Through the Affordable Medicine Facility-malaria (AMFm), private first-line buyers have played a key role in making life-saving quality-assured antimalarials affordable and accessible for the Ghanaian population.

Ghana is among 7 other countries in sub-Saharan Africa to participate in this pilot project. The AMFm is an innovative financing mechanism with the primary objectives of (a) making ACTs available and affordable in both public and private sectors, and (b) delaying the onset of artemisinin resistance by displacing artemisinin monotherapies from the market. Through this facility, subsidy is provided to global manufacturers to produce quality-assured ACTs at a cheaper cost. The lowered cost of manufacturing ACTs means that first-line buyers in the pilot countries can purchase the medication at a cheaper price and thereby transfer that subsidy to the everyday consumers.

On April 3rd 2012, first-line buyers and partners in Ghana came together to discuss the implementation of the AMFm pilot project. Participants engaged in a lively debate about the successes, challenges and lessons learnt on the pilot project. It is very revealing that the private sector has been central in carrying the AMFm forward. Out of the 29 million co-paid ACTs that have been delivered in the country to-date, 27 million were purchased by private first-line buyers, (Global Fund website, April 30, 2012) through the 31 private first line buyers currently participating in the pilot project.

Public-Private Partnership: the role of the Private sector

The success of the AMFm in making affordable ACTs available for the Ghanaian population can therefore be attributed in large part to the participation of the private sector, where over 10,000 Licensed Chemical Sellers play an essential role in the distribution of quality-assured ACTs; 66% of Ghanaians access Licensed Chemical Sellers as their first point of care. (Dalberg, MIT Zaragoza – “Private sector role in health supply chains”, 2008)

Some of the private first-line buyers contributing to the AMFm are the following:

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<thead>
<tr>
<th>First Line Buyer Company</th>
<th>Contact Person</th>
<th>Position</th>
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<tbody>
<tr>
<td>KAMA Health</td>
<td>Kofi Addo-Agyekum</td>
<td>Managing Director</td>
</tr>
<tr>
<td>Danadams Pharmaceuticals</td>
<td>Sherlock Ashiagbor</td>
<td>Head, Sales and Marketing</td>
</tr>
<tr>
<td>Supra Pharma Limited</td>
<td>Rajesh Wadhwani</td>
<td>Managing Director</td>
</tr>
<tr>
<td>Spintex Chemist Limited</td>
<td>Joshua Norman</td>
<td>Marketing Manager</td>
</tr>
<tr>
<td>Tobinco Pharma</td>
<td>Ben Tetteh</td>
<td>Marketing Manager</td>
</tr>
<tr>
<td>Tobinco Pharma</td>
<td>Isaac Osie Brown</td>
<td>Financial Controller</td>
</tr>
<tr>
<td>Sharp Pharmaceuticals Limited</td>
<td>Kwabena Abankwah-Yeboah</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>Neo Pharma Centre</td>
<td>Stephen Boadu-Appiah Jnr</td>
<td>Professional Sales Representative</td>
</tr>
<tr>
<td>Ernest Chemists Limited</td>
<td>Richard Nkansah Mensah</td>
<td>Marketing and International Business</td>
</tr>
</tbody>
</table>
The correct action to take in accessing ACTs for effective treatment of malaria is described in Mami Adjoa’s Green Leaf scenario set below.

"Adjoa has had fever, headache, joint pains, shivers and general malaise for the last 3 days. She decides to get a rapid diagnostic test which confirms her suspicions- she has malaria. Like 66% of Ghanaians, her initial point of care and treatment-seeking is through the private sector; the closest outlet to her home is a chemical shop. ACTs (Artemisinin Combination Therapy), which are now widely recognized as the most effective treatment for malaria, used to cost between 8-12 Ghana Cedis, to an average of 1.67 GHC for adult doses and 1.2 GHC for child doses. Awareness of the availability of the AMFm ACTs also increased from 78% in April 2011 to 95.4% in December 2011, while actual availability of the medicine achieved a 96% mark by December 2011. (Pharmacy Council Report, Oct-December 2012).

Adjoa’s experience reflects the decision that so many Ghanaians must make when they start feeling the symptoms of malaria. A few years ago, before the Affordable Medicine Facility-malaria (AMFm) was launched, Adjoa would have resorted to an ineffective monotherapy treatment such as chloroquine or Sulfadoxine Permethamine (SP) commonly called Fansidar, because it was the only medication she could afford. However, now that the ACTs are within her financial reach, she can afford the appropriate treatment for herself and her children.

The Pharmacy Council monthly monitoring reports in 2011 indicated that the cost of adult ACTs decreased considerably from pre- AMFm prices, which used to range from 8-12 Ghana Cedis, to an average of 1.67 GHC for adult doses and 1.2 GHC for child doses. Awareness of the availability of the AMFm ACTs also increased from 78% in April 2011 to 95.4% in December 2011, while actual availability of the medicine achieved a 96% mark by December 2011. (Pharmacy Council Report, Oct-December 2012).

The Green Leaf Scenario
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Challenges faced by the Private First Line Buyers.

However, as the First Line Buyers endeavored to adjust their existing operational systems to accommodate the principles and practice of the AMFm program to arrive at the above achievements, they had to overcome various challenges. Some of these are as follows:

1. Uncertainty of the continuity of the program as an abrupt end may disorganize the companies' marketing plans.
2. Construction of additional warehouses and hiring of personnel to manage the AMFm component require investment of additional capital in their businesses.
3. Allocation of funds to purchase the AMFm ACTs while maintaining the company's existing production and distribution lines.
4. Tying up of funds by the AMFm as money was spent on procurement of ACTs when such money could have been used for other businesses.
5. Some companies have expressed the concern that they may lose their credibility when AMFm ACTs become unavailable.
   “You cannot sell any other ACT as buyers may not understand and accept any price variations that may come about,” says one First Line Buyer in Accra.
6. Several first-line buyers mentioned that their freedom of doing business as usual was lost, in addition to the loss of opportunity to increase brand equity of non AMFm drugs.

In spite of these challenges, First Line Buyers accepted to participate in the AMFm pilot as part of their corporate social responsibility towards people in the communities they serve. “We had to get on board to help the AMFm program achieve a large impact through the large number of children and mothers that are saved from illness and death caused by malaria every day,” says Mr. Kofi Addo Agyekum, leader of the First Line Buyers Group and Managing Director of KAMA Health Services Ltd.

Individual First Line Buyers also had to make efforts to diffuse misconceptions about cheaper drugs being of low quality as most Ghanaians tend to believe that items that are low in cost may be the ones that are of low quality. On many occasions, First Line Buyers had to make additional efforts to ensure that supply gaps would be filled quickly so that the program does not get weakened through non AMFm ACTs and others filling the gap.

Benefits of being an AMFm Partner

On the other hand, participating in the AMFm program presented some recognizable benefits to the First Line Buyer Companies. These are:

1. Many companies gained recognition from various stakeholders including the Ministry of Health and the government at large as contributors to a very worthy course.
2. The AMFm program contributed to widening the network of customers for some of the First Line Buyers as the AMFm program opened opportunities for business with other buyers and manufacturing companies.
3. In cases where many patients accessed the ACTs through the National Health Insurance Scheme (NHIS), a direct benefit was transferred to the patient and the opportunity of vendors hiking up the price of ACTs was reduced.
4. First Line Buyers felt proud their contribution to the wider distribution of ACTs increased affordability for patients thereby helping to decrease morbidity and mortality caused by malaria. “It is indeed our response to our corporate social responsibility towards our fellow Ghanaians particularly the poor who may be compelled to buy ineffective medicines,” remarked Mr. Frank Boateng, former Chairman of the CCM and Managing Director of Fabby Chemists Ltd.
5. Enhancement of corporate image and brand equity is an important product of participating in the AMFm program. For all companies, they would for a long time be remembered for the life saving and quality mark the product they traded in bore and that surely is a basis for promotion of future business.
THE WAY FORWARD AND CALL TO ACTION

Come November 2012, the Global Fund Board will decide on the future of the AMFm program. The prayer/wish expressed by many First Line Buyer Companies and all Voices Against Malaria is that the AMFm brand remain a long lasting brand in order to sustain the availability and affordability of the life saving ACTs. This is because a return to non co-payment pricing will adversely affect the image of the First Line Buyers and also the ability of many families to access and afford the ACTs. Unfortunately, wishes may not turn out to be the horses we desire to ride on.

As a country, there is the need to be proactive in creating the required processes for sustaining the AMFm program irrespective of the nature of the Global Fund Board decision of November 2012. Such processes should include on one hand, calls on the donor community and multilateral and bilateral institutions to institutionalize their support for this vital facility.

On the other hand, there should be local level initiatives spearheaded by the government of Ghana supported by the leadership of the Private Sector to institute programs that will ensure availability and effective use of the ACTs.

Conclusion

It is undeniable that the AMFm has greatly benefited the Ghanaian population by making quality-assured ACTs widely available at an affordable price. Regardless of the Global Fund’s decision in November 2012, strategies must be put in place to secure the continued engagement of the private sector, since the majority of the Ghanaian population will continue to access this life-saving medication from the private sector. As the Marketing and International Business Manager of Ernest Chemists Ltd. Mr. Richard Nkansah Mensah observed,

"the population’s appetite has been whetted for the affordable ACTs and it will be suicidal to step back from it now."

Recommended Actions for Government

1. Government should initiate efforts in exploring alternative funding sources to subsidize ACTs and malaria medicines at large. This, one dares to say, should include sources such as revenues from some of the highly productive sectors of the economy especially the Oil and Mining industry. A special malaria tax to be placed on profits derived from the Oil Industry and gold mining targeted at subsidizing ACTs will be one sure way in which the population at large could claim benefits from the emerging oil and gas as well as the gold mining industry in Ghana. Earmarked taxes from the Mobile phone industry, the tourism sector and public lotteries should also be considered.

2. It is also suggested that all taxes on ACT imports be waived to bolster the efforts of local manufacturers. In this respect, local pharmaceutical manufacturers with demonstrated ability should have their capacity built through government support to be able to respond appropriately to the malaria medication needs of the population.

3. It is emphasized that Government’s continued strengthening of its machinery to ensure only acceptable quality ACTs are distributed in the country through vigilance of the Food and Drugs Board, the Security Agencies and Research Institutions should remain a crucial factor. Maintaining standard quality of ACTs during and after the AMFm pilot will in the final analysis ensure avoidance of resistance and continual saving of precious Ghanaian lives.