



# Malaria rapid diagnostic tests (RDTs) and fever case management in the private health care sector in Africa: a consultative working meeting

# **MEETING THEMES & FORMAT**

20 – 21 October 2015 Entebbe, Uganda

#### **Health system level:**

- 1) National policies relevant to use of RDTs
- 2) IVD (in vitro diagnostics) regulatory & licensing issues
- 3) Engagement of private/commercial actors with government agencies
- 4) Quality control & assurance of diagnostics
- 5) Procurement, pricing & distribution logistics
- 6) Market creation & stimulation
- 7) Monitoring & evaluation, and use of data

- 8) Treatment & case management challenges
- 9) Training & supervision mechanisms
- 10) Vendor-provider incentives, financing & pricing
- 11) Communication to vendors, care providers and community members
- 12) Linkages and referrals to public health facilities

- 1) National policies relevant to use of RDTs
  - Who is allowed to test, and where? Is private sector RDT use covered in existing policies? What adjustments may be needed?
- 2) IVD (in vitro diagnostics) regulatory & licensing issues
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- 1) National policies relevant to use of RDTs
- 2) IVD (in vitro diagnostics) regulatory & licensing issues
- 3) Engagement of private/commercial actors with government agencies
  - How can private and public health system components work together? What mechanisms promote effective interactions?
- 4) Quality control & assurance of diagnostics
- 5) Procurement, pricing & distribution logistics
- 6) Market creation & stimulation
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  Links with HMIS, national malaria surveillance

- 8) Treatment & case management challenges
  - E.g. Approach to negative test results, adherence to test result & treatment, use of injections, use of antibiotics, integration with national iCCM/IMCI guidelines, waste management
- 9) Training & supervision mechanisms
- 10) Vendor-provider incentives, financing & pricing
- 11) Communication to vendors, care providers and community members
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- 8) Treatment & case management challenges
- 9) Training & supervision mechanisms
- 10) Vendor-provider incentives, financing & pricing Including overcharging, credit, insurance
- 11) Communication to vendors, care providers and community members
- 12) Linkages and referrals to public health facilities

#### Point-of-care level:

- 8) Treatment & case management challenges
- 9) Training & supervision mechanisms
- 10) Vendor-provider incentives, financing & pricing
- 11) Communication to vendors, care providers and community members

Information, education, and behavior change

12) Linkages and referrals to public health facilities

#### Point-of-care level:

- 8) Treatment & case management challenges
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- 12) Linkages and referrals to public health facilities

How can we avoid creating parallel or redundant systems?

# **Meeting format**

#### Structure: 45 minutes per theme

- a) On each theme, brief (7-minute) presentations from 1 to 3 presenters,
- b) followed by ~30 minutes of group discussion.
- The goal is to stimulate group discussion, with good balance from various participants and cadres,
- d) to address the meeting goals & objectives.

Day 2 afternoon: Discussion and consensus (where possible) on recommendations in key areas

# **Meeting format**

#### For each theme, aim to address:

- a) What has been <u>done</u> (not just suggested) to date in various countries?
- b) What has worked (or been effective)?
- c) What has not been effective?
- d) What are the main challenges? Why?
- e) What should be done next (who, what, when, where, how)?
- f) What are the remaining knowledge gaps?

# Meeting ground rules – agreed?

- During presentations and discussions, let us silence our mobile electronics, and close our email.
- 2) During discussions, let us have one conversation at a time wait for the facilitator's recognition before commenting or asking a question.
- 3) Let us keep comments and questions concise, focused, and on-theme.
- 4) After lunch, and on Wed, let us sit in a different part of the room, by new people.

# Thank you for your presence and participation!

