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Summary of Joint Assessment of artemisinin resistance containment and Australia Malaria 2012 Conference

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PREVENTION | DIAGNOSIS | TREATMENT | RESEARCH

Joint Assessment of the Response to Artemisinin Resistance in the Greater Mekong Sub-Region (GMS)

Carried out in partnership with*:*
The World Health Organization (WHO)
Department for International Development (UK)
US Agency for International Development (USAID)
President's Malaria Initiative (PMI)

Sponsored by:
Australian Agency for International Development (AusAID)
Bill & Melinda Gates Foundation (BMGF)

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Purpose and Rationale of the Joint Assessment

To undertake an analysis of current strategic frameworks, epidemiological data, technical and programme responses to artemisinin resistant malaria in the GMS

To inform countries and international agencies of opportunities to advocate for high political commitment and support for countries in the region to address this issue

Artemisinin resistance containment (ARC) achievements

- The GMS Therapeutic Efficacy Studies (TES) network, under WHO coordination, has detected and mapped resistance.
- The first ARC efforts, in Cambodia and Thailand, had a major impact in containment Tiers 1 and 2.
- Malaria surveillance systems have significantly improved during the early containment efforts of 2009 to 2011;
- Better access to diagnosis and treatment through community based agents has increased appropriate treatment;
- LLIN/ITN coverage has increased in several of the countries, particularly in Tier 1 and 2 areas;
- Artemisinin-derivative monotherapy (AMT) is virtually eliminated in the public sector;
- Cross-border collaboration between governments has increased.

Recommendations

Ten fields of action

1. Intensify current field operations and manage them for results

- Clearly **define roles of all levels** (including global and regional but especially at different levels within countries);
- Ensure **regular supportive supervision** at all levels;
- Collect and **use implementation data to manage** operations;
- Achieve **100% coverage** of key interventions (RDTs, ACTs, LLINs**) in Containment Tiers 1 and 2**. Good systems to **maintain coverage**;
- **No stock-outs** of essential commodities.
- **Strengthen malaria surveillance** systems and **train staff to interpret data and respond** to warning signs;
- Fully use **agreed M&E frameworks** based on routine and survey data;
- Share lessons from **village malaria workers** in Cambodia with other countries.

2. Secure adequate financial resources

- Lobby to increase domestic resources;
- Development partners advocate for more resources at regional and global level;
- Assess and plan for consequences of GFATM financial constraints;
- Consider emergency reserve funds to allow more rapid start-up of containment efforts in new areas;
- Ensure continued support for drug efficacy monitoring in Africa as well as elsewhere to ensure the earliest possible detection of problems.

3. Clarify and implement policy decisions on diagnosis and treatment

- Clarify use of atovaquone/proguanil (Malarone™) in Thai-Cambodia containment operations;
- Clarify and promote use of primaquine in *P. falciparum* treatment;
- Promote policy of all treatment preceded by parasitological diagnosis, including in the private sector;
- Seek passage of laws and take other measures to eliminate use of artesunate monotherapy in the private sector in all countries.

4. Build political support

- Influential stakeholders seek to build political awareness of the importance of artemisinin resistance in concerned countries and regionally/globally;
- Continue to build political support through ASEAN, SAARC, APEC and WHO global and regional bodies;
- Use media to build political awareness;
- Affected countries to use regional organizations and bodies to advocate for artemisinin resistance and to secure cooperation on regional agreements;
- Where appropriate, lobby for action on artemisinin resistance in the context of health security;
- Sensitise African, and other, leaders outside of the GMS to the future threat.

5. Strengthen coordination and oversight mechanisms

- Ensure all countries have **an established group for ARC coordination that meets regularly**, defines action points and follows-up;
- **Ensure WHO has financial and human resources** to effectively play its role

6. Maintain, expand and improve drug efficacy surveillance networks

- Ensure that the GMS TES network is maintained and operates according to agreed standards under WHO coordination;
- Ensure links between NMCPs and research institutions to conduct additional studies (molecular markers, pharmacokinetic, in vitro) to complement TES;
- Progressively move to gather more detailed data on each malaria case to guide focused intervention.

7. Accelerate priority research

- Ensure informal meetings between **researchers and NMCP managers** to agree on (a) priority research agenda, and (b) mechanism to coordinate research and sharing of data;
- Charge a small expert group with managing **a "fast-track" research agenda**. This may be the Technical Expert Group on resistance and containment that has been requested by the Malaria Programme Advisory Committee;
- Allocate **adequate and flexible funding**;
- **Clearly define the role of Day 3 parasitaemia surveillance**, issue detailed procedures, test response strategies and monitor closely;
- Support **collaborative research** efforts to maximize use of resources, skills and samples.

8. Target high risk populations and behaviours and engage with relevant employment sectors

- Focus on **migrants and mobile populations** (including seasonal workers) and other groups exposed by occupation (including military);
- Seek to understand **who gets malaria, where and why** (occupational or living style risks) engaging not just epidemiologists but also social scientists;
- **Proactively test innovative approaches to malaria prevention and treatment in these populations**, including through transit route or work site interventions working with labour organizers, employers and others;
- **Engage other sectors** (e.g. mining, forestry, labour) for effective control of malaria among migrant workers to reduce the risk of emergence and spread of arteminisin resistance.

9. Prioritize Myanmar
(while maintaining strong artemisinin resistance containment activity in ALL GMS countries)

- Recognize that Myanmar requires special and urgent additional attention

10. Engage with the pharmaceutical sector

- Work to overcome current bottlenecks in prequalification that would allow regional producers of ACT to supply the international market (and stop producing artemisinin monotherapy);
- Work towards an enforceable regional agreement banning the sale and export of artemisinin monotherapy;
- Lobby for artemisinin resistance containment in the context of growing regional interest in ensuring access to quality medicines and rational use of antimicrobials.

Overall conclusions

- A good, if delayed, start to addressing artemisinin resistance in the GMS.
- Already some impressive impact of ARC activities.
- In general the approach outlined in the Global Plan for Artemisinin Resistance Containment is appropriate. Some adaptation may be necessary.
- Overall, however, not enough is yet being done, with enough intensity, coverage and quality, to contain artemisinin resistance.
- Inadequate investment of money, other resources, effort and coordination now is likely to bring high future costs in human lives, and financially.

MALARIA 2012
Saving Lives in the Asia-Pacific

hosted by the Australian Government through AusAID

Malaria 2012: Saving Lives in the Asia-Pacific

31 October – 2 November 2012

Sydney, Australia

Malaria 2012 will build on progress to date towards the global target of eliminating malaria-related deaths by the end of 2015.

Policy and Technical: 31 October – 1 November 2012
Examining the development challenges and opportunities for combatting malaria in the Asia-Pacific.

Ministerial-level meeting: 2 November 2012
Strengthening regional political commitment for controlling and eliminating malaria in the Asia-Pacific. Co-hosted by the Australian Foreign Minister, Senator Bob Carr, and Ray Chambers, the UN Special Envoy for Malaria.

Attendance is by invitation only. Formal invitations, registration and agenda details will be circulated in late July.

For more information, please contact malaria2012@ausaid.gov.au

Malaria 2012 – Sydney

Malaria Control and Elimination in the Asia-Pacific

- Representatives from over 30 countries and 130 organisations in the Asia-Pacific region and beyond met in Sydney, Australia, from 31 October to 2 November 2012

- They committed to take urgent collective action to contain drug-resistant malaria.

Malaria 2012 Sydney Commitments

- i. strengthen political and technical leadership in the region and establish **the Asia-Pacific Leaders Malaria Alliance**. The alliance will be country-led and comprise eminent persons charged with advocating for rapid action to combat drug resistance, and for accelerating the fight against malaria. Working with existing regional institutions the alliance will check our progress.
- ii. convene a task force to explore options to close the financing gap.
- iii. convene a task force to improve access to quality antimalarial medicines and technologies in the Asia-Pacific region.
- iv. expand the coverage of effective malaria interventions, in partnership with non-government organisations and the private sector. Areas where artemisinin resistance has emerged, at risk communities and building health system capacity will be priorities.
- v. Identify and coordinate priority research and development to create new tools or improve existing tools for better program and policy impact.

Background Papers – Malaria in the Asia-Pacific

1. Burden, success and challenges
2. Challenges and opportunities for sustainable financing
3. Challenges and opportunities for access to quality medicines and other technologies
4. Modelling the current and potential impact of artemisinin resistance and its containment
5. The role of the private sector in ensuring equity and access to services

- http://malaria2012conference.com