Transforming the private sector market for quality malaria case management in Kinshasa, Democratic Republic of Congo

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Background

The Democratic Republic of Congo’s (DRC) malaria treatment guidelines state that all suspected cases should be confirmed by diagnostic testing prior to treatment. Positive cases of simple malaria should be treated with artesunate-amodiaquine (AS AQ) or artether-lumefantrine (AL), ideally with a WHO pre-qualified product.

In Kinshasa, care for childhood fever is sought from the private sector in 64% of all cases. However, the private sector suffers from several brakes on performance:

- diagnostic testing is non-existent in medicine shops, the most common antimalarial source;
- despite a vibrant antimalarial market, quality-assured ACTs (QAACTs) represent less than 5% of the total market by volume; and
- when QAACTs are available, they are much more expensive than blister strips of quinine and SP, the most commonly available non-artemisinin therapies.

On average, SP tablets retail for 400FC and 10 tablets of quinine for 1200FC, compared to 6000FC for an adult pack of QAACT.

Working with the National Malaria Control Program (PNLP), and with support from DFID, Association de Santé Familiale (ASF) and PSI are transforming the private sector antimalarial market to improve quality malaria case management in Kinshasa. The project runs from 2014 to 2019.

Project approach

Using its signature total market approach framework, ASF and PSI are following a three-step process to address key market constraints inhibiting the development of the private sector for quality malaria case management in Kinshasa.

1. Market Review

Describe the performance of the antimalarial market. Map the actors at different levels of the supply chains in the core, as well as the key actors in the broader market. Define the roles and relationships of the key actors in the chains, the support functions, and the enabling environment.

2. Constraints Analysis

Determine the underlying constraints for the problems in the market system. Identify how these constraints impede QAACT market and malaria case management development for the poor and vulnerable.

3. Interventions

Develop an overall vision for how the QAACT market could function more effectively for the poor in the future. Define interventions that can be adopted and implemented to help facilitate sustainable QAACT market system change and improved malaria case management.

Market review

The review revealed low availability, low market share, and relatively high prices for QAACT, as described above.

Additionally, the importation of medicines is highly fragmented and disorganised.

- 5 major importers and at least 82 small importers dealing in a very limited number of exclusive generic medicines.
- Inefficient triangular trade as major importers sell direct to retail to compete with their own wholesale customers.
- Market liable to price volatility, with margins rising ten-fold overnight.
- Importation taxes, fees and tariffs can be 30% of value of antimalarial products, and rates are even higher for RDTs.

Proposed interventions

- **Uniformed clients**
  - Improve coordination and the regulatory environment
  - Review local pharmacy accreditation policy
  - Develop the stewardship of the MOH towards lobbying for reduced taxes and tariffs
  - Strengthen regulatory authority to improve monitoring of product quality
  - Raise private sector awareness of national treatment policy and the use of QAACTs

- **Establish price reduction and generate demand for QAACTs**
  - Factory gate subsidy for pre-qualified AL and AS AQ which will bear the green leaf logo developed for the AMFm;
  - 65% subsidy in Years 1 and 2, decreasing to 0% in Year 5;
  - Contracts signed with 5 manufacturers for Year 1;
  - Comprehensive set of supporting interventions for both provider and client demand generation;
  - 3.56 millions QAACT courses delivered during the first year of the project with more than 12 millions trough the course of the project.

- **Establish quality private sector malaria case management**
  - An RDT pilot initiative to explore how access and use of RDTs can be improved in the private sector;
  - Focus in private facilities as an alternative to microscopy; focus on medicine shops as a common first source of care; Comprehensive and innovative supervision and monitoring package to support formerly untrained providers;
  - 1.7 million RDTs delivered through the course of the project.

Project learning agenda

Routine monitoring

- **QAACT Market - Quarterly**
  - Tablet-based mystery shopper to monitor QAACT availability
- **RDT Pilot - Weekly**
  - Caseload, testing and treatment for RDT pilot outlets submitted monthly
- **RDT Pilot - Flexible**
  - Tablet-based supervision assess RDT and case competency

Non-routine surveys

- **QAACT Market - Annual**
  - Household surveys to and recall of BCC messages
- **RDT Pilot - Annual**
  - Exit interviews to monitor outlets adherence to testing algorithms
- **RDT Pilot - 3 times**
  - Mystery client visits to treatment of known test-cases

Project evaluation

- **QAACT Market - 3 times**
  - Household surveys to assess population-level change in antimalarial use
- **QAACT Market - Annual**
  - Retail surveys to assess level change in QAACT market