



WHAT HAPPENED TO THE MALARIA MARKET IN KENYA AFTER THE AMFM?

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BACKGROUND

Key strategies have been implemented in Kenya to ensure access to confirmatory testing and appropriate treatment for malaria cases. These include a private sector copayment mechanism (CPM), first implemented as the Affordable Medicines Facility-malaria (AMFm) pilot from 2010-2011 and subsequently the Global Fund's CPM.

METHODS

Nationally-representative malaria outlet surveys were conducted in 2010, 2011 and 2014. 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. All public sector outlets, referred to as 'public total,' is inclusive of community health workers (CHWs) and private not-for-profit health facilities. An audit was completed for all antimalarials, malaria rapid diagnostic tests and microscopy.

RESULTS

What happened to quality assured ACT availability after the AMFm? By the end of the AMFm pilot period in 2011, quality-assured artemisinin combination therapy (QA ACT) was available in more than half of all antimalarial-stocking private sector outlets (60%) and 97% of public sector outlets. Availability increased in 2014 to 71% of private sector outlets, but decreased in the public sector to 87%. In 2014, QA ACT availability was greater than 80% in private facilities (84%), pharmacies (91%) and unregistered pharmacies (84%), but was much lower among general retailers (26%) (Figure 1).

Has continuation of the private sector co-payment mechanism improved QA ACT market share?

During the AMFm, QA ACT market share increased from 26% in 2010 to 57% in 2011. Subsequently, QA ACT market share declined slightly to 51% in 2014. The majority of QA ACTs distributed in 2011 and 2014 had the green leaf logo indicating co-payment by the Global Fund. Despite these improvements, half of antimalarials distributed in 2014 were non-QA ACTs (18%) or non-artemisinin therapies (29%), primarily sulphadoxine-pyrimethamine (SP) (26%). Most of the SP and non-QA ACTs distributed were distributed by the private sector (Figure 2).

How much does QA ACT cost relative to other popular antimalarials? During the AMFm pilot, the private sector retail price of QA ACT declined such that in 2011, QA ACT and the most popular antimalarial, SP, were very similar in price. 2014 prices for QA ACT and SP were higher than respective prices in 2011, however the 2014 price of QA ACT was more than 3 times higher than the 2011 price whereas the increase in price for SP was much smaller. In 2014, QA ACT was 2.7 times more expensive than SP (Figure 3).

Where antimalarials are distributed, is confirmatory testing available? Availability of confirmatory testing, either by malaria rapid diagnostic test (RDT) or microscopy, has improved since 2010 in the public and private sectors. While 94% of public health facilities and 74% of private health facilities had testing available in 2014, overall private sector availability remained relative low (25%) (Figure 4).

CONCLUSION

The AMFm continuation under the private sector copayment mechanism has maintained strong QA ACT availability in the private sector, where nearly 90% of antimalarials are distributed. However, QA ACTs accounted for only half of antimalarial distribution, and 1 in 5 antimalarials distributed were non-QA ACTs. Furthermore, QA ACT price increased following the AMFm pilot to more than double that of SP. Availability of confirmatory testing has improved in the public and private sectors, however availability remains low in the private sector and only 1 in 4 antimalarial-stocking outlets were equipped to test. This result suggests that presumptive treatment remains common.



Figure 1: Availability of quality-assured ACT Among outlets with at least one antimalarial in stock

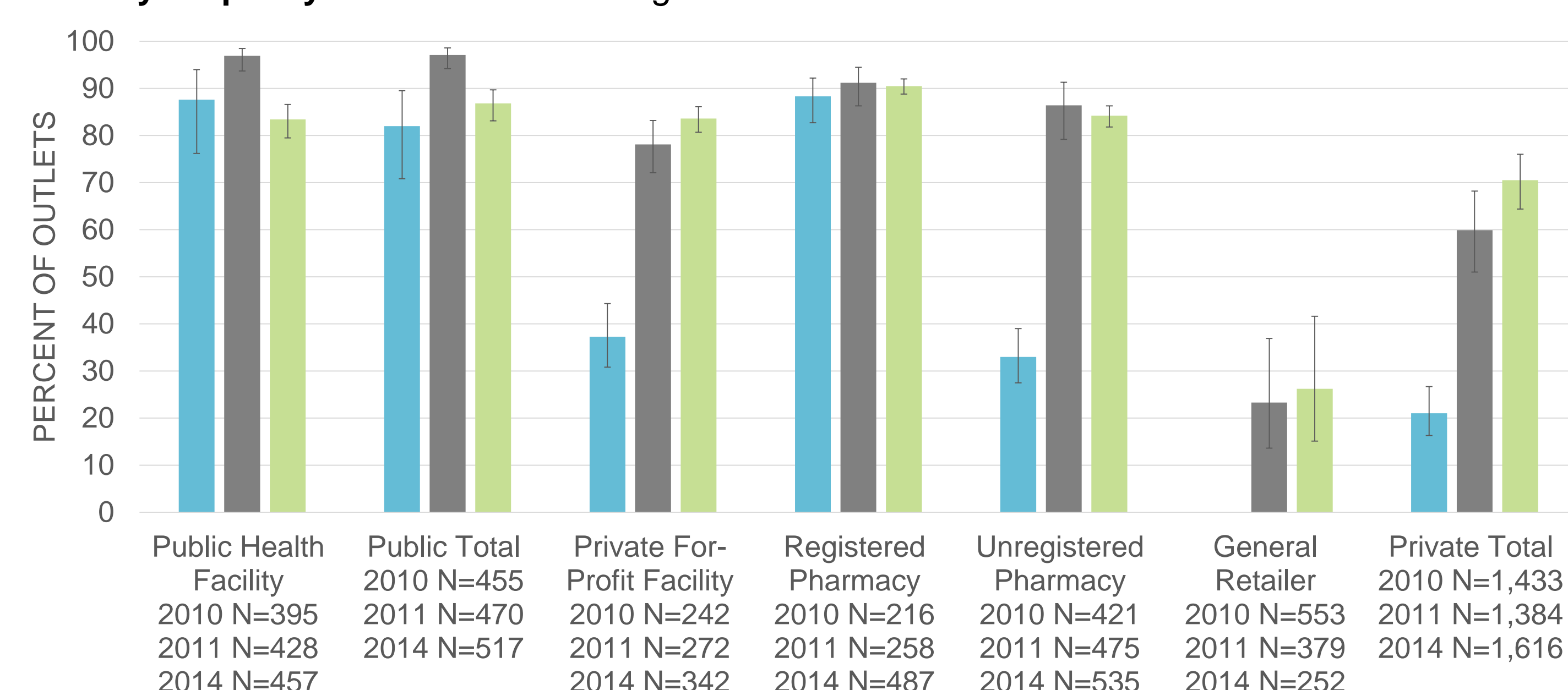


Figure 2: Antimalarial market share Relative market volume (sale/distribution) of antimalarials

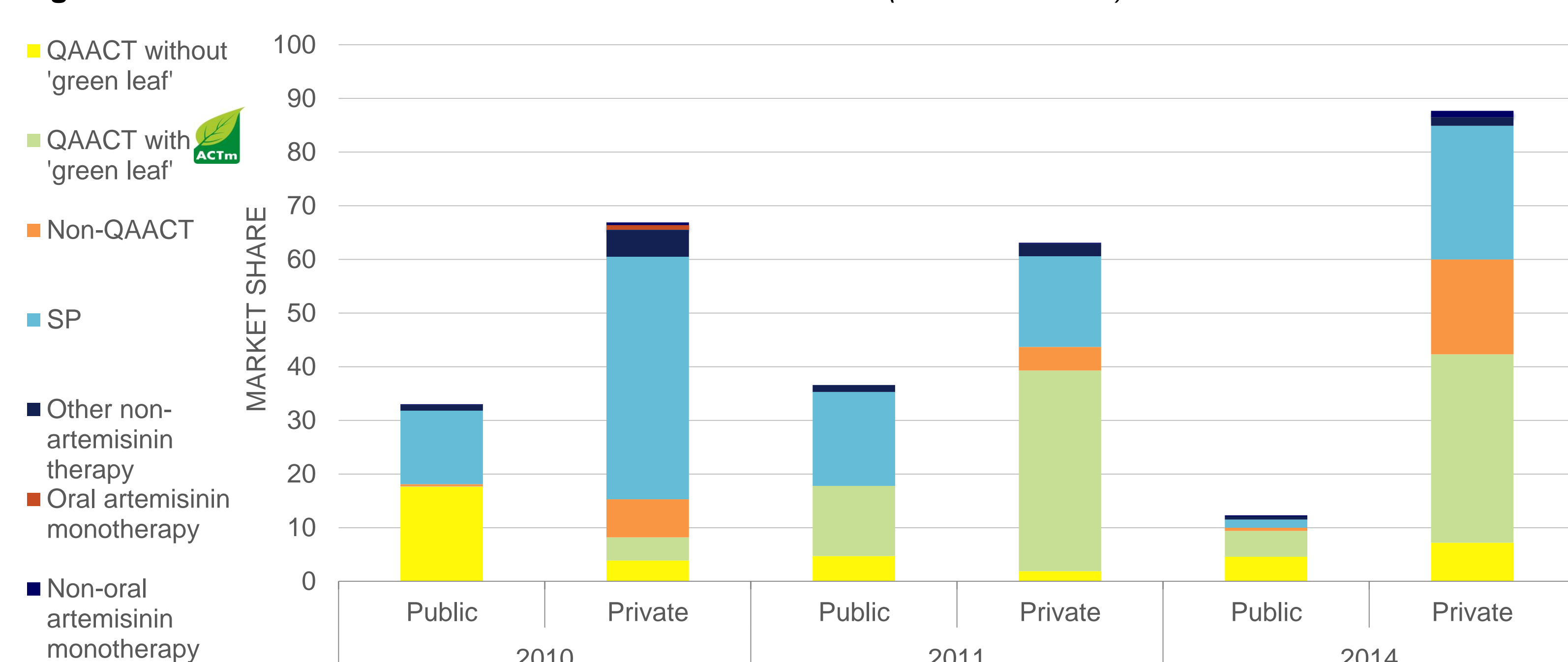


Figure 3: Median private sector price of QA ACT and the most popular non-artemisinin therapy [QA ACT: 2010 N=742; 2011 N=2,006; 2014 N=2,209. SP: 2010 N=1,235; 2011 N=977; 2014 N=1,253]

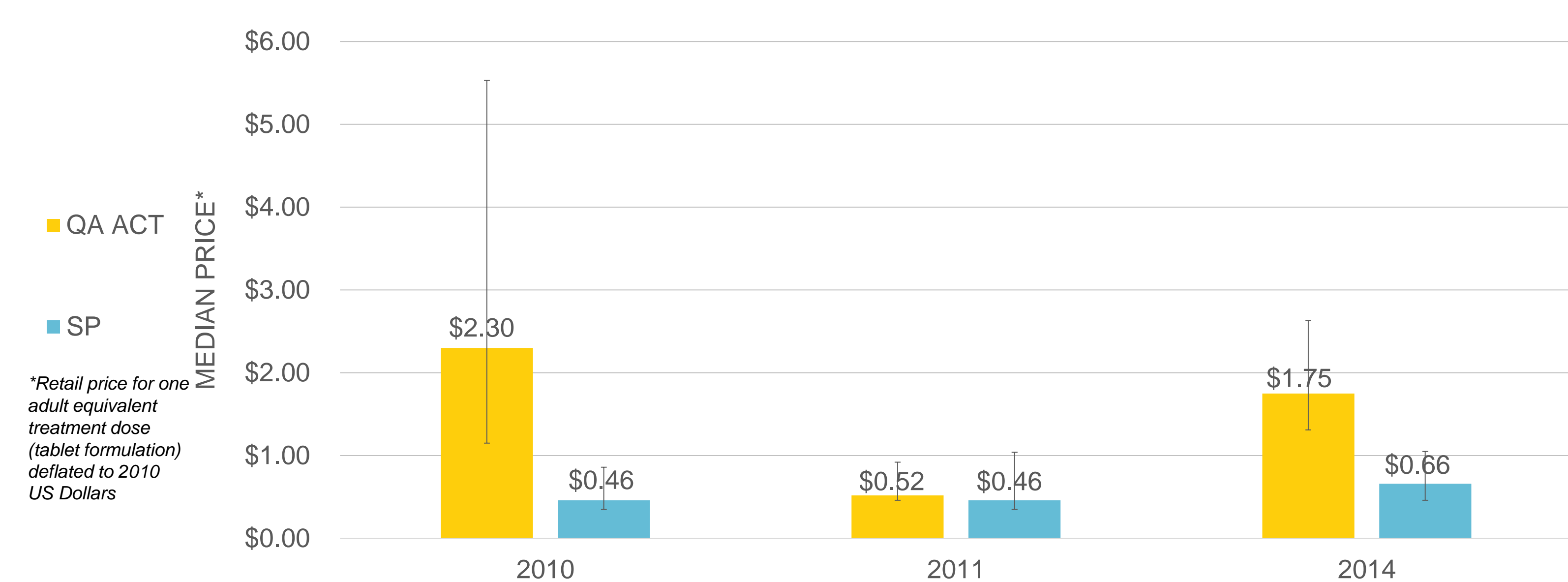


Figure 4: Availability of malaria blood testing Among outlets stocking antimalarials on the day of the survey or in the past 3 months

