Proposed WHO Technical Consultation on engagement of private sector in malaria case management in high burden countries

Malaria Policy Advisory Committee Meeting
17-19 October 2018, Executive Board meeting room
World Health Organization, Geneva, Switzerland
In February 2018, WHO convened a technical consultation on universal access to core malaria interventions in high-burden countries. In most of these countries, the private-sector provider plays an important role in malaria case management and these providers are often the first place that patients go to seek treatment.

In national-level surveys completed by 18 countries in sub-Saharan Africa between 2014 and 2016, a median of 47% (IQR: 38–56%) of children with fever (febrile) were taken to a trained medical provider for care. This included public-sector hospitals and clinics, formal private-sector facilities, and community health workers (CHWs).

The proportion of febrile children for whom care was sought who received a finger or a heel stick (suggestive of a malaria diagnostic test being performed) was 30% (IQR: 14-36%): greater in the public sector (median: 52%, IQR: 34-59%) than in the formal private (median: 36%, IQR: 29-67%) and informal private sector (median: 10%, IQR: 6-13%).
Treatment seeking of febrile children in SSA

- Preliminary analysis of 22 national-level surveys completed in 18 sub-Saharan African countries between 2014 and 2016 showing first-place of treatment seeking of febrile children.
- In 6 countries, Nigeria, Chad, Tanzania, Uganda, DRC and Ghana over 50% of the children affected by febrile illness seek first treatment in the private sector. In Nigeria and Chad the majority seek treatment in the informal private sector is predominant, and countries where formal private sector is predominant
The private sector is frequently the first place for seeking treatment, being located in the patient’s village or urban suburb. Private health services are not included in national strategies or plans for delivering appropriate and quality care. The principal challenges are that:

- its unregulated and/or unsupervised nature;
- products and care can be of substandard or unknown quality;
- low use of malaria diagnostics, especially in informal treatment outlets;
- no clear guidance nor policies for collaborating with private medicine retail outlets; and
- no guidance on routine reporting and surveillance systems

Guidelines on how to manage patients with negative test results, report cases, train and supervise private-sector outlet staff, and manage patients’ expectations will be crucial to improving the quality of care provided in the private drug retail sector.

A key challenge in improving access to appropriate diagnosis and treatment through private-sector providers is ensuring that quality products are affordable and can compete with substandard products.
Systematic reviews of the literature

- Systematic review of 122 studies in 2000-2012 found that informal health care providers (IP) reported inadequate drug provision, poor adherence to clinical national guidelines, gaps in knowledge and provider practice; however, studies found poor provider practices also in the formal sector. Reasons for using IPs included convenience, affordability, and social and cultural effects. Most studies call for more engagement with the IP sector.

- Review of 12 studies introducing malaria RDTs in private medicine retail outlets (PMR) in 2012-2016 showed wide variation in RDT uptake (8-100%), with provision of ACTs to 30-99% of patients testing positive and to 2-83% of those testing negative (<20% in 8 studies). Longer provider training, lower RDT retail prices and frequent supervision had positive effect on RDT uptake and provider adherence to test results. Performance of RDTs by PMR was good, but challenges in safe disposal and referral to public facilities.

- Systematic review of 23 studies in 2003-2012 on effects of social franchising on health care quality, equity, cost-effectiveness, and outcomes. Studies focused on reproductive health, showing positive association with increased client volume and satisfaction. Findings on health care utilization and health impact were mixed compared than other model of care, but social franchising had poorer outcomes in cost-effectiveness and equity.
Interventions to improve quality in drug shops

Source: HANSHEP*. Engaging the private drug retail sector to make faster progress towards pro-poor Universal Health Coverage in low and middle-income countries. Unpublished report.

* Harnessing non-state actors for better health for the poor
  [https://www.hanshep.org/]
Challenges to government interventions

- Hesitation of governments to address the private sector due to:
  - Lack of trust in their commercial and profit maximising motives, which often clashes with the incentives required for the provision of good quality care.
  - The high rates of public sector health workers working in private drug shops. In many countries qualified public sector health workers may run private drug shops alongside their public health sector work, or they may leave the public sector to open one.
  - The difficulty of regulating or supervising diverse and fragmented private drug shops and pharmacies, especially in rural areas.
  - Fear that any approach that appears to validate the practice of these, often semi-legal, entities will open-up controversy or be seen as encouraging their activities.

Source: HANSHEP. Engaging the private drug retail sector to make faster progress towards pro-poor Universal Health Coverage in low and middle-income countries. Unpublished report.
Objectives of the Technical Consultation in 2019

1. To review the data supporting the rationale for an international effort to engage private-sector players in malaria case management, and the evidence base that this can be done safely and effectively.

2. To review the laws, regulations and policies influencing the use of medicines and point-of-care diagnostic tests in malaria case management in a set of high-burden countries in Africa.

3. Based on this review, to identify the main bottlenecks and outline steps, including research priorities, to reduce barriers to enable improved quality of care for malaria across the entire health sector.

4. To draw upon documented lessons learned from major global, regional and country initiatives to improve malaria case management in the private sector, including the Global Fund Co-Payment Mechanism, the UNITAID project Creating a private-sector market for quality-assured RDTs, the Accredited Drug Dispensing Outlets (ADDO) project in Tanzania, and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) framework for engaging the private sector in malaria case management.

5. To review results of recent private-sector outlet surveys, and the main determinants of supply chain and distribution mechanisms for malaria medicines and diagnostics in the private sector, taking into consideration the experience of pharmaceutical and diagnostic companies in priming the market in high-burden malaria endemic countries.

6. To identify key lessons learned and best practice from other public health programmes – including family planning, tuberculosis and HIV – with a long history of private-sector stakeholder engagement.
GMP PDT and SEE units will collaborate in the preparation of the meeting. WHO has established a multiagency team to support the preparation of the technical consultation, involving Drs L. Barat (USAID PMI), G. Jagoe (MMV), S. Filler (GFATM), C. Goodman (LSTM&H), R. Orford (PMI Impact Malaria), A. Pratt (BMGF) and T. Visser (CHAI), providing advice on key resources, analytic work and pre-reads that need to be prepared in time for the meeting.

The technical consultation will involve up to 50 participants representing the NMCP and NRA of the selected countries, public health experts involved in regulatory reviews, outlet surveys and research on malaria case management in the private sector, including other public health programs.

The new proposed dates are 11-13 February 2019 to allow in-country surveys.
Outline of the Technical consultation

**Rationale: treatment-seeking behaviour in malaria endemic countries**

- Results from DHS/MIS surveys in high-burden countries
- Evidence base that malaria case management can be conducted safely and effectively by a range of private-sector providers

**Laws, regulations and policies influencing malaria case management in the health sector**

- Registration systems for medicines and in vitro diagnostics
- Permits for importation and in-country storage and distribution
- Import taxes and exemptions for ACTs and RDTs
- Ministry of health enforcement/control mechanisms (importation, post-marketing surveillance and recall)
- Current regulations and practices on administration and sales of antimalarials in:
  - formal private sector (e.g. clinics, pharmacies)
  - informal outlets included in MOH accreditation scheme
  - informal sector.
- Current regulations and practices on performing point-of-care in vitro devices in:
  - formal private sector (e.g. clinics, pharmacies, private labs)
  - informal outlets included in MOH accreditation scheme
  - informal sector.
- Regulations and practices on pricing of antimalarial medicines and diagnostic tests
- Process for regulatory change
- Role of professional associations (e.g. medical, nursing, laboratory technicians) in policy change to allow malaria testing and treatment at community levels, and in private-sector outlets
- Reporting and notification of malaria cases diagnosed and treated in the private sector
Outline of the Technical consultation (cont’d)

Global, regional and country initiatives to improve malaria case management in private sector

• Global Fund Co-Payment Mechanism (CPM)
• UNITAID project on creating a private-sector market for quality-assured RDTs
• ADDO project in Tanzania
• Global Fund technical brief on malaria case management in the private sector

Survey results on availability of antimalarial medicines and diagnostics in the private sector

• Results of ACTWatch surveys
• IQVIA market intelligence
• Findings of CHAI in Kenya, Nigeria, Tanzania and Uganda following interruption of CPM in 2018

Pilot research projects to improve malaria case management in the private sector

• ACT Consortium research projects on:
  • adherence to malaria test results
  • implementation of integrated community case management
  • identification and referral of danger signs
  • reporting and surveillance.
• Voucher schemes to promote testing and adherence to negative test results
• Mixed models involving CHWs and shop vouchers

• Ensure only quality antimalarials (AM)
• Ensure only quality diagnostics (Dx)
• Increase availability and affordability of AM
• Increase availability and affordability of Dx
• Improve case management by private providers
• Increase consumer knowledge and awareness
• Improve surveillance in private sector
Outline of the Technical consultation (cont’d)

Relevant lessons learned by other public health programmes
• Tuberculosis program
• Family-planning program

Experience of private companies in priming the market in malaria endemic countries
• Panel session of major ACT and RDT suppliers
• Panel session of wholesalers and distributors from high-burden malaria endemic countries

Development of a framework for national malaria control programmes to engage the private sector in improving malaria case management
• Working groups
• Plenary discussion
• Consensus building and finalization