

ABSTRACT

In an effort to increase access to effective anti-malaria drugs to the rural poor, the Kenyan government has partnered with a local non-governmental organisation to distribute the drugs free of charge using a microfranchise system in small privately-owned rural shops. This study uses difference-in-difference to evaluate the effectiveness of the programme in increasing access to the drugs and hence on its impact on malaria morbidity and mortality. If effective, this system can be recommended for adoption in the distribution of other essential medicines to help in achieving some of the health-related millennium development goals (MDGs) in Africa and Asia. The results show that the programme has no significant impact on malaria morbidity in treatment areas, but there is an impact once treatment is defined with reference to distance to facility. The impact is however less when patients have to walk longer distances to access drugs. In addition, the programme is found to have significant spillover effects to neighbouring untreated areas. Programme impact on mortality is generally insignificant. The programme is therefore recommendable for replication with particular emphasis on putting measures to reduce distance to facility by establishing more outlets nearer to the patients.