SCALING UP MALARIA DIAGNOSIS AND TREATMENT IN THE PRIVATE SECTOR

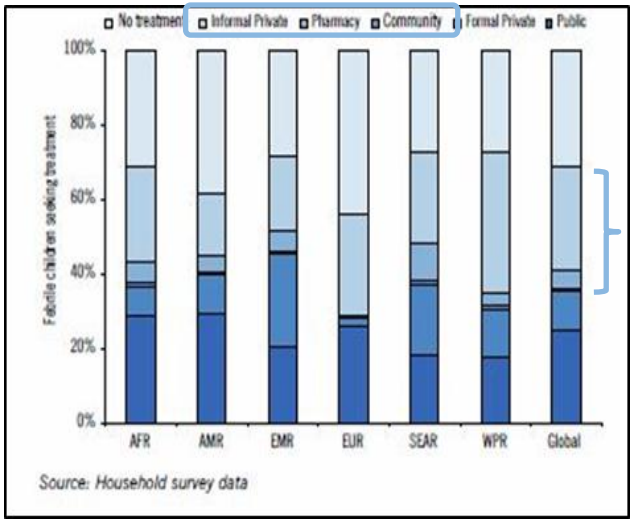
Alan Court

Chair – RBM AMFm Taskforce

ROLL BACK MALARIA

DELIVERING TREATMENT

- Overall importance of private retail sector varies widely between countries
- Importance of different types of outlet also varies between countries
- Need for context-specific approaches



Treatment-seeking for febrile children

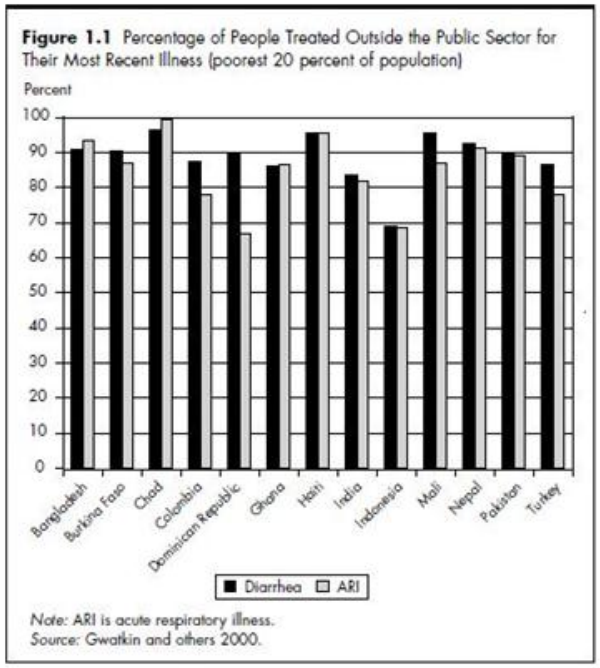
	Public Health Facility	Private Clinic	Pharmacy or Drugstore	Grocery	Community or Village Health Worker	Home	Other
Benin	39.6	9.9	3.7	-	-	30.2	16.7
Cambodia	21.9	7.7	33.5	2.7	5.3	3.4	21.2
DRC	27.2	15.1	50.6	-	-	5.6	2.2
Madagascar	24.5	11.9	33.2	16.8	2.2	11.8	1.5
Nigeria	24.2	9.9	39.1	0.4	1.2	27.1	1.7
Uganda	23.8	42.4	9.4	1.0	2.6	20.8	-
Zambia	85.5	1.9	2.5	1.9	1.3	5.7	1.2

Source of antimalarial drugs

ROLL BACK MALARIA

POOR ARE MORE RELIANT

Private retail sector often more important for poor to access treatment

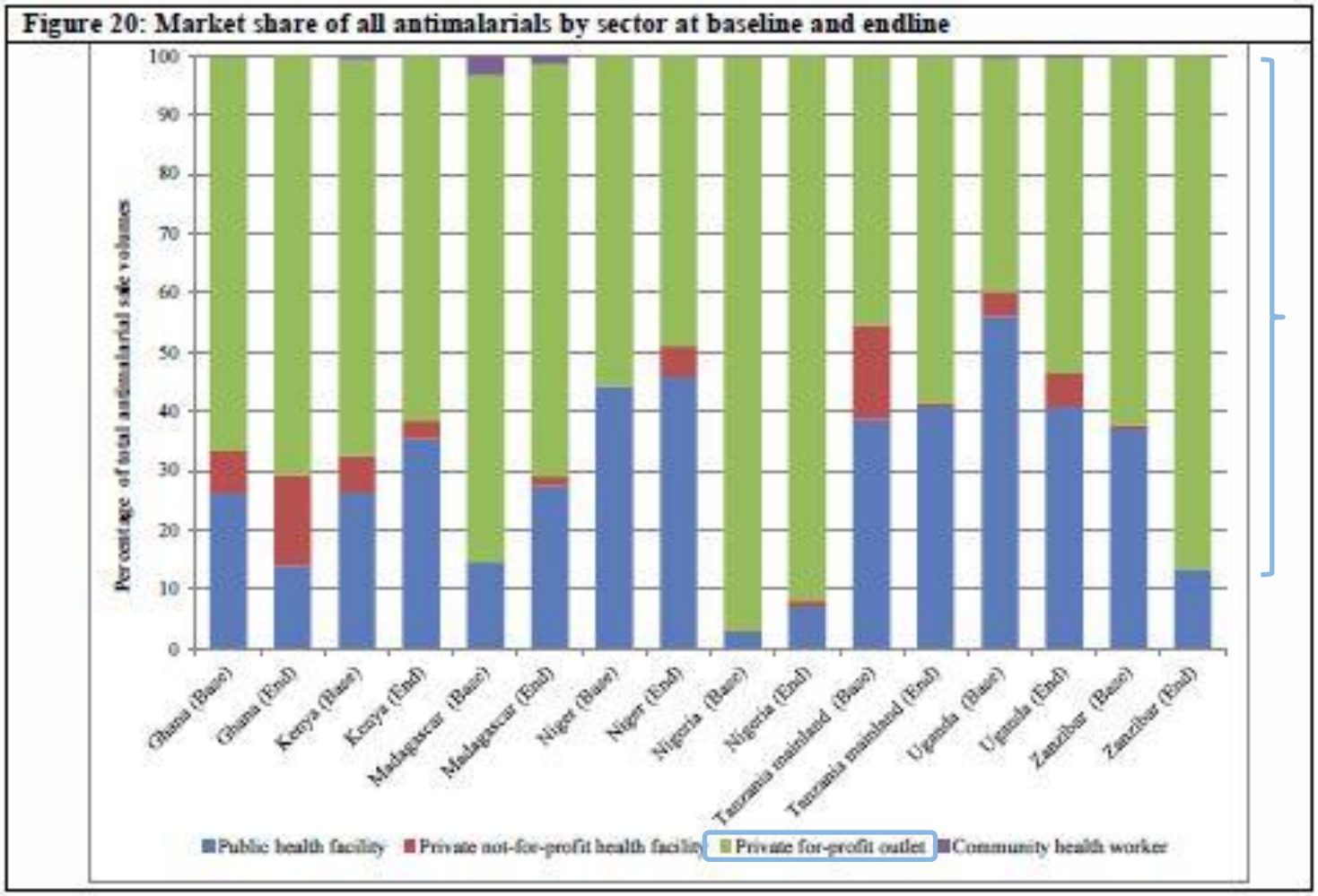


	Poorest Quintile			Richest Quintile		
	Pharmacies	Shops	Traditional Healers	Pharmacies	Shops	Traditional Healers
Sub-Saharan Africa	21.2	20.1	11.5	27.1	5.4	2.7
South Asia	14.4	2.4	4.7	8.9	-	1.9
SE Asia	14.6	24.7	-	16.4	4.6	-
Latin America	22.6	3.1	7.4	11.4	-	-

ATTRACTIONS OF PRIVATE SECTOR

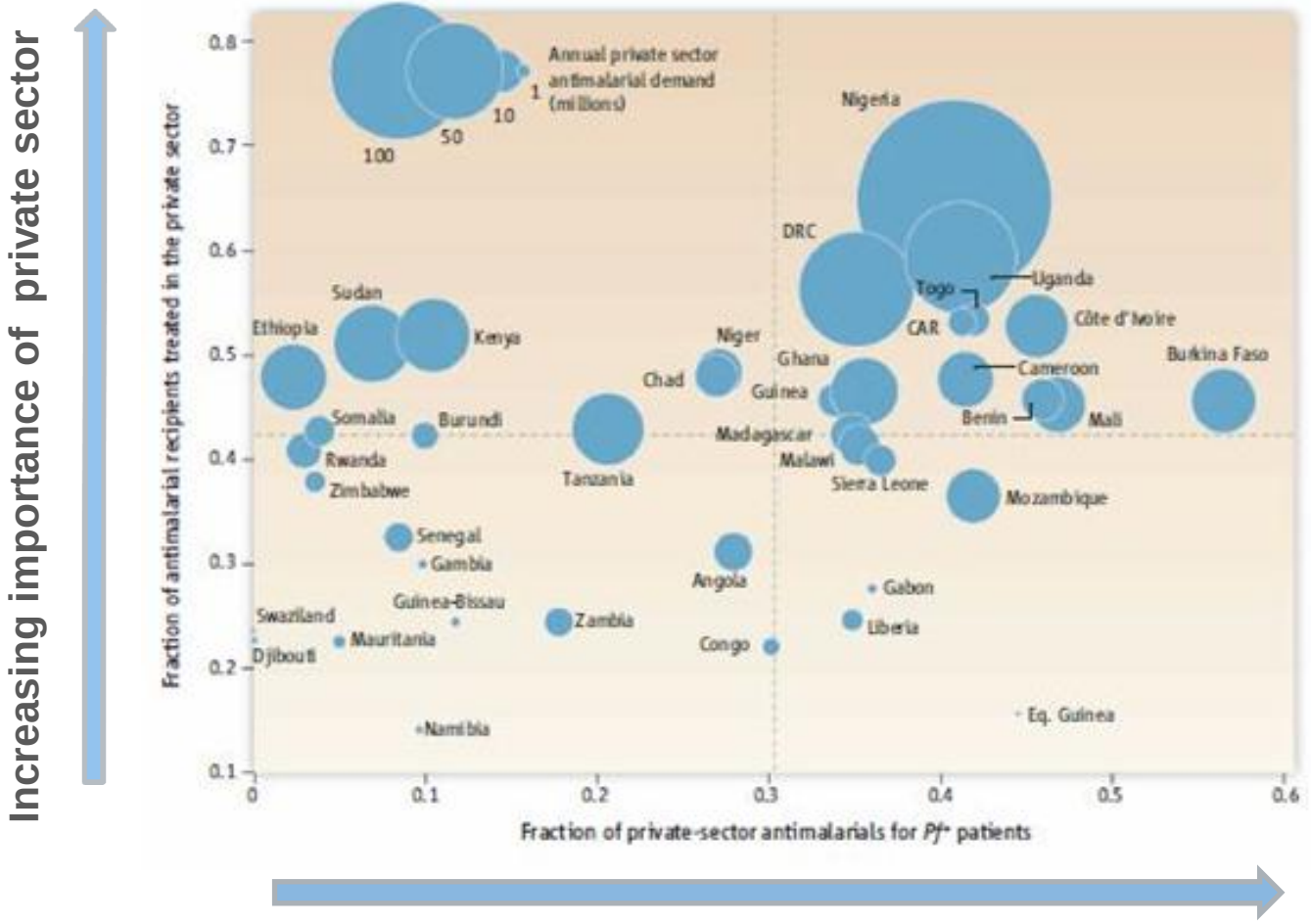
- More responsive to patients' needs
- Better availability of drugs (fewer stock-outs)
- Better accessibility
- Better customer service
- Shorter waiting times

AMFm - IMPORTANCE OF PRIVATE FOR-PROFIT SECTOR



ROLL BACK MALARIA

BUT PRESUMPTION FEVER IS MALARIA NO LONGER HOLDS



Cohen *et al.* 2012

ROLL BACK MALARIA

AMFm: INDEPENDENT EVALUATION: OVERALL CONCLUSIONS

- "Game changer" for the private for-profit sector in 6 out of 8 pilots
- QAACTs rapidly & widely distributed through existing private sector distribution channels
- Few fundamental changes in the public sector
  - Procurement & grant disbursement problems
- Importance of strong local governance structures
  - Combining public and private sectors
- Importance of mass communications programmes
  - Availability of QAACTs & benefits
  - Recommended retail prices

ROLL BACK MALARIA

RELATED STUDIES

- AMFm led to large increases in QAACT availability in remote or rural areas
- Private sector usage of QAACTs in treating fever in children <5 yrs. increased
  - Some price elasticity for co-payment level
- Use of QAACTs not significantly different between highest and lowest economic quintiles

- Adherence to RDT results seems to stay high after training
- Diagnostic testing can reduce demand for antimalarials when test is negative
- Introduction of RDTs welcomed by many vendors
  - Raises their perceived level of professionalism

DELIVERING DIAGNOSIS

Country	Private Facilities Visited	Private Facilities stocking RDTs
Central African Republic	25	9
Nigeria	120	4
Senegal	70	2
Tanzania	2	2
Philippines	83	18
Peru	24	0
TOTAL	324	35

Low availability and use of diagnosis in private retail sector

Country	% receiving blood test (public sector)	% receiving blood test (private sector)
Benin	9.8	2.4
Democratic Republic of Congo	27.8	16.0
Madagascar	21.0	1.8
Nigeria	14.1	4.9
Uganda	21.3	11.3
Zambia	48.8	7.3

Challenges:

- Entrenched behaviour
- -ve test problem
- Cost & perverse incentives
- Safety & hazardous waste

ROLL BACK MALARIA

SCALING UP HIGH QUALITY DIAGNOSTIC TESTING IN PRIVATE SECTOR

- What is current best practice?
- Starting point: WHO-GMP Road Map
- Research agenda: unanswered questions identified
  - Distribution
  - Use
  - Procurement
  - Sales
  - Other learnings
- Needs to refined and prioritised

POSSIBLE APPROACH FOR COUNTRIES

1. Establish, in consultation with countries concerned, pre-conditions for RDT introduction in the private sector.
2. Define pre-conditions for an RDT subsidy that take into consideration in-country epidemiological and economic heterogeneity.
3. Consider the introduction of RDTs by "segmentation" of the private sector:
   a. immediate roll-out of RDTs in private laboratories, private clinics, and hospitals as well as pharmacies;
   b. adopt a progressive approach in the regulated private sector outlets which are subject to MoH accreditation schemes (e.g. ADDOs in Tanzania), guided by national regulations on RDT use at this level in each country;
   c. track and promote research on how to introduce RDTs and ACTs in the informal private sector (this will take some years).
4. Build on the good ideas and approaches already outlined in the PSI proposal submitted to UNITAID, which covers already 5 of the AMFm (Phase I) countries - Kenya, Madagascar, Nigeria, Tanzania, Uganda
5. Identify, based on the above, 2-3 "models" which may look promising and worth exploring in the same and in the other AMFm countries
6. Link these main approaches to the scenarios being planned for "AMFm-Phase II"
7. Identify resources & groups to elaborate costing of these main scenarios (work to be completed during the first half of 2013)
8. Consider 2013 as a "preparatory" period and plan to start the new approach in 2014 in the countries interested to move in this direction. Introduction of RDTs in the private sector could start in 2014 in a progressive way, similar to how it is described in PSI proposal submitted to UNITAID, initially in few districts per country
9. Progressively scale-up RDTs in the private sector, based on lessons learnt on what works for the specific context of the country
10. Engage RBM CMWG diagnostic work stream in the planning process

ROLL BACK MALARIA

UNANSWERED QUESTIONS (1)

Distribution:

How to ensure a reliable supply of diagnostic tests (especially RDTs)?

- burden on the supply chain
- regulatory barriers

How to ensure availability, especially in remote or rural areas?

How to ensure quality of testing by the private sector providers?

- which type of providers should be allowed to offer diagnostic testing?

How can the quality of diagnostic tests be ensured through the supply chain?

Where to prioritise the scale-up of diagnostic testing in the private sector?

Use:

How can acceptance of diagnostic testing by providers and patients be improved?

How can the appropriate use of diagnostic testing be assured?

How to handle –ve test results – what instructions to vendor?

How to ensure appropriate treatment after testing?

UNANSWERED QUESTIONS (2)

Procurement:

How to ensure affordability of complete package of tests *plus* treatment?

Sales:

What is the desired impact of scaling up diagnostic testing?

- reducing overtreatment.
- better health outcomes.
- improving value for money.

Other Learnings:

What are the learnings from other diseases on improving access to high quality diagnosis (e.g. HIV, TB, syphilis)?

How to integrate malaria diagnostic testing with other common infectious diseases?

QUESTIONS AND DISCUSSION