



IMPACT 2: Monitoring Interventions to Improve ACT Access and Targeting



IMPACT2 People



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Introduction

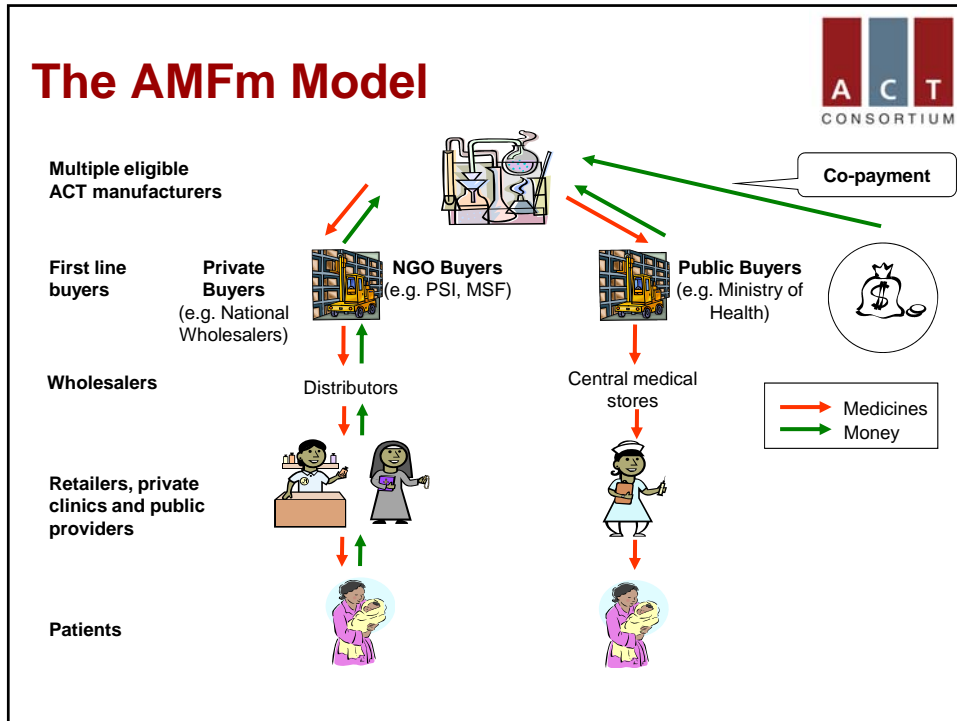


- Tension between twin goals:
 - Making ACTs more accessible
 - Targeting ACTs more appropriately
- Tanzanian Govt plans to address both:
 - Improve access through private sector distribution of subsidised ACT (AMFm)
 - Improve targeting through introducing RDTs in health facilities
- IMPACT2 will evaluate both interventions at scale

Affordable Medicines Facility-malaria (AMFm)



- A supra-national subsidy for ACT, hosted by Global Fund
- 12 countries invited to apply – Tanzania very likely to be approved
- Subsidised drug distribution to start 2010, accompanied by supporting interventions eg:
 - Behaviour change communications
 - Provider training
 - Strengthening of regulation



Highly controversial



- Will subsidies be captured by middle-men?
- Will drug use be poor?
- Will over-diagnosis be unacceptably high?
- Will the poor benefit?
- Will attention be diverted from public facilities?

What the critics say....



“lives could be put at risk, and it means that families could go without food to pay for malaria treatment for a child who is actually dying of pneumonia” Oxfam

“AMFm risks imposing substantial opportunity costs and diverting key agencies away from their core functions and activities” Bate & Hess

“the biggest faith-based initiative in the world of malaria”
Bernard Nahlen, PMI

AMFm in Tanzania



Health Facilities



Accredited Drug Dispensing Outlets (ADDOS)



Pharmacies



Accredited Drug Dispensing Outlets



- Tanzania Food and Drug Authority & MSH initiative
- Upgrading drug stores (c. 10,000 nationwide) to ADDO status through:
 - Training of dispensers (5 weeks)
 - Upgrading of shop facilities
 - Strengthened regulation
- ADDOs allowed to sell limited number of prescription medicines, including ACTs
- 4 out of 21 regions completed the ADDO conversion, 6 in process & remaining regions expected to convert during 2010

IMPACT2 Objectives



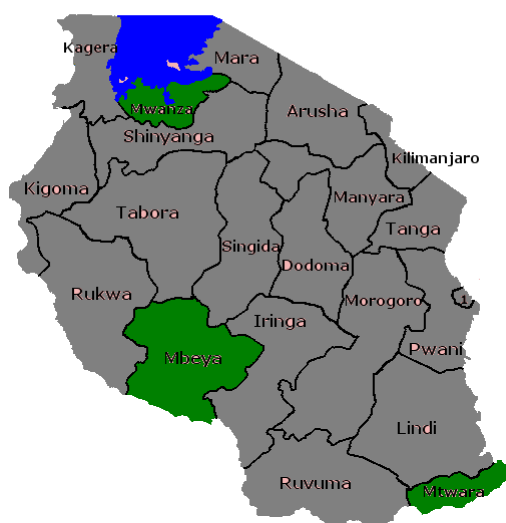
- Assess effectiveness in terms of coverage, equity, quality, adherence & public health impact
- Estimate cost and cost-effectiveness
- Explore the socio-cultural context and other factors influencing outcomes

Methods



- Pre & post plausibility evaluation
- Nationwide household and outlet surveys (seeking collaboration with AMFm Independent Evaluation)
- Additional data collection in 3 focus regions: health facility survey, adherence study, mystery shoppers & parasitaemia at drug stores, costing, qualitative component & documentation of context
- Collaboration with ACT Consortium investigators on patient safety & drug quality data

Provisional Focus Regions



Key outcomes include.....



- Coverage
 - % with fever who got recommended ACT
 - % with fever who got a finger prick or heel stick
- Quality
 - % health facility staff & ADDO staff dispensing appropriately
 - % patients adhering to correct dose
 - % patients obtaining ACT who are parasitaemic
- Cost-effectiveness
 - Cost per additional correct diagnosis and treatment

Expected Outputs



- Evaluation of real world implementation of key ACT interventions at scale
- Close collaboration with the National Malaria Control Programme and the Tanzania Food & Drug Authority, shaping national roll out