

Case Management Working Group Meeting 11 to 13 June, 2012

Drug Resistance Management Work Stream Progress

11 June 2012, Geneva



Resistance work stream members

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Where the workstream fits in GMAP and its indicators

- **GMAP Objective 1: Reduce global malaria deaths to near zero by end 2015**
- **Target 1.1 Universal access in public sector**
- **Target 1.2 Universal access in private sector**
- **Target 1.3 Universal access to CCM**
 - Confirmed cases receive treatment with appropriate and effective antimalarial drugs

Activities carried over from 2011

Activity

- Review of management and containment efforts of past drug resistance
- Review of efficacy monitoring networks

Status

- Final draft
- Completed – preparing dissemination

Workplan activities 2012

- 1. Develop consensus statement for RBM Board advising GFATM TRP to require funded countries to track TES every 2 yrs as an indicator of performance**
- 2. Collate existing sources of data on whole range of AM drugs registered/ available in a limited number of countries - budget \$7,000**
- 3. Develop consensus statement for RBM Board to reemphasize implementation of AMT ban**
- 4. Develop a consensus statement for RBM Board to recommend drug quality assurance as a key component of minimizing resistance**

Antimalarial Quality

- Consensus statement was drafted
- Recent review shows problem remains severe
- WHO emphasises problem in new documents
- WWARN recently released information on antimalarial quality which highlight the scale of the problem and the information gaps. <http://www.wwarn.org/resistance/surveys/antimalarial-quality>

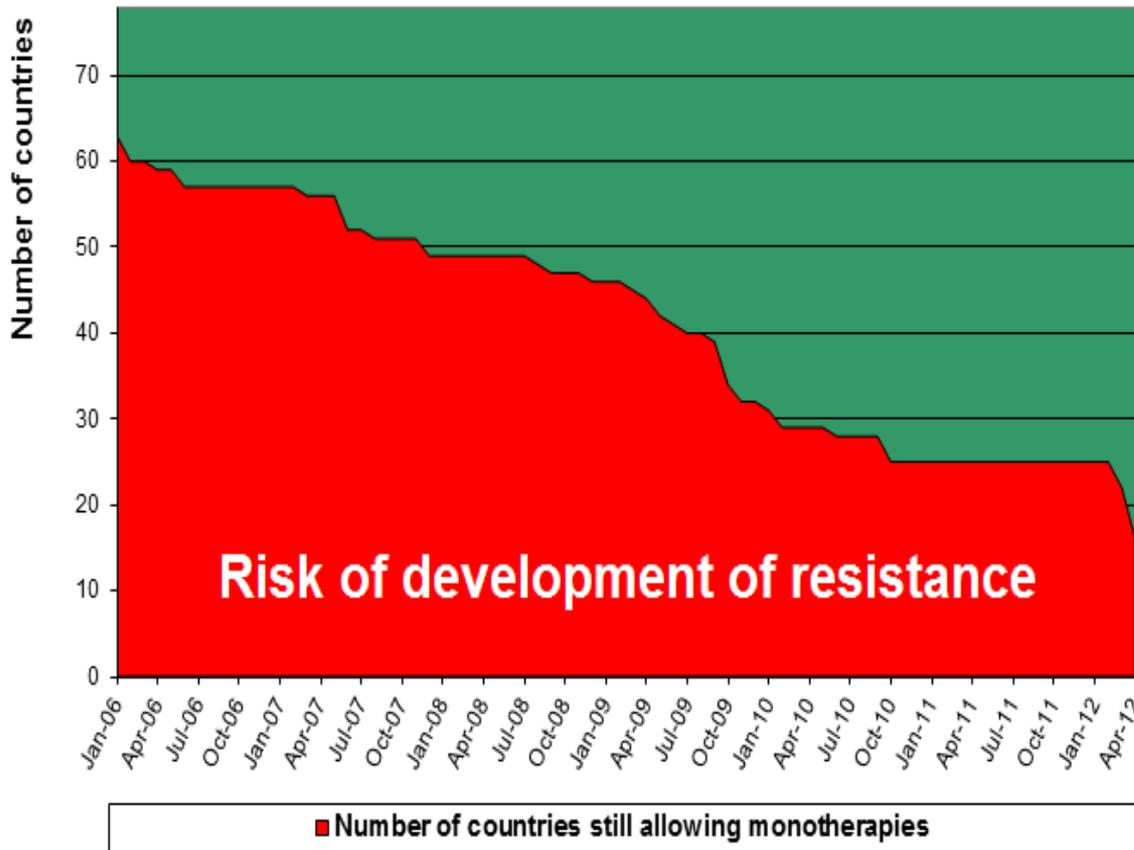
WHO inputs on resistance monitoring and drug quality

- **WHO Statements Issued**
 - Update on artemisinin resistance – April 2012
 - Status of drug-resistant malaria along the Thai Myanmar border, 9 May 2012
- **WHO-GMP has set up standing Technical Expert Group to advise on drug resistance**

Oral artemisinin-based monotherapies

http://www.who.int/entity/malaria/monotherapy_NDRAs.pdf

**National Drug Regulatory Authorities:
16/78 (21%) still allow oral monotherapies**
(last updated 18.04.2012)

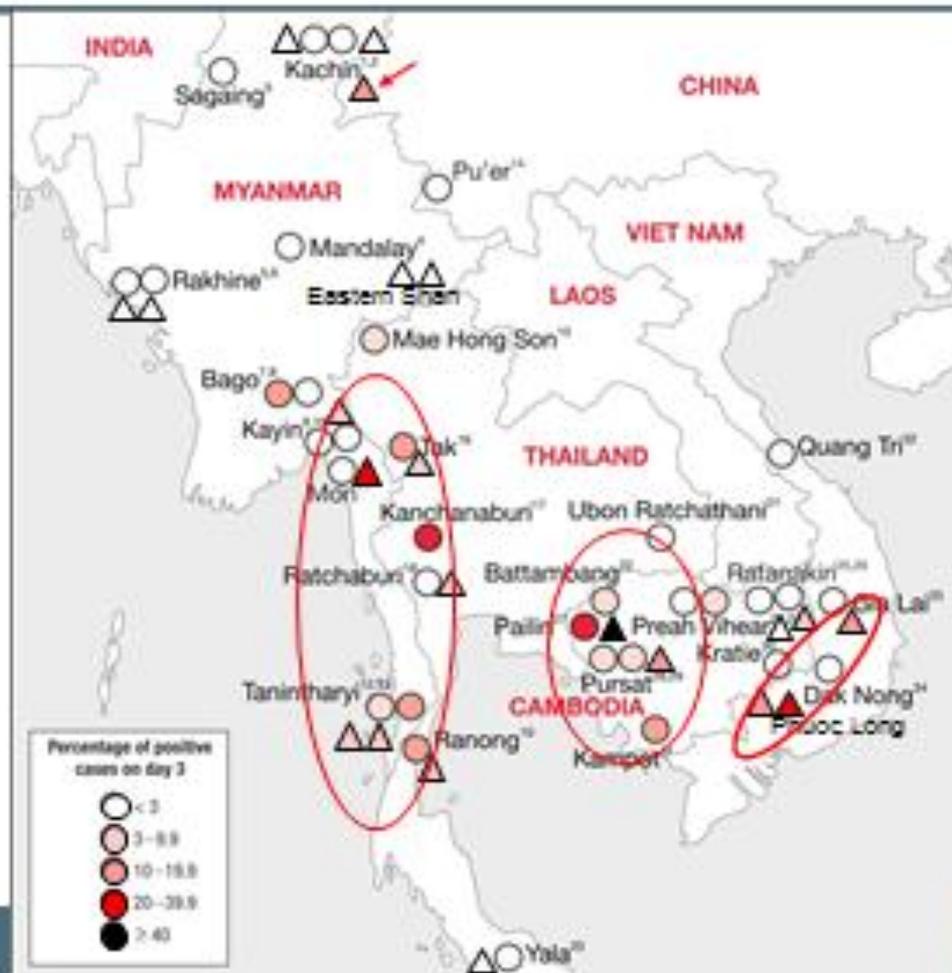


National health authorities which still allow marketing of oral artemisinin-based monotherapy medicines	
16 national health authorities have yet to withdraw their respective marketing authorization of oral artemisinin-based monotherapies	
Angola Cape Verde Chad Colombia Congo Gambia Sao Tome and Principe Swaziland Togo Vanuatu	10 national health authorities announced to WHO the intention to withdraw marketing authorization of oral artemisinin-based monotherapies
Bolivia Equatorial Guinea Myanmar Papua New Guinea Somalia Timor Leste	6 national health authorities still allow the marketing of oral artemisinin-based monotherapies for the treatment of uncomplicated malaria
Total number of national health authorities	16

Other major events and steps in resistance response

- **Suspected artemisinin resistance identified beyond Thailand and Cambodia in Myanmar and Vietnam**
- **Myanmar artemisinin resistance plan implemented for one year**
- **Cambodia and Thailand continue**
- **Vietnam mobilising resources**
- **Joint assessment of artemisinin resistance response presented to ASEAN and donors**
- **WHO developing regional framework**
- **Research continues to identify markers and track and understand resistance**

Percentage of positive cases on day 3 after ACT



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 Mekong

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

- Cost of containment activities is high compared to ongoing control, so clear value is needed to justify continuation and prioritisation over control including where burden of disease is higher**
- New partners want to know if there is a gap in response**
- After 3 years of scaled-up response in Thailand and Cambodia there are data to assess if the strategy is right and can be implemented**

Conclusions of Joint Assessment

- Intensify current field operations and manage them for results
- Secure adequate financial resources
- Clarify and implement policy decisions on diagnosis and treatment
- Build political support
- Strengthen coordination and oversight mechanisms
- Maintain, expand and improve drug efficacy surveillance networks
- Accelerate priority research
- Target high risk populations and behaviours and engage with relevant employment sectors
- Prioritise Myanmar (while maintaining momentum elsewhere)
- Engage with the pharmaceutical and other sectors