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Presentation Outline

- Malaria in Kenya
- Background
- AMFm Implemementation
- Supporting Interventions
- Successes
- Challenges
- Recommendations for the future
- Options for the future

Malaria in Kenya

- Malaria leading cause of morbidity and mortality
- Clinically diagnosed malaria 34% of outpatient consultations 15% in-patient
- 2011, 14 million cases treated
- 60% of Kenyans seek treatment in public sector
- 40% seek treatment from private sector including NGO,

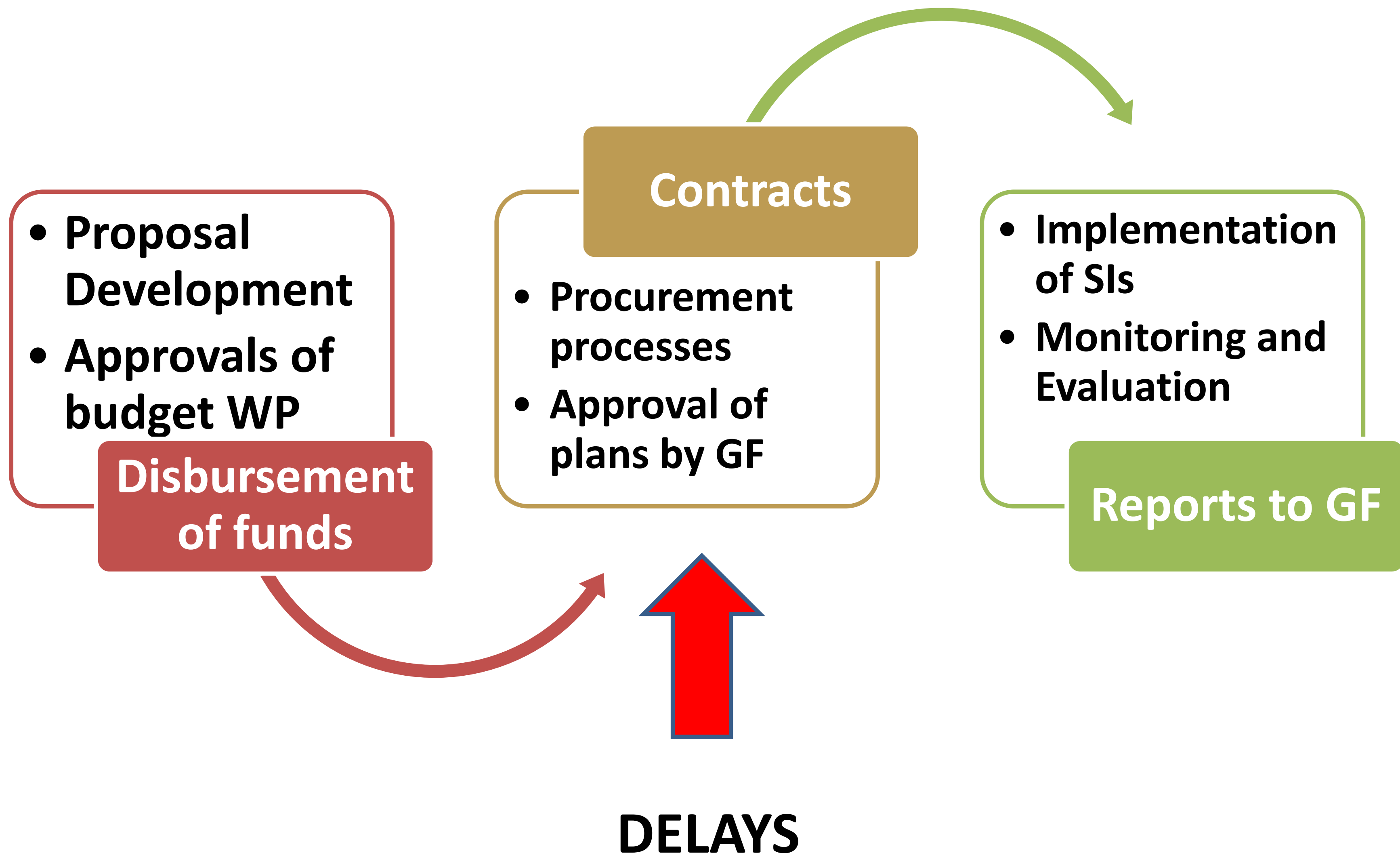
In the beginning… 2009

- ACTs accounted for 20% anti-malarial treatments taken both from public and private health facilities
- Over 95% provided by public sector (including NGO) free of charge
- ACTs constituted 5% of treatments in private sector seeing > 40% of patients
- Most patients used non-recommended monotherapies – SP, AQ for malaria treatment
- Under five prompt access to ACT 11% (2010)

AMFm implementation

- AMFm grant signed July 2010
- Private sector ACTS - August 2010
- National launch 26th August 2010
- Baseline ACT survey August – October 2010
- Public information campaign February 2011
- Public Sector ACTs April 2011
- End line evaluation November - December 2011
- Supporting interventions – ongoing 2012

AMFm implementation



Supporting Interventions (SI)

SI Category	Activities
IEC campaigns	Hold Community meetings in 558 locations. Facilitate 186 road shows
	Develop and air 5 radio messages 4 TV messages and distribute 400,000 posters
Training health workers	5580 Private sector health workers
	80 CHEWs and 2000 CHWs
Regulatory support & PV	Conduct inspection visits, drug quality testing and pharmacovigilance
Community Case management	Procure ACTs for community strategy Support supervision for implementation
Operational Research	Topic: A Study on the Availability of ACTs in the Private Retail Sector and the Quality of the Dispensing Practices.

Successes

- **Availability**: QAACTs in public and private outlets countrywide increased from 32 to 66%
- Mainly due to 40% point rise in the private sector
- **Price**: RRP was Kshs. 40 (US $ 0.46), median price maintained at US$ 0.58 at end line, SP price $0.50
- **Market share of** QAACTs increased by 31% points to 57% in both rural and urban areas

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Successes

- **AMT:** Banned in 2008, 2010 market share 0.9% declined to near 0% by end 2011
  - Aided by increased enforcement of ban with AMFm funding for the NDRA
- **Prompt access to ACTs:** ? (Not evaluated)
- Study in 2009* showed an increase of 40% in intervention areas compared with 15% points, giving a difference of 25% points more in intervention arm.

Kangwana et al (2011). *PloS Medicine*

Successes

- Increased ACT availability and affordability
- Crowding out of sub standard malarial medicines
- Development of *effective* public-private-partnerships with ownership and stewardship by the government
- Private sector mobilization to participate in health activities
- Catalysed consumer health seeking behaviour

Challenges

- Delayed implementation of public information campaigns
  - Long procurement lead times for goods and services did not encumber private sector
- Presumptive treatment for nearly 80% of cases due to lack of **diagnostics**
- Subsidized ACTs availability though improved by private sector, was not country wide
- Total ACT stock outs in public sector range 4% - 21%

Challenges

- Full price adherence especially for paediatric doses
  - MRP for adult doses only was publicized
- When ACT demand exceeded supply, private private pharmacies began to raise prices e.g. from $0.50 to between $1 and $3
- Product stigma
  - cheaper means lower quality
- Mistrust of public initiatives by private sector

Recommendations for the Future

- ***Expand benefits of the reduced cost of ACTs to all patients***
  - Evidence shows that lower costs of ACTs in the private sector can be passed on to patients.
- ***Support local manufacturers of ACTs to achieve ACT pre-qualification***
  - To ensure sustainability of access to affordable treatments.
- ***Support for malaria diagnostics***
  - Consider subsidies and support for strategies to increase uptake of diagnosis before treatment
- ***Emphasis on forecasting and quantification of needs***
  - Provide private sector with tools for forecasting and

Options for Way forward

- Subsidized diagnostics and QAACTS with assured supply to meet demand
- Return to non-subsidised ACTs of all types
  - Then we'll perhaps never know how much AMFm increased prompt access to fever treatment next MIS/DHS in 2013-2014
- Public sector mobilizes resources to continue to provide ACTs at no cost

Thank you

We can now afford to buy quality ACTs at a pharmacy