

Case Management Working Group Meeting 5 to 7 March, 2013

Update from the Drug Resistance Management Work Stream

6 March, 2013, Annecy



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*

RBM Core Impact Areas

Funding (Resource Mobilization)

Sufficient resources should be available to sustain:

- Universal coverage of vector control interventions (IRS and LLINs) and case management (diagnostic testing with RDTs and microscopy, treatment of uncomplicated malaria with ACTs and treatment of severe malaria, and surveillance)
- Supporting interventions to ensure the delivery and uptake of these services at all levels
- Capacity to implement (endemic countries HR)

There should be funding pool for addressing eventual resurgences of epidemics. If coverage is allowed to drop, there is a very serious risk of malaria outbreaks and epidemics, rebound will be swift and severe.

Partner harmonization

(in the core RBM function of convene, coordinate and facilitate communication)

- Disease control (Addressing capacity gaps and scaling up of WHO-recommended malaria interventions: diagnostic testing, antimalarial treatment, and surveillance; BCC, prevention, detection and containment of insecticide resistance and antimalarial drug resistance)
- Highest value-for-money commodities (insecticides, LLINs, RDTs, and ACTs, and drugs for severe malaria and prevention) available as locally appropriate in both the public and private sectors and at the community level.

Advocacy

RBM defines advocacy as efforts to increase the allocation of resources for malaria control, for scaling up malaria prevention, treatment and operational research. Therefore advocacy is closely interlinked and supports the above two core impact areas.

Remaining Workplan Activity 2012

- 1. Develop a consensus statement for RBM Board to recommend drug quality assurance as a key component of minimizing resistance**
 - Submitted to last board meeting but not accepted for discussion

Proposed activities in 2013 Workplan

1. Drug availability (cont. from 2012): Collate and publish information (# countries) on availability of antimalarial drugs on market vs. those registered, develop advocacy strategy based on findings

2. Advocacy and communication on drug resistance containment and management efforts

Strengthen links between the Drug resistance WS and WHO TEG on resistance and support dissemination of resistance strategy and key messages from the TEG (how?)

3. Vivax resistance - need to define?

4. Engaging pharmaceuticals and other sectors

4.1 Convene regional meeting targeting manufacturing associations in key countries to share key messages, strategies and role of the industry in effectively responding to resistance

4.2 Support WHO to develop and disseminate key messages for manufacturing industry

5. Drug quality: *Convene meeting of partners working on new technologies to test drug quality to share what is being done in this area, the technology available and its validation for field use*

6. Support countries with Chinese drug donation programme new application process:

Develop template/guidance and provide examples of successful applications

Funded Activities in 2013 Workplan

- **None**
- **So we are looking at which are high priority that we can do without funding or will try to mobilise resources to cover**

Plans to undertake activities in 2013 Workplan - 3

- **1. Drug availability: Collate and publish information (# countries) on availability of antimalarial drugs on market vs. those registered, develop advocacy strategy based on findings**
 - CDC will continue (in discussion with MSF), as minimal funds needed. Drug resistance workstream to review drafts
- **2. Advocacy and communication on drug resistance containment and management efforts**
 - . Workstream will support dissemination of resistance strategy and key messages from the TEG. Malaria Consortium will report back on any relevant public recommendations from TEG on resistance after June meeting
- **3. Vivax resistance**
 - (leave to the Pv Steering Committee).
 - Stay informed and coordinated with other partners

Plans to undertake activities in 2013 Workplan -2

- **4. Engaging pharmaceuticals and other sectors**
- **4.1 Convene regional meeting targeting manufacturing associations in key countries to share key messages, strategies and role of the industry in effectively responding to resistance**
- **4.2 Support WHO to develop and disseminate key messages for manufacturing industry**
 - The workstream thinks this is still relevant. We plan to develop an agenda and budget, then approach MMV, UNITAID, WHO, A2S2 to seek support

Plans to undertake activities in 2013 Workplan - 3

- **5. Drug quality: Convene meeting of partners working on new technologies to test drug quality to share what is being done in this area, the technology available and its validation for field use**
 - We shall ask EDM and other partners if there is a need
- **6. Support countries with Chinese drug donation programme new application process –**
 - No follow up. If not done, WHO could engage ALMA

Issues discussed in group work for further consideration

- **How to support capacity for Therapeutic Efficacy Surveillance in Central African countries**
- **Progress with GPARC:**
 - What does it take to implement it? Are we using it?
 - Without a consistent global set of resources will we have to choose priorities – which are most critical?
- **Where different partners support TES, how to ensure protocol is sound**
- **Subregional TES networks: is support needed to revitalise with a strong link to WHO intercountry teams?**
- **Asian and Western Hemisphere participation in resistance workstream needed**

Conclusions

- **Artemisinin resistance remains a major threat but there is a danger of losing momentum**
- **Sustainability plans for maintaining intense efforts funded by GFATM are at risk in some places**
- **Drug resistance workstream is ready to help in better communication on what is being done and on what is working**