# Debrief from Severe Malaria Global Stakeholder Meeting, 8-9 February 2022

**Dr Stephan Duparc, Chief Medical Officer**

**11th RBM Case-Management Working Group meeting**

**Kigali, 28 June 2022**

MMV
Medicines for Malaria Venture

# Presentation outline

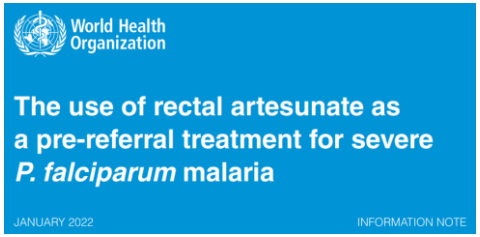
- Context of Severe Malaria Stakeholder Meeting
- Objectives and key themes
- Selected contributions from countries
- Remarks from key agencies
- Update WHO guidance on RAS storage
- Key messages
- Acknowledgements

# Context of Severe Malaria Global Stakeholder Meeting

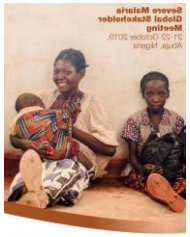
**Rising malaria mortality**[1]


**Reports of artemisinin resistance in Africa**[2]

**CARAMAL project: challenges and deficiencies along the cascade of care**[3]




**Builds on previous meetings: 2019, 2016, 2011**






1. World Malaria Report 2021
2. Evidence of artemisinin-resistant malaria in Africa. N Engl J Med 2021; 385:1163-1171
3. Submitted for publication
4. The use of rectal artesunate as a pre-referral treatment for severe *P. falciparum malaria.* WHO Information Note, January 2022 https://apps.who.int/iris/handle/10665/351187

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# Objectives and key themes

Day 1:

Latest information/evidence on rectal artesunate and injectable artesunate + ACT use

- Progress update toward adoption of RAS globally
- RAS implementation experiences from CARAMAL and beyond
- Latest WHO operational guidance on RAS use deriving from CARAMAL findings
- Artemisinin resistance update in Africa
- Update on RAS formulations and temperature stability under field conditions

Day 2:

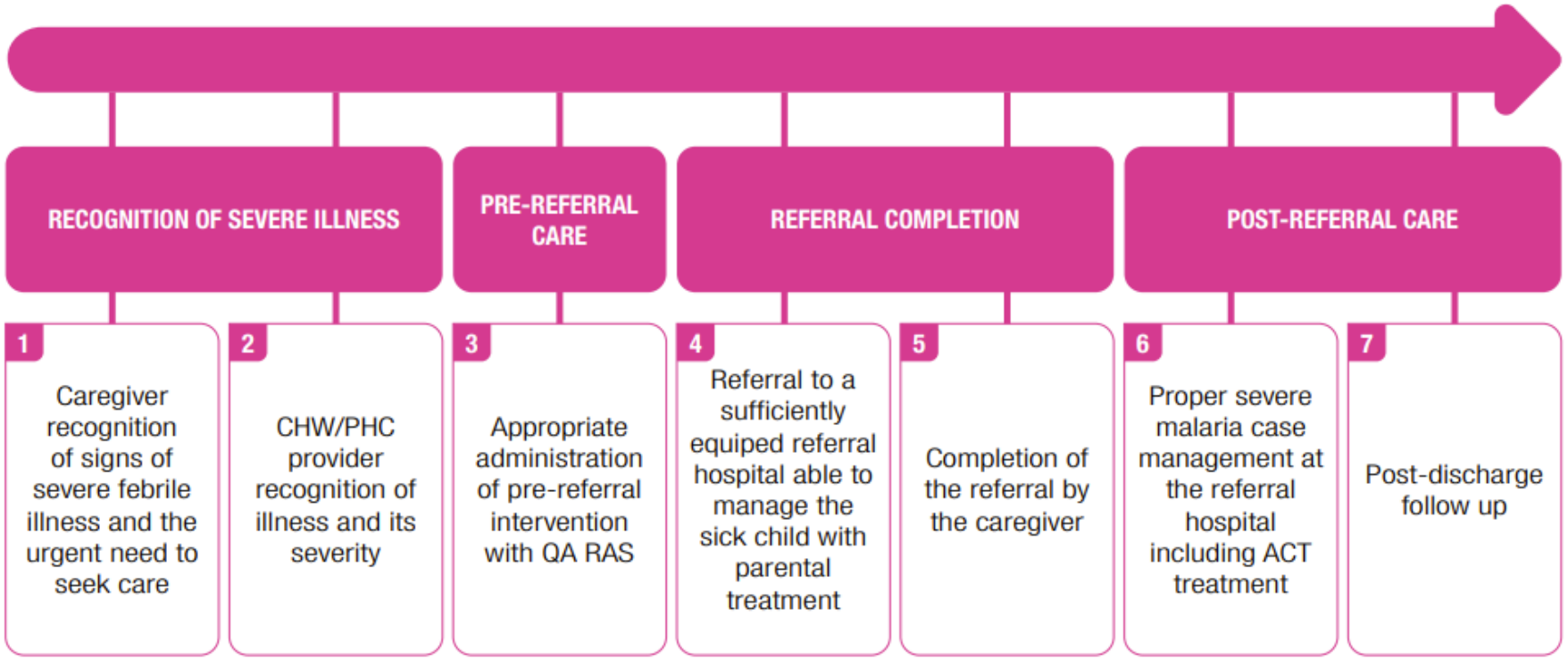
Implications for rectal artesunate and injectable artesunate + ACT use as part of the continuum of care

| Day 1 – Global updates, research and experiences with severe malaria care 1 – 4pm GVA | | | |
|---|---|---|---|
| **Presenting time (approx.)** | **Topic** | **Content** | **Speaker** |
| **5 min** | Welcome | | MMV |
| | Opening | | Co-chairs:<br>Elizabeth Chizema<br>Olugbenga Mokuolu |
| **15 mins** | Progress update toward adoption of RAS and Inj AS | Landscaping update and highlights of Severe Malaria | CHAI |
| **45 mins** | Experiences improving severe malaria care along the continuum<br><br>Part 1 | Opening<br>• CARAMAL: intro to continuum of care and overview of learnings (15 min)<br><br>Series of 10 min presentations:<br>• Patient Journey Market Research<br>• Uganda<br>• Sierra Leone | Moderator: Elizabeth Chizema<br>Christian Burri<br><br>MMV<br><br>Maureen Amutuhaire<br>Anitta Kamara |
| **10 mins** | Break | | |
| **40 mins** | Experiences improving severe malaria care along the continuum<br><br>Part 2 | • Senegal<br>• DRC<br>• Nigeria<br>• Zambia | Seynabou Gaye Faye<br>Alain Mugoto<br>Koki Abdullahi<br>Stephen Bwalya |
| **40 mins** | Panel Discussion with Q&A | Panel on managing febrile children across the continuum of care | Moderator :<br>Olugbenga Mokuolu<br><br>CARAMAL countries [Antoinette Tshefu, Liz Omoluabi, Phyllis Awor]<br>and other presenting countries to further discuss experiences/implications |
| **10 min** | Recap and close Day 1 | | Co-chairs |

| Day 2 – Implications for policy, implementation, procurement and supply chain 1 – 4pm GVA | | | |
|---|---|---|---|
| **Presenting time (approx.)** | **Topic** | **Content** | **Speaker** |
| **10 min** | Recap from Day 1 | Rapporteur | Margriet den Boer |
| **15 min** | Artemisinin resistance<br><br>Q&A | Latest evidence and implications for RAS and Inj AS | Moderator:<br>Olugbenga Mokuolu<br><br>Pascal Ringwald |
| **15 min** | WHO severe malaria guidance | | Moderator:<br>Olugbenga Mokuolu<br><br>Peter Olumese |
| **20 min** | Implications for procurement and supply chain | Statements from key agents | Moderator:<br>Olugbenga Mokuolu<br><br>PMI<br>TGF<br>MMV |
| **20 mins** | Strengthening Primary Health Care including Community Health | | Moderator: Elizabeth Chizema<br>Maureen Momanyi, Unicef New York, in collaboration with WHO Child Health |
| **40 min** | Break-out session | Formulate further questions for WHO, TGF, PMI, UNICEF and CARAMAL team | 4 clusters of countries |
| **10 min** | Break | | |
| **40 min** | Panel discussion | Responds to questions from countries | Moderator: Elizabeth Chizema<br>PMI, TGF, WHO, Unicef and CARAMAL team members (same as above) |
| **10 min** | Wrap up and conclusions | | Co-chairs |

# Stages of the continuum of care for a severely febrile child
# Country experiences in implementation of RAS

**Figure 1: Stages of the continuum of care for a severely febrile child**



# Country experiences in implementation of RAS Selected contributions from countries 1/3

- Zambia
  - Implementation of RAS resulted in a reduction of case fatality rates (CFR) of 97% and 87% in the pilot and scale-up districts
  - Experience shows that strengthening the health system, including iCCM, is paramount to successful RAS implementation
- Senegal
  - In villages with difficult access to health services, 2,218 literate CHWs in 35 districts were selected by their communities, trained and supervised
  - Deploying RAS to children with danger signs of severe malaria, along with seasonal malaria prevention, led to a decrease of severe malaria of 66% and a reduction in mortality from 158 to 93 cases between 2015 and 2020

# Country experiences in implementation of RAS Selected contributions from countries 2/3

- Uganda
  - RAS was delivered through the iCCM platform to children below 5 years of age at community level, and to children below 6 years of age at health centre II levels and where treatment for severe malaria is not available.
  - RAS was included in the iCCM and IMM guidelines, and information on RAS was included in Social and Behaviour Change Communication (SBCC).
  - Use of the parish coordinators as part of the supervision structure delivering the RAS to the Village Health Teams, avoiding expiries
  - Mortality and clinical audits were done to improve severe malaria management.

# Country experiences in implementation of RAS Selected contributions from countries 3/3

- Sierra Leone
  - In 2019, PMI supported the Sierra Leone NMCP to procure its first supply of RAS for national rollout in 2020
  - Nationwide trainings (danger sign recognition, RAS administration, effective referral and reporting best practices) were conducted and RAS commodities were supplied to 2,452 providers across 14 districts
  - A rapid assessment took place in 2020, supported by PMI, in which health outcomes of patients receiving pre-referral intervention were documented and a review of 134 records of patient journeys along the continuum of care was performed
    - The record reviews showed that approximately 96% of referral forms made it to the referral facility, but only 7% made it back to the referring facility.

# Remarks from key agencies (1/2)

- PMI:
  - Emphasis on strengthening community health services
  - Will work with country programs and other stakeholders to implement RAS in line with WHO recommendations and will at the same time will work to avoid interruptions in services and the supply chain

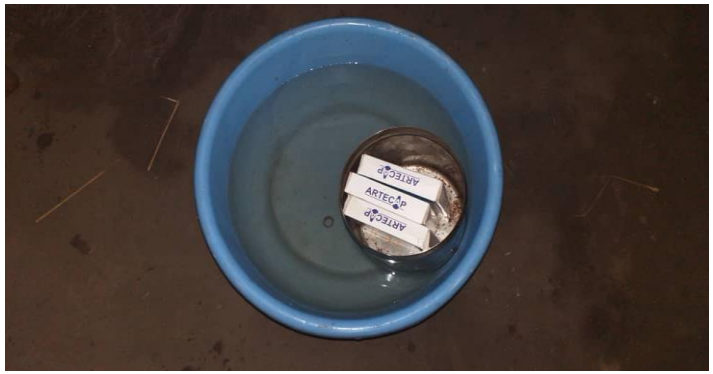
- The Global Fund:
  - CARAMAL results are a call to action and an opportunity to work on health system strengthening
  - Will continue to work with countries and partners to strengthen community health networks and structures to enable the optimal use of RAS and give broader health system support to improve the continuum of care

# Remarks from key agencies (2/2)

- WHO:
  - WHO also clarified that it will not issue criteria or indicators to monitor when health systems are ready to deploy RAS.
  - Rather, WHO's guidance is that RAS should be deployed responsibly, and that, as part of RAS implementation, strengthening referral systems and quality of care at hospital level should continue, ensuring access to correct management of severe malaria.
  - Actions to be taken to achieve this will be different for each country and setting.
- UNICEF:
  - Professionalize and motivate community health workers
  - Increase domestic/external financing for community health
  - Improve the quality of service provision at community level, including strengthening referral and counter-referral mechanisms

# Updated WHO-PQ Guidance for Storage of Artesunate Rectal Capsules

- “utmost care should be taken to avoid excursions above 30ºC”
- “this may not always be adhered to at the level of Community Health Workers (CHW) located in areas where the ambient temperature is usually above 30ºC”
- “ensure that the product is distributed to CHWs located in such areas only as a short-term stock, generally not exceeding **6 months** depending on the remaining shelf life of a given batch”




# Concluding messages from Severe Malaria Global Stakeholder Meeting

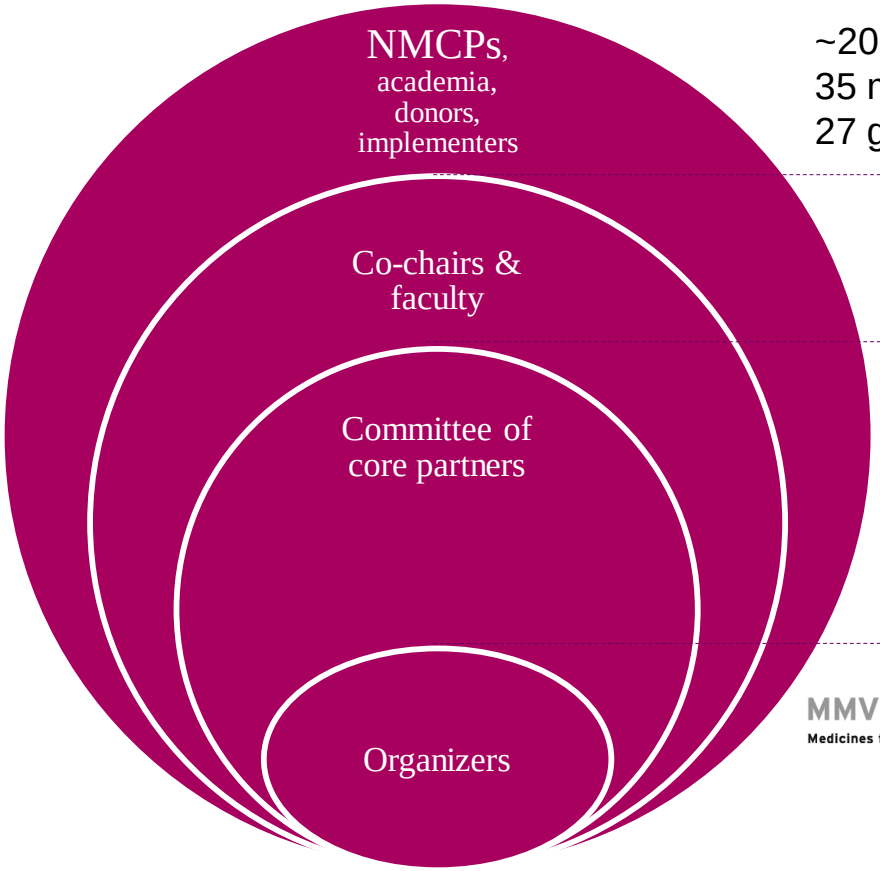
- RAS as a life saving intervention should be made available to all children with severe malaria in accordance with the WHO guidelines

- Strengthening of referral and post referral services should be prioritised and supported on a continuing basis

- RAS must not be withheld from any child where no alternative is available

- Complete treatment with at least 24 hours of injectable artesunate and a three-day ACT

# Acknowledgements




~200 attendees:
35 malaria endemic countries;
27 global organizations

Prof. Olugbenga Mokuolu, NMCP Nigeria
Dr. Elizabeth Chizema, End Malaria Council, Zambia
7 Country presentations

PMI U.S. PRESIDENT'S MALARIA INITIATIVE
THE GLOBAL FUND
World Health Organization
MEDECINS SANS FRONTIERES
unicef for every child
Swiss TPH
MMV Medicines for Malaria Venture
CLINTON HEALTH ACCESS INITIATIVE
RBM Partnership To End Malaria



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