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BACKGROUND
Malaria is a leading cause of illness and death in the Democratic Republic of Congo (DRC), where malaria burden is second highest in the world. National treatment guidelines indicate use of artesinin combination therapy (ACT) for first-line treatment.

METHODS
Malaria outlet surveys were conducted in Kinshasa and Katanga provinces in 2013 and 2015. A census of public and private outlets with potential to distribute malaria testing and/or treatment was conducted among a representative sample of administrative units. In total, 1,367 outlets in Kinshasa and 1,052 outlets in Katanga were screened for availability of malaria testing and treatment. An audit was completed for all antimalarials, malaria rapid diagnostic tests and microscopy. The audit captured product information, retail price and amount distributed to consumers during the last week. World Health Organization pre-qualification and Global Fund procurement lists were used to classify ACTs as quality-assured (QA) and non-QA.

RESULTS
Did availability of QA ACT improve in the public and private sectors? Availability of QA ACT improved in both the public and private sectors of Kinshasa and Katanga. In 2015, nearly 90% of public sector outlets in Katanga, but only 64% in Kinshasa had QA ACT available. In 2015, private sector availability was lower relative to public sector availability in Katanga (52%) and Kinshasa (22%). Non-QA ACTs were widely available in the private sector and availability was higher than 80% in 2013 and 2015 in Kinshasa. In Katanga, private sector non-QA ACT availability increased from 43% to 53% (Figure 1).

What are the most commonly distributed antimalarials in the DRC, and which sector distributed them? The private sector distributed the majority of antimalarials in Kinshasa and Katanga at each survey round. Within the private sector, most antimalarials were distributed by drug stores (data not shown). The most commonly distributed antimalarials over time were non-arthesinin therapies, including sulfadoxine-pyrimethamine (SP). In 2015, non-artesinin therapy accounted for about half of all antimalarials distributed in Kinshasa (45%) and Katanga (45%). QA ACT market share remained relatively low over time, and accounted for 7% of the market share in Kinshasa in 2015 compared with 31% in Katanga. Non-QA ACT market share remained high between 2013 and 2015 in Kinshasa, at 39%. In Katanga, non-QA ACTs accounted for 1 in 5 antimalarials distributed (20%) in 2015 (Figure 2).

How much did QA ACT cost relative to other popular antimalarials in 2015? In Kinshasa, the median private sector price of QA ACT treatment was 11.5 times more expensive than the most popular non-artesinin treatment, SP, and 1.3 times more expensive than non-QA ACT treatment. In Katanga, QA ACT treatment was 4 times more expensive than SP, but less expensive than non-QA ACT treatment (Figure 3).

CONCLUSION
QA ACT availability improved in the public and private sectors of Kinshasa and Katanga between 2013-2015, however, substantial gaps in availability remain in both sectors. In addition to suboptimal availability, QA ACT high price relative to cheaper antimalarial alternatives is likely a barrier to uptake. Distribution of QA ACT relative to SP and non-QA ACTs remains low. Fewer than 1 in 10 antimalarials distributed in Kinshasa, and 1 in 3 in Katanga were QA ACTs. Non-QA ACTs accounted for 1 in 5 antimalarials distributed in Katanga, and nearly 40% of the antimalarial market share in Kinshasa. Ensuring that malaria is managed appropriately in DRC with quality-assured ACT requires working with the private sector to address current gaps in availability, affordability and distribution of QA ACT.

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