Artemisinin Conference-AMFm update
Madagascar, 12–15 October 2010
AMFm design

AMFm co-pay ACT in order that ACTs prices become comparable to less-effective anti-malarials (Chloroquine and Sulfadoxine-Pyrimethamine) and replace monotherapies

1. Establish maximum prices for each ACT
2. Determine co-payments amounts
   - fixed dollar amount specific to each formulation, pack size, uniform across all suppliers
3. Sign contractual agreement with manufacturers based on pre-defined eligibility criteria, term and conditions under AMFm
4. Sign contractual agreement with buyers, defining roles and responsibilities, criteria of eligibility under AMFm
AMFm design

Supporting interventions will be implemented alongside with the co-payment for broad and safe reach of affordable ACTs

- Public education and awareness campaigns
- Training, monitoring and supervision for ACT providers
- Planning for national policy and regulatory preparedness
- Planning for monitoring of drug quality
- Interventions to reach poor people and other vulnerable groups
- Other interventions (including diagnostics)
## Grant Signature Update

<table>
<thead>
<tr>
<th>Country</th>
<th>Signed</th>
<th>Disbursed</th>
<th>Co-paid drugs on sale in-country</th>
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<tbody>
<tr>
<td>Cambodia</td>
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<td>Uganda</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Zanzibar</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Progress and Issues in Countries (1/3)

• Ghana
  – Grant Signed, Disbursement for Supporting Interventions (SI) done
  – “Soft-launch” in progress (Radio, TV); main launch event November
  – Drugs available in private sector outlets (very early stage) in and outside the capital

• Niger
  – Grant signed, Disbursement for SI done
  – Marketing Sub Recipient identified

• Nigeria
  – Grants progressivly signed
  – RBM Marketing workshop 27 September
Progress and Issues in Countries (2/3)

• **Kenya**
  – Grant signed, disbursement for SI done
  – MoH launch event 23 Aug
  – Marketing SR identified
  – Radio interviews, newspaper supplements on AMFm

• **Madagascar**
  – Grant signed, disbursement for SI done
  – Small orders have been placed
  – Marketing campaign in preparation (PSI/NMCP)

• **Tanzania**
  – Grant signed, disbursement for SI awaited
  – SR marketing identified
Progress and Issues in Countries (3/3)

- **Cambodia**
  - Grant amendment signed, disbursement for SI done
  - Unavailability of qualified drugs, hence no orders
  - SI started for non drug–related activities

- **Uganda**
  - Grant extension request filed,
  - Possibly need of Board approval for an extension to the negotiation phase

- **Zanzibar**
  - Grant signature expected end October
Manufacturer Agreements

- **Master Supply Agreements with Manufacturers**
  - Signed with Ajanta, Cipla, Guilin, Ipca, Sanofi-Aventis, Novartis
  - Contracts valid until June 2012

- **Maximum Prices and Co-payment Amounts**
  - Established for each ACT formulation, strength and pack size in May 2009 (max prices) and February 2010 (co-payment)
  - Reviewed in March 2010
  - Logo application, API prices, exchange rates and other parameters
  - No changes so far - max prices and co-payment amounts still valid
Negotiating Agent

- CHAI contract ended

- Selection of a negotiating agent
  - Tender concluded in July 2010
  - Consortium AEDES/OTECI selected (18 month contract)
  - Support for revision of max prices, co-payment amounts, negotiating strategy
  - Analysis of market trends including entry of new product/manufacturer

- Review of max prices and co-payment amounts
  - Expected by beginning 2011
Universal Logo and Tracking Mark

• AMFm logo
  – Selected after consultation with manufacturers and field testing
  – Application for trademark registrations in AMFm countries, Switzerland, China, India and the African Intellectual Property Organization (OAPI)

• Logo and tracking mark
  – In all co-paid ACT, primary and secondary packaging
  – Manufacturers do not charge additional cost

• Logo license and sub-license agreement
  – Define conditions of use of the logo
  – Agreement between entity conducting marketing campaign and GF
  – Signed by Ghana only (as of end September 2010)
Pre-shipment Inspection and Quality Control

• **Contracts with sampling agent and laboratories**
  – Signed with NIDQC (Vietnam) and SGS (The Netherlands) – control laboratories
  – Signed with SGS (Belgium) - sampling and inspection agents
  – Two-year contracts

• **Sampling and testing procedures**
  – Developed with NIDQC and SGS
  – NIDQC (new laboratory) almost completed all methods transfers for products not described in Pharmacopeia

• **Inspection and QC testing**
  – 12 AMFm orders (to date) – Ghana, Kenya, Madagascar and Tanzania
  – No compliance issues
First-line Buyers

- 97 buyers have signed undertakings to date.
- The First-line Buyer Undertaking commits buyers from private for-profit, private not-for-profit and public sectors to pass on savings possible with co-payments.

<table>
<thead>
<tr>
<th>BUYER COUNTRY</th>
<th>PRIVATE FOR-PROFIT</th>
<th>PRIVATE NOT-FOR-PROFIT</th>
<th>PUBLIC</th>
<th>TOTAL</th>
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<td>International</td>
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<tr>
<td><strong>TOTAL</strong></td>
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<td><strong>1</strong></td>
<td><strong>5</strong></td>
<td><strong>97</strong></td>
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</table>
Orders for Co-paid ACTs (as of 7 Oct)

• 29 Orders Received
  – 8,754,500 treatments totaling US$ 8,473,944 in co-payments and US$ 1,036,316 for co-payments for freight and insurance costs.
  – 395,000 A/L treatments delivered to Ghana and 734,990 A/L delivered to Kenya.

• By Country
  – 13 orders for Ghana for 4,265,600 treatments (49%) totaling US$ 4,296,111 (51%).

• By Form
  – Majority of orders for fixed-dose combination ACTs (90% of treatments, 95% of co-payments committed).
Monitoring Implementation (1/2)

- **ACT orders confirmed for co-payment**
  - Web report developed and available on a publicly accessible Global Fund website
  - Downloadable in several formats (e.g., Excel, Word, PDF, HTML)
  - Includes, among other information:
    - Country to receive the order;
    - First-line buyer who will receive the shipment; and
    - Quantity of ACT product (by dose) and manufacturer.
### Monitoring Implementation (2/2)

**Affordable Medicines Facility - malaria (AMfM)**

**Summary Report on Co-paid ACTs**

<table>
<thead>
<tr>
<th>Intended Beneficiary Country</th>
<th>First-Line Buyer Name</th>
<th>First-Line Buyer Type</th>
<th>Confirmation of Co-Payment Number</th>
<th>Manufacturer</th>
<th>International Nonproprietary Name (INN)</th>
<th>Dosage Strength</th>
<th>Form</th>
<th>Adult/Child Dose</th>
<th>Treatment Unit</th>
<th>Type of Pack</th>
<th>Co-Payment per Treatment Unit (USD)</th>
<th>Date Order Approved by the Global Fund</th>
<th>Quantity of Treatment Units Ordered</th>
<th>Co-Payment Committed (USD)</th>
<th>Delivery Date as per proof of payment</th>
<th>Quantity of Treatment Units Delivered</th>
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<td>AFRICABOINS SAS, AJANTA PHARMACEUTICAL LIMITED GHANA</td>
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<td>121,000.00</td>
<td>21 Aug 2010</td>
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</table>
Independent Evaluation

- Baseline outlet survey work
  - Data collection activities completed in Ghana and Zanzibar; expected in October (Niger), in November (Kenya and Tanzania) and before the end of this year (Uganda)
  
  - Work has advanced under the oversight of the Independent Evaluator
  
  - Country-specific baseline reports expected from DCCs before the end of this year for some Phase 1 countries - for the remaining by mid February 2011
  
  - Following this, the IE will be able to complete a comprehensive Phase 1 baseline assessment report
Independent Evaluation

• End point data collection May-June 2011
  - 8 months required to produce full IE Report
  - Board Meeting and Decision – May 2012

• Challenges
  - No countries will have full 12 months implementation
  - Maximum in-country implementation of 9-10 months
  - Will there be sufficient evidence for a decision on AMFm as a business line?

• AMFm Committee will discuss 6 months or 12 months extension to current timeline- Decision next Board in December 2010
Meeting: Early Lessons Learned

• Venue and Date:
  – Ghana: 17-18 December 2010

• The objective of the meeting is for implementers of AMFm Phase 1 activities to share experiences that may be reapplied to implementation strategies before the end of AMFm Phase 1.

• Participants:
  – AMFm host grant PRs/NMCPs
  – Representatives of First-line Buyers
  – Marketing campaign experts/implementers
  – Implementing partners of the Roll Back Malaria partnership