

# ACTwatch

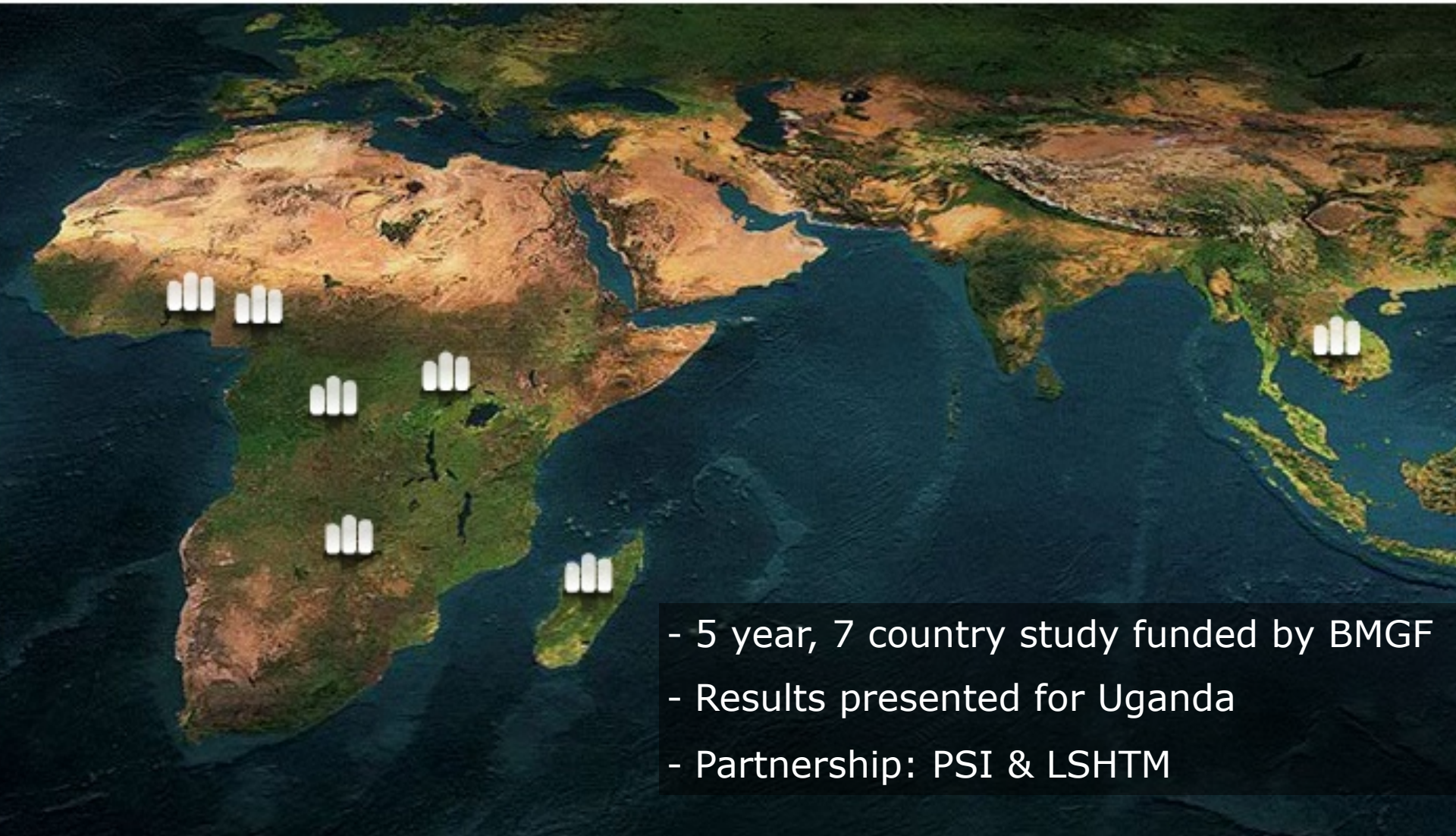
Evidence for Malaria Medicine Policy

## Implications of Price and Availability of ACTs on Malaria Treatment in Uganda

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# What is *ACTwatch*?



- 5 year, 7 country study funded by BMGF
- Results presented for Uganda
- Partnership: PSI & LSHTM

# Uganda Country Context

- **Malaria transmission occurs all year round**
- **Geographically, 95% of Uganda is exposed to moderate to very high transmission**
- **98% of the parasite population is *P. falciparum***
- **Uganda adopted the use of ACTs in 2004, changing from the earlier CQ + SP policy**
- **Government recommended first-line treatment is AL**
- **Drugs are provided free in the public sector**

# Objectives of outlet survey

- ❑ Provide baseline data for monitoring levels and trends of prices, availability and volumes of antimalarials in the marketplace
- ❑ Understand provider knowledge and perceptions to first line drug and treatment regimens
- ❑ Estimate adherence to malaria treatment guidelines
- ❑ Provide data for future interventions in malaria-endemic Uganda

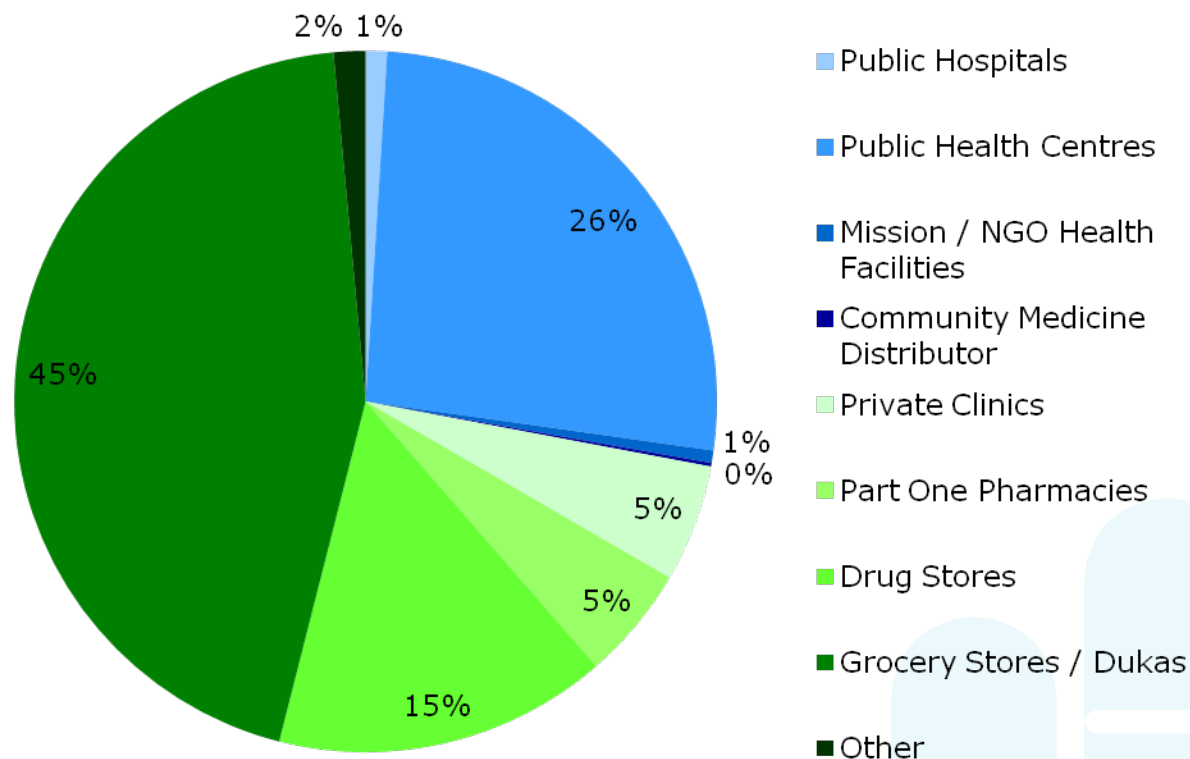


# Methodology

- A census of outlets was done in 38 districts
- Outlets were screened for availability of antimalarials
- Outlets currently stocking antimalarials or having stocked antimalarials in the last 3 months were audited
- GPS devices were used to capture outlet coordinates
- Oversampling of public health facilities
- The survey was conducted in the peak malaria season

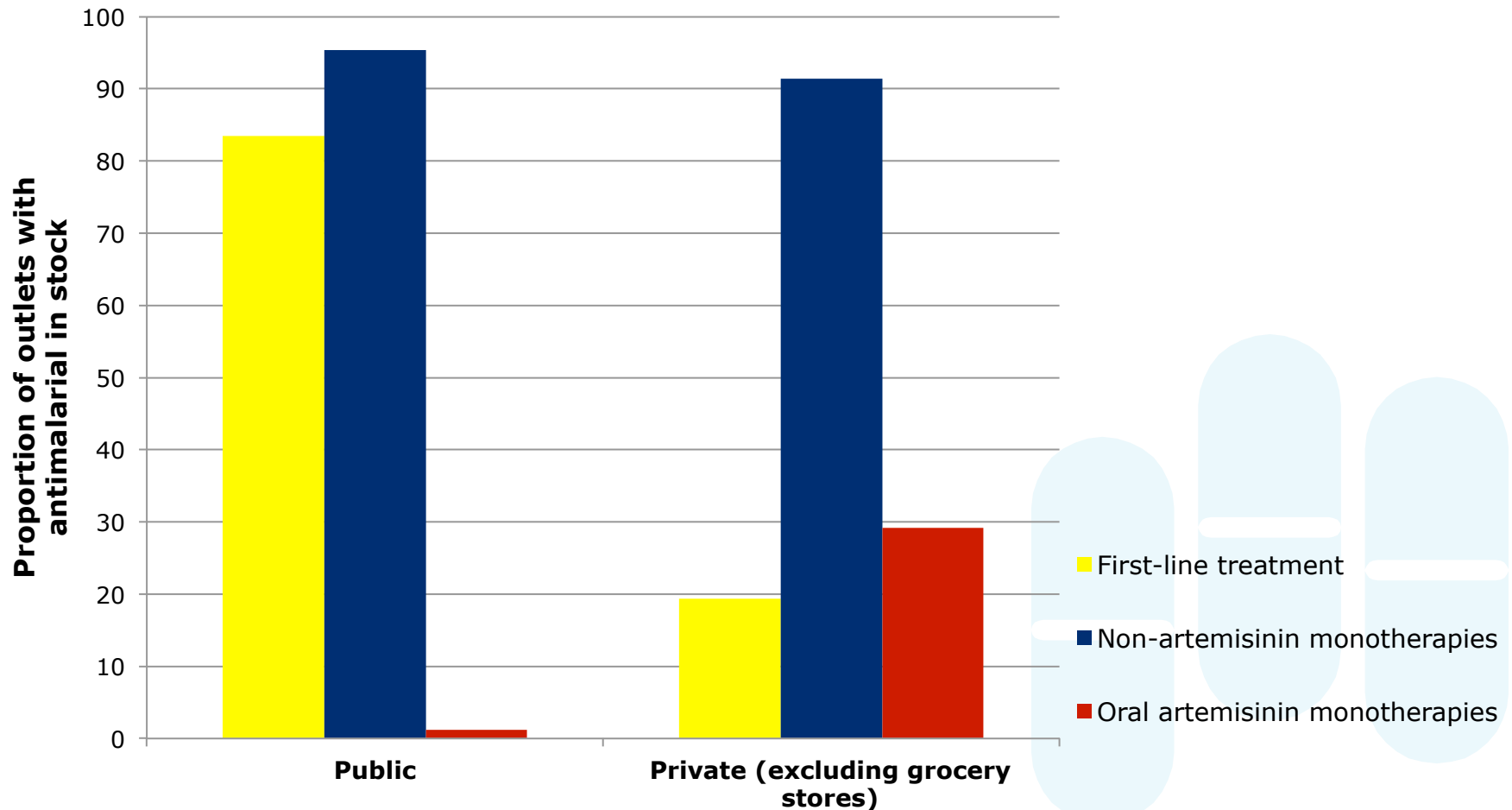


# Breakdown of outlet types

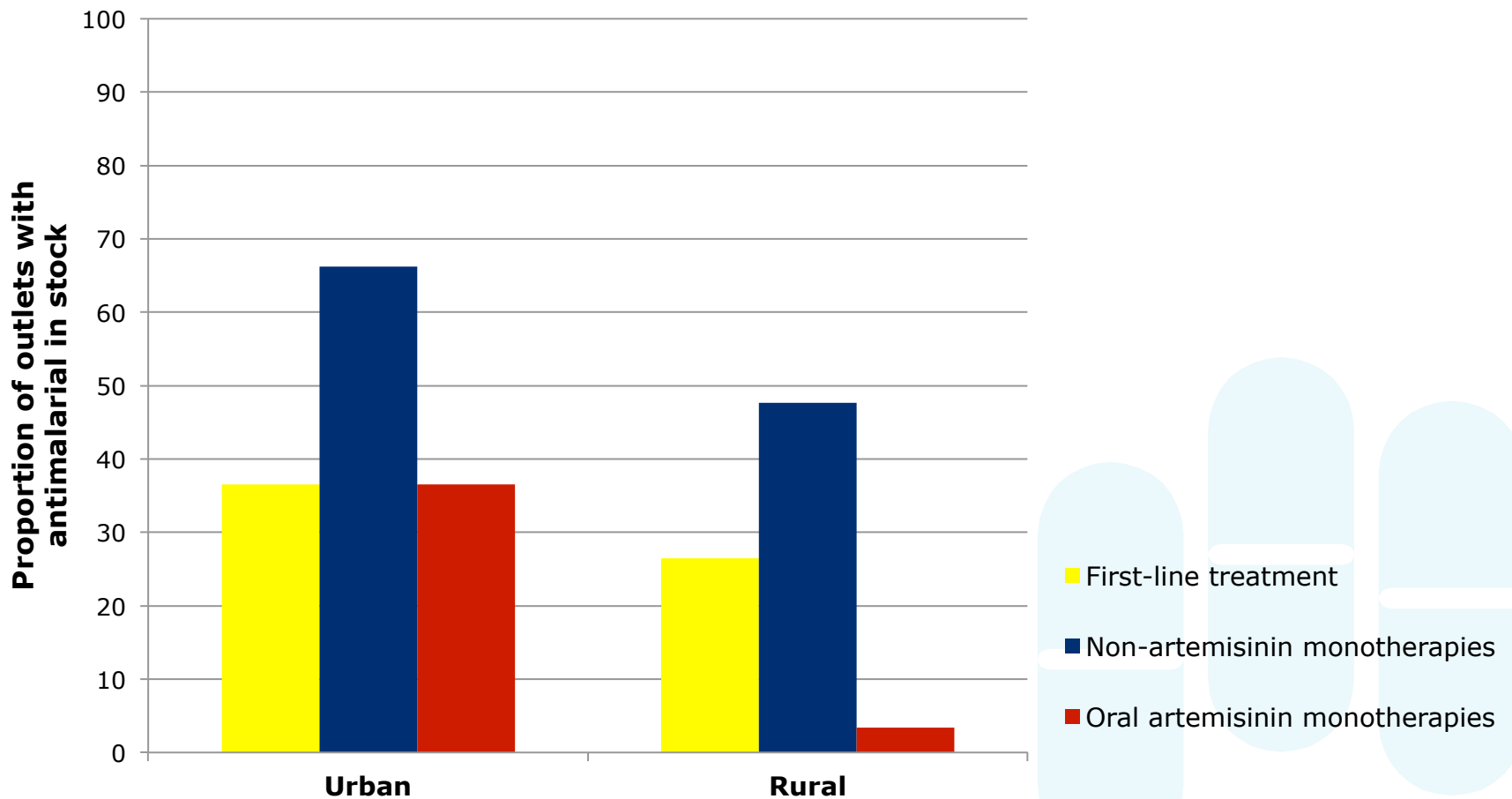


- **1,369 outlets were surveyed**
- **3,448 discrete antimalarials audited**
- **44.4% of outlets were grocery stores or dukas**
- **28.0% of outlets were Public Health Facilities**

# Availability of antimalarials by sector (Nov 2008)

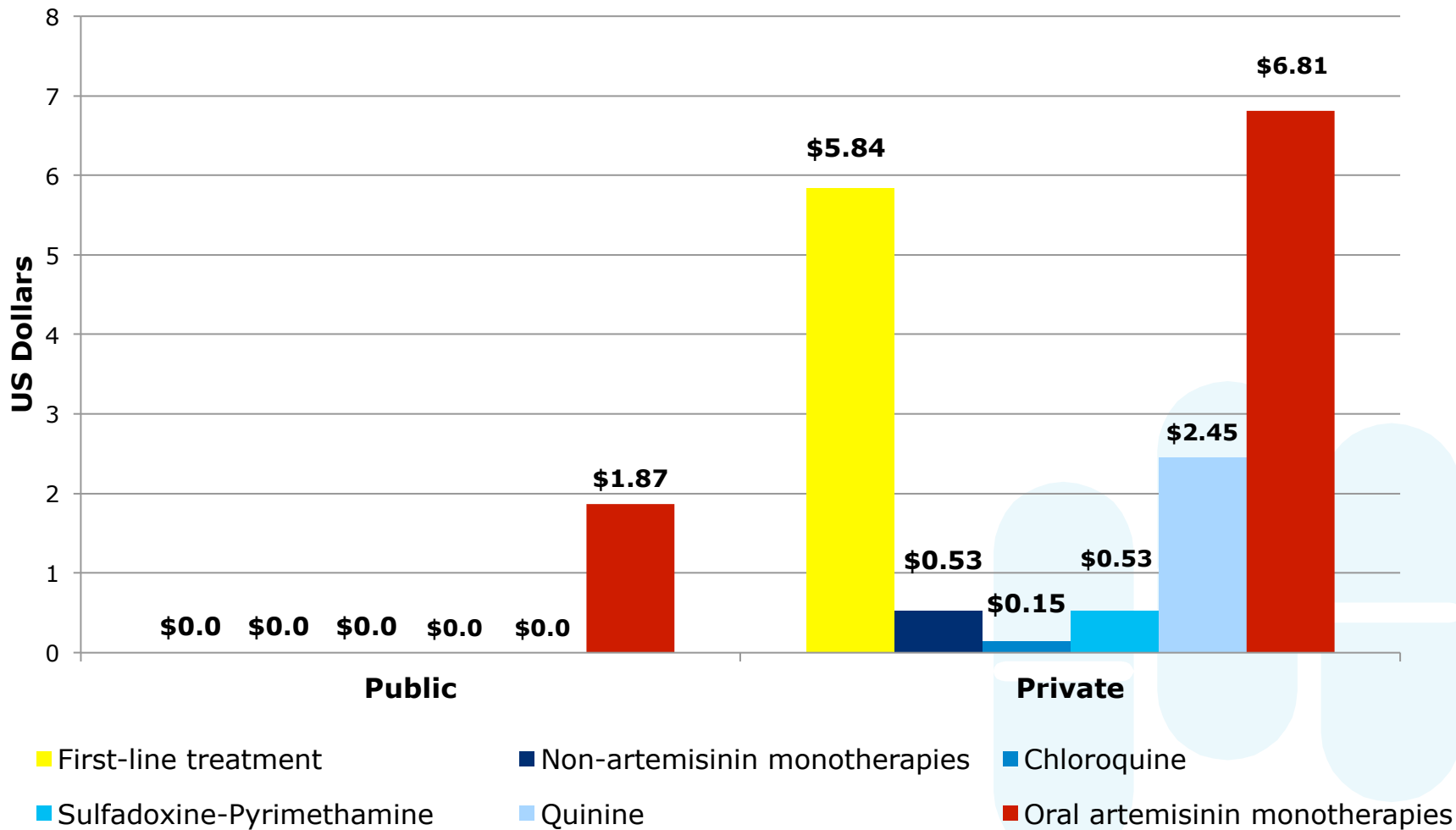


# Availability of antimalarials by urbanization (Nov 2008)

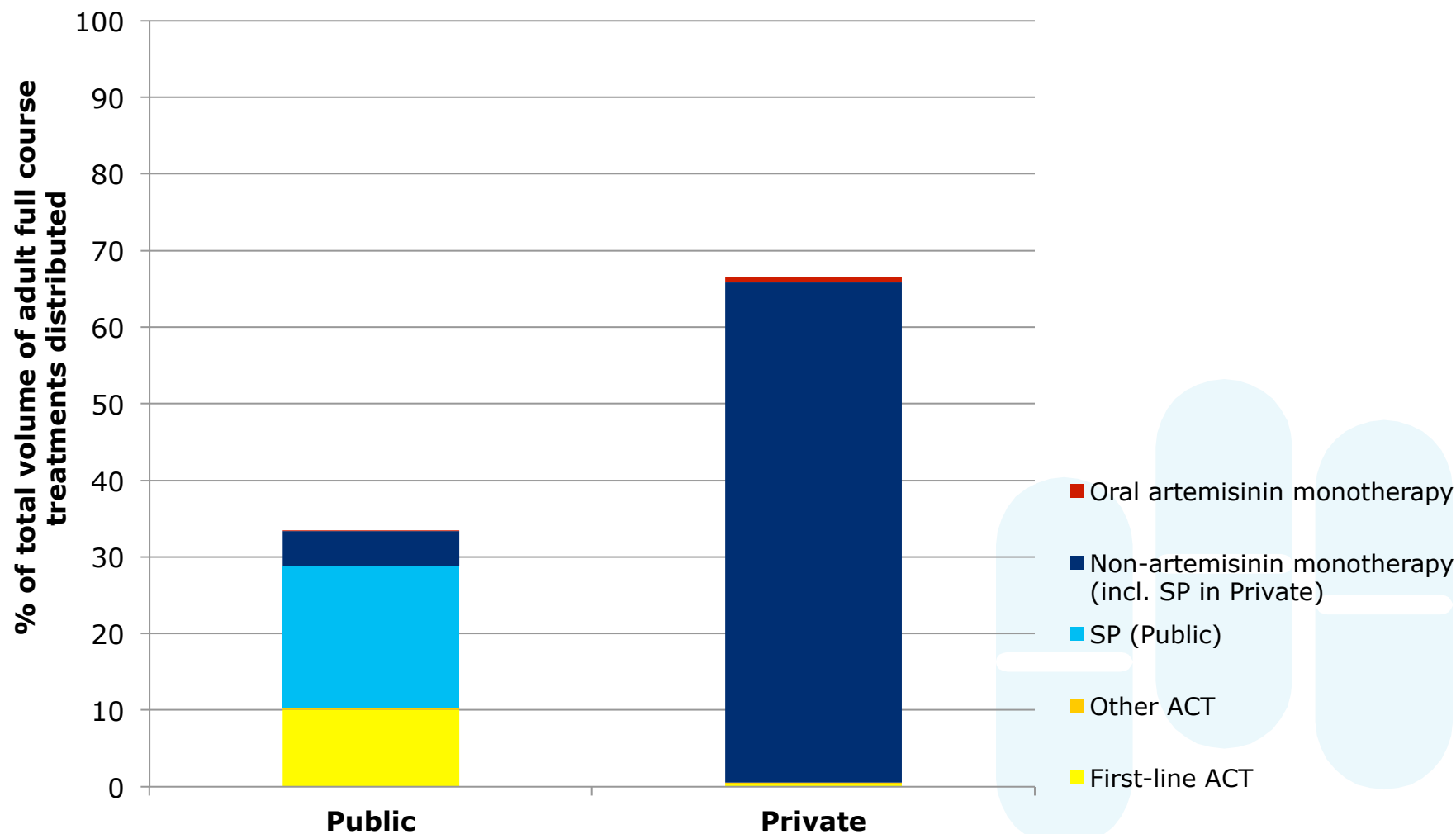




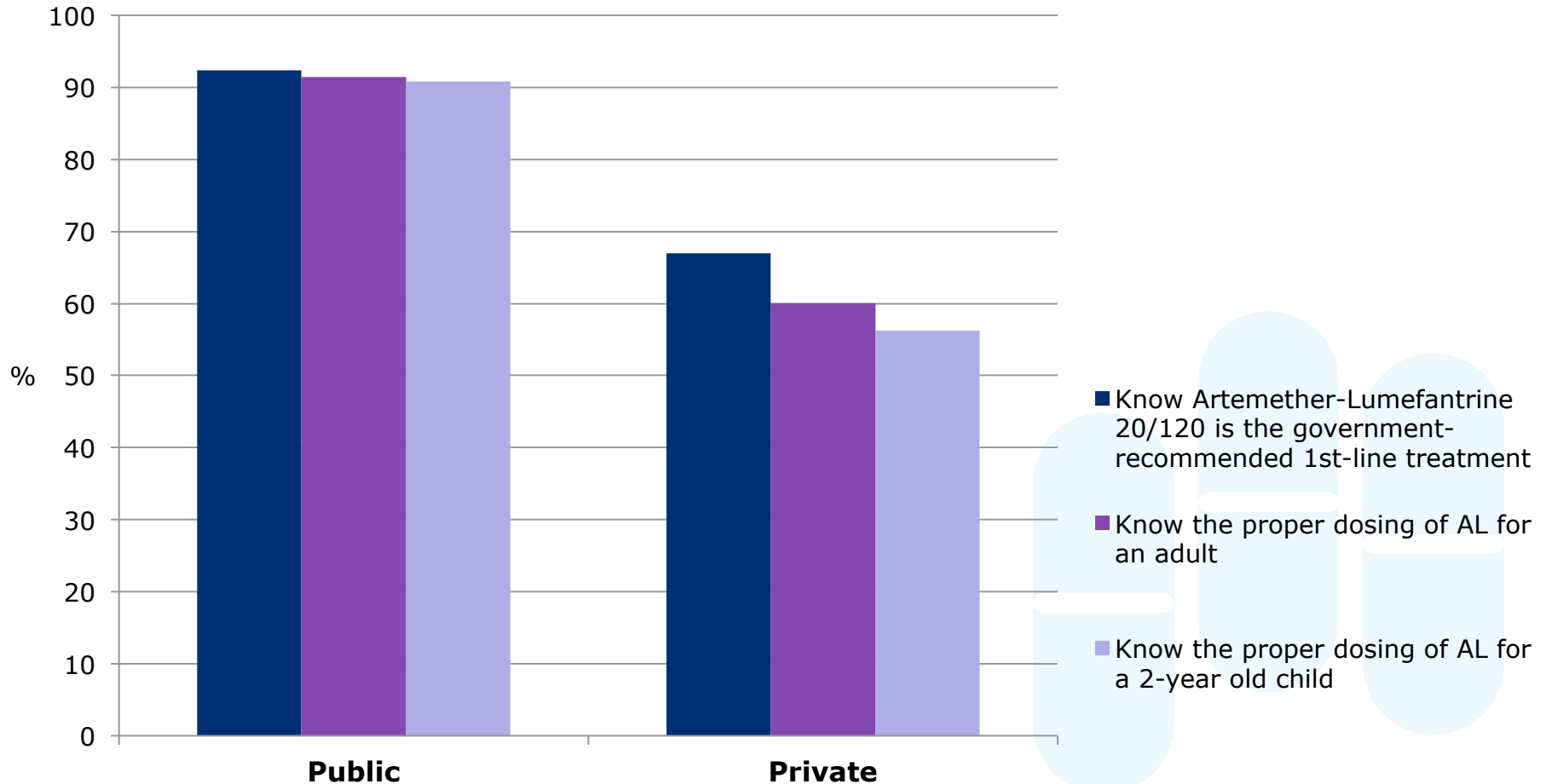
# Median price of antimalarials by sector (Nov 2008)



# Relative volumes of antimalarials distributed by sector and drug type

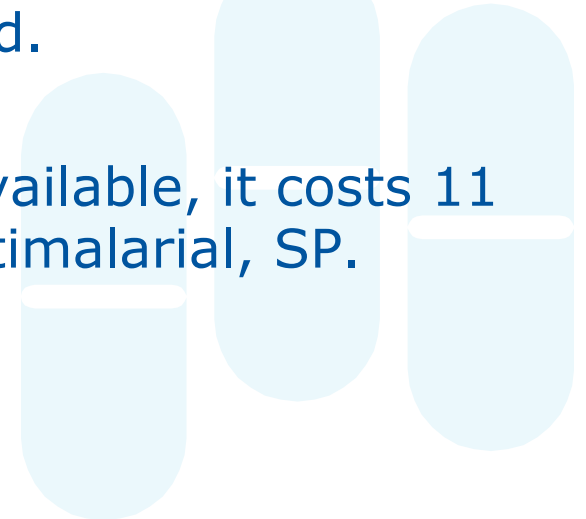


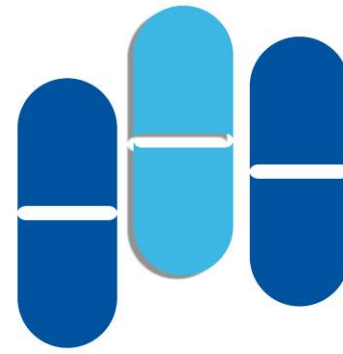
# Providers knowledge of recommended first-line treatment and its dosing regimens



# Conclusions

- Outlets in the public sector are significantly more likely to stock the first-line treatment than those in the private sector (83.5% vs. 19.4%).
- The private sector accounts for 66.6% of antimalarial treatments distributed in Uganda.
- Private sector sales of the first-line treatment, AL, account for <1% of all antimalarials distributed.
- When private first-line treatment *is* available, it costs 11 times more than the most popular antimalarial, SP.





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# Thank you

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