

ACTwatch

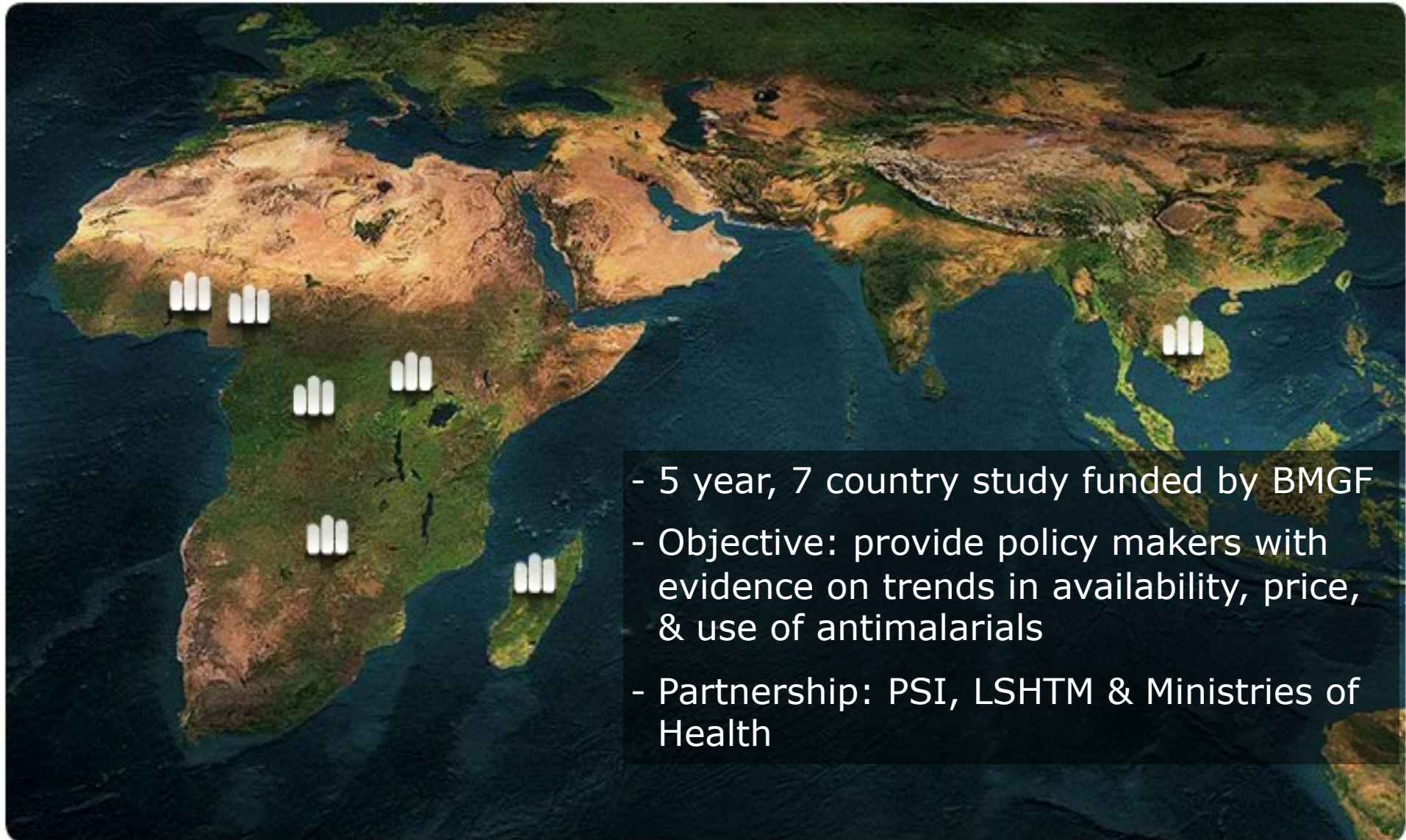
Evidence for Malaria Medicine Policy

Availability, Volumes, Price and Use of Antimalarials in Zambia: Outlet Survey 2008, Household Survey 2009

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ACTwatch



What is *ACTwatch*?



- 5 year, 7 country study funded by BMGF
- Objective: provide policy makers with evidence on trends in availability, price, & use of antimalarials
- Partnership: PSI, LSHTM & Ministries of Health

The Research Studies



Outlet Survey (PSI): What are the trends in the availability, volumes and price of antimalarials? Periodic (3 - 4) surveys conducted over the life of the project.



Supply Chain Research (LSHTM): What are the determinants of the price and availability of AMs at different levels of the supply chain? Baseline survey and follow up in four countries



Household Survey (PSI): What are the trends in the levels of use of different antimalarials. What are the determinants of use? Two times over life of project

OUTLET SURVEY: METHODS & RESULTS



Methods



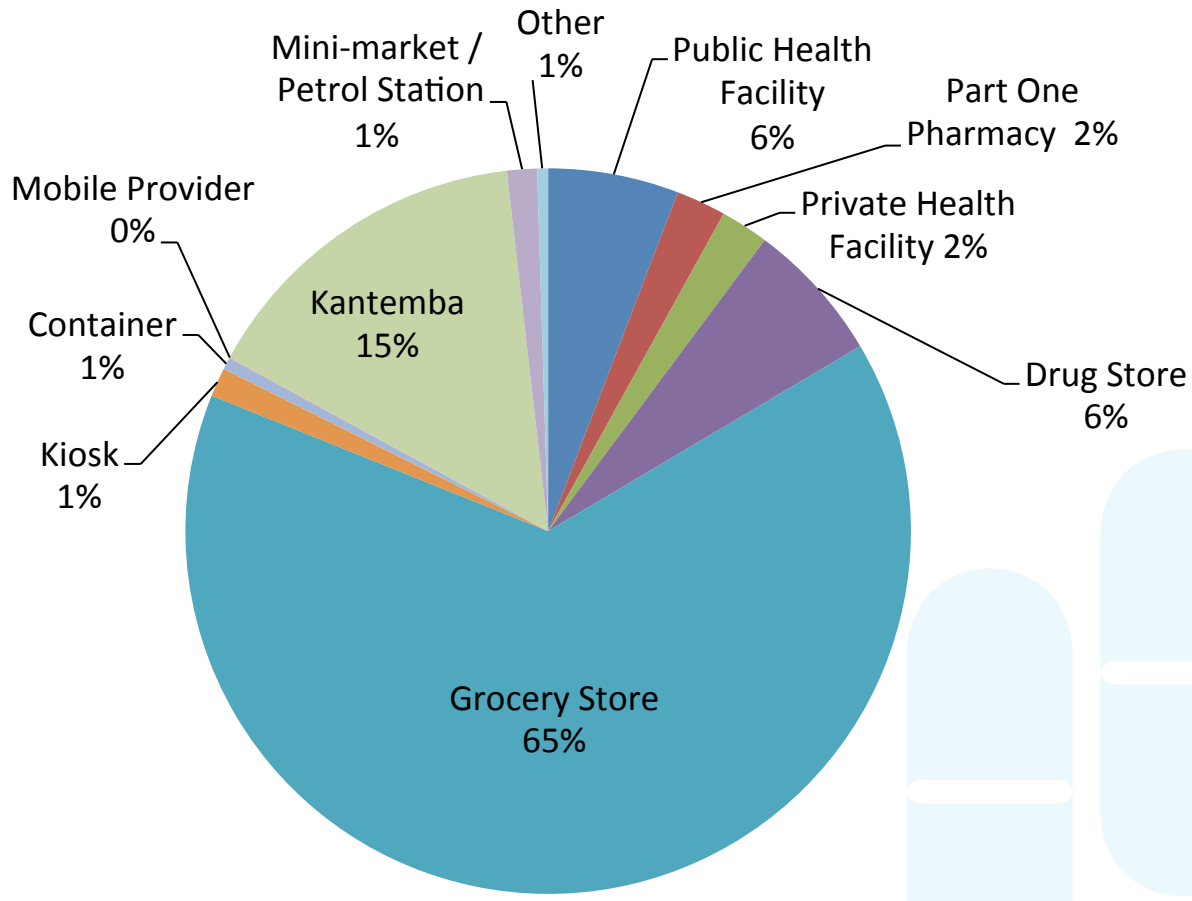
- 38 wards were randomly selected with urban/rural stratification
- A census was taken of all outlets with the potential to sell antimalarials
- Over sampling of public health facilities
- **Inclusion criteria:** Outlets stocking antimalarials at the time of the survey or in the past 3 months
- Audit sheet and provider questionnaire administered at each outlet
- Conducted in OCT 2008 / Jan 2009
- Unweighted data are presented today.

Sample

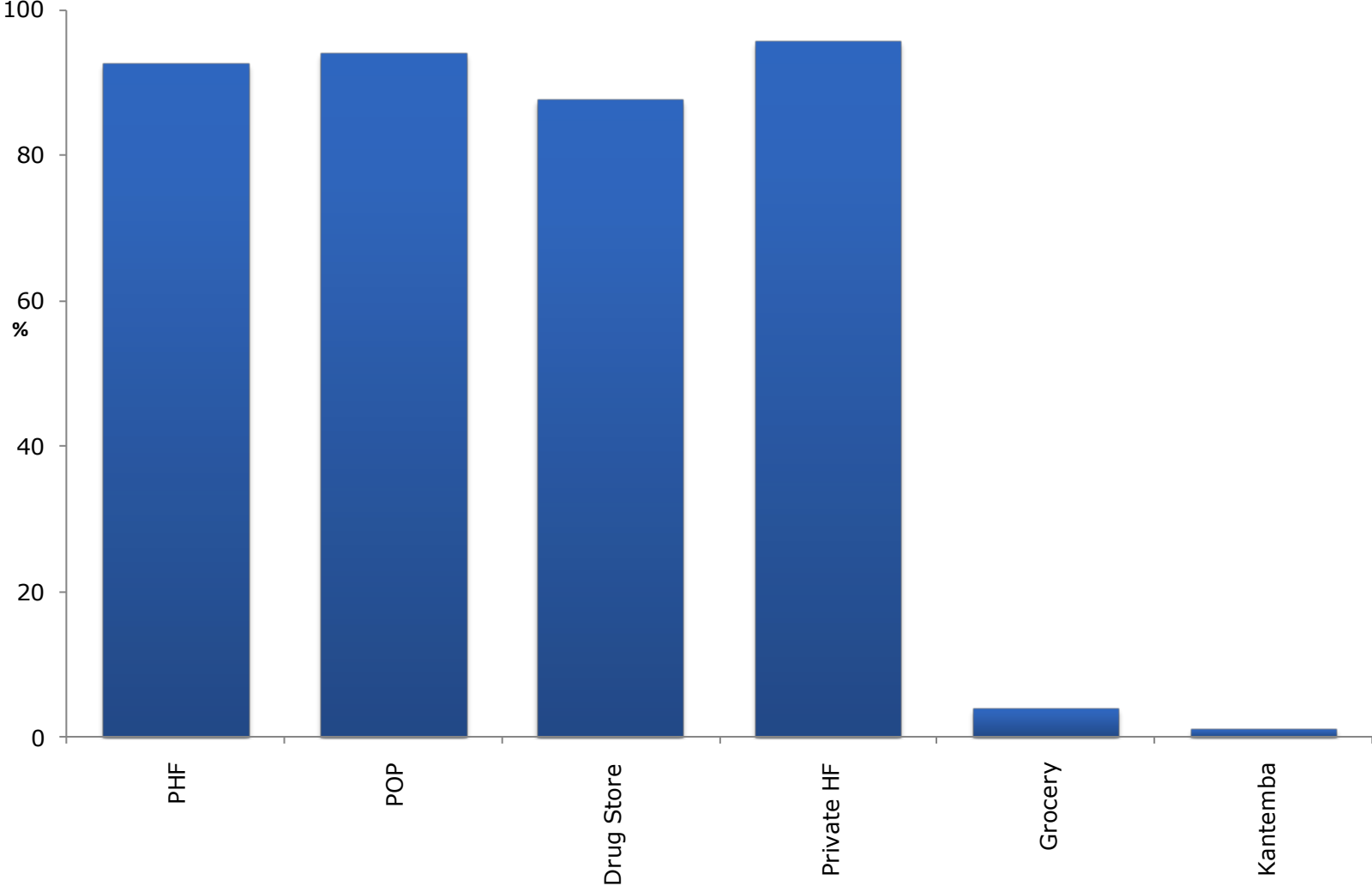
- 2, 460 outlets visited
- 2, 288 outlets participated and were screened
- 5.9% of these outlets were PHFs (135)
- 419 providers interviewed
- 1,594 discrete antimalarials



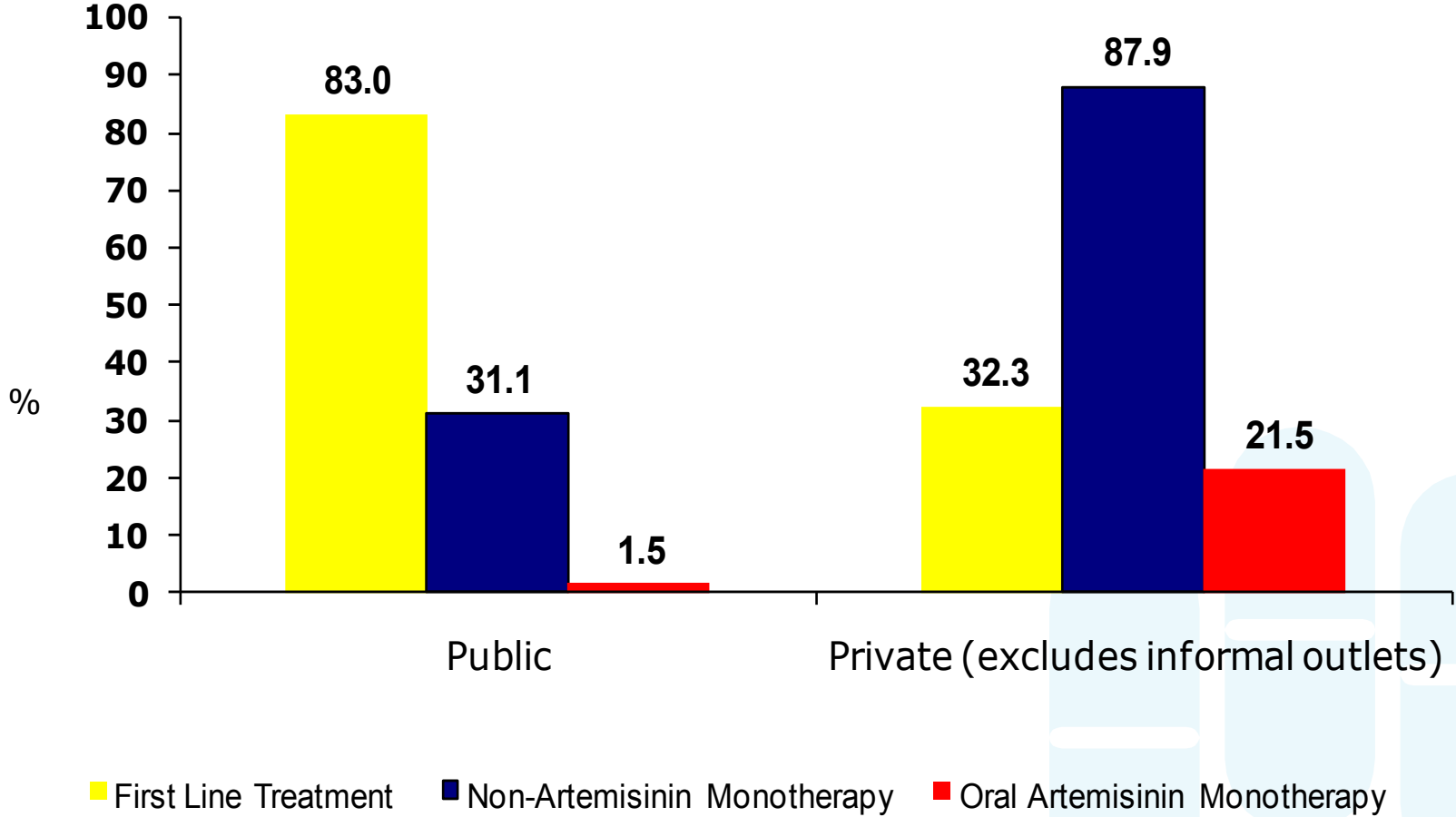
Diversity of Outlet Types Visited



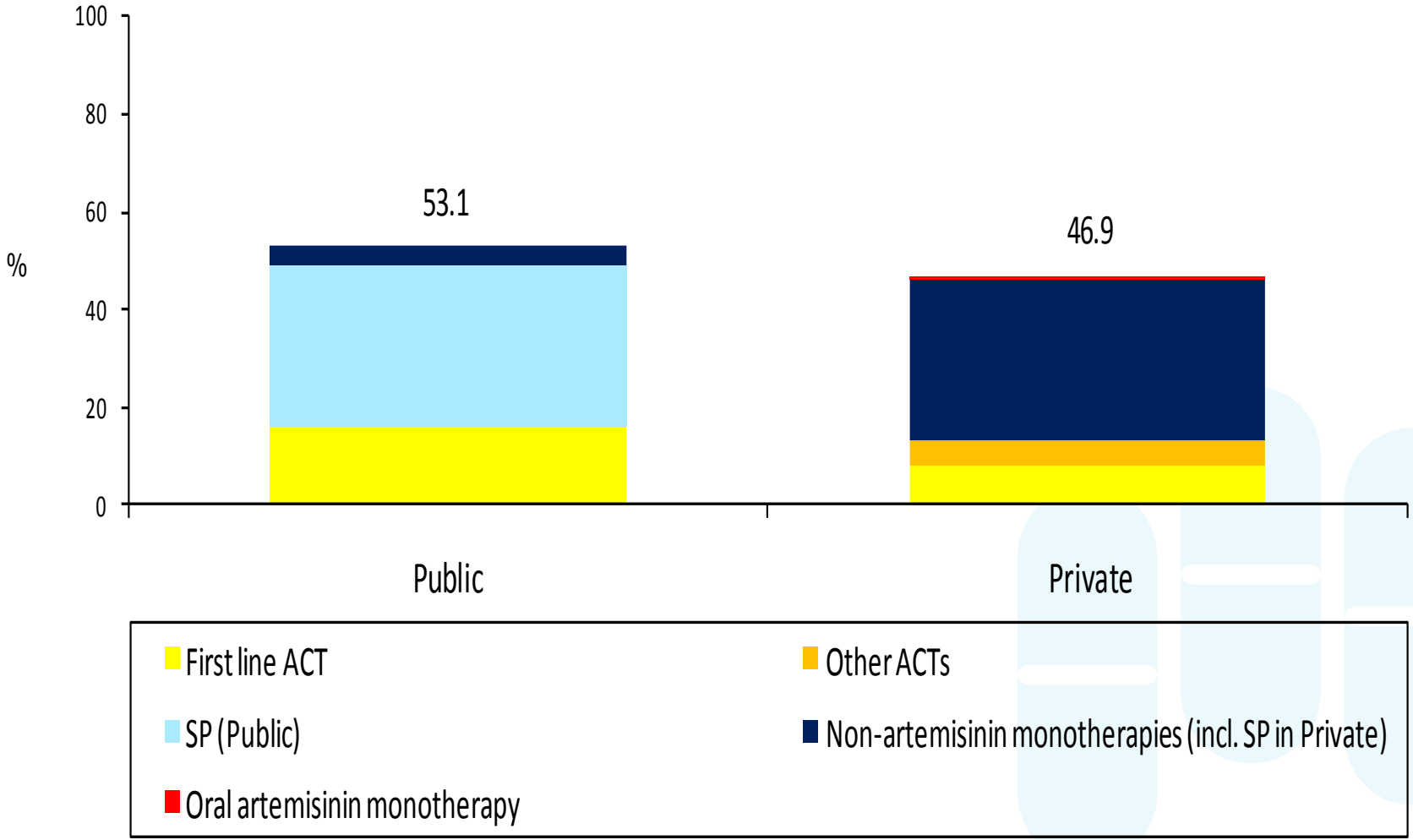
Availability of Any Antimalarials



Availability of Antimalarials by Sector and type of AM

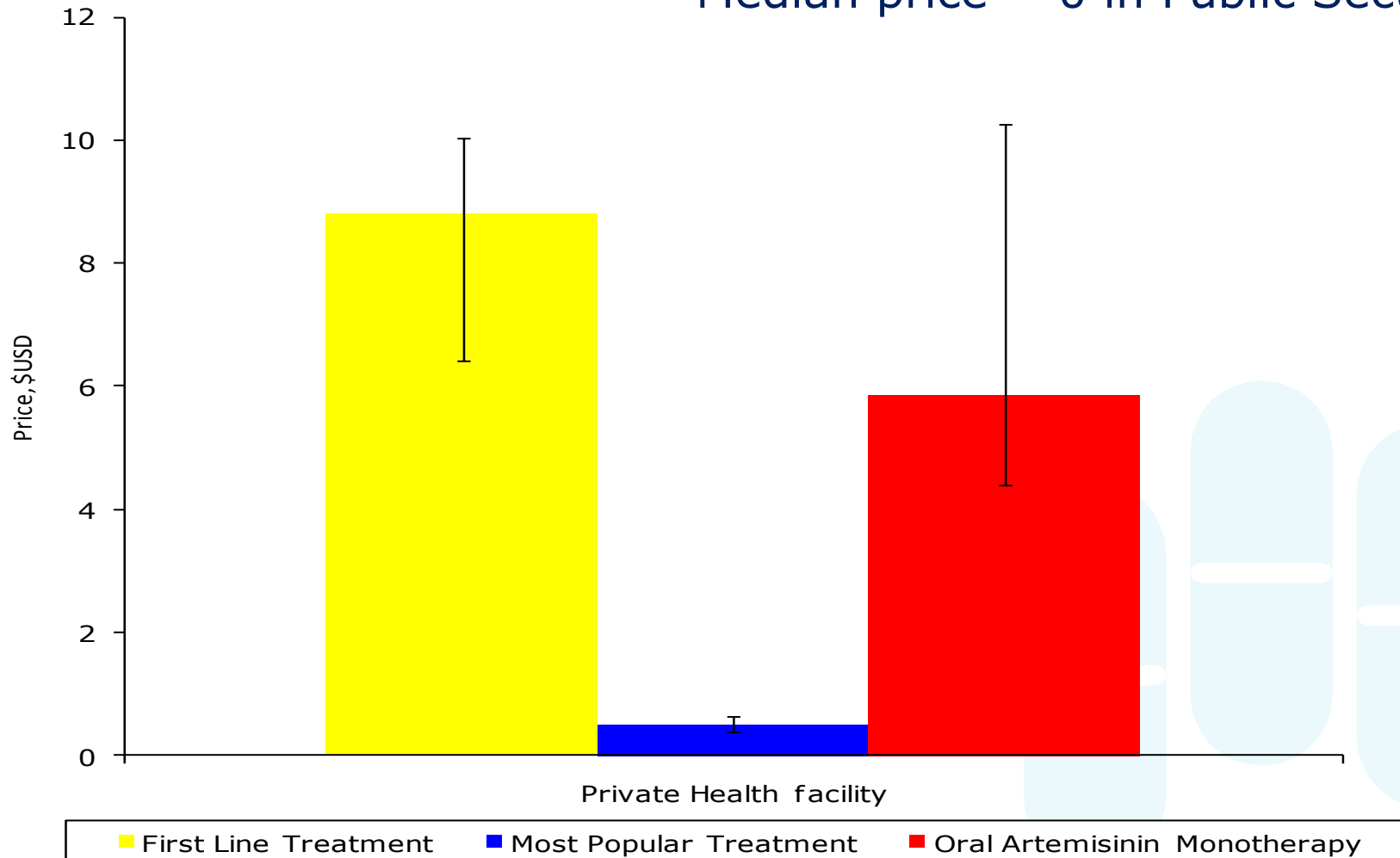


Relative Volumes of Antimalarials Distributed by Sector and Drug Type

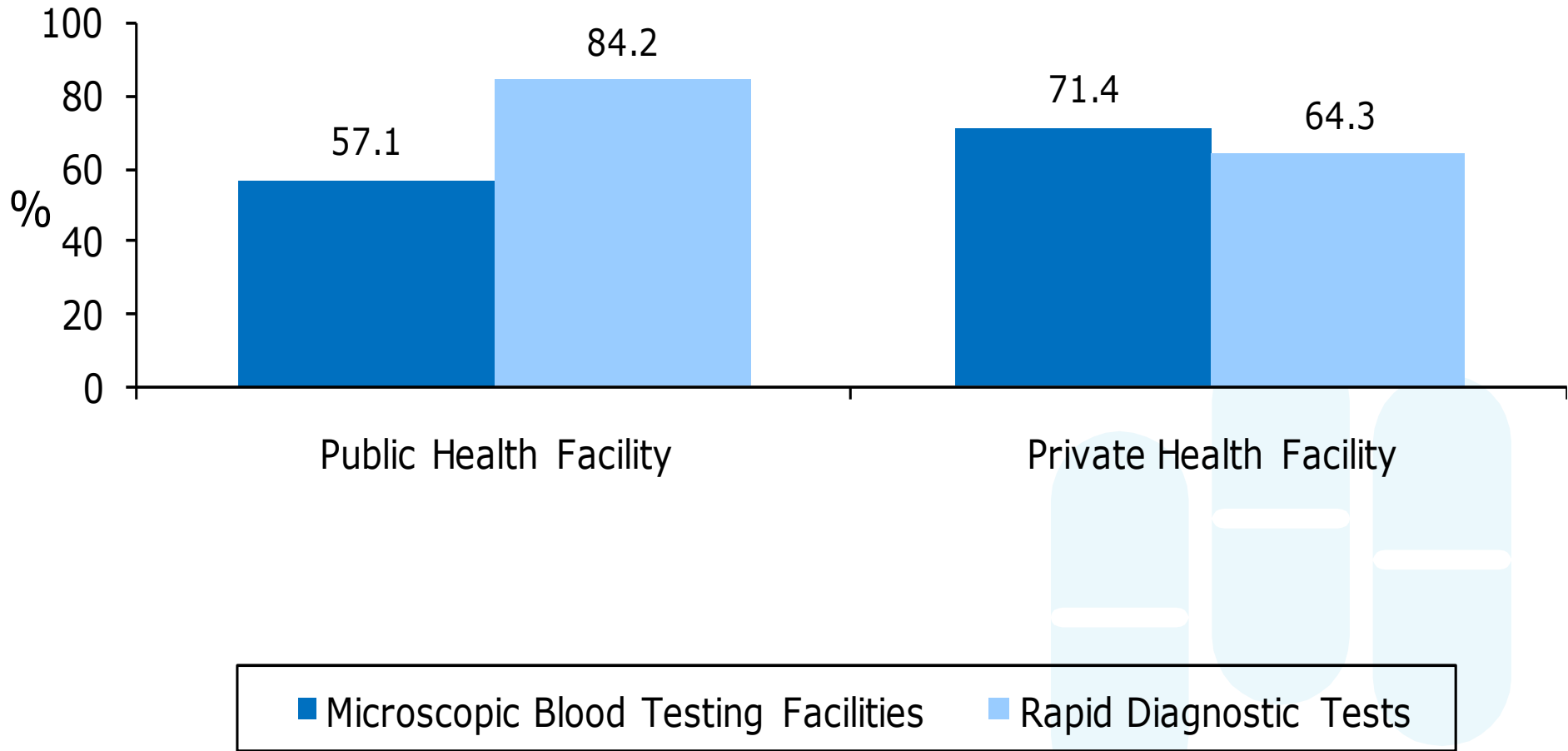


Median Price of a Full Adult Course of AMs by Outlet Type

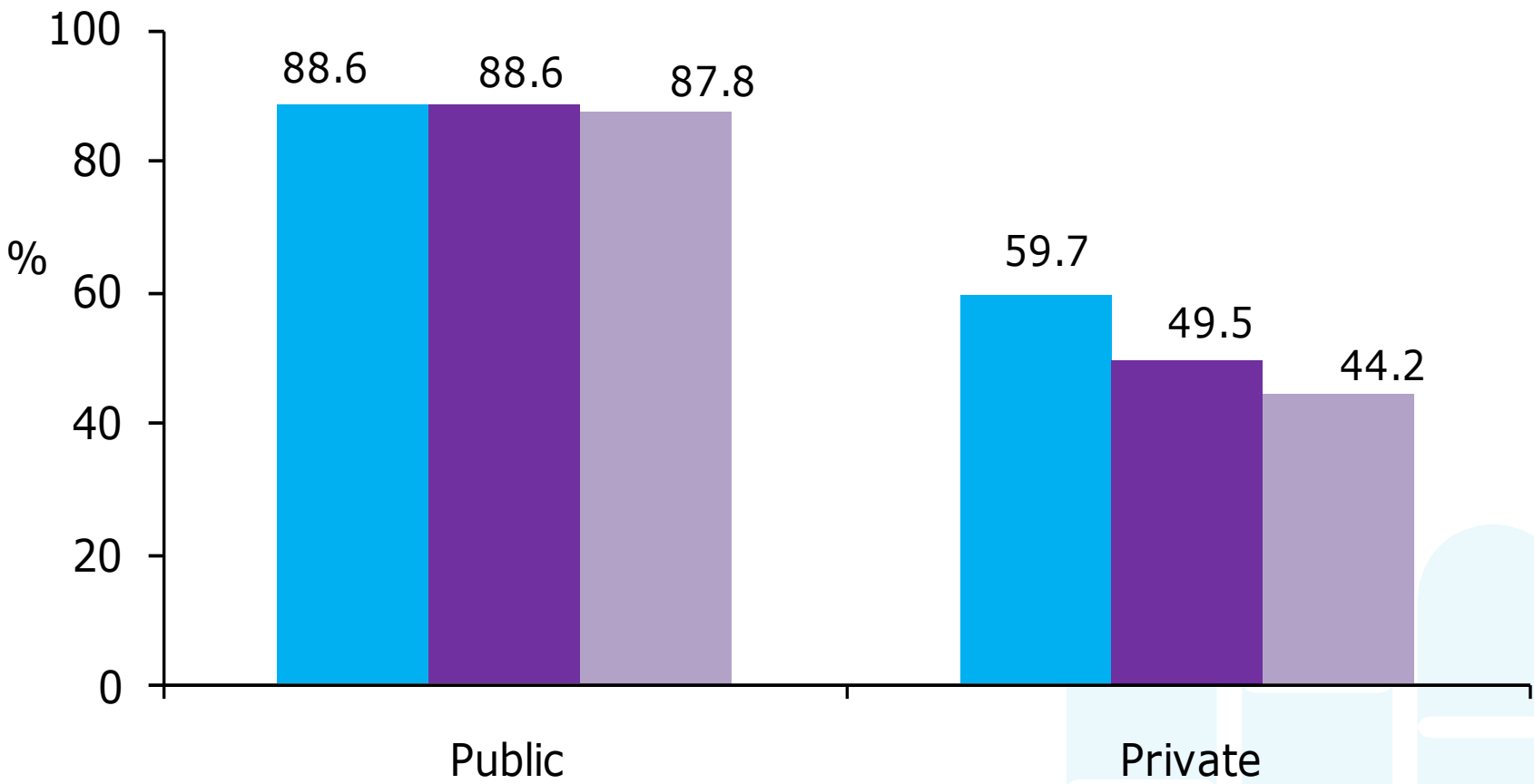
Median price = 0 in Public Sector



Availability of Diagnostic Blood Testing



Provider Knowledge of First-Line Treatment and Dosing Regimens by Sector



- Knows first-line treatment
- Knows correct adult dosing regimen
- Knows correct child dosing regimen

HOUSEHOLD SURVEY 2009 RESULTS

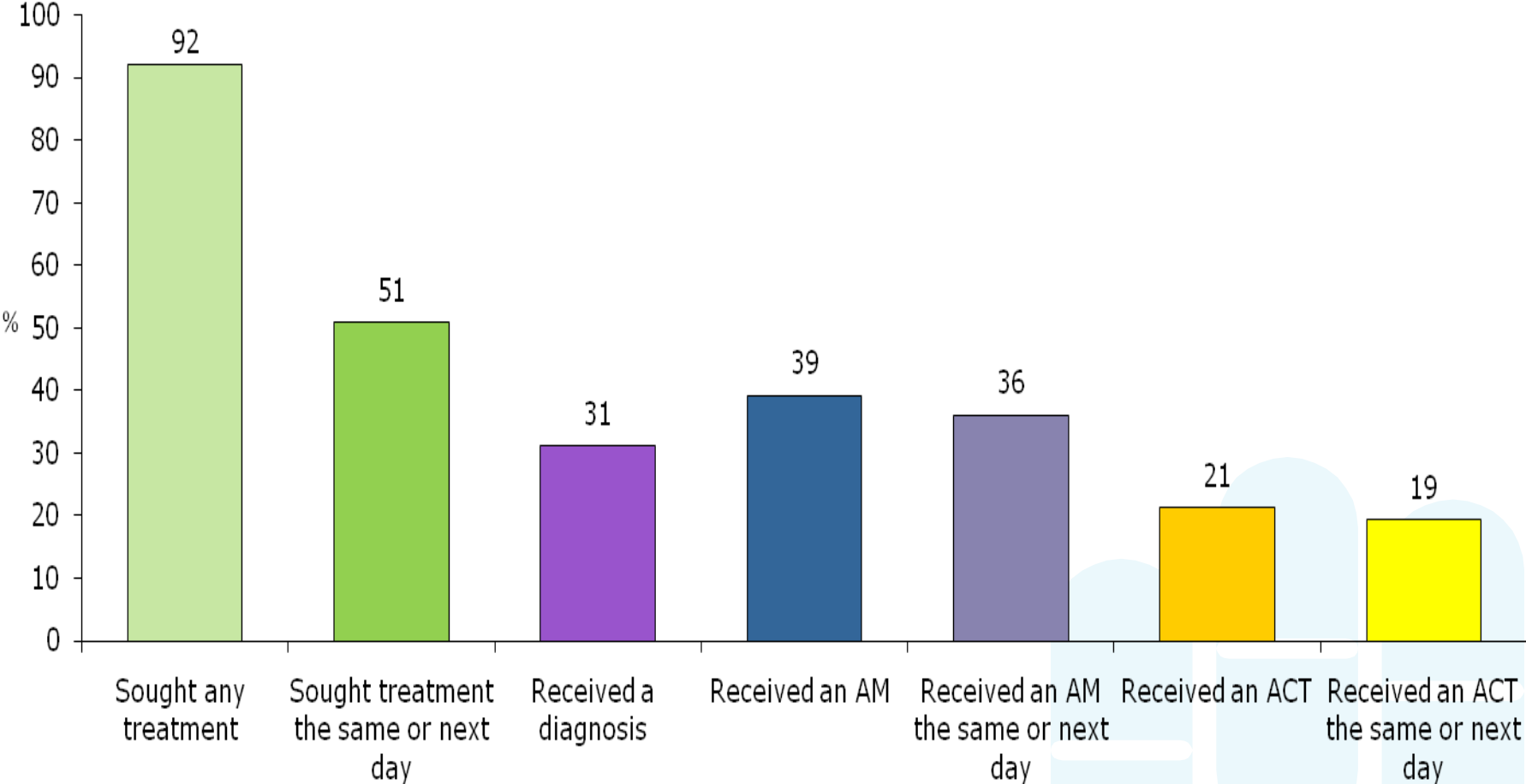


Household Survey: Methods & Results

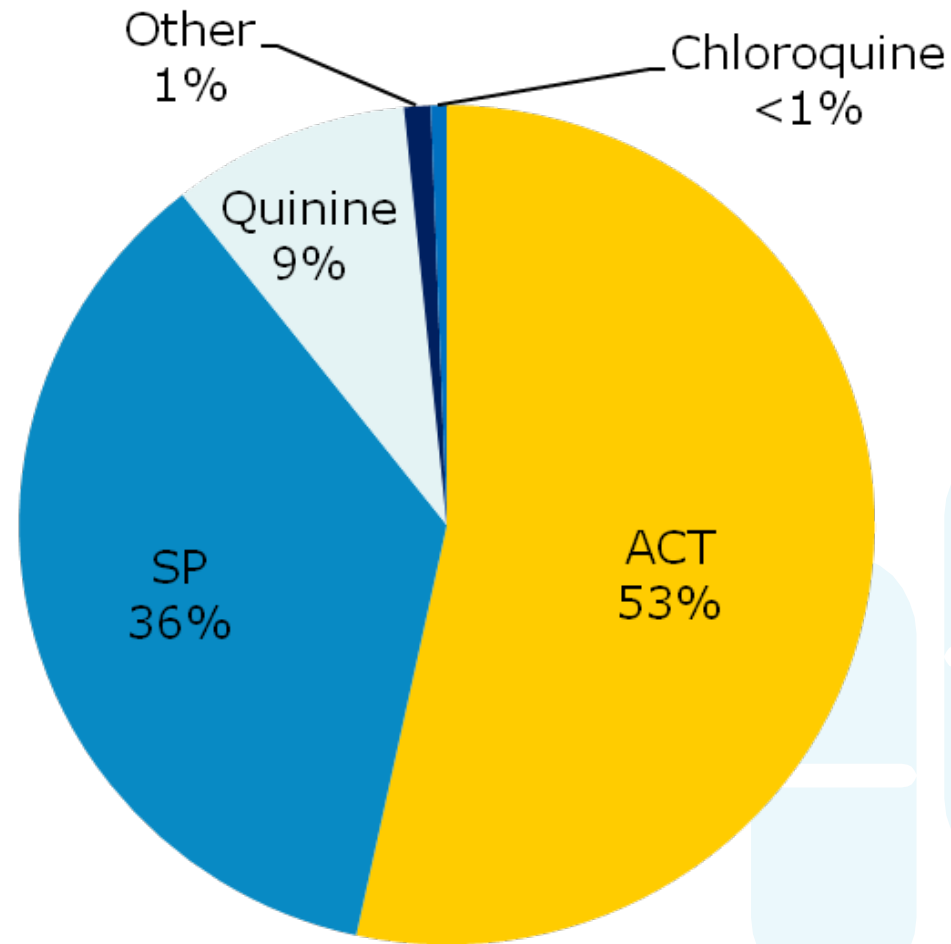
- Cross-sectional household study
- Multi-stage cluster sampling
- Households with at least 1 child under 5 with fever in the last 2 weeks
- Caregivers of all eligible children invited to participate
- Conducted in the catchment areas of the Outlet survey (April – July 09)



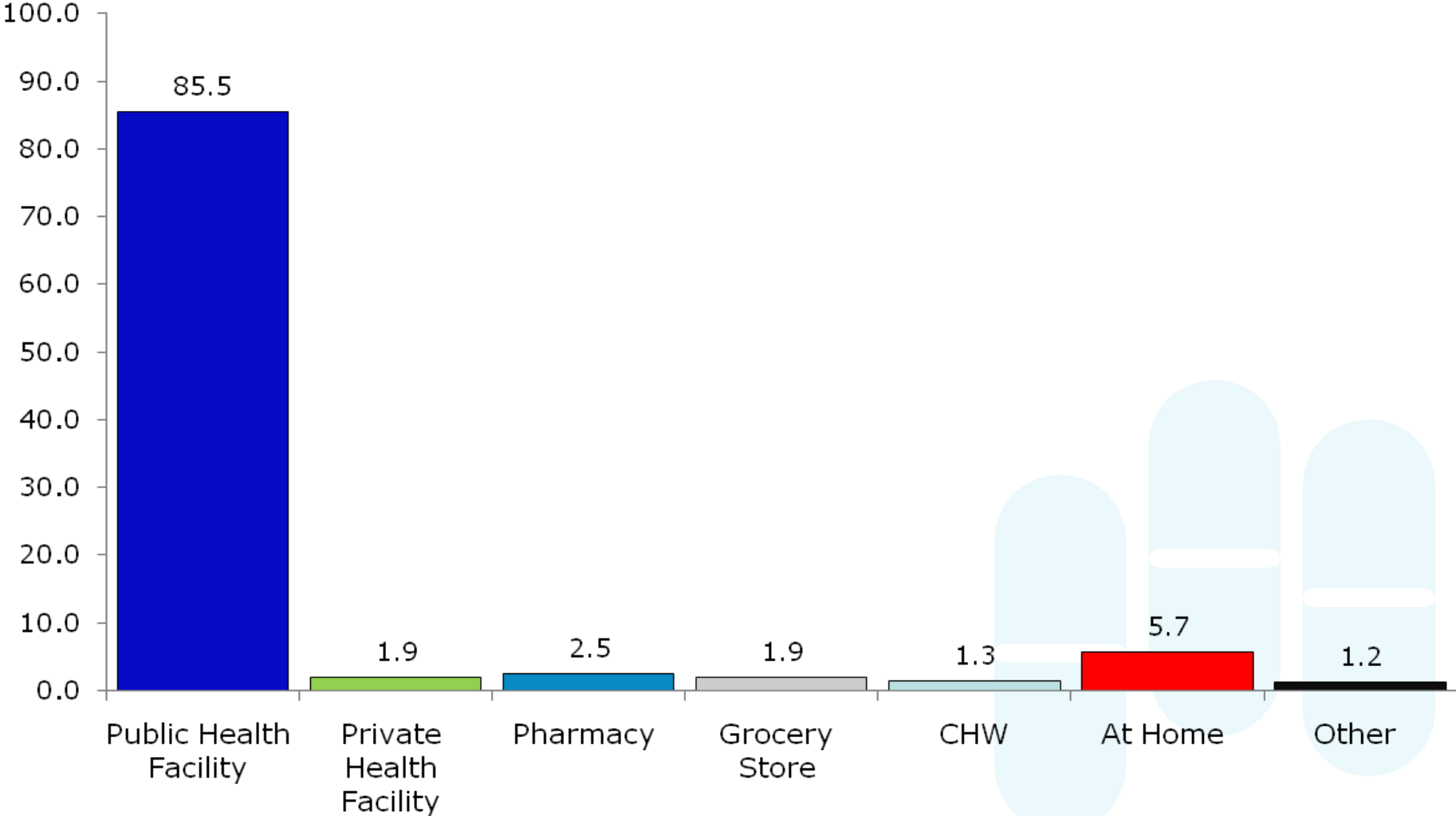
Treatment of Fever in Children under Five



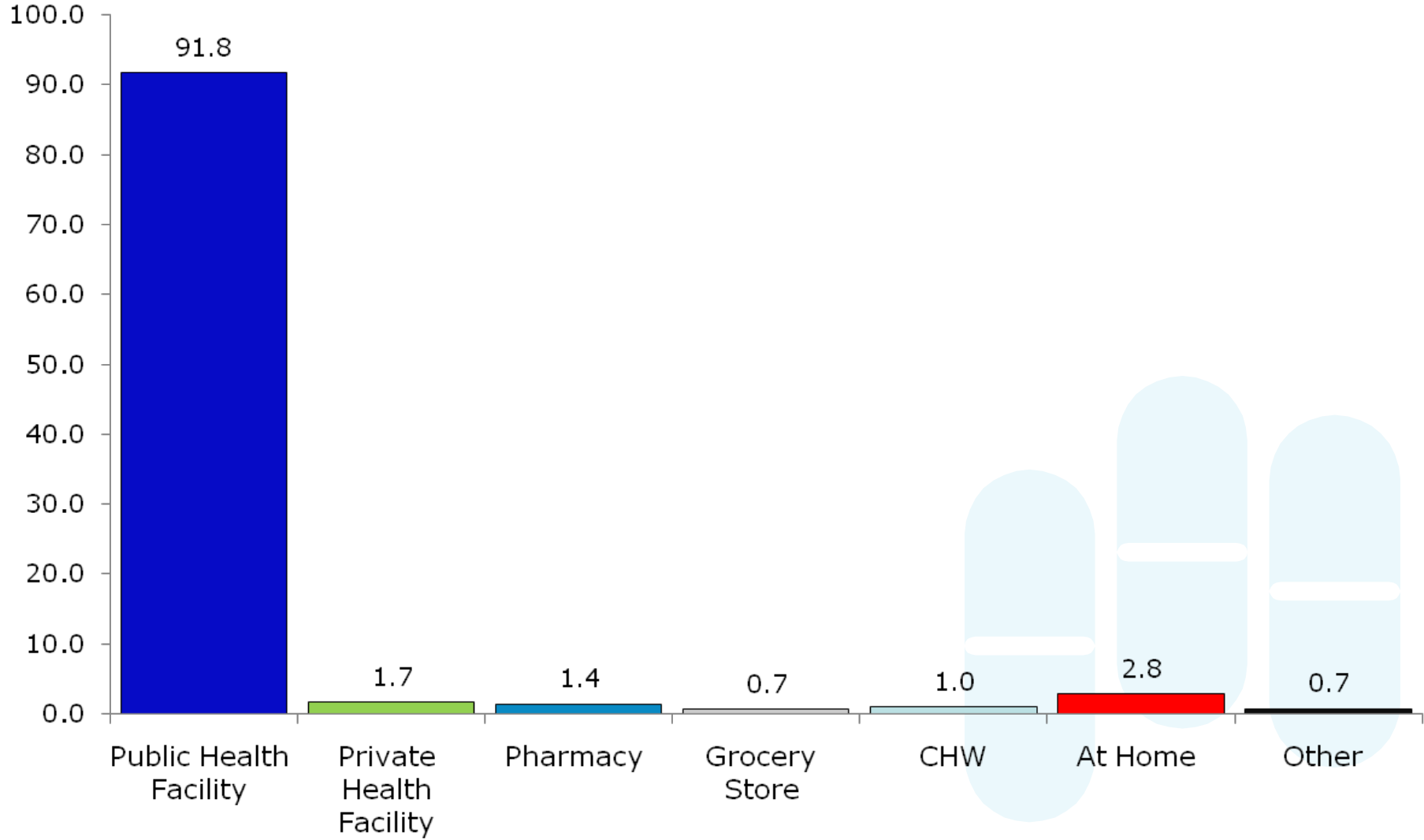
Type of Antimalarial Treatment Acquired for Children under Five with Fever



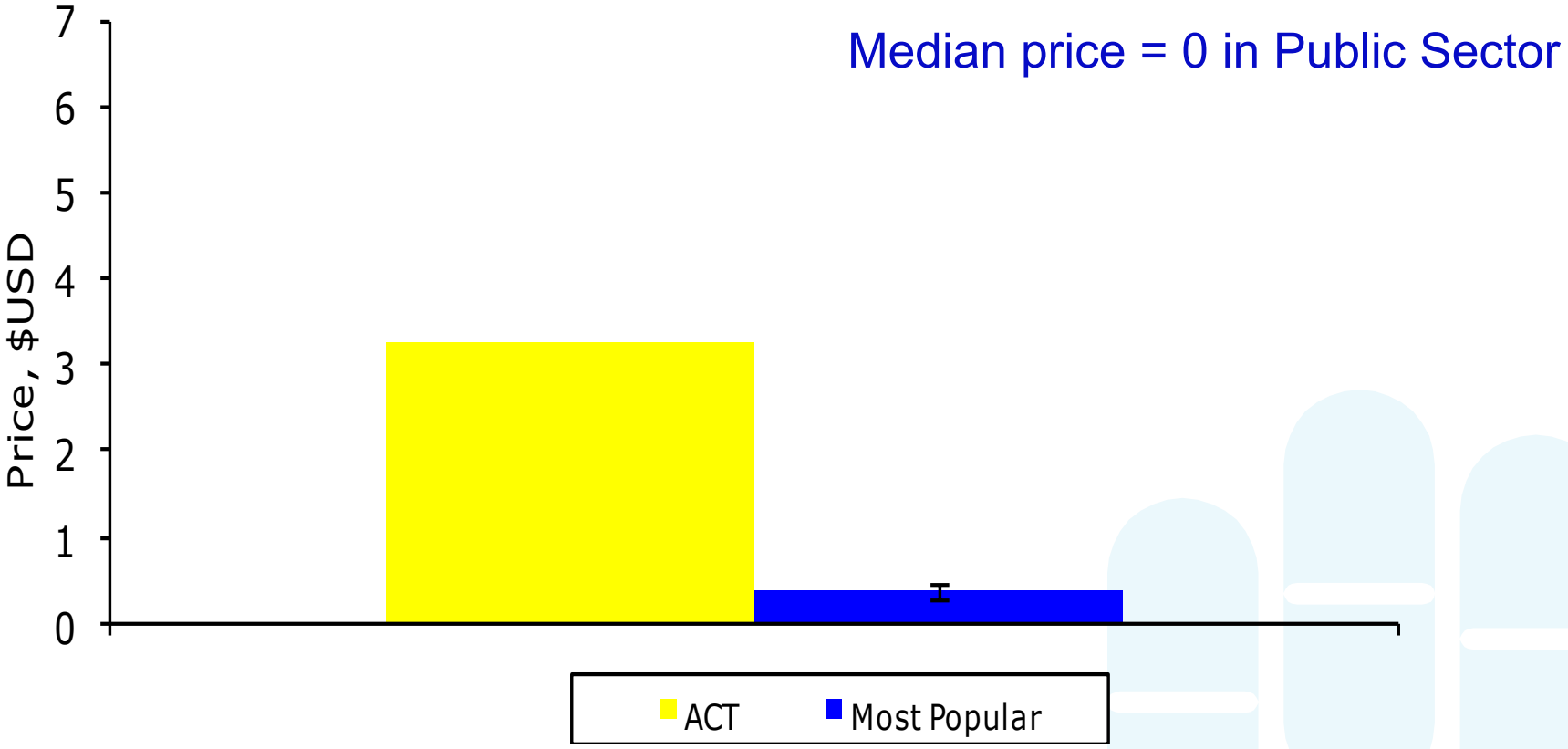
Source of Antimalarial Treatment, Among Children Treated with an Antimalarial



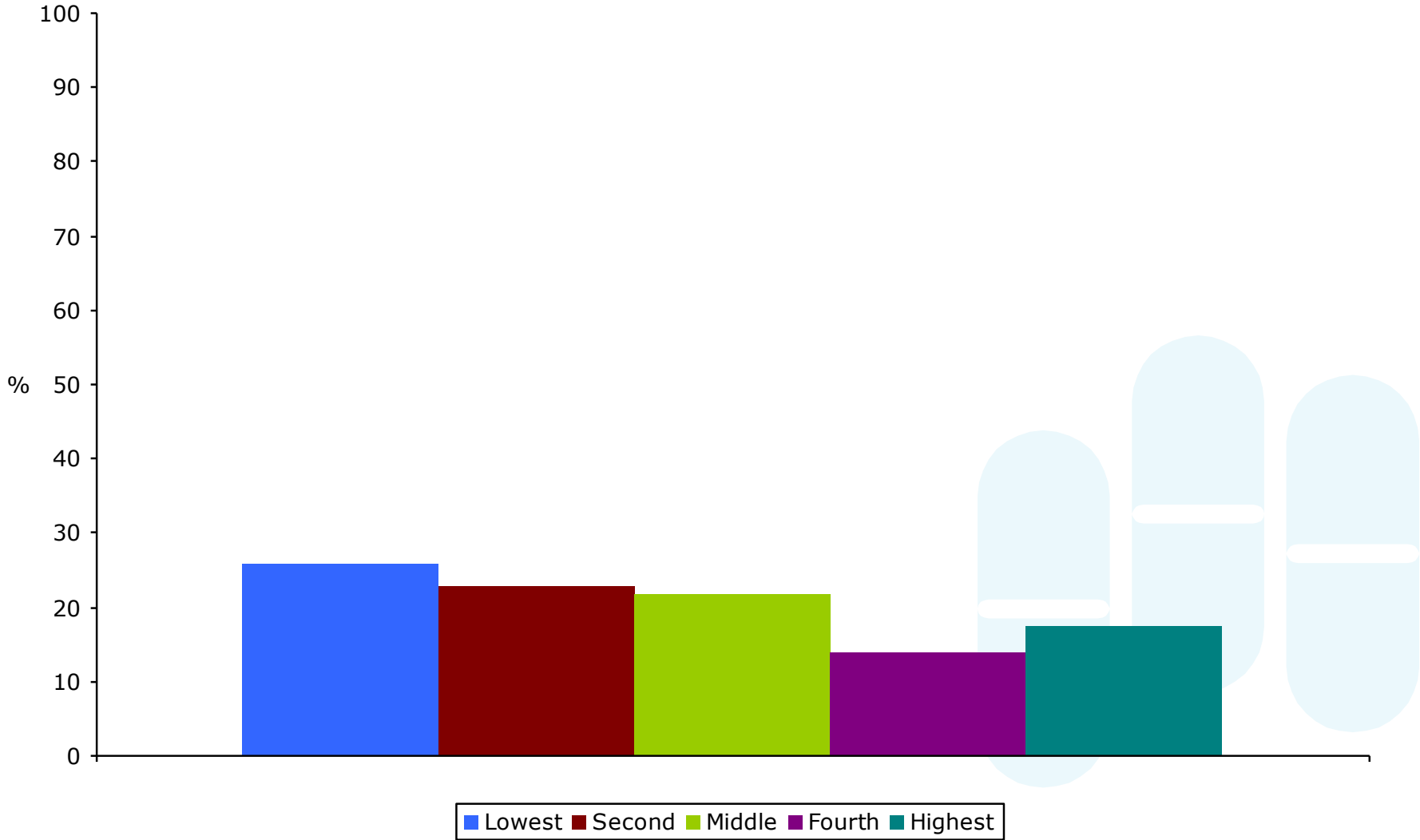
Source of ACTs Among Children Treated with an ACT



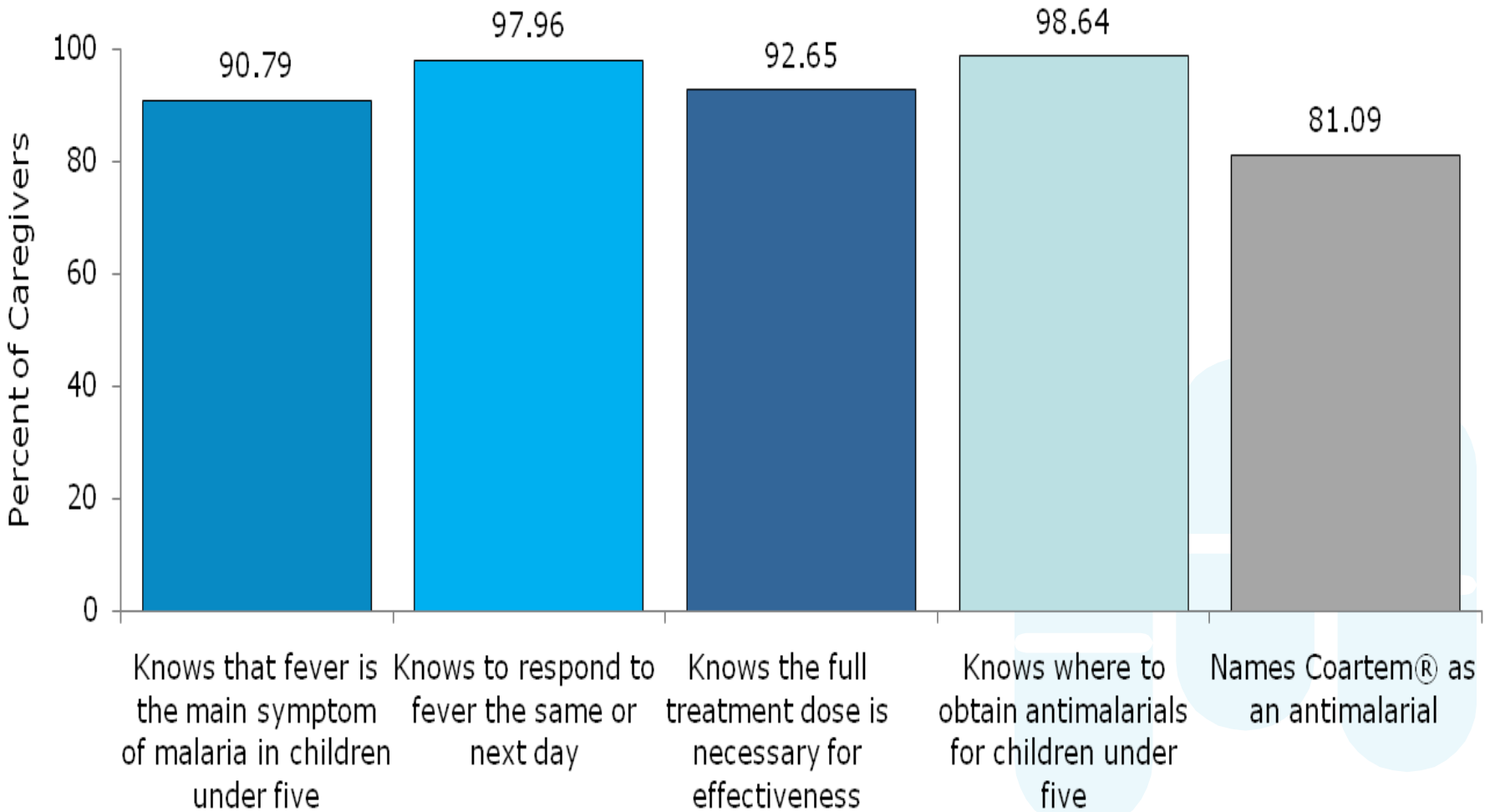
Median Price Paid for Antimalarial Treatment Acquired for a Child with Fever



Proportion of Children that Received an ACT, Across Household Wealth Quintiles



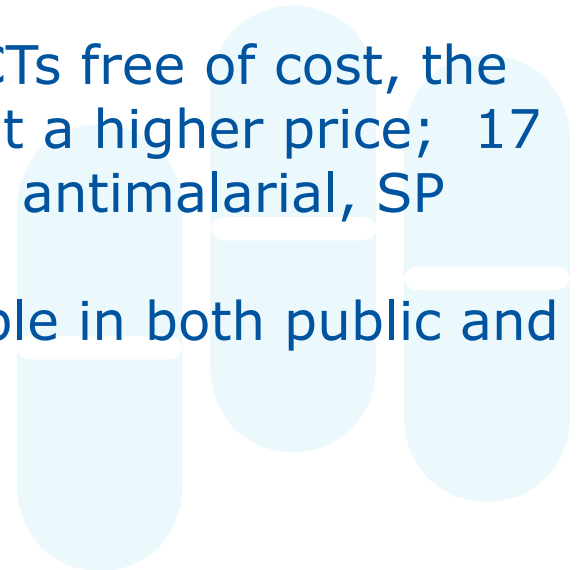
Caregivers Knowledge



Conclusions

From the supply side;

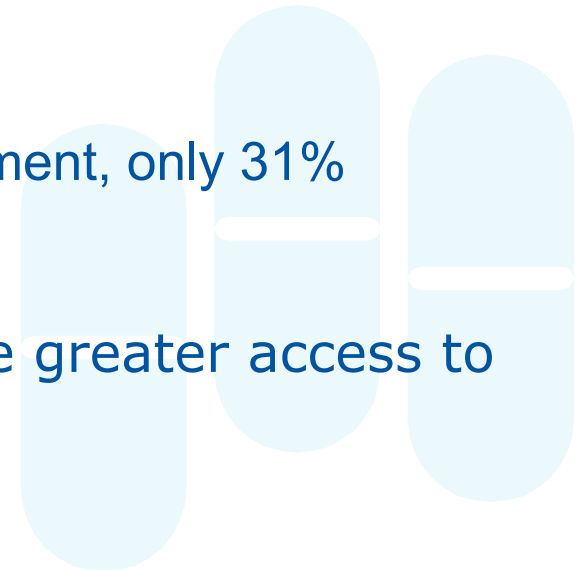
- ❑ Outlets in the public sector are more likely to stock the first-line treatment (AL) than those in the private sector
- ❑ non artemisinin monotherapies were the most distributed antimalarial in all outlets
- ❑ While the public sector distributed ACTs free of cost, the private sector distributed ACTs (AL) at a higher price; 17 times more than the most distributed antimalarial, SP
- ❑ Diagnostic testing was usually available in both public and private health facilities



Conclusions

From the demand side;

- ❑ First - line ACT (AL) is the most commonly acquired antimalarial treatment by caregivers of children under five;
- ❑ While most caregivers sought some form of treatment for a child under five with fever (92%), only half did so within 24 hours of fever onset;
- ❑ Among those who those who sought treatment, only 31% received a diagnosis
- ❑ Caregivers from poorer quintiles have greater access to ACTs



CONTRIBUTORS & ACKNOWLEDGEMENTS

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