



Fifth MIM PAN-AFRICAN MALARIA CONFERENCE

Joint Symposia on Improving Access to ACTs

SYMPOSIUM 16: IMPROVING ACCESS TO ACTs I: CURRENT EVIDENCE

TUESDAY, NOVEMBER 3, 2009; 10:45 – 12:45

LOCATION: LAKE TURKANA

HOSTS: PSI, WHO, MMV

Increasing access to ACTs continues to challenge the malaria community. In areas of high transmission, children under five years of age are the hardest hit by malaria. Few receive treatment within 24 hours, and if they do, are still often treated with ineffective antimalarials or with antipyretics alone, resulting in unacceptable loss of life. So, what is the best way to increase effective treatment with ACT? Before this question can be answered, it is critical to review the current evidence. Where are antimalarial medicines bought? What types of antimalarials are taken? To what extent are ACTs available and what do providers sell or distribute the most? *ACTwatch* and MMV present evidence from several countries on the quality, availability and use of ACTs – data that will be crucial to policy-makers wrestling with the problem of increasing effective treatment with ACTs. Will an affordable ACT be able to displace ineffective antimalarials from the market and from the minds of patients and caregivers? The findings of several studies to assess the effect of a heavily subsidized ACT provided via the private sector will also be presented.

10:45-11:30 FINDINGS FROM ACTwatch IN 7 COUNTRIES

Kate O'Connell, PSI/*ACTwatch*

Kara Hanson, The London School of Hygiene & Tropical Medicine/*ACTwatch*

11:30-11:45 DETERMINANTS OF TREATMENT-SEEKING BEHAVIOR

Megan Littrell, PSI/*ACTwatch*

11:45-12:25 FINDINGS FROM AMFm-LIKE PILOTS: TANZANIA & UGANDA

Ambrose Talisuna, Medicines for Malaria Venture

12:25-12:45 DISCUSSION

SYMPOSIUM 18: IMPROVING ACCESS TO ACTs II: MALARIA CASE MANAGEMENT IN A CHANGING EPIDEMIOLOGY

TUESDAY, NOVEMBER 3, 2009; 14:30-16:30

LOCATION: SHIMBA

HOSTS: PSI, WHO, MMV

Increasing access to ACTs continues to present a challenge to the malaria community. In areas of high transmission, children under five years of age are the hardest hit by malaria. Few receive treatment within 24 hours, and if they do, are still often treated with ineffective antimalarials or with antipyretics alone. To address the resulting, unacceptable loss of life, the malaria community must focus on increasing rates of effective treatment with ACTs. In the preceding session, we reviewed the current evidence on availability, supply, quality, price and use of ACTs and other antimalarials. In this session, we explore the implications of this evidence for improving malaria case management against a background of decreasing endemicity as a result of effective malaria control interventions and make policy recommendations for the international malaria community and national malaria control programs. Representatives from the WHO, the Clinton Foundation, PSI and MMV discuss the following fundamental questions facing the malaria case management community: What policy shifts are required in case management to reflect the new reality (outlined in session I)? What are the next steps for the global ACT subsidy mechanism (AMFm) for improving access to ACTs? How can we scale up and measure the impact of delivery of ACTs in the community through home-based management of malaria? What new antimalarials are progressing through the pipeline?

14:30-14:50 TREATMENT & DIAGNOSIS: MALARIA CASE MANAGEMENT IN A CHANGING EPIDEMIOLOGY

Peter Olumese, WHO

14:50-15:10 THE GLOBAL ACT SUBSIDY MECHANISM: NEXT STEPS

Oliver Sabot, Clinton Foundation

15:10-15:30 HOME-BASED MANAGEMENT OF MALARIA: SCALING UP AND MEASURING IMPACT

Gunther Baugh, PSI

15:30-15:50 WHAT'S IN THE DRUG PIPELINE?

Tim Wells, Medicines for Malaria Venture

15:50-16:30 DISCUSSION



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