

Delivering new malaria drugs through grassroots private sector

Abstract:

OBJECTIVE: To demonstrate that micro-franchising system is an effective way of improving access to effective health care such as the introduction of first line antimalarials in populations living in underserved rural areas in Kenya. **DESIGN:** A descriptive study. **SETTING:** Child and family wellness (CFW) micro-franchised nurse run clinics in Kenya. **RESULTS:** In 2007, 39.3% of RDTs carried out were positive for malaria. All malaria positive (RDTs and microscopy) patients received artemether lumefantrine (AL) according to their weight in accordance with the Government approved treatment guidelines. During the same period a total of 3,248 community members were reached with malaria information, however, community expectations took longer to change as patients demanded AL even when the malaria diagnosis was negative. Initially, this led to the dispensing of other antimalarials to patients with malaria like symptoms even with a negative test. This demand decreased with more community education on the importance of the tests. Engaging the private sector though with challenges proved feasible and appropriate in accessing malaria treatment based on clinical diagnosis supported by RDTs to confirm the diagnosis instead of presumptive treatment based on fever. This led to a reduction of antimalarial prescriptions by more than 50%, implying better patient care, rational drug use as well as cost savings on malaria treatment. **CONCLUSION:** A micro-franchising system is an effective and sustainable way of improving access to effective health care by populations living in underserved rural areas of Africa. With appropriate supportive training and supervision, the system can adapt to changes in treatment guidelines and to new regimens.