

# INJECTABLE ARTESUNATE NEWSLETTER

Issue 4



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## Editorial

Thanks to concerted action and investment, we are all contributing towards eliminating malaria.

On World Malaria Day, April 25<sup>th</sup> 2015, the World Health Organization is calling for high-level commitment to the vision of a world free of malaria. The theme for this year is: *Invest in the future: Defeat malaria.*

Projects like Improving Severe Malaria Outcomes (ISMO) funded by UNITAID in collaboration with MMV, Clinton Health Access Initiative (CHAI) and Malaria Consortium are investing in the future and working to improve access and use of Inj AS in six high-burden malaria countries (Cameroon, two regions of Ethiopia, Kenya, Malawi, Uganda and 13 states in Nigeria) to help accelerate progress and save lives.

A project team meeting was recently held in Kampala, to review the work undertaken over the last 18 months, to share best practice examples and key learnings. At the meeting, MMV presented certificates of appreciation in recognition of the hard work of ISMO team members who have gone the extra mile to make the project a success.

For more information on the awards and to see the photographs please visit the [MMV website](#)

A BIG “congratulations” to the award recipients! And most importantly, many thanks to the team members and stakeholders, such as yourselves, who are helping make this project an Inspirational success – helping save lives with better medicines for severe malaria.

Pierre Hugo  
Director, Access and Delivery Africa  
MMV



## Cameroon: First Stocks of UNITAID-Procured Inj AS Received

April 2015

At the beginning of April 2015, Cameroon received the first consignment of 700 000 vials of Inj AS through ISMO project. The medicine is stored at the central warehouse, CENAME. CHAI will support the NMCP to finalize distribution plans over the coming months.



*Cartons of Inj. AS in the warehouse*



*Cartons of Inj. AS still in the container*

## Malawi: First Stocks of UNITAID-Procured Inj AS

March 2015



*A nurse appreciates Inj. AS in a paediatric ward at Kamuzu Central Hospital*

Malawi received their first consignment of Inj AS through this project in March, with a delivery of **410,500 vials**. The drugs are currently stored in the warehouse at Central Medical Stores Trust (CMST). CHAI will work to support NMCP to finalize the distribution plans over the coming months. CHAI is also currently working to provide support to Malawi's CMS to strengthen the reporting and warehousing process.



## Ethiopia: First Stocks of Inj AS Received

January 2015

The first stock of Inj AS, totaling **24,000 vials**, funded by UNITAID in partnership with Medicines for Malaria Venture and Malaria Consortium, was delivered to Ethiopia in December 2014. The focal person from the Federal Ministry of Health officially received the donation at the Pharmaceutical Fund and Supply Agency's central store. These antimalarial drugs are expected to cover the gaps in supply of Inj AS to the states of Oromia and Southern Nation, Nationalities and People's Region. The ISMO project has trained over 450 health workers in these two regions on appropriate use of Inj AS for the treatment of severe malaria.



*First batch of Inj AS arrives at the airport*



*Dr Zelalem Kebede from MC hands over the drugs to the focal person from the Federal Ministry of Health.*



## Uganda: Feedback on Inj AS from Health Workers

February 2015

On 4th February 2015, the ISMO team including representatives from UNITAID, Malaria Consortium and Clinton Health Access Initiative visited Mbale Regional Referral Hospital with the aim to learn about their experience using Inj AS to treat severe malaria. Mbale hospital is one of the hospitals the ISMO project is supporting that benefitted from the training provided by Malaria Consortium on management of severe malaria using Inj AS.

Eighty of the hospital's staff, including doctors, nurses and a pharmacist were trained in June 2014.

The health workers reported that Inj AS is better tolerated than quinine and is very easy and quick to administer, saving a lot of time for the nursing staff which is very helpful as they are already overwhelmed by the number of patients they receive in a day.

One of the nurses managing the paediatric wards said; "When we treat the patients with Inj AS, we do not have to hold the children down for hours like we do, when we use quinine. The drug is administered over a short period and the children are usually up and running by the time we come in to give the second dose. This has never been the case with quinine". The hospital pharmacist also reported that Inj AS has helped them make some saving especially on the number of giving sets and intravenous fluids they procure for the hospital.



*Some of the participants during the feedback session*



## Nigeria: Quantification Committees Established

March 2015

In Nigeria, nine states have set up fully operational quantification subcommittees, with seven committees having already met to quantify severe malaria commodities. CHAI inaugurated quantification subcommittees in six states (FCT, Nasarawa, Ogun, Lagos, Kano & Kaduna). These committees are a subset of the larger PSM quantification committees in the states. Three states (Delta, Rivers & Akwa Ibom) will leverage on the existing quantification committees and one state (Jigawa) has just received approval for the establishment of a quantification subcommittee.

The primary objective of these committees is to review quarterly stock levels and consumption of antimalarial drugs. In addition, these committees quantify and forecast antimalarial commodities in the state in order to ensure an uninterrupted supply to service delivery points, at the same time reducing waste due to overstocking. The plans are for each committee to meet quarterly to quantify for antimalarial commodities, with a primary focus on severe malaria commodities. In each state, the following participants or their representatives are required to attend: the Director Pharmaceutical Services (DPS); the Head of the Central Medical Stores (CMS); the State Malaria Program Manager (PM); a representative from each malaria implementing partner within the state (which will vary from state to state); and a representative of the DPS from the Hospitals Management Board (HMB).



*The FCT Health Secretary giving a speech at the inaugural meeting of the quantification subcommittee*



*Participants at the inauguration of the Kano state quantification subcommittee*



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