The President’s Malaria Initiative: ACTs in the public sector

Donald Dickerson, USAID/PMI
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Antananarivo, Madagascar
PMI efforts in malaria control strategies

Rapid scale-up of proven interventions:
- Case management using RDTs and Artemisinin-based combination (ACTs) therapies
- Insecticide-treated nets (ITNs)
- Indoor-residual spraying (IRS)
- Intermittent preventive treatment for pregnant women (IPTp)
PMI focus countries

Year 1 (2006):
- Angola
- Uganda
- Tanzania

Year 2 (2007):
- Senegal
- Rwanda
- Mozambique
- Malawi
PMI focus countries

Year 3 (2008):
- Mali
- Madagascar
- Benin
- Ghana
- Liberia
- Kenya
- Ethiopia (Oromiya region)
- Zambia

Year 4 (2009):
- All 15 countries

Year 5 (2010):
- All 15 countries

Year 6 (2011):
- DRC
- Nigeria
- Ethiopia: Expansion beyond Oromiya Region
## PMI Funding Levels (Additive) and Coverage

<table>
<thead>
<tr>
<th>Year</th>
<th>Funding Level</th>
<th>Coverage</th>
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</thead>
<tbody>
<tr>
<td>2006</td>
<td>$30 million</td>
<td>3 countries</td>
</tr>
<tr>
<td>2007</td>
<td>$154 million</td>
<td>7 countries</td>
</tr>
<tr>
<td>2008</td>
<td>$300 million</td>
<td>15 countries</td>
</tr>
<tr>
<td>2009</td>
<td>$300 million</td>
<td>15 countries</td>
</tr>
<tr>
<td>2010</td>
<td>$500 million</td>
<td>15 countries</td>
</tr>
<tr>
<td>2011 request</td>
<td>$680 million</td>
<td>17 countries</td>
</tr>
<tr>
<td><em>Hyde/ Lantos</em></td>
<td><em>$5 billion</em></td>
<td><em>FY09 - 13</em></td>
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ACTs and the public sector

- ACTs funded through a variety of resources have been rolled-out in all 15 PMI countries.
- Increased availability in public sector to achieve PMI-specific targets:
  - 85% children less than five with suspected malaria to receive an ACT within 24 hours of symptoms
  - 85% government health facilities have ACTs available to treat uncomplicated malaria
- PMI is concerned about stockouts of ACTs and availability at the facility levels.
Procurement of ACTs

- All 15 PMI countries adopted ACTs as first-line treatment (uncomplicated):
  - artemether-lumefantrine
  - artesunate-amodiaquine
- Support in procurement is combination:
  - technical assistance
  - direct procurement
  - supply logistics: forecasting, customs & clearance, storage, distribution, end-use verification
The malaria operational plan (MOP)

- Annual development of MOP for 17 PMI countries with stakeholder consultation
- Approximately 43% of total country budget devoted to all commodities
- Procurement of ACTs is ‘gap-mediated,’ dependent on other donors’ contributions—not mandated
- MOPs available on-line
Guidance for Procurement Quality

- FDA
- Stringent regulatory-approved products
- WHO prequalified
- WHO/UNICEF antimalarial drug interim supplier status
- USAID-prequalified wholesaler suppliers:
  - UNICEF
  - Missionpharma
  - International Dispensary Association (IDA)
ACT treatments procured

- Year 1 (2006): 1,229,550
- Year 2 (2007): 11,537,433
- Year 3 (2008): 15,627,869
- Year 4 (2009): 29,616,342
- Year 5 (2010): 33,073,020 (est.)
ACT treatments procured

Year 1 (06): 1,229,550
Year 2 (07): 11,537,433
Year 3 (08): 15,627,869
Year 4 (09): 29,616,342
Year 5 (10) (est): 33,073,020
Potential impact of current and future funding levels?

- PMI fills gaps in ACT needs, based on contributions from Global Fund, World Bank, etc.
  - Accurate quantifications necessary
  - Difficult to predict PMI ACT funding in the future—very dependent on country Global Fund successes
  - But, preliminary indications are that PMI funding for ACTs will continue to increase in 2010 and 2011
- Significant collaboration with in-country PMI teams, NMCP, MOH & other partners to coordinate timely consignment
Management of ACT implementation-Tools

- ACT Procurement Planning Monitoring Tool—
  - Gathering data on number of months of ACT stock available at central level and timing of next procurement to serve as early warning on potential ACT stock out

- End-use verification Tool— rolled out on quarterly basis in small sample of facilities:
  - how many facilities with stock-outs
  - expiry/shelf-life of stocked ACTs
  - rationale use of ACTs (presence of non-ACTs as first-line?)
Challenges

- Accurate forecasting and demand affected by controlling malaria and improved access to diagnosis
- Global need for artemisinin API
- Transition to new ACT formulation e.g. FDC ASAQ, dispersible AL
- Continued concern with substandard quality and/or counterfeit ACTs
- Use of artemisinin-monotherapies (uncomplicated malaria)
- Provider behavior and increased demand for high quality ACTs in community through better BCC/IEC, community case management
- Leakage to private sector, across borders
- ACT stockouts
Future?

- Year 5 budget (2010): $500 million
- Year 6 budget (2011) request: $680 million
- Continued coordination of procurements with World Bank, Global Fund, other partners
- Ensure sustainable supply of ACTs
Thank you!

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