

MMV Access Symposium 2008

Accra, Ghana

**Expanding Reach of ACTs in the Private Sector:
Dialogue with Countries**

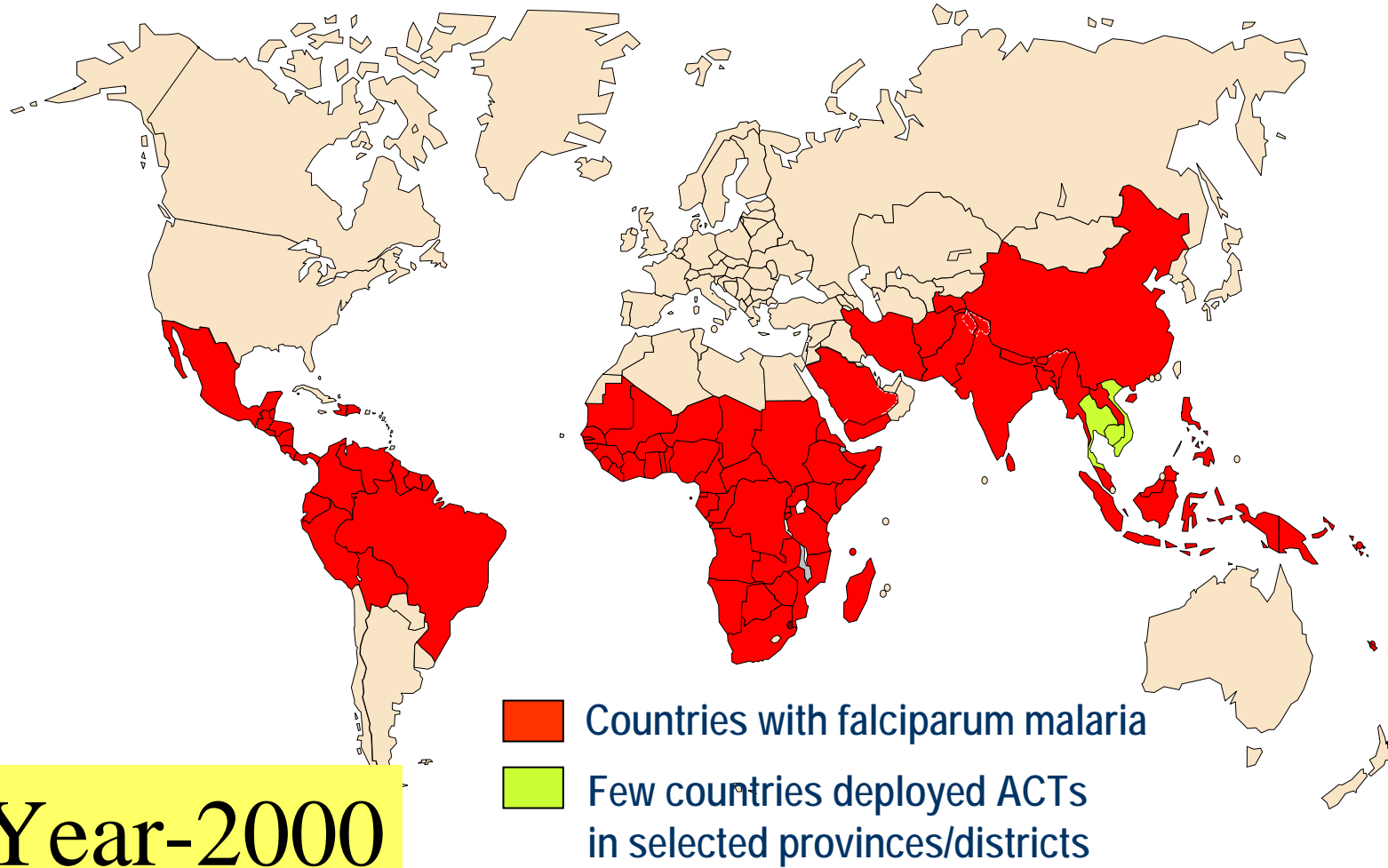


Medicines for Malaria Venture

The process of Malaria Drug Policy Change
in Uganda: **Practical Realities in
Implementing New Treatment Policies**

Ambrose O. Talisuna

Evolution ACT as first-line treatment



Year-2000

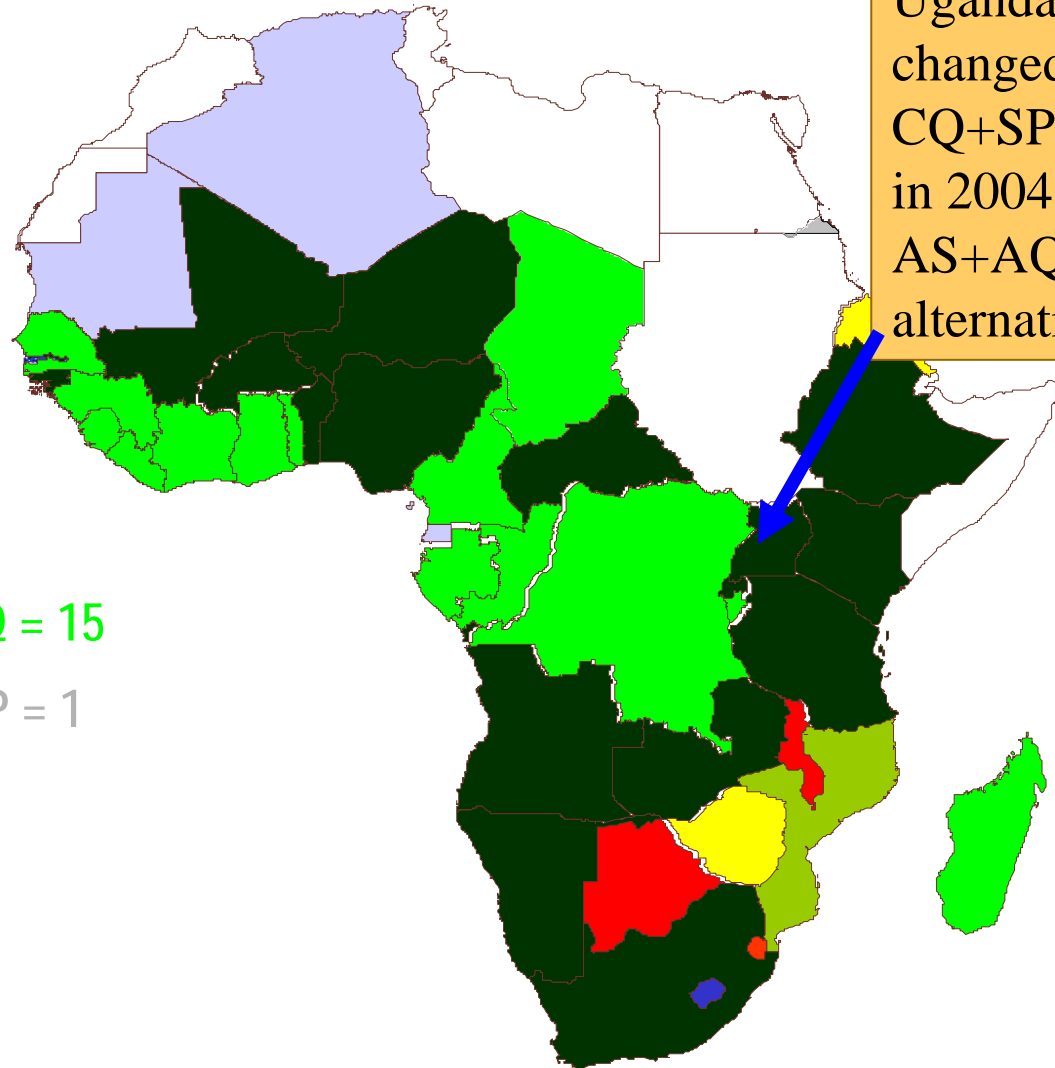
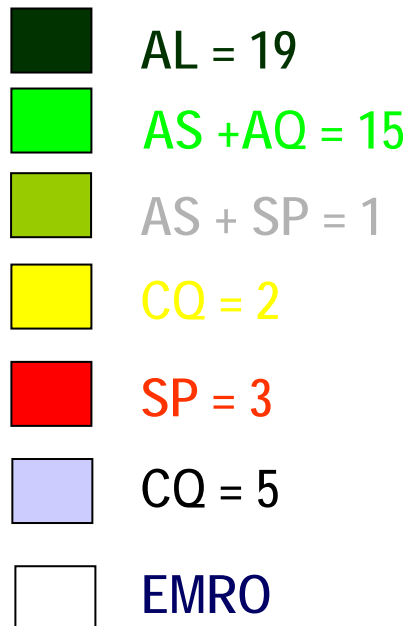
By January 2005unprecedented AMDP change

GFATM fund-
catalyst

Others:

BMGF, PMI, WB

Uganda
changed from
CQ+SP to AL
in 2004 and
AS+AQ as
alternative



New drugs and new policies are just part of the solution...



Arch

Medicines for Malaria Venture

Curing Malaria Together

The banner features a collage of images: a person in a white lab coat, several glass vials, and a young child. On the left, there are three colored circles (pink, red, light pink) and a small white box with the word 'Arch'.

DNDi

Drugs for Neglected Diseases initiative

Every 30 seconds,
a child dies of malaria.
it's simply unacceptable!



Policy change process needs long lead times

Relevant activity in change process	Starting June 2004 (in weeks)
Policy change discussion	6
Policy announcement	0
Approval of GFATM proposal	8
Treatment guidelines revised	8
GFATM Funds remitted to country	12
Drug ordered (through WHO)	4
TOT, sub national training and TG distribution	5
Drug arrives at National medical stored	6
Drug distributed/implementation	> 52 weeks

Key aspects of Uganda's policy change and implementation

- Distribution of AL to all public health facilities (March, 2006)
-over 23 million doses
- In-service training of all health workers (March-May, 2006)
 - Two step cascade training - National and sub-national
 - One day workshops
- Dissemination of case management guidelines and new policy booklets
- Dissemination of malaria management wall charts

Today, public sector ACT stock outs are an obstacle to antimalarial treatment in Uganda...

Availability of AL in the public sector on survey day and stock outs in the last 6 months

	On Survey day (N=195) %	In the past 6 months (N=157) %
Any Tablet pack	87	72
6 tablet pack	83	42
12 tablet pack	72	54
18 tablet pack	39	66
24 tablet pack	64	55
All tablet packs	34	34

ACTs are often unavailable 33% of the time...

Duration of stock outs of AL in past 6 months

Pack Type	Median no of days out of stock (IQR)	% time of stock out days
6 tablet pack	92 (46-124)	51
12 tablet pack	99 (62-136)	55
18 tablet pack	105 (67-151)	58
24 tablet pack	84 (40-128)	47
All tablet packs	60 (27-113)	33

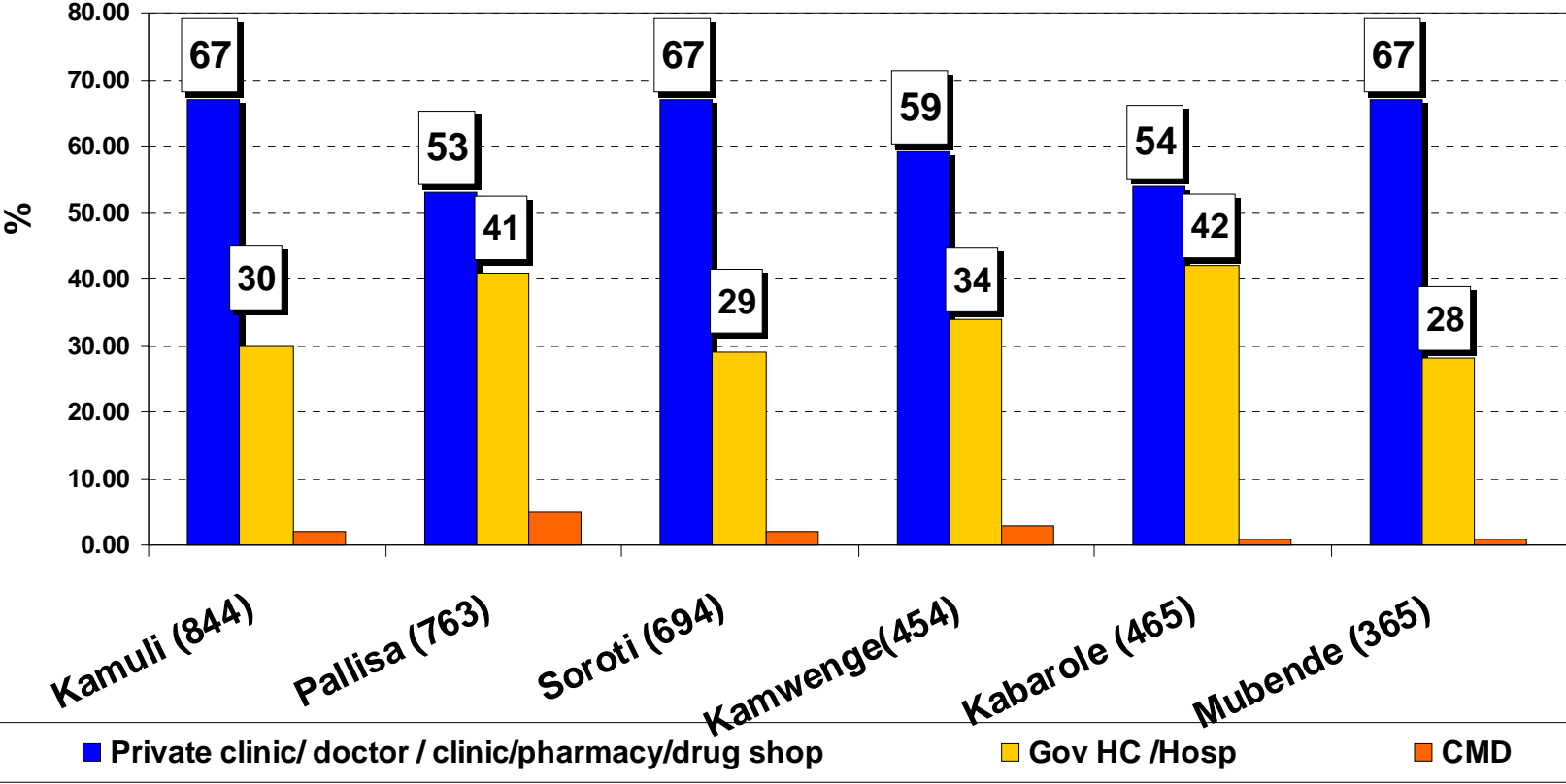
...As are other recommended antimalarials

Availability of other AMs in the public sector on survey day and stock outs in last 6 months

	On Survey day (N=194) %	In the past 6 months (N=157) %
Quinine tablets	30	58
Quinine Injectable	41	57
AQ Oral	2	98
AS tablets	4	98
CQ oral	69	23
CQ Injectable	62	47

Patients usually turn to the private sector for treatment

Source of first treatment/advice at onset of fever



Source: Baseline studies Uganda MoH/MMV pilot study

Prompt access to AMs is also a challenge

Prompt access to any antimalarial and ACTs in 6 Ugandan districts, 2007

	Within 24 hours	Within 48 hours
Median access (Range) to any antimalarial	14.9 % (Range: 7.4 % -21.2 %)	29.6 % (Range: 24.2 %-36.1 %)
Median access (Range) to ACTs	3.3 % (Range: 1.1 %-5.9 %)	6.1 Range: 1.5 % -9.4 %)

Source: Baseline studies Uganda MOH and MMV pilot project

We need better access to effective antimalarials

- Need to increase access to ACTs within 24 hours to reach (Abuja-60 percent, revised RBM – 80 percent)
- Need to strengthen public sector supply chain, including home based management

BUT

- Many patients access treatment outside public sector- get ineffective medicines
- Need to go beyond public sector

Lessons Learnt

- Continued availability of non recommended antimalarials is big set back- **need to systematically discontinue and withdraw them without causing a vacuum**
- Fairly high training and treatment guidelines coverage can be achieved in one year
- If stocks are available, adherence to policy is high - approx 64%
- Critical factor influencing adherence is availability of weight specific packs