Report of the
1st EVIPNet-Africa Policy Brief Workshop

Addis Ababa, Ethiopia

February 18-22, 2008

Objectives:

- To develop capacity among EVIPNet teams to produce (and evaluate) policy briefs (and secondarily to organize and evaluate national policy dialogues at which the policy briefs are discussed and contextualized)

- To produce one draft policy brief for each participating EVIPNet country team offering evidence based options to policy makers about how to support the widespread use of artemisin-based combination therapies (ACT) to treat uncomplicated falciparum malaria (including supportive governance, financial and delivery arrangements within health systems and implementation strategies), which will then be revised and finalized over the next two months.

- To prepare for the presentation of the policy briefs, the screening of a promotional video about EVIPNet, and the launch of the EVIPNet portal at the Algiers Ministerial Conference on Research for Health (23-27 June 2008)

- To evaluate the policy briefs terms of reference specifically and the workshop more generally for their usefulness, their potential relevance to other priority policy issues and groups in Africa, and their potential relevance to other EVIPNet regions

- To evaluate the workshop and repeat it for other priority themes in Africa, the Americas and Asia.

Background:

EVIPNet has developed a series of capacity building activities in AFRO, AMRO, and WPRO since 2006. In all of them we have aimed at fostering ownership and empowerment among participants, to strengthen the fundamentals of the network (trust, participative governance, proactive participation, constant interaction, sustainability). The IDEAHealth meeting in Khon Kaen in December 2006 served as a pilot on how should EVIPNet engage countries in producing policy briefs and promoting deliberative dialogues to refine them. The design of the Addis Ababa workshop benefited from these previous experiences.

The 1st EVIPNet Africa Policy Brief Workshop represents a breakthrough in EVIPNet's progress. We went a step further from other activities by achieving drafts of EVIPnet's first policy briefs (PB), which are products crafted directly by country teams, targeting policy makers. Our approach to capacity building is "learning by doing," with every country team producing a draft PB during the workshop. The drafts will be refined to be presented to high level policy makers in each participating country. Thus, the capacity development will continue with distant learning activities for the next three months.

In preparation to the workshop, John Lavis sent country teams six weeks in advance a terms of reference for the PB (Annex I) organizing the question "how to support the widespread use of artemisinin-based combination therapies (ACT) to treat uncomplicated falciparum malaria" around issues of treatment efficacy/safety, supportive governance, change promotion, financial and delivery arrangements and implementation strategies within respective health systems. The country teams focused the preparation on two domains:
- drafting the TOR section titled "magnitude of the problems or challenges linked to the policy issue" (burden of disease); and
- locating any studies specific to their country (or sub-region) that appear relevant to the other sections.

The workshop was the first EVIPNet regional activity in which we achieved the participation of more policymakers (8) than researchers (7) in the composition of the country teams (List of participants in Annex II). Participants were divided in three groups: (a) the francophone Cameroon, Central African Republic, and Burkina Faso; (b) the East African Community (represented by REACH, more specifically Tanzania and Uganda) and Zambia; (c) Ethiopia and Mozambique. All groups integrated and cross-fertilized as each topic started and ended by a plenary report and discussion.

We started by assessing the magnitude of the uncomplicated falciparum malaria situation in each country, followed by the discussion of efforts to address the issue of Drug coverage, provision, and reimbursement. During Tuesday we addressed the delivery and financial arrangements necessary to upscale the use of ACTs, specifically human resources requirements and necessary incentives for the population, providers (producers, wholesale and retailers). In Wednesday participants discussed governance (including existing regulatory constraints) and identified at least three policy options to be examined in more details by each country separately and then discussed in plenary. Thursday participants addressed how to bring about change and techniques of writing, evaluating, and communicating PBs. In the last day we discussed in plenary how to Organize and evaluate a national policy dialogue, how to better use and develop the EVIPNet Portal as a learning environment and a workflow tool; and about the preparation of a promotional video. At the end participants filled an evaluation questionnaire (results have not been tallied yet, but initial feed back was very positive.

The gold standard for scientific evidence of a EVIPNet PB comprises existing systematic reviews around topics that are relevant to the policy question. John Lavis and his group

at McMaster University did an exhaustive job of proposing the terms of reference and identifying relevant systematic reviews and studies needed for the PB. By systematic reviews, we mean reviews of the research literature with an explicit question, an explicit description of the search strategy, an explicit statement about what types of research evidence were included and excluded, a critical examination of the quality of the studies included in the review, and a critical and transparent process of interpretation of the findings of the studies included in the review. Systematic reviews offer the advantages of allowing decision-makers to focus on appraising the local applicability of systematic reviews and on collecting and synthesizing other types of evidence, such as evidence about political and cultural acceptability and feasibility, and allow stakeholders, including civil society groups, to constructively contest research evidence. Although participants had access to the documents before hand, through the new EVIPNet Portal, only half of the participants accessed them beforehand. We also experienced a few problems with the timely distribution of documents during the workshop, because of local logistic constraints. The reading list organized by Lavis was very useful and for other workshops we have to make sure it is delivered to participants in the appropriate order.

Selection criteria was based on local applicability considerations, link to Low and Middle Income Countries (LMICs) through the author of the review, its focus, or through the target countries of the studies included in the review. In the development of the PB the systematic reviews are complemented by other studies, particularly ones directly related to participating countries. Each workshop participant received a binder with copies of all systematic reviews addressing issues identified on the various categories defined in the TOR: issue framing and magnitude of issues, burden of malaria; views and experiences of patients (or other stakeholders); drug coverage, provision or reimbursement; a major policy document about the effects or cost-effectiveness of particular anti-malarial drugs (the World Health Organization. Guidelines for the Treatment of Malaria. Geneva, Switzerland. World Health Organization, 2006.); reviews about the effects or cost-effectiveness of particular anti-malarial drugs; bringing about change; communicating policy options.

Our external experts in knowledge translation evaluated the 2006 WHO Guidelines for the Treatment of Malaria as a state of the art document that followed rigorously the best practices in the elaboration of guidelines. However, it is designed as a global reference resource and with a global target audience. It addressed implementation issues in only two pages. EVIPNet exists as a mechanism to help translate and contextualize global evidence with the inclusion of relevant evidence at the country level, added to the harnessing of tacit knowledge in best practices, thus helping to improve policy implementation. The EVIPNet PB will address these issues in 25 pages, with a national target audience. Participants agreed that the "target audience of the PBs are government officials (health and others) and key stakeholders (including civil society groups) who will participate in a deliberative dialogue to discuss who to support the widespread use of artemisinin-based combination therapies (ACT) to treat uncomplicated falciparum malaria. The writing should be targeted at an audience that is familiar with many of the issues but are not scientific experts. The presentation should ideally follow a 1:3:25 format (One-page of take-home messages; three-page executive summary; 25-page report. Dissemination will initially be limited to those participating in the deliberative dialogue

but will eventually include both traditional dissemination routes like the EVIPNet portal and more proactive dissemination through national mechanisms that should be identified and planned for early on." (This quote and most of other references to the dynamics of the workshop were extracted from presentations prepared by John Lavis.)

Other reference documents were presented according to the issue addressed and categorized as: (a) systematic reviews; (b) studies not yet been synthesized (e.g. available studies related to the burden of malaria in specific countries); (c) studies about whether and how research evidence has influenced previous efforts. For skill development purposes, participants were instructed to assess the inventory of systematic reviews of effects (and overviews of systematic reviews of effects) according to the AMSTAR quality ratings, and considerations to local applicability and equity. Annex II shows a summary of policy options being examined by each country.

Other remarks: Isabelle Huguet and Ulysses Panisset discussed with participants how they should engage in the development of the Internet EVIPNet Portal. Getachew Sahlu, who is organizing the Africa Health Infoway in Ethiopia joined the first day of the workshop, as we continue to explore synergy between AHI and EVIPNet. Issa Sanou (Acting regional advisor for RPC, WHO-AFRO) expertise in malaria was an additional bonus to his leadership and support in the workshop.

The workshop was co-coordinated by John Lavis (McMaster University), Issa Sanou (Regional Focal point for RPC), and Ulysses Panisset (WHO coordinator of EVIPNet). The country teams were very motivated and dedicated . Group facilitators included Dr. Fabio Zicker (TDR); Dr. Sandy Campbell (IDRC, in Kenya); Dr. Fred Bateganya, Makerere University, Uganda; Judith Robb-McCord, (Director, Learning Community Malaria Control and Evaluation Partnership in Africa, MACEPA/PATH, Anne -Juillet. Amari, (ESPAD- College Français des Economiste de la Santé); Dr. Garoma Kena, USAID/DELIVER PROJECT

We are very grateful to John Lavis, who prepared the material and proposed and coordinated most of the sessions. He was key in driving the efforts of each country team. He is the Canada Research Chair in Knowledge Transfer and Exchange and Associate Professor in both the Department of Clinical Epidemiology and Biostatistics and the Department of Political Science at McMaster University. We also acknowledge the participation of Sandy Campbell, of IDRC for his presentation on how to better communicate policy options and for interviewing participants in video and preparing a documentary about EVIPNet and other knowledge translation initiatives to be presented at the Ministerial Conference in Algiers.

Special thanks to our hosts Dr. Tsehaynesh Messele, Director of the Ethiopian Health and Nutrition Research Institute (EHNRI), Dr. Amha Kebede, Deputy DG of EHNRI and EVIPNet Ethiopia Team Lead Contact, and an acknowledgement of the hard work of our EVIPNet colleagues in Ethiopia Adugna Woyessa, Malaria epidemiologist and researcher and Kelbessa Urga, who went beyond duty to make sure the Workshop was a success.

The workshop was co-funded by TDR, AFRO, and WHO RPC. A follow up grant from TDR will support country dialogues and other preparatory activities in Cameroon, Ethiopia, and Mozambique to deliver PBs.

Annex I
EVIPNet Capacity-Building Workshop
Ethiopian Health and Nutrition Research Institute, Addis Ababa, Ethiopia
18 to 22 February 2008

Policy Brief – Terms of Reference
(Last updated by John Lavis on 13 February 2008)

Title	o Working title o **(Longer version) How to support the widespread use of artemisinin-based combination therapies (ACT) to treat uncomplicated falciparum malaria** o **(Shorter version) How to support the widespread use of effective treatment for malaria**
Authors	o List the proposed authors and their affiliations o **TBA**
Audience	o **Government officials and key stakeholders (including civil society groups) who will participate in a deliberative dialogue to discuss who to support the widespread use of artemisinin-based combination therapies (ACT) to treat uncomplicated falciparum malaria** o Writing should therefore be targeted at an audience that is familiar with many of the issues but not scientific experts o Presentation should ideally follow a 1:3:25 format, with one-page of take-home messages outlining: 1) the policy issue; 2) the magnitude of the problems or challenges linked to the policy issue; 3) three options for addressing the policy issue; and 4) ways to bring about change, as well as a three-page executive summary and a 25-page report o Dissemination will initially be limited to those participating in the deliberative dialogue but will eventually include both traditional dissemination routes like the EVIPNet website and more proactivee dissemination through national mechanisms that should be identified and planned for early on

Framing the policy issue(s)	o State whether and how the policy issue relates to program / service / drug coverage, provision or reimbursement, delivery arrangements, financial arrangements and/or governance arrangements
	o **Drug coverage, provision or reimbursement**
	  ▪ **Should ACT be the first-line drug therapy recommended for uncomplicated falciparum malaria in national treatment guidelines and/or the national malaria control policy and, if so, in what dosage regimes / packaging, for which populations, and for areas with which characteristics?**
	o **Delivery arrangements**
	  ▪ **Who should dispense ACT, when, where and how?**
	  ▪ **Who should be involved in surveillance, pharmacovigilance, and in the diagnosis and treatment of atypical cases?**
	o **Financial arrangements**
	  ▪ **Should ACT be subsidized or should conditional cash transfers be offered to encourage its use and, if so, at what level and for which populations (e.g., children under five, pregnant women)?**
	  ▪ **Should financial incentives be offered to prescribers, physician-remuneration arrangements changed or contracts with the for-profit sector changed to encourage providers to dispense ACT?**
	o **Governance arrangements**
	  ▪ **Which ACT and other anti-malarial drugs (i.e., drugs, dosage regimes, and packaging) should be registered/licensed for sale, how**

	should patents for them and profits arising from them be handled, how should they be allowed to be marketed, who should be able to prescribe them and how, who should be allowed to sell or dispense them and how, and how should patients be protected against counterfeit or substandard drugs?
	
	o Describe how the policy issue has been framed in different ways in the country's health systems (and, if instructive, in other health systems)
	
	   o **ACT should be widely offered as part of a home-based management strategy (i.e., presumptive treatment of febrile illness with ACT by lay health workers)**
	
	   o **ACT should be widely offered by health professionals who receive ongoing support to promote their adherence to national treatment guidelines**
	
	   o **ACT should be subsidized for children under five and pregnant women**
	
	   o **Marketing and sale of 'single drug' artemisinin-based drugs, counterfeit anti-malarial drugs, and sub-standard anti-malarial drugs should be banned by regulatory authorities and the ban strictly enforced**
	
	o Describe how the policy issue has been framed for the purposes of the policy brief
	
	   o **The widespread use of ACT to treat uncomplicated falciparum malaria should be supported by a combination of delivery, financial and governance arrangements that address unique national or sub-national contexts**

Magnitude of the problems or challenges linked to the policy issue	o Describe the magnitude of the problems or challenges linked to the policy issue within the country's health system (e.g., demographic data, healthcare utilization data, expenditure data), how the problems or challenges have changed over time, and how the problems or challenges have affected particular groups or areas
	
	   o **Burden of malaria** (Possible sources include: 1) Global Fund-sponsored community surveys, which typically provide community-level data every year and may appear as part of an integrated disease surveillance report); and 2) Demographic and Health Surveys, which typically provide detailed community-level data every 4-5 years)
	
	      ▪ **Incidence of (and death rates from) uncomplicated falciparum malaria, severe falciparum malaria and other types of malaria by age (including separately for infants), sex (including separately for pregnant women and lactating women), HIV status, malnutrition status, and socioeconomic status**
	
	   o **Drug coverage, provision or reimbursement** (Possible sources include the same two sources as above, as well as Health Management Information Systems, which typically provide facility-level data every three months, and qualitative studies involving malaria patients)
	
	      ▪ **Cure rates for and drug resistance (or reduced drug sensitivity) to ACT and other anti-malarial drugs**
	
	      ▪ **First-line (and second-line) drug therapy recommended for uncomplicated falciparum malaria in national treatment guidelines and/or the national malaria control policy (and in what dosage regimes / packaging, for which populations, and for areas with which characteristics)**
	
	      ▪ **Anti-malarial drugs included on the national essential drugs list**
	
	      ▪ **Patients' views about and experiences with particular anti-malarial drugs**
	
	   o **Delivery arrangements** (Possible sources include the same four sources as above)
	
	      ▪ **Access rates for first-line drug therapy (and for ACT if this is not first-line therapy) for uncomplicated falciparum malaria (i.e., who**

	has access to someone who can dispense drug therapy) ▪ **Coverage rates for first-line drug therapy (and for ACT if this is not first-line therapy) for uncomplicated falciparum malaria (i.e., who is dispensed what)** ▪ **Treatment patterns for uncomplicated falciparum malaria (i.e., who dispenses what, when, where and how, including whether treatment is part of the Integrated Management of Childhood Illness or other 'horizontal' programs)** ▪ **Adherence patterns for the treatment of uncomplicated falciparum malaria (i.e., who takes what, when, where and how)** ▪ **Arrangements for surveillance, pharmacovigilance and the diagnosis and treatment of atypical cases?** ▪ **Patients' views about and experiences with particular providers (or delivery arrangements more generally)** o **Financial arrangements** (Possible sources include healthcare expenditure surveys and qualitative studies involving malaria patients) ▪ **Drug and dispensing fees for first-line drug therapy (and for ACT if this is not first-line therapy) for uncomplicated falciparum malaria, including any subsidies for particular populations** ▪ **Patients' views about and experiences with fees and/or subsidies** o **Governance arrangements** ▪ **Regulations about which ACT and other anti-malarial drugs (i.e., drugs, dosage regimes, and packaging) can be registered/licensed for sale, how patents for them and profits arising from them are handled, how they can be marketed, who can prescribe them and how, who can sell or dispense them and how (and the degree of their enforcement)** ▪ **Regulatory safeguards to protect against counterfeit or substandard drugs (and the degree of their enforcement)**
Alternative ways of addressing the policy issue(s)	o Benefits and harms/risks of alternative ways of addressing the policy issue(s) o **Drug coverage, provision or reimbursement** (Possible sources include: 1) WHO cost-effectiveness estimates from 2005; 2) WHO guidelines from 2006; 3) the six systematic reviews about anti-malarial drugs published in 2006 or 2007; and 4) the systematic review about unit-dose packaged antimalarial drugs) ▪ **Confirming / instituting ACT as the first-line drug therapy recommended for uncomplicated falciparum malaria in national treatment guidelines and/or the national malaria control policy, including the dosage regimes / packaging and any modifications required for specific populations or areas with specific characteristics** o **Delivery arrangements** (Possible sources include: 1) an overview of systematic reviews of the effects of alternative human resources for health (HRH) configurations; 2) five systematic reviews of the effects of specific HRH configurations, including home-based management, lay health workers, outpatient pharmacists' role expansion, and either nurses or nurse practitioners instead of physicians); and 3) one systematic review about the activities of medicine-sellers and how their practice can be improved (which is not a review of effects) ▪ **Confirming/changing who should dispense ACT, when, where and how and who should be involved in surveillance, pharmacovigilance and in the diagnosis and treatment of atypical cases** o **Financial arrangements** (Possible sources include: 1) an overview of systematic reviews of the effects of alternative financial arrangements in health systems; 2) six systematic reviews of the effects of specific financial

	arrangements, including incentives for patients (i.e., conditional cash transfers), incentives for prescribers, physician-remuneration arrangements more generally, contracting with the for-profit sector to improve healthcare delivery, and reference pricing, other pricing and purchasing policies); and 3) a systematic review about financial arrangements with the private sector (which is not a review of effects) 　▪ **Confirming/changing drug and dispensing fees for first-line drug therapy (and for ACT if this is not first-line therapy) for uncomplicated falciparum malaria, including any subsidies or conditional cash transfers for particular populations** 　▪ **Confirming/changing financial incentives for prescribers, physician-remuneration arrangements more generally or contracts with the for-profit sector** o **Governance arrangements** (Possible sources include: 1) an overview of systematic reviews of the effects of alternative governance arrangements related to pharmaceuticals; 2) a systematic review of the effects of consumer involvement in decision-making); and 3) a systematic review about governance arrangements related to the private sector (which is not a review of effects) 　▪ **Confirming/changing which ACT and other anti-malarial drugs (i.e., drugs, dosage regimes, and packaging) can be registered/licensed for sale, how patents for them and profits arising from them are handled, how they can be marketed, who can prescribe them and how, who can sell or dispense them and how, and with what safeguards to protect against counterfeit or substandard drugs** o Describe three viable policy options that comprise different "bundles" of the aforementioned activities, summarize what can reasonably be expected (in terms of both costs and consequences) in the country's health system by pursuing each of the policy options, and point out where there are gaps in our understanding about what can be expected 　o **To be determined by each country team after the above types of research evidence have been assessed for their quality and local applicability and for equity and scaling up considerations**
Alternative ways of bringing about change	o **Benefits and harms/risks of alternative ways of bringing about change** (Possible sources: 1) an overview of systematic reviews of the effects of different ways of changing provider behaviour; 2) seven systematic reviews of the effects of different strategies for achieving desired outcomes, including disseminating and implementing guidelines, implementing guidelines among allied health professionals specifically, influencing prescribing and dispensing, changing medication use, improving antibiotic prescribing in ambulatory care and in hospitals, and enhancing medication adherence); and 3) seven systematic reviews of the effects of specific strategies for bringing about change, including audit and feedback, computerized drug-dosage support, continuing-education meetings, educational-outreach visits, local opinion leaders, mass-media campaigns, and tailored efforts to identify identified barriers to change)
Key references	o List major policy documents on the topic that are relevant to the country's health system 　o World Health Organization. Guidelines for the Treatment of Malaria. Geneva, Switzerland. World Health Organization, 2006. 　o World Health Organization. WHO Briefing on Malaria Treatment Guidelines and Artemisinin Monotherapies. Geneva, Switzerland: World Health Organization, 2006. 　o Bosman A, Mendis KN, A major transition in malaria treatment: The adoption and deployment of artemisinin-based combination therapies. American Journal of Tropical Medicine and Hygiene 2007; 77 (Suppl 6):

193-197.
- o Teklehaimanot A, McCord GC, Sachs JD. Scaling up malaria control in Africa: An economic and epidemiological assessment. American Journal of Tropical Medicine and Hygiene 2007; 77 (Suppl 6): 138-144.
- o Burkina Faso
  - Coulibaly SO, Gies S, D'Alessandro U. Malaria burden among pregnant women living in the rural district of Boromo, Burkina Faso. American Journal of Tropical Medicine and Hygiene 2007; 77 (Suppl 6): 56-60.
- o Tanzania
  - Mboera LEG, Makundi EA, Kitua AY. Uncertainty in malaria control in Tanzania: Crossroads and challenges for future interventions. American Journal of Tropical Medicine and Hygiene 2007; 77 (Suppl 6): 112-118.
  - Makundi EA, Mboera LEG, Malebo HM, Kituan AY. Priority setting on malaria interventions in Tanzania: Strategies and challenges to mitigate against the intolerable burden. American Journal of Tropical Medicine and Hygiene 2007; 77 (Suppl 6): 106-111.
- o List systematic reviews of the research literature on the topic that are relevant to the country's health system
  - o Systematic reviews related to the burden of malaria
    - None found
  - o Systematic reviews related to the effects or cost-effectiveness of particular anti-malarial drugs
    - Select from separating listing of systematic reviews
  - o Systematic reviews related to the effects of alternative delivery arrangements
    - Select from separating listing of systematic reviews
    - Goodman C, Brieger W, Unwin A, Mills A, Meek S, Greer G. Medicine sellers and malaria treatement in Sub-Saharan Africa: What do they do and how can their practice be improved? American Journal of Tropical Medicine and Hygiene 2007; 77 (Suppl 6): 203-218.
  - o Systematic reviews related to the effects of alternative financing arrangements
    - Select from separating listing of systematic reviews
    - Waters H, Hatt L, Peters D. Working with the private sector for child health. Health Policy and Planning 2003; 18:127-137.
  - o Systematic reviews related to the effects of alternative governance arrangements
    - Select from separating listing of systematic reviews
    - Waters H, Hatt L, Peters D. Working with the private sector for child health. Health Policy and Planning 2003; 18:127-137.
  - o Systematic reviews related to the views and experiences of patients (or other stakeholders)
    - None found
  - o Systematic reviews related to alternative ways to bring about change
    - Select from separating listing of systematic reviews
- o List major research studies on the topic that have not yet been synthesized
  - o Studies related to the burden of malaria
    - To be added
  - o Studies related to the effects or cost-effectiveness of particular anti-malarial drugs
    - Morel CM, Lauer JA, Evans DA. Cost effectiveness analysis of strategies to combat malaria in developing countries . BMJ 2005;331(7528):1299.
    - Morel CM, Lauer JA, Evans DB. Corrections and clarifications:

Achieving the millennium development goals for health: Cost effectiveness analysis of strategies to combat malaria in developing countries. BMJ 2005;333:86.
Ref ID: 7846
- Morel CM, Lauer JA, Evans DB. Corrections and clarifications: Achieving the millennium development goals for health: Cost effectiveness analysis of strategies to combat malaria in developing countries. BMJ 2006;332:151.
  o Studies related to the effects of alternative delivery arrangements
    - To be added
  o Studies related to the effects of alternative financing arrangements
    - To be added
  o Studies related to the effects of alternative governance arrangements
    - To be added
  o Studies related to the views and experiences of patients (or other stakeholders)
    - To be added
  o Studies related to alternative ways to bring about change
    - To be added
o List systematic reviews of the research literature on related topics that are relevant to the country's health system
    - Tanser FC, Pluess B, Lengeler C, Sharp BL. Indoor residual spraying for preventing malaria (Protocol). Cochrane Database of Systematic Reviews 2007;Issue 3. Art. No.: CD006657. DOI: 10.1002/14651858.CD006657.
    - Gamble C, Ekwaru PJ, Garner P, ter Kuile FO. Insecticide-treated nets for the prevention of malaria in pregnancy: A systematic review of randomized controlled trials. PLoS Medicine 2007;4(3).
o List studies that have examined whether and how research evidence has influenced previous efforts to support transitions in the treatment of malaria
    - Williams HA, Durrheim D, Shretta R. The process of changing national malaria treatment policy: Lessons from country-level studies. Health Policy and Planning 2004;19(6):356-70.
    - Mubyazi GM, Gonzalez-Block MA. Research influence on antimalarial drug policy change in Tanzania: Case study of replacing chloroquine with sulfadoxine-pyrimethamine as the first-line drug. Malaria Journal 2005;4(51).
    - Zurovac D, Ndhlovu M, Rowe AK, Hamer DH, Thea DM, Snow RW. Treatment of paediatric malaria during a period of drug transition to artemether-lumefantrine in Zambia: Cross sectional study. BMJ 2005;331:734-8.
    - Amin AA, Zurovac D, Kangwana BB, Greenfield J, Otieno DN, Akhwale W et al. The challenges of changing national malaria drug policy to artemisinin-based combinations in Kenya. Malaria Journal 2007;6(72).

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Annex II: summary of policy options being examined by each country.

Zambia:
- Including malaria treatment with ACT as part of community health workers' scope of practice (governance arrangements) and the activities for which they receive training and supervision, including rapid diagnostic tests (delivery arrangements)
- Introducing subsidies for ACT and RDTs (and possible drug packaging mechanisms) within the private sector to support their use (financial arrangements)
- Restrict the types of ACTs that can be imported

Central African Republic
- Engaging (e.g., training, supervising/motivating, and retaining) community health workers and mothers (and traditional healers?) to support the home-based management of malaria (delivery arrangements)
- Retaining the full subsidy for ACT (financial arrangements) but enhancing the Ministry's stewardship/coordination of donor-supported promotions of particular ACT formulations (governance arrangements)
- Retaining the cost-recovery mechanism that motivates prescribers, importers and peripheral units to support the widespread use of ACT (financial arrangements)
- Engaging traditional healers to support the home-based management of malaria (possibly to combined with policy option #1)

Mozambique
- Using community health workers for the presumptive treatment of uncomplicated malaria with ACT (governance and delivery arrangements)
- Introducing ACT subsidies within the private sector to support their use (financial arrangements) and reinforcing the strict following of standard regulations (governance arrangements re regulations and delivery arrangements re training, etc.)
- Providing incentives to prescribers (specifically health workers, such as nurses, doctors, technicians) for a time-limited period to encourage the transition to following malaria treatment guidelines (while not encouraging overuse)

East African Community
- Offering ACT as part of the home management of malaria by lay/community health workers (governance and delivery arrangements)
- Engaging the (formal or informal?) private sector more in distributing ACT in line with standard treatment guidelines, perhaps including ACT subsidies and/or enforcing the regulations (e.g., about not prescribing ACT monotherapies) and/or limiting importation of ACT monotherapies
- Expanding access to healthcare (including ACT treatment) through social insurance for those working in the formal sector and through community-based health insurance for those working in the informal sector
- Introducing regional regulations to improve the quality of registered drugs and reduce counterfeit drugs, however, the EAC not at this point yet, although this is the intended direction for regulatory affairs

Ethiopia
- Extend access beyond what can be achieved through health extension workers through home based treatment of malaria (using ACT) using lay providers including mothers in high-priority areas (and the prioritization arises because the lack of diagnostic capacity may result in unacceptably high rates of ACT overuse)
- Engage the private sector both by allowing health workers in the private sector to prescribe ACT that can then be dispensed in public facilities and by introducing an incentive scheme for local producer(s) through the abolition/reduction of the tax on raw materials for ACT and

facilitating its export (and by introducing changes in the agricultural sector)
* **Introduce/strengthen a mechanism to prevent access to drugs through illicit means (including monitoring)**
* **Continue the Drug Administration and Control Authority's single regimen policy in ACT registration and licensing (and its ban on monotherapy)**

Burkina Faso

A) Dispositions financières

Engager les acteurs du secteur privé à respecter les directives nationales sur les prix subventionnés des ACT (pharmacies, cliniques, les cabinets de soins, ….). / Engage the private sector in adhering to national guidelines about subsidized drugs in all settings (pharmacies, clinics)

B) Dispositions pour la prestation

Motiver les agents de santé communautaires chargés de la prise en charge du paludisme simple à domicile. / Motivate and retain community health workers involved in the home management of malaria (with motivation interpreted in the broadest sense, not just financial)

C) Dispositions règlementaires

Retirer les antipaludiques utilisés en monothérapie. / Ban monotherapies (after ensuring the ACT is fully deployed across the country and that pharmacies are informed about the policy so that they deplete their stocks) and position the ban as part of a broader effort to improve the drug-management system and reduce counterfeit drugs

Cameroon

* Engaging community health workers in improving/ensuring equitable and convenient access to subsidized ACT for uncomplicated malaria to all those in need (and simultaneously improving IPT coverage for pregnant women, esp. in areas with low rates of antenatal care?) (delivery arrangements)
* Supporting self-medication, which requires changing ACT to an over-the-counter (OTC) drug (governance arrangements) and educating mothers (delivery arrangements)
* Engaging the private sector to achieve access to high standard / quality ACT, which includes drug importation, production and distribution (governance, financial and delivery arrangements?)

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