



**GLOBAL  
HEALTH**  
SUPPLY CHAIN SUMMIT



*Enhancing the role of the private health sector through an improved access to subsidized malaria commodities for accelerating the reduction of Malaria Morbidity and Mortality (ARM3): game changer in Benin's supply chain*

*system*

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# Plan de Présentation

**I Contexte et justification**

**II Objectifs/Objectifs spécifiques**

**III Méthodologie de l'évaluation**

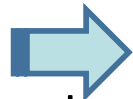
**IV Résultats**

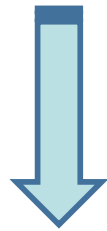
**V Conclusion**

# I. Contexte et Justification (1)

- ❑ Le Bénin compte 2197 FS privées (recensement décembre 2012) et 243 officines dans les 77 communes du pays, avec 272 dépôts pharmaceutiques dans les localités reculées (2015)
- ❑ Le paludisme première cause de consultation au Benin
- ❑ Plus de 60% des consultations se font dans le secteur privé
- ❑ Existence de filières informelles puissantes d'approvisionnement et de cession des médicaments, y compris les CTA,
- ❑ 65 % de citoyens soignent eux-mêmes leur paludisme et achètent les médicaments librement, sans ordonnance donc sans confirmation.

## I. Contexte et Justification (2)

 L'introduction des ILP subventionnés dans le secteur privé devient une priorité pour l'amélioration du système de santé au Bénin



Ceci justifie l'évaluation et l'identification d'un mécanisme pour l'introduction des IPL dans le secteur privé commandité par PNLP sur financement PMI et la mise en œuvre d'une étude pilote de ce mécanisme dans certaines zones sanitaires



## II- Objectifs/Objectifs spécifiques

1. Définir un mécanisme permettant l'introduction des ILP subventionnées dans le secteur privé
2. Proposer les conditions d'accès des formations sanitaires privées aux ILP
3. Proposer un système de suivi de la mise en œuvre du mécanisme
4. Proposer une procédure d'intégration des formations sanitaires privées au SIGL
5. Proposer un mode d'évaluation et de revue périodique du mécanisme d'accès aux ILP
6. Faire une étude pilote dans certaines zones sanitaires

## III- Méthodologie de l'évaluation

- Etude transversale, descriptive, panoramique des modalités actuelles de dispensation des ILP, couplée d'un sondage prospectif des modalités d'introduction des ILP auprès des FS privées.
- Echantillonnage raisonné de différents types de structures de soins i) la polyclinique médicale, ii) la clinique médicale, iii) le cabinet médical, iv) la clinique d'accouchement, v) représentants des PTFs, vi) pharmaciens grossistes et officinaux, vii) décideurs au niveau du MS et de la CAME
- Revue de littérature, Interview/entretien des acteurs clés, un questionnaire/guide d'entretien unique a été administré à tous les acteurs



11/20 (55%) des acteurs du secteur privé interviewés ont préféré la «chaîne d'approvisionnement publique». 4/20 (20%) préfèrent la livraison directe aux HF privés s

## V - Resultats (1)

- 11/20 (55%) des acteurs du secteur privé interviewés ont préféré la «chaîne d'approvisionnement publique». 4/20 (20%) préfèrent la livraison directe aux HF privés sans intermédiaire
- Les cliniques du secteur privé sont prêtes à se conformer aux directives, aux politiques et aux normes exigées par le MS.
- 12/20 (60 des acteurs du secteur privé ont déclaré qu'ils étaient prêts à fournir gratuitement les ILP aux enfants de moins de 5 ans et aux femmes enceintes en sacrifiant tout bénéfice, alors que 13,3% ont accepté de fournir gratuitement des produits antipaludiques uniquement s'ils recevaient des subventions opérationnelles. compensation du ministère de la santé.



## V - Resultats (2)

- Les pharmacies privées souhaitent participer efficacement à la distribution des produits subventionnés et espéraient bénéficier des mêmes coûts opérationnels a la CAME.
- Tous les acteurs conviennent que les FS du secteur privé non enregistrées et non accréditées ne doivent pas bénéficier des produits subventionnés du paludisme.
- Les prestataires de santé du secteur privé estiment qu'il est utile de mettre en place un cadre formel et légal. L'existence d'un protocole d'accord entre eux et le PNLP
- Les CTA subventionnés, SP et TDR des entrepôts de CAME sont considérés comme étant de meilleure qualité



## V - Conclusion (1)

- Les progrès majeurs, les capacités du secteur de la santé doivent être étendus et renforcés, au niveau local, via la décentralisation et la promotion spécifique de la participation du secteur privé.
- Le secteur privé doit être soutenu pour une meilleure mise en œuvre de la politique nationale de santé afin d'améliorer la couverture sanitaire et d'assurer la qualité des soins.
- L'accès du secteur privé aux produits subventionnés du paludisme est une bonne chose et tous les efforts devraient continuer à enregistrer tous les établissements de santé du secteur privé et à les intégrer dans l'approche.



## V - Conclusion (2)

- À la suite de cette évaluation, au cours du troisième trimestre de 2017, 104 établissements de santé du secteur privé ont eu accès à des produits subventionnés (62 à Abomey-Calavi-Soava, 25 à CBGH et 17 dans des zones sanitaires NBT) et 199 travailleurs de la santé. (144 femmes) ont été formées respectivement aux procédures, commandes, outils de gestion.
- Le PNLP devrait intégrer les besoins du secteur privé dans la quantification nationale.

# Enhancing the role of the private health sector through an improved access to subsidized malaria commodities for accelerating the reduction of Malaria Morbidity and Mortality (ARM3): game changer in Benin's supply chain

## Background

In Benin, the informal practice of medicine in the private sector is one of the greatest weaknesses of the health system. The rapid growth of health care through private HFs providing care to up to 65% of the consultations and 60% of malaria cases. Subsidized malaria commodities purchased by the MOH, PMI and other donors in Benin has been limited to public HFs so far. Both the Ministry of Health and the private sector agree that a major private sector role responding to care needs in malaria control. This explains why Benin carry out a study to identify a mechanism to access private sector to subsidized malaria commodities and conducted a pilot to introduce subsidized malaria commodities into the private sector.

## Methods

A semi-structured questionnaire including questions, recommended ways to integrate the private sector, financial feasibility and the price range applicable to supplies distributed by private wholesalers and pharmacies was applied to key MOH decision-makers (DPMED, NMCP, CAME) as well as in-country financial and technical partners (USAID, CTB, UNICEF, PSI, and ARM3). A total of 38 key informants from both public and private sectors were assessed. The questionnaire was applied in 20 private clinics (eight medical clinics, six medical cabinets, six antenatal care centers in Atlantique/Littoral, Borgou/Aliorori and Zou/Collines).

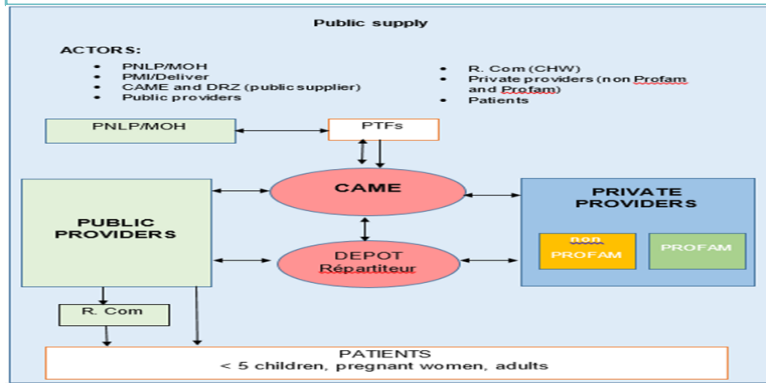


Fig 1. Most supported mechanisms to access private sector to subsidized malaria commodities

## Results

Main findings are as follow:

- 11/20(55%) of private sector stakeholders interviewed preferred the "public supply chain". 4/20(20%) prefer direct delivery to private HFs without an intermediary.
- Private sector clinics are amenable to comply with the directives, policies, standards and norms required by the MOH.
- 12/20(60%) of private HFs stated that they were ready to provide public malaria commodities free of charge by sacrificing any benefit for prescribing subsidized malaria commodities, while 13.3% accepted to provide malaria commodities free of charge only if they are granted operational compensation from the MOH.
- Private pharmacies wished to be effectively involved in the distribution of subsidized commodities and hoped to benefit from the same operational cost as CAME.
- All the actors agree that unregistered and unaccredited private sector supplies must not benefit from subsidized malaria commodities.
- Private health provider considers it's useful to set up a formal and legal framework to be implemented through an MOU between the NMCP and accredited HFs.
- Subsidized ACTs, SP and RDTs from CAME's warehouses are considered of to be better quality



Fig 1. Pharmacie ste Euphrasie de Vossa Cotonou.

## Conclusions

Major progress, capacities of the health sector need to be expanded and strengthened, at the local level, via the decentralization and specifically promoting the participation of the private sector. Private sector needs to be supported for a better implementation of the national health policy in order to improve health coverage and ensure the quality in the provision of health services to the population. Accessing private sector to subsidized malaria commodities is in a good way and all efforts should continue to register all private sector HFs and integrate them into the approach. As a result of this assessment, during the third quarter of 2017, 104 private sector health facilities have accessed to subsidized malaria commodities (62 in Abomey-Calavi-So-ava, 25 in CBGH and 17 in NBT health zones) and 199 health workers (144 women) were respectively trained on procedures, ordering, management tools. NMCP should integrate private sector needs in the national quantification.

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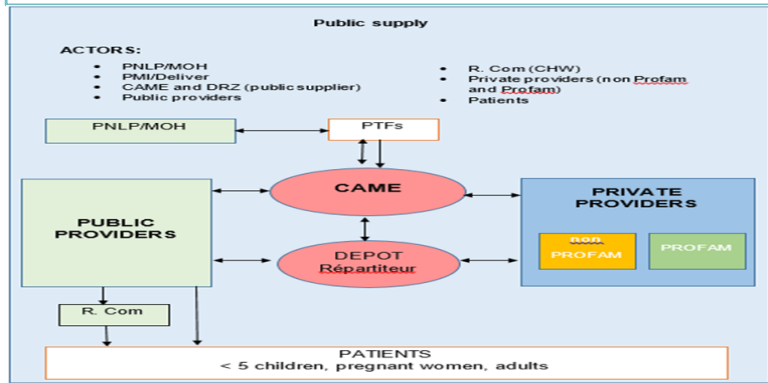


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