

# Process of Malaria Drug Policy Change:

## Practical Realities in Implementing Novel Treatment Strategies

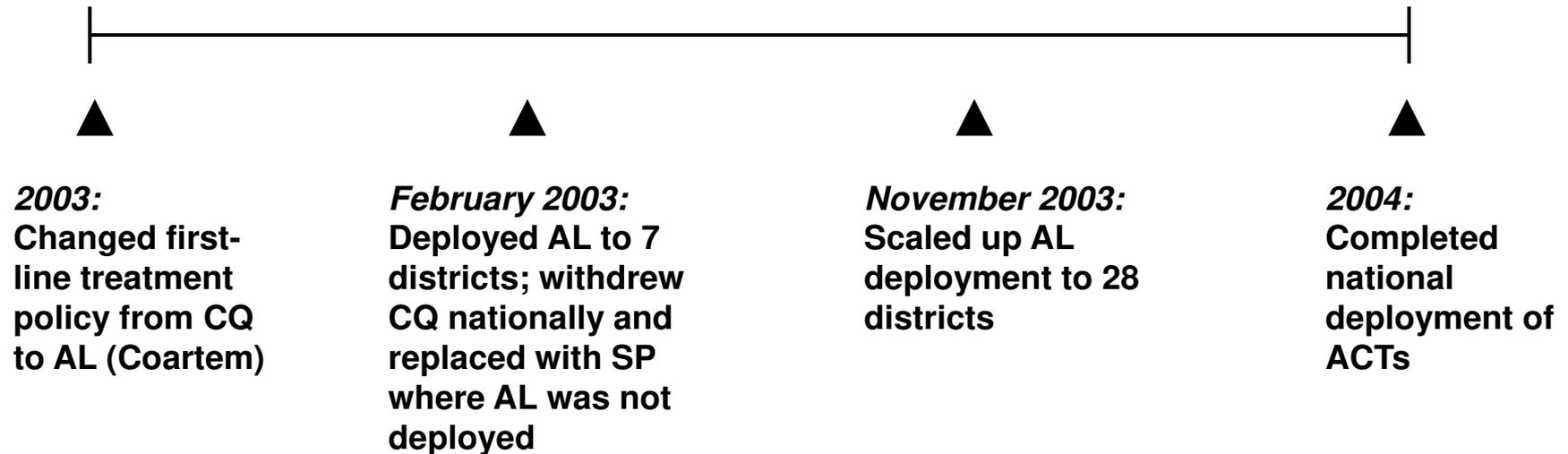
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# Zambia changed its first-line treatment policy to ACTs in 2003

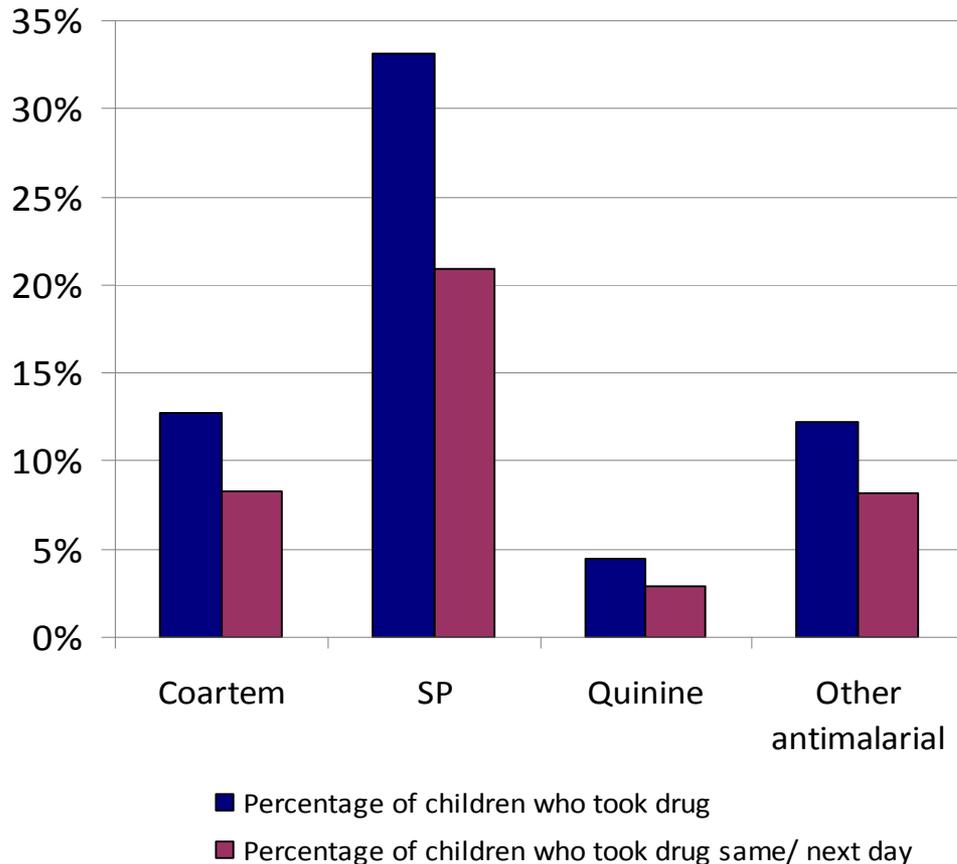
## Timeline for Transition to ACTs in Zambia



**Because of the urgent and widely accepted need to withdraw and replace CQ, the National Malaria Control Center (NMCC) responded quickly with a change in treatment policy to AL (Coartem)**

# Despite the policy change, three years after transitioning to Coartem as first-line therapy, access remained low

## Access to Anti-malarials in Zambia in 2006



- The 2006 Malaria Indicator Survey revealed that when presenting with fever, only 12% of children under 5 received Coartem and only 8% received Coartem within 24hrs



Low access to Coartem underscores the challenges in promoting uptake of a new treatment

# To transition to MFT, governments and their partners will need to assess and address the feasibility of overcoming key challenges (1)

Issue	Description
 <p><b>Regulatory</b></p>	<ul style="list-style-type: none"><li>• <b>WHO prequalification.</b> Most governments require WHO prequalification for national treatments; this process must maintain pace with products on the market to facilitate decisions regarding MFT</li></ul> <hr/>
 <p><b>Product Selection</b></p>	<ul style="list-style-type: none"><li>• <b>Selection guidance.</b> Government needs guidance from technical bodies (e.g. WHO) in selecting appropriate additional treatments, particularly in considering drugs for which a population might have cross resistance</li><li>• <b>Donation screening.</b> Currently, governments are able to refuse donations on the basis of single first-line treatment policies; with MFT, the door will be open to increased donation offers</li></ul> <hr/>
 <p><b>Supply Chain Management</b></p>	<ul style="list-style-type: none"><li>• <b>Quantification.</b> Quantification for a single treatment is difficult without robust consumption data. Demand forecasting for MFT would need to incorporate segment-specific demand (e.g. pediatric vs. adult) and patient and prescriber preferences, among other factors</li><li>• <b>Distribution.</b> Currently, distribution systems struggle to prevent stock outs at health facilities. Drug distribution will need to account for the added complexity of MFT</li></ul>

# To transition to MFT, governments and their partners will need to assess and address the feasibility of overcoming key challenges (2)

Issue	Description
 Usage	<ul style="list-style-type: none"><li>• <b>IEC.</b> IEC campaigns have been tailored to a single first-line treatment. To implement MFT, all IEC messages and materials (e.g. radio spots, advertisements, drug packaging, training materials) will have to be re-scripted, recreated, and re-disseminated</li><li>• <b>Training.</b> Health workers in the public and private sector must be trained on a new treatment algorithm</li></ul> <hr/>
 Health Systems	<ul style="list-style-type: none"><li>• <b>M&amp;E.</b> The introduction of an additional first-line treatment will require increased national surveillance to monitor for adverse events and resistance</li><li>• <b>Strengthening health systems.</b> All supporting interventions (e.g. quantification, distribution, IEC, training, M&amp;E) require increased HR capacity and stronger health systems</li></ul> <hr/>
 Private Sector	<ul style="list-style-type: none"><li>• <b>Application of national subsidy or AMFm.</b> A national subsidy or the AMFm must be synchronized with government decisions on MFT across all overlapping issues. Furthermore, regulatory bodies must have the capacity to monitor MFT in the private sector as well as public</li></ul>

## Next steps for Zambia's NMCC if interested in MFT

<b>Issue</b>	<b>Action</b>
Real cost of transition	Conduct an exercise to determine cost of strengthening supply chain, retooling IEC and training materials, conducting IEC and training
Opportunity cost of transition	Assess the magnitude of the benefit to delaying resistance vs. investing in other malaria control interventions
Supply chain management	Understand logistics and assess capacity of all levels of healthcare to quantify more than one first-line malaria treatment
Product selection	Technical assistance to review and select additional first-line treatment for country population