

Summary of the First Meeting of the Access to Quality Medicines and other Technologies Taskforce

12-13 March 2014

InterContinental Hotel; Sydney, Australia

The Access to Quality Medicines and other Technologies Taskforce (AQMTF) comprises a group of senior officials and technical experts that will advise the Asia Pacific Leaders Malaria Alliance (APLMA) on options for improving the availability of, and access to, quality medicines, diagnostics and other products through regional cooperation. Financing is to be discussed by the Regional Malaria Financing Task Force.

The meeting was attended by representatives from Australia, Cambodia, India, Indonesia, Japan, Lao PDR, Myanmar, Papua New Guinea, Republic of Korea, Singapore, Thailand the United States, Viet Nam as well as technical experts including from the World Health Organization (WHO), Roll Back Malaria, Global Fund, the Asian Development Bank and the Secretariat of the Pacific Community. Australia and India co-chaired the meeting.

Recognizing that malaria remains a significant burden on health systems, clearly undermines development, is a major cause of morbidity and mortality in the Asia-Pacific, that malaria elimination is the ultimate goal and that 75% reduction in malaria cases (from 2000 levels) is one milestone, the Task Force identified artemisinin resistance as a major impediment to attaining that goal.

In addition, the group recognized that the availability of quality diagnosis using microscopy and/or reliable rapid diagnostics, together with effective vector control including insecticide treated mosquito nets and effective insecticides, are also major components of an effective multisectoral elimination strategy.

The group identified four areas requiring urgent action:

- a. Ensuring the use of effective best-practice evidence-based preventive measures and therapies are consistent with international standards;
- a. Halting the manufacturing, distribution and use of oral artemisinin monotherapies that are used exclusively as a monotherapy and removing fake and substandard medicines from the region;
- b. Strengthening national regulatory capacity as needed by addressing, regional collaboration on standards, capacity building, regulatory practices, and enforcement; and

- c. Improving access and ensuring supply of quality preventative measures and therapies to meet needs, particularly for high-risk groups.

Task Force members reviewed current policies, situations and practices, identified progress, challenges and knowledge gaps, and recommended activities that will provide advice on specific barriers on which to base a set of options for action by the leaders.

Task Force members acknowledged that countries in the region are moving to elimination at different rates and as such face different challenges.

Members will consider existing mechanisms at national, regional and global levels to ensure appropriate standards and best practices are utilized, including from the WHO and Roll Back Malaria, to support efficient and effective options for moving forward.

Task force members agreed that prior to the next Task Force meeting further work would be undertaken to inform options for leaders. These actions include:

1. A synthesized gap analysis for each malaria-affected country in the Asia Pacific region for anti-malaria commodities and services (public and private sector) including inter alia: artemisinin combination therapies and other anti-malarials; misuse of artemisinin monotherapies; diagnostics; vector control and prevention technologies (larvicides, insecticides, bed nets and personal protective measures); surveillance and laboratory capacity; service frameworks including supply chain management; and workforce.
2. Mapping of existing global and regional frameworks and programmes (including bilateral programmes) that are relevant to the control of malaria and artemisinin resistance to prevent overlap and duplication and promote synergy and collaboration, including, inter alia: control programmes, the WHO Member State Mechanism on SSFFC, regulatory strengthening initiatives, directory of manufacturers of WHO-prequalified products, mindful of broader initiatives to address resistance, research, health systems strengthening, governance and development efforts.
3. A synthesis of the current evidence on the multiple causes of malaria drug resistance, including inter alia: artemisinin and partner drugs; access (affordability, availability, market share) to anti-malarial medicines; prescriber and consumer behaviour; and hard to reach populations.
4. A working group of regulators, and others as necessary, meeting to further develop options for the Task Force to deliberate on effective regulation,

enforcement, and capacity building, in order to improve access to quality medicines including, inter alia:

- What is needed for a permanent halt on oral monotherapies?
 - Assisting countries with diagnostic and product quality testing and quality monitoring
 - Prequalification issues
 - Possibility of a regional network of regulators
 - Work sharing and recognition of reviews of anti-malarials by other regulators
 - Fast track consideration of anti-malarial commodities
 - Explore or promote linkages between regulatory activities as a catalyst for market incentives.
5. A desk-based market analysis of supply, demand, procurement, distribution and storage issues for anti-malaria commodities in each malaria-affected country, and proposal for future more systematic analysis.
 6. The development of small number of brief case studies and mapping of best practices illustrating the key issues for inclusion in reports to leaders.