Affordable Medicines Facility – malaria (AMFm) and Capacity Strengthening: GHANA

DNDi 10th Anniversary celebration:
A Decade of R&D for Neglected Diseases in Africa
Endemic Country Research and Development for Patient Access

John H. Amuasi (MBChB, MPH)
PhD Candidate, University of Minnesota School of Public Health
and
Komfo Anokye Teaching Hospital
Kumasi, Ghana

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Komfo Anokye Teaching Hospital (KATH), Kumasi, Ghana

- Ashanti region. 2\textsuperscript{nd} largest hospital in Ghana with over 1,200 beds
- Part of core mandate is to conduct research.
- Capacity lacking, so \textit{set up R&D Unit in 2006}
- \textit{Streamline, Develop and Sustain research capacity} and collaboration (local and international)
- Coordinate and monitor research activities going on in the hospital.
- Promote in-house Operational Research
The AMFm

Three elements:
1. Price negotiations with ACT manufacturers
2. Buyer subsidy (co-payments) at top of global supply chain (USD336 million committed so far)
3. Supporting interventions to ensure effective ACT scale-up (up to USD127 million)

Four objectives:
1. Increasing availability of quality-assured ACTs
2. Increasing affordability of quality-assured ACTs
3. Increasing market share of quality-assured ACTs
4. Increasing use of quality-assured ACTs

Key Actors in Ghana

• In Ghana:
  – Drugs for Neglected Diseases *initiative* (DNDi)
  – Komfo Anokye Teaching Hospital (KATH)
  – Responsible for survey, analysis and report writing

• ICF International

• London School of Hygiene and Tropical Medicine (LSHTM)
  – coordinated IE activities in all AMFM countries
Areas strengthened in KATH

- Networking with international and national level institutions e.g. GSS, NMCP, GHS
- Ability to design, and coordinate complex national-level field surveys
- Design of detailed data extraction tools
- Acquired complex data collection skills
- Advanced data management (cleaning, storage and analysis) skills
- Critical field research infrastructure (laptops, desktops, GPS devices etc.)
Impact of Strengthened Capacity

- Staff developed interest in public health research and are pursuing further studies including PhDs.
- Staff were able to support other partners in designing other studies.
- ICFi came back to KATH to conduct remote areas study with no on-the-ground supervision.
- Approached by Sanofi to conduct antimalarial research. One of the AMFm trainers currently the PI.
- Invited by NMCP to a critical national level meeting to discuss next steps post AMFm in Ghana.
- Presented at Global Health Systems symposium and ASTMH (heightened visibility).
Factors Contributing to Capacity Strengthening (lessons learnt)

• Active decision by KATH management to strengthen research capacity in 2006
• DNDi’s decision to make capacity strengthening and objective of engaging with the local partner
• DNDi’s confidence in local institutions and insistence on the prominence of the local partner
Capacity Strengthening outside of KATH

- 4,000 public health workers trained on case management, including diagnosis, monitoring and reporting.
- 1,400 pharmacists and 500 private medical practitioners completed a one-day training course linked to CPD points.
- 7,400 LCS received three days’ training on malaria case management.
- Regional regulatory officers from FDB trained on case management and conduct of routine monitoring of pharmaceutical services for dispensing practices.