

Antimalarial Market Intelligence in Myanmar: ACTwatch Findings 2015

2001: Emergence of artemisinin resistance on Thai-Myanmar border

2010: Plan to reduce morbidity/mortality by 60% by 2016

2010: NMCP/DMR procurement of RDTs & QA ACTs

2011: MARC framework developed in response to resistance

2012: AL, DHA-PPQ, ASMQ are 1st-line treatment for Pf

2012: Roll-out of the AMTR program to rapidly replace oral AMT with QA ACT

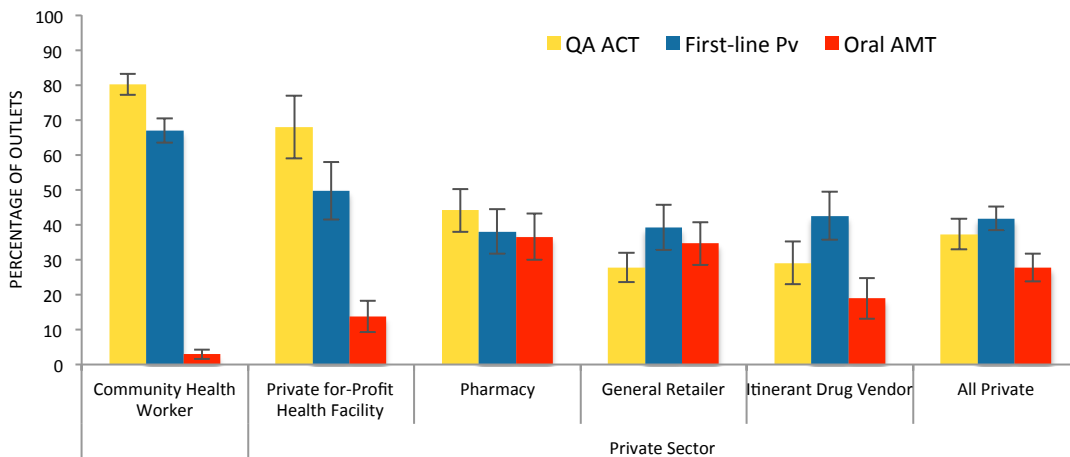
2014: Observance of artemisinin resistance along the India- & China-Myanmar borders

2016: AL is 1st-line treatment for Pf; DHA-PPQ & ASMQ are 2nd-line

28,267 OUTLETS SCREENED; 3,859 = N. of ANTIMALARIAL-STOCKING OUTLETS

Proportion of outlets with ACT, CQ, and Oral AMT in stock:

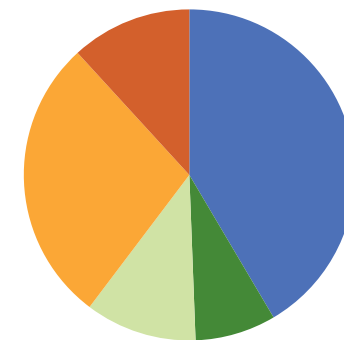
Most antimalarial-stocking outlets had the first-line treatment in stock in 2015.



Market composition:

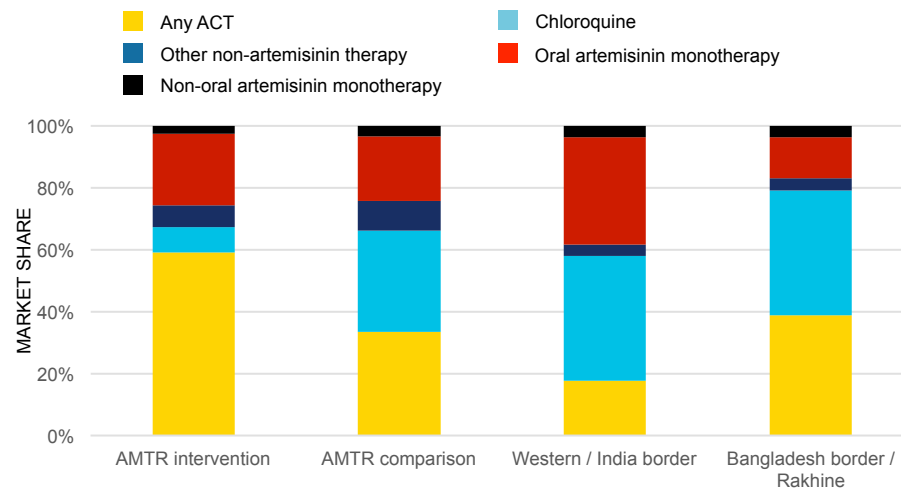
Over 50% of all outlets with antimalarials in stock were private sector outlets, though 41.5% of the market composition comprised of public sector CHWs.

- Community health worker
- Private for-profit health facility
- Pharmacy
- General retailer
- Itinerant drug vendor



Antimalarial market share:

CQ and Oral AMT were major contributors to private sector market share.



Proportion of outlets stocking a malaria rapid diagnostic test (mRDT):

Availability of mRDT is much lower among private outlets versus CHWs & PFPs.

