

Case Management Working Group Meeting 27th and 28th July, 2011

Drug Resistance Management Work Stream Progress

27th July, Geneva



Resistance work stream members

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Partnership Target and Deliverable

Target F

Global and regional strategies for drug and insecticide supply and resistance management to be developed by relevant RBM WGs and WHO-GMP, rolled out, and fully implemented by end 2011

Deliverable 13

All Constituencies are implementing an agreed resistance management strategy



Activity 13.1 Share widely with partners WHO guidance on drug resistance prevention and containment and develop consensus around strategy

1. Sharing of drug resistance strategy
2. Prepare slide presentation of drug resistance strategy



Activity 13.2 Develop an operational framework for implementing a partnership strategic plan to manage resistance

1. Guide to countries on strategies to operationalise GPARC strategies (funded)
2. Budget devised to strengthen African resistance monitoring networks (funded)



Activity 13.3 Support Phase-out of AMTs and other inappropriate drugs

1. Support the development of a web-based interactive platform serving as a database to track drug treatments in each MEC (not funded)



Work plan activities for 2010/2011

Sharing of drug resistance strategy

Prepare slide presentation of drug resistance strategy

Review past containment strategies (funded)

Guide to countries on strategies to operationalise GPARC strategies (funded)

Budget devised to strengthen African resistance monitoring networks (funded)

Support the development of a web based interactive platform serving as a data base to track drug treatments in each MEC (not funded)



Purpose of the document to review past containment strategies

Through a review of management and containment efforts of past drug resistance this document aims to:

- Ensure that current efforts are informed by experience, identifying key success factors and barriers to progress;
- Document and make widely available historical information that could otherwise be forgotten.

This review is targeted at those responsible for developing and supporting global, regional and national drug resistance containment strategies.



Outline

1.Introduction

2.Case Studies & Analysis

- Lesson Learned 1
 - Description
 - Analysis
- Lesson Learned 2
 - Description
 - Analysis
- Lesson Learned 3
 - Description
 - Analysis
- Lesson Learned 4
 - Description
 - Analysis

1.Discussion

➤ Linking Past to Present, focusing on:

- Acknowledged, acted upon
- Acknowledged, Not acted upon
- Not acknowledged, not acted upon

2.Conclusion

- Summary & Way Forward



Three Stage Process...

Stage 1

Mapping of past lessons learned for consideration

Stage 2

Review and assessment of the level of information available and selection of final lessons learned for inclusion

Stage 3

Data collection (literature review, grey literature, key informant interviews), analysis and write-up of selected lessons learned



Stage 1: Mapping of past lessons learned for consideration...



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Stage 2: Selection of final lessons learned for inclusion

Example Lessons learned...

Lesson Learned	Case Study	Topic
It's not just what you do but how you do it... - Accessing hard to reach populations	Global shift to ACTs	Ensuring access to appropriate medicines
Politics can be more powerful than evidence (but this can be mitigated)	Resistance containment on the Thai-Cambodian border	Working with countries & pharmaceutical companies to stop manufacturing of inappropriate medicines

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Stage 3: Data collection, analysis & write-up

Sources of data will include:

- Literature search
 - Published literature
 - Grey literature

- Key informant interviews with those involved in selected efforts to manage and contain past drug resistance



New developments in 2011/12

Resistant parasites detected in sites outside the Thai/ Cambodian Border

Bago East Myanmar MARC developed based on GPARC

T----- province Vietnam

Possibly Yunann province China



Areas of interest to contain resistance for 2011/2012

Document countries still registering artemisinin monotherapies for oral use and advocate for discontinuance of registration

Advocate for strengthening laws against sale of Artemisinin monotherapies

Mechanisms to Increase cooperation between public and private sectors to improve quality of care, including reporting and follow up of cases example of PPM in Cambodia

(Some countries have banned the sale of ACTs in the private sector eg Thailand and Burundi)

Promote the introduction of Pf gametocyte clearance including mapping G6PD deficiency and where primaquine is safe to use

Develop adequate resistance monitoring for resistance to Chloroquine (and primaquine) in the treatment of vivax malaria

Document activities to be implemented as countries move from control to elimination based on experience gained in the containment project and other areas where very low endemicity has been achieved