

Lessons from AMFm – how this informs RDT introduction in Private Sector

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AMFm Objectives and Strategy

Objectives



Increase access to ACTs



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



Strategy

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

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

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

Access

Availability/Stocks:

Can those who need quality assured ACTs find them?

Affordability /Price:

Can they buy them without having to forego their daily meal/make other sacrifice?

Proximity/Distance :

Are the quality assured ACTs within reach? – Pharmacies
& LCSs

Fight Resistance/Drive out Monotherapies

- Are consumers able to buy quality assured ACTs at prices lower than or equal to price of monotherapies /chloroquine especially in the private sector?

Lessons learnt from AMFm

AMFm in the Private-for-Profit Sector

- ❖ Rapid response in procuring & distributing AMFm ACTs
- ❖ Widespread availability even to remote and hard to reach areas
- ❖ Limited evidence of profiteering – Recommended prices

• Public Sector

- ❖ Less impact
- ❖ Standard procurement processes - delays

• Importance of public-private partnerships

- ❖ The distribution was backed by intense mass media campaign, recommended retail prices, provider trainings therefore uptake and increase in access to AMFm ACTs were faster

Lessons learnt from AMFm

Stakeholder Engagements

- ❖ **National Health Insurance Authority** – new reimbursement rate for anti malarials based on AMFm recommended retail prices
- ❖ **Pharmacy Council** – continued monitoring of price and availability ; being the regulator this helped to foster conformity to recommended retail prices
- ❖ **The Food and Drugs Authority** conducted Port of entry Monitoring of AMFm ACTs and in collaboration with NMCP t let partners know about the Quality of the medicines
- ❖ Integrated communication and trainings so that the green leaf is seen as part of the total malaria control interventions and not a stand alone

Lessons learnt from AMFm

Private Sector Role and Importance in malaria treatment

- ❖ In most sub Saharan African countries the private sector – especially the private for profit sector plays a dominant role in malaria treatment and therefore are critical to reaching malaria control treatment targets
- ❖ AMFm Phase 1 demonstrated the potential of a private sector subsidy to quickly and dramatically expand access to ACTs
- **Changing malaria landscape:** less fevers due to malaria
 - ❖ Need to target treatment to real malaria cases therefore need to scale-up access to diagnostic testing

Lessons learnt from AMFm

- The private-for-profit sector in Ghana is willing to work together with the public sector for the public good: but they need to
- Be involved in the decision making not brought in just to implement
- They need to be part of any training that will help improve or achieve the objectives of the public-private partnership
- Above they need to feel and know the they are **TRUSTED**

Lessons learnt from AMFm

- ❖ Existing and or modified national policies influence the degree of uptake
- In Ghana ACTs were already over the counter medicines – 2004 government policy
- ❖ AMFm was not as a stand alone but part of the broader national policy and also the malaria control strategy -
- ❖ contributed to the national malaria control objective and strategy to **provide prompt, appropriate and effective ACTs at both the household and health facility level.**

Thanks for your
Attention