

Containing resistance

- AMFm offers best chance to making ACTs available widely and displacing monotherapy
- But resistance could arise before AMFm enters full operation or even after
- What then?

Should we plan for instances of resistance tolerance?

- Yes – global public good arguments
- Lessons from Cambodia is that it is difficult to figure out who should be in charge of coordinating a response (both technical and financing aspects)
- What would be the elements of such a plan?

At what level of tolerance should we act?

- What is the scale of the problem
 - o search around places where tolerance is first detected.
- Are there downside risks to waiting too long?
- Are there downside risks to intervening too early?
- What kind of evidence is sufficient to mount a response?

What are appropriate response strategies?

- Eliminate malaria through IRS and ITN (where applicable)
- Exchange artemisinin monotherapies for combinations in private sector
- Speed up distribution of free ACTs in public sector (i.e. deal immediately with stock outs and other supply problems on priority basis)
- Others?

Who would pay for the response?

- Countries
- AMFm?
- Global Fund?
- Special Fund set up at WHO?
- Malaria researchers?

Antimalarial Treatment Strategies: Next Steps

- Modeling
- Implementation Research
- Economic case
- Framing the problem and solution
- Policy updating: challenges and solutions