Improving access to ACTs via home based management

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New call for malaria elimination

• Despite clear strategies and initiatives malaria has remained a leading cause of illness and death in most of Africa
  • Effective medicines and preventive tools exist BUT they reach only a small proportion of the population at risk

• In 2007 (Seattle): Bill and Melinda Gates challenged the global community to renew its commitment to end death from malaria

• Clarion call was taken up by the RBM Partnership and a global malaria action plan (GMAP) was formulated with a vision to end malaria suffering and death

• BUT-elimination CAN NOT BE possible if life saving commodities do not reach the people at risk
Universal coverage with effective tools is pre-requisite for malaria elimination

Global Malaria Action Plan, Aug 2008

MMV’s Mission and Vision

- Discover, develop and deliver safe, effective and affordable antimalarials to treat and protect people most at risk of malaria
- Provide the public health community with the most appropriate tools to achieve maximum public health impact
- Our model is partnerships (academia, Pharma companies, endemic countries etc.)

Our vision is a world in which innovative medicines will cure and protect the millions at risk of malaria and help to ultimately eradicate this terrible disease.
MMV’s Research and Development (R&D) portfolio

**Coartem-D** - a pediatric formulation has recently been approved and launched

Application for regulatory approval for Euratesim and Pyramax is planned soon

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**MMV’s Global Access Model: Ensuring uptake and responsible use to maximize health impact**

**Health Impact**

- Supporting adoption
- Expanding reach
- Shaping R&D

**Market intelligence**

- Sharing insight

**Partnership**
The reality: Big access gap to life saving medicines

<table>
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<tr>
<th>Country</th>
<th>% &lt;5 receiving any antimalarial</th>
<th>% &lt;5 receiving an ACT</th>
<th>Source</th>
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Bridging the access gap through Home Management of Malaria (HMM)

- A care delivery strategy to increase access to effective treatment for malaria
  - Where the health care system is far or weak
  - Where self-treatment is common
  - Where self-treatment is often inappropriate
Key elements of HMM

- Effective, pre-packaged, user-friendly, unit-dosed, antimalarials (ACTs)

- Made available close to the home through a network of trained community-based providers...

- Backed up by a communication strategy for behaviour change

TDR research on HMM

- Feasibility, acceptability studies ± effectiveness (6): GHA, NIG, UGA, BEN, SUD
- Urban HMM (7): ETN, UGA, BFA, GHA, MWI, CAM
- RDT studies (6): UGA, GHA, CAM, NIG, BFA, ZAM
- ACT delivery through Private Sector (1): KEN
- Community Case Management of fevers (3): UGA, GHA, BFA
- Impact studies (3+1): BFA, DRC, MWI, CAM
Key Findings

- CMDs can deliver ACTs with high quality (>95%)
- Mothers adhere to treatment schedule (85%)
- Coverage of malaria (fever) cases by CMDs is high (~60%)
- Cure rate of ACTs in HMM is high (>90%)
- Coartem is stable when stored by CMDs
- HMM reduces workload in Health Facilities

Bridging the access gap in the private sector-Uganda’s experience with subsidized medicines

- Aligning policy for wider distribution of ACTs- OTC status
- Training care providers
- Supply chain incentives to stock ACTs- Adequate margins
- Generating demand for umbrella brand (ACT-leaf)
- Tracking progress, safety and impact
Subsidized medicines have eroded chloroquine (CQ) and other antimalarials market share for patients >5 years.

Furthermore, patients have paid an average price of $0.25 for treatment course, and $0.10 for children.
HMM needs effective integration into the Health System

• Efficient public sector supply chain

• HMM not an alternative but part of overall malaria case management policy

• Supportive supervision from Health Facilities

To be successful, HMM requires a performing Health System

Challenges in HMM implementation

• Incentive scheme for CHWs - monetary / non monetary
  ▪ Key factor in performance of HMM under programme conditions
  ▪ To reduce attrition of CHW
  ▪ To reduce costs e.g. re-training
  ▪ To improve performance

• Effective supervision and feedback of CHWs
  ▪ Key factor in performance of HMM under programme conditions
  ▪ To improve performance
  ▪ To improve health outcomes
  ▪ To reduce burden on Health System

• Other issues
  ▪ Instructions to facilitate easy use and packaging
  ▪ Child friendly formulations
Research gaps – evidence needed

• Safety and effectiveness of ACTs used at large scale in the HMM context

• Feasibility of incorporating RDTs and cost effectiveness in different transmission settings

• Impact on mortality and severe morbidity with ACT

• Is there a role of HMM in urban areas? (Staedke et al, 2009)

• Impact of the private sector in community based ACT distribution- AMFm

• Impact of AMFM on CMDs–ACT sales vy free in the same communities

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