Considerable increases in the availability and use of artemisinin-based combination therapies (ACTs) together with increased deployment of insecticide treated bed-nets (ITN) have resulted in a substantial fall in global malaria morbidity and mortality. These gains and the prospects for malaria elimination are now threatened by the emergence of artemisinin and/or partner drug resistance in *Plasmodium falciparum*. In the context of these resistance scenarios, the role of high quality artemisinin-based combinations will be discussed. As the only stringent-regulatory-approved Dihydroartemisinin/Piperaquine offering in the market today, it has a significant role to play in malaria endemic countries. Both prior to and subsequent to Dihydroartemisinin/Piperaquine’s approval by the EMA, this medicine has been the focus of robust clinical data, not only in terms of efficacy, but also of safety. At this symposium, new safety data will be presented: daily clinical practice with falciparum malaria treatment in several African countries on over 10,000 patients, as well as on over 4,000 pregnant women with Dihydroartemisinin/Piperaquine. Recent studies in Southeast Asia and in Africa have focused on the pharmacokinetics and the pharmacodynamics of piperaquine, the partner drug that is crucial for cure. These studies indicate that the dose of piperaquine recommended in young children is suboptimal, because the kinetics of this drug are different in young children compared to adults. To cover this issue, the recent clinical outcomes of novel Dihydroartemisinin/Piperaquine pediatric dispersible formulations will be reported.

**CHAIR**

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**Modelling the Impact of DHA-PQP on Malaria Transmission and Comparison with other ACTs**

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