

RDTs in the private sector, PSI experience

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Diagnosis*

Presentation overview

Overview of private sector: relevance and consumer access (ACTwatch)

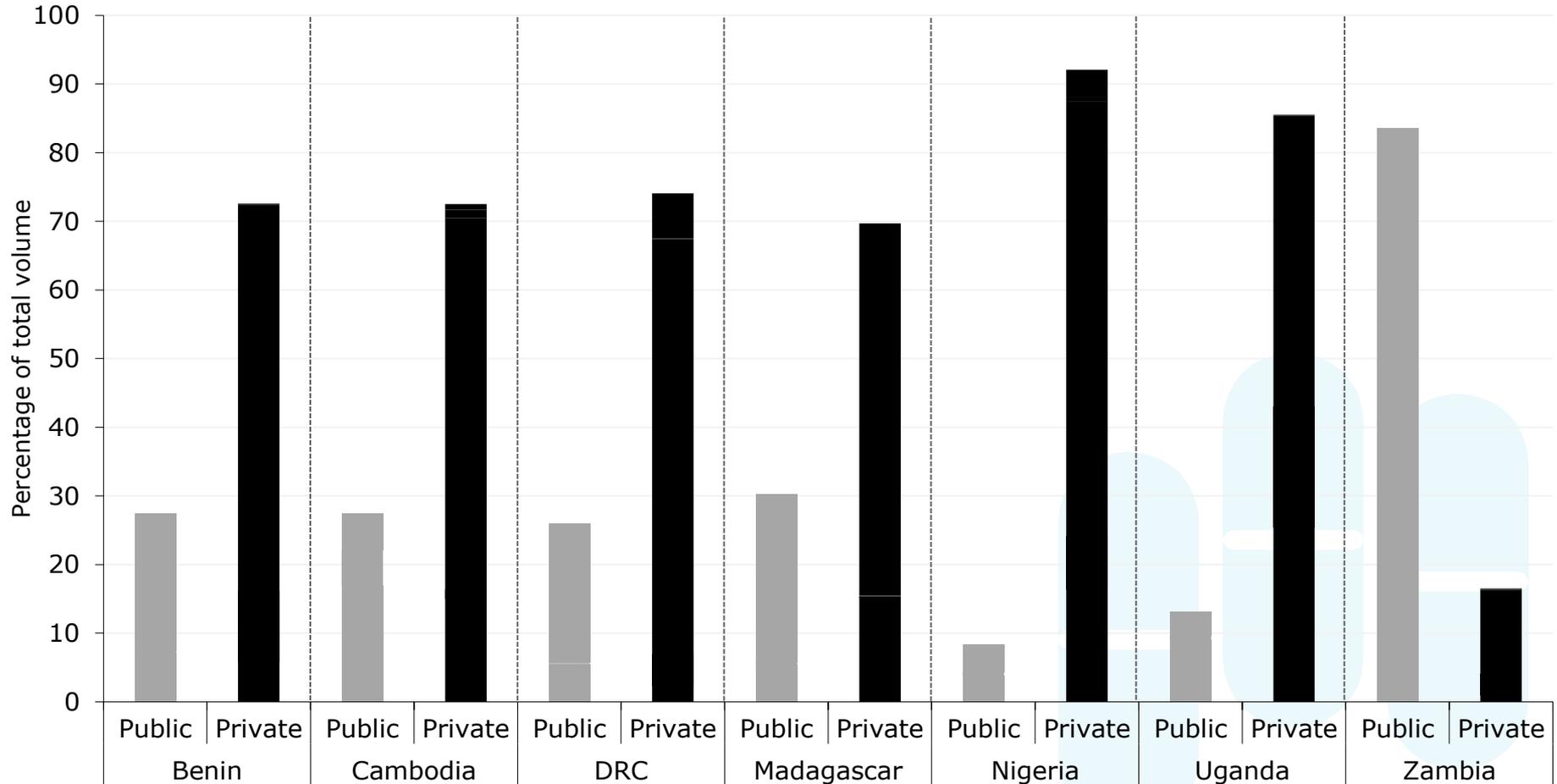
RDT projects experience in Cambodia and Myanmar

Operational research in sub-saharan Africa (future, UNITAID)

Why is the private sector relevant?

Role in the antimalarial medicines retail market

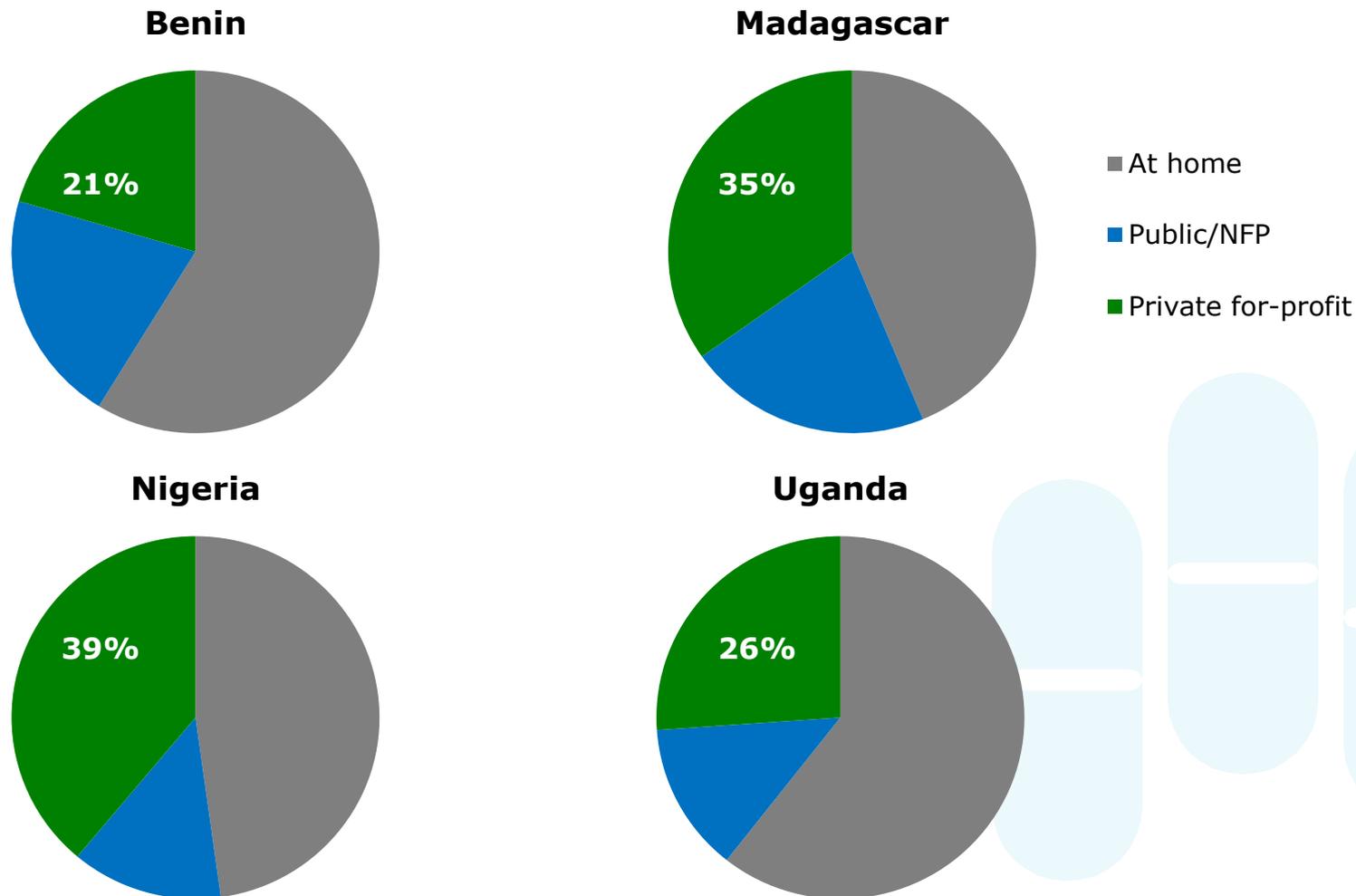
Market share of antimalarials sold in the last 7 days in public/not for profit and private for-profit sectors (2011)



DRC data from 2009

The role of the private sector as an initial source of advice/treatment for children < 5

Distribution of initial sources of advice/tx among children <5 with fever in the previous two weeks for whom advice was sought

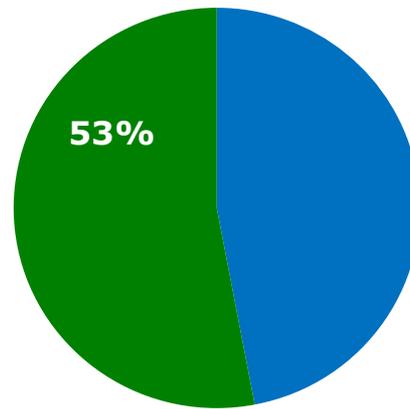
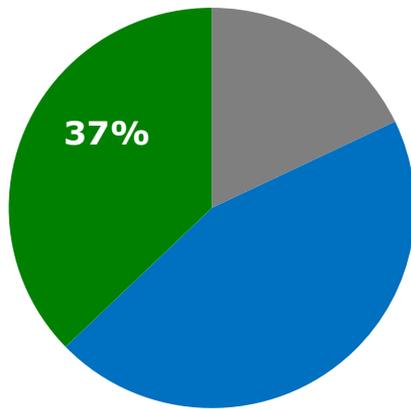


Household surveys conducted in 2011

The role of the private sector as a source of antimalarials for children under five

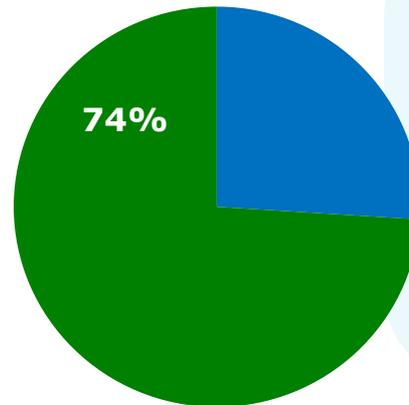
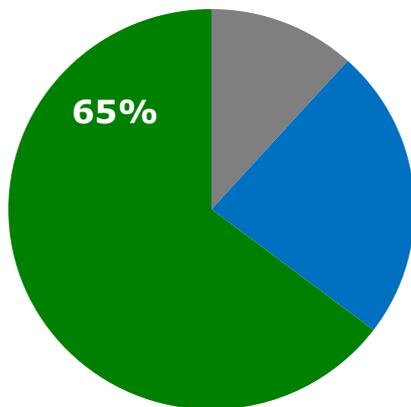
Distribution of original antimalarial source among all antimalarials taken by children <5 with fever in the two previous weeks

Madagascar N=462



- At home
- Public/NFP
- Private for-profit

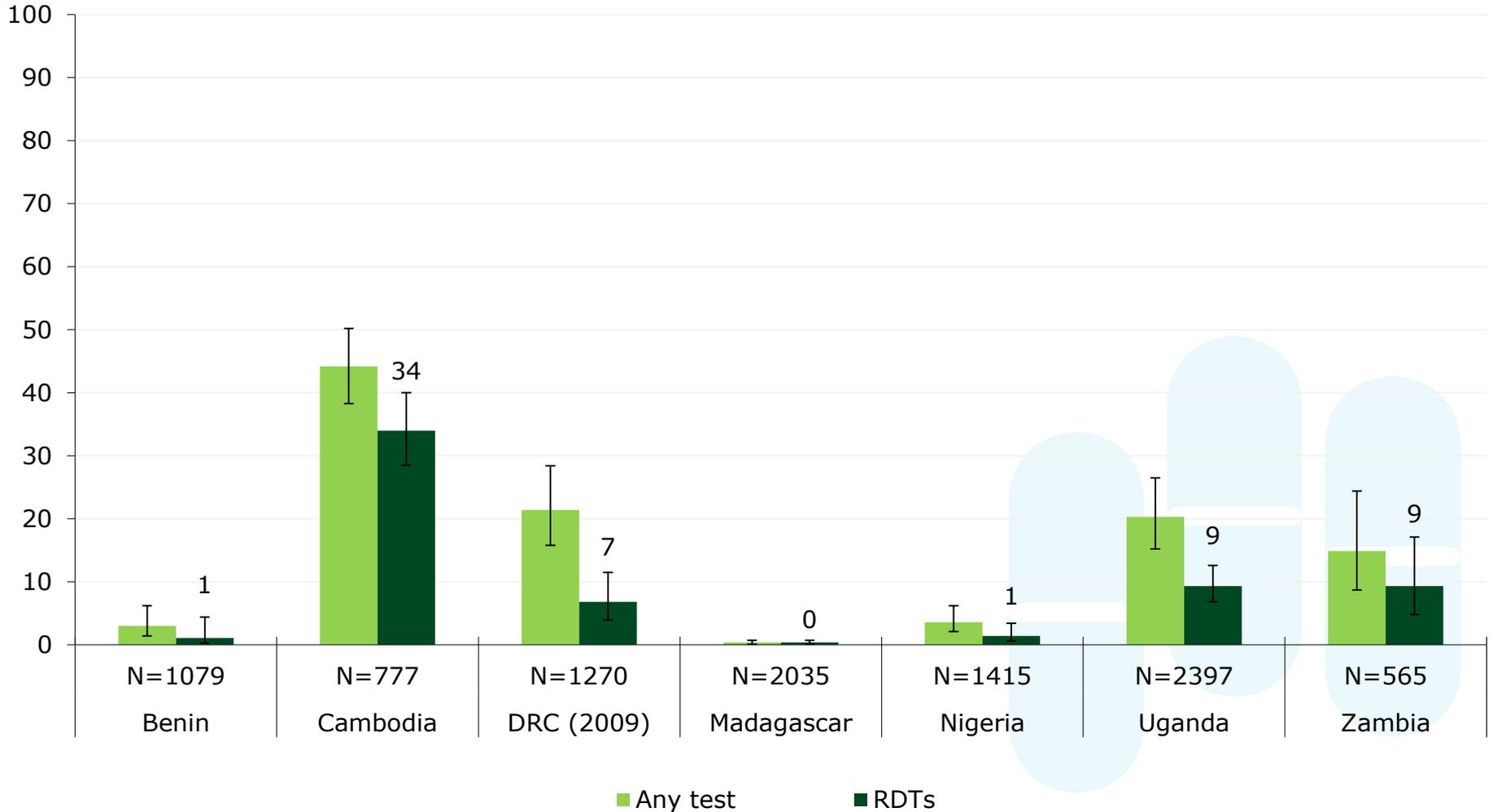
Nigeria N=633



Household surveys conducted in 2011

Do they stock diagnostic tests?

Availability of any test (microscope or RDT) and availability of RDTs in the private sector, 2011 (out of outlets stocking antimalarials)



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Cambodia RDT Project



Socially marketed RDT in private sector

Commenced at small scale but then expanded to all provinces

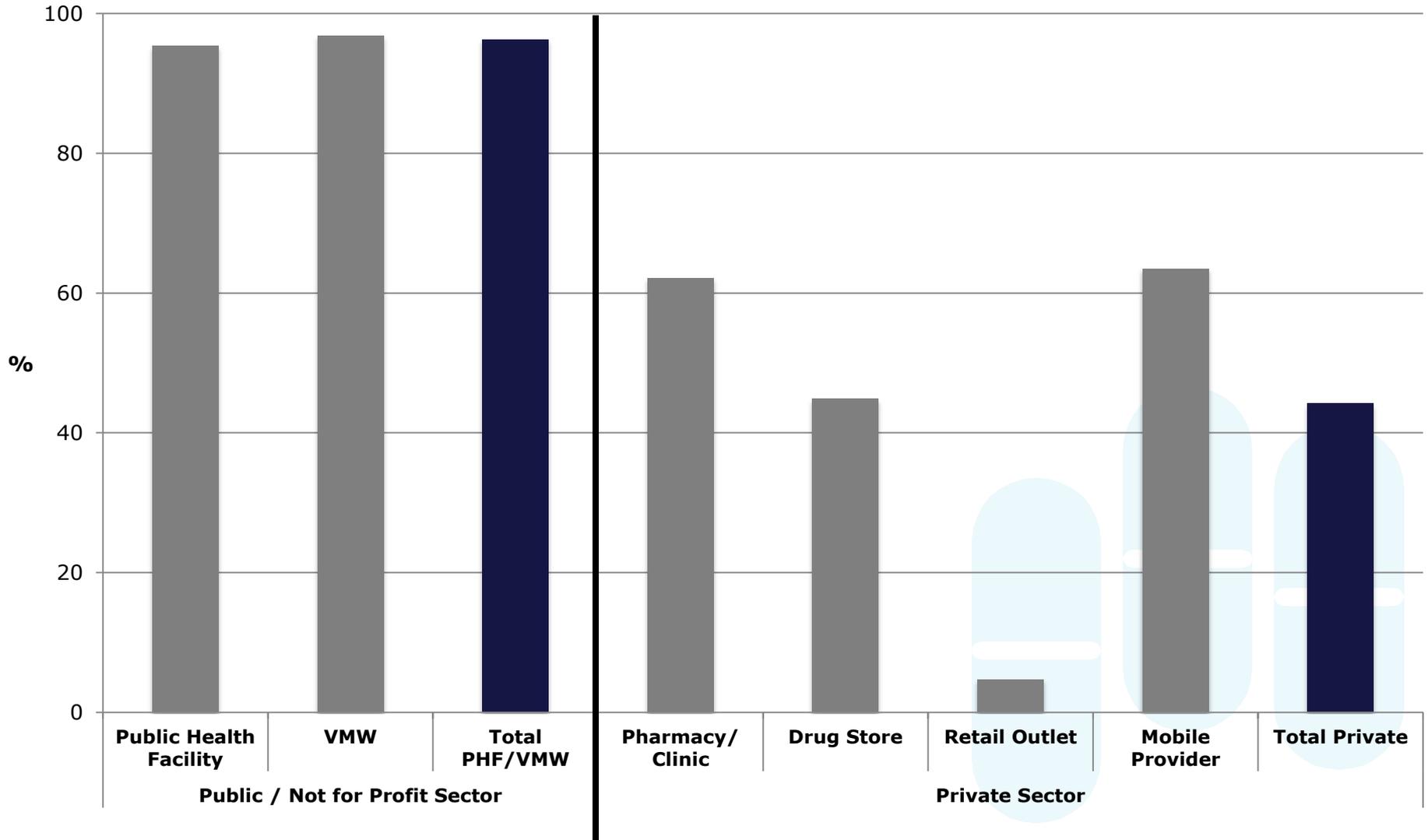
RDT detects both *Pf* and *Pv*

Recommended retail price

Scale - Wide variety of private outlet types (private clinics, pharmacies, retail outlets)

Availability of RDTs

(out of outlets stocking at least one antimalarial)



ACTwatch Outlet Survey 2011

External Assessments

Yeung et al

Fluctuation in availability due to donor/procurement -> price variability

Slower uptake of RDTs than ACTs: a much more complex message

Monitoring is weak

GUARD study (unpublished)

Quality of RDTs after storage: not an issue

Issues with safe disposal/glove use (same across VMW & private sector)

Most providers reluctant to sell antimalarial without prior blood test

Following these assessments

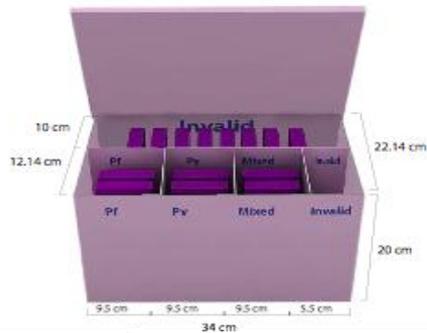
Strengthened monitoring system:

- **Collection of used RDTs**
- **Simplified data collection form**
- **Increased supervisory efforts**

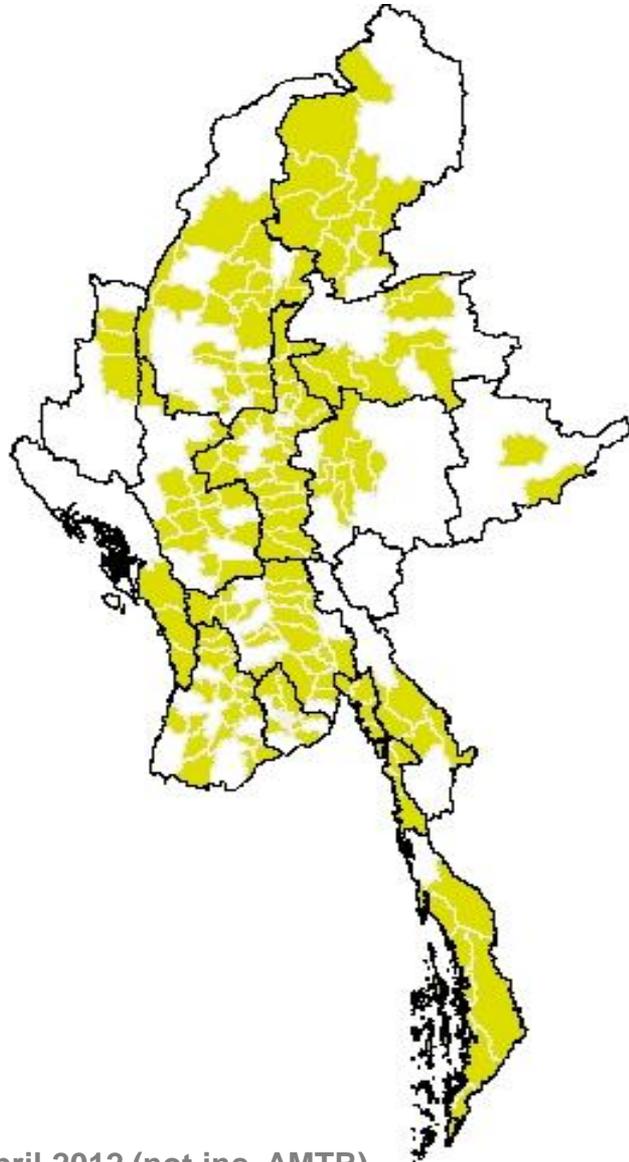
Restrictions:

- **Policy: Outlet types permitted to provide RDTs restricted to registered outlets.**

Malacheck box for Data Collection



Myanmar - Malaria Program Reach*



PSI provides malaria control services in nearly 200 townships*

Channels:

- i) 880 physicians/clinics, social franchise
- ii) 1500 village health workers
- iii) In 2013: registered pharmacies (pilot)



Healthy lives. Measurable results.

*As of April 2012 (not inc. AMTR)

Private Physician/Clinic Network & Village Health Workers

	2012			
	Tested	PF +ve detected	Non PF +ve	RDT Pricing
Village Health Workers (1500)	203,057	26,660	18,001	Free
Private clinic (880)	142,615	28,016	21,079	Ks. 300 (100 to retailer)
Total	345,672	54,676	39,080	

**2013: pilot to introduce RDTs in pharmacies:
- different pricing structures will be tested**

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UNITAID RDT Scale-up Operational Research project

WHO

- Engaging with MOH & Policy development

FIND

- Quality control of RDTs

MC

- Nigeria, Uganda
- Indirect approach: manufacturer model

PSI

- Kenya, Madagascar, Tanzania
- Direct approach: provider model

* **PSI is the prime.**

Considerations for the private sector

- **Strengthen regulatory environment on RDTs & develop appropriate policies, guidelines**
- **Weak consumer demand: consumers are not aware / do not demand (compounded by belief: fever = malaria)**
- **Provider incentives: understand provider incentive to achieve appropriate case management (test result adherence). How are negative cases managed?**
- **Provider knowledge & skills: training & supervision**
- **Price of RDTs compared to antimalarials**
- **Systems for RDT quality assurance**
- **Waste management – what innovations?**