Conclusions from the Expert Advisory Group Report

Lessons Learned

- The rapidity of the private sector in responding to the AMFm and the delays in the public sector suggest that efforts should be made to streamline public sector ability to respond to AMFm .
- Timing of implementation of public awareness campaigns is important; without exception, those countries that implemented the public awareness and training supporting activities early were more effective at reaching benchmarks.
- The ability to meet benchmarks is dependent on political support and stability within countries.
- When quality-assured ACTs become available at a significant level, those countries with market bans on AMT more rapidly reduced ACT prices and accelerated uptake.
- At multi-country consultations and pharmaceutical manufacturers at an international forum on artemisinin supply there was support for continuation of the program ,preferably with modifications,to take into consideration tRDTs and lessons learned from the experience of Phase 1.
- The EAG recognized the importance of strengthening the health sector and systems in developing countries, but also learned that the existing private sector systems, if engaged under the appropriate circumstances, can be important in their ability to move quickly and save lives, which is ultimately our mission. The private sector also has the capacity to be helpful to the public sector in filling in gaps and shortages, and conceivably helping to improve supply chain management.
- Without the engagement of the private sector, it is very difficult to foresee how a quality-assured ACT program can be sustained within countries in the long run.

Expert Advisory Group Recommendation

- **Continuation but Modification of the AMFm Program:**
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- The EAG believes the results are sufficiently encouraging in the Phase 1 pilot countries that the AMFm program should be continued in Phase 1 pilots and expanded, but only sequentially, to additional countries.
- Learning from the experience and evaluation, there appear to be two key priorities for the selection of new countries:
  - The country is a policy priority either because it has a high malaria mortality burden or because it appears to be a likely venue for development of resistance to artemisinin.
  - The country is an operational priority
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Considerations for a Modified Program

- High malaria burden, particularly high percentage of fevers with malaria parasites
- If expanded to lower burden countries, they should be ones with access to RDTs, and to alternative treatments for fevers not due to malaria
- Political stability and political support, e.g., where a national effort to control malaria exists
- Malaria parasite is known to be sensitive to artemisinin
- High private sector distribution of malaria treatment preferably with community deployment or sale as over-the-counter drugs, and country bans on sale of monotherapy
- Multiple actors in the private sector
- Domestic private sector supply chain can be expected to perform the functions of distribution and delivery to points of retail
- Previous good Principal Recipient grant management performance
- Capacity to set up the communication, training, and social awareness campaigns
- Demonstrated monitoring and evaluation capacity, including the possibility of incorporating an evaluation methodology during implementation
- Plans to build in a gradual phasing-in of increased government contribution to the quality-assured ACT subsidy and/or supporting interventions to sustain it.