

After the workshop in Addis Ababa in February 2008, our team developed the policy brief on **«Soutenir le passage à l'échelle de l'utilisation des nouveaux antipaludiques pour le traitement du paludisme non compliqué au Burkina Faso»**.

We went in a deliberative dialogue with a final two days workshop in May 2008. We finally reach a consensus on three policy options:

- To engage the private sector in adhering to national guidelines about subsidized drugs in all settings (pharmacies, clinics...)
- To motivate and retain community health workers involved in the home management of malaria (with motivation interpreted in the broadest sense, not just financial)
- To 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.

The process to develop the policy brief on scaling the use of ACT was very helpful when it came time to make decision on what priority actions to put in the proposal to Global Funds. The stakeholders who were part of the deliberative dialogue and the members of the expanded EVIPNet Committee advocated for the policy options discussed in the policy brief on malaria treatment. Therefore, these options were developed in the proposal to 7<sup>th</sup> GFATM and the implementation process started already as a pilot for the lay health workers activities in 3 districts. Giving the short time to finalize the 7<sup>th</sup> proposal, it was decided to have a large scale implementation of lay health workers activities in the 8<sup>th</sup> proposal to GFATM. The other two options are being implemented.

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