malaria consortium
disease control, better health

The use of diagnostics in the private sector: Can we accelerate to achieve targets?

Elizabeth Streat
Case management Working Group, Geneva
June 12, 2012




PREVENTION | DIAGNOSIS | TREATMENT | RESEARCH

GMAP Objective 1: Reduce global malaria deaths to near zero by end 2015

Target 1.1 Achieve universal access to case management in the public sector.

By end 2013, **100% of suspected cases receive a malaria diagnostic test** and 100% of confirmed cases receive treatment with appropriate and effective antimalarial drugs.

Target 1.2 Achieve universal access to case management, or appropriate referral, in the private sector.

By **end 2015, 100% of suspected cases receive a malaria diagnostic test** and 100% of confirmed cases receive treatment with appropriate and effective antimalarial drugs.

*Milestone: By **2013**, in endemic countries, **50%** of persons seeking treatment for malaria-like symptoms in the private sector report **having received a malaria diagnostic test** and 100% of confirmed cases having received treatment with appropriate and effective antimalarial drugs.*

GMAP Objective 1: Reduce global malaria deaths to near zero by end 2015

Target 1.3 Achieve universal access to community case management (CCM) of malaria

By end **2015**, in countries where CCM of malaria is an appropriate strategy, **100% of fever (suspected) cases receive a malaria diagnostic test** and 100% of confirmed uncomplicated cases receive treatment with appropriate and effective antimalarial drugs, and 100% of suspected and confirmed severe cases receive appropriate referral and treatment.

Progess to date

41 of 43 malaria endemic countries use routine diagnostics
28 of 43 countries provide malaria diagnosis free in the public sector
20 of 43 countries provide malaria diagnostics at a community level
Focus on strengthening existing microscopy service; approx 25% diagnostic test
Increase in diagnosis can be attributed to use of RDTs at public and community level (iCCM)

Source: WHO World Malaria Report, 2011

Difficulties:

Translating policy into wide scale implementation

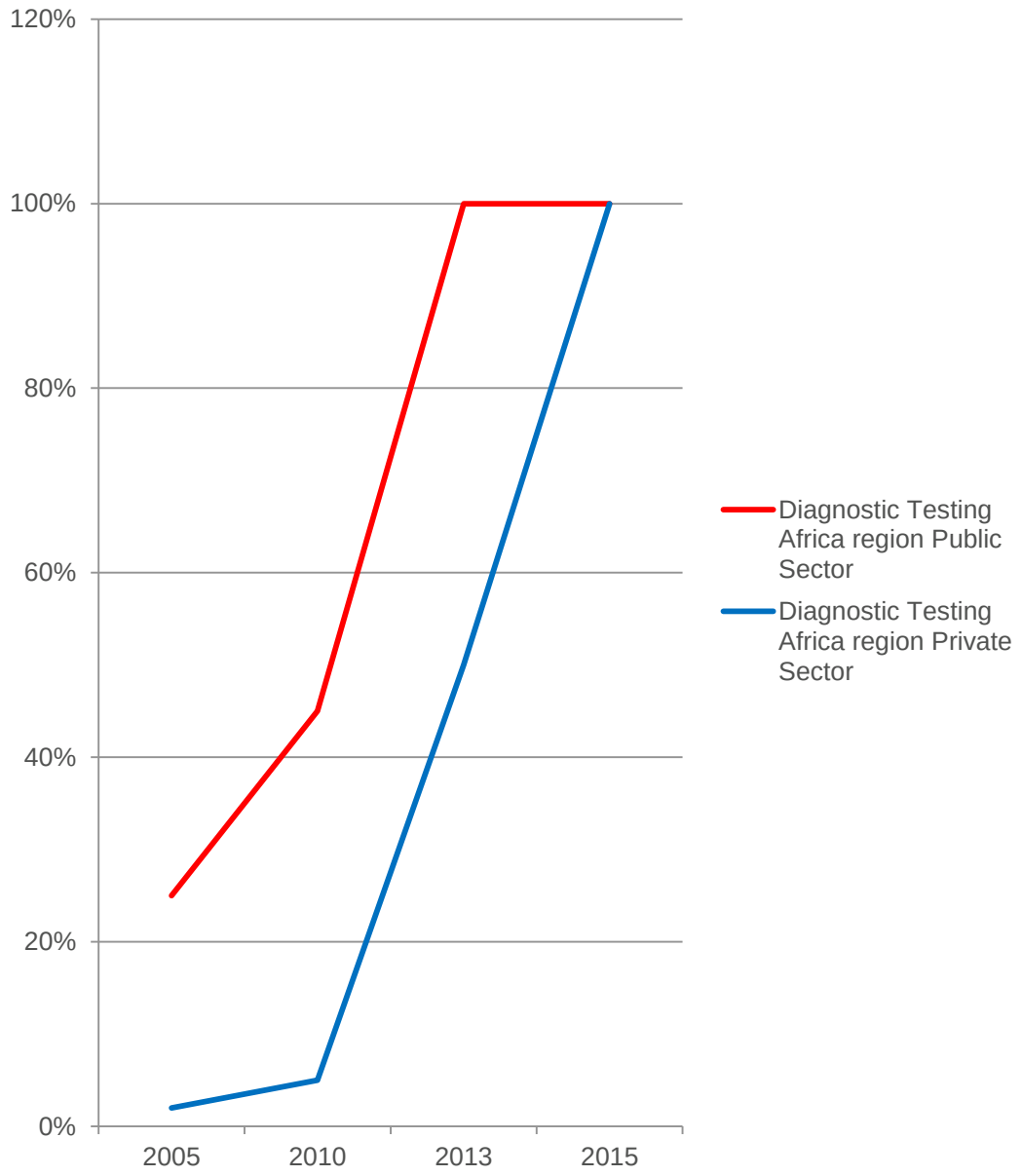
Maintaining supply chain full

Securing funding for sustainability

Progress to date and targets

To achieve targets set, access to diagnostic testing will require to be widely available in all sectors. In some countries, health care preference is for the private sector, formal and informal; > 40%

Private sector lagging behind to reach target – environment not condusive to scale-up



Challenges to Scale up

- Policy and regulations - ability to stock and sell, qualifications, training, enforcement
- Creating demand – provider and consumer (mindset fever ≠ malaria, prior ACT introduction, empowerment)
- Packaging (informative, usability)
- Willingness to pay (equitability, price sensitivity; subsidy distortions)
- Willingness to sell (Incentives for providers at all steps in chain)
- How to treat negative results (NMFI) – linked to regulations
- Adherence to result by provider (quality of care v profit) and consumer (community sensitization)
- Translation of small scale pilots to full implementation
- Sustainability

Both consumer and provider must see the benefit for diagnosis in private sector to be a success

Pilots – finding models that are potentially scalable

- Policy and regulations - ability to stock and sell, qualifications, training, enforcement
- Creating demand – provider and consumer (mindset fever ≠ malaria, prior ACT introduction, empowerment)
- Packaging (informative, usability)
- Willingness to pay (equitability, price sensitivity; subsidy distortions)
- Willingness to sell (Incentives for providers at all steps in chain)
- How to treat negative results (NMFI) – linked to regulations
- Adherence to result by provider (quality of care v profit) and consumer (community sensitization)

Both consumer and provider must see the benefit for diagnosis in private sector to be a success

The Zambia Private Sector Pilot

Given the absence of regulated pharmacies in rural areas, **private sector outlets could potentially improve access to ACTs**.

Barriers to providing ACTs through the private sector include:

1. The high price of ACTs.
2. Perceived low consumer demand for ACTs.
3. Zambia's regulatory landscape which prohibits ACTs from being legally sold through unregistered private sector outlets.

Diagnostic testing was rarely available at private sector outlets.

The goal of the private sector pilot was to test the impact of subsidies for ACTs and RDTs on:

1. Increasing the affordability/access of ACTs
2. Reducing the use of ineffective anti-malarials
3. Increasing diagnostic capacity in the private sector

Source: Zambia Access to ACTs Initiative
Private Sector Intervention, Monique Vledder, World Bank 2011

Description of the Intervention

1. **ACT and RDT subsidy**
   - The ACTs and RDTs were procured from the manufacturer at its public sector price and then sold at a subsidized price to pharmaceutical wholesalers, which delivered the products through their normal distribution channels to accredited drug outlets in the pilot districts.

2. **Accreditation program**
   - Training curriculum (dispensing practices, ethical issues, inventory control, supply chain management and an entrepreneurship module)
   - Minimum enforceable infrastructure, personnel, records, and product standards

3. **Community Sensitization and Training**
   - Measures to increase community awareness, including: public awareness campaigns (radio), signs on the shops (“health shop” logo), health messages on packages of ACTs, banners, posters etc.

4 intervention Districts, 3 control districts and 10 months implementation

What will need to be addressed: Commodity Access Issues

Regulations/policies for use of RDTs in private sector established

No demand by clients, no incentive to stock by providers

No profitability in using RDTs

For discussion

Pilots have been small with narrow focus, do we have time to wait to see if have everything in place before we scale up?

Can we ask the manufacturers to invest without guaranteeing some sustainability?

Markets are constantly evolving and profit is the main motivator. Should we create an artificial environment or should we be putting regulations, standards in place and manage their enforcement and provide advice based on policy, provide a kick start and allow the market to sort out the rest?

The strongest will survive!!!`

malaria consortium

disease control, better health

www.malariaconsortium.org

Thank you




PREVENTION | DIAGNOSIS | TREATMENT | RESEARCH