INJECTABLE ARTESUNATE NEWSLETTER

Issue 2

Tuesday 29th September 2014

Editorial

As you read this newsletter over a million vials (1180 000 vials) of injectable artesunate have already been delivered to Kenya, Cameroon, Nigeria and Uganda. This delivery has been achieved through the funding support of UNITAID and The Global Fund (TGF) and will result in nearly 170 000 patients been treated and well over 4000 additional lives saved compared to if they had been using quinine.

This initative is part of the Improving Severe Malaria Outcomes (ISMO) project which aims to improving access and use of, Injectable Artesunate (Inj AS) in six high burden malaria countries (Cameroon, two regions of Ethiopia, Kenya, Malawi, 13 states in Nigeria, and Uganda).

In addition to these figures MMV has placed orders for the delivery early 2015 of 2.4 million vials for all the six project countries to cover six-month consumption needs. Throughout this project the African proverb sounds true "*If you want to go faster, go alone. If you want to go further, go together*" which clearly illustrate the collaborative partnership between TGF, MMV, CHAI, Malaria Consortium and other partners working together to help support severe malaria patients..

I hope you all got the opportunity to watch the amazing Al Jazeera article and documentary health show **The Cure: Mission Malaria**, which portrayed the work we are doing to support the drive to increase access to injectable artesunate in sub-Saharan Africa.

Lastly thank you to everyone for your support and commitment in helping to make a difference and going the extra mile.

Nigeria: Severe Malaria Advisory Group Meeting — May, 2014

The third annual Nigerian Severe Malaria Advisory Group meeting was held in Abuja in May. The group, setup in 2012 with support from CHAI, has significantly expanded and has participants from the NMEP, State malaria programs, implementing partners (including MMV, CHAI and Malaria Consortium) and key opinion leaders (educational institutions and state representatives). In addition to defining roadmaps for the severe malaria project, a notable outcome from the meeting was an agreement to use the group as a platform to share knowledge and expertise on scaling-up use of WHO-prequalified Inj AS between partner organizations and states throughout the country.

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Nigeria: Training on appropriate use of Inj AS in Oyo, Enugu and Cross River.

April - June, 2014

The National Malaria Strategic Plan (2014-2020) for Nigeria aims to bring malaria-related mortality to zero through making effective antimalarial medicines available at health facilities, building capacity of health workers, and providing essential laboratory and clinical equipment for management, monitoring and intensive care of people with severe malaria.

To achieve this, the National Malaria Elimination Programme (NMEP), in collaboration with MMV and Malaria Consortium has extended the implementation of a comprehensive capacity building programme on the use of injectable artesunate (Inj As) for management of severe malaria to three States in Nigeria namely Oyo, Enugu and Cross River State (CRS). Between April and June, 2014, 24 physicians were trained as trainers and 108 health workers from 27 facilities were trained across the three States.

Participants at the TOT in Nigeria

The pre-training assessments showed a significant leap in knowledge and skills on the use of Inj AS across the different cadres of participants. As follow-up, supportive supervision and clinical mentoring have been planned for the participants to enable them to retain and translate knowledge into practice. It is expected that uptake of Inj AS will increase considerably at these health facilities due to the training activities.

Kenya and Uganda: Training on appropriate use of Inj AS

April-Sept.2014

Uganda and Kenya initiated severe malaria trainings earlier this year. In Uganda, CHAI directly supported training conducted across 300 HCFs (~1,500 healthcare workers in total) in Q2 2014. A cascade model of training consisting of training supervisors and trainers at district level was used. This was followed by facility level training. Each one day session had at least a clinical officer, a nurse, and a pharmacy technician in attendance. Private Not-For-Profit (PNFP) facilities received the same training with an additional module on the cost-effectiveness of Inj AS compared to IV quinine, and on the mechanism for placing orders through Joint Medical Stores (JMS). Up to 450,000 patients are treated for severe malaria every year in the private sector so the impact of training healthcare workers in PNFP health facilities will be significant.

In Kenya a cascaded training model was adopted for county and facility heath workers from all 47 counties, where trainers (drawn from each facility with inpatient capacity) were trained in a central location (participants from 4-5 counties attended each session). Trainers were then charged with conducting a facility level CME in their respective facility to healthcare workers who manage patients at the inpatient and referral level. Cadres covered include, doctors, clinical officers, nurses and pharmacists Training sessions started in July and are due to be completed in September, ahead of receiving the UNITAID funded emergency order.

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Ethiopia: Training on appropriate use of Inj AS in Oromia and SNNPR

May - July 2014

Between May and July 2014, Malaria Consortium in collaboration with MMV and the Ethiopian Federal Ministry of Health (FMoH) conducted training of 39 trainers and 222 health care workers on management of severe malaria using Inj As in Oromia and SNNPR states. The participants were from 54 facilities and this was the first large-scale training of health workers on the new WHO recommendation in Ethiopia since the change of guidelines in 2012.

Training for both trainers and health facility staff involved interactive presentations, practical sessions and a video on management of a severe malaria case using Inj AS. In addition to sessions on severe malaria case management (Including diagnosis, treatment, management of complications and post discharge care), the trainers were trained on how to facilitate adult learning sessions, learning styles and how to ensure retention of information from the training.

Practicing preparation of Inj AS during a TOT in Oromia, Ethiopia.

TOT session in Oromia, Ethiopia.

Participants demonstrated great interest on the practical sessions and reported that it was the most enjoyable component of the training. Interestingly, during the pre-training assessments, most (94.1%) health workers reported Inj AS as the drug of choice for treatment of severe malaria in Ethiopia. However, less than 5% could demonstrate the right steps for preparation and administration of the drug.

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Cameroon: First stock of Inj AS received

August 2014

The first consignment of Inj AS (funded by the Global Fund) was delivered to Cameroon in late August. Following the arrival of the first stock of Inj AS, NMCP launched the Train the Trainers session from 17-19th September, in collaboration with the Clinton Health Access Initiative. Training sessions were held in Yaoundé with 50 participants from various institutions, and were well appreciated. The way forward will be training at regional and district levels.

Cameroon, Malawi, Nigeria & Uganda: Forecast and Quantification

For all the UNITAID-supported countries, CHAI has worked closely with ministries of health and in-country stakeholders to forecast the need for malaria commodities as part of the Global Fund NFM proposal development process. In Cameroon, Malawi, Nigeria and Uganda a gap analysis was developed in order to quantify and cost the need for malaria commodities from 2015 to 2017. The key role played by CHAI across all ISMO project countries was to provide technical assistance on completing Roll Back Malaria's forecast tool. This will result in the aforementioned countries budgeting for Inj AS over the next 3-4 years and identifying where further funding is required in order to meet targeted needs.

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