Malaria rapid diagnostic tests (RDTs) and fever case management in the private health care sector in Africa: a consultative working meeting

MEETING THEMES & FORMAT

20 – 21 October 2015
Entebbe, Uganda
Meeting themes

Health system level:

1) National policies relevant to use of RDTs
2) IVD (in vitro diagnostics) regulatory & licensing issues
3) Engagement of private/commercial actors with government agencies
4) Quality control & assurance of diagnostics
5) Procurement, pricing & distribution logistics
6) Market creation & stimulation
7) Monitoring & evaluation, and use of data

Point-of-care level:

8) Treatment & case management challenges
9) Training & supervision mechanisms
10) Vendor-provider incentives, financing & pricing
11) Communication to vendors, care providers and community members
12) Linkages and referrals to public health facilities
Meeting themes

Health system level:

1) **National policies relevant to use of RDTs**
   Who is allowed to test, and where? Is private sector RDT use covered in existing policies? What adjustments may be needed?

2) IVD (in vitro diagnostics) regulatory & licensing issues

3) Engagement of private/commercial actors with government agencies

4) Quality control & assurance of diagnostics

5) Procurement, pricing & distribution logistics

6) Market creation & stimulation

7) Monitoring & evaluation, and use of data
Meeting themes

Health system level:

1) National policies relevant to use of RDTs

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5) Procurement, pricing & distribution logistics

6) Market creation & stimulation

7) Monitoring & evaluation, and use of data
Meeting themes

Health system level:

1) National policies relevant to use of RDTs
2) IVD (in vitro diagnostics) regulatory & licensing issues
3) Engagement of private/commercial actors with government agencies
   How can private and public health system components work together? What mechanisms promote effective interactions?
4) Quality control & assurance of diagnostics
5) Procurement, pricing & distribution logistics
6) Market creation & stimulation
7) Monitoring & evaluation, and use of data
Meeting themes

Health system level:

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Health system level:

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5) **Procurement, pricing & distribution logistics**

6) Market creation & stimulation
7) Monitoring & evaluation, and use of data
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Health system level:

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6) Market creation & stimulation

7) Monitoring & evaluation, and use of data
   Links with HMIS, national malaria surveillance
Meeting themes

Point-of-care level:

8) **Treatment & case management challenges**
   E.g: Approach to negative test results, adherence to test result & treatment, use of injections, use of antibiotics, integration with national iCCM/IMCI guidelines, waste management

9) **Training & supervision mechanisms**

10) **Vendor-provider incentives, financing & pricing**

11) **Communication to vendors, care providers and community members**

12) **Linkages and referrals to public health facilities**
Meeting themes

Point-of-care level:

8) Treatment & case management challenges

9) Training & supervision mechanisms

10) Vendor-provider incentives, financing & pricing

11) Communication to vendors, care providers and community members

12) Linkages and referrals to public health facilities
Meeting themes

Point-of-care level:

8) Treatment & case management challenges

9) Training & supervision mechanisms

10) Vendor-provider incentives, financing & pricing
    Including overcharging, credit, insurance

11) Communication to vendors, care providers and community members

12) Linkages and referrals to public health facilities
Meeting themes

Point-of-care level:

8) Treatment & case management challenges

9) Training & supervision mechanisms

10) Vendor-provider incentives, financing & pricing

11) **Communication to vendors, care providers and community members**

   Information, education, and behavior change

12) Linkages and referrals to public health facilities
Meeting themes

Point-of-care level:

8) Treatment & case management challenges
9) Training & supervision mechanisms
10) Vendor-provider incentives, financing & pricing
11) Communication to vendors, care providers and community members
12) **Linkages and referrals to public health facilities**

   How can we avoid creating parallel or redundant systems?
Meeting format

**Structure: 45 minutes per theme**

a) On each theme, brief (7-minute) presentations from 1 to 3 presenters,
b) followed by ~30 minutes of group discussion.
c) The goal is to stimulate group discussion, with good balance from various participants and cadres,
d) to address the meeting goals & objectives.

**Day 2 afternoon:** Discussion and consensus (where possible) on recommendations in key areas
Meeting format

For each theme, aim to address:

a) What has been done (not just suggested) to date in various countries?

b) What has worked (or been effective)?

c) What has not been effective?

d) What are the main challenges? Why?

e) What should be done next (who, what, when, where, how)?

f) What are the remaining knowledge gaps?
Meeting ground rules – agreed?

1) During presentations and discussions, let us silence our mobile electronics, and close our email.

2) During discussions, let us have one conversation at a time – wait for the facilitator’s recognition before commenting or asking a question.

3) Let us keep comments and questions concise, focused, and on-theme.

4) After lunch, and on Wed, let us sit in a different part of the room, by new people.
Thank you for your presence and participation!