Observations on the AMFm evaluation and WHO recommendations on malaria case management in the private sector

CDDEP/ Institute of Medicine of the National Academies
Meeting on AMFm and the financing of febrile illness management
September 17-18 2012
The National Academies, 2101 Constitution Avenue, NW, Washington, DC 20037

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OUTLINE

- Multi-Country Independent Evaluation – preliminary report, July 2012: observations on methods and benchmarks results on:
  - Availability of AMFm co-paid quality assured ACTs (QAACTs)
  - Price reduction of QAACTs
  - Market share of QAACTs
  - Crowding out oral artemisinin-based monotherapies
  - Use of QAACTs
- Considerations based on HAI price tracking surveys, CHAI analysis of AMFm orders, ACTWatch outlet surveys
- Achieving AMFm public health goals: saving lives and buying time
- Recommendations of the WHO Malaria Policy Advisory Committee on the future of malaria case management in the private sector

AVAILABILITY OF QAACTs

METHOD

- Representative multi-sample cluster outlet surveys, based on questionnaire and visual detection of QAACTs with the green-leaf logo

RESULTS

- The benchmark of increasing by 20 percentage points the availability of quality ACTs was met in both urban and rural outlets in **five of the eight** pilots.*

Figure 1: Overview of the achievement of the AMFm Success Benchmarks by county, indicating benchmarks achieved (in green), nearly or possibly achieved (in amber) and not achieved (in red), (point estimate, and p-value for statistical test of whether the level stated in the benchmark was achieved)

Benchmark	Ghana	Kenya	Madagascar	Niger	Nigeria	Tanzania mainland	Uganda	Zanzibar*
1. 20 percentage point increase in QAACT availability	52 (p<0.01)	35 (p<0.01)	4.6 (p=0.99)	10 (p=0.99)	26 (p=0.14)	44 (p<0.01)	46 (p<0.01)	39

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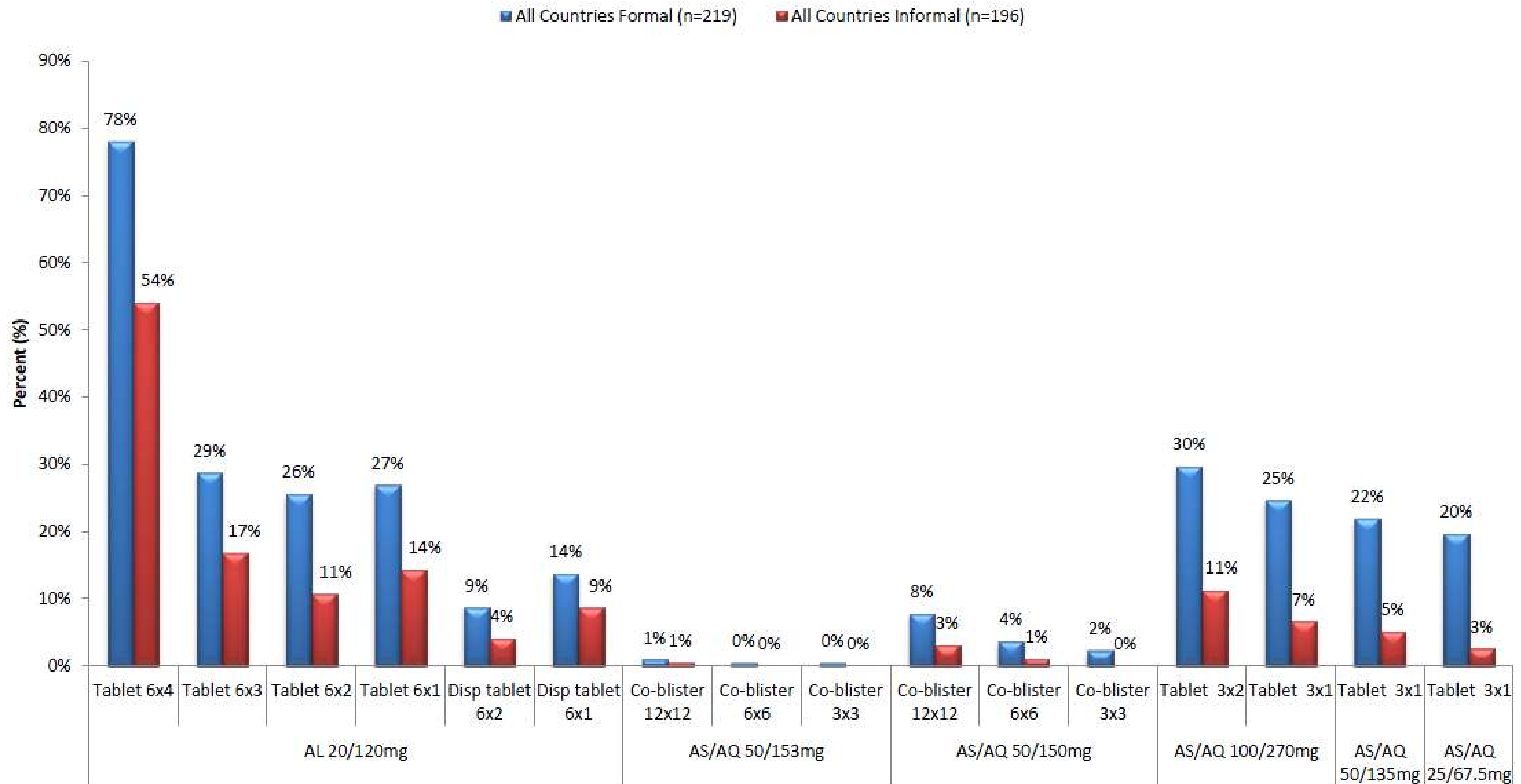
* Report to the Board on the AMFm – GF/B27/06

Global Malaria Programme

Availability of QAACTs across six AMFm countries



Sept/Oct 2011 HAI report of price-tracking surveys in Ghana, Kenya, Madagascar, Nigeria, Tanzania and Uganda

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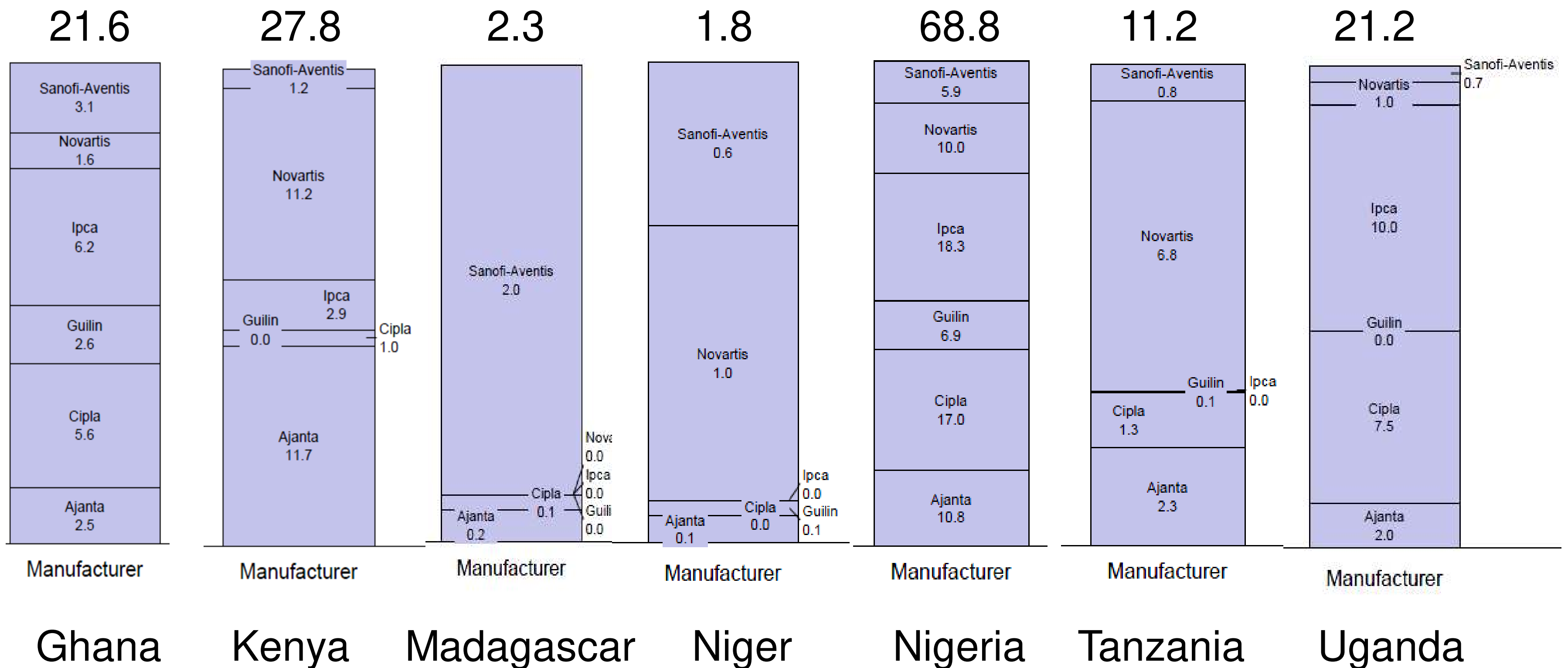
GLOBAL MALARIA PROGRAMME

Supply of QAACTs (M) to AMFm countries



CHAI AMFm monthly analysis of approved orders from July 2010 to July 2011 (based on AMFm data: http://portfolio.theglobalfund.org/en/DataDownloads/Index)

PRICE OF QAACTs

METHOD

- Representative multi-sample cluster outlet surveys – questionnaire on sales prices converting price of individual packs into Adult-Equivalent Treatment Doses (AETDs).

RESULTS

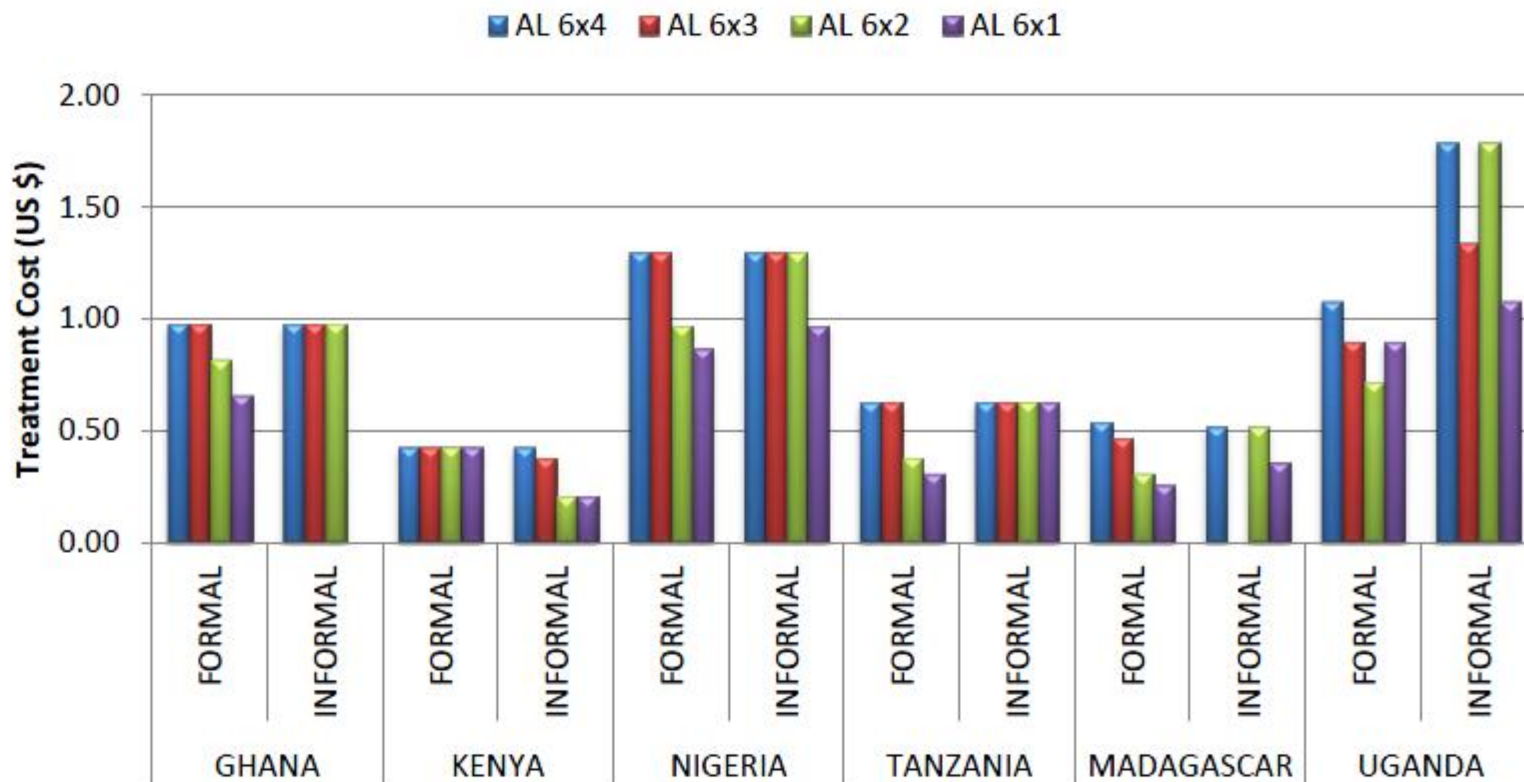
- The affordability benchmark of reducing the price of quality ACT to less than one third of the most popular non-quality ACT was met in **five of eight pilots**.*

Figure 1: Overview of the achievement of the AMFm Success Benchmarks by county, indicating benchmarks achieved (in green), nearly or possibly achieved (in amber) and not achieved (in red), (point estimate, and p-value for statistical test of whether the level stated in the benchmark was achieved)

Benchmark	Ghana	Kenya	Madagascar	Niger	Nigeria	Tanzania mainland	Uganda	Zanzibar*
2. Median price of QAACTs with AMFm logo is <3 times the median price of the most popular antimalarial in tablet form that is not a QAACT (ratio)	3.0 (p=0.81)	1.0 (p<0.01)	1.6 (p<0.01)	2.5 (p<0.01)	3.1 (p=0.99)	1.0 (p<0.01)	3.3 (p=0.99)	1.5

* Report to the Board on the AMFm – GF/B27/06

Median prices of adult and children QAACTs across six AMFm countries



Sept/Oct 2011 HAI report of price-tracking surveys in Ghana, Kenya, Madagascar, Nigeria, Tanzania and Uganda

MARKET SHARE OF QAACTs

METHOD

- Representative multi-sample cluster outlet surveys – questionnaire on antimalarials sold during the previous week, converting individual packs into Adult-Equivalent Treatment Doses (AETDs).

RESULTS

- The benchmark of increasing by 10 percentage points the market share of quality ACTs in outlets carrying antimalarials was met in **four of eight** pilots.*

Figure 1: Overview of the achievement of the AMFm Success Benchmarks by county, indicating benchmarks achieved (in green), nearly or possibly achieved (in amber) and not achieved (in red), (point estimate, and p-value for statistical test of whether the level stated in the benchmark was achieved)

Benchmark	Ghana	Kenya	Madagascar	Niger	Nigeria	Tanzania mainland	Uganda	Zanzibar*
5. 10 percentage point increase in market share of QAACTs	40 (p<0.01)	31 (p=0.01)	8.6 (p=0.61)	-8.8 (p=0.99)	18 (p<0.01)	16 (p=0.23)	17 (p=0.08)	48

* Report to the Board on the AMFm – GF/B27/06

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GLOBAL MALARIA PROGRAMME

CROWDING OUT ORAL ARTEMISININ MONOTHERAPIES

METHOD

- Representative multi-sample cluster outlet surveys – questionnaire on antimalarials sold during the previous week, converting individual packs into Adult-Equivalent Treatment Doses (AETDs).

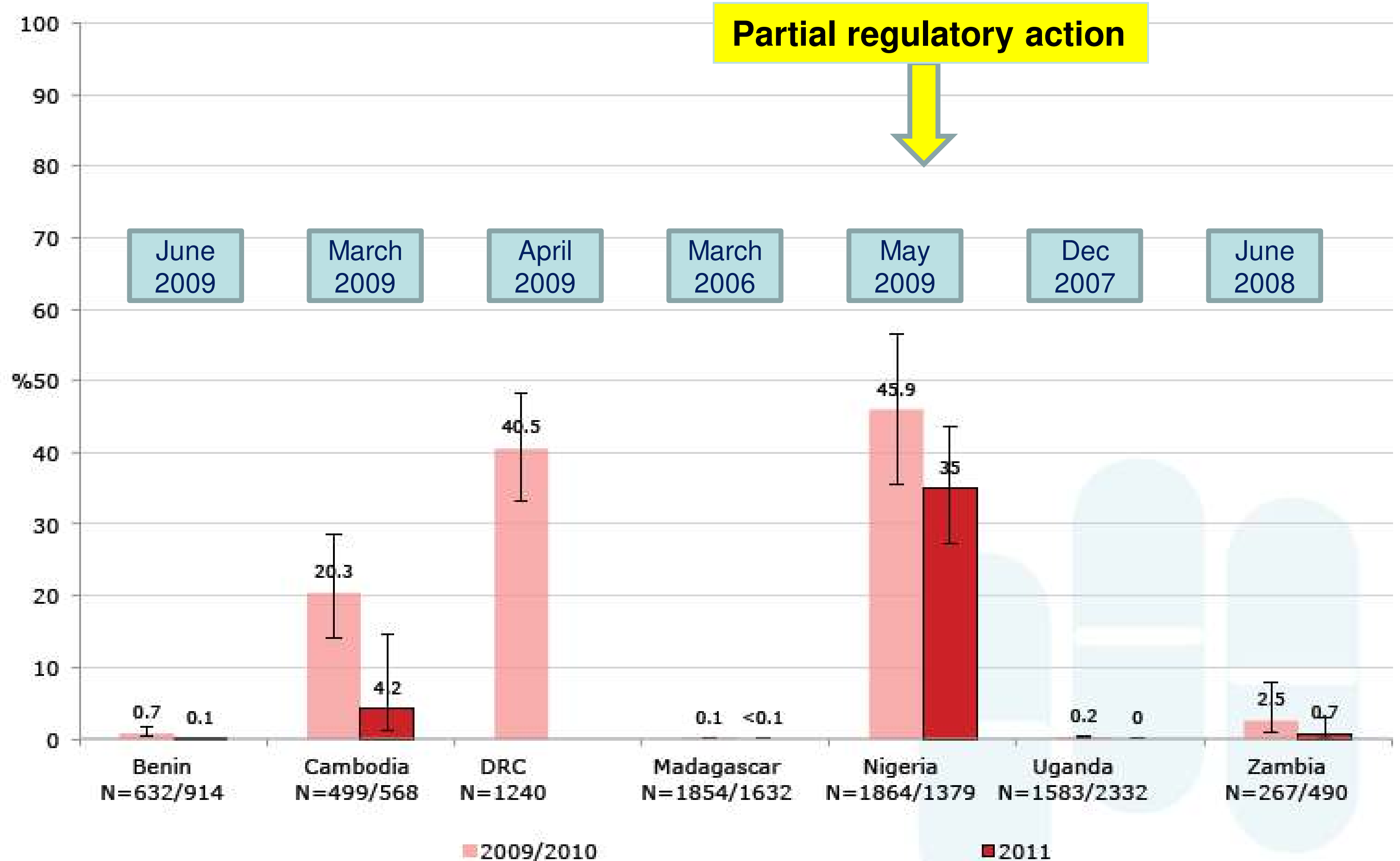
RESULTS

- Decrease in market share of oral artemisinin-based monotherapies was recorded in **two of eight** pilots, and impossible to assess in **six of eight** pilots.

Figure 1: Overview of the achievement of the AMFm Success Benchmarks by county, indicating benchmarks achieved (in green), nearly or possibly achieved (in amber) and not achieved (in red), (point estimate, and p-value for statistical test of whether the level stated in the benchmark was achieved)

Benchmark	Ghana	Kenya	Madagascar	Niger	Nigeria	Tanzania mainland	Uganda	Zanzibar*
6. Decrease in market share of oral AMTs (percentage point change)					-3.9 (p=0.03)			-12

* Report to the Board on the AMFm – GF/B27/06



Nigeria in perspective: Availability of oral artemisinin monotherapy in the private sector across 7 countries*
Partial regulatory action
Date of withdrawal of marketing authorization of oAMT
June 2009
March 2009
April 2009
March 2006
May 2009
Dec 2007
June 2008
100
90
80
70
60
%50
40
30
20
10
0
0.7
0.1
20.3
4.2
40.5
0.1
<0.1
45.9
35
0.2
0
2.5
0.7
Benin N=632/914
Cambodia N=499/568
DRC N=1240
Madagascar N=1854/1632
Nigeria N=1864/1379
Uganda N=1583/2332
Zambia N=267/490
2009/2010
2011
* Among outlets stocking at least one antimalarial drug
www.ACTwatch.info
Nigeria 2009 & 2011 Outlet Survey Results
6

USE OF QAACTs

METHOD

- Not included in multi-country independent evaluation – will rely on representative multi-cluster sample household surveys (<u>questionnaire on antimalarials medicines by febrile children during previous 2 weeks)</u>
- No systematic study of malaria positivity in clients receiving QAACTs

RESULTS

- Not available yet

Figure 1: Overview of the achievement of the AMFm Success Benchmarks by county, indicating benchmarks achieved (in green), nearly or possibly achieved (in amber) and not achieved (in red), (point estimate, and p-value for statistical test of whether the level stated in the benchmark was achieved)

Benchmark	Ghana	Kenya	Madagascar	Niger	Nigeria	Tanzania mainland	Uganda	Zanzibar*
4. 5 percentage point increase in percentage of children with fever who received ACT treatment	na	na	Na	na	na	na	na	na

* Report to the Board on the AMFm – GF/B27/06

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GLOBAL MALARIA PROGRAMME

AMFm public health goals: saving lives and buying time

WHO Malaria Policy Advisory Committee: recommendations on malaria case management in the private sector

- Access to affordable and quality assured malaria diagnostic testing, notably RDTs, should be an integral part of all initiatives aiming at improving access to ACTs in both the private and the public sectors.
- The primary aim of new global initiatives on malaria case management in the private sector should be a holistic approach to improving the management of febrile children, providing access to malaria diagnostic testing and appropriate treatment for malaria and non-malaria febrile illnesses.
- The priority for access to subsidized medicines and diagnostics should be given to children.
- The specific country context should be taken into account in the design and implementation of initiatives aiming at subsidizing medicines and diagnostics, in particular differences in health systems, such as access to health care facilities, role of the private sector in providing care, and availability of community-based health services.
- In designing new initiatives on malaria case management in the private sector, the increased risk of selection and spread of antimalarial drug resistance (to both artemisinins and partner medicines) should be considered, and measures put in place to ensure targeting of ACTs to true malaria patients in need.

WHO Malaria Policy Advisory Committee: recommendations on malaria case management in the private sector

- More evidence is required with high quality data in relation to the public health targets of AMFm, especially information on use of co-paid QAACTs, to provide informed decisions on the public health value of this initiative.
- Countries which have been included in the pilot Phase of AMFm should be supported during the transition phase, building on the lessons learnt.
- Further opportunities for closer collaboration and interactions between public and private sectors, some of which emerged in AMFm Phase I, should be further explored especially for peripheral health care settings.
- New initiatives aiming at improving of malaria case management in the private sector should have strong components of education, behavior change, training and communication to promote wider use of diagnostics and adherence to test results.
- All future initiatives including subsidies for ACTs and RDTs should be designed with careful attention to mechanisms to ensure sustainability.