



## Expanding Access to Artemisinin Combination Therapies (ACTs):

### Private Sector Involvement, Public Sector Responsibility

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**Curing Malaria Together**  
[www.mmv.org](http://www.mmv.org)



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# Presentation Map

- **Unique History of PrS\* in anti-malarial delivery**
- **Resistance and New Drugs – rethinking the role of the PrS**
- **Harnessing the PrS for public health good in the era of ACTs**
- **Closing Reflection**



**\* PrS - Private Sector**

# Private Sector (PrS) Defined

- **That which :**
  - Is not Public Sector financed
  - Does not provide free drugs
  - Involves profit motive
  - And which may not be
    - Well regulated
    - Price controlled
    - Legal



# Malaria -- A disease unlike any other... a history of treatment unlike any other

- **Fundamental differences with HIV/AIDS and TB**

- Kill fast vs kill slow
- Treatment – Short vs Long.
- Clinical intervention – low vs high.
- Centuries of disease interaction vs new enemy..
- Cheap vs costly cures

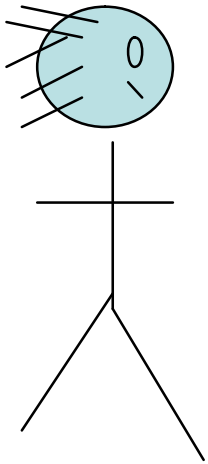
- **Similarities with the other two pediatric killers  
(pneumonia, diarrhea)**

- Reaction times unforgivingly short
- Recurrence can be frequent
- Confusion about best treatment – « options » (good and bad) abound
- Cures were comparatively cheap



And for years, the PrS filled the gap.

## THE STORY OF LITTLE DORA\*



CHLOROQUINE

**a silver bullet was available nearly everywhere.. affordable...  
and used blindly...**

\*Source: Dr. Dora Akunyili Personal Reminiscence, Ghana, May 2008



Well, a pretty good silver bullet...



**CHLOROQUINE**

**When the options  
were few and  
benefits  
outweighed the  
risks...**

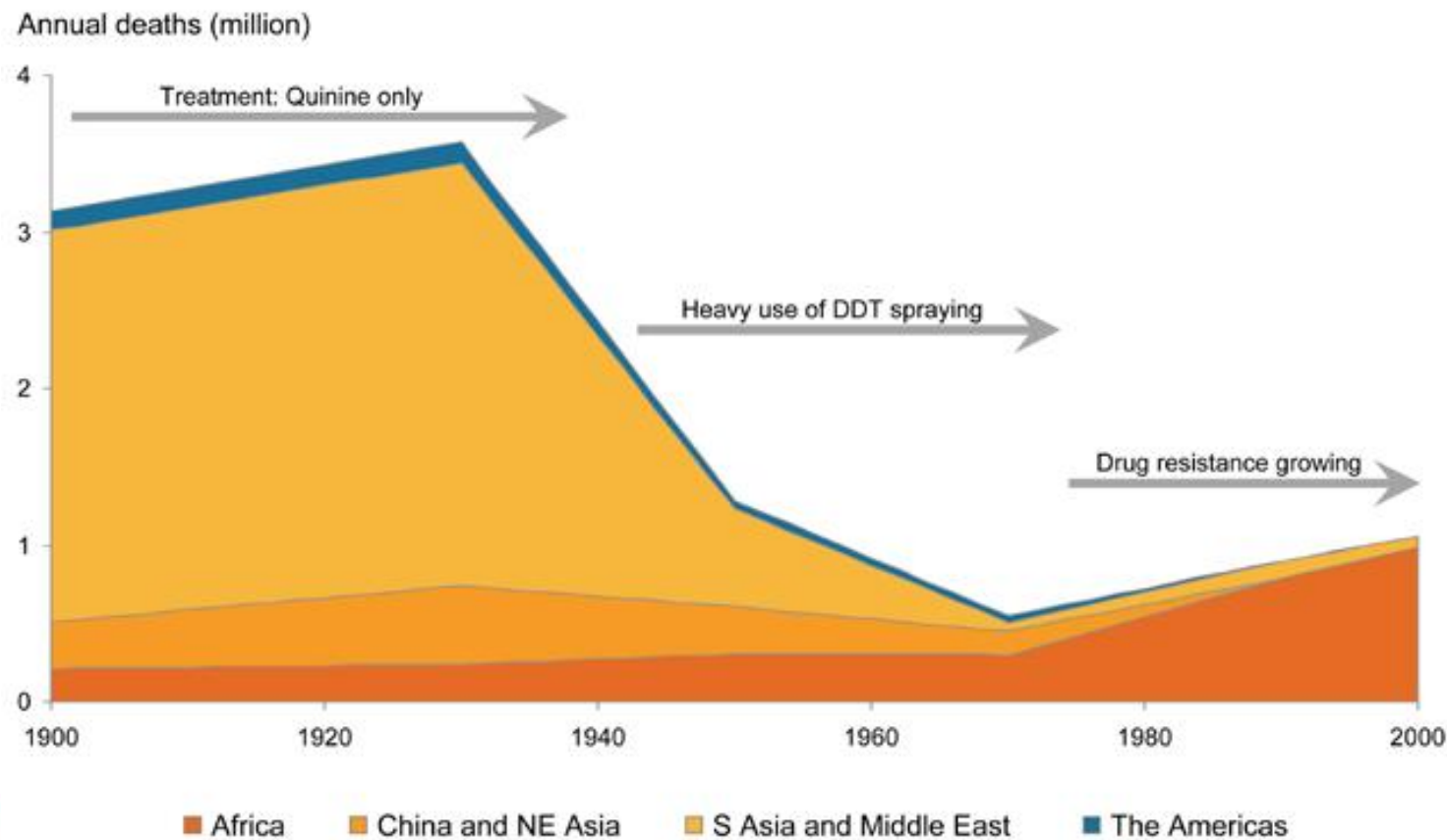
- **No other malaria drug has such a low fatal dose**
- **Today – would be impossible to approve it OTC**



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## And so today.. The Pharmaceutical Armamentarium

- The failure of older, cheaper drugs (CQ, SP)
- ACTs – the backbone of First Line Treatment today



Source: R. Carter and K. Mendis. *Evolutionary and historical aspects of the burden of malaria*. Medicines for Malaria Venture *Clinical Microbiological Reviews*, 2002.



# Artemisinin Combination Therapies (ACTs)

- **Efficacious. Safer.**
- **Harder to Make (grow...)**
- **More expensive**
- **In Infancy and yet... vulnerable as a class**
- **Undermined by Monotherapy, incl. Co-blistered ACT**

**All said and done.....**

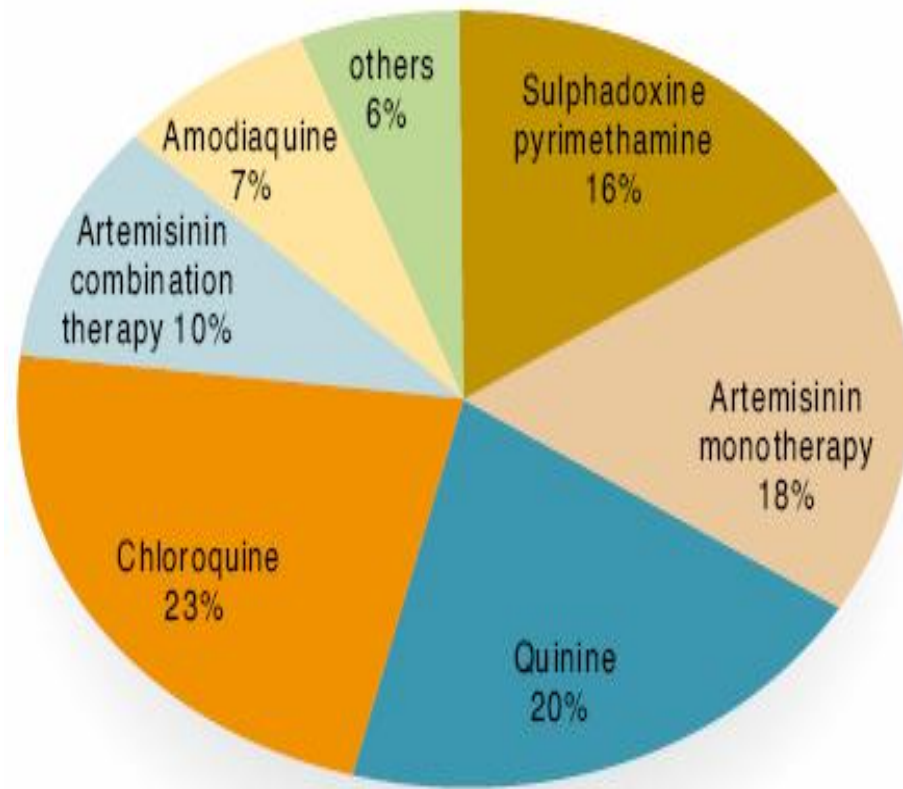
- **ACTs are all that we have got\* for several years ahead**



*\* For treatment of acute pf malaria*

# So how does the PrS step up to the new world of ACTs?

Drugs on shelf in private sellers in three-district rural Uganda

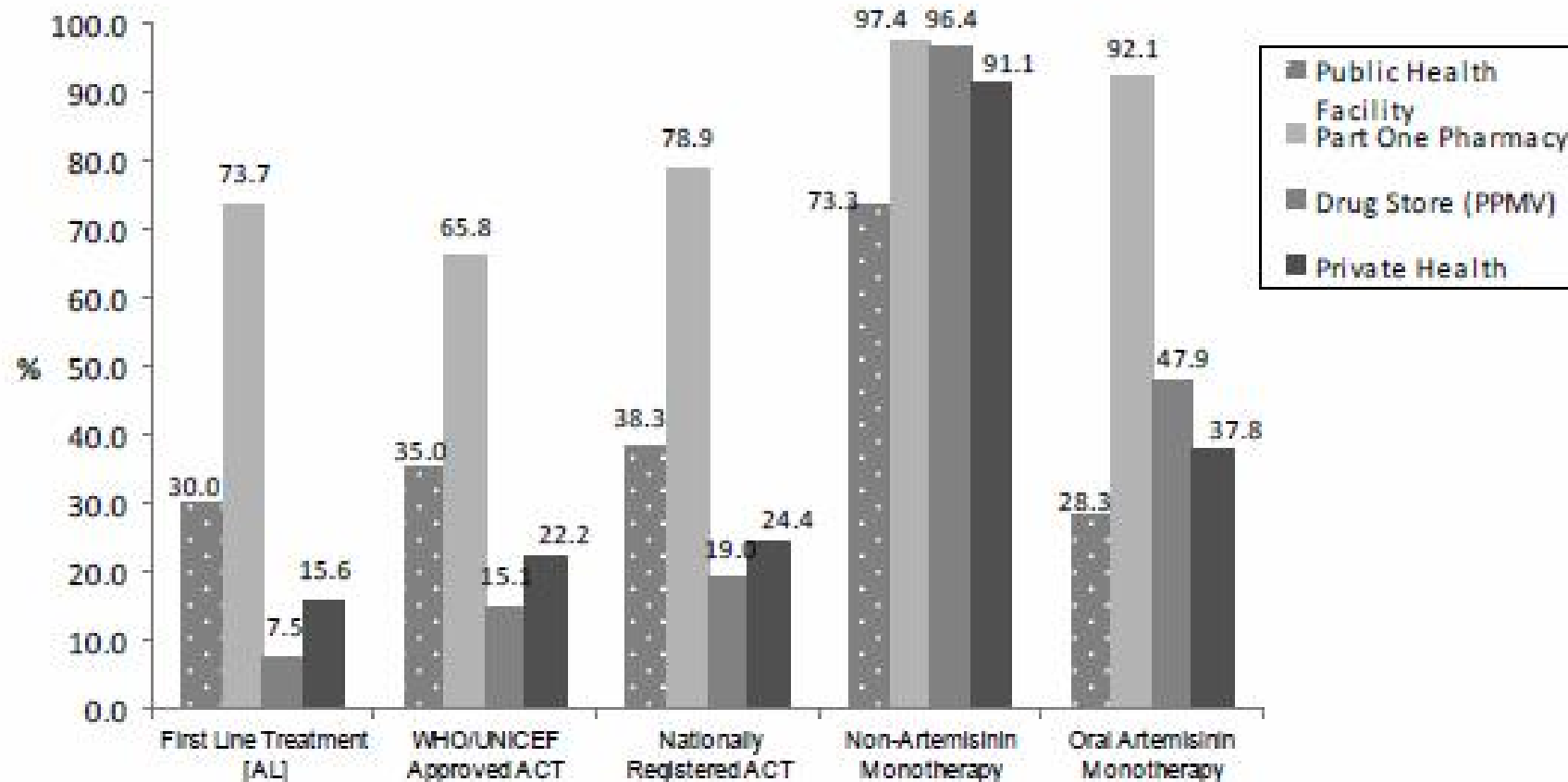


Product	Price
ACTs	3.00 - 9.00
Artemisinin mono	3.00 - 24.00
Amodiaquine	0.24 - 0.48
Chloroquine	0.12 - 0.30
SP	0.30 - 0.60
Quinine	2.50

Source: MMV Uganda Supply Side Study – 2007

# Some more recent evidence...ACT Watch....

## Antimalarial Availability - Proportions by Outlet Type



Source: ACT Watch - Draft Baseline Outlet Survey Nigeria - December 2008



- 1) public health facilities
- 2) Part One pharmacies (pharmacies registered by the Pharmacy Council of Nigeria and NDA;
- 3) drug stores (Proprietary Patent Medicine Vendors: small OTC pharmacies)
- 4) private health facilities (private clinics);

# The PrS Value Proposition Today – a mixed bag

- **Providing « access » in its crudest sense – but no great legacy of patient education**
- **Impact Unmeasured – Volumes Unknown**
- **« What the Market Will Bear »**
  - **PrS offering what people need... and don't need... can afford... and can't afford...**
- **Not harnessed to deliver patient insights.**
  - Drivers of choice?
    - Just affordability?
    - Patient and seller interaction?
    - « because it was on the shelf »



# Harnessing the PrS for public health in the era of ACTs

- **Regulatory Approvals – controlling the flood gates**



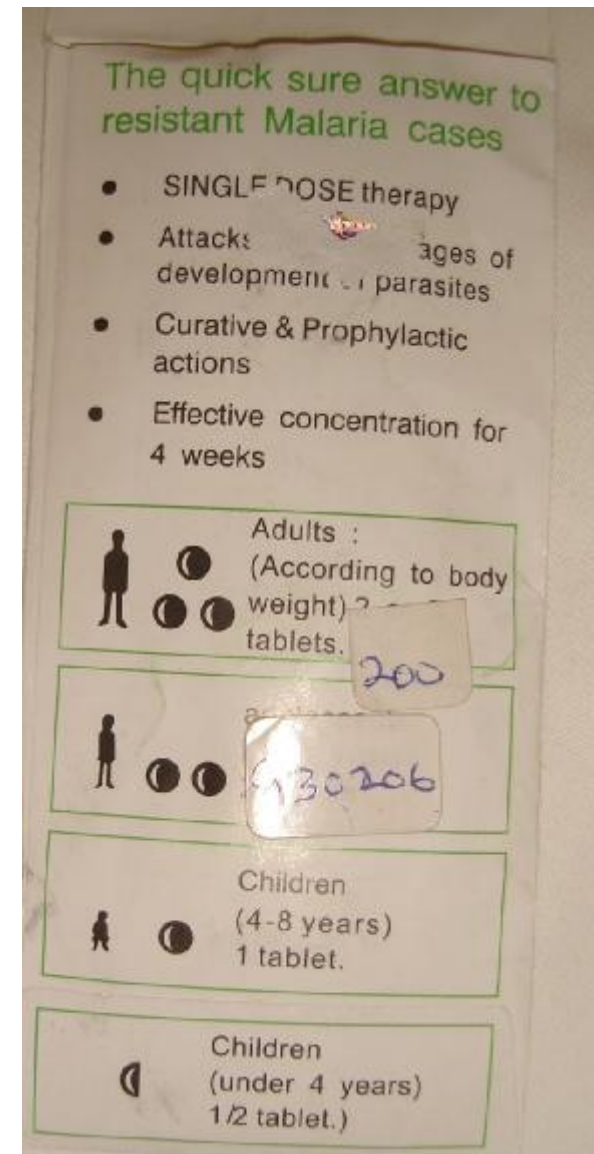
Did these...  
just « slip by » ?



# Harnessing the PrS for public health in the era of ACTs

- **Enforcement...**

Are these counterfeit?  
Or just dangerously  
mis-labelled?



# Harnessing the PrS for public health in the era of ACTs

- **How to Incentivize Correct Dispensing**

## Battle Ahead: Diagnostics-before-treatment in the Private Sector

Choices are

1. Give up the ghost or....
2. Undertake a sociology-driven R&D mission which will involve

Medical Anthropologists  
Economists  
Social Marketers  
Sellers / Distributors  
Public Health Guardians



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# Harnessing the PrS for public health in the era of ACTs

## Licensure -- re-examining the minimum standards

- In sub-districts in Uganda where not one licensed PS seller exists...
- In Drug stores in rural Tanzania, where pharma regs are routinely broken
- Lacking permits, qualifications; stocking POMs, unregistered products...

But keep in mind these recommendations\*

- Increased regulatory enforcement could do more harm than good, by restricting access to useful medicines.
- Drug regulation should be about protecting public health – and thus should focus on current locally legitimate implementation.
- Seek positive incentives

\* Source of recommendations:

Drug shop regulation and malaria treatment in Tanzania—why do shops break the rules, and does it matter?

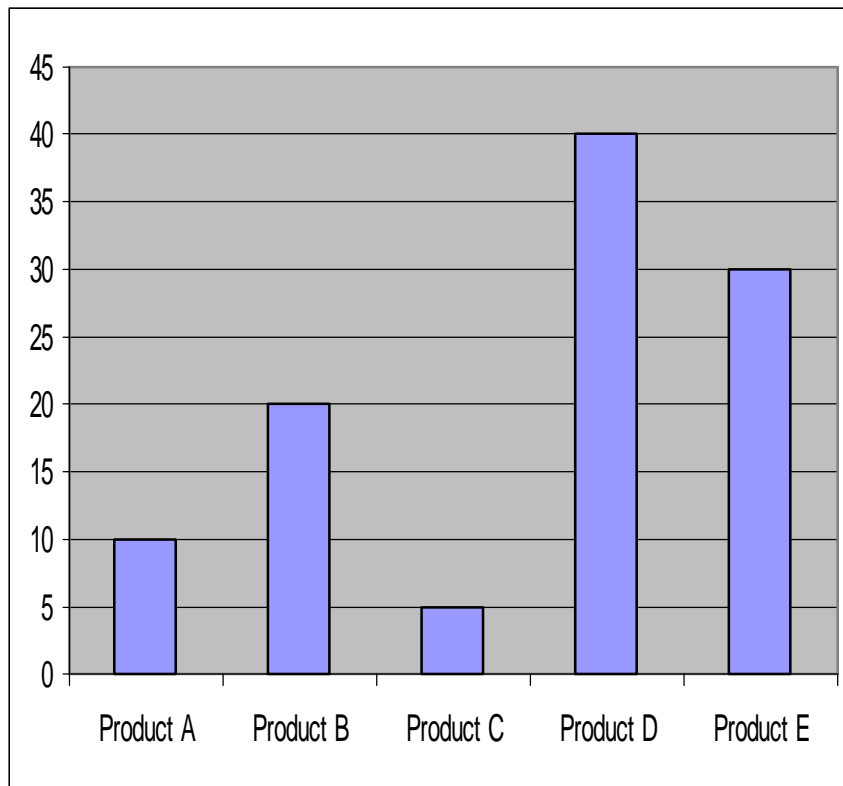
Catherine Goodman, S Patrick Kachur, Salim Abdulla, Peter Bloland and Anne Mills

Health Policy and Planning Advance Access published online on October 4, 2007

# Harnessing the PrS for public health in the era of ACTs

- **Being able to report and measure....**

Volume?



Who got the drugs there, what incentivizes them?



# Harnessing the PrS for public health in the era of ACTs

- **Training the Sector....**

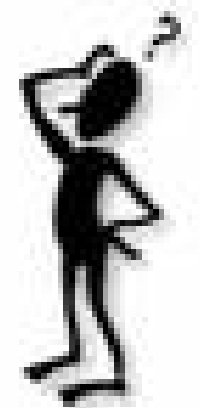
## Prequalified Fixed Dose Combinations

### *Today...*

- **Artemether-Lumefantrine (A-L)**
- **Artesunate-Amodiaquine (AS-AQ)**

### *Tomorrow...?*

- **A-L**
- **AS-AQ**
- **DHA-PQP**
- **PYR-AS**
- **AS-MQ**



# Harnessing the PrS for public health in the era of ACTs

## **AMFm – an opportunity to learn**

***(see C. Goodman presentation and  
A. Talisuna presentation at Verona)***

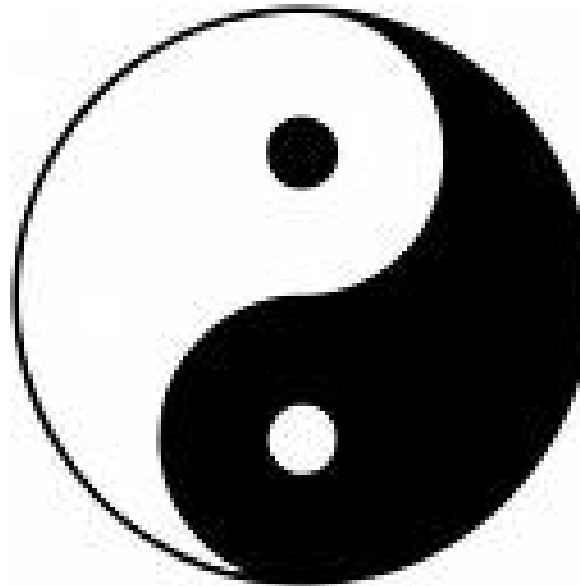


# Closing Reflection

- **The way things have been...the way things should be**

## PrS was about:

- Wide « access »
- Self-care
- Low/no oversight
- Filling a void
- Presumptive
- Anything goes



## PrS can be about:

- Advancing a public agenda for affordability and quality treatment
- Reinforcing new ways of diagnosing and treating
- Better quality advice
- Rational Use

