Community Mobilization for Malaria Elimination

A Manual for Trainers of Community Volunteers

Module 3, Session 3: Avoiding Poor Quality ACTs

Training Objectives:
At the end of the session, participants will be able to:

- List the consequences of taking poor quality malaria medicines (ACTs)
- Mention ways of avoiding poor quality malaria medicines
- Describe how to use the mobile authentication system (MAS) for malaria medicines

Instructional Materials:
- Training equipment and supplies: Laptop and projector (where available), flipchart paper and stand, markers, notepads, pens and pencils,
- Booklets on substandard and fake ACTs question and answers—enough for each participant,
- Demonstration materials: ACT packs (different brands with MAS scratch pads and one with the Greenleaf logo), TV spot (where play back equipment is available)

Time Allocation: 2 hours, 45 minutes

Methodology: Role plays, group discussions, mini lecture, video demonstration.
Activity/Steps:

Step 1 (15 minutes): Facilitator reviews the section “What is Appropriate Treatment” in Module 3, Session 2 by asking participants to mention the components of appropriate malaria treatment. Facilitator then summarizes these components as shown in the box.

<table>
<thead>
<tr>
<th>Appropriate Treatment of Malaria</th>
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<tbody>
<tr>
<td>✓ Not all fevers are malaria, treat malaria only after confirming through a blood test</td>
</tr>
<tr>
<td>✓ Treat malaria with only ACTs, and within 24 hours after testing positive</td>
</tr>
<tr>
<td>✓ Take malaria medicine according to health worker’s prescription</td>
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Effects of inappropriate treatment of malaria

- Persistence of malaria even when symptoms have subsided
- Resistance of malaria to treatment
- Increase in severity of malaria that might lead to death
- More expenditure on more drugs

Step 2 (15 minutes): Facilitator leads a brainstorming session among the participants to see if they can recall the effects of inappropriate treatment of malaria as discussed in the previous session. After most participants have had a chance to share what they recall, facilitator highlights and reinforces the effects of inappropriate treatment of malaria.

Step 3 (45 minutes): Facilitator introduces participants to the issue of poor quality and fake ACTs and explains that some ACTs are not good quality or fake, and that using these ACTs is the same as inappropriate treatment of malaria with the same negative effects as discussed earlier. Through this mini lecture, the facilitator explains how ACTs can become poor quality:

- Improper manufacturing—could be inadequate quantities of active ingredients
- Falsified ACTs—manufacturer deliberately tampers with the ingredients in ACTs
- Degraded products that have not been stored or shipped properly or that have expired and no longer work to treat malaria.

The facilitator explains that the best place to get good quality ACTs is at health facilities. The most likely places to get poor quality ACTs are from:

- Hawkers—by roadsides or in vehicles
- Unlicensed medicine sellers/PPMVs
- Friends who have left over medicine from the last time they were sick.

Using sample ACT packages, the facilitator also explains how participants can avoid poor quality or fake medicines:

- Check for a NAFDAC number on the package (Show what the number looks like)
- Make sure there is a MAS scratchpad on the package (Show the MAS scratchpad on the package), and explain how it can be used to check that the medicine is not fake.
• Check the best by date on the package to ensure the ACTs are not expired (Show the Best By date on the package)
• Check for the Greenleaf which indicates that the medicine has the proper ingredients in it (Show the Greenleaf on the package).

The facilitator answers questions and provides further clarifications to participants.

**Step 4 (30 minutes):** Facilitator asks participants to volunteer to act out three different roles.

**Role Play 1:** A man experiences malaria symptoms (fever, headaches, etc.) and while at the village square with his friends, a man hawking medicines in a wheelbarrow passes by. He buys some medicines from the hawker and takes them. Three days later his symptoms become unbearable and he is rushed to the hospital where he is admitted.

**Role Play 2:** A woman experiences malaria symptoms. She goes to the village health center and reports her experience. The nurse tests her for malaria and confirms she has malaria. They do not have malaria medicines at the health center so they give her a prescription to buy from the pharmacy. She buys her drugs from the only chemist shop in the village but does not check the package or scratch the MAS pad. Her condition gets worse 2 days later.

**Role Play 3:** A man has a similar experience as the woman in Role Play 2. However, this man insists that the chemist man shows him the NAFDAC number and the expiry date on the pack containing the medicine. After he was satisfied with this, he asks the chemist man to scratch the pad on the medicine and text the code there to the number provided on the package. Although the chemist man was reluctant, he eventually did this. The reply that came showed the medicine was authentic. The man took his drugs and his condition improved within 3 days.

**Step 5 (20 minutes):** Facilitator helps participants process all three-role plays by asking the following key questions:
1. What are the lessons we have learned from these plays?
2. How can we compare medicines received from the hospital with those we buy from chemist shops?
3. How can we ensure that the malaria medicines we buy are of good quality?
4. What should you do if the ACTs you buy do not work to cure your illness?

**Step 6 (10 minutes):** Facilitator clarifies and summarizes the lessons learned from the role-plays as well as key learning from this session. Facilitator emphasizes how you can ensure you use good quality ACTs, and what to do if the ACTs you buy do not cure your malaria.

Where possible, facilitator plays the TV spot on how to avoid poor quality ACTs.

Facilitator passes out ACT packets to each group of 2 – 3 participants. Tell them to find the NAFDAC number, the expiry/manufacturer date, and the scratch pad. Then, tell them to scratch the scratchpad and text the number beneath to the number on the packet.
Facilitator ends by sharing copies of the malaria medicines questions and answers booklet, going through it page by page (this may be done using the Powerpoint presentation based on the booklet) Facilitator points out the NAFDAC phone numbers, and encourages participants to report poor quality ACTs. This is the only way the Government can protect other people in the community from buying poor quality and fake ACTs. Then point out the MAD hotline number and explain that they should call this number if they see any suspicious activity that may involve fake or stolen malaria medicines. Explain that the US government will provide cash rewards to anyone who provides information the leads to the arrest of people involved in international medicine counterfeiting.

**Step 7 (30 minutes):** Facilitator explains that when the CV is educating community members about malaria treatment, they also need to explain how to ensure that ACTs are good quality and not fake. CVs should use the question and answer booklet to guide the discussion and should use a sample ACT packet to teach community members how to use the scratch pad, and check expiration date and NAFDAC number.

Facilitator then breaks the group into pairs, and tells one person to be the CV and the other a community member. Instruct the CV to use the question and answer booklet and a sample packet of ACTs to teach the community member how to protect him/herself from using substandard or fake ACTs. Facilitator circulates through the group, observing and providing advice. After 15 minutes, tell the participants to switch roles.

**Step 8 (10 minutes):** Facilitator asks the participants to summarize the four things that community members can do to ensure they use good quality ACTs. Be sure they mention:

1) Get ACTs from a hospital or health center or registered pharmacy of chemist.
2) Check the ACT packet to make sure there is a NAFDAC number
3) Check the “best by” date on the packet to be sure it is not expired
4) Scratch the scratch pad and text the number underneath to the mobile number on the package. Only use the medicine if a message comes back saying that the ACTs are authentic.

Ask participants to tell you what a person should do if the ACTs they are taking for malaria do not work. Be sure they mention:

1) Bring the medicine packet back to the health worker or place where you bought it and explain that it did not work.
2) Report the incident to NAFDAC by phone or in person at the NAFDAC office in your state

**Content:** The content for this session is covered in the SSFFC Question and Answer booklet. It is reproduced here for easy access.
Malaria Medicines: Frequently Asked Questions (FAQs)

1. Q: What should I do when I experience a fever?

A: Visit the nearest health facility within 24 hours after you experience a fever. Ask for the malaria test. Do not wait more than 24 hours after your fever begins to get tested.

2. Q: What does my test result mean?

A: If you test negative for malaria, your health provider will ask you questions and may carry out other tests to find out why you have a fever. If you test positive for malaria, your health provider will give you the correct medicines to treat the malaria.

3. Q: What is the proper medicine for malaria?

A: ACTs are the only malaria medicines recommended by the Ministry of Health. ACTs contain more than one ingredient and are called combined therapy. Quinine, chloroquine, halofantrine and other similar medicines contain only one active ingredient and are called monotherapies. Monotherapies no longer work against malaria.

4 Q: How effective are ACTs?

A: ACTs are the best treatment for malaria. Unfortunately, some ACTs sold through medicine shops and markets are of poor quality, and may not work to treat malaria.

5 Q: What are the effects of taking poor quality ACTs?

A: If you take poor quality ACTs:
   - Your malaria will get worse
   - It will take longer to recover
   - It will cost more to cure your malaria
   - Some people die because they take poor quality ACTs

6 Q. What can I do to protect myself and family from poor quality Malaria Medicines?

A: You can avoid poor quality malaria medicines by taking the following actions:
   - Visit a health facility as soon as you experience a fever and get a malaria test. ACTs available at health facilities are usually good quality.
   - If you must buy malaria medicine, do not buy from hawkers who sell medicines inside vehicles and along the streets.
   - Buy ACTs only from registered pharmacies or chemists.
9. Q: How do I use the MAS scratch pad?

A: **Step 1:** Scratch the card to reveal the number underneath (show photo)

**Step 2:** Text the number to **38353** or the phone number provided on the package. (TEXT the number ONLY ONCE. TEXT MESSAGE IS FREE)

**Step 3:** Wait for a SMS response.

**Step 4:** If the SMS response says the medicine is good, you can be assured it is of good quality. (Show photo) If the SMS response advises otherwise, follow the instructions in the text message. (Show photo)

If you have any questions; call: 0142521212 or text 08133630600, 08058741647

If you think you have taken poor quality medicines, talk to a health provider at the nearest health facility immediately. Bring the medicine package to show him or her.

It is your duty to help Government remove poor quality medicines from the health system. Report those who sell poor quality medicines to the NAFDAC office in your state or report directly to the following:

National Pharmacovigilance Center, Abuja:
**Phone:** 09 6702823 or 0803 786 3048; Fax: 09 5241108
**Email:** nafdac_npc@yahoo.com

Help stop ACT theft and counterfeiting. Report information you have about people involved in stealing or making fake ACTs by calling the U.S. government toll-free MAD Hotline at 0708 0601816. You may receive a cash reward of up to U.S. Dollars $10,000 if your information leads to the arrest of an individual involved in transnational organized crime.

*All information will be kept confidential and callers’ identities will not be shared.*