



Life is but a Rich Tapestry of Antimalarials: Myanmar's Antimalarial Private Sector Market in 2015

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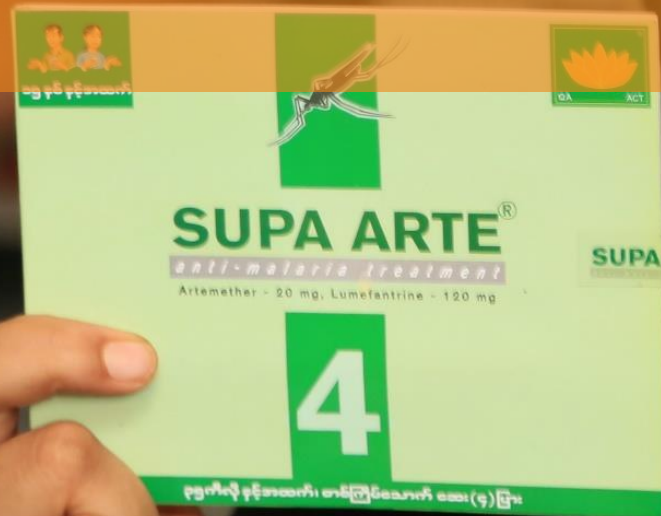


Presentation Outline



1. Background : Country context and ACTwatch overview
2. Methodology
3. Results & insights
4. Conclusions

Background



Regional Context and Rationale

- Artemisinin resistance *Pf* malaria has spread and been detected in Myanmar and close to the Indian border.
- Myanmar has substantially more malaria than any other country in GMS.
- National malaria elimination goals with urgency due to artemisinin drug resistance.
- Myanmar has committed to eliminate malaria by 2030.

Several strategies have been in place to increase access to affordable, quality-assured ACT.



AMTR Program

PRIVATE SECTOR STRATEGIES:

Replace

oral AMT

with

quality-assured
ACTs

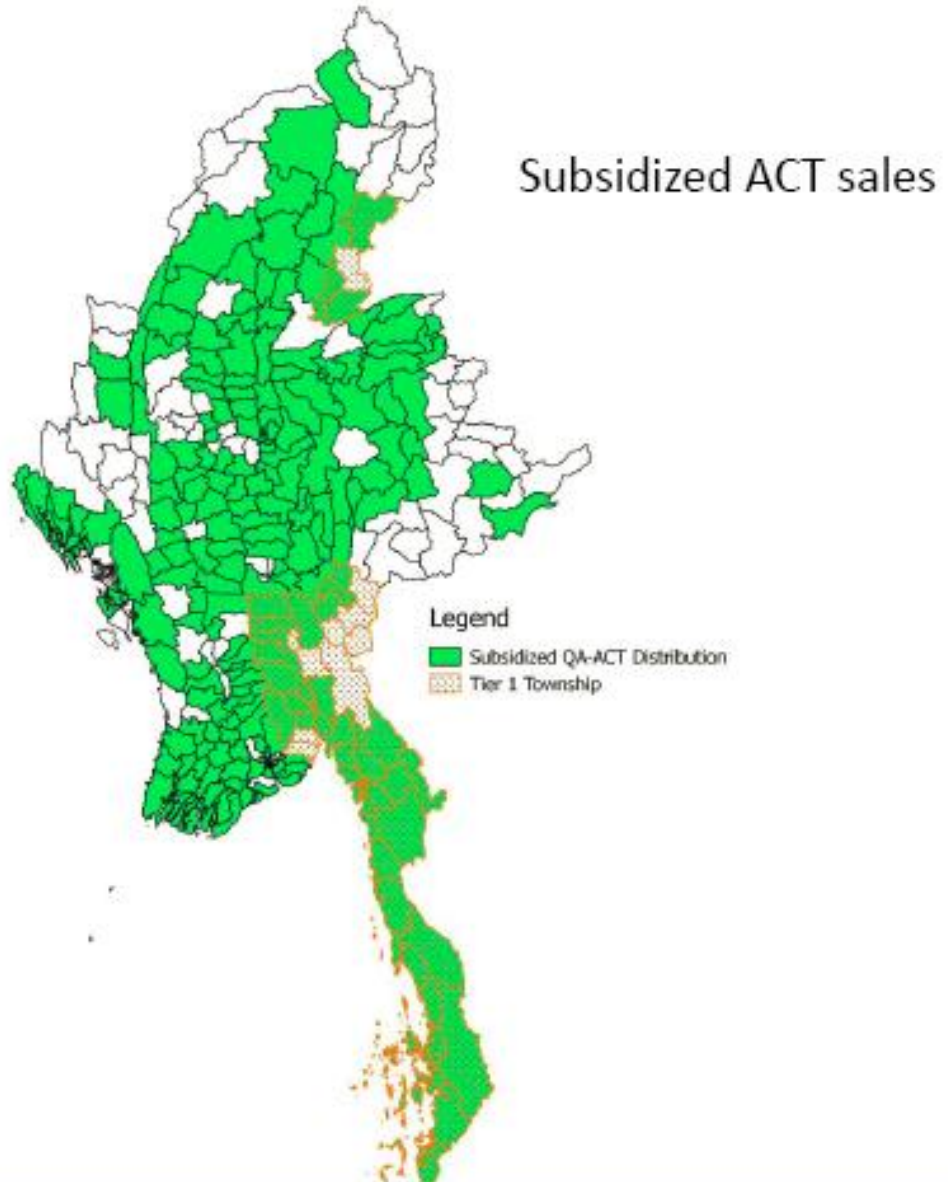
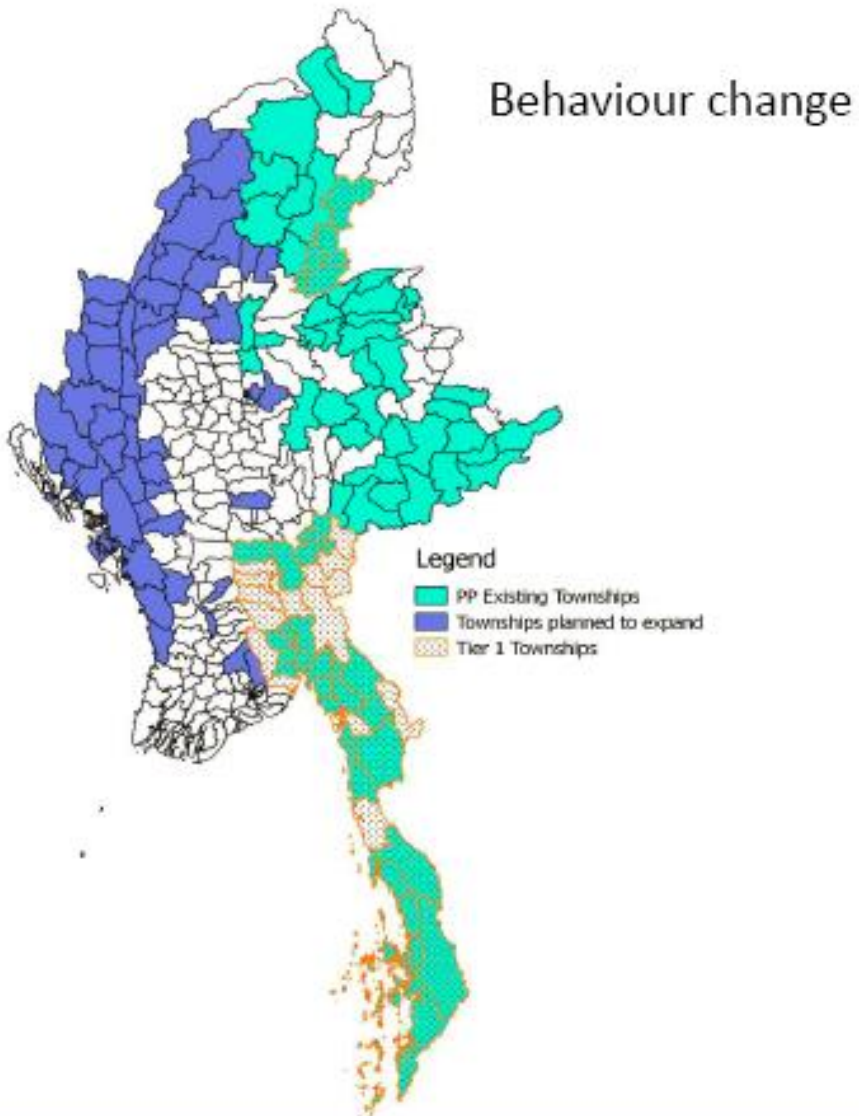


2010 : Myanmar Artemisinin Resistance Containment (MARC) framework

Objective 2

To decrease drug pressure for the selection of artemisinin resistant malaria parasites by stopping the use of Artesunate Monotherapies, sub-standard and fake drugs.

AMTR Scale

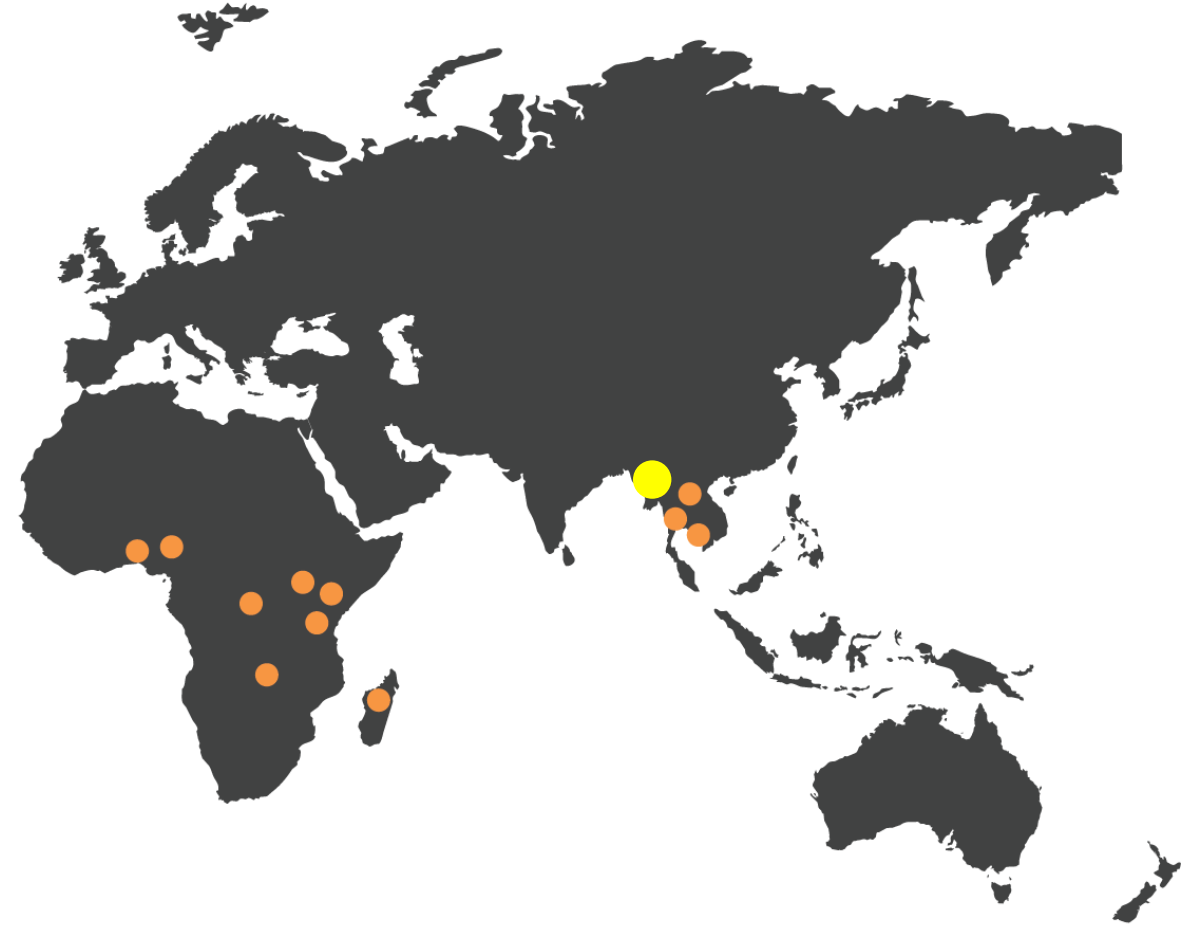


90 Townships **240 Townships**

~ 10,000 Outlets **~ 3,000 Outlets**

ACTwatch has been implementing outlet surveys in Myanmar since 2012

- Outlet surveys in Myanmar measure the **availability, price, and market share** among the private sector for malaria medicines & diagnostics
- Surveys aim to provide evidence for effective **policies and strategies**

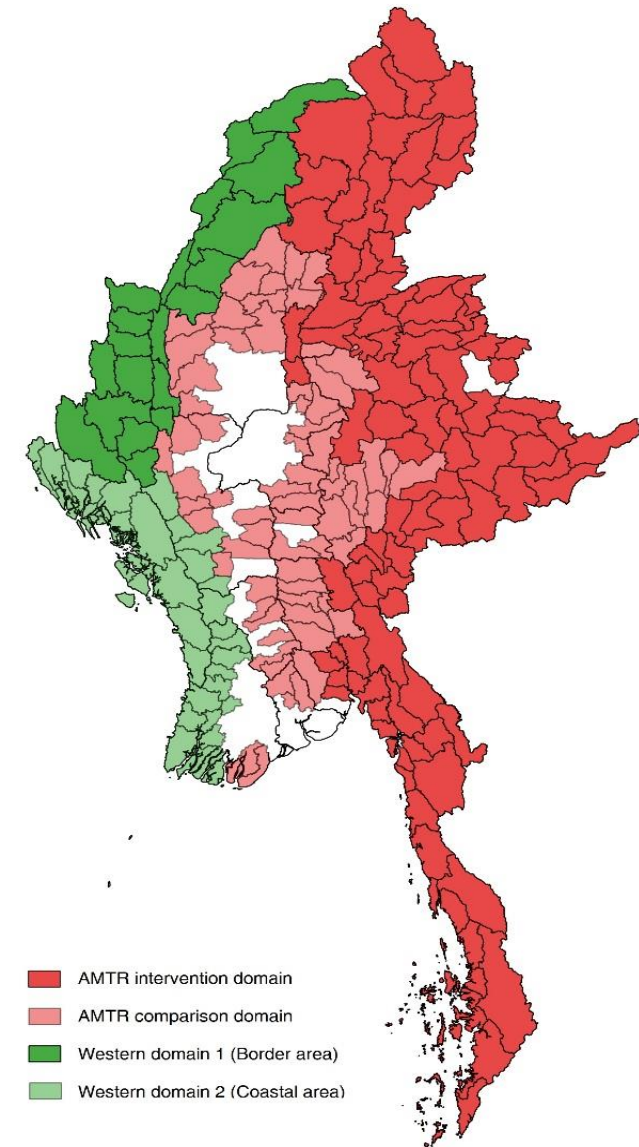




Methods

Study Sites & Sampling

- **Country Stratification**
 - AMTR Intervention
 - AMTR comparison
 - Bagladesh Border/Rakhine
 - India Border
- **Representative sample of clusters**
- **Complete a CENSUS** of all potentially eligible outlets
- **SCREEN** for antimalarials in stock or malaria blood testing
- **AUDIT** all antimalarials and RDTs



Outlet Survey Population

- **Study Population:**
 - Outlets with antimalarials or malaria blood testing available

- **What is a private sector outlet?**
 - Private For-Profit Health facility
 - Pharmacy
 - General Retailer
 - Mobile vendor/Itinerant Drug Vendor

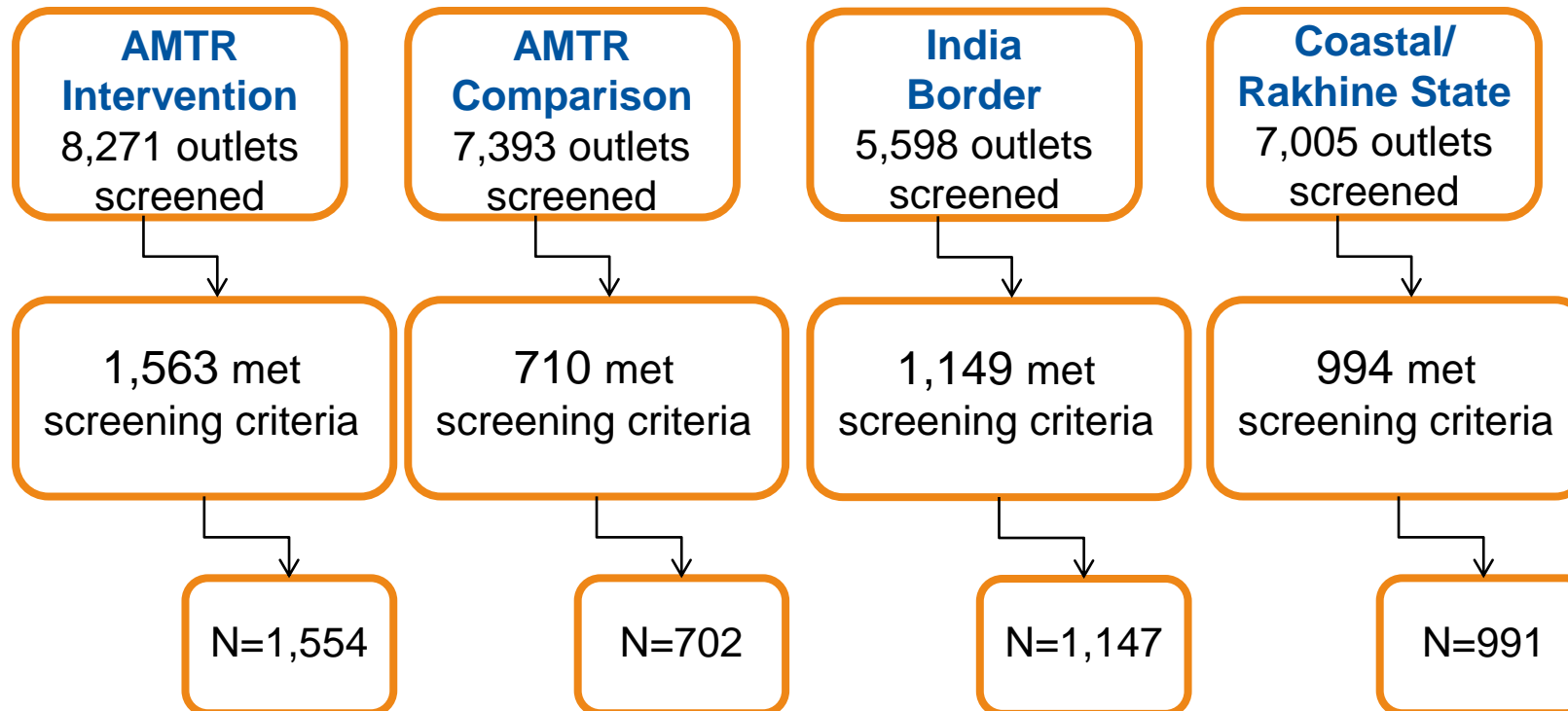




Results

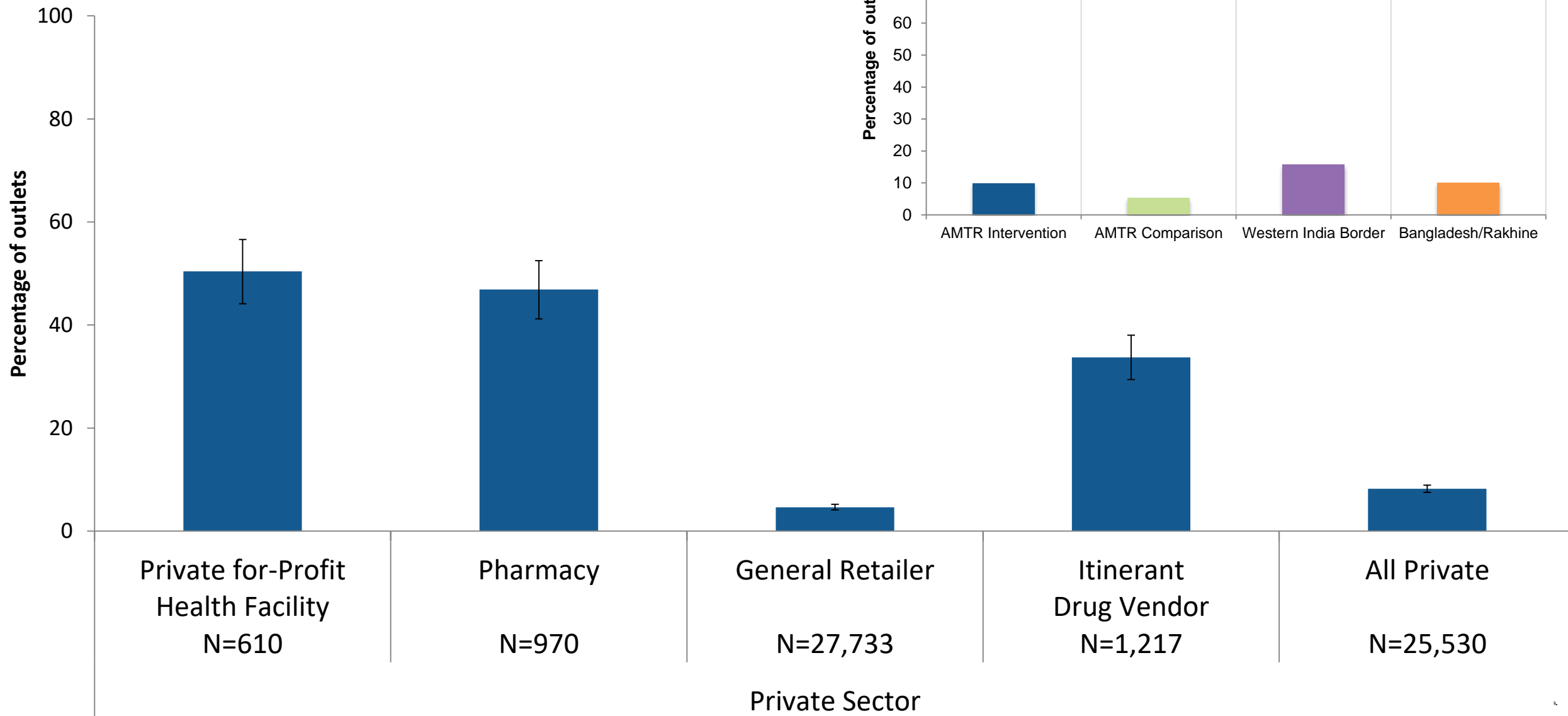
Sample across the domains

- 28,267 outlets screened; 4,416 met the screening criteria, 4394 interview



Availability of any antimalarial

Among all outlets screened

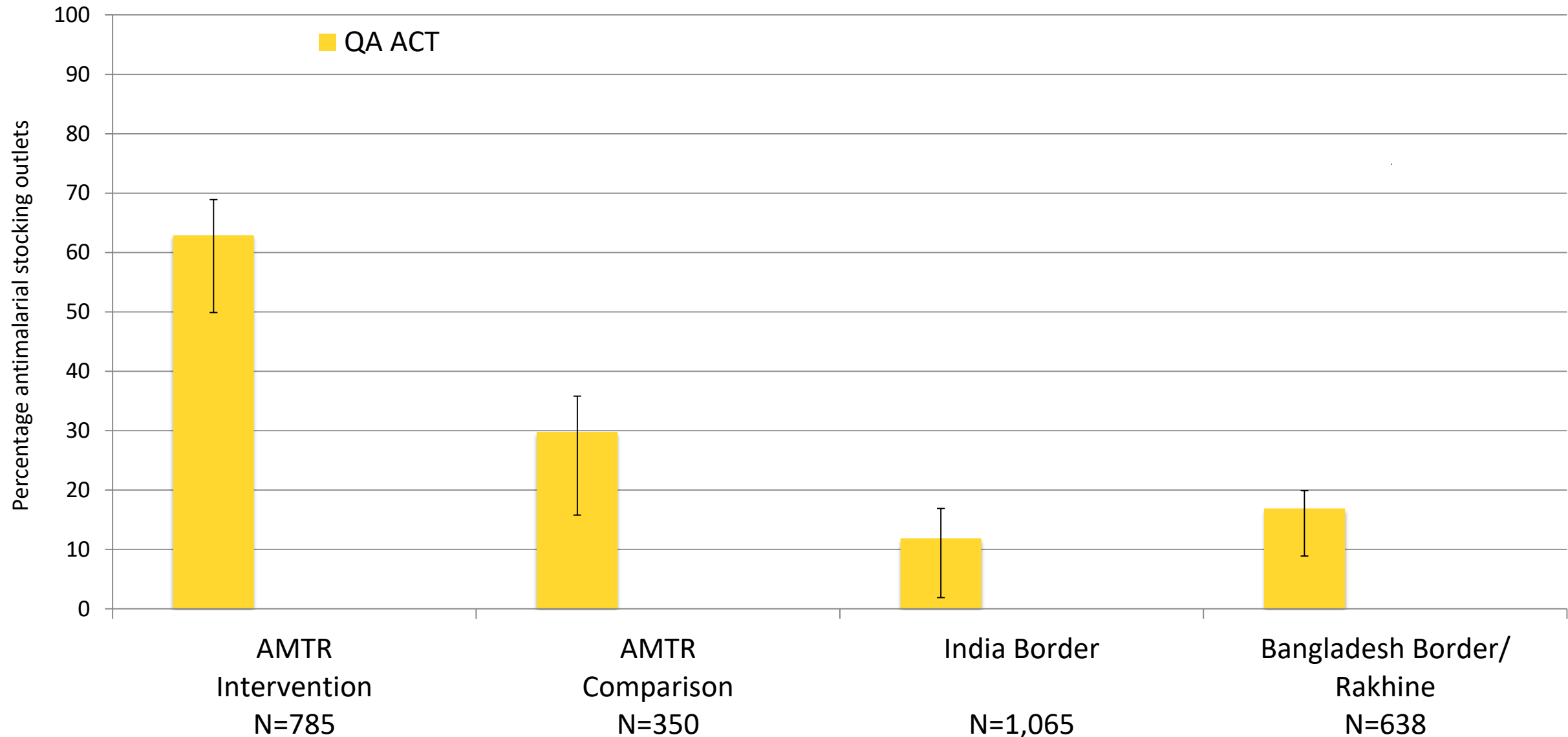


Private Sector Antimalarial Market Composition

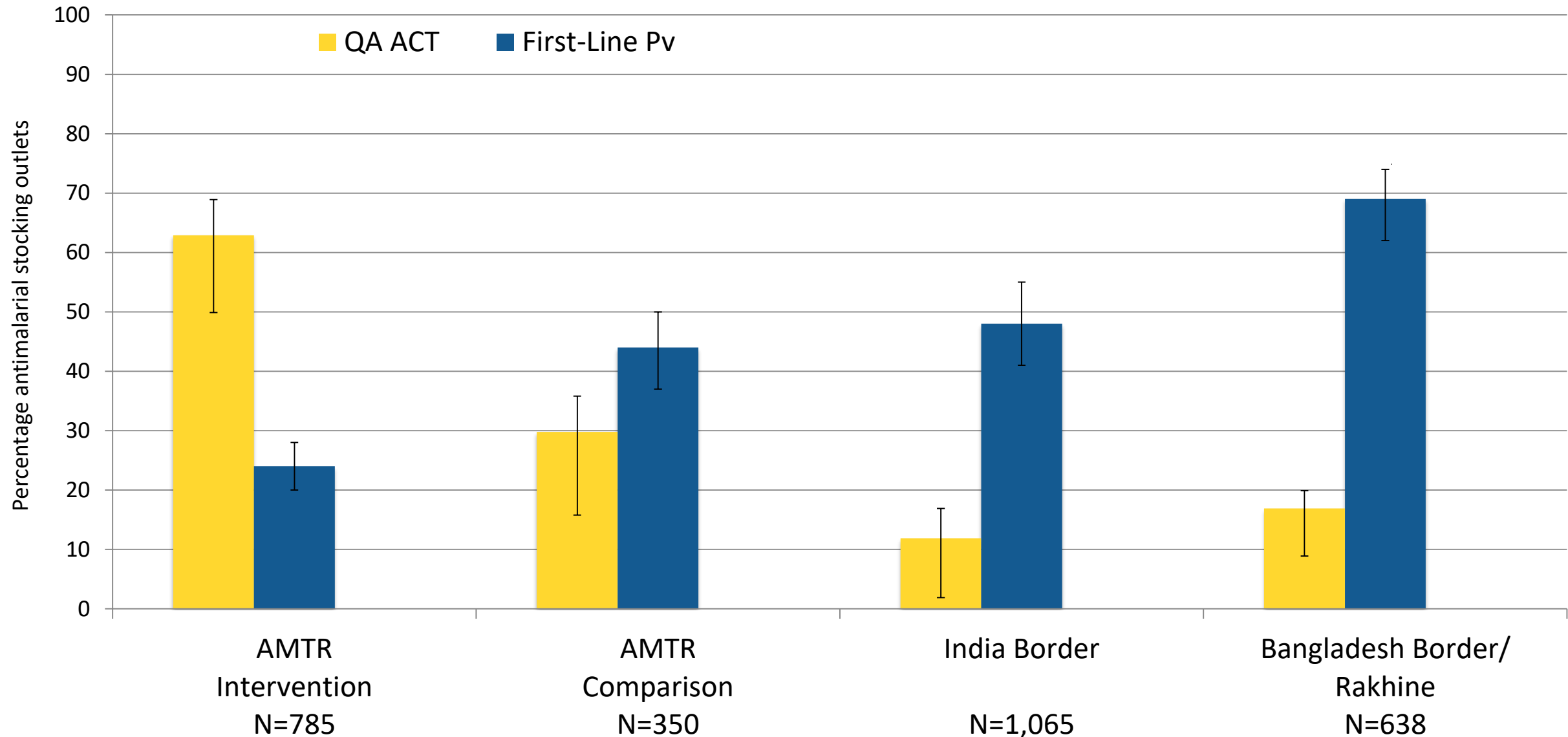


- Private For-Profit Health Facility
- Pharmacy
- General Retailer
- Itinerant Drug Vendor

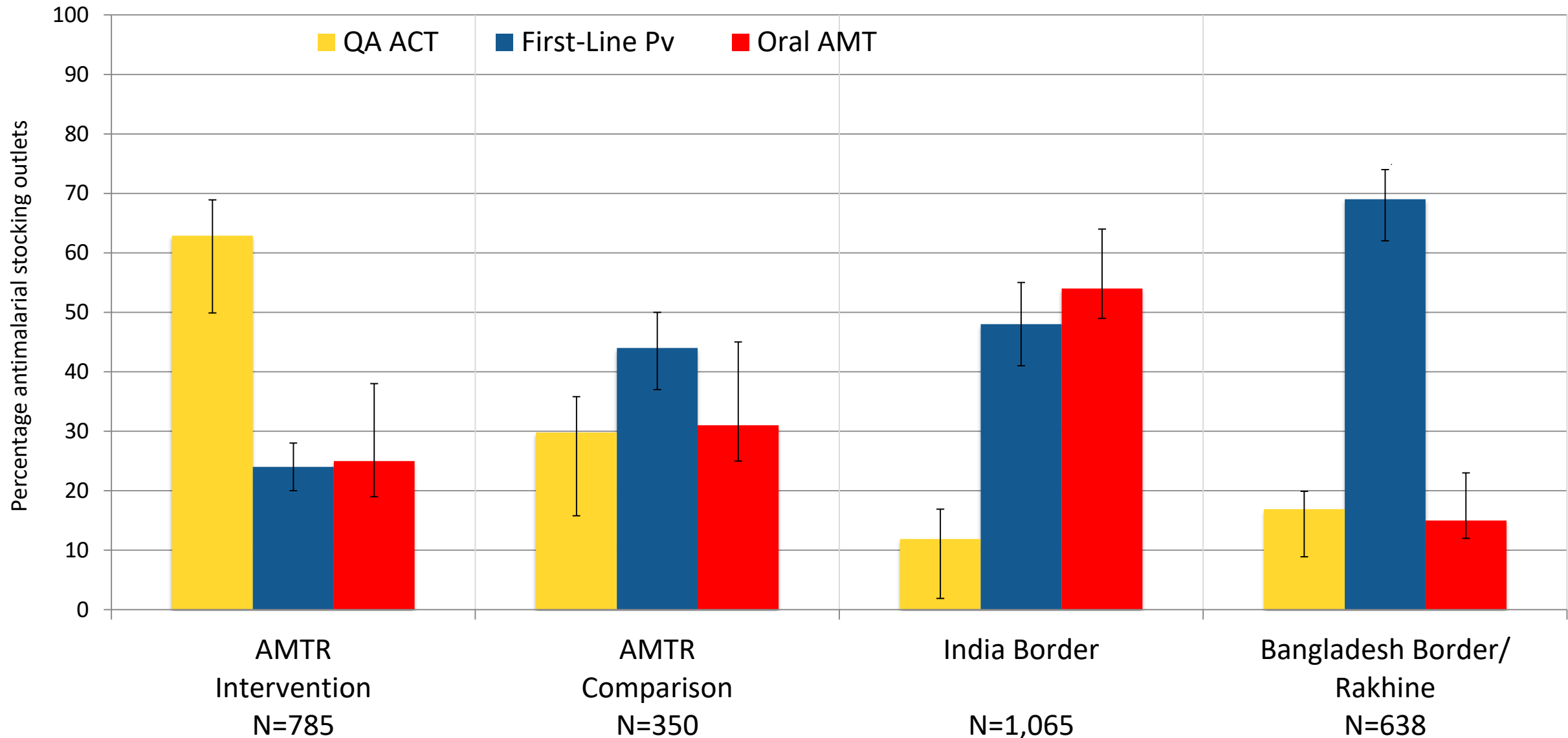
Availability of quality-assured (QA) ACT, by domain



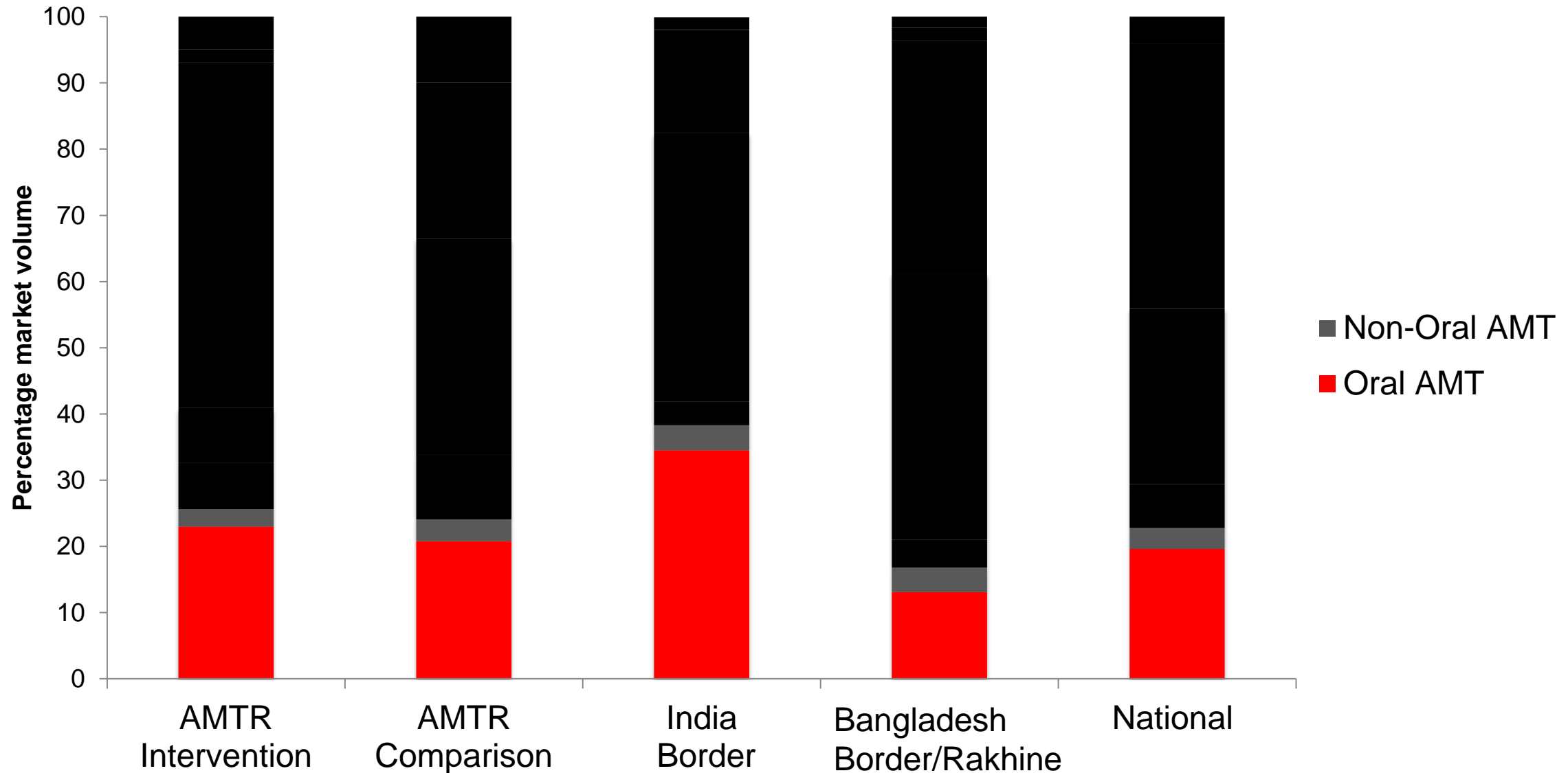
Availability of quality-assured (QA) ACT, 1st line treatment for *pv* malaria, by domain



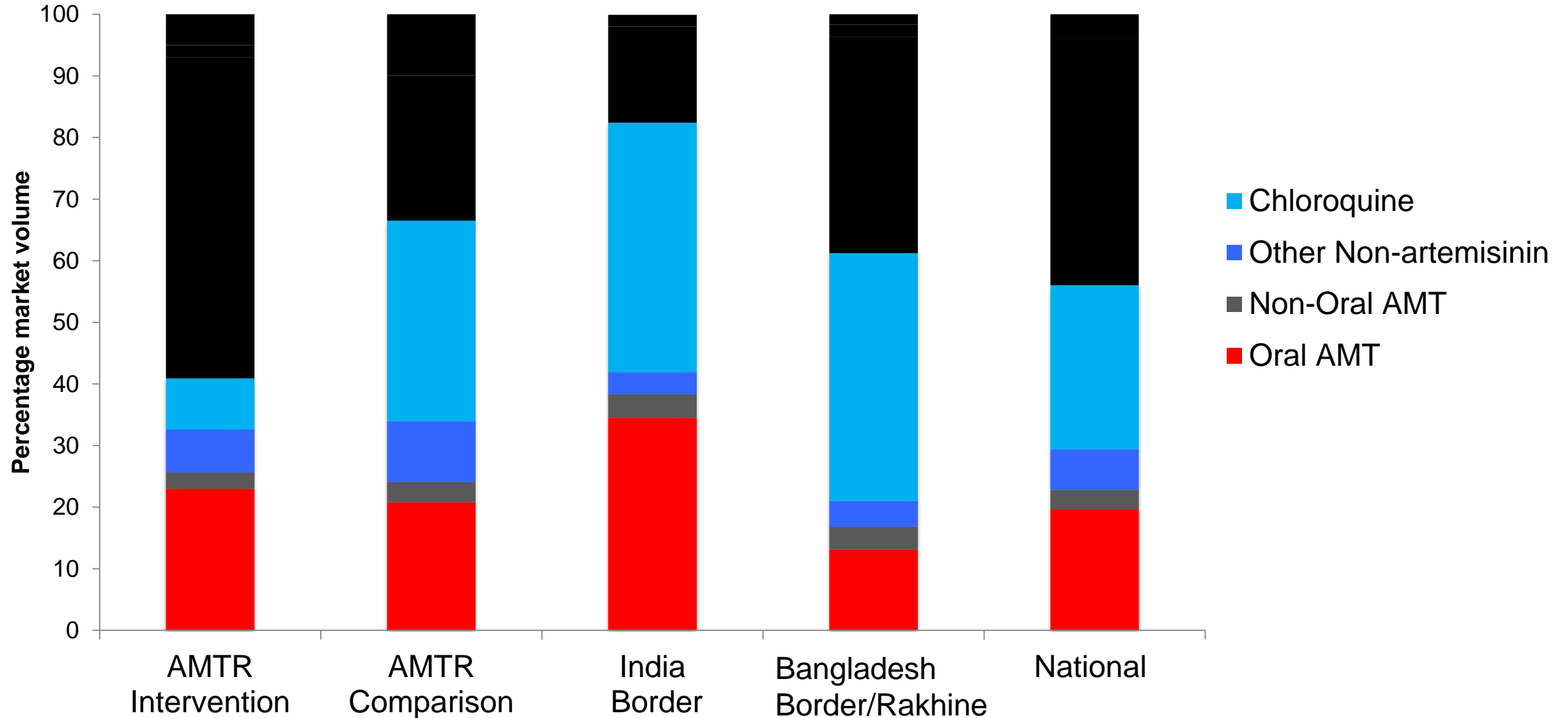
Availability of quality-assured (QA) ACT, 1st line treatment for *pv* malaria, and oral artemisinin monotherapy, by domain



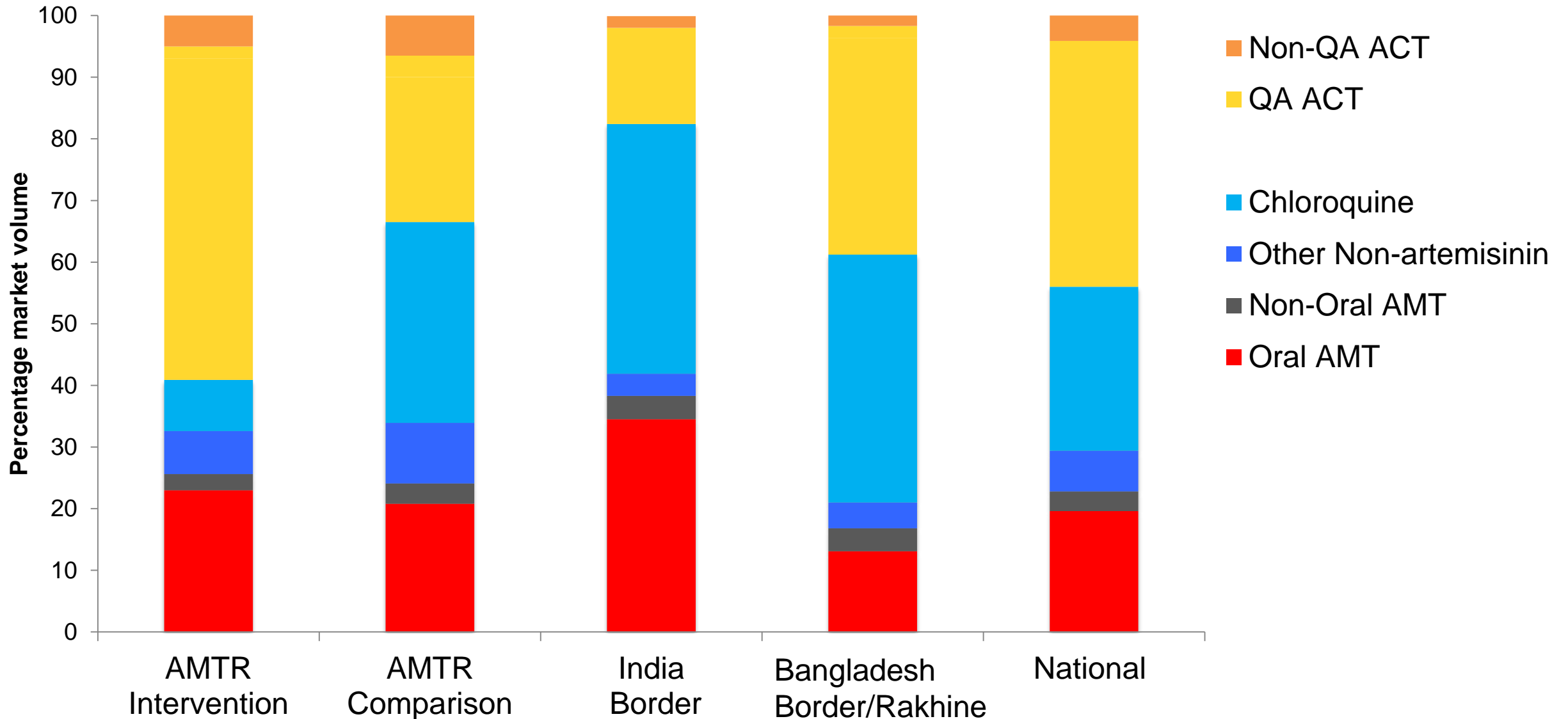
Private sector market share by domain



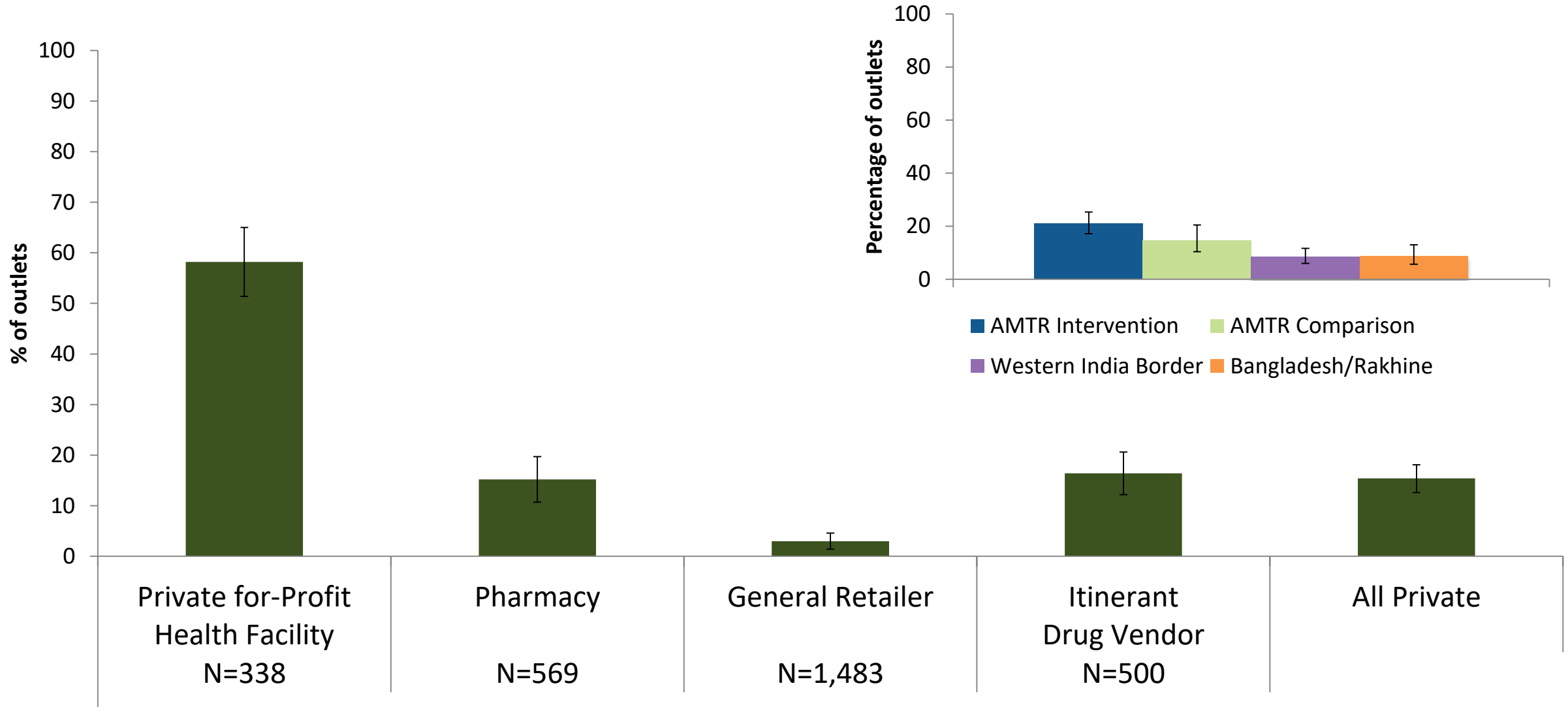
Private sector market share by domain



Private sector market share by domain



Availability of any malaria diagnostic test





the 5 five

insights from national data regarding oral AMT in Myanmar

Oral AMT is a common antimalarial

8,500

number of antimalarials audited in 2015

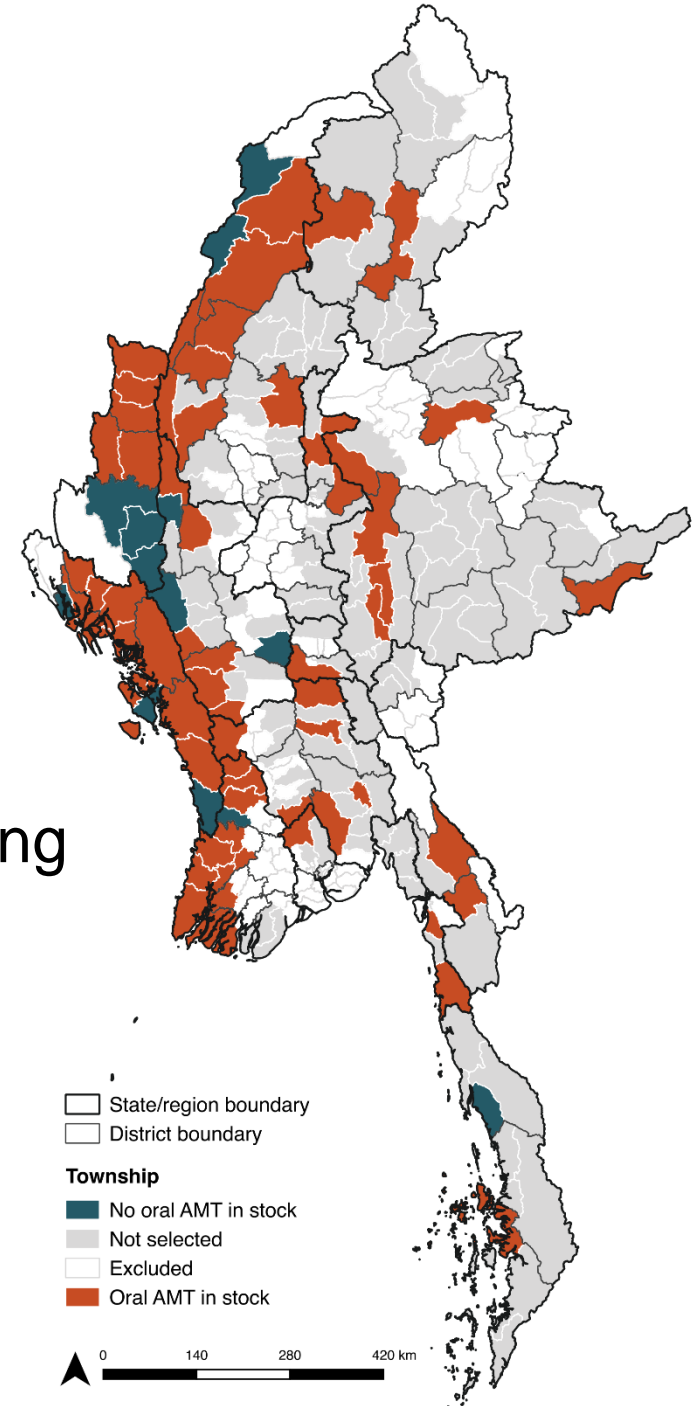
1,036

number of audited antimalarials that were oral AMT

Oral AMT is found throughout Myanmar

80

percent of townships with at least one outlet stocking oral AMT



Oral AMT is commonly manufactured outside the country

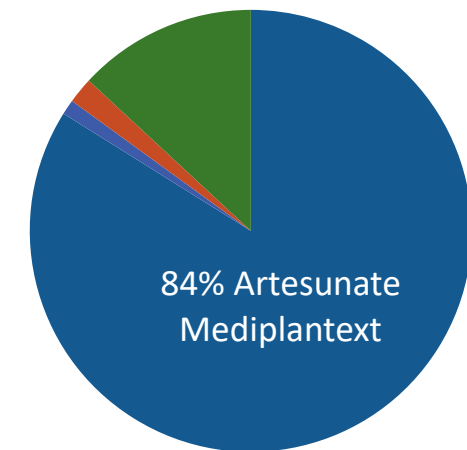
Vietnam

Most common manufacturer of oral AMT

Among all oral AMT audited, between **68%-84%** were **Artesunate**, by **Mediplantex**



India Border



Oral AMT is as affordable as
quality assured ACT

2 Tablets of oral AMT were
typically sold to patients

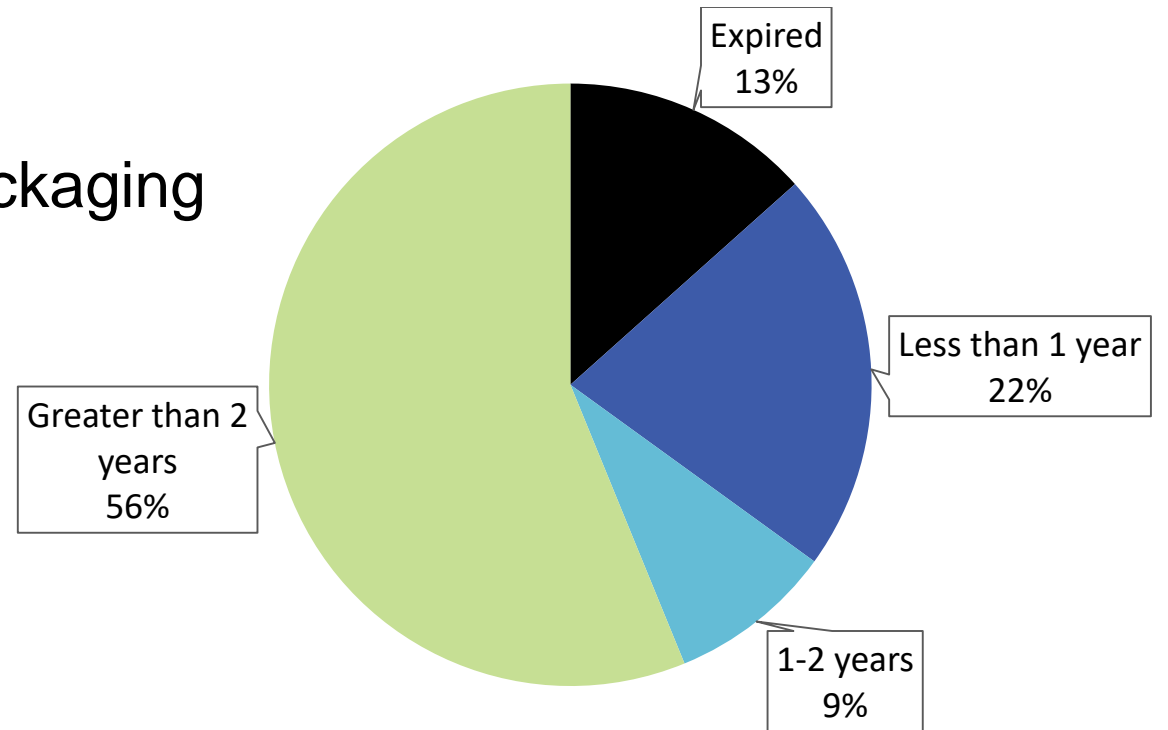
\$0.32 price sold to patients



Oral AMT is unlikely to be expired

2016, 2018

Expiry dates found on most of the packaging





policy & regulation

of oral artemisinin monotherapy

anti-malaria treatment
“ရူပါအာတီ” တစ်ကပ်လုံးသောက်ငှက်များရောဂါအရှင်းပျောက်

SUPA ARTE

“ရူပါအာတီ” တစ်ကပ်လုံးသောက်ငှက်များရောဂါအရှင်းပျောက်

- “ရူပါအာတီ” သောက်တစ်ကပ်လုံးပေးရမည့်ပုံစံ၊ သောက်ကပ်လုံးသည် လူနာတစ်ယောက်အတွက်သာ ဖြစ်ပါသည်။
- သောက်ကပ်လုံးပေးရန်မလိုဘဲ သင့်လျော်မှုအားကိုးဆောင်ရန် သင့်အားပေးသော ဆေးကုန်သည်အား သောက်နိုင်ပါ။
- “ရူပါအာတီ” သောက်တစ်ကပ်လုံးပေးရန် ဖြစ်ရန် မရောင်းပါနှင့်။

သောက်ကပ်လုံး ကုန်ဆောင် မသောက်မီက ထိရောက်မှုရှိမည် မဟုတ်ပါ။



1 Oral artemisinin monotherapy stubbornly persists in the private sector, and remains a serious problem (particularly in the Indian border areas).

2 Access to QA ACT is low in the private sector across domains, with the exception of the AMTR domain.

3 Presumptive treatment in the private sector remains common due to low availability of testing.

4 Increasing access to diagnosis will help to improve case management, avoid the drug wastage, and more importantly, reduce the risk of drug resistance to the partner drugs due to widespread usage of ACT.

5 Several insights into oral AMT include:

- typical sale of 2 tablets per patient, at \$0.33
- mostly manufactured in Vietnam,
- unlikely to be expired.

6 Enforcement regarding the ban on oral AMT is urgently needed to ensure an enabling environment. It will otherwise be challenging if not impossible to remove this medicine from the market.



Thank you

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