WHO technical consultation on engagement of private sector for malaria case management in high-burden countries

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Update on the consultation to be held in November 2018, Geneva, Switzerland

Background

In February 2018, WHO convened a technical consultation on universal access to core malaria interventions in high-burden countries. The aim was to review the current situation and make recommendations on steps to improve access for those at the highest risk of malaria mortality. In relation to access to malaria diagnosis and treatment, the consultation reviewed the services delivered through different platforms, including public sector, private sector and community-based programmes in high-burden malaria 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. The conclusions and recommendations from the consultation are given below.

The private sector is often the part of the health care system that is closest to the patient, being located in the patient’s village or urban suburb; thus it is frequently the first place for seeking treatment. However, private health services are not included in national strategies or plans for delivering appropriate and quality care close to the patient. The principal challenges for the private sector are that:

- by its nature, the sector is unregulated or unsupervised (or both), which leads to non-conformity with national policies and WHO guidelines;
- products and care can be of poor or unknown quality;
- there is low use of diagnostics for malaria in informal treatment outlets;
- there is no clear guidance and no clear policies for collaborating with private medicine retail outlets; and
- there is a lack of clear guidance on the design and implementation of routine reporting and surveillance systems integrated with the national health management information system.

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 poor-quality products. In the past, co-payments have been used – notably in the Affordable Medicines Facility – malaria (AMFm) – but the overall reduction in malaria...
funding has contributed to a de-prioritization of this type of approach. Strengthening the alignment between national malaria case management policies on one hand and laws, regulation and policies for medicines and diagnostics, and their proper enforcement on the other, could help to reduce the availability of substandard products and inappropriate use.

There are still gaps in our knowledge of the impact of governance and national regulatory policies on the private-sector use of malaria diagnostics and antimalarial drugs, and appropriate investigations are needed. Furthermore, new strategies for engaging the private sector need to be developed for multiple diseases of public health importance. These strategies and plans should be developed jointly with the private sector, taking into consideration its specific challenges and needs.

The non-health care private sector (e.g. logging enterprises, mining companies, large-scale plantations and other enterprises) can also play a role in incorporating malaria into their corporate health programmes (including for the casual workforce and communities living around their facilities), advocating with government for more resources and helping to mobilize resources and services. Also, the impact of the activities of private-sector organizations on malaria risk needs to be better understood, and environmental risk assessment and management of new projects needs to be included in the planning and implementation process (e.g. projects affecting distribution of malaria vectors; population movements; and exposure of resident communities, their workforce and their families).

Meeting participants concluded that, to expand access to quality care for malaria patients, it is important for the private sector to be seen as a valid delivery platform that complements the public health sector. However, there are often competing interests, and many government and public sector agencies have little experience of working with the private sector; thus, they need guidance and advice on how to properly engage with the private sector.

The technical consultation concluded that the private sector is important in delivering malaria care in many high-burden countries, both in urban areas and in remote rural areas underserved by formal health care facilities. It recommended that government agencies engage more with the private sector and recognize its potential complementary role to the public sector in delivering proper diagnosis and treatment, and in contributing to surveillance and routine reporting. Guidance on effective strategies for engaging the private sector in delivering quality malaria care needs to be documented, shared and promoted.

Building on this work, WHO plans to convene a technical consultation to distil best practices based on research and programmatic experiences, and to map the key steps towards a coordinated public health engagement of the private sector in improving access to malaria diagnosis and treatment for poor people in low- and middle-income countries affected by malaria. The private health care system in malaria endemic countries is highly heterogeneous, and the private drug retail sector has a high share of malaria treatment-seeking behaviour, consisting of pharmacies, authorized and informal drug shops, and medicine sellers. Therefore, the focus of the consultation will be on private health care providers in high-burden malaria countries of Africa. The role and characteristics of the private sector in other regions and in countries approaching malaria elimination will require specific reviews, and will be the object of separate consultations.
Objectives of the technical consultation

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 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.

Process

The WHO Global Malaria Programme’s (GMP’s) Prevention Diagnostics and Treatment (PDT) and Strategy, Evidence & Economics units will collaborate on the technical preparations for the meeting. The PDT unit will provide administrative support, thanks to the contribution from the United States Agency for International Development (USAID) umbrella grant.

WHO/GMP has established a multiagency team to support the preparation of the technical consultation. The team involves the resource people Dr L. Barat (USAID President’s Malaria Initiative [PMI]), Dr George Jagoe (Medicines for Malaria Venture), Dr Scott Filler (Global Fund), Dr Catherine Goodman (London School of Hygiene & Tropical Medicine), Dr Ricki Orford, (PMI Impact Malaria Project), Dr Abigail Pratt (Bill & Melinda Gates Foundation) and Dr Thedoor Visser (Clinton Health Access Initiative [CHAI]). This group of active members in the Roll Back Malaria (RBM) Case Management Working Group is providing advice on key resources, analytic work and pre-reads that need to be prepared in time for the meeting.

Based on the analysis of demographic and health surveys (DHS) and malaria indicator surveys (MIS) conducted since 2014, a group of six countries has been identified in Africa where more than 50% of the children affected by febrile illness seek treatment in the private sector. These six countries are Chad, Democratic Republic of the Congo, Ghana, Nigeria, Tanzania and Uganda. In two of these countries (Chad and Nigeria), the informal
private sector is predominant; in the other countries, the formal private sector is predominant.

WHO/GMP, working in close collaboration with the RBM Case Management Working Group, will convene representatives from the national malaria programmes and regulatory authorities of the selected countries (two per country). WHO will also convene public health experts who have completed regulatory reviews and outlet surveys and research on malaria case management in the private sector, as well as experts on private-sector initiatives in other public health programmes, as relevant.

Representatives of private-sector companies will be invited to contribute to a panel session on experiences in driving the market of malaria medicines and diagnostics in malaria endemic countries, involving major suppliers and wholesalers of artemisinin-based combination therapies (ACTs) and rapid diagnostic tests (RDTs) from high-burden malaria endemic countries. The company IQVIA (formerly Quintiles IMS Holdings, Inc.) is involved in the generation of market intelligence data on pharmaceuticals. IQVIA will present relevant information on the malaria medicines market in African countries.

The technical consultation will involve up to 50 participants and is planned for 11–13 February 2019. The conclusions and draft recommendation of the technical consultation will be presented to the Malaria Policy Advisory Committee (MPAC) in March 2019 for finalization.

Bibliography

3. 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.
Annex

Draft outline of the technical consultation on engagement of the private sector on malaria case management in high-burden countries.

1. **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

2. **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

3. **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 private sector engagement framework
4. **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

5. **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

6. **Relevant lessons learned by other public health programmes**
   - Tuberculosis and family-planning programme experience in improving case management in the private sector

7. **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

8. **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