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AMAZON MALARIA INITIATIVE

Executive Summary

AMI BRIEF

The USAID-funded Amazon Malaria Initiative (AMI) supports activities in Bolivia, Brazil, Colombia, Ecuador, Guyana, Peru and Suriname; Amazon countries who are members of *Red Amazonica para la Vigilancia de la Resistencia a los Antimalaricos* (the Spanish acronym is RAVREDA). This support has been a key factor in making the Amazon region the first in the world in which countries have evidence-based policies for antimalarial drugs, adopting artemisinin-based combination therapy (ACT).

USAID's Latin America and Caribbean Bureau (USAID/LAC) launched AMI in October 2001 as its major vehicle for supporting the Roll Back Malaria (RBM) program in the Amazon Basin, with the purpose of incorporating selected best practices in malaria control programs in target countries in the region.

Almost from the start, AMI became a collaborative activity. The USAID Missions in Bolivia and Peru contributed to its design and participated directly as implementing partners until 2006. The association with the Pan American Health Organization (PAHO) helped create RAVREDA, while the U.S. Centers for Disease Control and Prevention (CDC), Management Sciences for Health (MSH), and the United States Pharmacopeia (USP) provided technical assistance. In 2007, Links Media joined the partnership as the source of technical assistance in communications. In addition to technical expertise, PAHO coordinates activities in the eight participant countries.

Each USAID technical partner contributes to the activities in its area of expertise, and coordination is achieved through a steering committee. The committee meets twice annually, but also engages in frequent dialogue for consensual decision making, mainly through e-mail. It is worth emphasizing that AMI has meant the introduction of a different way of collaboration.

Before 2001, under bilateral activities, Peru and Bolivia—with support from USAID and CDC—had already spearheaded the utilization of a standardized protocol for conducting *in vivo* efficacy evaluations of antimalarial drugs used as first-line therapy for *falciparum* malaria. No other countries in the Amazon region had engaged in such a process. To date, all eight AMI/RAVREDA countries have successfully conducted the same type of evaluations using the standardized protocol, and changed to ACT policies.

The Initiative has continued to support the establishment of in-country and regional systems for the surveillance and prevention of resistance to antimalarials, and to improving access to quality diagnosis by strengthening capabilities for microscopic diagnosis of malaria and supporting the introduction of rapid tests for their utilization in areas where access to microscopy diagnosis has been found lacking.

Activities addressing the validation of tools for the *in vitro* evaluation of resistance to antimalarials have been also part of AMI/RAVREDA work plans. These tools will likely complement the *in vivo* efficacy studies as part of the systems for monitoring the resistance to antimalarials, particularly in areas where implementing *in vivo* studies would prove difficult. After progress was made on the subject of antimalarial resistance, AMI initiated support for improving vector control and malaria surveillance.

Appropriate access to quality drugs is an important goal that has been covered with the participation of MSH and USP, who are providing AMI/RAVREDA countries with training and

technical assistance in the management, quality assurance, and quality control of antimalarial drugs.

A 2007 external review showed that AMI demonstrates considerable flexibility in development plans and activities, capitalizing on the expertise and experience of partners to help shape the initiative, rather than presenting them with a series of closed-end tasks. While this approach requires more time, it clearly enriches the initiative and allows it to take an integrated approach that avoids duplication of efforts. AMI also displays flexibility and responsiveness to individual country needs and to the extent possible adopts a bottom-up approach.

AMI is supporting the participant countries in institutionalizing and continuing their progress in malaria diagnosis, treatment, and monitoring of drug efficacy; strengthening integrated and selective vector control and malaria surveillance; and South-South collaboration. At the same time, AMI is helping malaria control programs to evolve and adapt to current and coming changes in the occurrence of malaria in the Amazon Region, such as the current decrease in malaria cases, which introduces new challenges for maintaining malaria control capacities in the countries.

AMI is a true subregional initiative with training, workshops, meetings, coordination in joint protocol development, information sharing, and a considerable amount of South-South cooperation. As a partnership model AMI has been successful in addressing subjects that benefit from a multidisciplinary approach and affect more than one country, and is replicable elsewhere.

The partnership approach AMI employs (Box 2) is replicable whenever there is a problem that is best addressed through a multidisciplinary approach—which in public health is most problems. Users of this approach should be aware that extra development time and flexibility are needed to take full advantage of partner experiences and capabilities.

Box 1
Value of a Subregional Approach

The vector, host, and agent do not respect national boundaries.

Exchanges and participation in regional meetings motivate nationals to perform well in order to stand out among their peers (“a healthy competitive effect”).

Subregional training, technical assistance, and the development of guidelines and protocols provide economies of scale. Replication of research and studies in multiple sites using common protocols allows for country comparability and provides a critical mass of useful information.

Comparable epidemiological and entomological information increases the knowledge base and makes possible better decisions.

The approach makes it possible to attack cross-border problems in a coordinated fashion (e.g., gold miners in Brazil, Suriname, and Guyana). It provides a platform for resolving cross-border issues and supports smaller countries as they make their case to larger neighbors.

Situational Determinants Favoring a Subregional Approach

Countries clearly recognize that they have a common problem and there is a need for and advantages to a subregional approach.

A regional entity that has the capacity to convene the relevant actors greatly facilitates the process.

Participating countries have the capacity to benefit from the technical assistance.

There is a previous history of subregional collaboration and experience in the thematic area to build on.

There is a previous history of subregional collaboration and experience in the thematic area to build on. There are few or no single-country programs in the subregion that have the critical mass for reaching similar outcomes.

Countries understand both their needs and the value they bring and are prepared to respect those of their neighbors.

Box 2
Partnership Approach

Advantages:

Multiple experiences, from both within and outside the subregion, have clear benefits.

Complementary skill sets contribute to a systems approach to problem-solving.

A healthy tension between different viewpoints (e.g., scientific rigor versus practical applicability) leads to better products.

Qualifiers:

A steering committee is essential to balance different points of view, maintain transparency, and keep activities on track.

It is also essential to have a single partner act as interlocutor with countries.

Seeking consensus (“shared vision”) lengthens but enriches the planning and implementation process.

The roles for the different agencies must be carefully defined.

Programming and scheduling can be complicated, particularly if personnel have multiple other commitments outside as well as within the region.

AMI has largely resolved the problem that it was originally designed to address: the need for comparable information to support evidence-based policies for effective therapeutic treatment of uncomplicated *P. falciparum* malaria. Support for improving the management and quality assurance of antimalarials to effectively implement treatment policies continues, as does monitoring their efficacy. However, AMI has also branched out into the control area and through its strategies for planning local control interventions appears to be moving toward the “ecological” model. AMI deserves continued support, not only for what it has so far achieved, but for its potential to help further reduce malaria in the Amazon area.