



Phase 1 Country Perspectives: The AMFm evaluation and possible future directions – GHANA

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Presentation Outline

- **Introduction**
- **The Objectives of the AMFm**
- **Situating AMFm in the National Malaria Control Strategy**
- **Implementation Successes & Challenges**
- **The IE Findings & Ghana's Views on the IE**
- **Transition & Beyond**
 - **Continued Engagement of the Private Sector**
 - **No Geographic Targeting**
 - **No Pediatric Targeting**
 - **Long-term integration**
- **Conclusion**

Introduction

- I present here a few of the pictures of the people who received the AMFm message and the very people who will suffer the consequences of the discontinuation of the global level subsidy implemented through the AMFm Mechanism.
- The people of Ghana especially the mother in that remote village believe that the AMFm has been a success and so would like to see it continue. This has been proven by all the studies carried out under the program both at the global level and at the country level. So we have our work cut out for us; to explore all possible avenues to continue with the subsidy
- I will also give specific examples of program successes by looking at some of the AMFm core indicators:

The People who listened to the AMFm Message



The people who will lose the benefit of expanded access when the AMFm is Discontinued



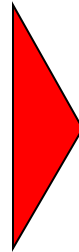
Reiterating the AMFm Objectives



Objectives



Increase access to ACTs



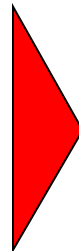
Strategy

Subsidize ACTs up to an **affordable** consumer price level

Enable access to subsidized ACTs through both **public** and **private** sector



Fight resistance by driving artemisinin **monotherapies** out of the market



Ensure that **consumers** will **buy** ACTs: price ACTs lower than or equal to price of monotherapies / chloroquine

Ensure that **the private sector** will **sell** ACTs: the margin for ACTs is competitive with the margin for monotherapies / chloroquine

The AMFm in the National Malaria Strategy

- *Ghana began implementing the Affordable Medicines Facility for malaria in August 2010.*

At the broader level the AMFm contributes to the national malaria control objective:

To improve Access to Prompt and Effective Treatment

Treatment of Uncomplicated Malaria

Strategies:

- Provision of prompt, appropriate and effective ACTs at both the household and health facility level.

Ghana's support to the AMFm Mechanism

- **Regulatory Systems Strengthened** to guarantee quality and efficacy of the ACTs in the marketplace; including in country Pharmacovigilance
- **Training** of pharmaceutical service providers and prescribers in public and private sectors on malaria case management;
- **IE&C/BCC** on the AMFm co-paid ACTs to ensure consumer awareness, uptake and increase demand;
- **Monitoring and Evaluation** of AMFm mechanism to inform key stakeholders of availability and affordability of price, and success of other interventions

Ghana's Performance on set Benchmarks

Availability	<p>Benchmark 1: QAACT availability</p> <p>Baseline: 31%</p> <p>Endline: 83%</p> <p>Change: 52 percentage points</p>	<p>Benchmark 4: Use</p> <p>Not yet available</p>	Use
	<p>Benchmark 2: QAACT price vs most popular QAACT + L: \$0.94</p> <p>Most popular (tablets): \$0.31</p> <p>Ratio: 3</p>	<p>Benchmark 5: QAACT market share</p> <p>Baseline: 17%</p> <p>Endline: 58%</p> <p>Change: 40 percentage points</p>	
Price	<p>Benchmark 3: QAACT price vs AMT</p> <p>QAACT + L: \$0.94</p> <p>AMT: All oral :\$5.63</p> <p>Tablets only: \$1.88</p> <p>Difference: < 0</p>	<p>Benchmark 6: AMT market share</p> <p>Baseline: 4%</p> <p>Endline: 3%</p> <p>Change: -1 percentage point</p>	

Implementation Successes

- **Availability:** Availability of QAACT across all outlets increased by 52% points, from 31% at baseline to 83% at endline. The largest rise was in private for profit outlets, with an increase in QAACT availability of 58% points.
- The urban/rural gap in QAACT availability that was observed at baseline overall and for private for-profit outlets was eliminated at endline
- **Affordability/Price:** In spite of Ghana being on the borderline with regard to price of QAACTs it still achieved a marked drop in prices both in the public and private for profit outlets. This is evidenced by both the IE & PC Monitoring Reports

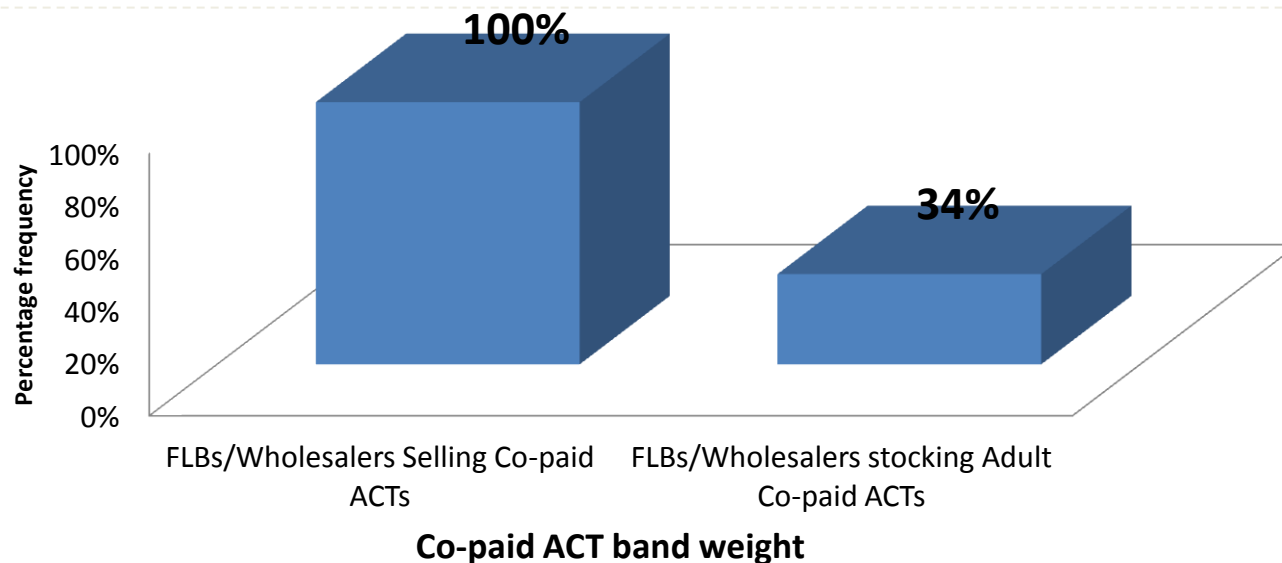
Implementation Successes

- **Price Contd:** In public health facilities, the price of QAACT fell from USD 2.74 to USD 0.94, while in the private for-profit sector, the median price of QAACTs fell from USD 3.42 to USD 1.13
- **Public-Private Partnership:** The AMFm has successfully leveraged and strengthened public-private partnership in Ghana, demonstrating that the distribution of low-cost QAACTs is possible in the private sector
- **Awareness:** The IEC/BCC activities were highly effective, with IE results demonstrating that 93% of providers interviewed recognized the logo and 78% of providers were able to accurately state the maximum recommended retail price.

Implementation Challenges

- **The erratic supply of QAACTs & curbing of orders** has restricted the quantities of QAACTs, and challenged the ability to meet the antimalarial need in Ghana especially adult treatments.

**Availability of Adult Dose Co-paid ACTs in FLBs & Wholesale facilities
(July-August 2012)**



Implementation Challenges

- Uncertainties about the future of the AMFm due to mixed messages from global partners making it difficult for the private sector to plan.
- Uncertainties leading to shortages in stocks and threatening price increases which may negatively impact the gains made

Ghana's Reaction to IE Findings

- Stakeholders in Ghana have owned both its good Performance on 3 benchmarks and the borderline performance on benchmark 2.
- Stakeholders said this was a true reflection of what was happening on the ground although they also added that the period of evaluation was not long enough to provide an adequate representation of the impact of AMFm, in their view Ghana's performance would have been much greater if the evaluation had come at a later date.

Ghana's Reaction to IE Findings

- Stakeholders also appreciated the challenge of monotherapies especially with respect to AMTs as SP is a program drug used specifically for preventing malaria in pregnancy.
- That notwithstanding, stakeholders said it is important to explore options to rid the market of monotherapies especially AMTs and one of the strategies is the continued supply of QAACTs at affordable prices.

The Transition and Beyond

- **One year Transition – Year 2012:** Stakeholders in Ghana look forward to at least a one-year Transition to a Modified AMFm
- Ghana sees the **continued engagement of the Private Sector** as critical in the fight against malaria and in improving the wellbeing of Ghanaians
- Stakeholders have also said that in a Modified Scenario they would **not subscribe to Geographic targeting as malaria is endemic in the whole country**

The Transition and Beyond

- **Pediatric targeting is seen as having no benefits but defeating of the very objectives of expanding Access for all who need QAACTs , the fundamental principle and objective of the AMFm.**
- **It will be important to include RDTs in order to improve diagnosis, which will in turn help to delay resistance; also one of the fundamental objectives of the AMFm.**
- **From the perspective of financing post Transition, Ghanaian stakeholders recommend a continued global level subsidy managed by the Global Fund and future mainstreaming into the Global Fund Grant after countries have been assisted to put in place sustainable mechanisms/systems.**

Conclusion

- The AMFm as Ghanaian stakeholders have come to understand **was designed not just to improve access but to help reduce Poverty.** It is related to the MDGs – of which there are 3 specific health MDGs but in reality it is related to all the MDGs; because studies have shown that;
 - Good health means ability to go to school and to work, good health improves a person's self-worth which drives him/her to pursue both economic and social goals.
 - Good health brings about development and the AMFm is a good example of improving and expanding social health protection.
- So Ghana's message is - **Let us take what we have gained & make something good out of it, let us continue to improve Access and thereby foster development**

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*THANK YOU
for your kind attention*