



A child with severe malaria being treated in hospital. Photo: William Daniels

PROJECT BRIEF

Improving severe malaria outcomes

This project aims to reduce severe malaria case fatality rates through improved access to and use of injectable artesunate for the treatment severe malaria

Project outline

Severe malaria represents the end-stage of untreated and/or improperly treated uncomplicated malaria. If left untreated, severe malaria leads to near 100 percent mortality – almost certain death with a heavy toll on pregnant women and children. Out of 216 million estimated annual malaria cases, an estimated eight million are severe malaria.

In 2010, the management and treatment of severe malaria was revised by the World Health Organization (WHO) with artesunate replacing quinine as the preferred treatment for severe malaria. The current guidelines recommend injectable artesunate or, if artesunate is not available, intramuscular artemether or quinine. Where parenteral therapy (an injection) is not possible, suppository formulations of artesunate should be given as a pre-referral treatment.

However, there is limited incentive for injectable manufacturers to undertake the costly process of upgrading their facilities to pass good manufacturing practice requirements for WHO prequalification for injection artesunate and rectal artesunate.

A consortium of partners, comprising Medicines for Malaria Venture, Clinton Health Access Initiative, Partnership for Supply Chain Management and Malaria Consortium have developed this project to improve malaria outcomes through improving access to injectable artesunate and intrarectal artesunate. The project will support the increase in uptake and use of injectable artesunate (Inj AS) and bring quality intrarectal artesunate to patients for pre-referral

Country

Ethiopia
Nigeria
Uganda

Donor

UNITAID

Length of project

2013 – 2016

Partners

Medicines for Malaria Venture
Clinton Health Access Initiative
Partnership for Supply Chain
Management



Pregnant women and young children are most at risk of dying from severe malaria

treatment of severe malaria. The consortium partners will undertake a series of coordinated, parallel market interventions addressing key barriers on both the supply and demand side of the market for Inj AS in six countries: Cameroon, Ethiopia, Kenya, Malawi, Nigeria and Uganda.

Malaria Consortium, in collaboration with the beneficiary country programmes, will implement country-level activities in Ethiopia, Nigeria and Uganda and conduct operational research to assess whether using rectal artesunate or injectable artesunate will increase the use of monotherapies and thus increase the risk of developing resistance to artemisinins as malaria treatment.

The results will be used to develop strategies for country-level risk management. Sensitisation at both policy and implementation levels will also be conducted to increase appropriate use of rectal artesunate.

The expected impacts of this project are:

- » Support national scale-up of Inj AS through support mechanisms in six high burden countries
- » Finance life-saving treatment for an estimated 2 to 2.5 million cases of severe malaria in those countries between 2013 and 2016
- » Help save between 110,000 to 140,000 additional lives by using Inj AS instead of quinine between 2013 and 2016
- » Generate Inj AS commodity savings of nearly \$5 million over three years for UNITAID-financed Inj AS (direct impact markets) and \$23 million for the total Inj AS marketplace

The project also expects to contribute indirectly to:

- » Scaling up of sustainable markets with diversified Inj AS manufacturing capacity to treat between 3 and 3.5

million severe malaria patients per year by 2016 at prices 30-35 percent below those in 2012. These prices will also be available to non-consortium countries.

- » Generating practical and relevant implementation guidance to assist non-target countries in rapidly incorporating and scaling up access to Inj AS, based on target country experience and implementation research.

Project objectives

- » Accelerate global adoption of Inj AS versus current treatment practices, with a projected ten-fold increase in annual consumption
- » Facilitate rapid market entry of an additional prequalified supplier of Inj AS through development of a sustainable, attractive market
- » Reduce the price of Inj AS by at least 30 percent below its current price
- » Identify the most likely industrial partner to secure WHO prequalification for intrarectal artesunate and expand it to large scale industrial output at affordable prices

This project supports efforts to deliver:

- ✓ *Malaria control*
- ✓ *Health systems strengthening*
- ✓ *Capacity building / human resource development*
- ✓ *Operational research*
- ✓ *Monitoring and evaluation*