RBM Case Management Working Group, Geneva

Severe Malaria: Supply and demand for injectable artesunate,

Defeating Malaria Together

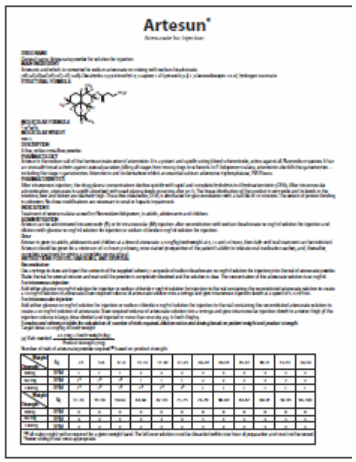
12th, June 2012

MMV

Medicines for Malaria Venture

Strong collaboration between MMV and Guilin

- **MMV supported Guilin:**
  - During WHO prequalification process
  - Artesun bundled package (artesunate + sodium bicarbonate + saline solution)
  - Product range extension to 30mg, 60mg and 120mg Artesun strength
  - Materials development



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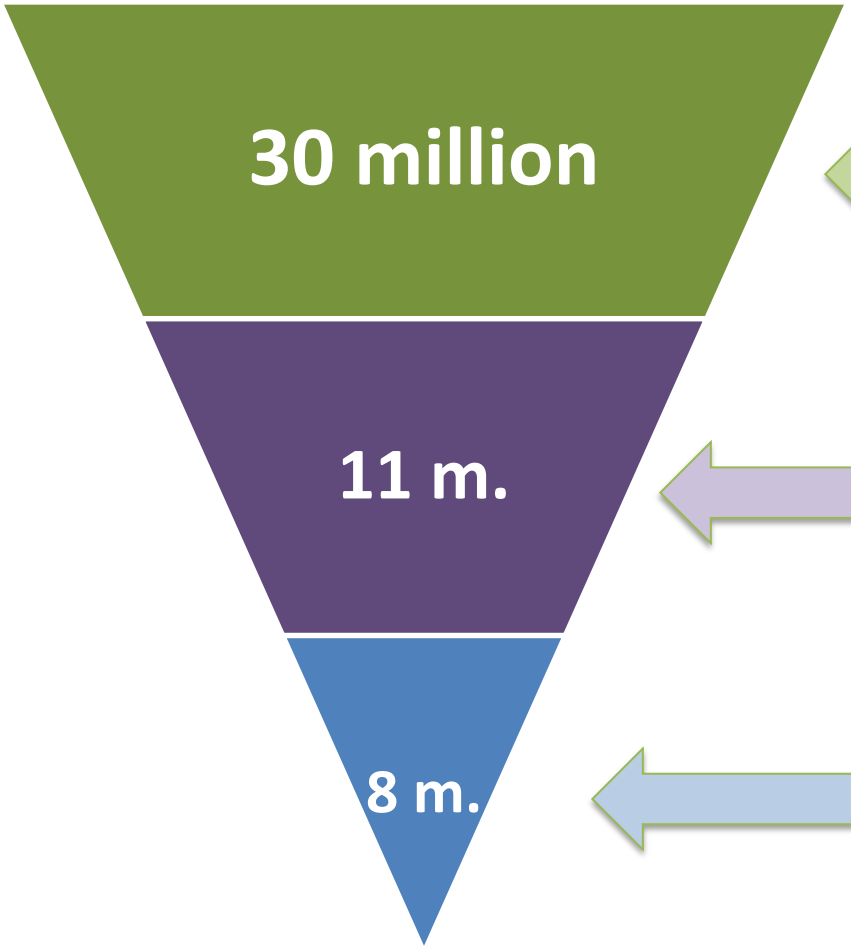
Adequate production capacity to support uptake of injectable artesunate

Production capacity at Guilin

Source: MMV commissioned manufacturing capacity assessment of Guilin by Quintiles (Feb 2012)



New facility with 2 additional lines, potentially three fold increase in production capacity

Current capacity on existing equipment: single shift / 30 working days/month

Current capacity on existing equipment: single shift / 22 working days/month

Guilin orders for 2011 = 2 m. vials

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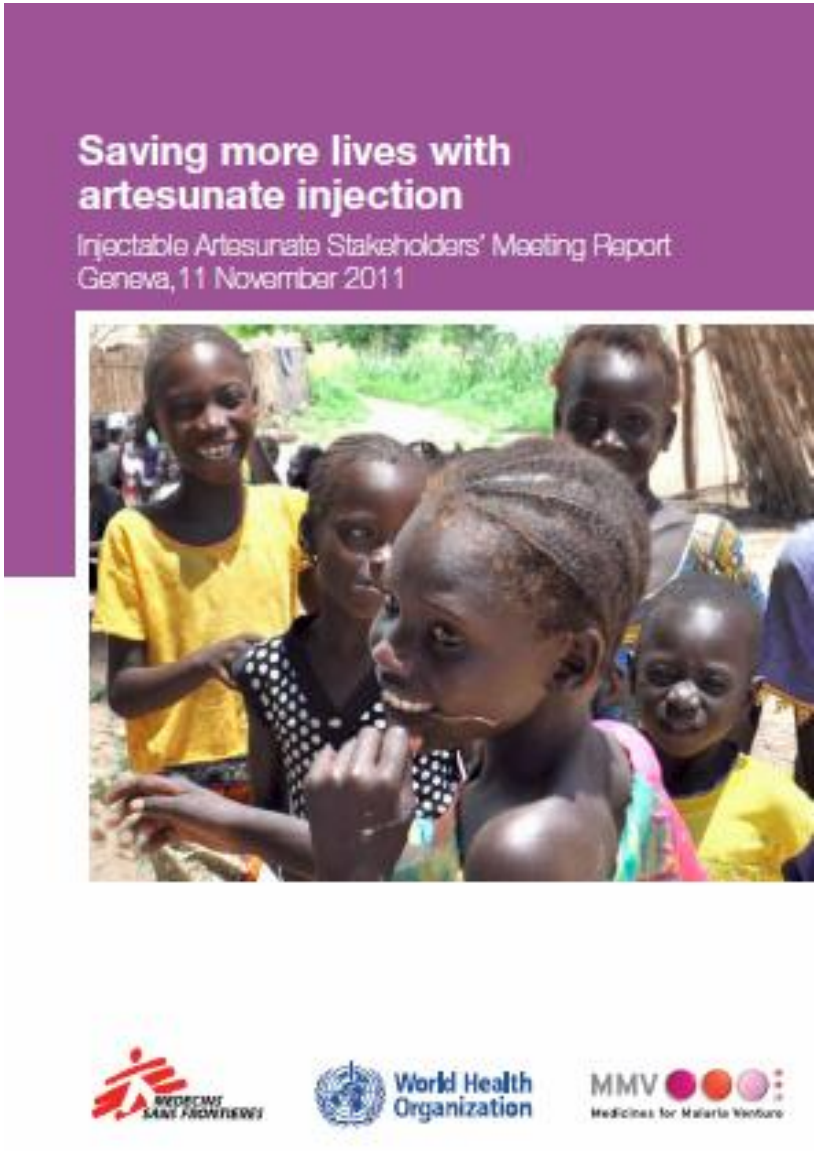
Supply of WHO PQ injectable artesunate

2 million vials* of

WHO-prequalified artesunate injection delivered in 2011

*510,000 treatment courses for young children

Successful collaboration around severe malaria



- **Work closely with**
  - WHO
  - NMCPs
  - MSF
  - CHAI
  - Swiss TPH
  - Mahidol-Oxford University
- **Stakeholders meeting in Geneva**

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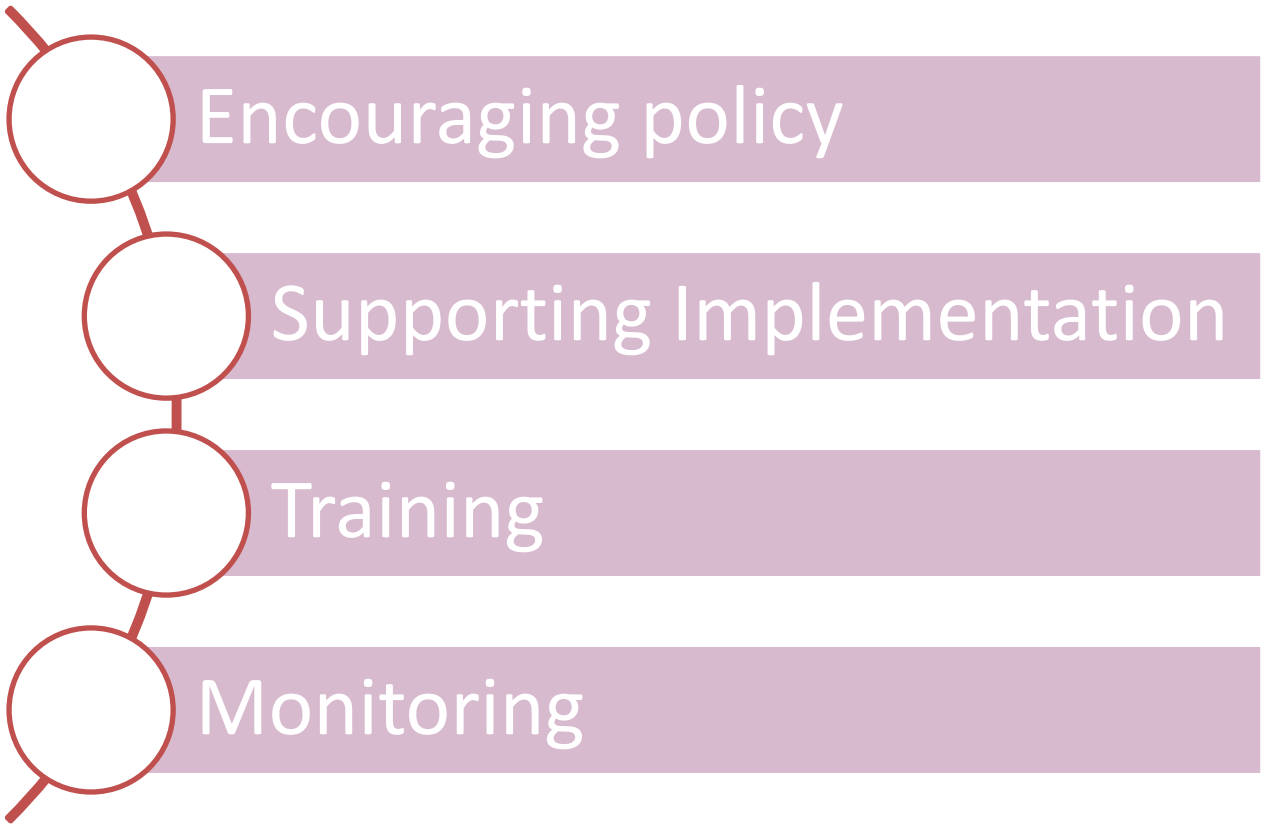
Areas of implementation focus and geographical coverage – Severe malaria



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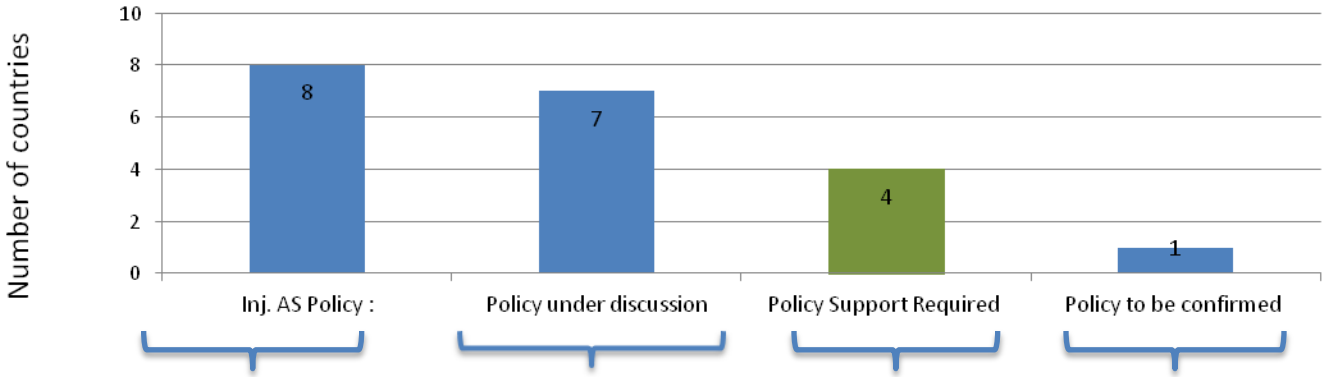
Encouraging policy change: Situation analysis

- Injectable artesunate is on the severe malaria guidelines in 7 of the 20 top burden countries



Country	Burden
- Uganda	11.2%
- Nigeria	8.3%
- Niger	4.9%
- Liberia	3.5%
- Kenya	3.4%
- Malawi	2.3%
- Mozambique	1.5%
- Ethiopia	0.8%

Inj.AS has the potential to be used by there countries

Country	Burden
- DRC*	12.4%
- Mali	9%
- Tanzania (M)	8%
- Zambia	3.4%
- Angola	2.8%
- Burundi	1.9%
- Guinea	1.3%

Regular update of status needed

Country	Burden
- Burkina Faso	5.7%
-Ghana (inj. AS alternative)	5.1
- Sudan (N)	2%
-Benin	0.8%

Anticipated action needed before program set up

Country	Burden
- Cameroon	-6.2%

Confirmation is needed

Source : WHO, PMI, GF and MMV

*DRC guidelines drafted

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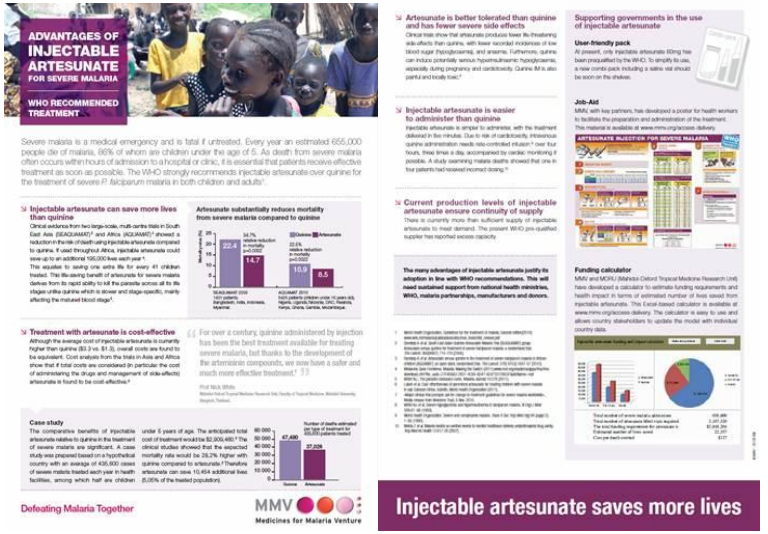
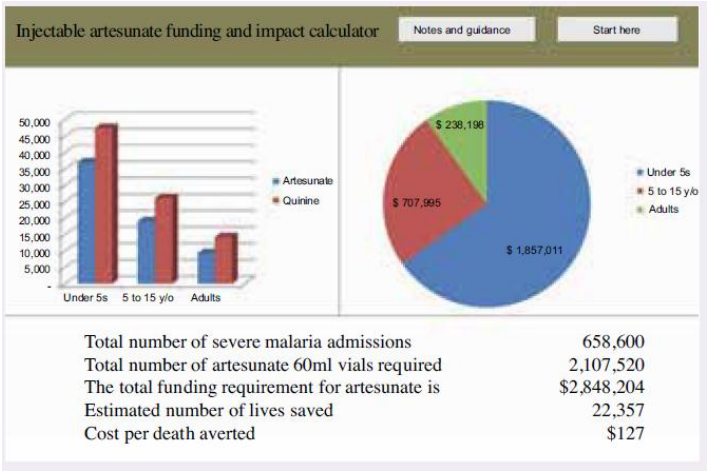
Development of tools to facilitate roll-out

- **Advocacy document**



- **Funding calculator**
  - Co-developped with MORU
  - Estimate funding required and number of additional lives saved



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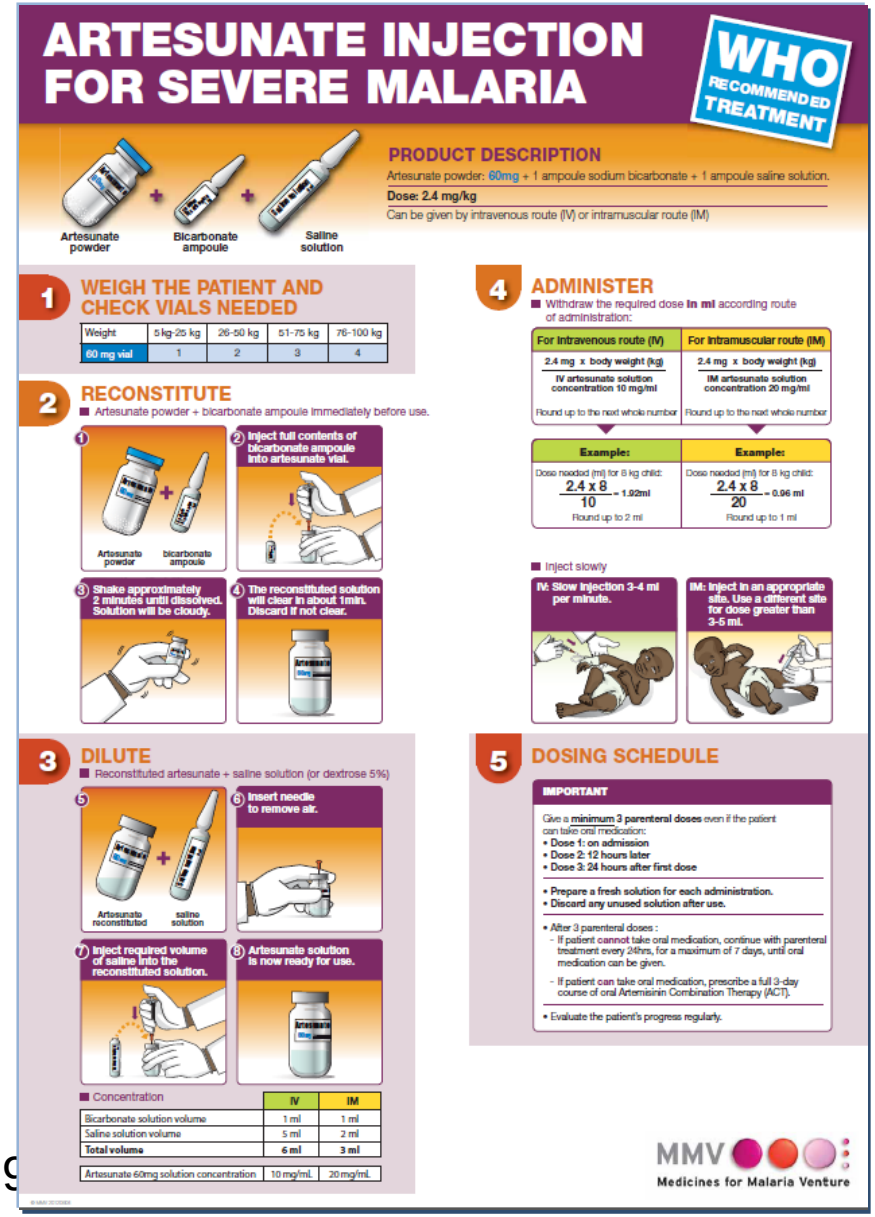
Training materials to facilitate correct use



- Developed by MMV in collaboration with WHO GMP, Mahidol-Oxford University, NMCP (Kenya and Uganda), MSF, CHAI, and Guilin
- Tested in Kenya and Uganda
- Dosing chart still not finalized

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MMV Inj-AS country projects to support policy change & implementation

	Nigeria	DRC
Objectives:	accelerate the adoption and uptake of injectable artesunate	
Area:	• 6 states (ca. 25% of national population)	• 3 health zones
Partners:	• Ministry of Health (Federal and states), CHAI	• Ministry of Health, Swiss TPH, MSF, SANRU
Key activities:	• Advocacy and implementation support • M&E to inform scale-up	• Update policy • Implementation pilots to assess feasibility and inform national roll-out
Status:	• MoUs signed with 6 states; • Taskforce, AdBoard set-up, Lagos state procuring	• NMCP severe draft guidelines updated to include Inj-AS

Note: Nigeria and DRC account for 21% of the 5.6 million cases of severe malaria cases worldwide