



Improving access to ACTs via home based management

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 Curing Malaria Together
www.mmv.org


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New call for malaria elimination

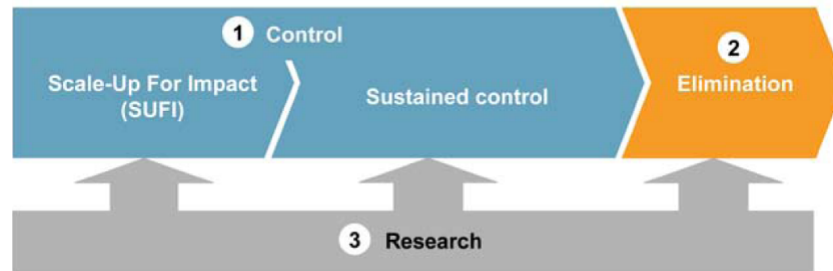
- Despite clear strategies and initiatives malaria has remained a leading cause of illness and death in most of Africa
 - Effective medicines and preventive tools exist BUT they reach only a small proportion of the population at risk
- In 2007 (Seattle): Bill and Melinda Gates challenged the global community to renew its commitment to end death from malaria
- Clarion call was taken up by the RBM Partnership and a global malaria action plan (GMAP) was formulated with a vision to end malaria suffering and death
- BUT-elimination CAN NOT BE possible if life saving commodities do not reach the people at risk





Universal coverage with effective tools is pre-requisite for malaria elimination

Figure 1: Three components of the global strategy



Global Malaria Action Plan, Aug 2008



MMV's Mission and Vision

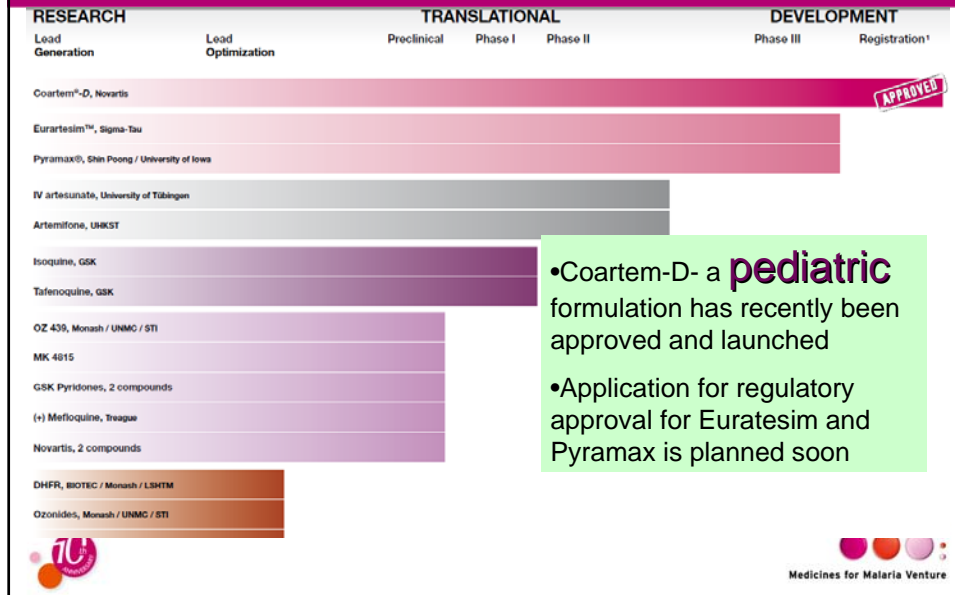
- Discover, develop and deliver safe, effective and affordable antimalarials to treat and protect people most at risk of malaria
- Provide the public health community with the most appropriate tools to achieve maximum public health impact
- Our model is partnerships (academia, Pharma companies, endemic countries etc.)

Our vision is a world in which innovative medicines will cure and protect the millions at risk of malaria and help to ultimately eradicate this terrible disease.

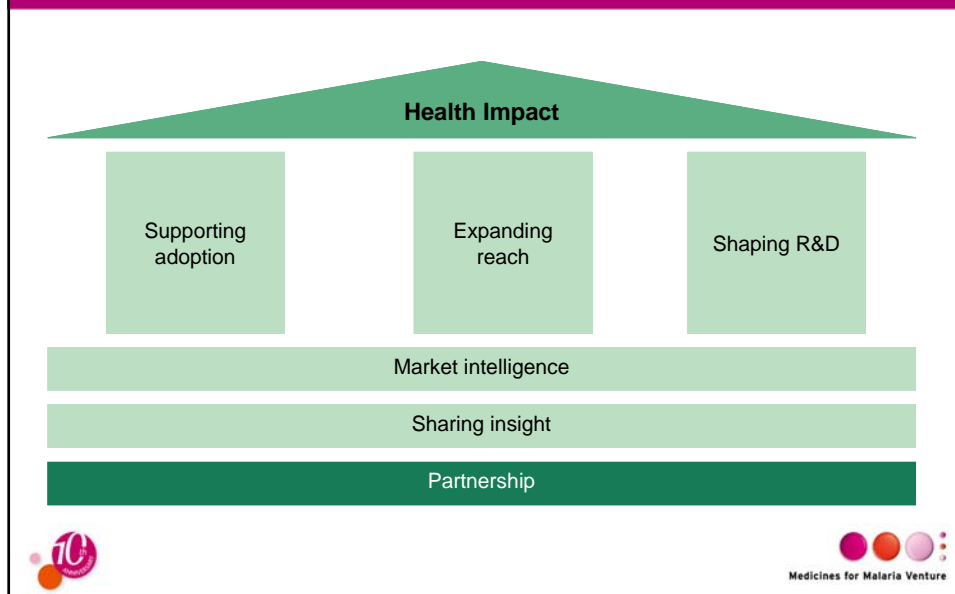




MMV's Research and Development (R&D) portfolio



MMV's Global Access Model: Ensuring uptake and responsible use to maximize health impact





The reality: Big access gap to life saving medicines

	% <5 receiving any antimalarial	% <5 receiving an ACT	Source
Burundi	30	3	MICS 2006
Cameroon	58	2	MICS 2006
CAR	57	3	MICS 2006
Cote d'Ivoire	36	3	MICS 2006
Djibouti	10	<1	MICS 2006
The Gambia	63	<1	MICS 2006
Ghana	61	4	MICS 2006
Malawi	24	<1	MICS 2006
ST and P	25	6	MICS 2006
Sierra Leone	52	1	MICS 2006
Somalia	8	1	MICS 2006
Tanzania	58	2	DHS04-05
Togo	48	1	MICS 2006
Uganda	62	1	DHS, 2006
Zambia	58	13	MICS 2006

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Bridging the access gap through Home Management of Malaria (HMM)

- A care delivery strategy to increase access to effective treatment for malaria
 - Where the health care system is far or weak
 - Where self-treatment is common
 - Where self-treatment is often inappropriate



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Key elements of HMM

✓ Effective, pre-packaged, user-friendly, unit-dosed, antimalarials (ACTs)



✓ made available close to the home through a network of trained community-based providers...

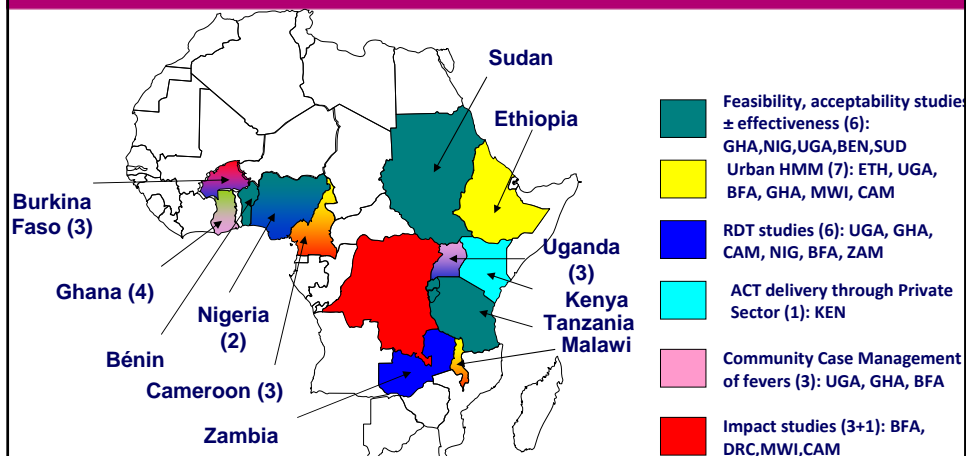


✓ backed up by a communication strategy for behaviour change



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TDR research on HMM



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Key Findings

- CMDs can deliver ACTs with high quality (>95%)
- Mothers adhere to treatment schedule (85%)
- Coverage of malaria (fever) cases by CMDs is high (~60%)
- Cure rate of ACTs in HMM is high (>90%)
- Coartem is stable when stored by CMDs
- HMM reduces workload in Health Facilities



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Feasibility and acceptability of the use of artemether-lumefantrine in the home management of uncomplicated malaria in children 6-59 months old in Ghana

Malaria Journal



Research

Open Access

Feasibility and acceptability of artemisinin-based combination therapy for the home management of malaria in four African sites

Malaria Journal



Research

Open Access

Effectiveness of artemisinin-based combination therapy used in the context of home management of malaria: A report from three study sites in sub-Saharan Africa

Malaria Journal



Research

Open Access

Implementation of Home based management of malaria in children reduces the work load for peripheral health facilities in a rural district of Burkina Faso



Bridging the access gap in the private sector-Uganda's experience with subsidized medicines

Aligning policy for wider distribution of ACTs- OTC status

Training care providers

Supply chain incentives to stock ACTs- Adequate margins

Generating demand for umbrella brand (ACT-leaf)

Tracking progress, safety and impact



MoH owned logo-ACT with a leaf



PSI



Surgipharm

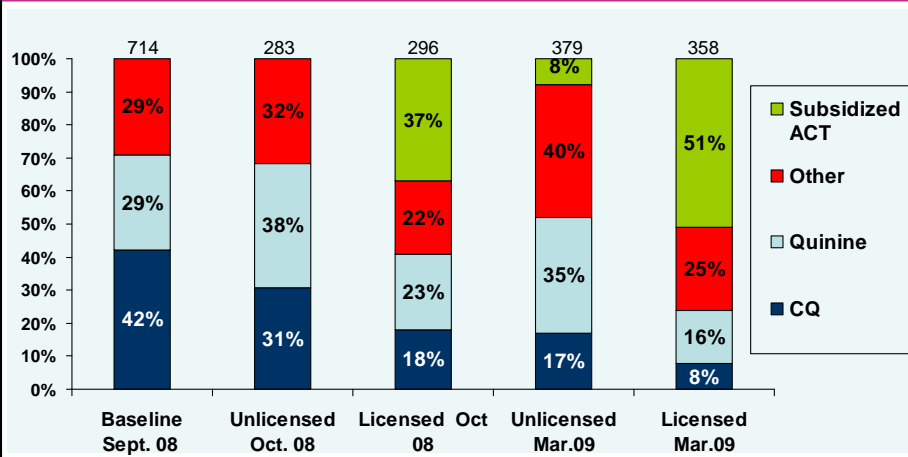


IDA Solutions
pharmaceutical management support

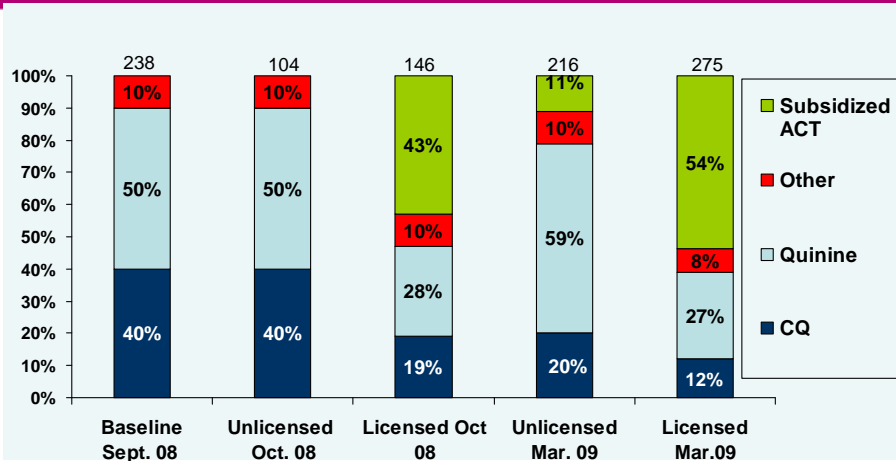




Subsidized medicines have eroded chloroquine (CQ) and other antimalarials market share for patients >5 years..



Subsidized medicines have eroded chloroquine (CQ) and other drugs market share for patients <5 years



Furthermore, patients have paid an average price of \$0.25 for treatment course, and \$0.10 for children





HMM needs effective integration into the Health System

- Efficient public sector supply chain
- HMM not an alternative but part of overall malaria case management policy
- Supportive supervision from Health Facilities



To be successful, HMM requires a performing Health System



Challenges in HMM implementation

- **Incentive scheme for CHWs- monetary / non monetary**
 - Key factor in performance of HMM under programme conditions
 - To reduce attrition of CHW
 - To reduce costs.e.g. re-training
 - To improve performance
- **Effective supervision and feedback of CHWs**
 - Key factor in performance of HMM under programme conditions
 - To improve performance
 - To improve health outcomes
 - To reduce burden on Health System
- **Other issues**
 - Instructions to facilitate easy use and packaging
 - Child friendly formulations





Research gaps – evidence needed

- Safety and effectiveness of ACTs used at large scale in the HMM context
- Feasibility of incorporating RDTs and cost effectiveness in different transmission settings
- Impact on mortality and severe morbidity with ACT
- Is there a role of HMM in urban areas? (Staedke et al, 2009)
- Impact of the private sector in community based ACT distribution-AMFm
- Impact of AMFM on CMDs–ACT sales v free in the same communities



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