

Myanmar Outlet Survey Findings, 2015

ACTwatch Group, & PSI/Myanmar





Presentation Outline



- 1. Background: ACTwatch overview
- 2. Methodology
- 3. Results & insights
- 4. Conclusions







ACTwatch (2008-2016) has been implementing outlet surveys in Myanmar since 2012

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









ACTwatch relevancy in Myanmar

- National level antimalarial and malaria diagnostic evidence is critical given recent commitment to eliminate malaria.
- ACTwatch evidence helps to monitor past, current, and future strategies & to identify where adjustments to policy, strategy and funding decisions may be needed.





Outlet Survey Population

Study Population:

 Outlets with antimalarials or malaria blood testing available

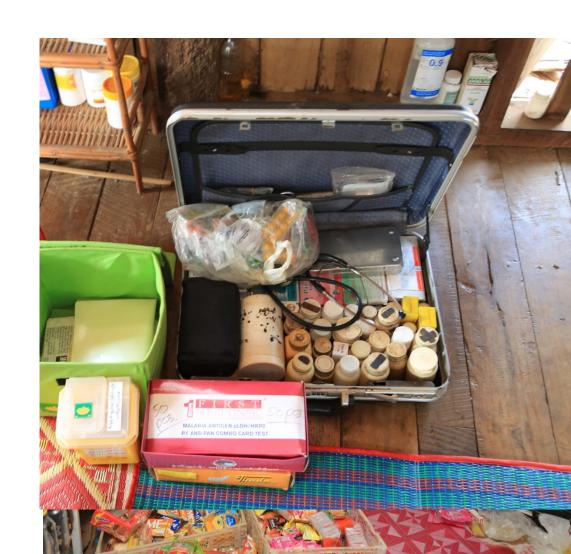
OUTLETS INCLUDE:

What is a community health worker?

NGO-trained workers & government health staff

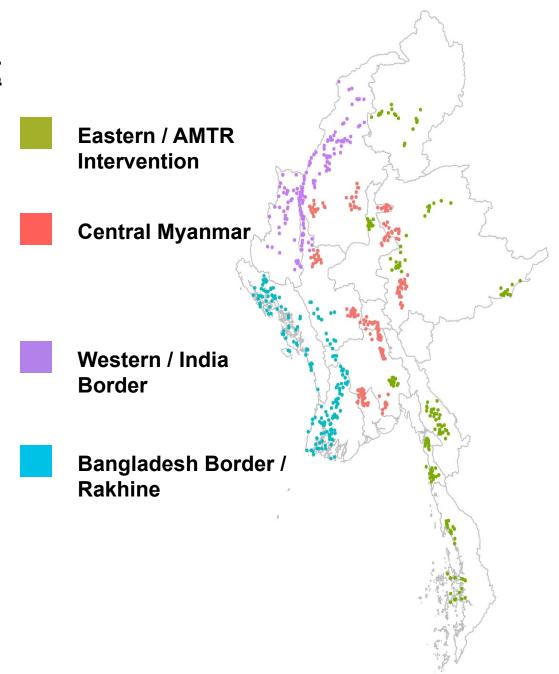
What is a private sector outlet?

- Health facility
- Pharmacy
- General Retailer
- Mobile vendor/Itinerant Drug Vendor



Study Sites & Sampling

- Country Stratification
- Representative sample of clusters
- Urban/wards and village tracks











TABLET, SUPPOSITORY & GRANULE DRUG AUDIT SHEET (TSG)OUTLET ID: []-[]-[]-[]-[]-												
Sub-outlet 1.0	1. Generic name			2. Strength		2a. Is this base strength?			3. Dosage		4. Brand name	
code									form/form	nulation	(Include weight and age inf	ormation)
Product					[_]mg [_]mg		1 = Yes		1 = Tablet			
							8 = Don't know			sitory		
number	t o	t allegitime						e				
HI HOUU			ct audit 🗀			If no, specify salt:						
						[]			- 1			
5. Manufacturer	6. Cour	ntry of	7. Package	size			9. Does	l .			t 7 days to individual	11. Stocked out
manuf					a fixed-o		product				described in Q7 OR record	at any point in
			There are a tot		(FDC)		have the Green leaf	the total # 0	if tablets / s	uppositories / g	ranule packs sold)	the past 3 months?
			1 1 1 1 1		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		logo?	This outlet s	l I blos	1 1 package	es/ tins in the last 7 days	mondis.
			tablets/suppos		1 = Yes							1 = Yes
			granule sachets in		0 = No 8 = Don't		1 = Yes	OR				0 = No
			each:				0 = No	This postlete				8 = Don't
			1 = Package		know		8 = Don't				suppositories or granule	know
		2 = Pot					know	sachets in the last 7 days				
		2 - 1 334		ng ann			, ,	Not applicat	ot applicable = 995; Refused = 997; Don't know = 998			
		_ _ _		1								
12. Retail selling price		13. Wholesale	purchase p	rice		14. \	Why do you st		icine (SHOV	V PRODUCT]?	15. Comments	•
						Do not read list.						
		For the outlet's most recent wholesale purchase					Circle ALL res	ponses given	1			
tablets, suppositories or gr					Free supply			Α				
sachets cost an individual customer						Profitable			В			
	tablets, suppositories or granule sachets cost				Recommended by the gov			vernment	C			
					Low price				D			
[III] USH					Customer demand or prefe			ference	E			
					Positive brand reputation				F			
					Often prescribed by doctor			ors	G			
					Most effective for treating			g malaria	н			
Free = 00000		Free = 000000 Refused = 999997				Don't know				Х		
Refused = 99997 Don't know = 99998			: - Refused : Don't know			Other			Z			
DON 1 KNOW - 9999	Duit Milet - 333330					specify [1			

Tablet Audit Sheet [__|__] of [__|__]



Antimalarial product in stock

Formulation (tablet, syrup, injection, etc.)

Brand/generic names

Strength

Manufacturer

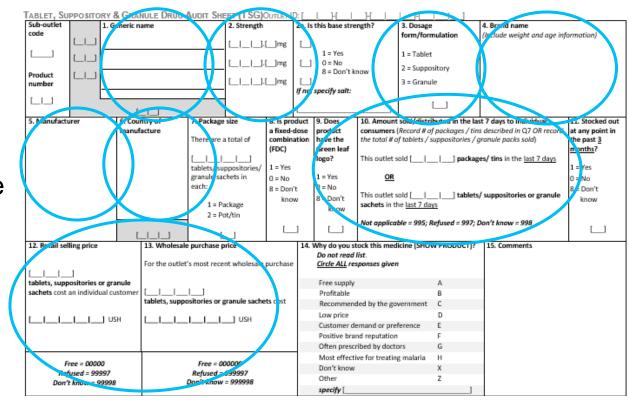
Country of manufacture

Amount distributed in

the past week

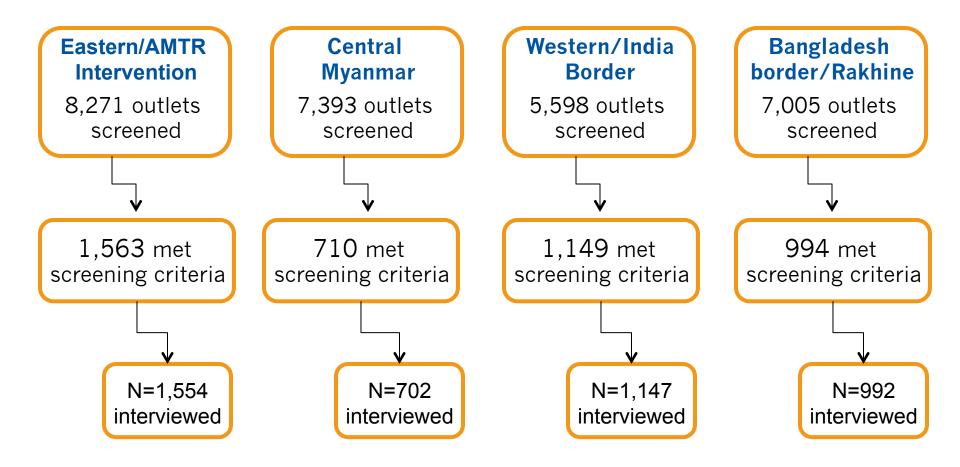
Retail & wholesale price

mRDT product in stock





Outlet survey sample by domain, 2015



28,267 outlets screened; 4,416 met the screening criteria; 4,395 interviewed

Outlets in the sample

4,395

number of outlets in the sample in 2015

3,859

number of outlets with antimalarials

413

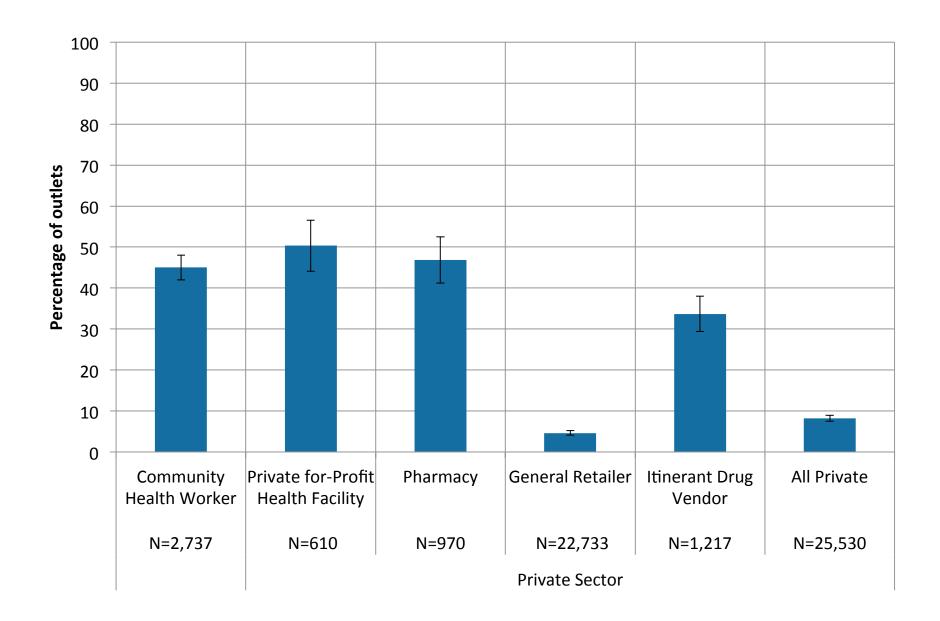
stocked in the last three months but not on the day of survey

123

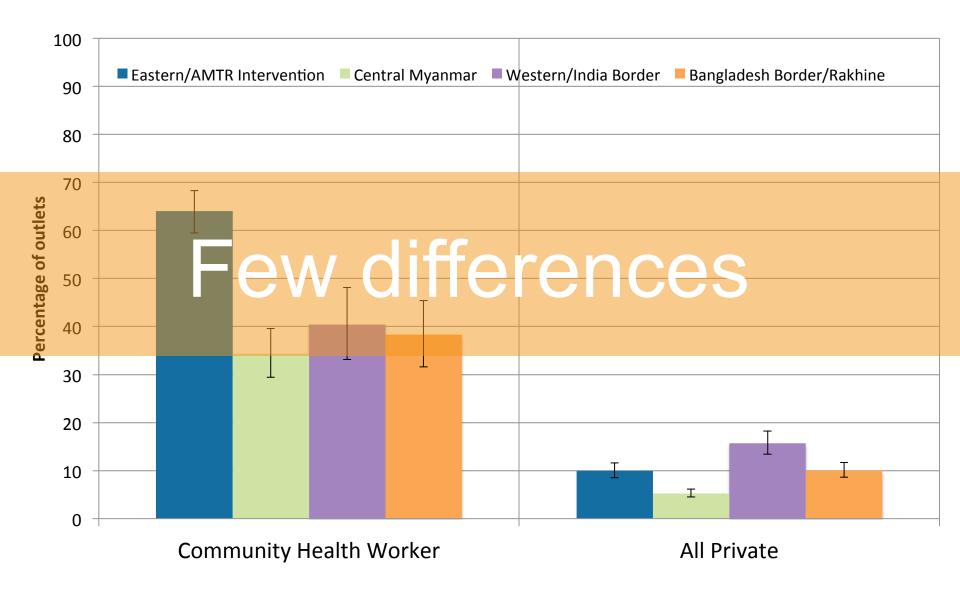
stocked malaria diagnostic tests but not antimalarials

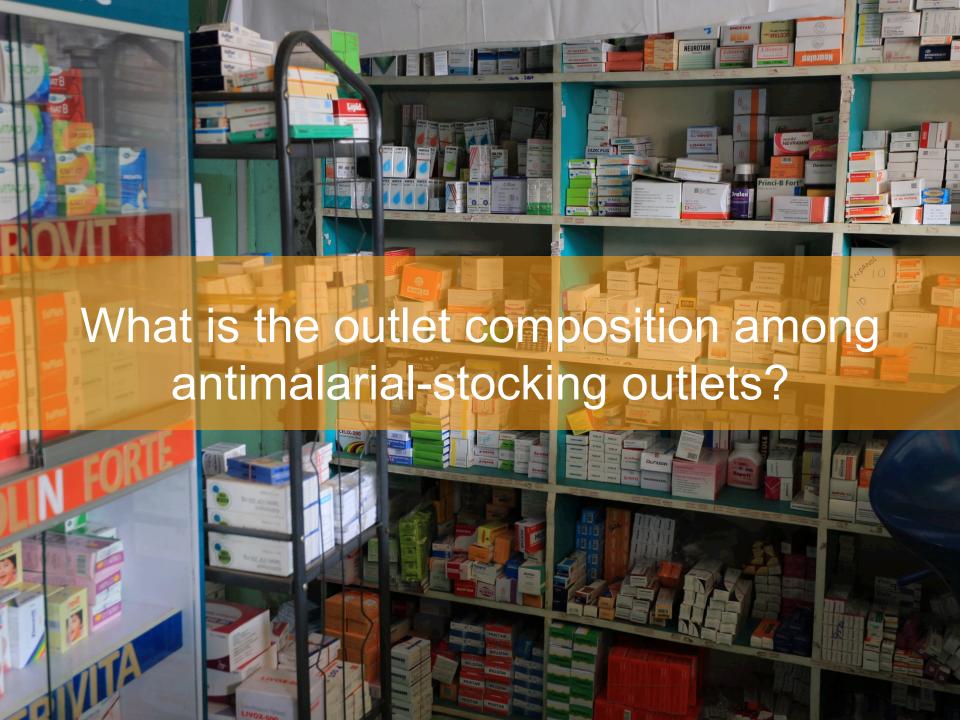


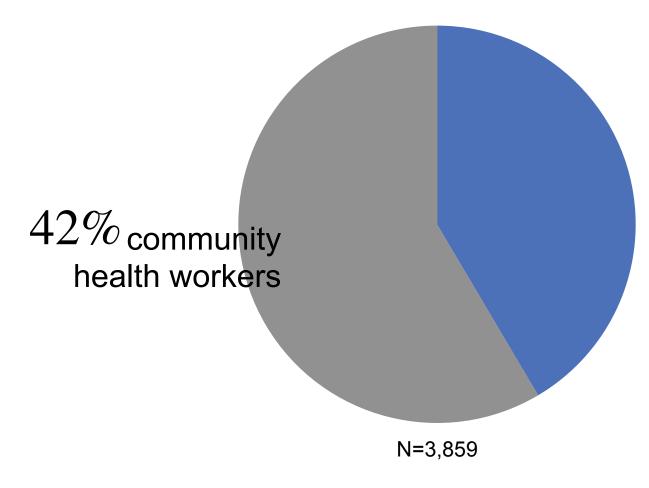
Availability of any antimalarial



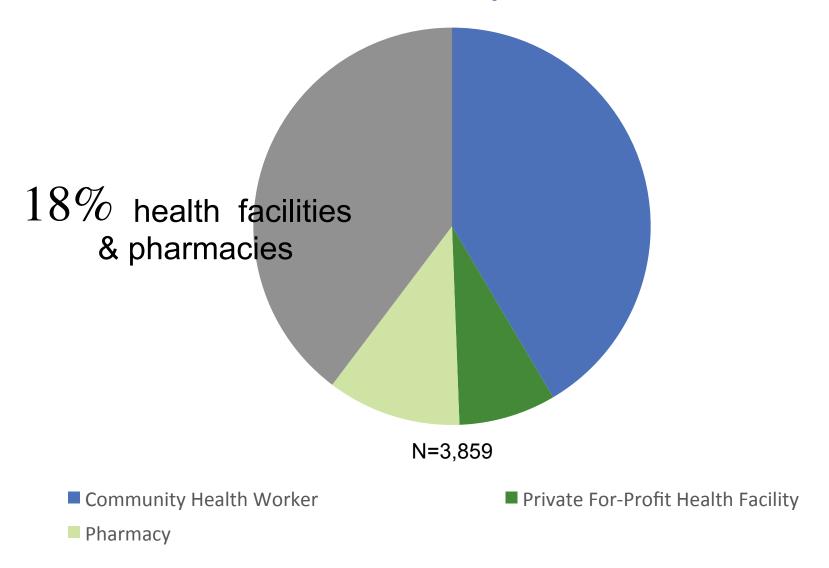
Availability of any antimalarial

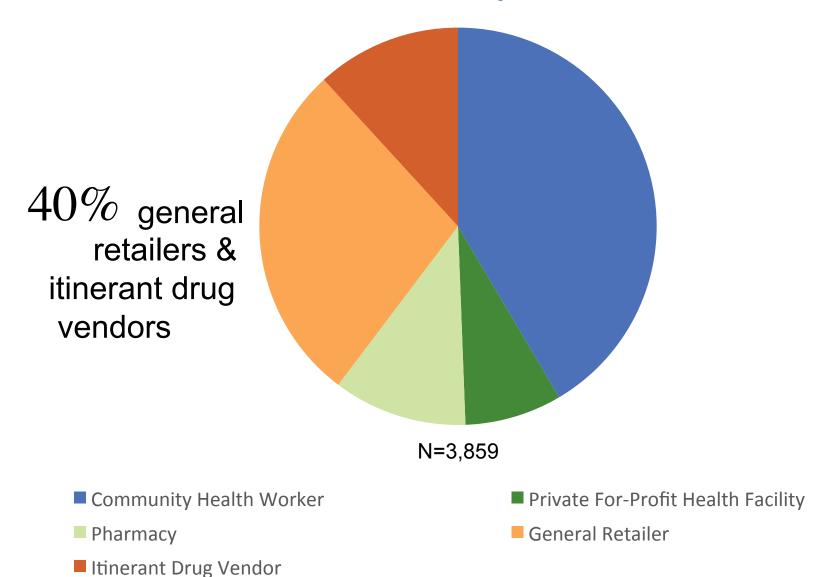






Community Health Worker

















Eastern/AMTR Intervention N=1,330

Central Myanmar N=594

Western/
Indian Border
N=1,065

Bangladesh Border/ Rakhine N=870

- Community Health Worker
- Pharmacy
- Itinerant Drug Vendor

- Private For-Profit Health Facility
- General Retailer

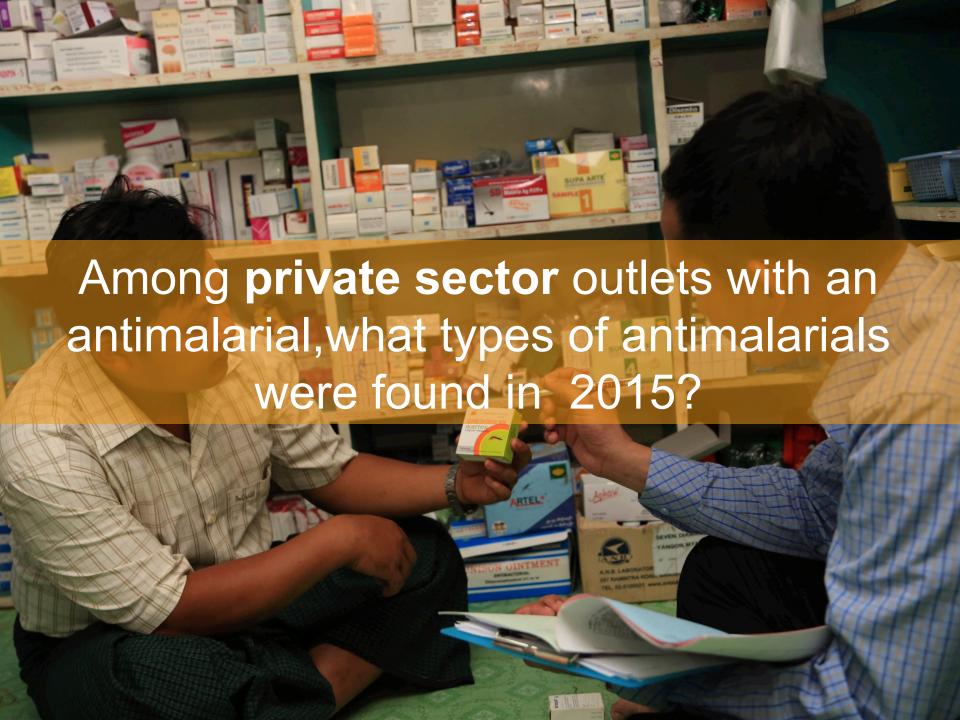
insights

antimalarial and diagnostic market availability and composition in Myanmar

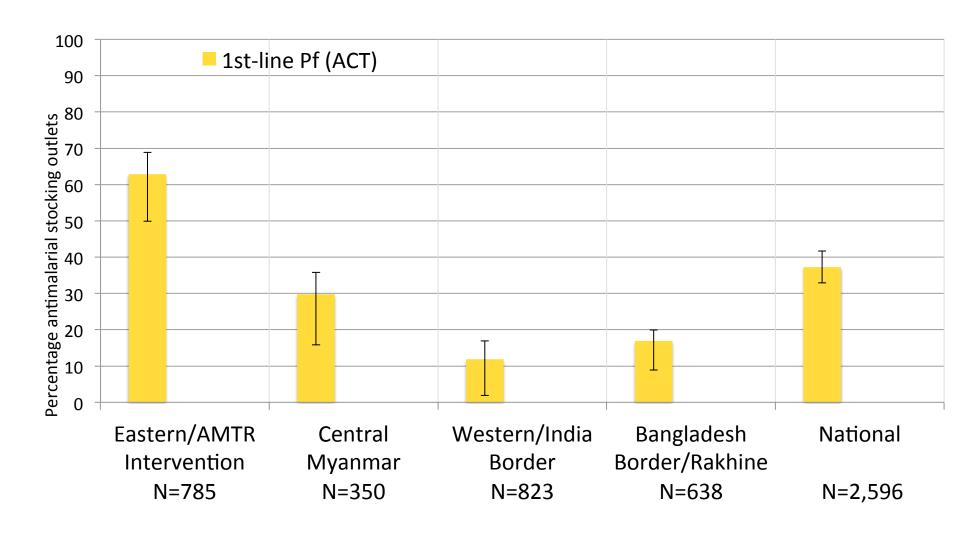


- In 2015, 30-50% of screened outlets across outlet types stocked an antimalarial with the exception of general retailers where stocking was lower.
- In 2015 more than half of the market composition of antimalarial stocking outlets was comprised of the private sector.
- A large proportion of private sector market composition is composed of general retailers.
- The private sector contributes to a slightly larger proportion in the India and Bangladesh border domains.

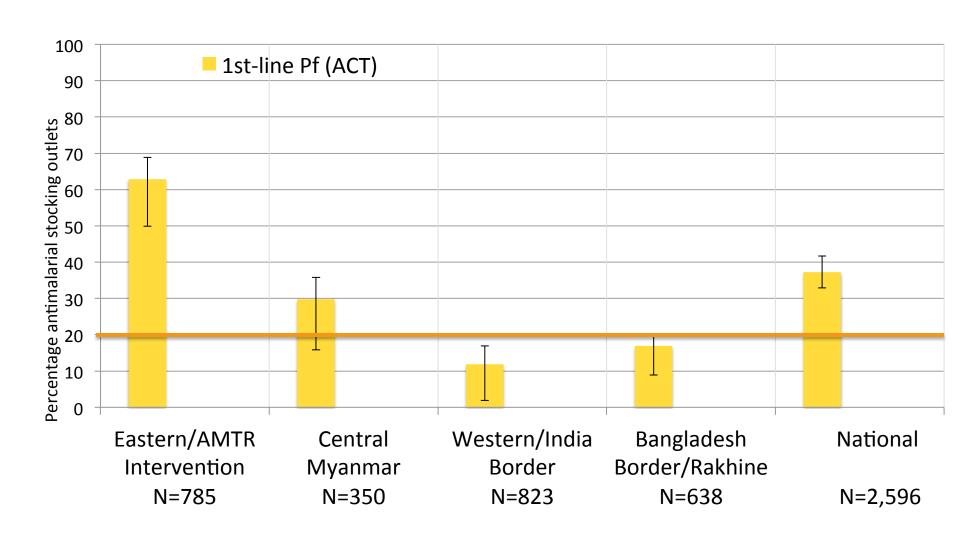




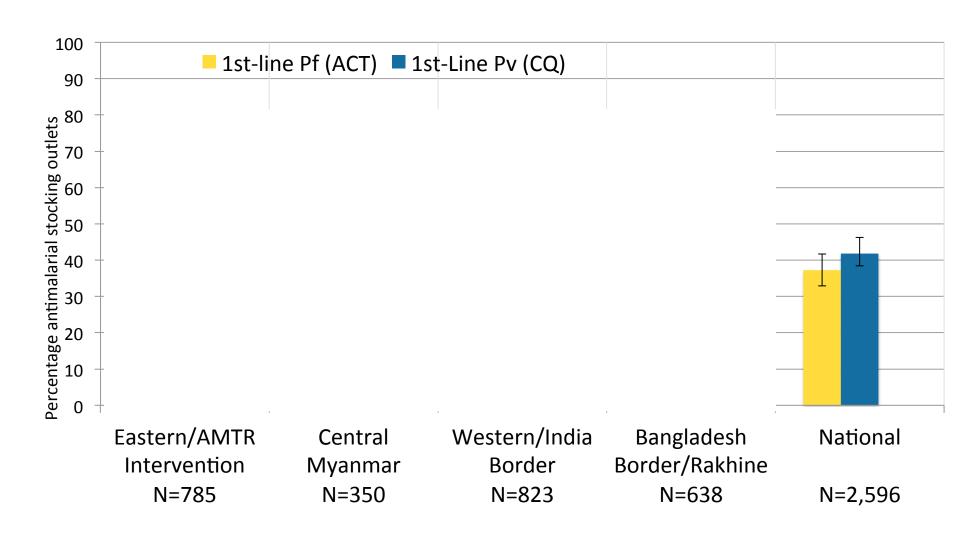
Private Sector: Availability of 1st line treatment for *Pf* malaria (ACT), by domain



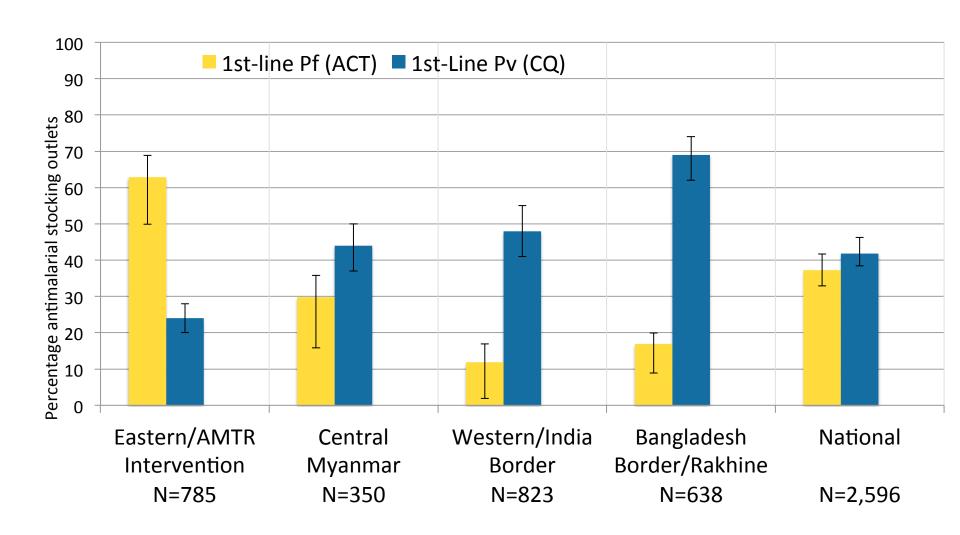
Private Sector: Availability of 1st line treatment for *Pf* malaria (ACT), by domain



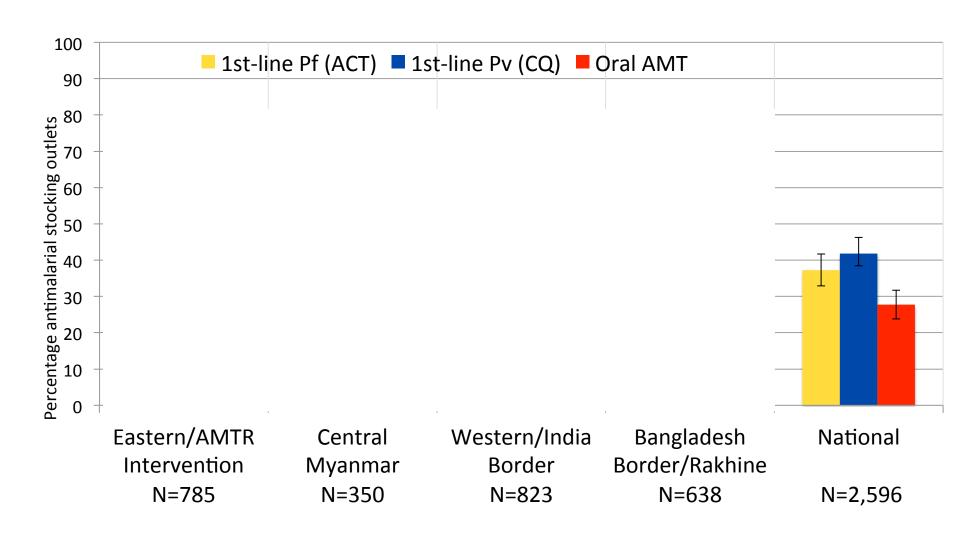
Private Sector: Availability of 1st line treatment for **Pf** malaria (ACT), 1st line treatment for **Pv** malaria (CQ), by domain



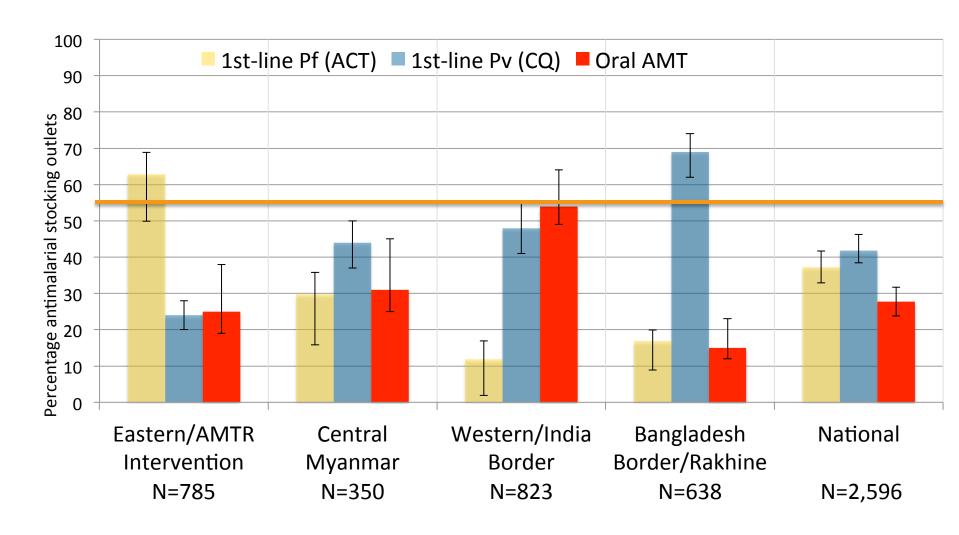
Private Sector: Availability of 1st line treatment for **Pf** malaria (ACT), 1st line treatment for **Pv** malaria (CQ), by domain

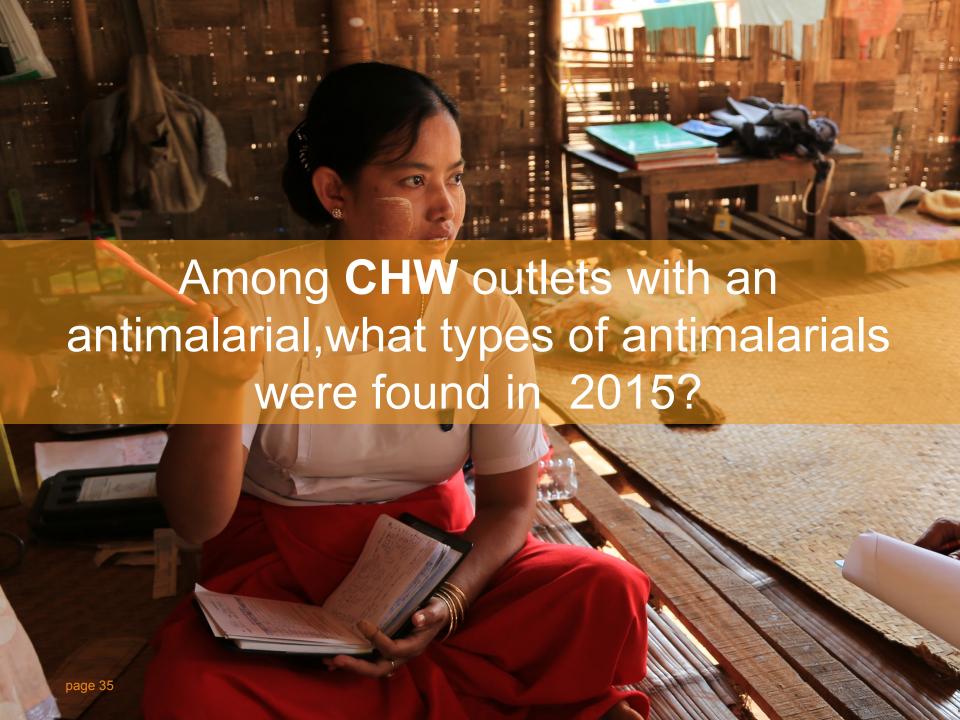


<u>Private Sector:</u> Availability of 1st line treatment for *Pf* malaria (ACT), 1st line treatment for *Pv* malaria (CQ), and oral artemisinin monotherapy, by domain

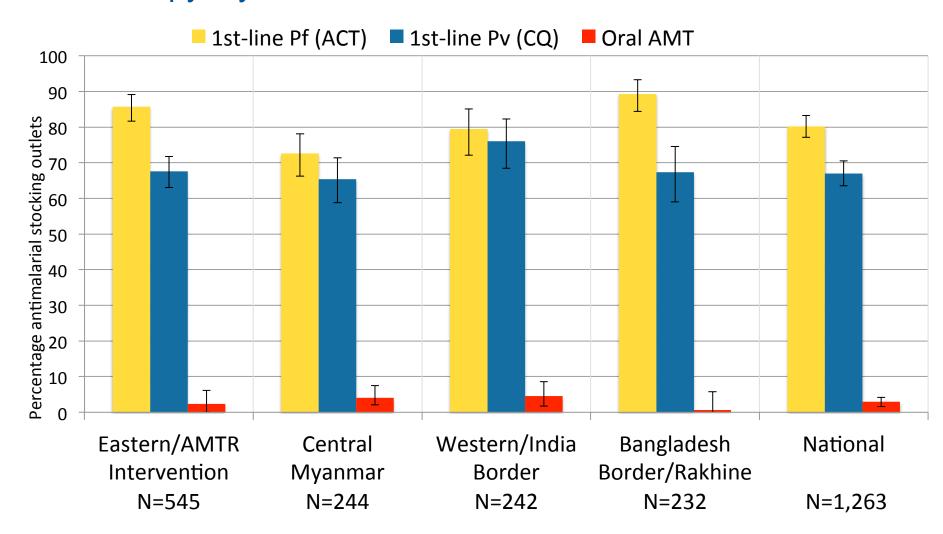


Private Sector: Availability of 1st line treatment for **Pf** malaria (ACT), 1st line treatment for **Pv** malaria (CQ), and oral artemisinin monotherapy, by domain



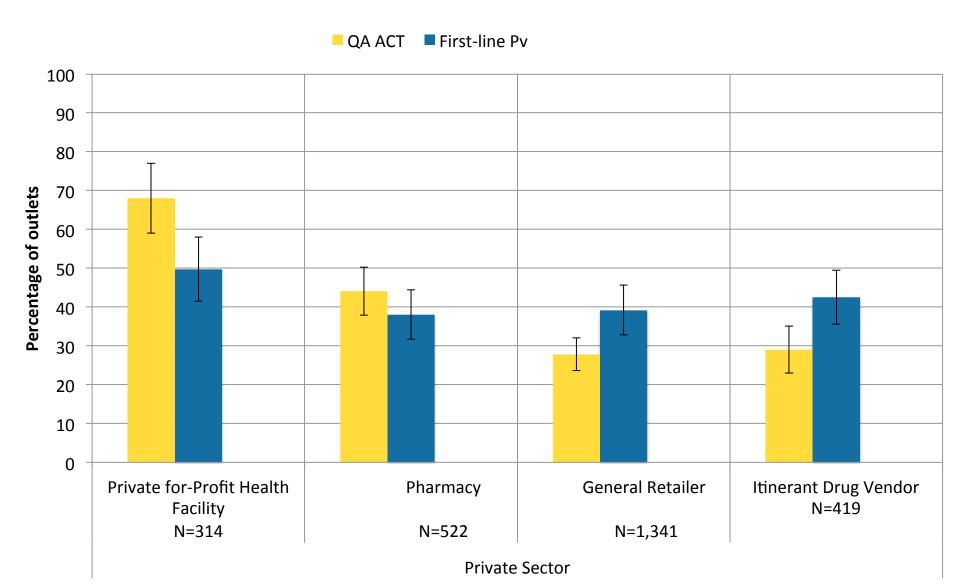


<u>CHW:</u> Availability of 1st line treatment for *Pf* malaria (ACT), 1st line treatment for *Pv* malaria (CQ), and oral artemisinin monotherapy, by domain

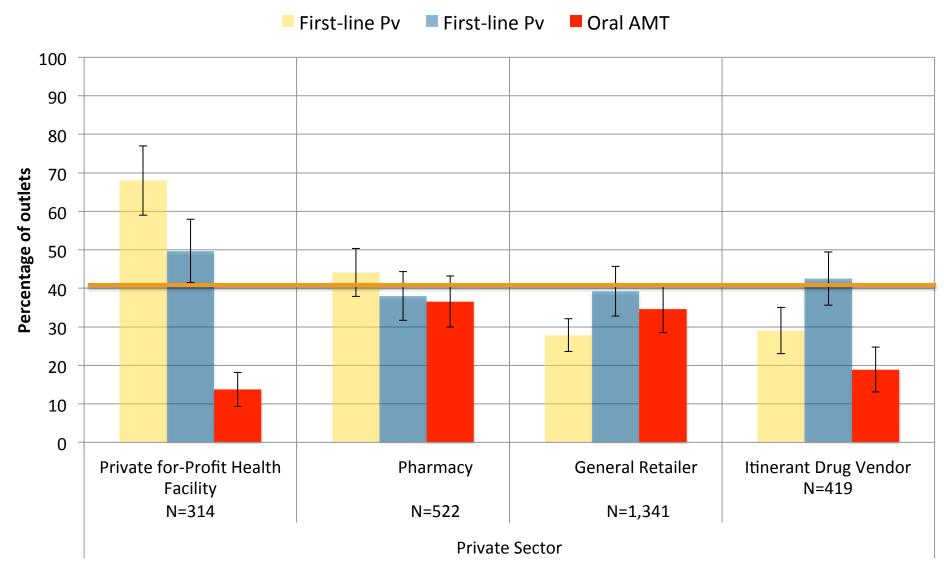




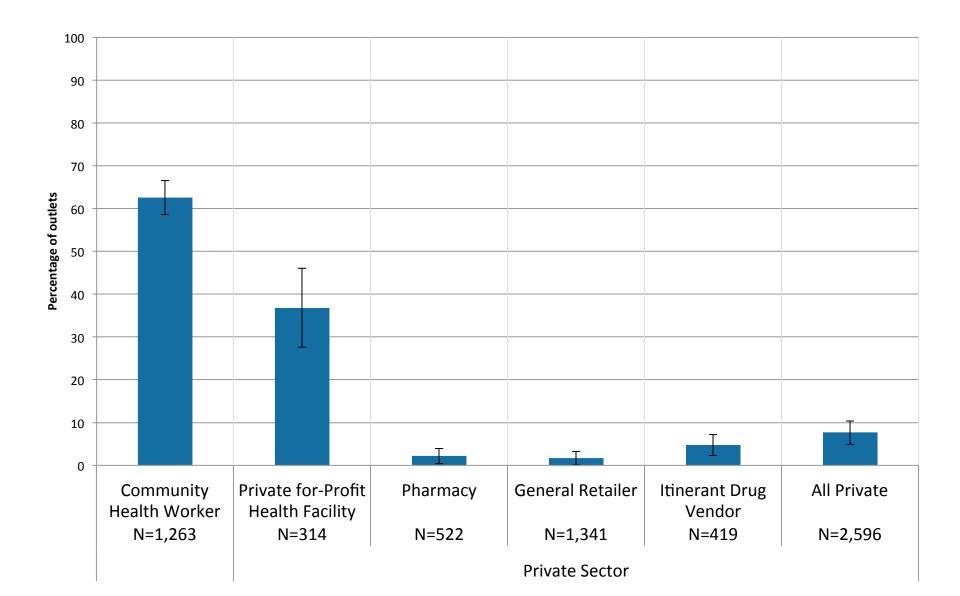
Availability of 1st line treatment for **Pf** malaria (ACT), 1st line treatment for **Pv** malaria (CQ), by **private sector**, outlet type



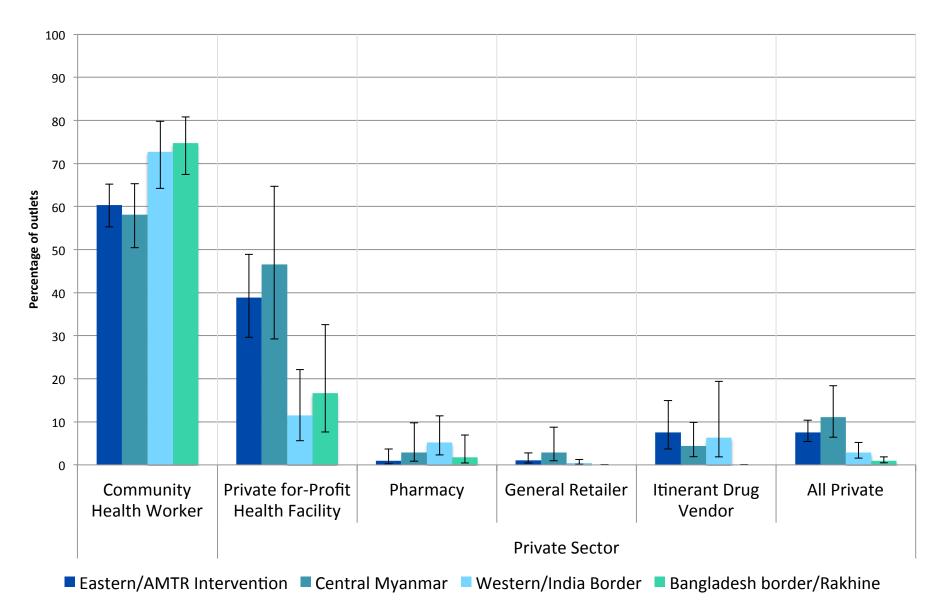
Availability of 1st line treatment for **Pf** malaria (ACT), 1st line treatment for **Pv** malaria (CQ), and oral artemisinin monotherapy, by outlet type



Availability of primaquine, by outlet type

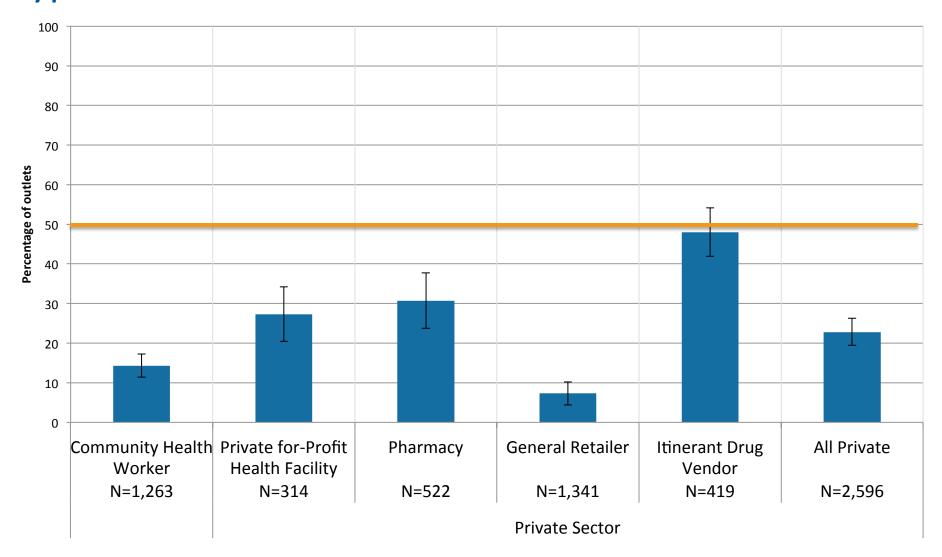


Availability of primaquine, by domain

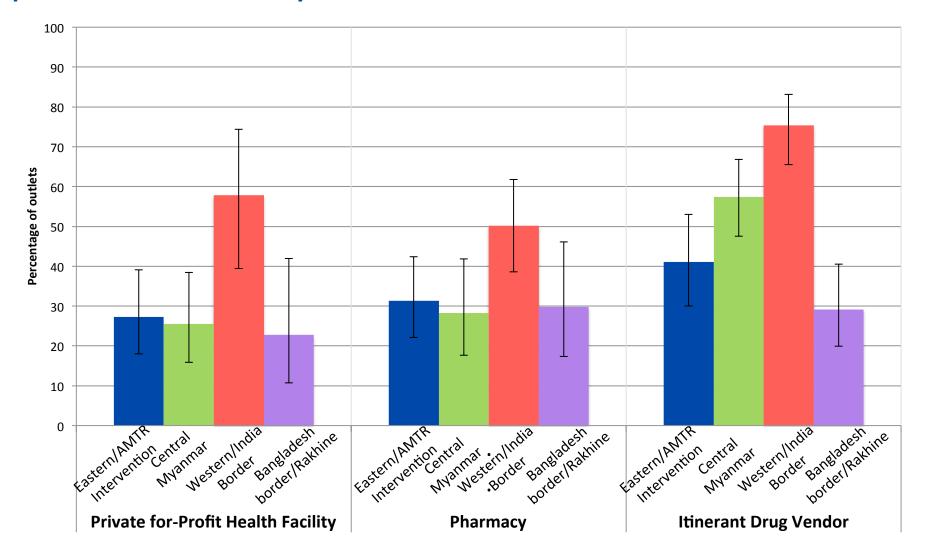




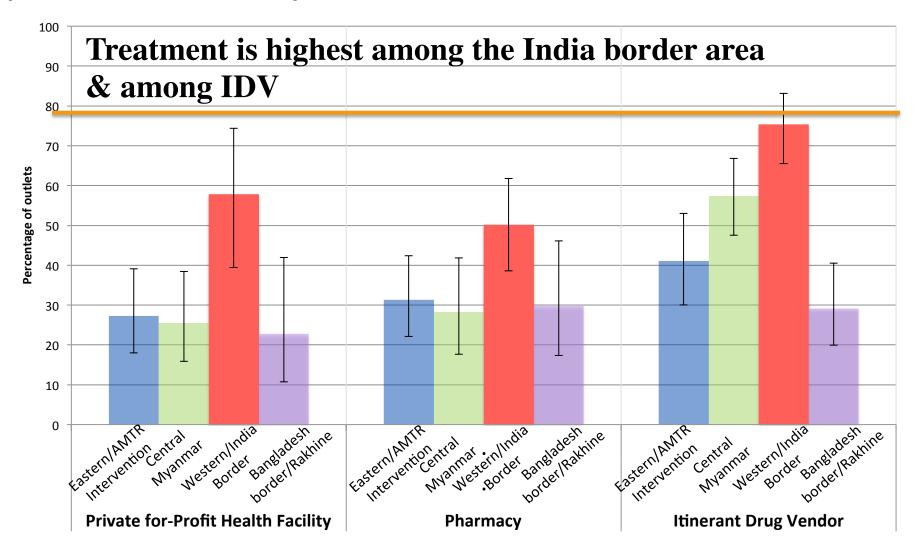
Availability of treatment for severe malaria, by outlet type



Availability of treatment for severe malaria in the private sector, by domain



Availability of treatment for severe malaria in the private sector, by domain

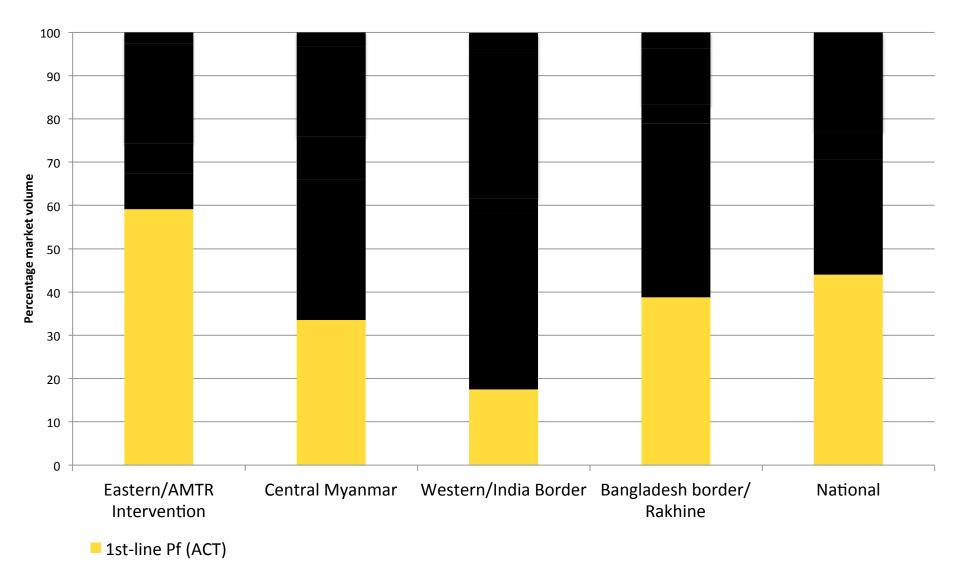


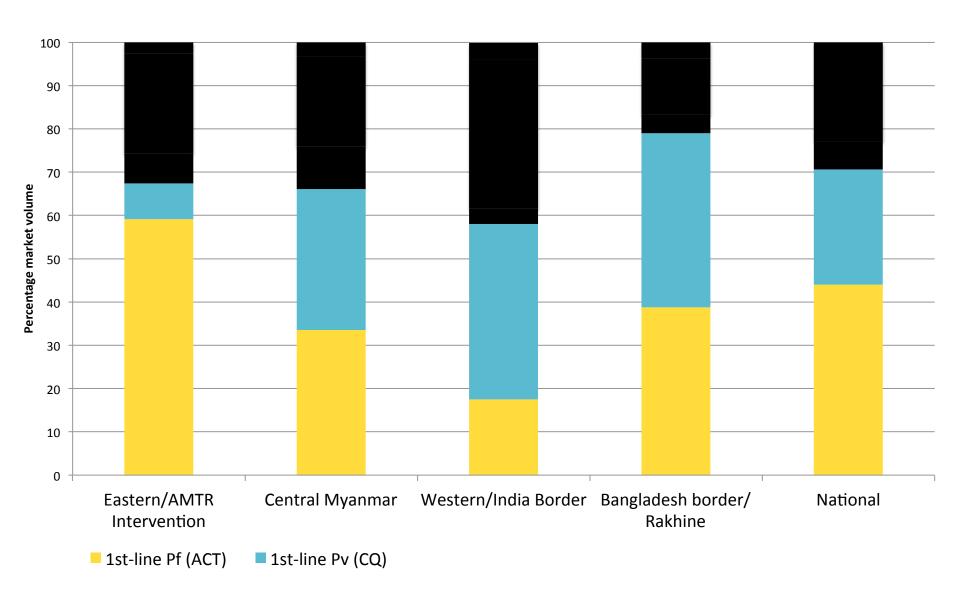
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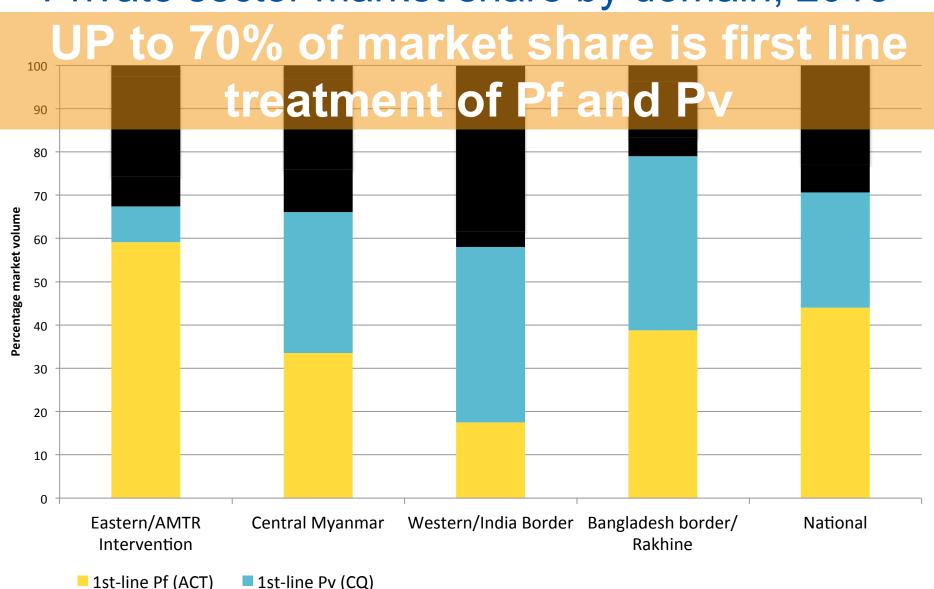
availability of different classes of antimalarials in Myanmar

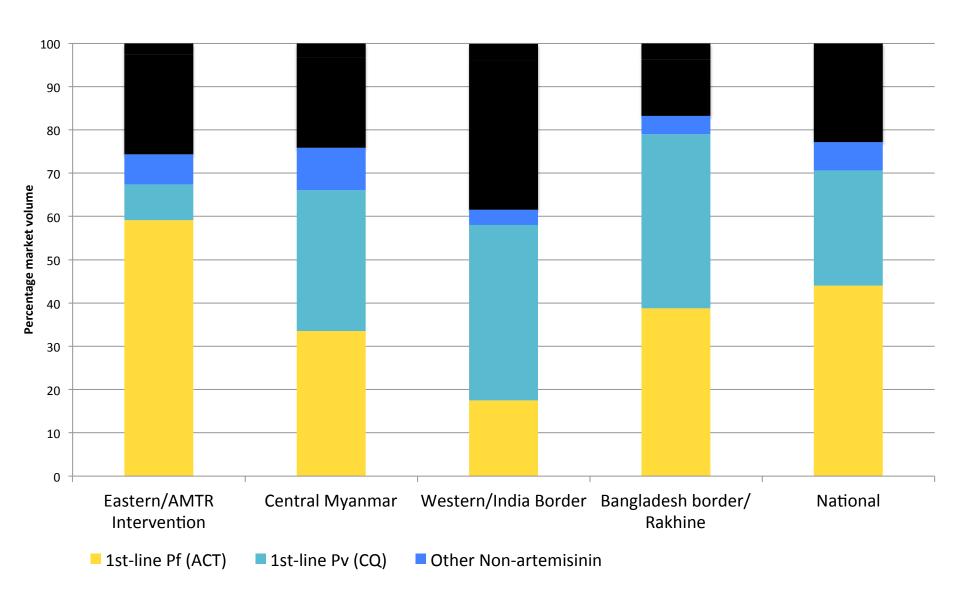
- Nationally, private sector first line treatment of *Pf* and *Pv* was similar (~40%) differences across domains.
- CHWs had higher stocks of ACT, CQ and PQ, versus the private sector and had much lower oral AMT availability.
- Treatment for severe malaria was high among IDV and in the Indian border areas (70%)
- 1 in 5 private sector outlets had oral artemisinin monotherapy available.
 And over 50% of private outlets in the Western/India border domain.

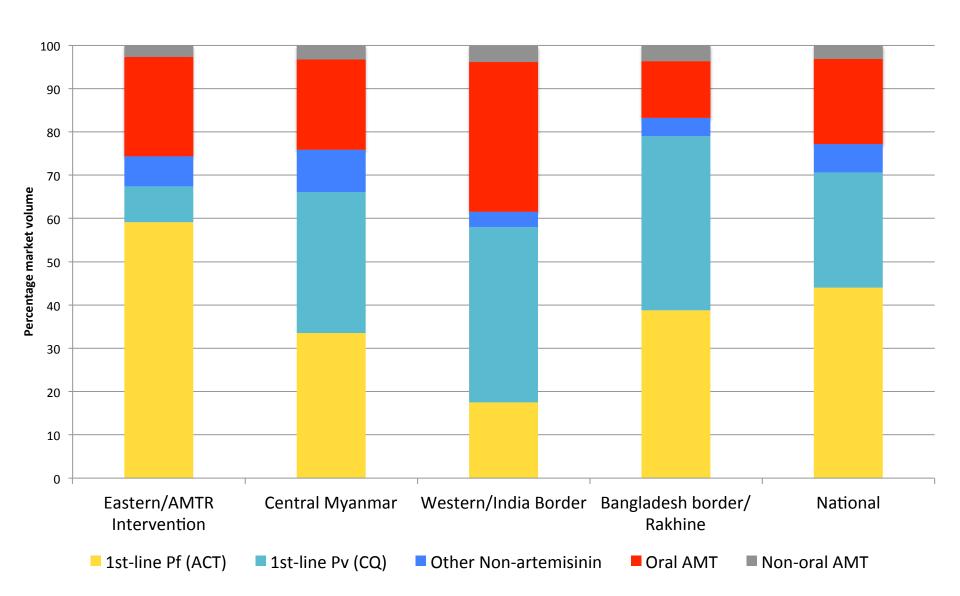




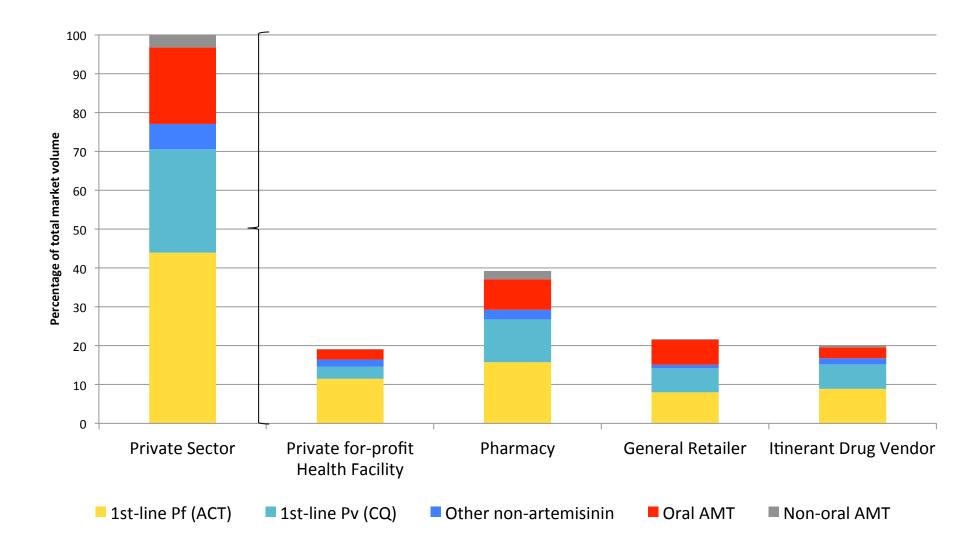




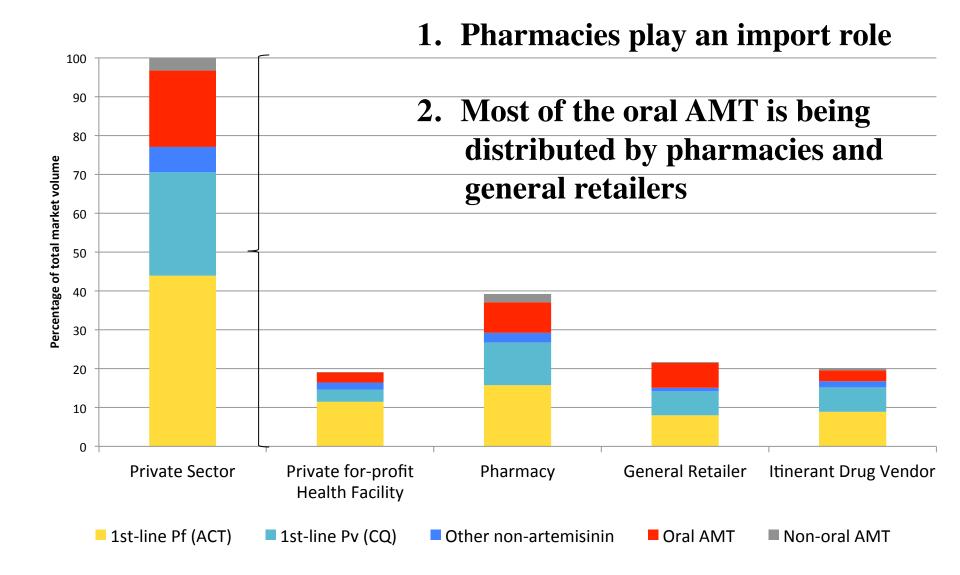




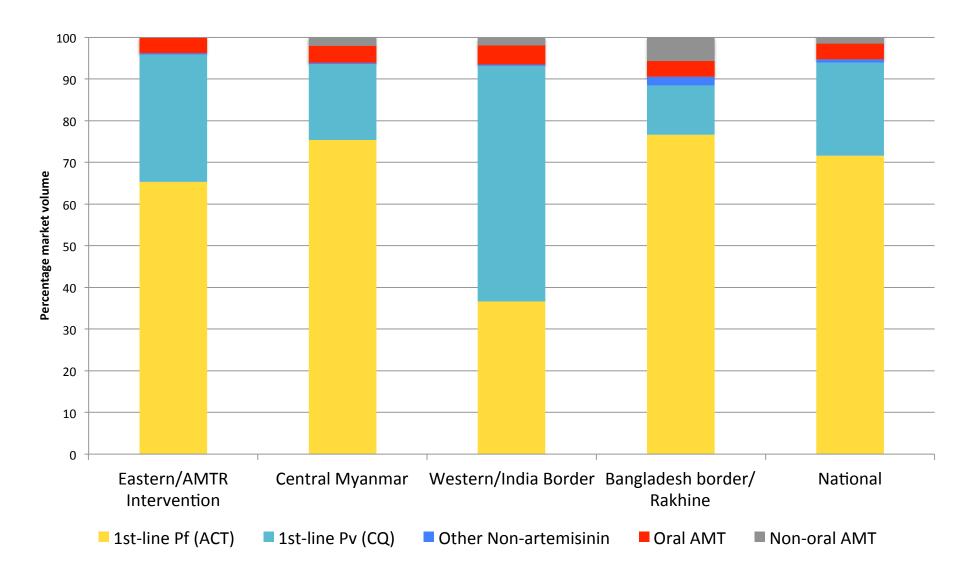
Private sector market share across outlet type, 2015



Private sector market share across outlet type, 2015



Community health worker market share by domain, 2015



insights

antimalarial market share in Myanmar

First-line treatments accounted for about 70% of private sector market share.

Among CHWs, first line treatments comprise over 90% of market share.

In the private sector, oral AMT accounts for 20% of national antimalarial market share and is particularly high in the Western/India border domain.

Oral AMT distribution is greatest among general retailers and pharmacies.

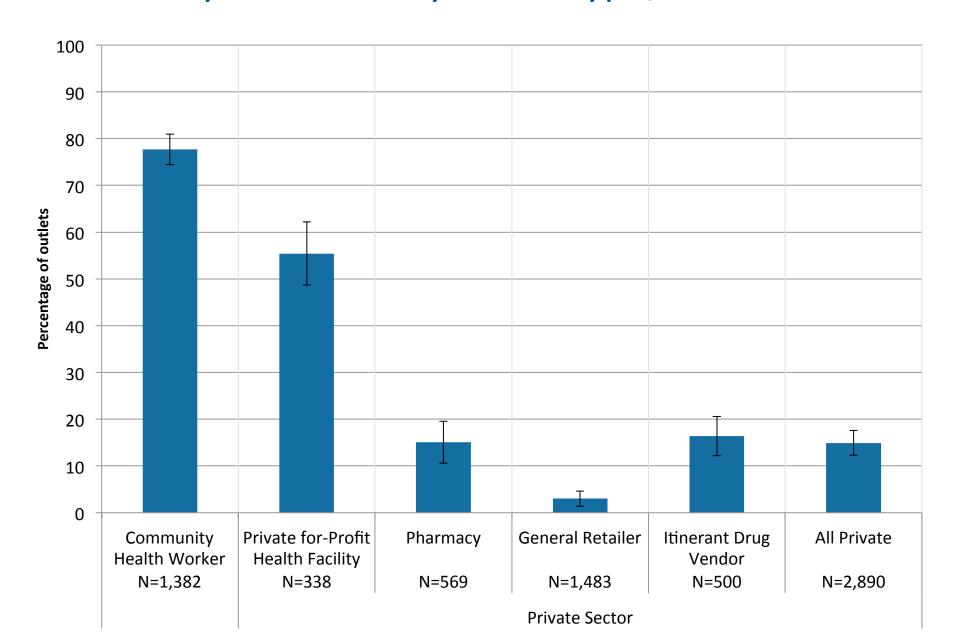


Malaria microscopy availability in 2015

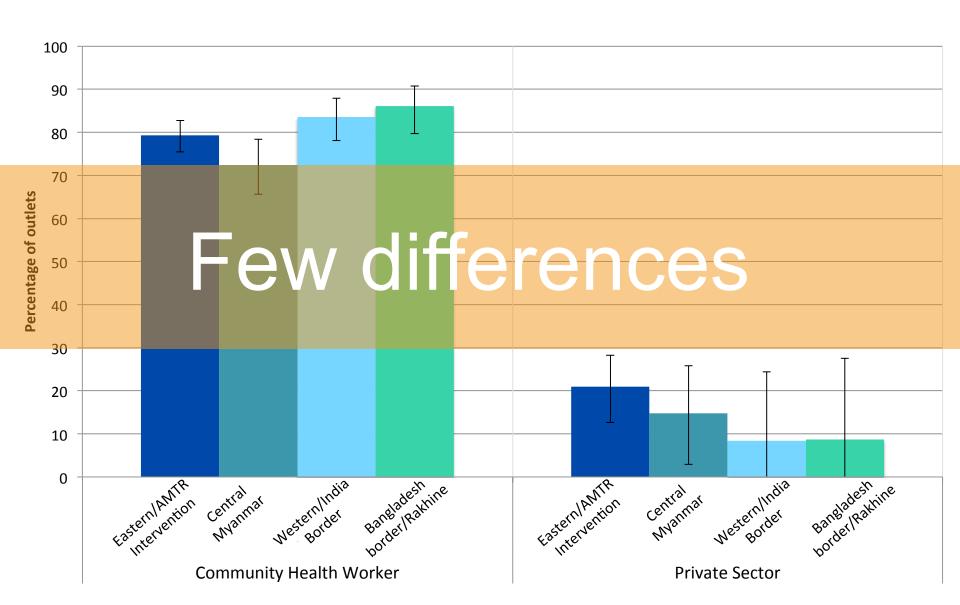
Percent of private for profit facilities with microscopy available



Availability of mRDTs by outlet type, 2015



Availability of mRDTs by domain, 2015



insights

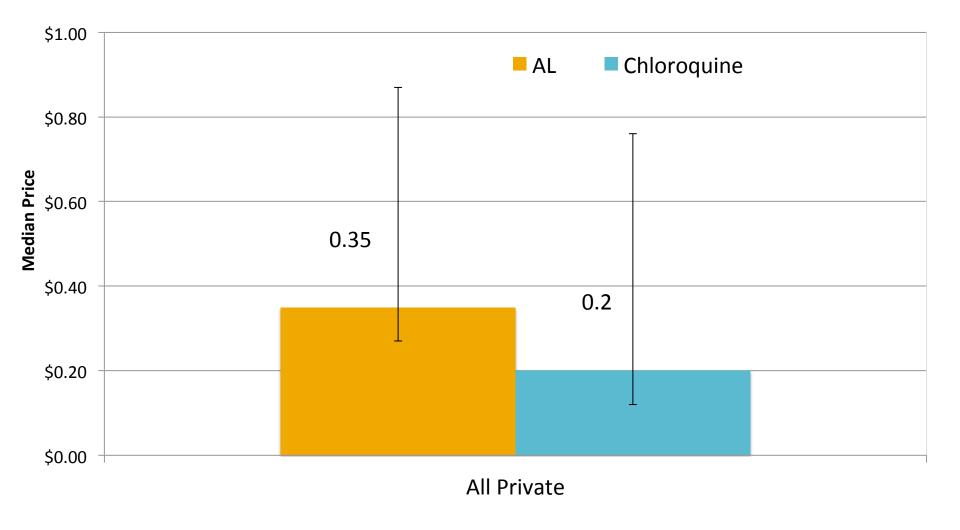
malaria diagnostics in Myanmar

- Availability of diagnostic tests among CHWs was quite high (greater than 70%) across all domains.
- Availability of RDTs in the private sector was extremely low across all outlet types except private for-profit facilities where it was around 55%.
- Availability of RDTs in the private sector was also extremely low in the private sector across all domains.

Malaria RDTs account for greater than 99% of malaria testing across all outlet types and domains .

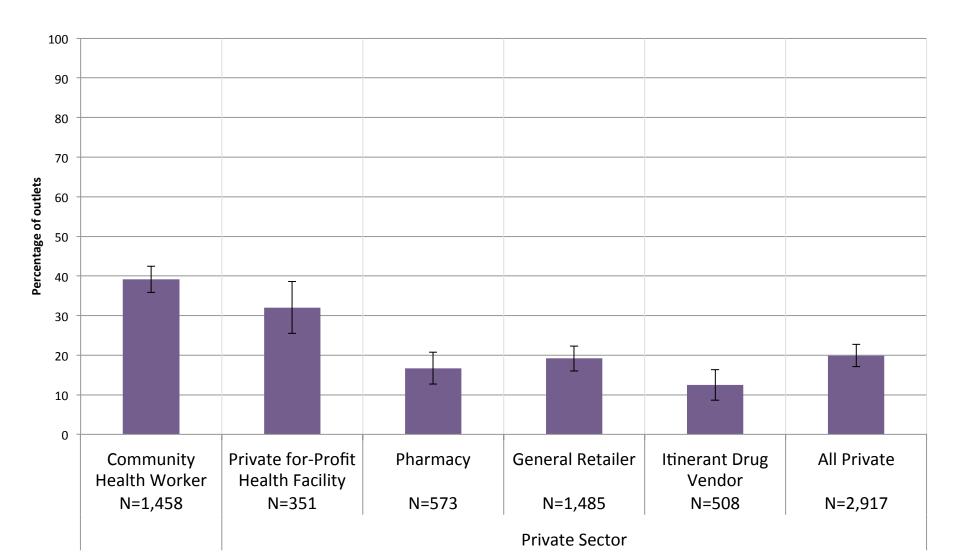


Median private sector consumer prices (USD) for AL, CQ in 2015

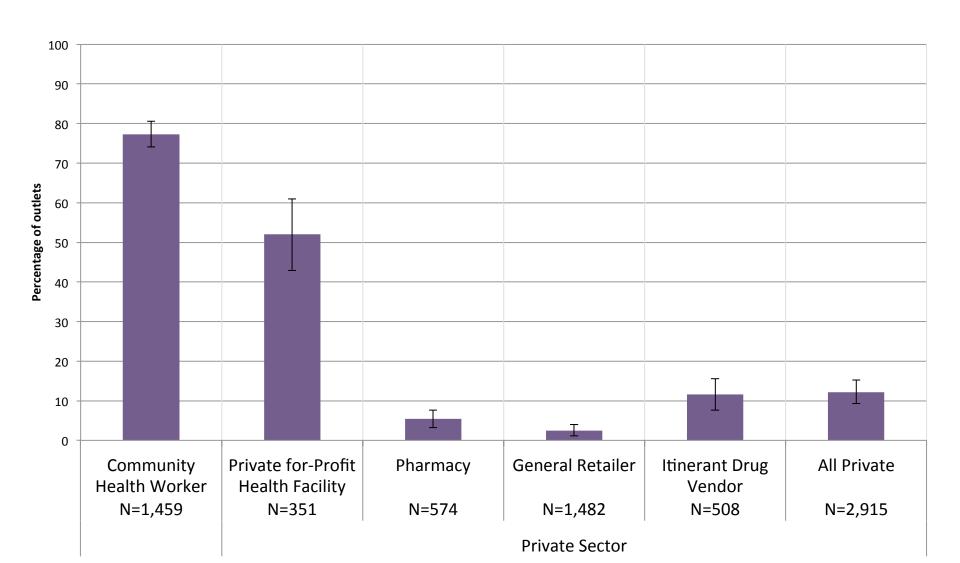




Supervision across outlet type



Malaria caseload reporting across outlet type





Oral AMT is a common antimalarial

8,500

number of antimalarials audited in 2015

1,036

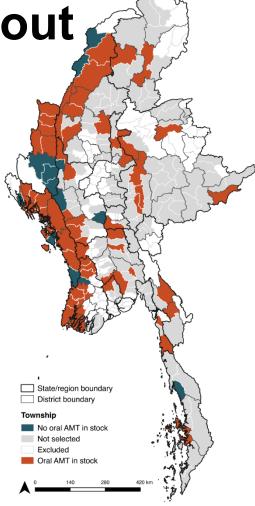
number of audited antimalarials that were oral AMT



Oral AMT is found throughout Myanmar

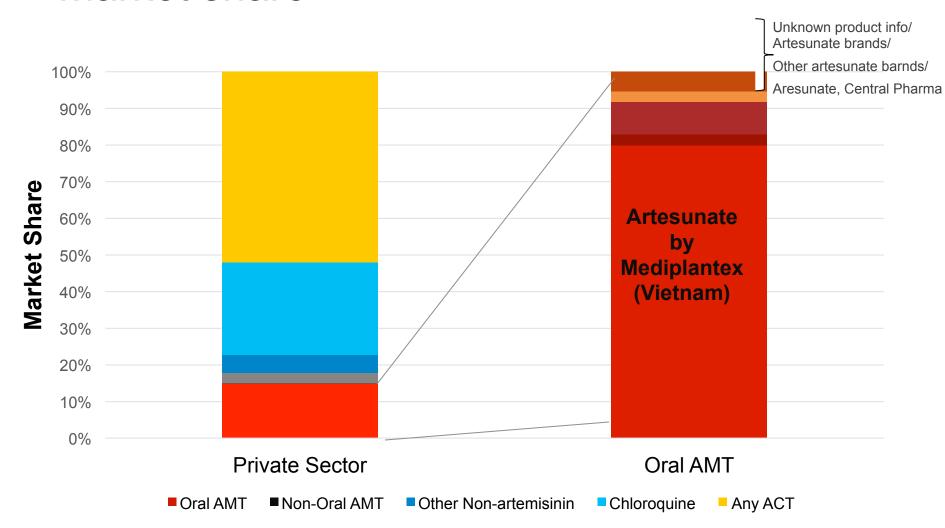
80

percent of townships with at least one outlet stocking oral AMT





Oral AMT accounts for 20% of private market share



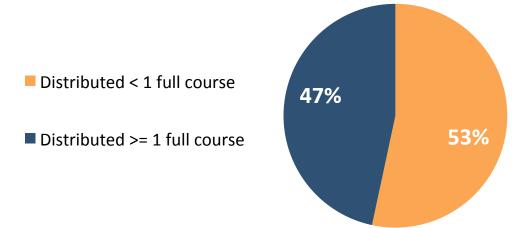




Among all oral AMT audited, between 68%-84% were Artesunate, by Mediplantes

Oral AMT is commonly distributed at sub-optimal dosing

Tablets of oral AMT were typically sold to patients







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

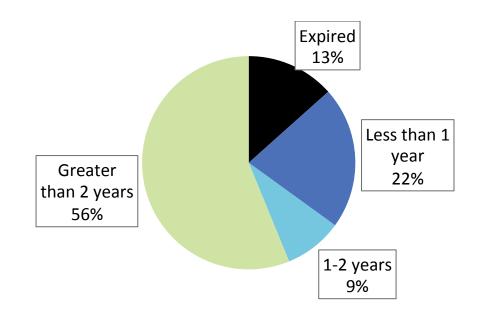




Oral AMT is unlikely to be expired

2016, 2018

Expiry dates found on most of the packaging







from national data regarding oral AMT in Myanmar



- Oral AMT is found throughout Myanmar, across all outlet types and domains; availability was highest in the Western/India border.
- The majority of oral AMT found was Artesunate, manufactured by Mediplantex in Vietnam.
- Oral AMT accounts for 20% of private sector market share.
- It is most commonly distributed at sub-optimal dosing, usually 2 tabs and is comparable in price to AL & CQ.
- The majority of oral AMT still had a shelf life of greater than 2 years.



- Availability to first line treatments is moderate and there are differences by domains and outlet types
- Most of the AM market share was first line treatment for Pf and Pv
- Presumptive treatment in the private sector remains common due to low availability of testing.
- **4** Several insights into oral AMT include:
 - typical sale of 2 tablets per patient, at \$0.33
 - mostly manufactured in Vietnam,
 - unlikely to be expired,
 - most common in the India border area and certain outlets





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