Ensuring responsible access to ACTs: Update from the MOH-MMV led Uganda pilot

Presenter: Dr. Andrew Balyeku
Fresh Air National malaria technical Update and Coordination Workshop, Hotel Africana
1st April 2009

Curing Malaria Together
www.mmv.org
There is still a very big ACT access gap in Uganda

Proportion of febrile children under 5 in last 2 weeks getting treatment, Uganda

Within 24 hours

<table>
<thead>
<tr>
<th>Location</th>
<th>ACT</th>
<th>Antipyretics Only</th>
<th>Antimalarials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kamuli</td>
<td>3.6</td>
<td>15.5</td>
<td>24.3</td>
</tr>
<tr>
<td>Pallisa</td>
<td>3.9</td>
<td>22.2</td>
<td>26.7</td>
</tr>
<tr>
<td>Soroti</td>
<td>1.5</td>
<td>21.5</td>
<td>25.1</td>
</tr>
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</table>

Within 48 hours

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Source: MoH Uganda-MMV household surveys
Objective:

- To assess health impact of subsidized ACTs in the private sector
- Learn lessons for scaling up

Intervention areas:

- 4 rural districts + 1 control
- Perennially high transmission areas
- Population: 1.5 million

Implementation framework:

- MoH-MMV led Consortium for ACT Private Sector Subsidy (CAPSS)
  - NDA, PSI, Surgipharm, Malaria Consortium, IDA Solutions, MSH
Pilot design is fully aligned with AMFm

1. Aligning policy for wider distribution of ACTs- OTC status

2. Training Providers of licensed outlets for correct dispensing and use
   2.1 Case management and referral
   2.2 Logistics and orders
   2.3 Pharmaco-vigilance
3. Repackaging

3.1 Set a Maximum recommended retail price

3.2 Generate demand for umbrella logo = ACT-leaf in treatment of Malaria
Design fully aligned with AMFm (3)

4. Supply chain incentives to stock ACTs - Adequate margins

5. Strong political support and community mobilization

6. Tracking progress and impact

Baseline Supply & Demand

Baseline Supply & Demand

Monitoring
Quarterly Exit & Facility Audit Interviews
Supply and Demand

End project Impact Supply & Demand

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Surgipharm

Medicals for Malaria Venture
Empirical results – (above 5 years)

- Increased uptake of ACTs displaced CQ and other anti-malarials market share
- Increased uptake for patients >5 years

Table: Breakdown of products purchased as a % of all exit interviews

<table>
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<tr>
<th></th>
<th>Baseline Sept. 08</th>
<th>Unlicensed Oct. 08</th>
<th>Licensed Oct. 08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subsidized ACT</td>
<td>42%</td>
<td>31%</td>
<td>18%</td>
</tr>
<tr>
<td>Other</td>
<td>29%</td>
<td>38%</td>
<td>23%</td>
</tr>
<tr>
<td>Quinine</td>
<td>29%</td>
<td>32%</td>
<td>22%</td>
</tr>
<tr>
<td>CQ</td>
<td>0%</td>
<td>0%</td>
<td>37%</td>
</tr>
</tbody>
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Increased uptake of ACTs eroded CQ and other anti-malarials market share

Increased uptake for patients <5 years

Breakdown of products purchased
% of all exit interviews

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<tbody>
<tr>
<td>Subsidized ACT</td>
<td>50%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>40%</td>
<td>40%</td>
<td>10%</td>
</tr>
<tr>
<td>Quinine</td>
<td>10%</td>
<td>10%</td>
<td>43%</td>
</tr>
<tr>
<td>CQ</td>
<td>10%</td>
<td>10%</td>
<td>28%</td>
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Key challenges on the ground

- Limited reach of licensed outlets in underserved areas
  - 5 out of 8 sub-counties in one district (Budaka) lack licensed outlet
  - No wholesaler or Stockists (Pharmacist) at district level
  - Key constraint for licensing is “qualification” required (nurse)
- Fixed vs. floating price of subsidized ACT
  - Currency fluctuations can rapidly erode importer margins and subsidy
    - Invoice co-payment in local currency? Feasibility?
  - Difficult to maintain incentives for the trade with a fixed recommended retail price
    - Floating price? Risk of profiteering
- Buy-in from local trade and manufacturers
  - Support to meet WHO prequalification standards
  - Fair ex-factory prices in view of local cost structures for high quality products
Key factors to maintain success when scaling up

• Strong political commitment at the highest levels
• Wide Stakeholder Partnership
• Ownership of AMFm-concept at all levels
• Community empowerment
• Good design-including addressing parasite based diagnosis
• Effective partnerships, including involvement of local manufacturers
A subsidy is critical to improve patients’ access to treatment
What is the Affordable Medicines Facility – malaria (AMFm) ?

- AMFm presents an opportunity to ensure
  - affordable
  - equitable access to treatment for all patients suffering from malaria

- **Aim**
  - The AMFm aims to increase access to ACTs by lowering their retail price, and to drive monotherapies out of the market

- **Target**
  - The AMFm is an innovative financing mechanism that applies to all sectors
    - Public
    - Private
    - Not-for-Profit
Objective of the Affordable Medicines Facility – malaria

**Objectives**

- Increase access to ACTs by making them affordable for all patients
- Fight resistance by driving 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 is lower than or equal to price monotherapies / chloroquine
- Ensure that the private sector will sell ACTs: the margin for ACTs is competitive with the margin for monotherapies / chloroquine

*Phase I countries were selected based on a set of criteria, among them malaria mortality rates, experience with large-scale or private sector ACT programs, status of private sector distribution, existing GF malaria grants, and a conducive regulatory environment.*
Design of the AMFm

- The AMFm will promote the use of effective anti-malarials and drive out ineffective medicines from the market by:
  - Reducing consumer prices to an affordable level through price negotiations and a buyer co-payment
  - Ensuring safe and effective scale up of ACT use by introducing in-country support interventions
- The Global Fund is hosting the AMFm, with key funding for the co-payment coming from UNITAID and the UK Department for International Development
AMFm Design to high market prices for ACTs

ACTs are currently being sold in the private sector for ~6-10 US$ and are often provided for free/at low cost in the public sector.

In Uganda, over 60% of patients access treatment for malaria through the private sector, where ACTs are currently unavailable and unaffordable.
Design of the AMFm

*Countries save 95% on their existing Global Fund ACT grants, which should be reprogrammed to supporting interventions*

**Example of reprogramming:** Existing Global Fund malaria grant - 10 MN US$

- **Before AMFm:** 1 US$/dose
- **With AMFm:** 0.05 US$/dose

Savings (9.5MN US$) should be reinvested in **supporting interventions**:

- Initiatives that should support and accelerate the uptake of ACTs distributed in the private and public sector

**Core supporting interventions include:**

1) Provider training
2) Public education and awareness campaigns
3) National policy and regulatory systems
4) Drug quality monitoring
Timelines for AMFm

- Countries reach decision on applying to the AMFm
- Discussions on key policy decisions and supporting interventions begin

Information and Decision

Design and Policy Framework
- Policy framework finalized
- Supporting interventions selected
- Detailed implementation plan and budget developed

Preparation and Launch
- Supporting interventions prepared
- Advanced disbursements released from Global Fund

Subsidized ACTs flow in country

RBM AMFm workshop in Nairobi

Proposal submission June 1, 2009

Board approval July 2009

Timeline:
- Dec
- Jan
- Feb
- Mar
- Apr
- May
- Jun
- Jul
- Aug
- Sept
Thank You