The challenge of implementing innovation in MSF:

the case study of parenteral artesunate

Martin De Smet (1), Angeles Lima (2), Esther Sterk (3), Estrella Lasry (4), Marit de Wit (5), Jorgen Stassijns (6)

(1)MSF-international, (2) MSF-OCBA, (3) MSF-OCG; (4) MSF-OCP

(5) MSF-OCA, (6) MSF-OCB

Objectives

- **to monitor the implementation status over time of *Artesunate injections* as treatment of severe malaria**

- **to analyze reasons for non-implementation**

in all MSF projects (all sections)

Background: artesunate (AS) injections

- Evidence on **relative mortality reduction** against quinine:
  - SEQUAMAT study (Lancet 2005, SE Asia): **34.7 %**
  - AQUAMAT study (Lancet 2010, African children): **22.5 %**

- **WHO malaria treatment guidelines**:
  - 2006: artesunate injections are preferred, but "lack of evidence for African children"
  - 2011: artesunate injections are preferred, *including for African children*

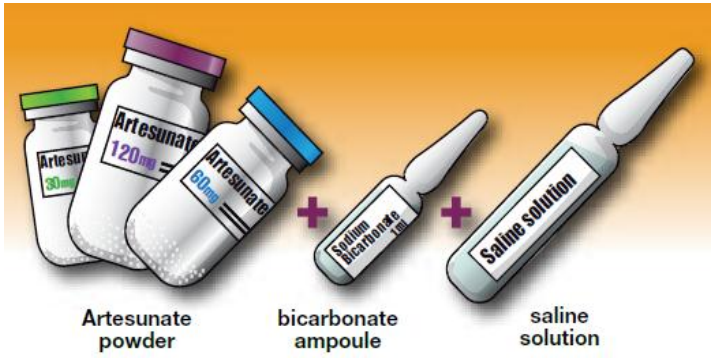
- **Source prequalified** by WHO (November 2010)

MSF's internal policy on severe malaria

- **2006**:

  use artemether (IM) or artesunate (IV/IM), or quinine (IV)
- **2011 (March)**:

  artesunate (IV or IM) as treatment of choice for *all* patients



MSF: a well-communicated policy change

➢ **Communication new policy (2011):**

- presentations in all MSF offices
- newsletter sent to all projects
- training for key staff from 6 projects
- support documents made available

➢ **Country targeted support activities (2011):**

- **Niger – CAR**: participation workshop on revision national malaria treatment guidelines, presentation on severe malaria/AS inj

MAKING THE SWITCH

Ensuring access to improved treatment for severe malaria in Africa

CAMPAIGN FOR ACCESS TO ESSENTIAL MEDICINES

MEDECINS SANS FRONTIERES

Saving more lives with artesunate injection

Injectable Artesunate Stakeholders' Meeting Report
Geneva, 11 November 2011

MEDECINS SANS FRONTIERES

World Health Organization

MMV
Medicines for Malaria Venture

Tropical Medicine and International Health doi:10.1111/j.1365-3156.2011.02810.x

VOLUME 16 NO 9 PP 1085–1086 SEPTEMBER 2011

Editorial

Responding to the evidence for the management of severe malaria

Nathan P. Ford[1,2], Martin de Smet[1], Kavitha Kolappa[1,3] and Nicholas J. White[4]

1 *Médecins Sans Frontières, Brussels, Belgium*
2 *Centre for Infectious Disease Epidemiology and Research, Cape Town, South Africa*
3 *Johns Hopkins University School of Medicine, Baltimore, MD, USA*
4 *Mahidol Oxford Tropical Medicine Research Unit, Mahidol University, Bangkok, Thailand*

keywords severe malaria, quinine, artesunate, treatment

Methods: monitoring implementation of AS-inj.

- information on project level by section and by country (activities of one section in one country = 1 project)

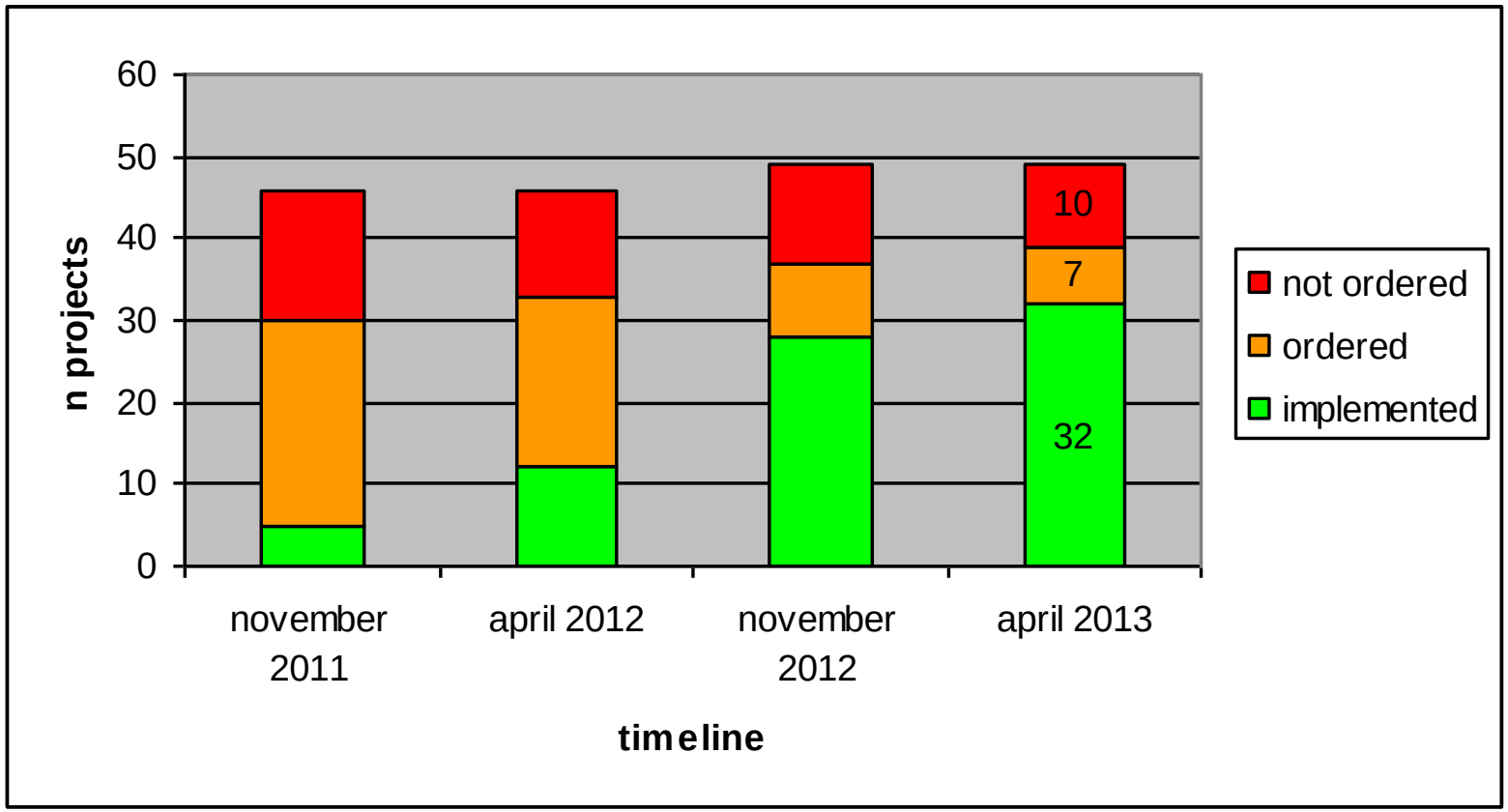
- six-monthly update on implementation status (HQ and/or field staff) :
  - not yet ordered
  - ordered
  - implementation *start*

- reasons given by field-teams why not ordered or implemented

- only projects in Africa, with the exclusion of projects where no malaria reported

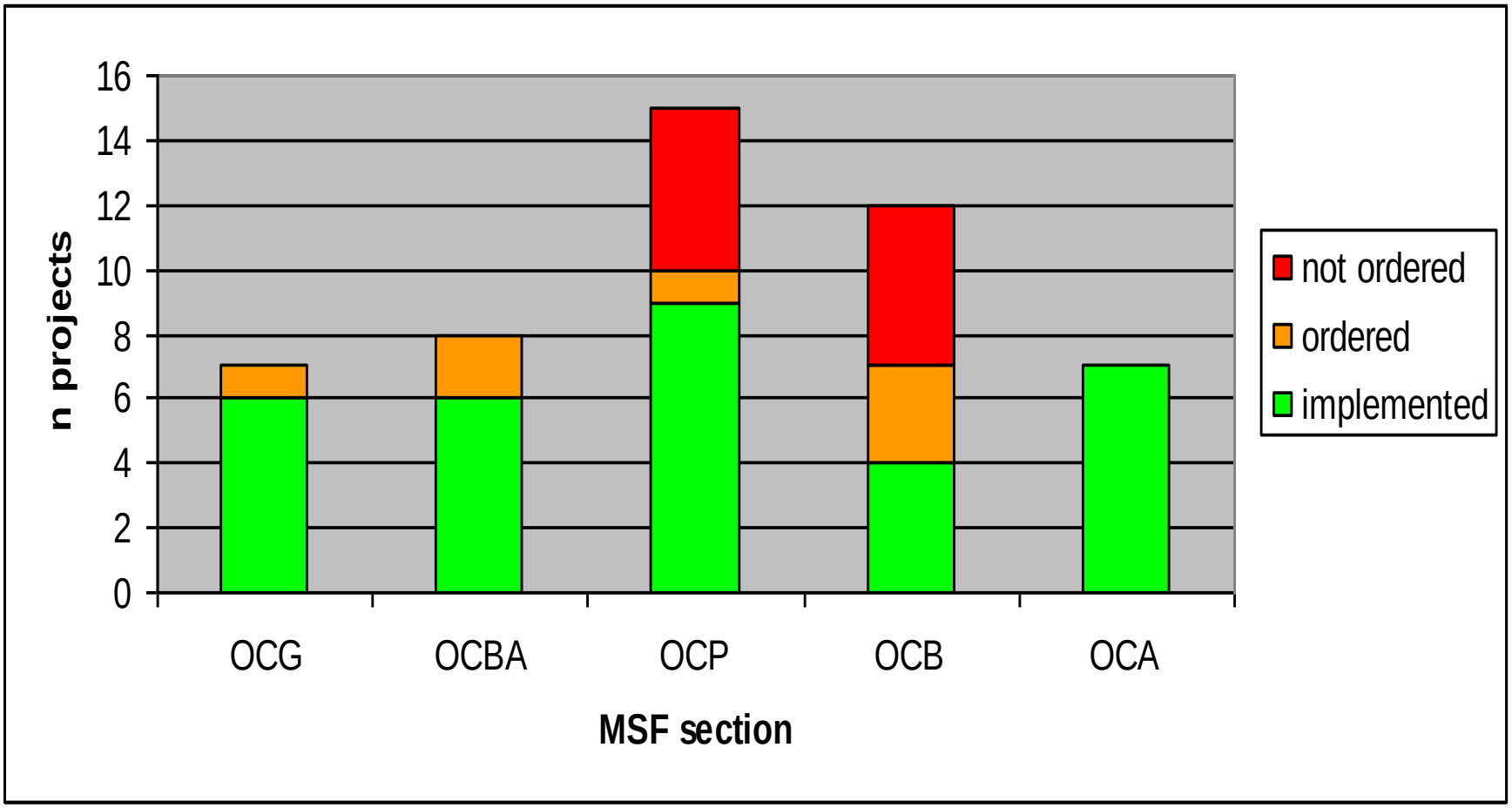
➢ *Information centralized by MSF's malaria working group*

Implementation status AS-inj (all sections)

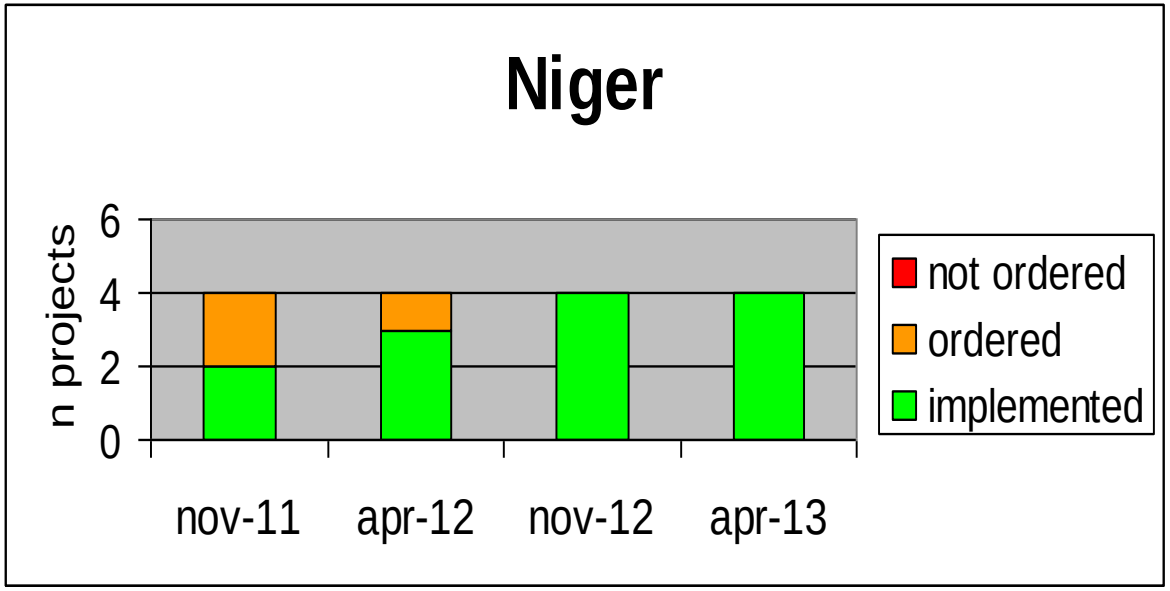


Note: highest burden projects in "green" by April 2013

Implementation status april 2013 (by section)

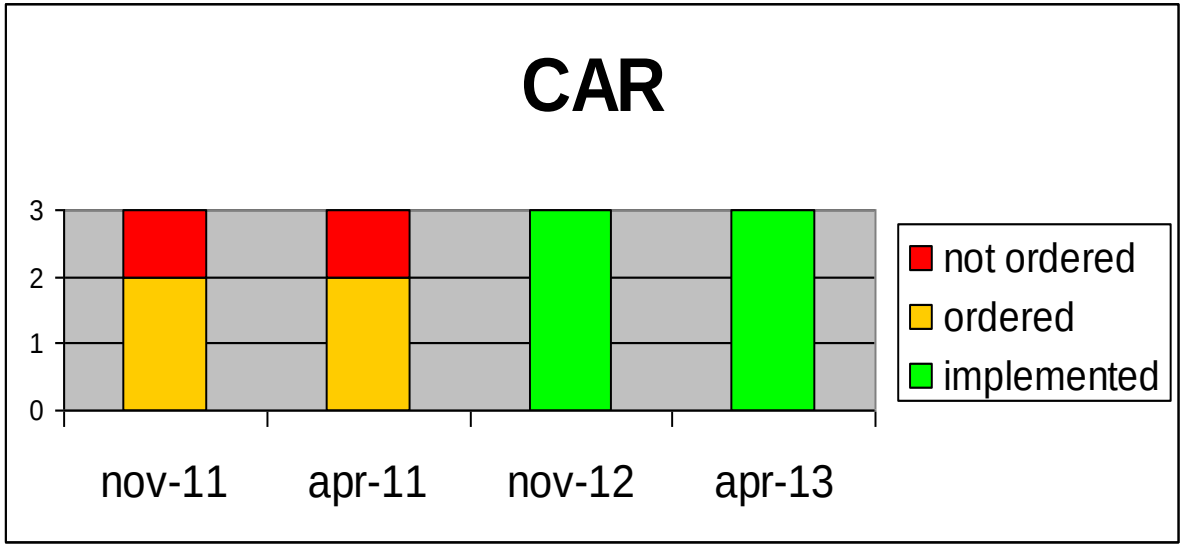


Evolution in countries with several projects



In-country support

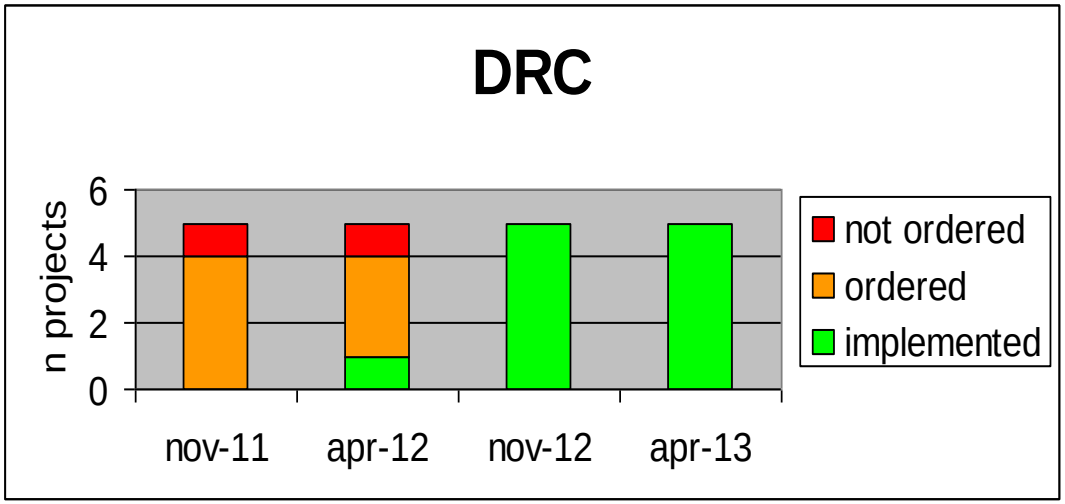
May 2011

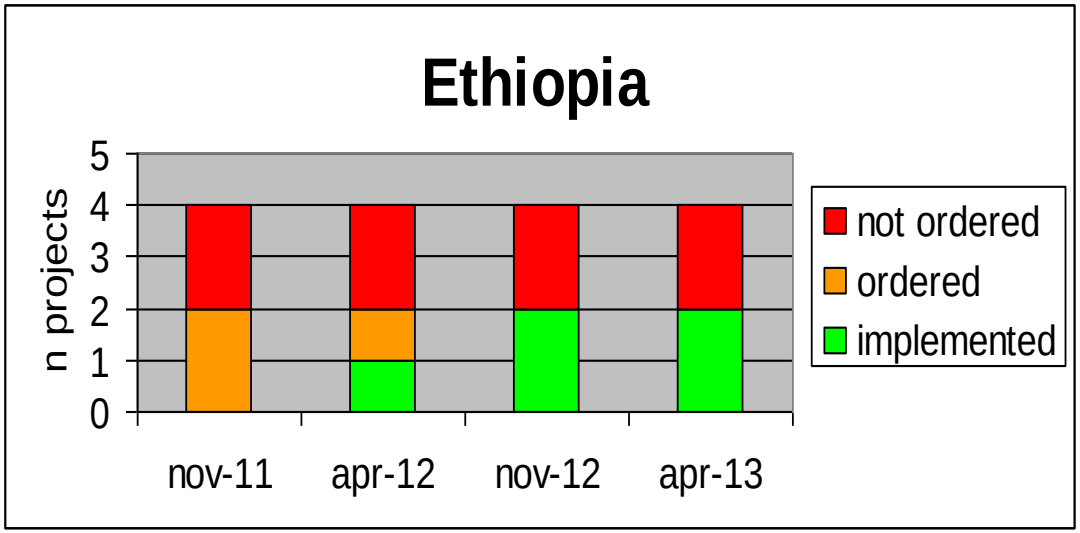


In-country support

December 2011

Evolution in countries with several projects



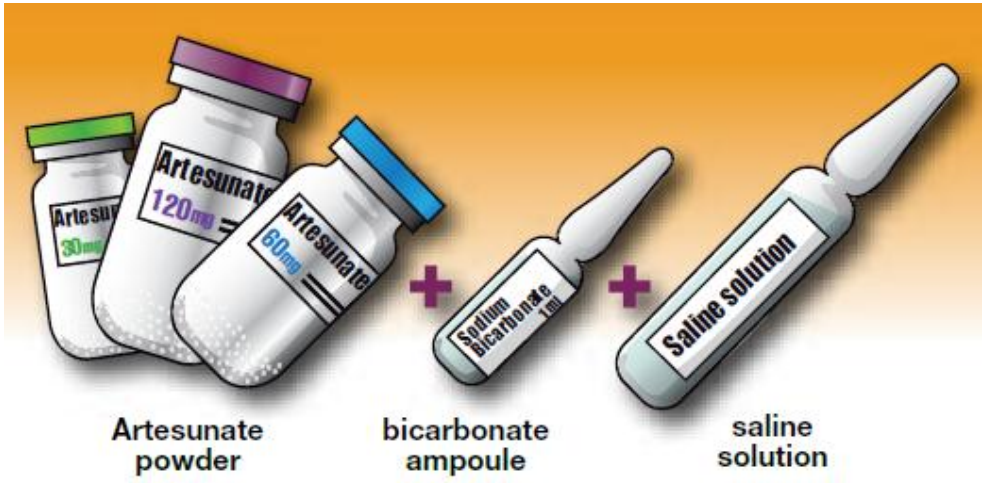


Reasons non-use AS-inj (status April 2013)

Reason given by field teams	***Projects (n)***
no authorization *Burkina F, Ethiopia , Madagascar*	**4**
emergency project, team prefers artemether *Mali, Mauritanie*	**3**
project will close within one year *Nigeria*	**1**
HIV focused project, "few cases" *Ethiopia, Kenya*	**2**
under discussion, "pending" *Somalia*	**1**
ordered, but blocked at customs *South Sudan*	**1**

Conclusions

- Despite a well-communicated policy change favoring AS inj, implementation has been a slow and uneven process
- The experience in Niger and CAR illustrates the benefit of in-country support and involvement other actors
- Lack of authorization remains a bottleneck:
  - lobby for update national policies in line with WHO recommendations
  - need to involve other stakeholders
- Introduction of innovative tools has to be accompanied by monitoring and support mechanisms



Thank you for your attention !

martin.de.smet@brussels.msf.org

Special thanks to the MSF field teams who provided the information