Malaria Case Management in the Private Sector
Conclusions reached during the MPAC meeting of 11-13 September 2012

1. Access to affordable and quality assured malaria diagnostic testing, notably Rapid Diagnostic Tests (RDTs), should be an integral part of all initiatives aiming at improving access to ACTs in both the private and the public sectors.

2. The primary aim of new global initiatives on malaria case management in the private sector should be a holistic approach to improving the management of febrile children, providing access to malaria diagnostic testing and appropriate treatment for malaria and non-malaria febrile illnesses.

3. The priority for access to subsidized medicines and diagnostics should be given to young children, the group at highest risk.

4. The specific country context should be taken into account in the design and implementation of initiatives aiming at subsidizing medicines and diagnostics, in particular differences in health systems, such as access to health care facilities, proportional role of the private sector in providing care, and availability of community-based health services.

5. In designing new initiatives on malaria case management in the private sector, the increased risk of selection and spread of anti-malarial drug resistance (to both artemisinins and partner medicines) should be considered, and measures put in place to ensure targeting of ACTs to confirmed malaria patients.

6. More evidence is required with high quality data in relation to the public health targets of AMFm, especially information on use of co-paid quality assured ACTs, to provide informed decisions on the public health value of this initiative.
7. Countries which have been included in the pilot phase of AMFm should be supported during the transition phase, building on the lessons learnt.

8. Further opportunities for closer collaboration and interactions between public and private sectors, some of which emerged in AMFm Phase I, should be further explored especially for peripheral health care settings.

9. New initiatives aiming at improving of malaria case management in the private sector should have strong components of education, behaviour change, training and communication to promote wider use of diagnostics and adherence to test results.

10. All future initiatives including subsidies for ACTs and RDTs should be designed with careful attention to mechanisms to ensure sustainability.