

Program to up access to combo malaria therapy successful

November 1 2012



Implementation of a series of national-scale pilot programs designed to increase the access and use of quality-assured artemisinin-based combination therapies (QAACTs) for malaria by the Affordable Medicines Facility-malaria has improved the availability, price, and market share of QAACTs, according to a study published online Oct. 31 in *The Lancet*.

(HealthDay)—Implementation of a series of national-scale pilot programs designed to increase the access and use of quality-assured artemisinin-based combination therapies (QAACTs) for malaria by the Affordable Medicines Facility-malaria (AMFm) has improved the availability, price, and market share of QAACTs, according to a study published online Oct. 31 in *The Lancet*.

Sarah Tougher, M.D.E., from the London School of Hygiene and Tropical Medicine, and colleagues conducted nationally representative baseline and end point surveys of public and private sector outlets that stock antimalarial therapies to examine the effect of AMFm on QAACT price, availability, and <u>market share</u> six to 15 months after delivery of



subsidized artemisinin-based combination therapies in seven countries (Ghana, Kenya, Madagascar, Niger, Nigeria, Uganda, and Tanzania [including Zanzibar]).

The researchers found that, with the exception of Niger and Madagascar, in all other pilots there were large increases in the availability of QAACT and in market share. These were mainly driven by changes in the private for-profit sector. In six pilots, large falls were seen in the median price for QAACTs per adult equivalent dose in the private for-profit sector. In Nigeria and Zanzibar, where the market share of oral artemisinin monotherapies was more than 5 percent at baseline, a decrease was observed.

"In summary, our evaluation has shown that subsidies applied to manufacturer price, when partnered with supporting interventions such as communications campaigns, can be an effective mechanism to rapidly improve the availability, price, and market share of QAACTs, particularly in the private for-profit sector," the authors write.

More information: Abstract

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Citation: Program to up access to combo malaria therapy successful (2012, November 1) retrieved 4 May 2024 from

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