Pulling in the private informal sector in Uganda

MOH Uganda-MMV pilot

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Critical ACT access gap exists in the Ugandan private sector

- **Free ACTs available through public and not-for-profit sector**
- **ACTs unavailable through the private sector**
  - Too expensive
  - Prescription only status excludes informal sector
- **Private sector key provider of treatment**
  - 60-80% of Ugandans seek fever / malaria treatment through private sector
  - Serves as **back-up** source of ACTs in event of stock-outs in public sector

MOH-MMV consultative meeting to define engagement with private sector – Feb 2007

- **Unanimous stakeholder support for an intervention in Uganda to provide a subsidized ACT via private sector**

Goals of intervention

- **Reduce malaria related morbidity, disability and death**
- **Inform national policy / international community on scaling-up provision of subsidized ACT through the private sector**

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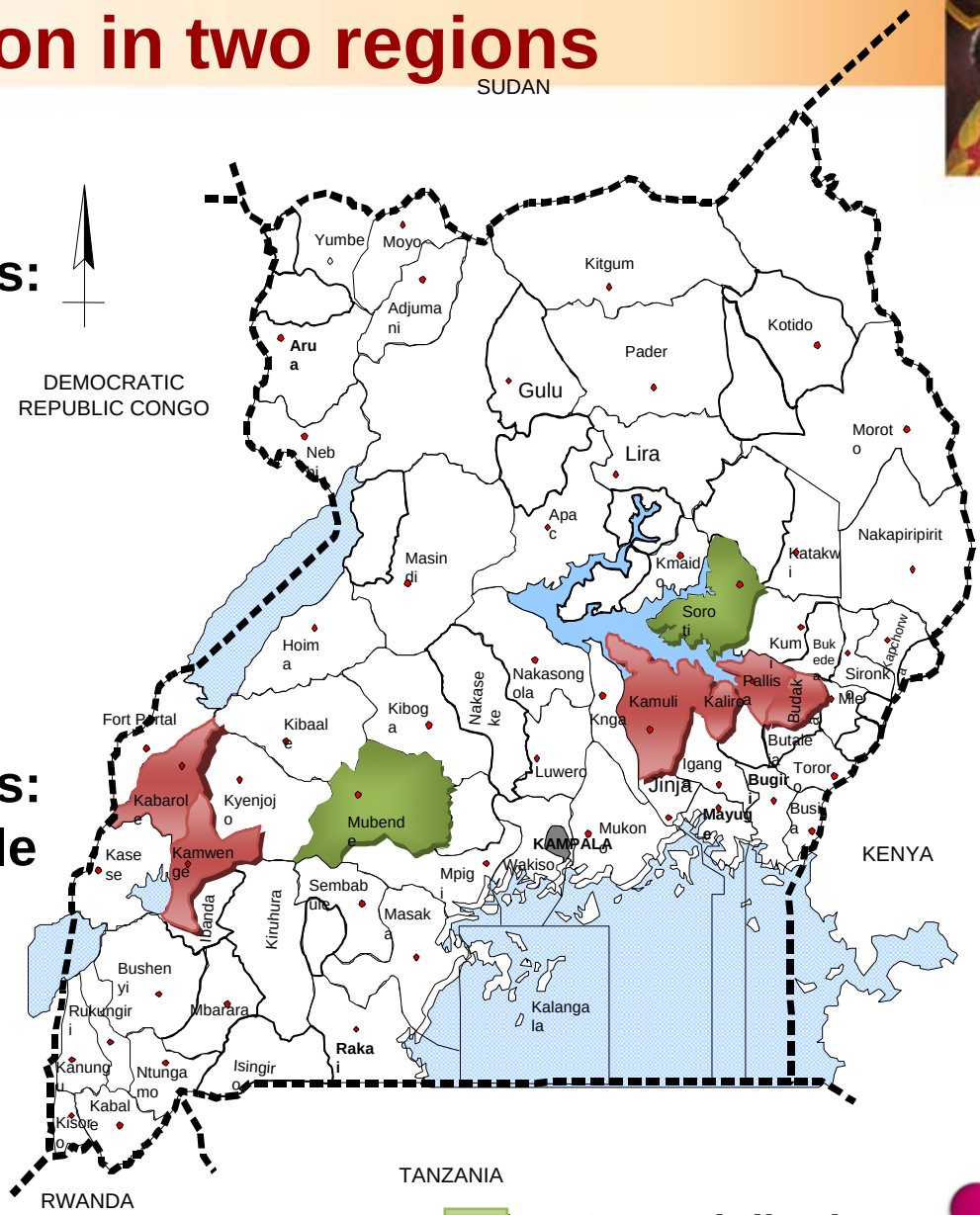
Methodology:
Conduct intervention in two regions

Eastern region

- **Intervention districts: Palisa, Budaka, Kamuli, Kaliro**
- **Control district: Soroti**

Western / Central region

- **Intervention districts: Kamwenge, Kabarole**
- **Control district: Mubende**



= Intervention district

= Control district

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District selection criteria

- **Different transmission settings (high and low/medium)**
- **No other major malaria pilot on-going**
- **District borders within Uganda**
  - Any drug leakage stays within Uganda
- **Not over-studied areas**
- **Homogeneous populations with similar dialects who can understand each other**
  - 2 languages or less can be used for IEC purposes
- **Predominantly rural populations**
  - underserved with health services, more stable, more cooperative
  - constitute the majority of Ugandan population

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Groundwork:
Understand the reality in study districts

June – September 2007

- **The Antimalarial market (supply)**
  - Who sells antimalarials? What type of outlet?
  - What type of antimalarials are sold? What price?
  - Where do the drugs come from?
- **Patients (demand)**
  - What drives choice of outlet and antimalarial?
  - What is their experience with treatment?
  - How can their access to treatment be improved?

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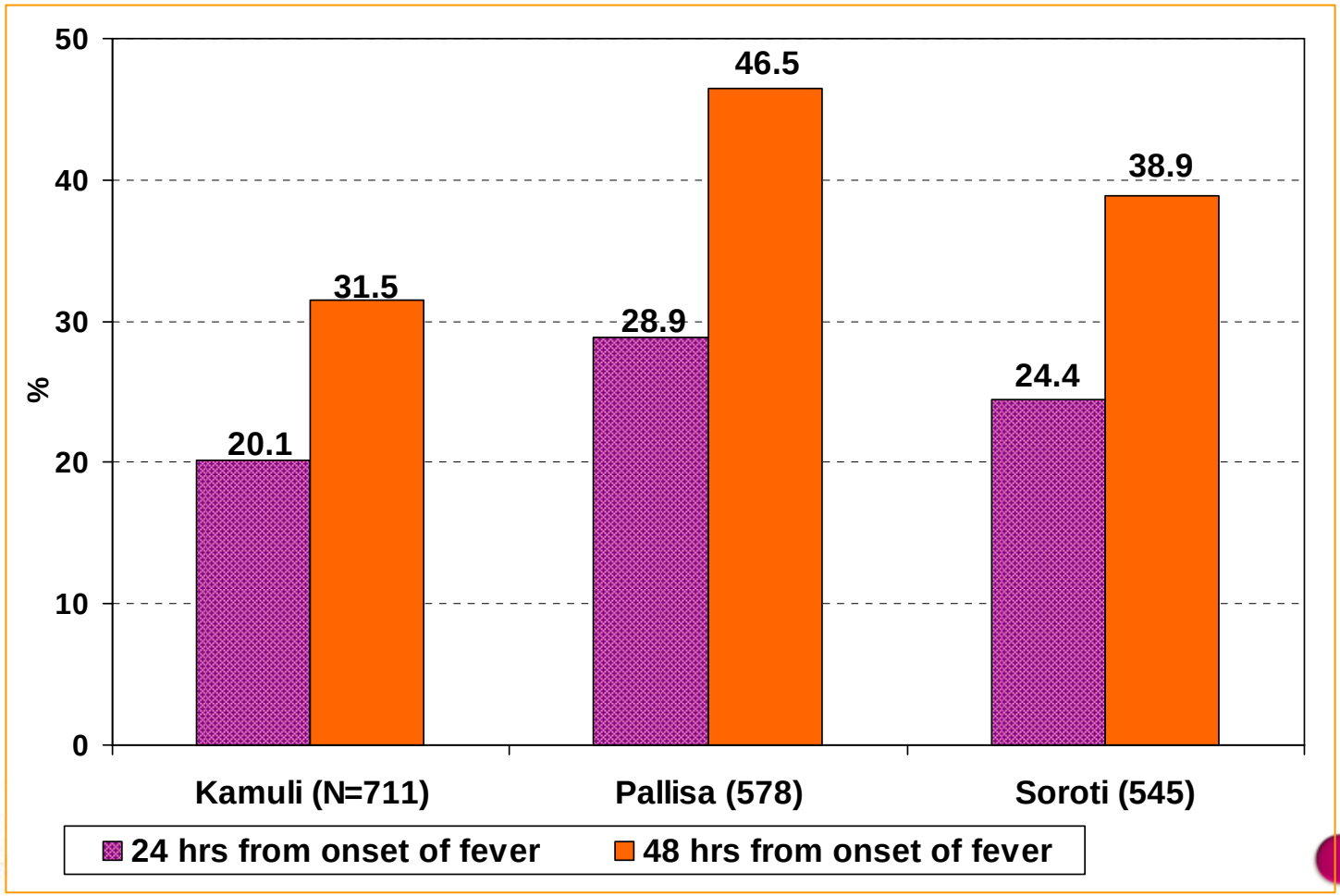
Less than a third get treatment within the 24 hour window

Proportion of children under 5 with fever in last 2 weeks who received any antimalarial



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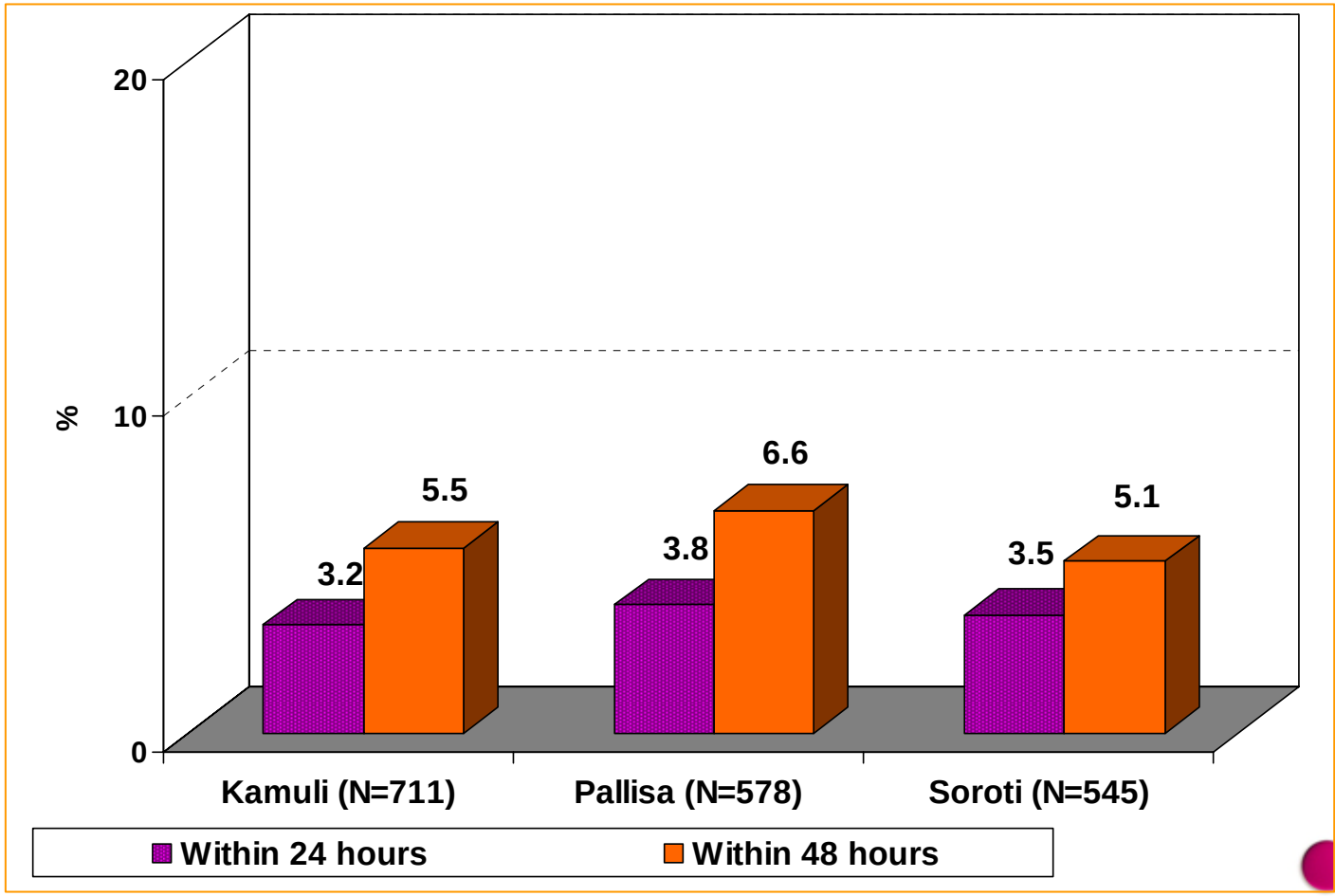
Most children continue to be treated with ineffective drugs

Proportion of children under 5 with fever in last 2 weeks who received ACT



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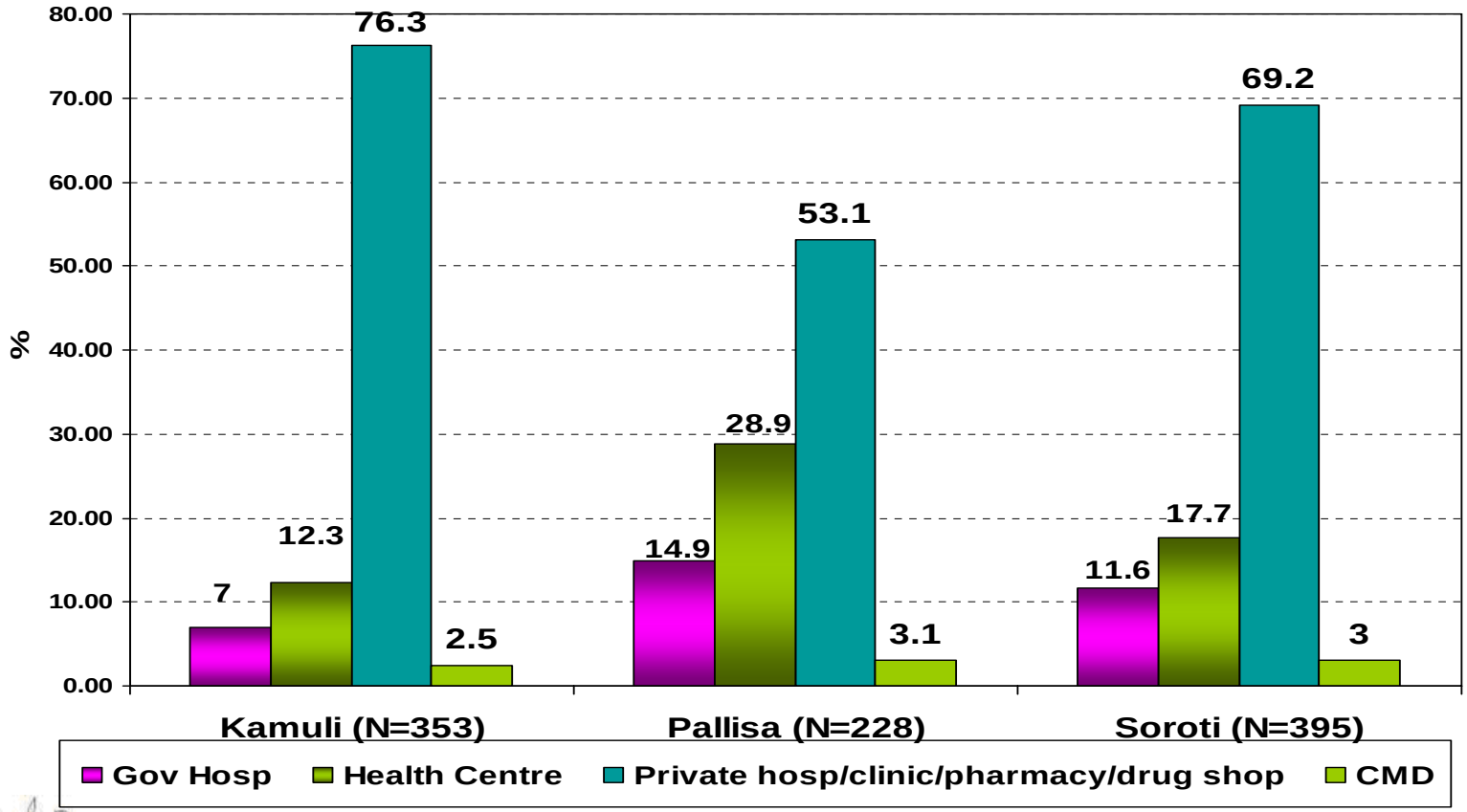
Private sector is the most important source of antimalarials for caregivers

Source of first treatment/advice at onset of fever



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The choice of outlets vary by districts

Proportion of outlets per sector found

	Formal sector						Informal sector	
	Public	CDD	Pharmacy	NGO	Drug shop*	Clinic	Retail store**	Market
Kamuli	9%	0%	1%	7%	28%	10%	45%	0%
Pallisa	30%	19%	0%	7%	29%	5%	8%	2%
Soroti	18%	0%	1%	7%	51%	10%	12%	1%

* licensed
**unlicensed

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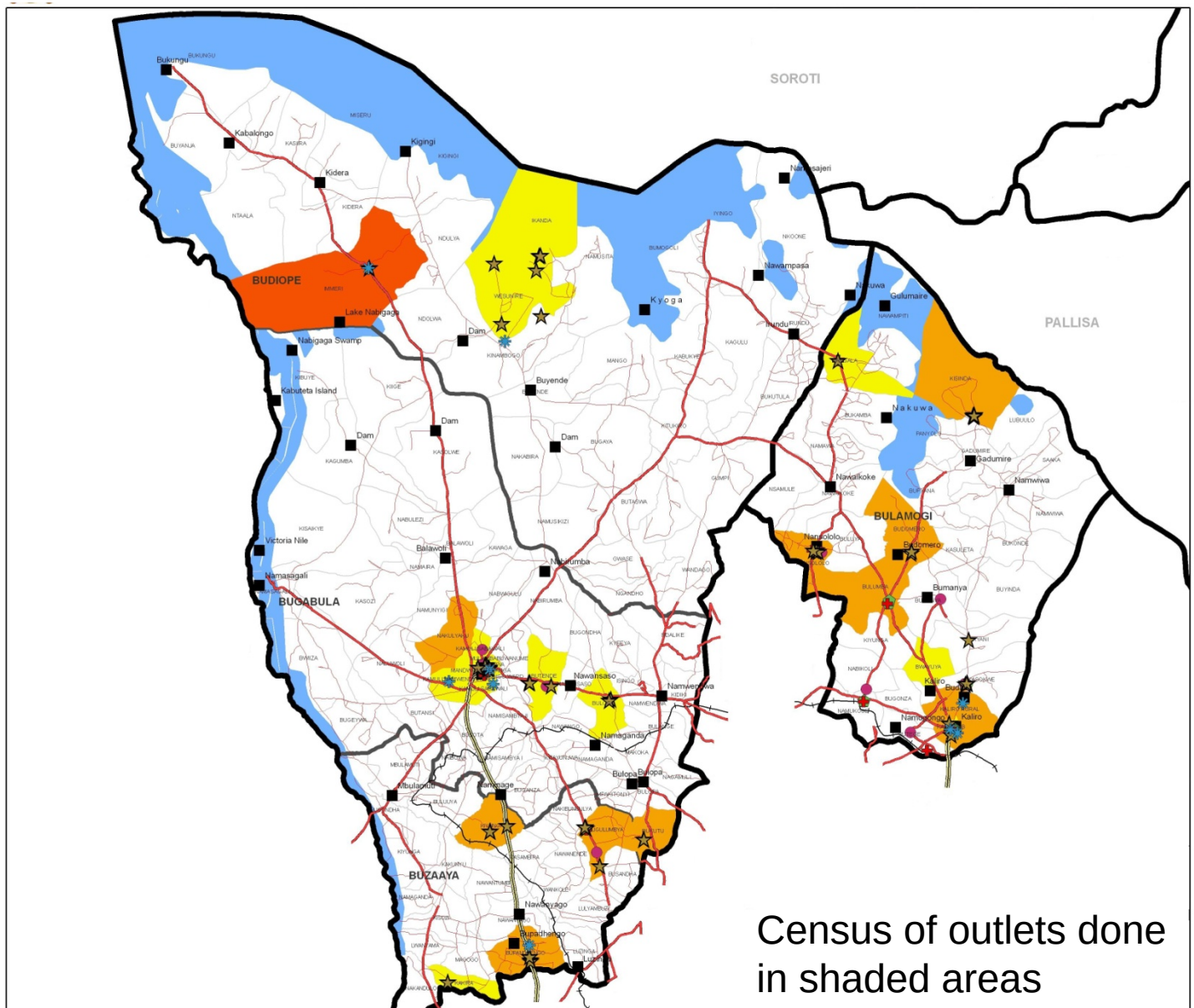
Clustering of licensed outlets leaves underserved areas

Kamuli and Kaliro



Census of outlets done in shaded areas

Legend

Outlet

- Public Sector Outlet
- Community Directed Distributors
- Retail Pharmacies
- Drug Shop
- Private Clinic
- Retail Stores/Kiosks (fixed structures)
- Markets/Hawkers (temporary/mobile)
- NGO/Mission
- Town
- All weather, tarmac
- All weather- murram
- Dry weather - murram
- Railway
- District Boundary (2007)
- County Boundary (2007)
- Parish boundary (2002)

Population

- < 5000
- 5000 - 7500
- 7500 - 10000
- > 10000

N

0 5 10 20 Kilometers

CQ is most-stocked and cheapest of the 164 antimalarials found

	On the market in the 6 districts		Cost/course (USD)
	#	%	
Chloroquine	37	23%	0.14 – 0.16
Artemisinin	31	19%	3.25 – 20.60
Quinine	30	18%	1.90 – 2.45
SP	28	17%	0.24 – 0.37
ACT	16	10%	5.85 – 8.80
AQ	12	7%	0.24 – 0.38
others	10	6%	
Total	164		

Apac, Kabarole, Kampala, Kamuli/Kaliro, Pallisa/Budake, Soroti

The Intervention

An overview of the concept

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Specific objectives of the intervention

Supply side

- Availability of the subsidized ACT in most outlets / close to communities
- Improved management of malaria in the private sector

Demand side

- Prompt and appropriate health seeking behaviour
- Purchase of the subsidized ACT
- Good compliance with treatment schedules

Key activities:
1. Establish an enabling policy framework

- **Provide limited deregulation of the subsidized ACT (OTC status)**
  - Will permit sale through licensed drugs shops
- **Facilitate regularization of unlicensed outlets**
- **Explore alternative outlets for underserved areas**

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2. Create a product offering distinct from public sector product

- **Develop a culturally sensitive umbrella brand and visual identify for the subsidized ACT**
  - strong government “ownership” of umbrella brand
  - allows inclusion of more ACTs under the same brand in line with changes to national policy
  - facilitates consumers choice
  - ensures stocking by the trade
- **Develop package design with clear user instructions to facilitate correct dispensing and use**

3. Ensure sound supply chain management

- **Ensure adequate stocks and good coverage through existing supply chain**
- **Calculate maximum recommended retail price (MRPP) based on cost-plus method**
  - Assess impact of different prices on uptake
  - Communicate MRPP to avoid profiteering
- **Provide incentives to trade to ensure stocking within easy reach of communities but limited to study areas**

4. Launch a strong marketing campaign

- **Promote options for treatment in public and private sectors**
  - Facilitate prompt health seeking behaviour
- **Design effective communications to generate demand for umbrella brand and change behaviour**
  - Private sector (to stock subsidized ACT and dispense correctly)
  - Care givers (to seek timely treatment, purchase the subsidized product and provide ACTs correctly)

5. Facilitate provider training

- **Ensure improved management of malaria in the private sector**
  - Correct dispensing of ACTs
  - Recognize warning signs to ensure prompt referral
- **Test out different models of training**
  - Involve distributors in training to facilitate scaling up
- **Establish links between the public and private sector providers**

6. Conduct monitoring and evaluation

- **Geographical access**
  - Is the subsidized product on the shelves? At what types of outlets? How far from communities?
- **Trade stocking /dispensing patterns**
  - Has the subsidized product displaced currently used antimalarials?
  - Are ACTs being correctly dispensed?
- **Uptake and use**
  - Who is buying the subsidized product? Is it being purchased by the poor? Are ACTs being correctly taken (full dose)?
  - What proportion of fever is malaria?

6. Monitoring and evaluation contd.

- **Financial access**
  - What price are consumers paying by type of outlet?
  - What is the impact of price on uptake?
- **Safety**
  - How safe is the wider distribution?
- **Health impact**
  - Has the proportion of children receiving prompt treatment increased? Has the proportion treated with ACTs increased?
  - Has the occurrence of severe malaria decreased?

What are our timelines?

Understanding the current situation	June – September 2007
Designing the intervention to final blue print	December 2007
Preparatory Phase on-going	October 07 - March 2008
Launch of intervention	2/3Q 2008
Monitoring and evaluation	regular intervals
Policy recommendations	2009

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Back-up slides

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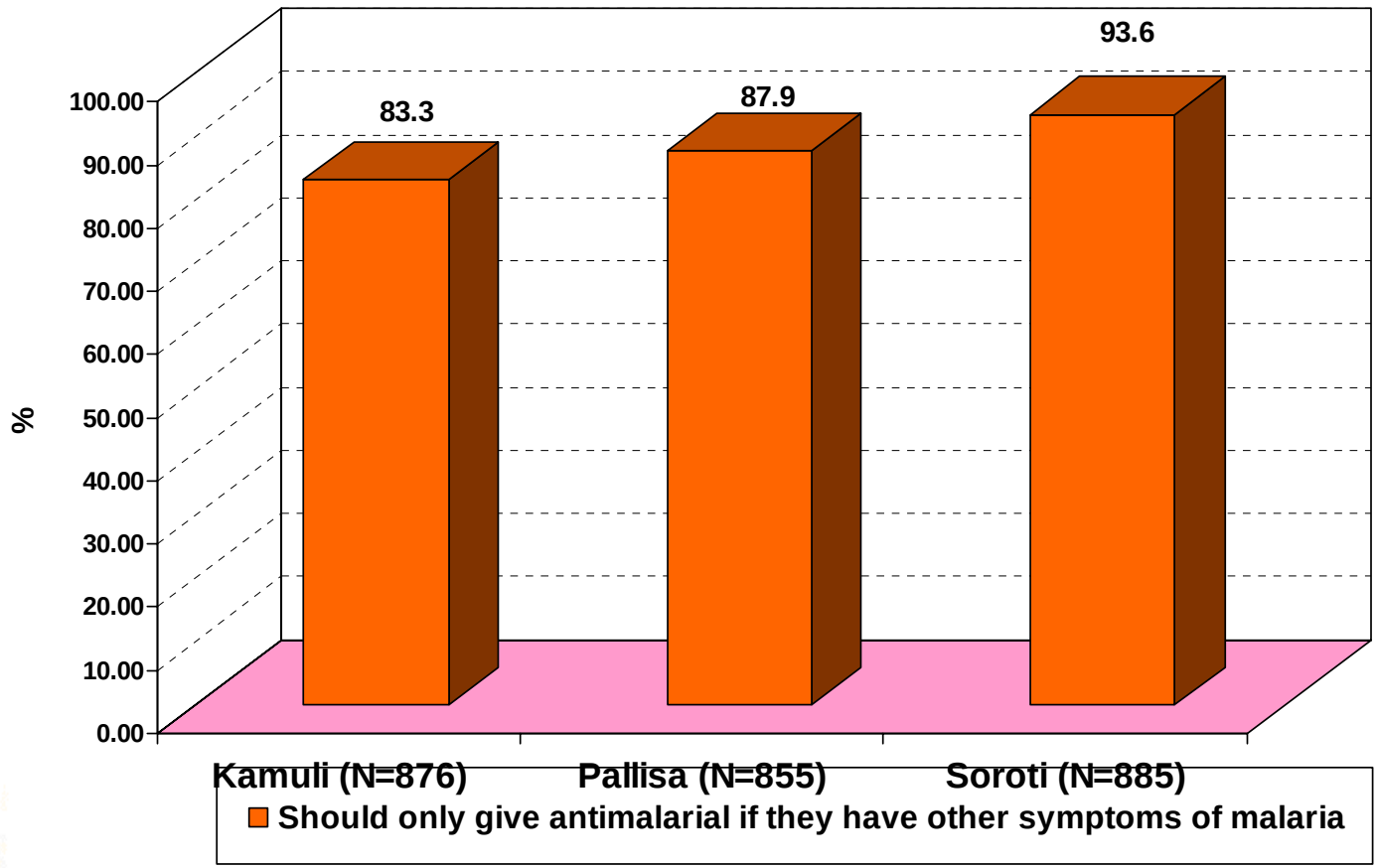
Fever alone does not trigger treatment seeking

Perception of treating only if other symptoms emerge



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But increases in complexity outside the capital