

MIM 2013

Symposium: Multiple First Line Therapies (MFT) and Protecting the ACT Class of Medicines: Science, Modeling, and Current Practices

Abstract:

The use of Multiple First-line Therapies (MFT) has been debated since 2008 as an approach to delay the emergence of resistance for malaria medicines. Proponents argue that using different ACT combinations nationwide can better protect this drug category versus overreliance on a single ACT. Critics are concerned with implementation challenges of MFT, and with proving that MFT delays the emergence of resistance. All agree that protecting ACTs is a public health imperative, given that no non-ACT alternatives will be launched during the next 5-to-8 years for uncomplicated malaria.

Today, Ghana is the only country that officially endorses MFT as a malaria treatment policy. However, in several countries, the private and informal sectors offer a wide variety of ACTs to consumers, making MFT the de facto reality. As more countries may emulate the AMFm model, thereby increasing the availability of ACTs in the private sector, new questions arise regarding the potential of MFT throughout Africa.

We will explore why Ghana adopted MFT as a policy and how it is implemented and monitored. Ghana's experience is instructive for other countries considering MFT options, and offers a live platform to help answer questions about the contribution of MFT to national policy.

In assessing MFT, we consider the degree of choice that exists between antimalarials in different settings (e.g. public vs. private sector, rural vs. urban, paediatric vs. adult formulations.) MFT's implementation costs, procurement requirements, and implications for inventory management must also be carefully considered.

Various epidemiological models have been designed comparing the benefits of different treatment strategies to cope with drug resistance. Moving forward, it will be important to bridge the gap between theoretical models and the measurable impact of MFT implementation. MFT's relevance may also vary depending on disease burden settings and overall treatment coverage rates. Given that MFT is already practiced in different ways in many malaria endemic countries, there are timely opportunities now to assess