



2017 NIGERIA OUTLET SURVEY DISSEMINATION FEBURARY 15TH 2017

Summary and Implications

The 2015 Nigeria ACTwatch Outlet Study dissemination event took place on February 15, 2017 in Abuja, Nigeria. About 90 partners and stakeholders participated in the event, including representatives from SFH, NMEP, NAFDAC, WHO, USAID/PMI, and the Pharmacists Council of Nigeria.

Dr. AuduBala Mohammad, National Coordinator for the NMEP, welcomed participants followed by representatives from PSI, WHO, BMGF, USAID, CHAI, and Christian Aid offering opening goodwill messages.

Presentations were given on malaria diagnosis and treatment, ACTwatch outlet survey implementation, and the current look of the antimalarial and malaria diagnostic landscape.

How are ACTwatch study findings relevant for Nigeria?

ACTwatch data demonstrated a high readiness for the public sector to appropriately manage malaria, with 90% of public health facilities stocking antimalarials. Additionally, the private sector represented about 90% of overall antimalarial-stocking outlets. Most malaria blood testing is provided by the public sector.

How will the evidence guide strategy?

Two primary points from the meeting were that 1) availability and use of testing should match the availability and use of treatment and 2) need to have ongoing subsidies for ACTs.





Panel and Question & Answer

Expert Panel Q&A

After the presentations, a panel of key representatives working with malaria policy asked questions concerning current malaria testing and treatment status and needs in Nigeria.

1) What do we need to do to ensure the availability remains at this high level after the elimination of the subsidies?

- QA ACT availability is currently less than 50% in the private sector, so we need a subsidy plan in place to ensure ACTs are available in both the public and private sectors.

2) What do we need to do to ensure that when a person seeks treatment in the private sector, we can ensure the person buys the recommended treatment?

- We want everybody to be tested before they are treated, which implies both testing and ACT should be “universally available”.

3) How do we ensure people are prompted to test?

- We need to ensure testing is universally available, but how do we achieve this?

Attendee Q&A: Part 1

Following the expert panel-led Q&A session, the discussion opened so all meeting attendees could ask questions or comment regarding points that came up during the presentation or gain feedback on their concerns about malaria policy in Nigeria.

1) How can we enforce a ban on monotherapy, especially in the private sector?

- Currently, monotherapy is officially not registered, but it may be smuggled into the markets or get through by other means, so that’s how it ends up on shelves.
- Just because artemisinin monotherapy is not being registered, does not necessarily mean it is banned.

2) What happens to outlets in the survey that are not eligible to be screened?

- ACTwatch no longer includes these outlets in the survey, because it will skew the sample if there are general retailers with no stock in survey or retailers who don’t treat malaria are included.

3) What will happen when “green leaf” subsidies go away?

- We need to find mechanisms for subsidized ACTs to keep them affordable.

4) How can we get chloroquine off the shelves?

- We shouldn’t be shocked to know the chloroquine is still in the “essential list,” despite it being banned.
- Though chloroquine is technically banned for malaria treatment, people may still be using it to treat diseases that aren’t malaria.



Question & Answer and Next Steps

Attendee Q&A: Part 2

A second session followed the first question and answer round where all meeting participants could comment.

1) What strategy is used to match ACTs to available testing?

- Ideally, there should be more testing available.
- To address this problem, we are currently writing a concept note to get funding for more RDTs to match the availability of ACTs.

2) Why is sulfadoxine pyrimethamine (SP) available in the private sector but not the public sector?

- SPs are used more for malaria prevention in pregnancy, not treatment, but private partners are often still using it as treatment.

3) Why are we not using sulfadoxine pyrimethamine (SP) to generally treat malaria?

- Most people have some level of immunity to SP, so it can't be used to treat everyone, but it's still used for high-risk groups and foreigners who do not have immunity.

4) How can we improve the availability of diagnostics?

- Availability saw improvements from 2009-2013, but then plateaued.
- We need to create a demand for diagnostics as there is a demand for treatment.

5) Why has there been a drop off of ACTs in the private sector?

- Maybe the private-sector outlets can only stock what they can sell, so less people are coming for treatment as there is less stock.
- ACTs also are not subsidized in the private sector, so that may have affected stock, as the availability of subsidized medicines in the public sector is having an effect on for-profit outlets.

Next Steps

After the discussion wrapped up, key stakeholders highlighted key testing and treatment needs and specified policy approaches that can help address these needs.

1) Need to make ACTs sustainable

- We can create a clear sustainability plan for ACTs and explore funding opportunities.

2) Need to address issue of low testing before treatment

- We need the number of available tests to match the number of available ACTs on the market.

3) We need to funds for ACTs and RDTs, especially as the Global Fund opportunities are looking scarcer.

- To ensure more funds, we must create a demand for diagnosis in the private sector. If people know they must get a test before being treated, there will be demand for tests where people need a positive result before receiving medicine.

4) We should ensure the availability of diagnostics in the private sector stems naturally from this sector, as availability is currently low there.

- We must build the capacity of providers at primacy health centers and in the private sector for them to provide testing when needed.

ADDITIONAL TAKEAWAYS

Donors are currently taking responsibility at the public, but we need to get government to support the public sector

Even in the private sector, there are 3 clear action steps to scale up testing and treatment:

Action steps to be taken in the private sector:

1

Need a clear sustainability plan for subsidized ACTs

2

Need to create demand for testing and treatment in the private sector

3

Need to improve and increase provider training for malaria testing

