

"AMFm Phase 2: Better access to diagnostics & ACTs."



*And the case of Cameroon, non-AMFm country
Affordable Medicines Facility-malaria Review and the financing of febrile
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Plan



- Lessons from AMFm Phase I
- The case of Cameroon a non AMFm country
- Recommendations for Phase II

Lessons from AMFm Phase I



- From the Phase I evaluation, the following can be drawn:
- The design of the AMFm works very well in practice. It has been able to:
- Speedily increase availability of quality ACTs even in remote settings (hard to reach populations) and in most cases reduced price thereby removing the financial barrier.



Lessons from AMFm Phase I (2)

- Phase 1 has achieved the demonstration effect that it was set up to do, and now is the time to modify it and proceed to Phase II.

The case of Cameroon a non AMFm country



- Malaria case management is a key strategy in malaria control in Cameroon
- Cameroon has adopted the WHO recommended ***“UNIVERSAL PARASITOLOGIC DIAGNOSES FOR MALARIA BEFORE TREATMENT”***

Case Management as a strategy (1)

Case management objective:

At least 80% of persons at risk get appropriate diagnosis and treatment within 24 hours following onset of symptoms

- Case management in health facilities
- Community based management of malaria

Malaria Case Management in Cameroon (1)

- ***Tools include:***

- Microscopy and Rapid Diagnostic Tests (RDTs)
- ACT (treatment of simple malaria) and quinine, artémisinine derivatives injectables (for complicated malaria)

Malaria Case Management in Cameroon (2)

- > Introduction of RDTs (free for children U5 and subsidized at 200F (<50 cents)for the rest of the population)
- > ACT have been rendered more available, affordable (free for children and at most 250 FCFA for adults)

Malaria Case Management in Cameroon (3)

- Artemether injectable has been introduced in the treatment algorithm for severe malaria and is being supplied to HF
- Community Case Management (CCM) of malaria is now a reality in over 50 out of the 181 health districts

Malaria Case Management in Cameroon (4)

Though funding wise Cameroon has achieved universal coverage in ACTs

- > *During a data quality control supervisory visit in a sample of 164 health facilities in July 2012 it was found that Quality subsidized ACTs were found in only 50% of the health facilities sampled*
- > *RDTs were present in 45.5% of the health facilities and the Government supplier was the principal source of RDTs (36%)*
- > *The malaria indicators in Cameroon are similar to those of the AMFm Phase I countries prior to AMFm*

AMFm Post Phase I

Transition to end AMFm vs Phase II

Transition to end AMFm would constitute a blow to malaria case management in general and particularly in the Phase I AMFm countries.

A Phase II with appropriate modifications based on lessons learnt from Phase I and to address some shortfalls of the Phase I and in particular bundling ACTs with RDTs at this critical moment in the history of malaria control as more countries move towards malaria elimination (Fewer febrile cases are due to malaria) shall keep the momentum and continue boosting access to quality ACTs and RDTs where they are most needed.

Phase 2 would start in the same countries as those in Phase 1. It would then be possible to add other countries, perhaps over a 1- or 2- year period.

AMFm Post Phase I Transition vs Phase II

“The ideal would be to see AMFm take its original design as a global subsidy. As such it shall help overcome problems such as leakages to neighboring countries (removal of financial incentives for leakages), etc. and with efficient communication and other appropriate actions sweep out the AMT and other non desirable malaria medicines which persistently circulate in great numbers (90 in Cameroon alone) in malaria endemic countries”

SOME KEY QUESTIONS

- ❑ *HOW CAN THE SUBSIDY OF AMFm BE MADE SUSTAINABLE?*
- ❑ What Linkages between the GF/PMI/WB etc and AMFm Phase II
- ❑ *Can endemic countries engage in Innovative Financing for health in order to invest in malaria and ACT subsidies in particular?*
- ❑ Can ALMA play a role in sustaining AMFm?
- ❑ *Linkages between AMFm and IMCI; how can one boost or complement the other?*

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**THANK YOU FOR YOUR KIND
ATTENTION**