

Distribution of ACTs in the Private Sector of Ghana: Monitoring and Evaluation Strategy and Framework

Kwesi E. Eghan
Johannes Addison
Edmund Rutta
Chinwe Owunna

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Strengthening Pharmaceutical Systems
Center for Pharmaceutical Management
Management Sciences for Health
4301 N. Fairfax Drive, Suite 400
Arlington, VA 22203 USA
Phone: 703.524.6575
Fax: 703.524.7898
E-mail: sps@msh.org

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About SPS

The Strengthening Pharmaceutical Systems (SPS) Program strives to build capacity within developing countries to effectively manage all aspects of pharmaceutical systems and services. SPS focuses on improving governance in the pharmaceutical sector, strengthening pharmaceutical management systems and financing mechanisms, containing antimicrobial resistance, and enhancing access to and appropriate use of medicines.

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Arlington, VA 22203 USA
Telephone: 703.524.6575
Fax: 703.524.7898
E-mail: sps@msh.org
Web: www.msh.org/sps

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ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
AMDP	Antimalaria Drug Policy
AMFm	Affordable Medicines Facility for Malaria
CCM	country coordinating mechanism
LCS	licensed chemical sellers
GFATM	Global Fund to Fight Aids, Tuberculosis and Malaria
MoH	Ministry of Health
MSH	Management Sciences for Health
NMCP	National Malaria Control Programme
PMI	President's Malaria Initiative
SP	sulfadoxine-pyrimethamine
SPS	Strengthening Pharmaceutical Systems
USAID	US Agency for International Development

BACKGROUND

In Ghana, about 55 percent of the health facilities are in the public sector, and the remaining facilities are private nonprofit (mission) and private sector medical and dental practitioners. There are over 1,300 pharmacies and 8,500 licensed chemical sellers (LCS) that sell over-the-counter medicines. More than 85 percent of the private clinics and pharmacies are located in only 3 of Ghana's 10 administrative regions—Greater Accra, Ashanti, and Western. Recent surveys by Management Sciences for Health (MSH) and the Family Health International-Pfizer's Mobilize Against Malaria project confirmed that pharmacies and LCS are the first source of treatment for approximately 60 percent of Ghanaians. The 7,500 malaria cases per day recorded in Ghana are in the public sector. Given the size and scope of the private sector's involvement in pharmaceuticals (formal and informal), the potential for the private sector to contribute to public health goals is great.

The Ghana Antimalaria Drug Policy (AMDP), reviewed in January 2009, provides guidelines for both the public and private sector to ensure effective treatment of and reduction in the nation's malaria burden. The private health delivery sector includes a diversity of participants; the financing, procurement, quality control, storage, and distribution of pharmaceuticals and treatment and care activities are undertaken mainly through the manufacturers, wholesalers, pharmacies, registered and unregistered LCS, private clinics, hospitals, maternity homes and numerous mobile medicine sellers.

In 2008, a joint assessment conducted by two USAID Presidents Malaria Initiative (PMI) partners—the USAID DELIVER project and Strengthening Pharmaceutical Systems (SPS) Program—identified several challenges, which included poor adherence to the AMDP by way of irrational prescribing and dispensing, high and irregular pricing of ACTs, and the absence of a standardized system for tracking antimalaria use in the private sector. In 2009, the SPS Program conducted a rapid assessment of the malaria pharmaceutical supply management and information systems¹. The assessment revealed that prescribing and dispensing practices among pharmacists and LCS in the private sector was poor and that these practices were not in compliance with the national malaria guidelines and policy for the country. The assessment also found that the number of prescriptions for monotherapies and sulfadoxine-pyrimethamine (SP) used for malaria treatment in chemical shops and other private sector outlets were relatively high compared to the public and mission sector providers.

In March 2010, Ghana opted for the supply of co-paid or subsidized treatment with artemisinin-based combination therapies (ACTs) under the Affordable Medicines Facility for Malaria (AMFm)² program. This program is an innovative financing mechanism designed to expand access to ACTs, the most effective treatment for malaria. The idea of subsidizing ACTs to a cost-

¹ Kojo Arhinful, D., Kusi A., Eghan, K., Owunna, C., and Embrey, M. 2009. *Assessment of Malaria Pharmaceutical Management Systems in Ghana*. Submitted to the U.S. Agency for International Development by the Strengthening Pharmaceutical Systems (SPS) Program. Arlington, VA: Management Sciences for Health.

² <http://www.theglobalfund.org/en/amfm/>

to-patient value similar to that of chloroquine and SP is a laudable idea; designing the implementation of subsidized ACTs in the private sector needed to be done, keeping in mind the challenges associated with the private sector.

MEETING WITH STAKEHOLDERS TO DISCUSS MONITORING AND EVALUATION FOR GHANA PRIVATE SECTOR ACT DISTRIBUTION PROGRAM

MSH/SPS met with personnel from the National Malaria Control Programme (NMCP); the Global Fund to Fight AIDs, Tuberculosis and Malaria (GFATM) Country Coordinating Mechanism (CCM); the Ministry of Health (MoH); and AMFm in April 2010 to discuss development of a monitoring and evaluation (M&E) system for the proposed private sector ACT delivery program for Ghana. The main purpose of the meeting was for SPS to provide information (based on prior experience in other countries) and enhance participants' understanding of the broader issues that needed to be considered when designing a reasonable M&E system for the co-paid program. Prior to the meeting, Ghana had already proposed a distribution model for ACTs in the private sector (figure 1). Several distribution models were considered to ensure efficient and cost-effective distribution of ACTs in the private sector, and the initial idea for an accreditation model was dropped in favor of the open system illustrated in figure 1. Under this model, the selected private sector participants would be required to provide some case management data to support national malaria management and decision-making.

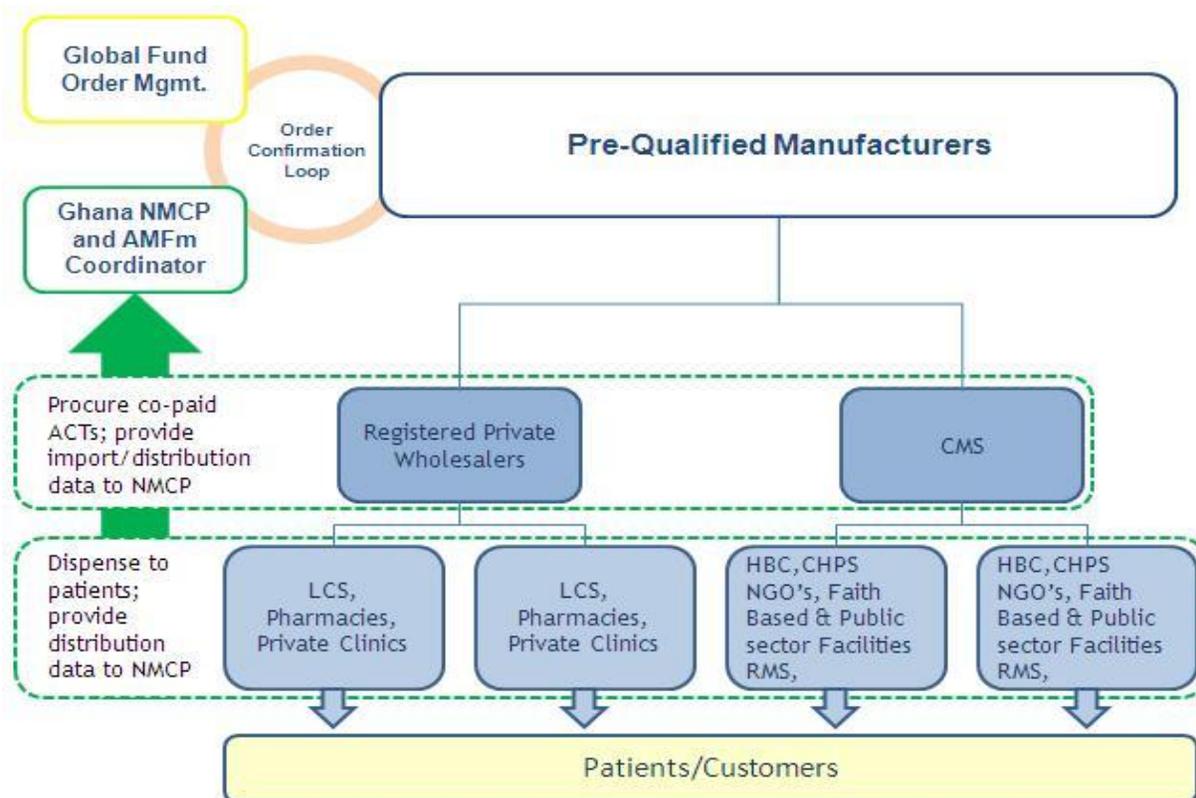


Figure 1. Ghana Co-paid ACT Delivery Model for the Private Sector

However, like most other countries opting for AMFm, there appears to be a lack of mechanisms for monitoring the performance of the private sector players who are the first-line importers and distributors along the supply chain. M&E should be one of the key cornerstones of Ghana's plan

for effective implementation of subsidized ACT distribution through the private sector. M&E would provide the information needed to make evidence-based decisions for success of this pilot. It is expected that selected private sector providers will be engaged to scale up the distribution and use of the GFATM procured antimalarials.

During the meeting, Ghana's plan for ACT distribution in the private sector was discussed in detail. The NMCP team briefed the meeting participants on their M&E framework and data capture procedures. They confirmed that presently the systems were primarily focused on the public sector and hence some system needed to be developed for the private sector. The SPS team posed several questions to meeting participants to help enhance general understanding of support required by the country.

Upon conclusion of the meeting, the group came up with several suggestions about what needed to be measured during the ACT delivery program—

- The extent of national distribution coverage
- Product availability
- Price variations by region or district and by provider type
- Monitoring sales at the wholesale level—limiting the consumption data to this level assumes that the number of units sold is a measure of patient consumption³; a sales monitoring system will need to be developed for the health facility, LCS, and pharmacy levels
- Baseline data needs to be captured prior to roll out of AMFm to measure the size of the subsidized ACT market share compared to other antimalarials over time.

In response to the technical request, SPS developed an M&E framework to support the ACT distribution program in the private sector. This framework was shared with all key stakeholders, and a meeting was held in September 2010 to review and discuss it. The reviewed and agreed upon framework can be found in table 1.

³ Because only sales data on malaria products would be collected and no patient data would be collected, stakeholders need to agree on the assumption that the number of sales for malaria treatment equals the number of malaria patients.

Table 1. M&E Framework for ACT distribution in the Private Sector in Ghana

Dimension	Variables	Indicators	Methodology^a
Availability	Physical availability	<p>Proportion of public and private sector providers</p> <ul style="list-style-type: none"> • That had the co-paid and other ACTs in stock at the time of the survey visit • That had antimalarials other than ACTs in stock at the time of the survey visit • Reporting no stock-out of co-paid and other ACTs at the time of the survey visit • With expired co-paid ACTs at the time of the survey visit 	Use sample size of 30 randomly selected public and private providers in each region
Affordability	Pricing	<ul style="list-style-type: none"> • Average median price of antimalarials for patients at different public or private sector providers (compare urban versus rural and/or selected different geographical locations) • Median cost of full course of treatment for uncomplicated malaria as recommended in the STG^b (adherence to STG and cost of full treatment) <p>NB: Assess whether payment is covered by NHIS^c or paid out-of-pocket</p>	Use sample size of 30 randomly selected public and private providers in each region
Accessibility	Wholesale supply channel	<ul style="list-style-type: none"> • Percentage of public and private sector providers within a two-hour's drive from first-line buyers • Percentage of public and private sector providers within a two-hour's drive from second-line buyers 	Measure indicators in all regions
	Monitoring suppliers' performance	<ul style="list-style-type: none"> • Number of registered public and private sector wholesalers selected as first- and second-line buyers • Quality of supplied products: number of batches that failed quality control test or number of deviations from agreed specifications per supplier or prequalified manufacturer for co-paid ACTs 	Use Pharmacy Council data on number of wholesalers; streamline with Global Fund baseline survey
	Supply chain coverage	<ul style="list-style-type: none"> • Number of licensed or registered public and private providers per region 	
Quality of services (restricted to sentinel surveillance proposed by NMCP)	Quality of pharmaceutical products	<ul style="list-style-type: none"> • Percentage of sampled antimalarials including co-paid ACTs registered with the Ghana Food and Drugs Board • Percentage of sampled antimalarials including co-paid ACTs that pass screening by thin-layer chromatography and mini lab methods 	Data collection from 30 randomly selected public and private sector providers in each region

Quality of pharmaceutical services for uncomplicated malaria in children <5 years	<p>Percentage of encounters in which the—</p> <ul style="list-style-type: none"> • Appropriate first-line antimalarial medicine was sold for malaria treatment • Appropriate first-line antimalarial medicine was dispensed consistently in accordance with STGs • Attendant provided instructions on how to take the medication • Attendant asked about symptoms of the child • Attendant asked about any medication the child may have taken • Attendant asked about general danger signs in children under 5 years • Recommended first-line antimalarial was prescribed • Appropriate dose and frequency of administration for first-line ACT was prescribed 	Mystery shopper visits to selected private sector providers in each region to determine the quality of pharmaceutical services for malaria; use a sample size of 60 randomly selected private sector providers in each region
Consumer satisfaction	<p>Percentage of households—</p> <ul style="list-style-type: none"> • That obtain most of their medicines from private sector providers • Whose perception is that private sector provider’s attendants are knowledgeable about medicines • Whose perception is that antimalarials obtained from private sector providers are affordable • That choose a private sector provider as a first choice facility for advice • That have the money to buy the medicines they need • That report they can buy medicines on credit from the private sector provider 	Conduct limited household surveys based on adapted WHO ^d methodology to determine satisfaction indicators; select 30 randomly chosen private sector providers or shops; within this sample size, select 300 households in each region; ensure private providers or shops are stratified by density of geographical distribution in each region

^aData on the quality of pharmaceutical products and product affordability should be adapted and determined from the availability and price data collection tool based on Strategies for Enhancing Access to Medicines and Health Action International methodologies.

^bSTG, standard treatment guidelines

^cNHIS, National Health Insurance Scheme

^dWHO, World Health Organization

NEXT STEPS

NMCP is exploring resources for technical assistance for the continued support for this activity.

ANNEX 1: MEETING ATTENDANCE LISTS

Attendance list for the April 19, 2010, meeting			
Number	Name	Institution	Contact information
1	Mahama Seidu	NMCP-Accra	0249646312
2	Kofi Osae	NMCP-Accra	0208175828
3	Collins A-Nti	AMFm CCM Chair	0248178432
4	Dr. Edmund Rutta	MSH/SPS-Washington	erutta@msh.com
5	Frank Boateng	CCM Chair	fabbychem@yahoo.co.uk
6	Dan Norgbedzie	CCM	konad2003@yahoo.com
7	Kwesi Eghan	MSH-SPS-Ghana	keghan@msh.org
8	Samuel Boateng	MOH	Samuelboateng@moh.gov
9	Sylvester Segbaya	NMCP-GHS	ssebaya@yahoo.com
10	Johannes Addison	MSH/SPS -Ghana	johannes_addison@yahoo.co.uk
11	Jennifer Amedahe	CCM Secretariat	jenniferamedahe@yahoo.com
12	Lambert Gakpey	CCM Secretariat	nanningl@yahoo.com
Attendance list for the September 9, 2010, meeting			
1	Frank Amoako Boateng	CCM	fabbychem@yahoo.co.uk
2	Dr. (Mrs.) Bart Plange	NMCP	conmarfouk@yahoo.co.uk
3	James Frimpong	NMCP	jamesfrimpong@hotmail.com
4	Sylvester Segbaya	NMCP	ssebaya@yahoo.com
5	Lilly Sampong	NMCP	
6	Johannes Addison	MSH-SPS	johannes_addison@yahoo.co.uk
7	Kwesi Eghan	MSH-SPS	keghan@msh.org

