Pulling in the private informal sector in Uganda

MOH Uganda-MMV pilot

Dr. Ambrose Talisuna
Ministry of Health
Uganda
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
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
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
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?
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
Most children continue to be treated with ineffective drugs

Proportion of children under 5 with fever in last 2 weeks who received ACT
Private sector is the most important source of antimalarials for caregivers

Source of first treatment/advice at onset of fever

Kamuli (N=353) Pallisa (N=228) Soroti (N=395)

- Gov Hosp
- Health Centre
- Private hosp/clinic/pharmacy/drug shop
- CMD
**The choice of outlets vary by districts**

Proportion of outlets per sector found

<table>
<thead>
<tr>
<th>District</th>
<th>Public</th>
<th>CDD</th>
<th>Pharmacy</th>
<th>NGO</th>
<th>Drug shop*</th>
<th>Clinic</th>
<th>Retail store**</th>
<th>Market</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kamuli</td>
<td>9%</td>
<td>0%</td>
<td>1%</td>
<td>7%</td>
<td>28%</td>
<td>10%</td>
<td>45%</td>
<td>0%</td>
</tr>
<tr>
<td>Pallisa</td>
<td>30%</td>
<td>19%</td>
<td>0%</td>
<td>7%</td>
<td>29%</td>
<td>5%</td>
<td>8%</td>
<td>2%</td>
</tr>
<tr>
<td>Soroti</td>
<td>18%</td>
<td>0%</td>
<td>1%</td>
<td>7%</td>
<td>51%</td>
<td>10%</td>
<td>12%</td>
<td>1%</td>
</tr>
</tbody>
</table>

* licensed
** unlicensed
Clustering of licensed outlets leaves underserved areas.

Legend:
- 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

Census of outlets done in shaded areas.
CQ is most-stocked and cheapest of the 164 antimalarials found

<table>
<thead>
<tr>
<th></th>
<th>On the market in the 6 districts</th>
<th>Cost/course (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Chloroquine</td>
<td>37</td>
<td>23%</td>
</tr>
<tr>
<td>Artemisinin</td>
<td>31</td>
<td>19%</td>
</tr>
<tr>
<td>Quinine</td>
<td>30</td>
<td>18%</td>
</tr>
<tr>
<td>SP</td>
<td>28</td>
<td>17%</td>
</tr>
<tr>
<td>ACT</td>
<td>16</td>
<td>10%</td>
</tr>
<tr>
<td>AQ</td>
<td>12</td>
<td>7%</td>
</tr>
<tr>
<td>others</td>
<td>10</td>
<td>6%</td>
</tr>
<tr>
<td>Total</td>
<td>164</td>
<td></td>
</tr>
</tbody>
</table>

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

An overview of the concept
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
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?

<table>
<thead>
<tr>
<th>Step Description</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding the current situation</td>
<td>June – September 2007</td>
</tr>
<tr>
<td>Designing the intervention to final blueprint</td>
<td>December 2007</td>
</tr>
<tr>
<td>Preparatory Phase on-going</td>
<td>October 07 - March 2008</td>
</tr>
<tr>
<td>Launch of intervention</td>
<td>2/3Q 2008</td>
</tr>
<tr>
<td>Monitoring and evaluation</td>
<td>regular intervals</td>
</tr>
<tr>
<td>Policy recommendations</td>
<td>2009</td>
</tr>
</tbody>
</table>
Back-up slides
Fever alone does not trigger treatment seeking

Perception of treating only if other symptoms emerge

- Kamuli (N=876) 83.3%
- Pallisa (N=855) 87.9%
- Soroti (N=885) 93.6%

Should only give antimalarial if they have other symptoms of malaria
But increases in complexity outside the capital