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PRIVATE SECTOR READINESS AND PERFORMANCE FOR MALARIA CASE MANAGEMENT IN UGANDA

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BACKGROUND

The private sector provides about half of all health services in Uganda. The private sector can therefore be a barrier or facilitator to ensuring that suspected malaria cases receive confirmatory testing, and confirmed cases receive appropriate treatment. National malaria outlet surveys conducted between 2010-2013 documented private sector scale-up in availability of malaria testing and quality-assured artemisinin combination therapy (QA ACT).

METHODS

A 2015 national malaria outlet survey included a fever case management component to measure private sector testing and treatment for fever patients. 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, 3,483 private sector outlets (private health facilities, pharmacies and drug stores) were screened for availability of malaria testing and treatment, and an audit was completed for all antimalarials, malaria rapid diagnostic tests and microscopy. Where testing and ACT treatment were available, screening identified patients seeking treatment for uncomplicated illness with fever. Consultation observation and exit interviews were conducted with 1,273 eligible fever patients within 1,089 private sector outlets.

RESULTS

Are private sector outlets equipped to test and appropriate treat malaria? The majority of screened private sector outlets had QA ACT in stock on the day of the survey (72%), and one-third had malaria rapid diagnostic testing (RDT) or microscopy available (32%). 1 in 4 private sector outlets had both QA ACT and testing available, and readiness to test and treat was higher among private facilities (53%) and pharmacies (49%) as compared with drug stores (16%) (Figure 1).

Did patients seeking fever treatment in the private sector receive a malaria blood test? Nearly half of all fever patients received a malaria blood test (44%). Nearly one-third of all patients were present at the outlet but did not receive a test (30%), and 1 in 4 patients were not present (caregiver was seeking treatment on their behalf) and therefore could not be tested. Testing was higher among patients seeking care at private facilities (63%) as compared with 30% at drug stores and 1.5% at pharmacies. At pharmacies, nearly half of patients were not present (45%), and one-third of patients were not present at drug stores (35%) (Figure 2).

Did patients who tested positive for malaria receive QA ACT treatment? Among patients who tested positive for malaria (N=266), 83% received antimalarial treatment. 60% received treatment with an ACT: 49% with a QA ACT and 12% with a non-QA ACT. 14% of patients received a non-artemisinin therapy, such as a quinine injection, tablets or syrups, or sulphadoxine-pyrimethamine (SP) tablets. 15% of positive patients received an artemisinin monotherapy, and these were primarily artemether injections. Positive patients at drug stores were more likely to receive ACT treatment compared with patients at private facilities, including any ACT (78% vs. 49%) and QA ACT (68% vs. 49%) (Figure 3).

Did patients who tested negative for malaria receive QA ACT treatment? Among patients who tested negative for malaria (N=250), 14% received antimalarial treatment. 10% received treatment with an ACT and 4% of patients received a non-artemisinin therapy (primarily SP). Negative patients at drug stores were more likely to receive ACT treatment compared with patients at private facilities (18% vs. 8%) (Figure 4).

Did patients who were not tested for malaria receive QA ACT treatment? Among patients who were not tested for malaria (N=753), 51% received antimalarial treatment. 43% received treatment with an ACT: 34% with a QA ACT and 9% with a non-QA ACT. About one-third of unconfirmed malaria patients at private facilities (32%) and drug stores (36%) received QA ACT as compared with 25% at pharmacies (Figure 5).

CONCLUSION

In a nationally-representative 2015 outlet survey, 1 in 4 private sector outlets had both confirmatory testing and QA ACT treatment available. Among outlets with testing and treatment available, study results suggest positive private sector performance with respect to testing all fever patients, particularly in health facilities and drug stores, however testing was very low in pharmacies. Not all patients seeking treatment in the private sector can or will be tested for malaria. This is because some patients are not present for the consultation (about 1 in 4, including half of patients presenting at pharmacies). Additionally, some patients sought treatment for their fever before seeking treatment at these private sector outlets, and in some cases they had already received a malaria test. Patients who tested positive for malaria usually received antimalarial treatment, however only half received QA ACT. In summary, results show that in many instances, private providers who stock ACT and malaria testing often use available commodities to appropriately manage patients. However, gaps persist in ensuring all fever patients receive a confirmatory test and QA ACT. There is need to further promote confirmatory testing and first-line ACT treatment among patients and private sector providers, as well as discourage the use of non-artemisinin therapies and inappropriate use of injectable artemisinin monotherapies for uncomplicated cases.

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Figure 1: Availability of malaria testing and quality-assured ACT treatment *Among all screened outlets*

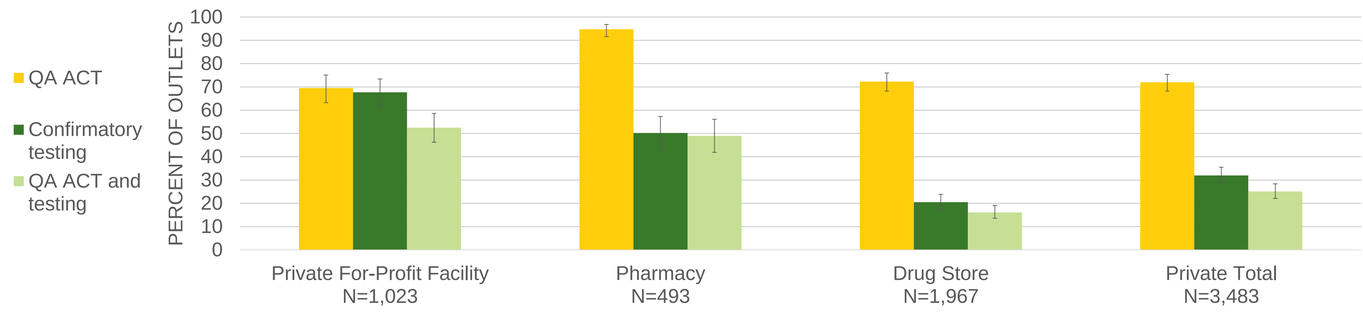

Figure 2: Percentage of patients who received a malaria blood test, across outlet type *Among all patients with completed consultation observation and exit interviews, including patients present and not present during the consult*

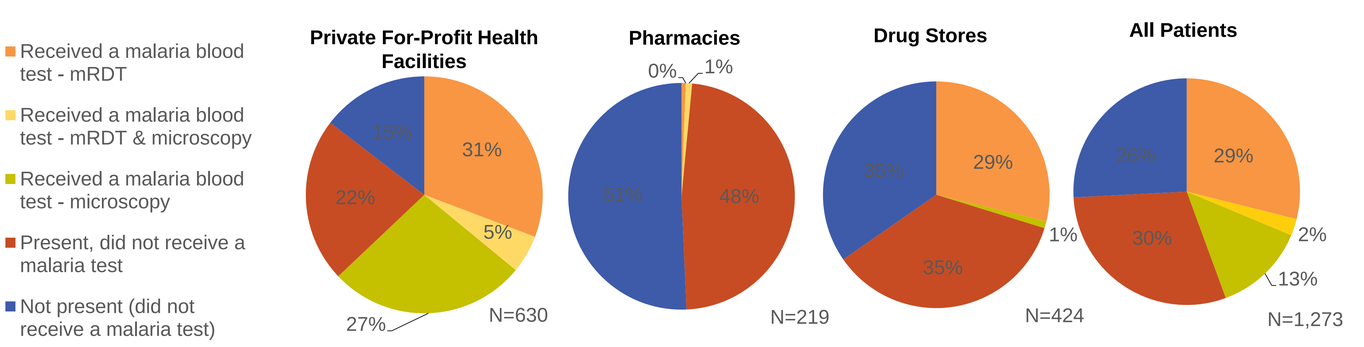

Figure 3: Treatments received by patients who tested <u>positive</u> for malaria, across outlet type *Among all patients with completed consultation observation and exit interviews*

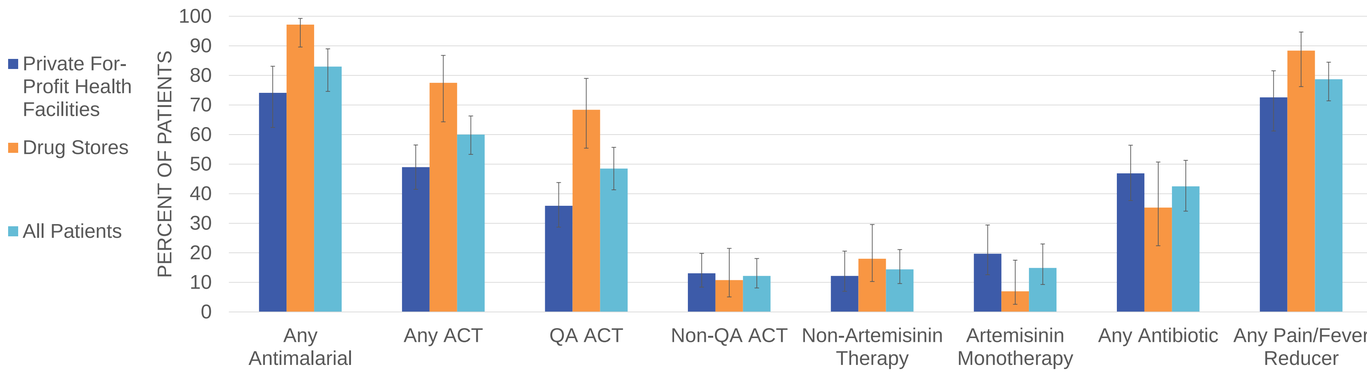

Figure 4: Treatments received by patients who tested <u>negative</u> for malaria, across outlet type *Among all patients with completed consultation observation and exit interviews*

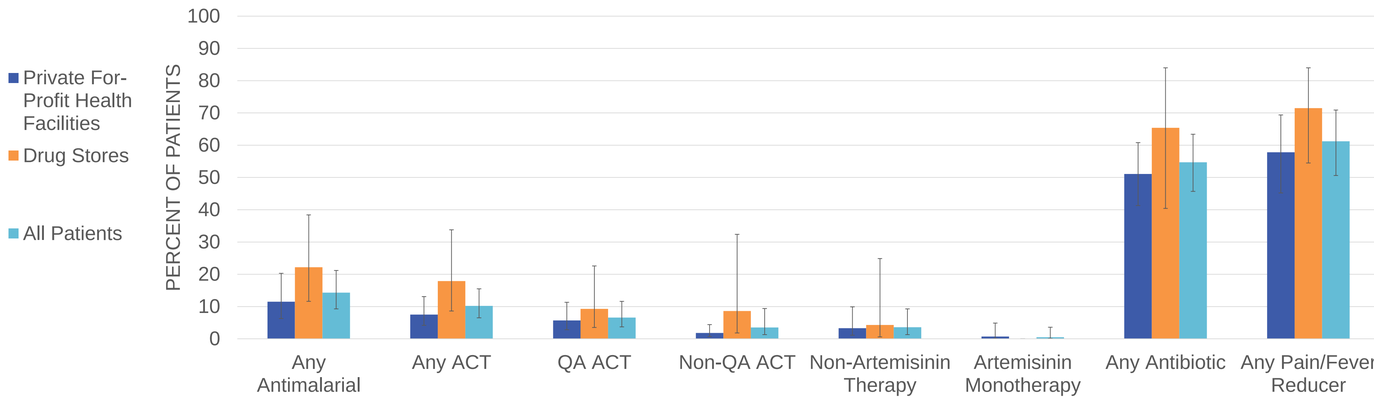

Figure 5: Treatments received by patients who were <u>not tested</u> for malaria, across outlet type *Among all patients with completed consultation observation and exit interviews*