EMERGENCE OF RESISTANCE TO ACTS THREATENS ACCESS TO SAFE AND EFFICACIOUS MALARIA TREATMENT IN EAST AFRICAN COMMUNITY REGION

PROBLEM STATEMENT

- Alternative options for effective treatment are scarce/non-existent due to lack of or limited investments in Research &Development by East African community governments.
- Currently, Artemether-lumefantrine (AL) and Dihydroartemisinin piperaquine (DHAP) are two of the common drugs being used for the treatment of uncomplicated malaria in the EAC region as the first and second line treatment option respectively.
- In East African region Antimalarial drug resistance is imminent given the drug pressure arising from the widespread use of ACTs and resistance trends globally.
- Antimalarial drug resistance will likely inflate the cost of malaria case management in East African region.

POLICY MEASURES AND PAST COMMITMENTS

Malaria programs have a mandate to assess the efficacy of the antimalarial being used based on the standard WHO therapeutic efficacy monitoring

KEY MESSAGE

- Malaria burden in the EAC region is still high affecting both children and adults, accounting for 80% of the global burden.
- Tanzania and Uganda are part of the countries accounting for 70% of the global burden of malaria
- All East African countries have reported an increase in malaria prevalence, Rwanda taking lead followed by Tanzania, Uganda, Kenya.
- All these countries had more >300, 000 malaria cases in 2015 and an increase of more than 50,000 in 2016.
- WHO Global Malaria Program (GMP) recommends access to effective malaria treatment for all at risk populations
- Current treatment policy for malaria is artemisinin-based combination therapies (ACTs) in East Africa.

guidelines. The EAPHLN supported countries to undertake routine drug monitoring studies so as to provide up to date status of the efficacy of the two ACTs. This in support of the ECSA/HMC60/R4 (2015) resolution "for early detection of resistance and provide information for prompt policy formulation for necessary action."

SUMMARY OF EVIDENCE

Both AL and DHAP are still efficacious, Kenya (64% AL ,75% DHAP, Uganda (51.3%AL , DHAP 71.2%,) and Tanzania (50% AL),76.5% DHAP) although below the WHO threshold of adequate clinical and parasitological response of 95%.In Kenya ,cases of early treatment have been reported and there has been emerging trend of early recurrences during the study period.

More ever, molecular information from the Ugandan study is showing some evidence of the emergence of resistance markers in circulation of 2.2% (AL) and 1.1 % (DHAP) though this is still below the 5% threshold required for policy change.

POLICY OPTIONS

1) Prioritize and strengthen malaria surveillance and routine antimalarial drug efficacy monitoring within the AMR regional strategy
2) Improve and enhance capacity of the member states to routinely track the efficacy of available antimalarials as per WHO guidelines
3) Create a regional taskforce for malaria case management
4) Invest in collaborative R&D for candidate molecules for new antimalarial drugs
5) Emphasize on malaria prevention measures including community awareness/ engagement

NEXT STEPS

- Implementation of the above policy options by policymakers and stakeholders
- Refine the preferred option and possibly incorporating components of the alternative options for better case management in malaria.
- Develop and execute an implementation plan including a robust M&E frameworks for the policy options within six months of adoption.