1822 Enhancing the private health sector's role through access to subsidized malaria commodities: a game changer in Benin's supply chain

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INTRODUCTION

In Benin, the practice of medicine in the informal private sector, where 65% of all consultations occur and 60% of all malaria cases are diagnosed, has been one of the health system's greatest weaknesses. Thus, the NMCP sought to conduct a pilot project to identify a mechanism for private clinics to access subsidized malaria commodities, improving their role in Benin's health system.

METHODS

- In 2015, 38 key informants and decision-makers from the public and private sectors at 20 private clinics (8 medical clinics, 6 medical cabinets, and 6 antenatal care centers in Atlantique/Littoral, Borgou/Alibori and Zou/Collines) in six departments were assessed through a semi-structured questionnaire.
- In 2017, a pilot activity introduced subsidized malaria commodities to 145 private health facilities and pharmacies in 4 health zones (CBGH, AS, NBT and DCO).
- Enrolled private sector health facility staff were trained on the national guidelines, supervision, the national supply chain management system (LMIS), and on disease surveillance reporting before receiving commodities.

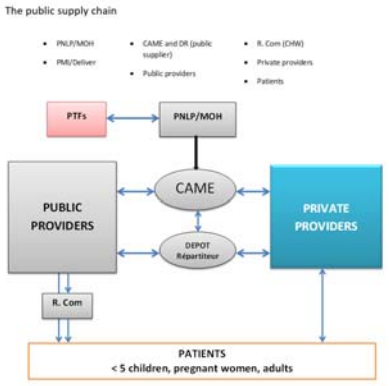


Fig 1. Ste Euphrasie de Vossa Pharmacy in Cotonou

RESULTS

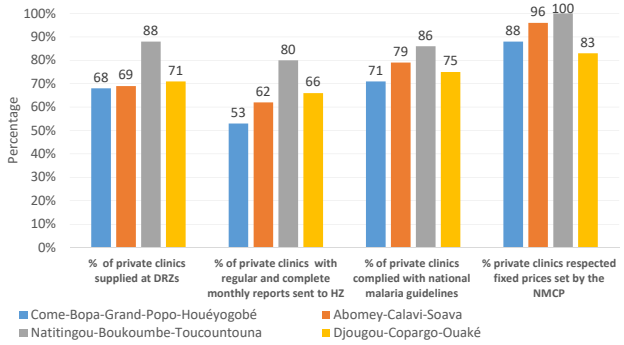
- 56% of private sector stakeholders interviewed preferred the public supply chain, while only 18.8% preferred direct delivery of malaria commodities without a middleman.
- 60% of entities were willing to provide public malaria commodities for free, while 13.3% only agreed to do so if they were compensated by the MOH.
- Most respondents favored the set-up of a formal legal framework to be implemented via an MOU between the National Malaria Control Program and accredited entities.
- 104 private sector health facilities had access to subsidized malaria commodities (62 in Abomey-Calavi-So-ava, 25 in CBGH, 17 in NBT and 18 in DCO health zones); 199 heath workers (144 women) were trained on procedures, ordering, and management tools.

Selected private facilities in 4 health zones enrolled in the pilot received quarterly supervision visits as part of the USAID-funded ARM3 project. Findings from 1-4 May 2018 are below:

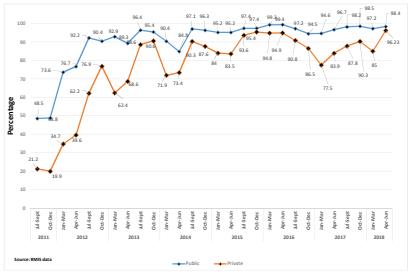
	Numerator/Denominator	%
Private clinics that respected the fixed price for commodities set by the NMCP	28/29	96%
Private clinics that complied with the national treatment protocol for malaria	23/29	79%
Private clinics that had stocks of antimalarials and other supplies at the DRZ level	29/42	69%
Private clinics that sent their monthly case reports regularly	18/29	62%

The correct completion of management tools increased from 60 % to 78% in CBGH and from 33% to 72% for AS. The availability of malaria commodities increased by 15% for AL 24 and 7% for RDTs in NBT health zone while increasing by 20% for AL 12 and 42% for RDTs in DCO. We noted a significant improvement in correctly filing the monthly order report, which rose from 21% to 53% in CBGH and from 10% to 67% in AS.

A breakdown of the results of private clinics' access to malaria commodities in 4 health zones follows below:



The chart at right shows trends in the completeness of Routine Malaria Information System (RMIS) reporting from July 2011 through June 2018, disaggregated by public and private sectors. The NMCP with support from the ARM3 project closed much of the gap through its private sector pilot activity.



DISCUSSION

Malaria indicators have improved after several years of efforts by the MOH and its partners, showing engagement of the private sector can be feasible and beneficial. In order to make further progress, the capacities of the health sector need to be expanded and strengthened at the local level with the private sector's full participation. In addition, the private sector needs to be supported in the implementation of national health policies in order to improve health coverage and ensure quality in the provision of services. 1) Providing training and accreditation for quality assurance of private sector services, and 2) enabling private sector facilities to access subsidized malaria commodities, are good ways for the MOH and its partners to provide support. Efforts should continue to register all private sector health facilities and integrate them into the national approach.

RECOMMENDATIONS

- Scale-up public private partnership (PPP) to other health zones.
- Share performance and experience of the 4 enrolled health zones with other health zones.
- Integrate the approach into a business model to ensure sustainability.
- The NMCP should integrate private sector needs into the national commodities quantification. The private sector perceives this as a good opportunity that would better allow it to fulfill its role with clients and improve the quality of patient care.

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As much as 60% of Benin's malaria cases are diagnosed in the private health sector, where 70% of all antimalarials are also purchased, yet historically, the private sector has not adhered to national malaria diagnosis and treatment guidelines and has faced challenges with maintaining adequate stock-levels of malaria commodities. To enhance the private sector's role reducing malaria morbidity and mortality, we conducted a study of market preferences and a pilot activity to introduce subsidized malaria commodities at selected private health facilities in Benin.

We administered a semi-structured questionnaire to 38 key informants from the public and private sectors, including 20 private clinics (8 medical clinics, 6 medical cabinets, and 6 antenatal care centers in Atlantique/Littoral, Borgou/Alibori and Zou/Collines). We found that the private health sector was amenable to complying with Ministry of Health (MOH) norms and wanted to integrate their malaria commodity needs into the national quantification: 56% of private sector stakeholders interviewed preferred the public supply chain, while only 18.8% preferred direct delivery without a middleman. Most respondents favored the set-up of a formal legal framework to be implemented via an MOU between the National Malaria Control Program and accredited entities. Sixty percent of entities were willing to provide public malaria commodities for free, while 13.3% only agreed to do so if they were compensated by the MOH.

In 2017, we implemented a pilot activity introducing subsidized malaria commodities in 4 health zones via 145 private health facilities and pharmacies. Private sector staff were trained on the national guidelines, supervision, the national supply chain management system, and disease surveillance reporting before receiving supplies. To date, 102 of the 145 accredited private entities have complied with national guidelines, reporting and respecting the sale price of subsidized malaria commodities. Challenges remain, however supplying subsidized malaria commodities through private facilities and pharmacies has proven to be viable.