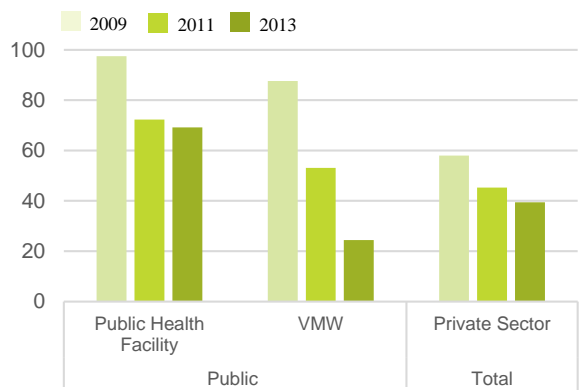


2000: ASMQ is the first-line treatment
2002: Private sector social marketing of ACT & RDT.
2004: Village Malaria Worker (VMW) pilot.
2009: MoH bans artemisinin mono-therapies.
2010: DHA-PPQ is first-line treatment.
2011: Increased private sector regulation through public private partnership program.
2011: DHA-PPQ receives Stringent Regulatory Approval.
2012: 400,000 doses of DHA-PPQ arrive in country.

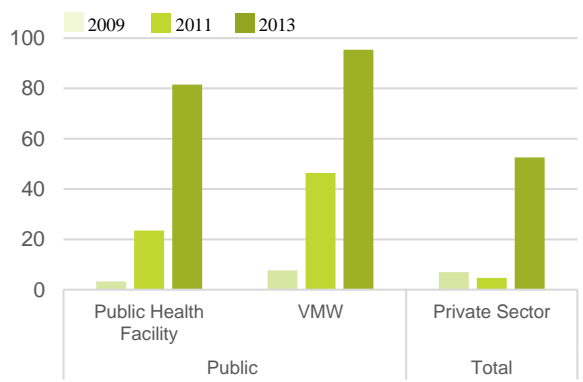
652 (2009); 1,001 (2011); 792 (2013) = N. of ANTIMALARIAL STOCKING OUTLETS

Availability of Antimalarials and Malaria Diagnostics:

Changes in first-line Artemisinin Combination Therapy (ACT) availability over time reflect changes in national guidelines and procurement challenges in 2010/2011.



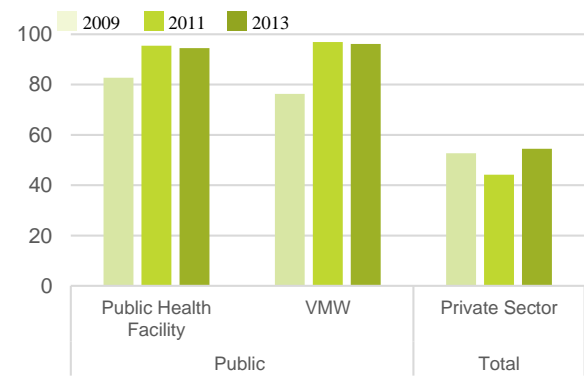
% of antimalarial-stocking outlets with Artesunate Mefloquine (ASMQ) in stock



% of antimalarial-stocking outlets with Dihydroartemisinin Piperaquine (DHA-PPQ) in stock

In 2009, 20% of the private sector was stocking oral artemisinin mono-therapies. In 2013 this figure had fallen to <1%.

In 2013, availability of malaria diagnosis remains high in the public sector. Private sector availability is lower (~50%).



% of antimalarial-stocking outlets with malaria diagnosis (rapid diagnostic tests [RDT] or microscopy) in stock

Market Composition: Increasing contribution from the regulated private sector.

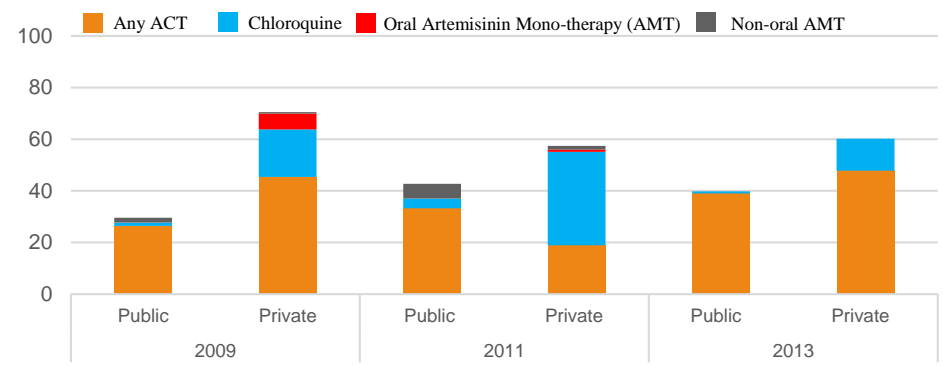
Public Sector (Yellow), Regulated Private Sector (Health Facilities & Pharmacies) (Green), Unregulated Private Sector (Drug Stores, General Retailers, Mobile Providers) (Blue)



Market distribution among anti-malarial stocking outlets, 2009 & 2013

In 2013, private sector providers sold ACT for \$1.50 and RDT for \$1: There is a financial incentive to get tested prior to treatment.

Market Share: By 2013, ACT capture 87% of the total antimalarial market share



Relative antimalarial market share according to the public and private sector