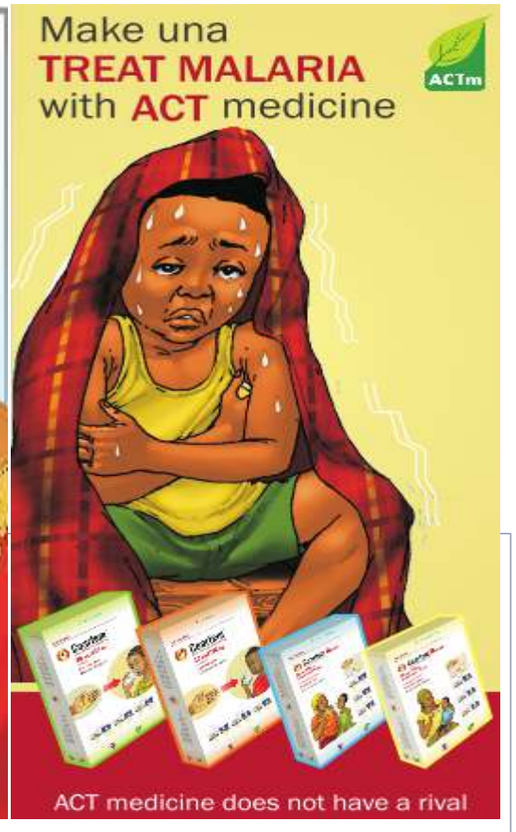
Country Perspectives



Time for action against malaria. ACT now!

Nigeria

AMFm in Nigeria

- The success and effectiveness of malaria control efforts are hinged upon:
  - Demand creation
  - Availability
  - Affordability
  - Accessibility
  - Appropriate Use

of ACTs

AMFm had the promises of:

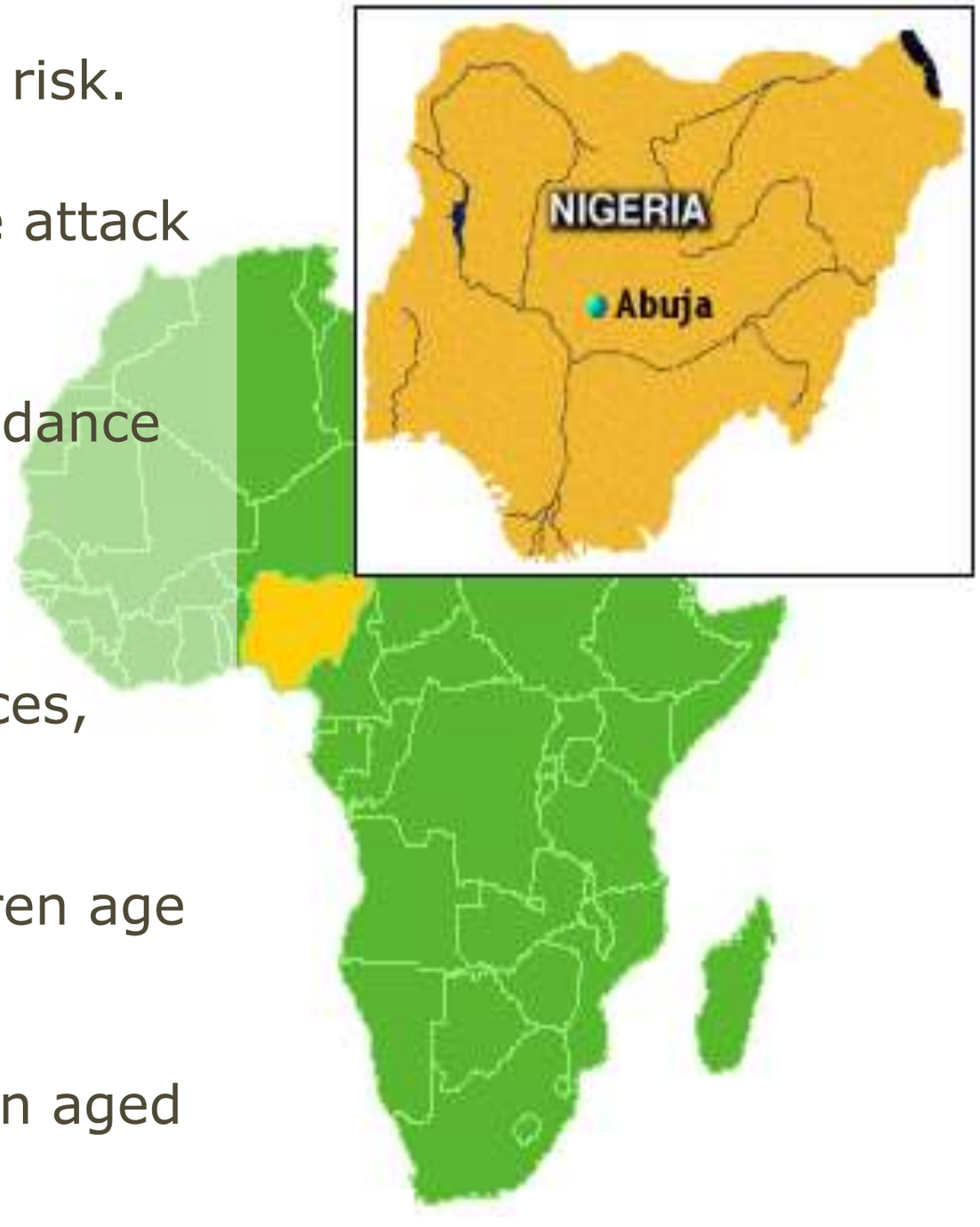
- price reductions through negotiations with ACT manufacturers;
- buyer subsidy through a ‘co-payment’ for ACTs at the top of the global supply chain; and
- supporting interventions to promote appropriate use of ACTs

AMFm in Nigeria

- AMFm had 4 main objectives:
  - increase ACT affordability;
  - increase ACT availability;
  - increase ACT use,
    - “Crowd out” oral artemisinin monotherapies, chloroquine and SP by gaining market share.
- Nigeria was one of the Countries that implemented AMFm
- AMFm has been evaluated and reports being discussed.

MALARIA SITUATION IN NIGERIA

- Contributes a quarter of malaria burden in Africa
- Over 90 % of the population of Nigeria is at risk.
- 50% of the population will have at least one attack every year
- Responsible for about 66% of all clinic attendance
- Reduces by 1% Nigeria's GDP annually
- Commonest cause of absenteeism from offices, farms, markets, schools etc
- Prevalence of malaria is about 42% in children age 6-59 months
- Anaemia prevalence is about 50% in children aged 6-59 months
- Contributes to 11% maternal mortality



The Nigeria System – Government & Health

- Population - 167m

- Three tier System of Government
  - Federal
  - State
  - Local Government

- Three tier Health System
  - Tertiary
  - Secondary
  - Primary

- Each level of government controls adjacent levels
- Treatment seeking is bicameral in Nigeria
  - Public - 40%
  - Private - 60%

The Nigeria System – Government & Health

- ✓ Thriving oral Artemisinin monotherapy market boosted by their lower pricing
- ✓ Health on the concurrent list - maintenance of status quo in the procurement of antimalarials (especially at the state and LGA levels)

AMFm Reports – critical components for Nigeria

- Availability of QAACTs at baseline and endline
  - 28% and 52%
- Availability of oral artemisinin monotherapy (AMT) at endline was high though decreased marginally from 44% to 33%.
- Decreases over time in the proportion of private for-profit outlets stocking antimalarials were observed in urban areas in Nigeria (27% to 17%).
- In Nigeria, oral AMT availability at endline was 10% in public facilities and 34% in private for-profit facilities

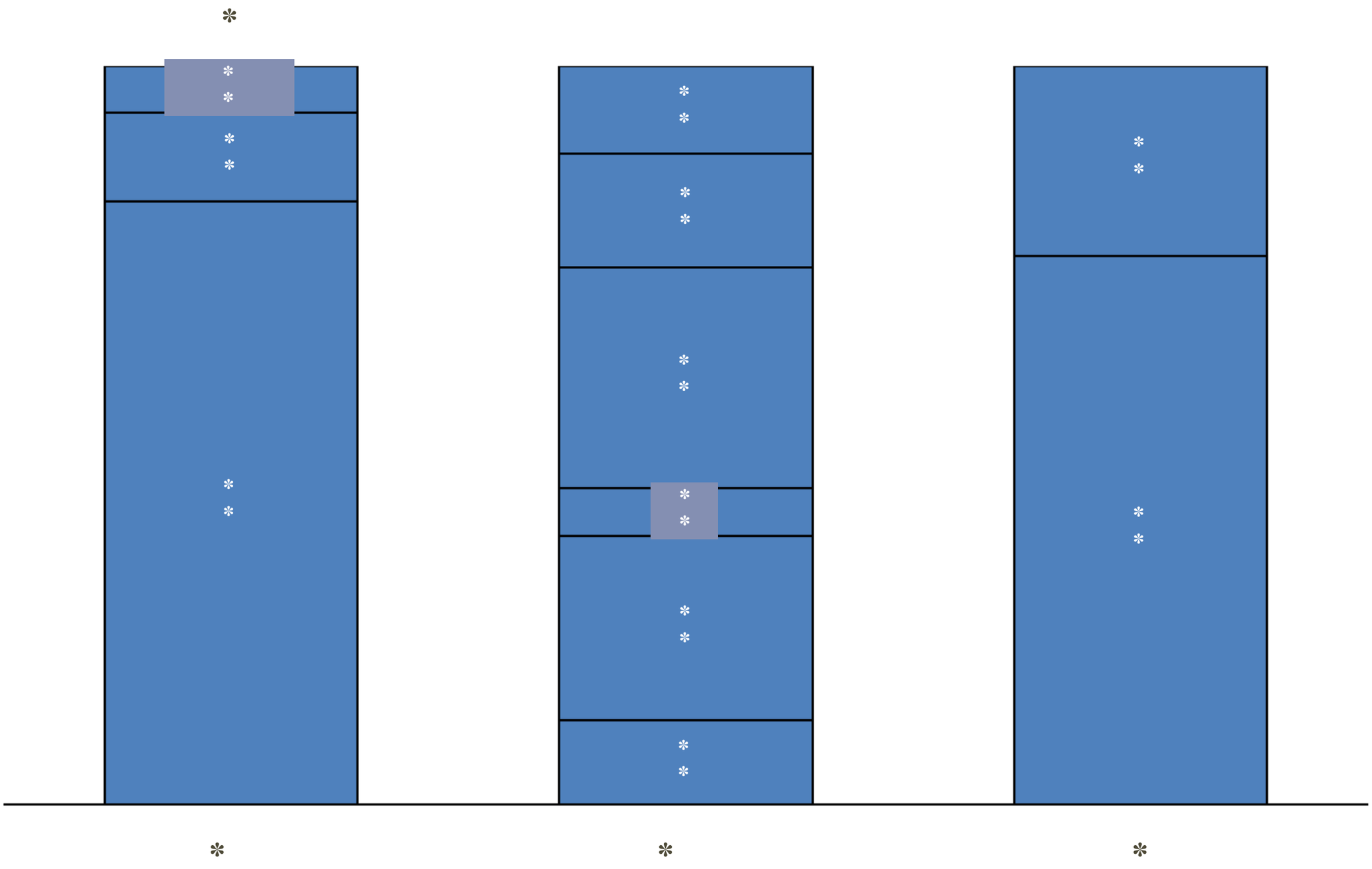
Peculiarities of AMFm in Nigeria

- Domiciled in an existing Global Fund Grant with issues:
  - Conditions precedent – which linked several PRs and the health system weaknesses
  - Delayed approvals
  - Torturous process of changes within the PR-ship
- Late signing of consolidated grant followed by prolonged process of grant harmonization
- Existence of ‘single representative’ practices

Nigeria

AMFm web report only reports deliveries when GF receives proof of delivery. Requests for staggered deliveries or changes in delivery dates are not reflected in this analysis.

AMFm Orders (M)



Note: Only includes orders uploaded to Global Fund website; Data cleaned to remove repeat approved orders and negative deliveries

Source: Global Fund website

AMFm accomplishments

- Establishment of a task force leading to an energized private public partnership
  - Removal of the ‘single representative’ practice
  - Introduction of duty and tariff waivers
  - Provision of technical support
  - Substitution of oral artemisinin monotherapies with combination therapies
  - Reduction in importation fees and better understanding of processes
- Local Manufacturers’ entrance into the prequalification programme
- Improved access to non QAACTs

Scorecard

Benchmark 1 - Availability	Baseline	Endline	Met?
20 percentage point increase from baseline in availability of all QAACTS	27.7%	51.8%	Yes

Benchmark 2 - Price	Median price - QAACTs with logo	Median Price of other drug	Ratio	Met?
Median price of QAACTs with the AMFm logo is less than 3 times the median price of the most popular antimalarial that is not a QAACT, in tablet form **	1.48	.47	3.1	No

Benchmark 3 - Price	Median price - QAACTs with logo	Median Price of other drug	Ratio	Met?
Median price of QAACTs with the AMFm logo is less the median price of AMT Tablets	1.48	2.65	-1.17	Yes

Scorecard

Benchmark 4 – Use	Baseline	Endline	Met?
5-10 percentage point increase from baseline in percentage of children under age 5 years with fever in the last 2 weeks who received ACT treatment	2.4%	Pending Household Survey results	TBD

Benchmark 5 – Market Share	Baseline	Endline	Met?
10–15 percentage point increase from baseline in the market share of all QAACTS	2.4%	20.1%	Yes

Benchmark 6 – Market Share	Baseline	Endline	Met?
Decrease in market share of oral AMTs	8.1%	4.1%	Yes

Major Challenges to AMFm implementation

- Consolidation of grant into an existing GF grant
  - Generated complexities and delayed start off
- Delay in actual fund release for AMFm implementation
- Arrival of commodities prior to demand creation
- Commencement of evaluation after only 9-12 months of implementation
- AMFm did not take cognizance of longer periods needed to engage the public sector
- Delays in the finalization of AMFm logo

Future Prospects for AMFm Nigeria's perspective

- An ACT sustainability technical group set up with TOR. Preliminary meetings on-going
- Four local manufacturers already on WHO prequalification processes – AMFm success story
- Local Manufacturers to continue to prospect for contract manufacturing arrangements:
  - affordable cost agreements
  - high volumes
  - Reasonable margins

will reduce price of ACTs

- Bolstering private sector distribution network for greater coverage (including the public sector)
- Targeted subsidy for under five children treatment

Future Prospects for AMFm

- Government to provide price guidance and consumer protection regulation to enforce price adherence to treatment
- Sustain removal of restrictive regulation and tariffs and other barriers to smooth importation
- Retain the NAFDAC waiver of the 1-to- 1 policy for ACT importation
- Retain the import duties and other tariffs waiver on ACTs
- Encourage the use of standard proforma invoice for importing antimalarials with appropriate filling procedures to reduce demurrage as a result of poor documentation

AMFm Options and Nigeria's Suggestion

S/N	OPTION	SUGGESTION
	•Discontinuation	A 1-year transition time is needed to increase local production capacity, build up cash reserve to meet up the financial requirements needed in the transition period for stock replenishment. Avoid stock out
	•Modification	Under five year old children or pregnant women should be targeted for subsidy in a modified mechanism. However they may still be the problem of "stacking of Pediatric doses where the adult packs are too expensive but it does not necessarily lead to non-availability of pediatric doses
	•Expansion	No time extension is needed.

Regardless of the outcome of GF decision in December, Nigeria will develop a strategy to maintain access to affordable ACTs from 2013 (1/2).

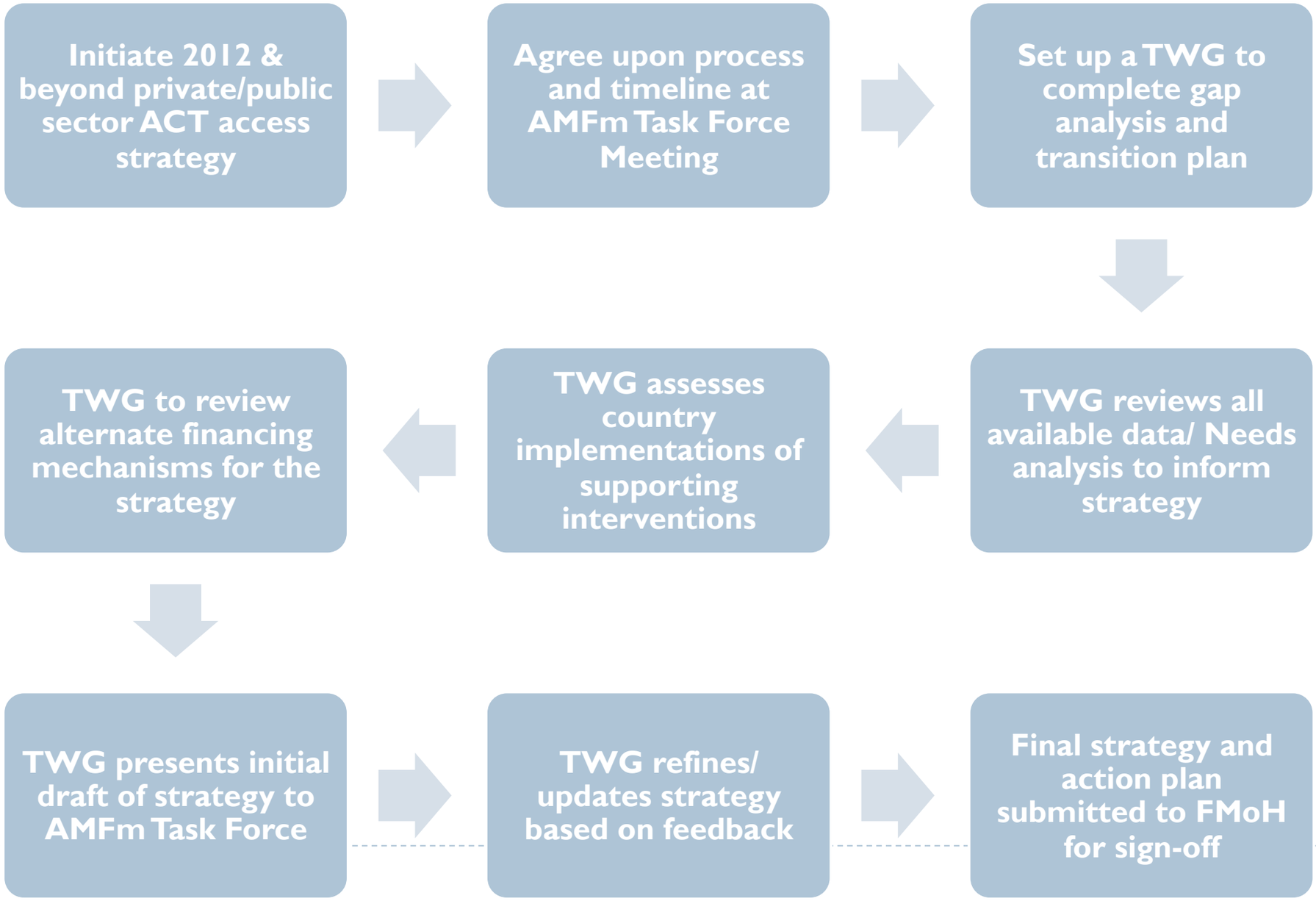
Key Components	Defining Questions
1 Regulation/Policy	Will the changes made during Phase 1 of the AMFm remain in place. For example, will ACTs still be tax exempt, What additional taxes and fees can be removed? etc.
2 Supply Chain	Which channels & actors will be used for ACT distribution? Those currently in use under the AMFm – Public, Private and Private Not for Profit (PNFP)?
3 Price/Subsidy	At what prices will ACTs be sold to patients in each sector? Is a subsidy still needed and at what level?

Regardless of the outcome of GF decision in December, Nigeria will develop a strategy to maintain access to affordable ACTs from 2013 (2/2).

Key Components	Defining Questions
4 **Supporting Interventions**	Which ones are needed going forward (e.g. BCC/ IEC, Training, Operational Research, etc.)? Where should diagnosis be included if at all?
5 **M&E**	What data collection should continue? What data will be needed to identify gaps in access and instruct subsequent course of corrective actions?

The Proposed Process and Timeline for drafting a transition strategy beyond 2012

An ACT sustainability technical working group was inaugurated by the AMFm Task Force with a goal of submitting a written strategy by the end of October 2012. Below is the general process:



Lessons Learned

- There is high demand for a subsidized ACT in the private sector – likely benefits from years of public sector having ACT in stock.

- Private sector can procure and distribute drugs rapidly, achieving reach into remote areas.

- The private sector has not committed rampant price gouging of a subsidized product

- A multinational scale “pilot” requires a clear transition plan or exit strategy

Thank you for your time