

Information sheet

Access to visceral leishmaniasis (VL) drugs in Africa – barriers and facilitators

Background:

The Institute of Tropical Medicine, Antwerp (ITM) is conducting a study, partnering with MSF and others, to investigate access barriers to quality drugs to treat visceral leishmaniasis (VL) in eastern Africa region. This study aims to analyse the different factors affecting access to these life-saving medicines, from global and/or regional perspective, in order to enhance access to these drugs.

Information will be collected for the following products:

1. Sodium stibogluconate (SSG) - generic
2. Paromomycin
3. Liposomal amphotericin B (AmBisome®)
4. Additional: meglumine antimoniate (Glucantime®), Pentostam® (SSG from GSK)
5. Additional: rK39 RDT

Interview description:

All partners or stakeholders involved in the access to VL drugs in countries in east Africa, including those providing support (financial or otherwise) to the procurement and distribution of VL medicines (and diagnostics). We have selected your organization and approached you to assist in this assessment by providing information (and your expert opinion) on any of the above products.

With your consent, the interview will be recorded and we will use a semi-structured questionnaire in which some information will be noted down. It should take 60 minutes of your time.

Confidentiality and information security

Participation in this study is completely voluntary and you may withdraw at any time without prejudice of negative consequences. All information will be kept secured and confidential. The study team will have access to the information arising from this interview. Information which could potentially identify participants will not be published without the participants' consent, nor disclosed outside of the study team.

If you need further information please contact:

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Semi-structured questionnaire for interviews

Barriers to effective supply of quality VL drugs and diagnostics in Africa

Name of partner/organization: _____

Name of country: _____

Person interviewed/ completed the questionnaire: _____

Contact: _____

Position: _____

Date: _____

Name of interviewer: _____

Question guides

1. Is health care in the public sector officially provided free of charge to patients in case of leishmaniasis?
Yes/No

2. Who supplies the medicines used to treat VL ?

- National programme
- Donor _____
- Organization _____
- _____
- _____

3. Which among the VL medicines (and diagnostics) below that are available in your country?

	Yes/No	Registered (Yes/No/Don't know)	Imported/Produced	Supplier	Remarks
Conventional amphotericin B					
Liposomal amphotericin B					
Meglumine antimoniate					
Sodium stibogluconate					
Miltefosine 50 mg/tablet					
Miltefosine 10 mg/tablet					

Paromomycin					
Pentamidine					
Other.....					
Other.....					

4. Were there donations of drugs for leishmaniasis in 2015 or 2016 (by WHO, pharmaceutical industry or aid agencies)?

Yes/No

5. If yes, please specify the donor and which medicine and its quantities if possible by giving the numbers in the smallest unit (vials, tablets):

Donor	Name of drug + manufacturer	Quantity (vials, tablets)

6. Are drugs for leishmaniasis sold in the private sector?

In regulated pharmacies:

Yes/No/Don't know

In unregulated drug markets/by drug vendors:

Yes/No/Don't know

7. What is the process to procure VL medicines? (prompt: together with other essential medicines.....)

Follow up questions/to elaborate more on what is mentioned):

- 4 a. Why is so difficult (e.g forecasting the demand,as per the answer)

8. What is the process to procure VL diagnostic (rK39 RDT)?

9. What do you think are the difficulties to effective supply of VL drugs and diagnostics? What are the reasons for that?

Prompt (tick if appropriate)

- No treatment is offered in the public sector.
- There is no leishmaniasis control program.
- Treatment is only offered at advanced health care levels and not at primary care level
- There is no money to roll out the existing leishmaniasis control program.
- There is no continuous supply of drugs at public health facilities

Comments: _____

- Drugs/diagnosis offered in public health facilities are not effective

Reason: _____

- Patients are too poor to pay for treatment which is not offered for free in public health facilities
- There is a lack of trained human resources for treating leishmaniasis
- Patients live in very remote areas with no health facilities and no transport
- Transport exists to health facilities exists but patients can't afford it
- Patients suffer economical catastrophe due to days of missed work when they spend time away from home in order to receive treatment
- Patients do not seek treatment in time due to certain cultural beliefs or a lack of awareness of the serious nature of the disease
- There is gender inequality in seeking treatment
- Patients seek substandard private care or care from traditional healers before reporting to health facilities

Comments: _____

- Certain groups of patients have no access to the public health system (refugees, returnee camps, tribal regions)

Comments: _____

- Other: _____

10. In your opinion, have there been changes in the supply mechanisms of VL drugs and rK39 RDT?

11. Have you heard/experienced stock-outs of one of the VL medicines? What are the reasons for that?

12. What do you think is particular for VL drugs access as compared to other NTDs, or even to other essential medicines?

13. What are your thoughts on integrating VL supply with the public procurement system? (What are your views on the parallel procurement channels for specific disease such as VL? Agree or disagree...why?)

14. Research suggest different supply improvement such as technology use, different distribution systems, outsourcing – what are your thoughts about the different options?

15. What do you think should be the strategies to improve supply of VL commodities?
