadership and organizational structures**
  - **Co-chair selection**
  - **Current workstreams**
    - Expanding Access
    - Diagnosis
    - Pharmacovigilance
    - Resistance

\* Citations, references, and credits – Myriad Pro, 11pt

# RBM Case Management Work Group #9

## Agenda: Day 1 morning

Session 1	Introductions, objectives, technical presentations	Chairperson Elizabeth JUMA
10:00 – 10:20	Welcome and introduction of participants	Patrick KACHUR
10:20 – 10:30	Overview of agenda and objectives for CMWG-9	Elizabeth JUMA
10:30 – 11:15	<u>RBM Secretariat issues</u> Presentation of RBM architecture and Working Group TORs (20 min) Question and answers Discussion	Konstantina BOUTSIKA
11:15 – 12:00	<u>Global updates</u> Recent issues in malaria case management since 2014 (15 min) Update from WHO-GMP (15 min) Discussion	Patrick KACHUR TBD
12:00 – 12:30	Experiences with severe malaria observatories and issues (20 min) Discussion	Pierre HUGO

# RBM Case Management Work Group #9

## Agenda: Day 1 afternoon

12:30 – 14:00	<b>Group photo</b> Buffet lunch	
14:00 – 14:30	Experiences with an antimalarial drug resistance network (20 min) Discussion	Eric HALSEY (Meera VENKATESAN)
14:30 – 15:00	Experience implementing proactive iCCM (20 min) Discussion	Diakalia KONE Madeleine BEEBE
15:00 – 15:30	<b>Afternoon break</b>	
<b>Session 2</b>	<b>Work streams</b>	<b>Identify chair and rapporteur</b>
15:30 – 18:00	Small group work in work streams <ul style="list-style-type: none"> <li>• ACCESS</li> <li>• DIAGNOSIS</li> <li>• RESISTANCE</li> <li>• PHARMACOVIGILANCE?</li> </ul>	Self-select
<b>End of Day 1</b>		

# RBM Case Management Work Group #9

## Agenda: Day 2

8:30 – 9:00	Informal small group work	
9:00 – 10:30	Report back from work stream small groups Discussion in Plenary	All
<b>10:30 – 11:00</b>	<b>Morning break</b>	
11:00 – 11:30	Discussion of draft Terms of Reference and plan for finalizing	
11:30 – 12:00	Process and nomination for CMWG co-chairs	
12:00 – 12:30	Any other business	
<b>End of Day 2</b>		



Global perspective

# **RECENT ISSUES IN MALARIA CASE MANAGEMENT**

# **RBM Case Management Work Group #8 Updates**

- ❑ Global Technical Strategy, Action & Investment**
- ❑ Antimalarial drug quality and safety**
- ❑ RDT product testing**
- ❑ Case management and RDTs in private sector**
- ❑ Adapting to the Ebola emergency**
- ❑ iCCM and RACE project**
- ❑ Severe malaria commodities**
- ❑ Measuring and improving adherence**
- ❑ Global drug efficacy networks**
- ❑ Artemisinin resistance markers**

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# Pharmacovigilance

- ❑ **ERG on cardiotoxicity of quinolone antimalarials**
  - CQ, mefloquine, quinine, quinidine, AS+AQ, DHA+pip
  - Low risk of ventricular tachyarrhythmias and sudden death
- ❑ **Target product profile for ivermectin as transmission blocking endectocide**



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# Antimalarial drug resistance

- ❑ **Criteria for classifying AS resistance**
- ❑ **Molecular markers of AS resistance**
- ❑ **Independent AS resistance emergence events**
- ❑ **Multi-drug resistant lineage in w Cambodia**
  - Piperaquine resistant
  - Driving partner drug resistance
  - Replacing other populations
- ❑ **Prioritizing regional elimination (including MDA)**
- ❑ **Protecting the partner drugs**
  - Extended duration of therapy
  - Triple combinations
- ❑ **Guyana Shield**



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# Diagnosis

- ❑ Transition to WHO prequalification program for mRDTs
- ❑ Guidance for local RDT quality control
- ❑ HRP2 deletion situation and guidance
- ❑ Highly sensitive (HRP2) RDT
- ❑ G6PD field test
- ❑ Submicroscopic infections



# Expanding Access

- ❑ **Severe malaria drugs and formulations**
- ❑ **iCCM evidence base**
- ❑ **Universal Access: WHO Call to Action**
  - Review existing coverage gaps
  - Assess barriers to access
  - Strategies to overcome
- ❑ **Proactive iCCM**
- ❑ **Diagnostic and therapeutic tools outside conventional case management**





**For more information please contact Centers for Disease Control and Prevention**

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