

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

*Gilbert Andrianandrasana<sup>1</sup>, Adjibabi Cherifatou<sup>2</sup>, Julie Niemczura de Carvalho<sup>3</sup>, Julie G. Buekens<sup>3</sup>, Megan Perry<sup>3</sup>, Angelique Gbaguidi<sup>1</sup>, Alexis Tchevoede<sup>2</sup>,*

<sup>1</sup>*Accelerating the Reduction of Malaria Mortality and Morbidity (ARM3/MCDI) (Benin),*

<sup>2</sup>*National Malaria Control Program/MOH Benin,*

<sup>3</sup>*Medical Care Development International (MCDI) (United States)*

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.