Second Meeting of the APLMA  
Access to Quality Medicines and Other Technologies Task Force (AQMTF)  
Outcomes statement  
Manila Philippines, 10 June 2014

Great gains have been made in the fight against malaria with many countries having achieved elimination and others on this pathway, but that fight is not yet won. While there have been successes in reducing the burden, history is repeating itself and yet again the world is at risk of the resurgence of malaria, especially with emergence of drug resistant malaria.

Currently, the global burden of malaria is broadly equivalent to the burden of HIV. In the region the burden reduced by 25% over the last decade. Elimination of malaria remains achievable and should be pursued before the opportunity slips from our grasp.

Malaria is not only a threat to life and health but also to productivity and economic growth. Malaria reduces growth by incapacitating the workforce, reducing labour mobility and impeding education, skills development and specialisation. Key regional industries including oil and gas exploration, agriculture, forestry and tourism are at particular risk.

If action is not taken now to address resistance, the number of infections could be expected to return to pre-2000 levels at nearly 40 million in the region. Global mortality could increase by 25 per cent.

Significant effort and resources are currently committed to both the containment and elimination of malaria resistance. Action by individual countries, donors and multilateral agencies has been a major component of successes to date. However, there remain major constraints, including in resourcing, if the challenges we currently face are to be overcome.

Malaria is exacerbated by and entrenches poverty. A study of the period 1965-1990 found that the economies of malaria-intensive countries grew by 1.3% less per person per year compared with malaria-free countries with similar socioeconomic circumstances. A more recent study found that a 10% reduction in malaria burden can deliver a 0.3% increase in economic growth.

First line treatment for falciparum is now limited to artemisinin based drugs, which must be used in combination with other drugs (artemisinin combination therapies) yet resistance is still emerging.
We need more and new tools to tackle malaria, including approaches to vector control, diagnostics and medicines. Poverty and insufficient access to drugs which are effective and affordable to the patient, especially high risk populations, and inappropriate use of anti-malarials are making resistance worse. Efforts to shut down resistance are hampered by the lack of consistent effort and unpredictability of support.

The Asia Pacific region is simultaneously the predominant source of tools to fight against malaria as well as the seat of emerging drug resistance, with global implications.

Increased, sustained and efficient investments are needed to prevent resurgence of malaria and move towards elimination of the disease beyond the 2015 target of a 75% reduction. Each country is only as safe as its neighbours. With mobile workforces, travel and in some areas unrest, the risk of resistance spreading and a resurgence in malaria is high.

To address these issues the Taskforce recommends the following urgent actions:

1. Ensure universal access to quality-assured, affordable anti-malarials to treat all confirmed cases of malaria
2. Stop production, marketing and use of stand-alone, oral artemisinin monotherapy within the region by 2015, displace it from the market and promote the use of Fixed Dose Combinations
3. Scale up, and ensure appropriate use of, affordable rapid diagnostic tests for malaria, particularly in the private sector
4. Sustained and coordinated communication with healthcare providers, patients and consumers about how best to prevent, diagnose and treat malaria
5. Intensify investments in prevention and integrated vector management
6. Implement elimination interventions targeting hotspots, migrant and mobile workers and vulnerable and hard to reach communities, including the military, which could both stall elimination and increase the risk of spread of resistant malaria strains
7. Improve the mapping of malaria cases and resistance to respond to resurgence and for better targeting of resources
8. Use regional and global cooperative measures to shape the market for malaria commodities, including through the application of best practice principles for, and coordination of, government and donor procurement to improve supply security, prices, acceptability and quality
9. Regional cooperation and building of national capacity to facilitate effective regulatory action and to share specialist resources, for example in laboratory testing
10. Support for research and development to develop new drugs and new formulations in response to emerging patterns of resistance, to refine rapid diagnostic tests and to support the development and refinement of other more effective commodities
11. Develop partnerships with industry, multilateral and financing bodies, including donors, and across all sectors of government
12. Harness private sector capacity and reach, and actively seek out and develop innovative win-win, private-public partnerships
An immediate sustained focus will make a difference. Leaders may wish to consider putting in place mechanisms to coordinate and monitor implementation of these actions to provide assurance that their commitments and investments are delivering outcomes. The Taskforce has to date provided a useful multi-disciplinary forum with appropriate geographical and organisational representation to address the complex challenges of malaria control.

The Asia-Pacific region has a limited window of opportunity to address anti-malarial drug resistance, prevent resurgence and accelerate elimination. The Taskforce urges leaders to seize this opportunity to reap social, economic and health benefits and prevent a public health catastrophe. A region free of malaria is a goal worth striving for.

To address these issues the Taskforce recommends the following urgent actions, in detail:

1. Ensure universal access to quality-assured, affordable anti-malarials to treat all confirmed cases of malaria
   a. Accelerated scale up of community health workers who are able to diagnose and treat malaria in high transmission and resistance containment zones
   b. Regular market surveys conducted to determine the availability of quality assured anti-malarials and to detect the presence of fake or sub-standard drugs across the region with findings shared between countries
   c. Coordinated enforcement of drug regulations based on market surveys to be carried out throughout the region
   d. Regional drug subsidy mechanism established and deployed, where appropriate, to ensure price is not a barrier to access, particularly among more remote at-risk populations

2. Stop production, marketing and use of stand-alone, oral artemisinin monotherapy within the region by 2015, displace it from the market and promote the use of Fixed Dose Combinations
   a. Regional, time-bound, political commitment secured for cessation of oAMT production, import, export and distribution

3. Scale up, and ensure appropriate use of, affordable rapid diagnostic tests for malaria, particularly in the private sector
   a. Demand drivers for RDT adoption, and appropriate use, identified among healthcare providers (particularly in the informal and other private sector)
   b. RDTs rapidly scaled up in the private sector and registration or accreditation schemes utilized to improve provider quality and capture caseload data through national HMIS
   c. Expand the ambit of public health care for better access of affordable quality malaria diagnosis and treatment
4. Sustained and coordinated communication with healthcare providers, patients and consumers about how best to prevent, diagnose and treat malaria

5. Intensify investments in prevention and integrated vector management

6. Implement elimination interventions targeting hotspots, migrant and mobile workers and vulnerable and hard to reach communities, including the military, which could both stall elimination and increase the risk of spread of resistant malaria strains

7. Improve the mapping of malaria cases and resistance to respond to resurgence and for better targeting of resources
   a. Strengthen cross-border collaboration for surveillance of artemisinin resistance

8. Use regional and global cooperative measures to shape the market for malaria commodities, including through the application of best practice principles for, and coordination of, government and donor procurement to improve supply security, prices, acceptability and quality

9. Regional cooperation and building of national capacity to facilitate effective regulatory action and to share specialist resources, for example in laboratory testing

10. Support for research and development to develop new drugs and new formulations in response to emerging patterns of resistance, to refine rapid diagnostic tests and to support the development and refinement of other more effective commodities

11. Develop partnerships with industry, multilateral and financing bodies, including donors, and across all sectors of government

12. Harness private sector capacity and reach, and actively seek out and develop innovative win-win, private-public partnerships
   a. Engage major employers of migrant labour, providing guidance on approaches and propose codes of practice