Tanzania: AMFm Evaluation and Future Direction

September 2012

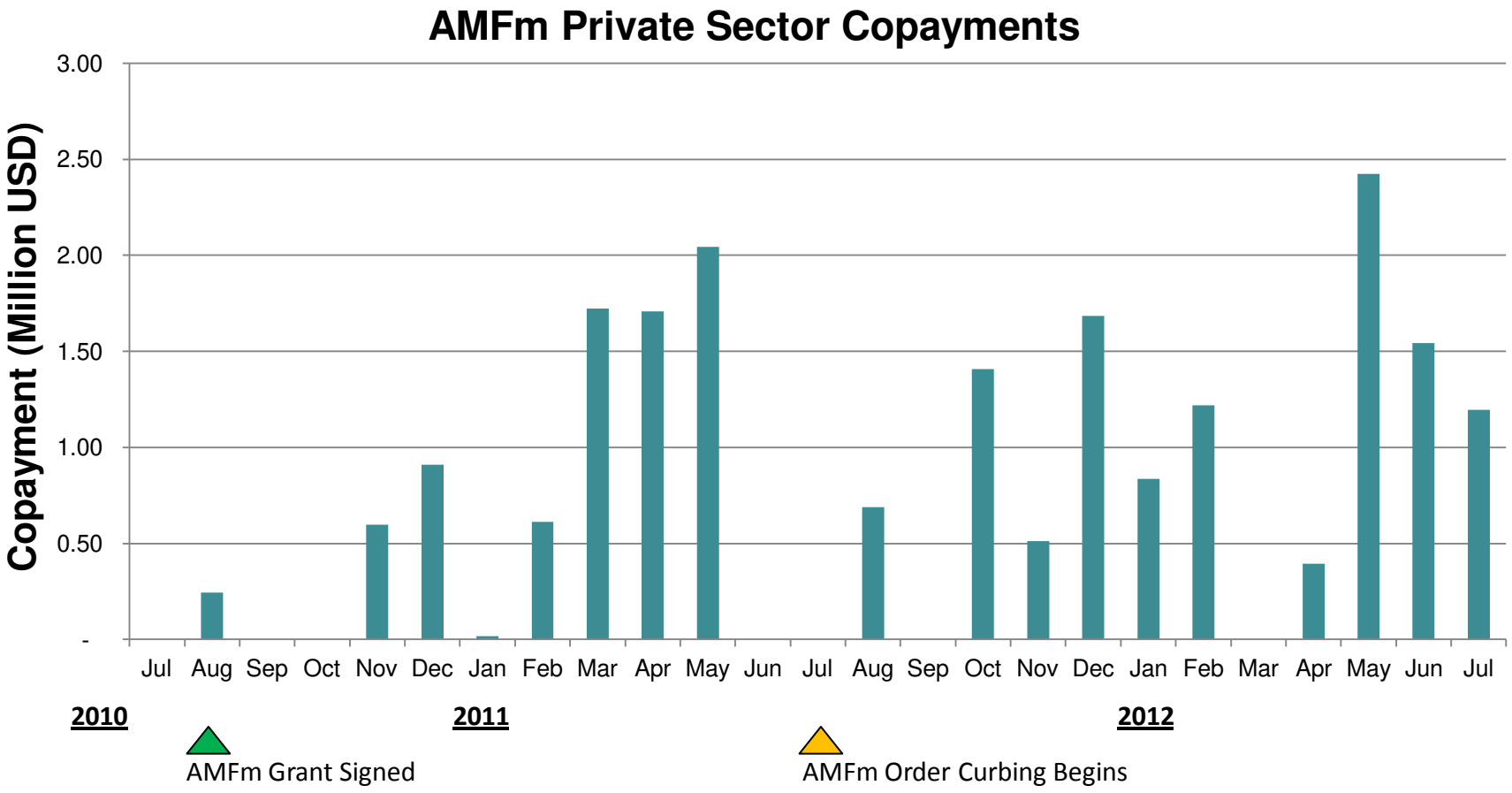
Overall successes and challenges of the AMFm in Tanzania

Successes	• Significant positive response from private sector • Achieved significant gains on dimensions of availability, affordability, and market share, particularly in private for-profit outlets • All participants are eager to see the program continue

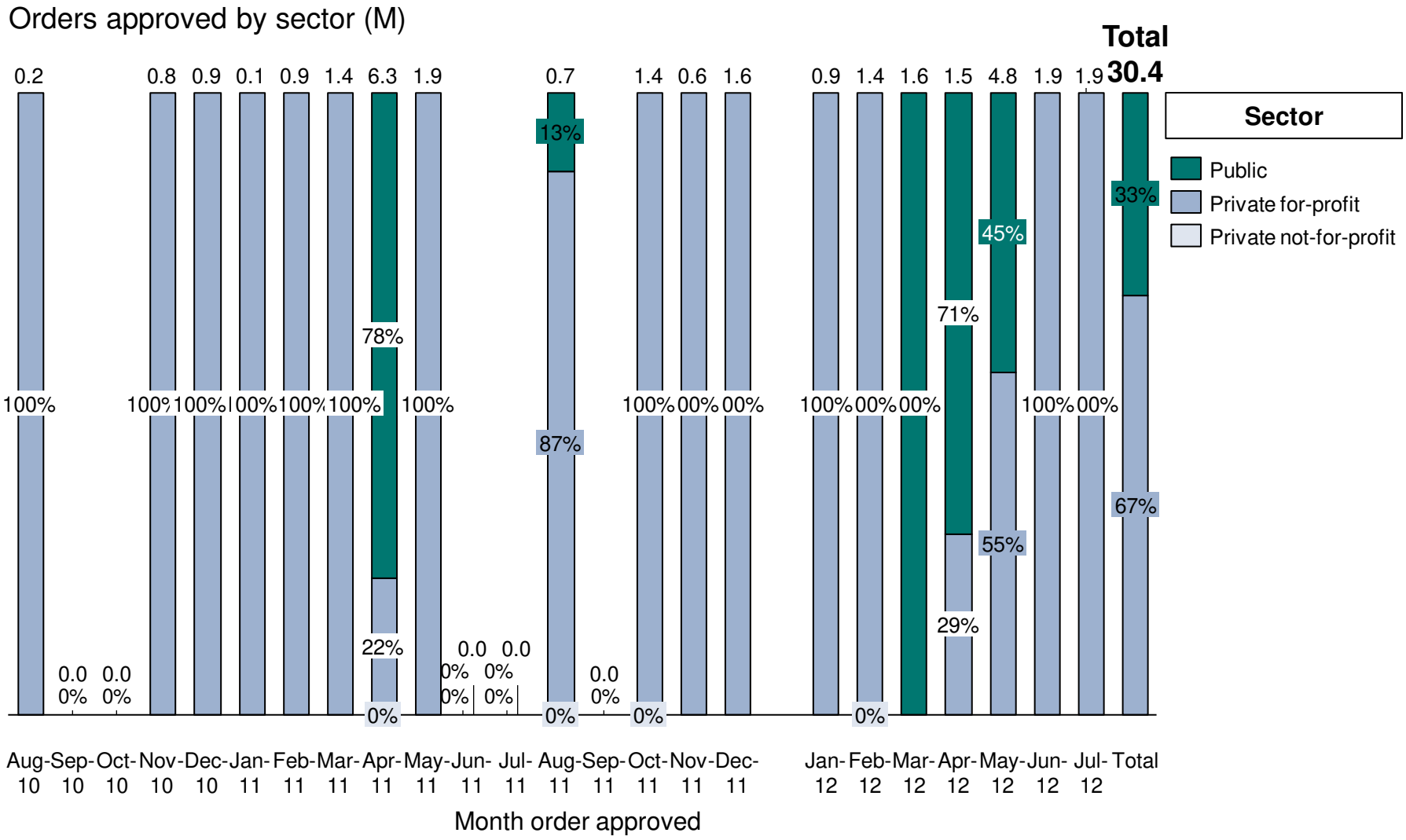
Challenges	• Delay between approval of the program and first orders actually arriving in country meant the full-scale program was short, not enough time to evaluate impact
	• Lack of transparency
	  • First Line Buyers have expressed frustration at lack of transparency in order approval process
	  • Little information about what comes next

The private sector has had significant demand for subsidized ACTs and has received $19.8 M in copayments for ACT orders over the last 24 months

In Tanzania, over 20 M orders have been approved and over 15 M deliveries have been made for the private sector over the last 24 months.



The public sector in Tanzania has also benefitted from the AMFm, with an additional 10 M orders approved, bringing total AMFm orders to 30M

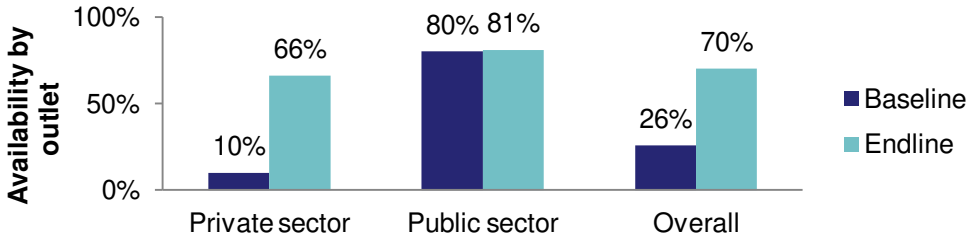


Note: Only includes orders uploaded to Global Fund website; Data cleaned to remove repeat approved orders and negative deliveries
Source: Global Fund website

Impact of the AMFm: Tanzania has achieved achieved significant gains across key indicators, particularly in a nascent private sector

1 **Availability**

Achieved 70% availability of quality-assured ACTs (QAACT) across all outlets (up from 26% at baseline)

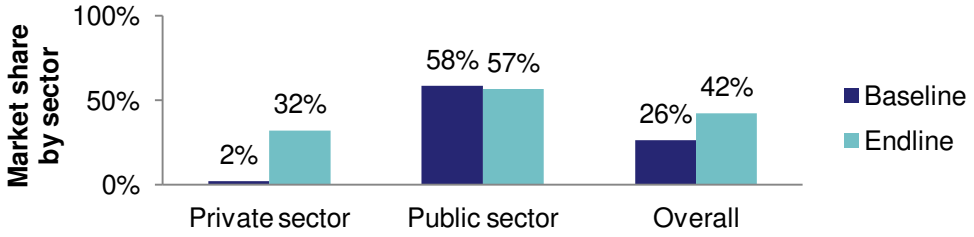


2 **Affordability**

Median QAACT price in the private for-profit sector decreased from USD 5.28 to USD 0.94

3 **Market Share**

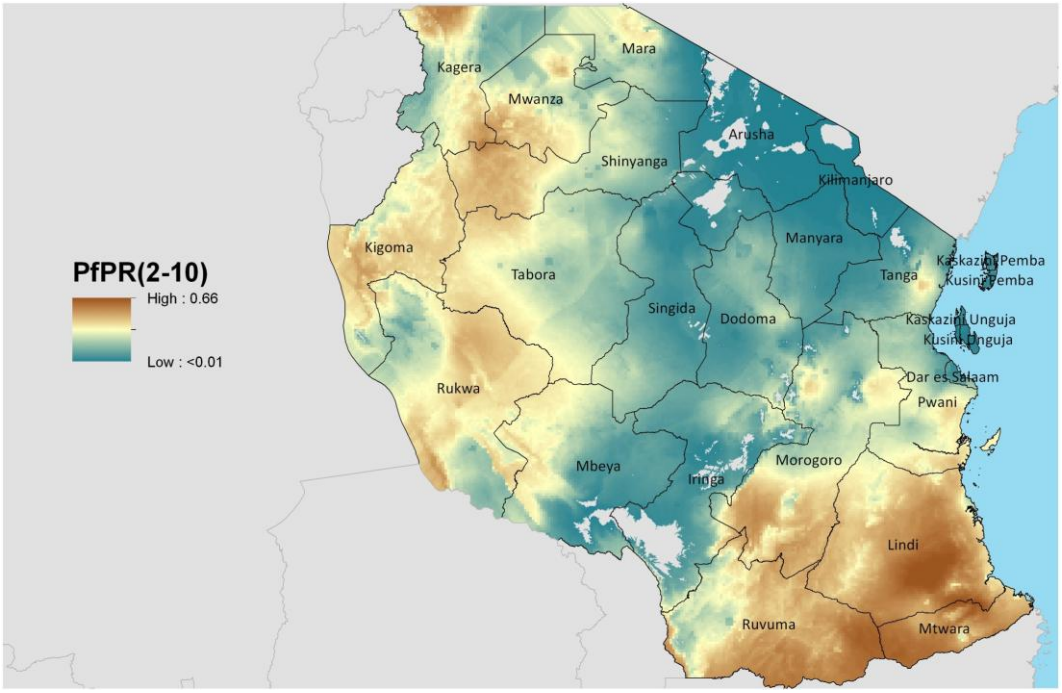
Market share for QAACTs across all sectors reached 42% (up from 26% at baseline)



As we look forward, transition planning will need to address Tanzania's specific country context

Tanzania's target: Reduce burden of malaria by 80% from 2007 levels by end of 2015

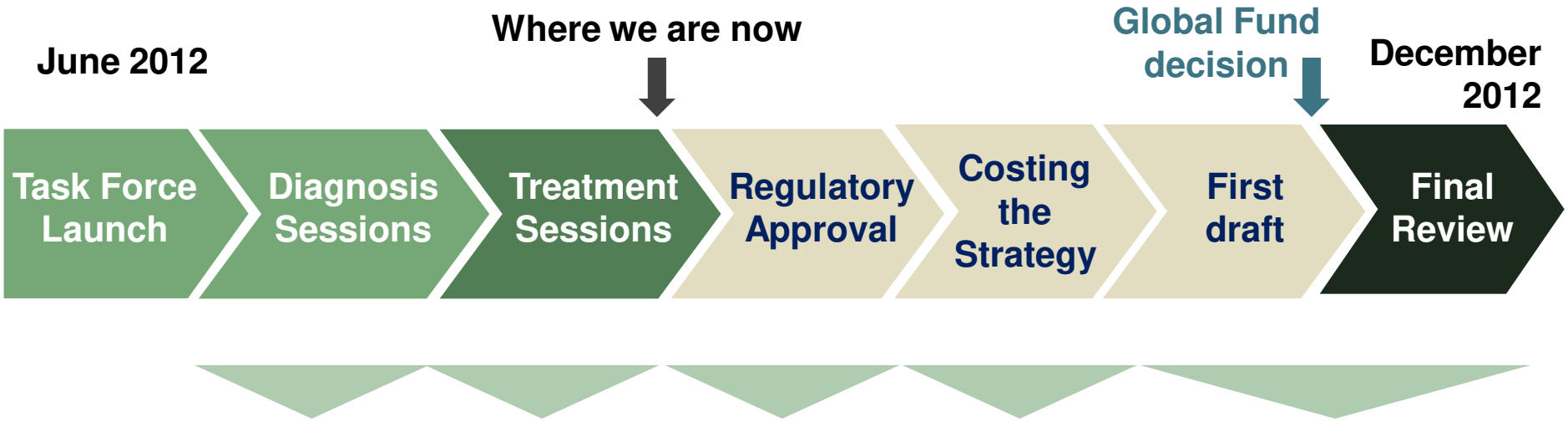
Variation in Pf prevalence across Tanzania



Tanzania is working to develop an integrated private sector management strategy that will both achieve the country's goals for malaria reduction and improve value for money

Source: Malaria Atlas Project, which combines several surveys of malaria prevalence. A new Malaria Indicator Survey will be coming out later this year (most recent was 2007).

Tanzania has established a Private Sector Case Management Task Force to address the AMFm transition as well as case management strategy broadly



Respond to changing epidemiology by strategically scaling up diagnosis

Sustain and improve upon treatment gains made during AMFm Phase I

Align regulatory policies with case management targets

Estimate needed funding and calculate gap

Outputs:

1) Private Sector Case Management Strategy document
2) Model for financing
3) Funding gap analysis

Case Management Strategy will develop a framework for continuing to improve access to diagnosis & treatment, as well as plan for the AMFm transition

Diagnosis

- Negotiate low prices with manufacturers for mRDTs in the private sector
- Increase use of mRDTs in private sector hospitals and clinics
- Conduct operational research on additional ways to increase access to and use of diagnosis

Treatment

- Continue to provide access to low-cost, high-quality ACTs through the private sector
- Target treatment more effectively by pushing to confirm diagnosis before treating

Supporting interventions

- Marketing/behavioral change communication activities to promote diagnosis & effective treatment
- Monitoring & evaluation to assess impact
- Align regulatory policy with strategy
- Work with private sector to ensure total cost to patient remains affordable

Future of the AMFm: reactions to "semi-integrated" modification options, in the context of Tanzania's private sector

Scenario	Pros	Cons	Summary / Preliminary evaluation
Diagnosis focus	Fits with current policies and overall strategy	Potential problems with access, compliance, perceptions, total final cost to patients	✚ Promising, but need to think about access problems and final total price to patient
Age targeting	Targets a share of population with disproportionate malaria burden	Difficult to monitor/regulate at retail level, possible pack stacking, shift burden to adults	▬ Could be implemented, but have to acknowledge that leakage would occur
Geographic targeting	Deals with problem of varying malaria endemicity; supplier networks could handle regional targeting	Difficult to monitor/regulate at retail level, likely leakage to non-target regions	▬ Could be implemented, but have to acknowledge that leakage would occur
Partial subsidy	Relatively easy to implement – same structure as current program	Potential drop in ACT use with higher price and shift to lower-quality treatments	✚ Feasible, but have to consider impact on number of people treated

Task Force has begun to address how various AMFm modification options could be implemented

Scenario	Actions needed for implementation	Additional ways to target limited funding
Diagnosis focus	• Increase access to mRDTs through informal drug outlets (would require operational research & eventual policy change)	• Select ADDOs and pharmacies for scale-up based on a particular profile (e.g. geographic location, facilities, health background) • Reduce ACT subsidy level
Age targeting	• To monitor & enforce, would need ground-up change in regulation & reporting systems	• Lower age limit for subsidy • Combine age + geographic targeting
Geographic targeting	• To monitor & enforce, would need ground-up change in regulation & reporting systems • Could package drugs to show intended region	• Rank regions by highest malaria burden
Partial subsidy	• Work with private sector to keep margins down so that final price is not prohibitively expensive	• Combine with other types of targeting to give different subsidy levels to different groups (though harder to implement)

Questions for the group

1) How can the country case management strategy & transition planning process better align with the on-going transition planning work at the global level?

2) If the modified AMFm program does not meet our country's funding needs to implement our case management strategy plan, where else could we seek funds? How can we plan for this now?

3) Are there other groups we should coordinate with, or which we could seek technical assistance from, as we work to build our case management strategy?

4) Do other countries have experiences we could learn from regarding best practices for implementing targeted subsidies or diagnosis scale-up?

Summary

AMFm results	• AMFm has resulted in significant gains in availability, affordability, and market share of ACTs, particularly in the private sector • Program participants are eager to see it continue • There is a strong interplay between the public and private sector that should continue in future programs
Planning for the future	• A Private Sector Case Management Task Force has started planning for future private sector case management strategy and the AMFm transition • Initial strategy plans include a scale-up of diagnosis in the private sector • Out of the semi-integrated AMFm modification options under discussion, age and geographic targeting would pose the most challenges for implementation, but we have begun to discuss how we could manage the implementation of all options

Tanzania looks forward to getting input from the global community as we plan our strategy to reduce malaria mortality & morbidity