



ACTwatchlite

End of Project Meeting Report

Quick links:

- [ACTwatch Lite project overview](#)
- [ACTwatch Lite toolkit](#)
- [WHO technical consultation to review the ACTwatch Lite survey methodology - Meeting report](#)

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Group photo of ACTwatch Lite End of Project meeting participants.
Photo credit: Cote d'Ivoire PNLP

Meeting Summary

On October 6th and 7th, Population Services International (PSI) hosted the ACTwatch Lite End of Project Meeting in Abidjan, Côte d'Ivoire. With support from the Gates Foundation, PSI convened 14 National Malaria Programs (NMPs) and government and private sector stakeholders to explore how the ACTwatch Lite approach, as part of broader private sector engagement for malaria case management, could inform national strategies, guide regulatory action, and strengthen quality improvement.

Participants came from countries across sub-Saharan Africa where the private sector plays a key role in malaria case management, but little

representative data exists to help understand how it functions (See Annex 1: List of Participants). On day one, the ACTwatch Lite methodology, corresponding WHO-reviewed toolkit, and learnings from countries with recent implementation experience were presented to explore how the ACTwatch Lite approach may fill critical evidence gaps (See Annex 2: ACTwatch Lite End of Project Meeting Handout). On day two, participants broke into small groups to explore how ACTwatch Lite results could be used in their own countries and co-develop sustainable strategies for private sector engagement amid shifting global financing trends.

Next Steps

After attending the two-day ACTwatch Lite End of Project meeting, participants are encouraged to share the insights that they've gained with their respective ministries and other local stakeholders. Before updating National Strategic Plans, they should assess their data needs and consider whether ACTwatch Lite could provide valuable evidence to strengthen private sector malaria strategies. Meeting organizers also suggest that engagement with country-level Global Fund personnel would be useful to explore the inclusion of ACTwatch Lite in GC8 proposals, using the publicly available toolkit reviewed by WHO through a dedicated technical consultation. Finally, stakeholders are encouraged to connect with PSI for support required to implement ACTwatch Lite or any other broader private sector engagement activities. Further coordination amongst meeting participants representing NMPs will take place over a newly formed WhatsApp group.

ACTwatch Lite Recap

ACTwatch Lite Overview

ACTwatch Lite is a cross-sectional market survey of retail-level private health sector providers and suppliers. The study is designed to capture representative data of malaria commodity markets at the retail and wholesale levels to 1) inform national / subnational decision-making, 2) understand drivers of market performance and target areas and channels for intervention, and 3) give NMPs essential (and currently unavailable) market data as they develop private sector strategies, identify areas for regulatory intervention or quality improvement, and funding requests.

Typically, malaria commodity data in the public sector are more readily available to decision makers. While the private sector is an important and growing source of care for febrile illness it often remains unmonitored, leaving an information gap for decision-makers involved in the control and elimination of this disease.

ACTwatch Lite Toolkit Overview

The ACTwatch Lite toolkit has been developed to allow for the rapid adaptation and implementation of the methodology to fit local contexts and enable the generation of data for adaptive, fit for purpose private sector malaria case management insights, prioritization and recommendations. It contains a standardized set of indicators, allowing for comparison between countries and over time. This toolkit can also be easily adapted to domains beyond malaria, including market studies of, for example, FP products or antibiotics in the private or public sector.

Session Descriptions



Dr. Mea Antoine Tanoh, Coordinator of the Cote d'Ivoire National Malaria Control Program, providing opening remarks. Photo credit: Keith Esch

Welcome and introductions

The meeting was formally initiated by Dr. Mea Antoine Tanoh, Coordinator of the Côte d'Ivoire National Malaria Control Program. Welcoming remarks were also provided by representatives from the WHO, Global Fund and the Gates Foundation, all of whom underscored the value of ACTwatch Lite, and their support for its inclusion in countries' applications for the upcoming Global Fund GC8 funding round. Representatives from PSI Côte d'Ivoire and PSI Global Services also gave brief remarks before meeting participants introduced themselves.

Setting the scene: Emerging challenges and opportunities for malaria case management in the private sector

As background to contextualize the ACTwatch Lite project, emerging challenges and opportunities for malaria case management in the private sector were presented. This session reiterated historical private sector interventions (e.g. Global Fund Affordable Medicines Facility-Malaria and Co-Payment Mechanism) and underscored how recent United States Government funding decreases will likely reduce public sector capacity for malaria case management and control, resulting in increased private sector utilization.

ACTwatch Lite toolkit: Origins, tools and implementation

This session gave an overview of the ACTwatch Lite project. It then explored the ACTwatch Lite toolkit, which was designed to include all the necessary tools and guidance for researchers to generate timely, representative data on malaria commodity markets in the private sector. Each of the toolkit's components were discussed, highlighting their modularity and adaptability to the specific needs of implementors.

ACTwatch Lite results showcase: Results from Benin and Cameroon

Key results from the Benin and Cameroon pilots of the ACTwatch Lite methodology were presented, showcasing potential use cases for the methodology. The ACTwatch Lite 2023 survey in Benin uncovered that private pharmacies and for-profit facilities had the highest market share. However, diagnostic testing remained limited in those facility types, raising concerns about overtreatment and antimicrobial resistance. The ACTwatch Lite 2024 survey in Cameroon was the first study to explore market composition, product availability, pricing, provider practices, and supply chain dynamics in that country. It found that 6% of pharmacies stocked oral artemisinin therapies, which led to the immediate issuing of a communiqué by the national pharmacy regulator to remove these products.

Country presentations: What private sector solutions are working in our own countries and what gaps remain?

Representatives from each of the NMPs present gave brief presentations on private sector success, challenges, gaps and solutions in their home country. While some challenges were country-specific, lack of robust and representative data, need for creative financing solutions, and better integration of private sector outlets into training, supervision and reporting systems were raised across several presentations.

Malaria in the private sector: Côte d'Ivoire

A representative from Côte d'Ivoire's National Malaria Control Program provided an in-depth presentation outlining public-private collaborations for malaria control and strategic engagement of private health facilities through regulatory frameworks, training, and data integration.

Malaria in the private sector: Nigeria

A representative from Nigeria's National Malaria Elimination Program presented on multisectoral solutions for successful private sector engagement. Several programs were described, including public-private partnership enhancement, domestic resource mobilization strategies and the strengthening of quality malaria care through subsidized antimalarial and rapid diagnostic testing products.

From data to action: Applying ACTwatch Lite indicators as a framework for strategic planning

This session introduced a standardized indicator framework designed to generate actionable data on malaria commodity markets in the private sector. Using practical examples, the session highlighted how each indicator group (market composition, availability, volume, market share, price, provider knowledge and practices, and others) provides critical data to inform targeted interventions.



Meeting participants breaking into small groups to discuss challenges and solutions to improved private sector engagement. Photo credit: Keith Esch

Improving private sector planning amid a shifting funding landscape

Small group discussions on challenges being faced by NMPs in light of the shifting funding landscape identified key themes in common across many counties, including: lack of accurate, timely data on the private sector, such as the type of products available, their market share and price; lack of testing in the private sector; domestic resource challenges; gaps in implementation of existing regulation; lack of coordination between public and private stakeholders.

Applying ACTwatch Lite to strategic planning

Small group discussions continued, matching ACTwatch Lite indicators to the private sector case management challenges previously identified. The methodology provides key measures for antimalarial and malaria testing availability, price, market share, and provider characteristics, as well as supply chain measures – all of which were identified to respond to data needs by national programs.

Drafting national private sector roadmaps ahead of GC8

Building from the challenges and indicators identified in the previous two sessions, groups then drafted roadmap frameworks to further brainstorm priority interventions, stakeholders, and funding sources. For example, one group focused on supply chain disruptions related to global funding shifts leading to public sector stock outs and subsequent demand increases in the private sector. The group went on to discuss data needs, including ACTwatch Lite indicators for sales price, stock outs, availability, and reporting. They then drilled down on priority training, coordination and enforcement interventions, and listed relevant

stakeholders like NMPs, regulatory authorities, suppliers, importers, technical partners, manufacturers and community members. Critically, they also brainstormed potential funders, like the national government, Global Fund, development banks, philanthropic organizations, and manufacturers. This exercise was seen as useful, as it spurred conversation and debate about emerging challenges, innovative solutions, collaboration, and financing.

Annex 1: List of Participants

Name	Affiliation	Base country
Mea Antoine Tanoh	NMP	Côte d'Ivoire
Bleu Bomen Thérèse	NMP	Côte d'Ivoire
Armande Yapi Yepie	NMP	Côte d'Ivoire
Regina Kandie	NMP	Kenya
Nakembetwa Marco	NMP	Tanzania
Aliou Thiongane	NMP	Senegal
Mac-Abdul Falama	NMP	Sierra Leone
Robert Mugerwa	NMP	Uganda
Pierre Sinarinzi	NMP	Burundi
Alioune Camara	NMP	Guinea
Aissata Kone	NMP	Mali
Emmanuel Shekarau	NMP	Nigeria
Hiwot Solomon	NMP	Ethiopia
Marius Ngoy	NMP	DRC
Codjo Dandonougbo	NMP	Benin
Trokon Washington	NMP	Liberia
Cyprien Zinsou	ABMS	Benin
Crispin Batubenga	SANRU	DRC
Mavis Oppong Diomandé	PSPSCI	Côte d'Ivoire
Nandy Beugré Goué	FOASPS	Côte d'Ivoire
Seynude Jean-Fortune Dagnon	Gates Foundation	Nigeria
Paul Bouanchaud	PSI	UK
Keith Esch	PSI	USA
Katelyn Woolheater	PSI	USA
Erica Wang	PSI	USA
Maggie Afenu	PSI	USA
Charlotte Eddis	PSI	Côte d'Ivoire
Curt von Boguslawski	PSI Côte d'Ivoire	Côte d'Ivoire
Jacques Kouakou	PSI Côte d'Ivoire	Côte d'Ivoire
Melly Traore	PSI Côte d'Ivoire	Côte d'Ivoire
Arsène Dago Loua	PSI Côte d'Ivoire	Côte d'Ivoire
Nicole Gnuan	PSI Côte d'Ivoire	Côte d'Ivoire
Virtual attendees		
Arnaud Le Menach	WHO	Switzerland
Htin Kyaw Thu	Global Fund	Switzerland
Roopal Patel	Global Fund	Switzerland
Jackson Sillah	WHO	Republic of the Congo
Manfred Accrombessi	PSI	France

Annex 2: ACTwatch Lite End of Project Meeting Handout



ACTwatchlite

End of Project Meeting Handout

Welcome!

This handout includes the meeting agenda, as well as (01) an overview of the ACTwatch Lite Toolkit, (02) select use cases for the Toolkit, (03) a quick reference of the ACTwatch Lite Indicator Table, (04) an overview of PSI's approach to private sector engagement, (05) and a Roadmap Framework for translating data for ACTwatch Lite indicators to action.

Quick links:

Project overview: www.actwatch.org

Toolkit access: github.com/ACTwatchLite

Contact: ✉ ACTWatchLite@psi.org



ACTwatch Lite End of Project Meeting Agenda

Date: October 6-7, 2025

Location: Abidjan, Côte d'Ivoire

Format: In person & online

Meeting objectives:

1. Present and reflect on the ACTwatch Lite toolkit, study design, country experiences, and key findings.
2. Explore how ACTwatch Lite results can inform national planning, regulatory action, and private sector quality improvements.
3. Co-develop pathways for integrating sustainable strategies for private sector engagement amid shifting global financing trends.

DAY 1: ACTWATCH LITE TOOLKIT DEEP DIVE

Time	Session	Description
09:00 – 09:10	Registration	- Tea and coffee on arrival
09:10 – 10:00	Opening & Welcome	- Security briefing, opening remarks from Côte d'Ivoire PNLP, WHO, Global Fund, Gates Foundation and PSI, participant introductions
10:00 – 10:30	Setting the Scene: Emerging Challenges and Opportunities for Malaria Case Management in the Private Sector	- Presentation from PSI
10:30 – 11:00	Break	
11:00 – 11:55	ACTwatch Lite Toolkit: Origin, Tools & Implementation	- Presentation from PSI: Overview of the toolkit: What is included, how it works, what it measures, and how it was adapted in pilot countries
11:55 – 13:00	ACTwatch Lite Results Showcase: Country Panel	- 10-minute summary presentations of key findings from ACTwatch Lite implementations in Benin, Cameroon and Nigeria
13:00-14:00	Lunch and Group Photo	
14:00 – 15:00	Country Presentations: What are Our Own Private Sector Solutions That are Working and Remaining Gaps?	- 5-minute summary presentations from each National Program representatives reflecting on private sector case management barriers: diagnosis, supervision, regulation, data, etc.: a. Current private sector malaria strategies b. What is working? What does not work? c. What is needed?
15:00 – 15:15	Break	
15:15 – 16:15	Country Presentation Session (continued)	- 5-minute summary presentations (continued)

16:15 – 16:45 Debrief and Day 2 Preview - Key takeaways from meeting Day 1 and set up meeting Day 2

DAY 2: STRATEGIC PLANNING AND SUSTAINABILITY WITH ACTWATCH LITE

Time	Session	Description
09:00– 09:10	Recap of Day 1	- Recap of key insights and themes from Day 1
9:10 – 9:40	Malaria in the Private Sector: <i>Côte d'Ivoire</i>	- Presentation from Côte d'Ivoire PNLP
9:40 –10:20	Malaria in the Private Sector: <i>Nigeria</i>	- Presentation from Nigeria NMEP
10:20 – 10:50	From Data to Action: Applying ACTwatch Lite Indicators as a Framework for Strategic Planning	- Interactive presentation from PSI on translating ACTwatch Lite indicators to programmatic response. <i>Please reference the ACTwatch Lite Indicator Quick Reference in section 4 of this handout</i>
10:50 – 11:20	Break	
11:20 – 12:10	Small Group Strategic Discussion: Improving Private Sector Planning Amid a Shifting Funding Landscape	- Group discussion of: <ul style="list-style-type: none"> a. How will reduced donor funding affect malaria activities in the private <i>AND</i> public sector? b. Put yourself in the perspective of the private sector providers in your country, what do they need from you? How do those needs vary by outlet type? What do you need? c. What are the persistent gaps and challenges that you note from the private sector in your countries (i.e., supply chain, reporting, provider capacity, regulation)? What can be done to fill the gaps (i.e. integration, digital tools, regional collaboration etc..)?
12:10 – 13:00	Applying ACTwatch Lite to Strategic Planning	- Group activity informed by previous session, focusing on how ACTwatch Lite can strengthen NSP revisions, Global Fund investment cases (e.g. GC8), or multi-disease integration efforts
13:00 – 14:00	Lunch	
14:00 – 14:45	Breakout activity: Drafting National Private Sector Roadmaps	- National Program representatives <ul style="list-style-type: none"> a. Identify 2–3 strategic ideas for sustaining and scaling private sector work: governance, data, financing, integration etc... b. Draft mini roadmaps: priority interventions, data needs, advocacy targets, and potential funding pathways
14:45 -15:15	Plenary Share Back	- Share back of road maps, pain-points, breakthroughs, feedback, and cross-country learning
15:15 – 15:30	Break	
15:30 – 16:15	Debrief, Closing and Commitments	- Plenary discussion of key asks moving forward, national commitments, and what PSI/partners will offer post-project

01 ACTwatch Lite Toolkit Overview

PURPOSE

ACTwatch Lite is a cross-sectional market survey of retail-level private health sector providers and suppliers, funded by the Gates Foundation and implemented by PSI. The study is designed to capture representative data of malaria commodity markets at the retail and wholesale levels to 1) inform national / subnational decision-making, 2) understand drivers of market performance and target areas and channels for intervention, and 3) give national malaria programs (NMPs) essential (and currently unavailable) market data as they develop private sector strategies, and funding requests. Typically, data on malaria commodities in the public sector is more readily available to decision makers, but while the private sector is an important and growing source of care for febrile illness it often remains unmonitored, leaving an information gap for decisionmakers involved in the control and elimination of this disease.

ACTwatch studies were originally implemented from 2008-2016 to fill this data gap in 13 malaria-endemic countries in sub-Saharan Africa and the Greater Mekong Subregion. During this time, the ACTwatch studies obtained nationally or sub-nationally representative data on the availability, price, and market share of antimalarial medicines and rapid diagnostic tests (RDTs) in the public and private sectors. These data were used by national and international stakeholders to inform and shape policy on antimalarial and diagnostic regulations and private sector interventions including AMFm and private sector co-payment mechanism, a Global Fund initiative to subsidize quality-assured ACTs through the private sector. In 2023, ACTwatch Lite used an updated and streamlined approach, based on the original ACTwatch methodology, to collect essential data on malaria commodity availability, price, sales volumes, and market share just in the private sector while reducing both the time and resources necessary to implement these studies. This was made possible by technological solutions (data collection, product databases and automatic inputting of product information, and streamlined data management and cleaning – all discussed later in this guide).

The ACTwatch Lite toolkit¹ has been developed to allow for the rapid adaptation and implementation of this methodology to fit local contexts and enable the generation of data for adaptive, fit for purpose private sector malaria case management insights, prioritization and recommendations. It allows for a standardized set of indicators to be collected, permitting comparison between countries and over time. This toolkit can also be easily adapted to domains beyond malaria, including market studies in the private sector.

WHAT IS THE ACTWATCH LITE TOOLKIT?

The ACTwatch Lite toolkit includes comprehensive guidelines for implementation, as well as a standardized but adaptable package of assessment materials tied to an indicator framework, including

¹ <https://github.com/ACTwatchLite>

questionnaires, templates for a protocol, report, budget, etc. detailed in the toolkit. These tools can be adapted based on the scope and context of the ACTwatch Lite implementation. Tools may also be integrated with programmatic activities and routine monitoring of the private sector or as part of a broader health facility assessment or audit. Additionally, the tools may be expanded to capture information on other relevant health commodities.

Table 1 ACTwatch Lite Toolkit Content

1	Manual and implementation guide	Provides comprehensive guidance on study design, planning, data collection, analysis, and dissemination for implementing an ACTwatch Lite study
2	Indicator table & qualitative themes	Lists all core and optional additional quantitative indicators and qualitative analysis themes to guide study objectives and analysis
3	Desk review & stakeholder mapping	Includes tools for conducting a landscape review of the private sector and mapping key stakeholders to inform study design and engagement
4	Protocol template and references	A customizable study protocol template with example text and references to support ethics submissions and standardize methodology
5	Budget and workplanning tools	Pre-formatted workbooks for estimating and planning study activities and associated timelines and costs across all phases and resources
6	Sampling tool	A PPS (probability proportional to size) sample size calculator to determine the number of clusters and outlets to include in the study with additional notes for use
7	Product masterlists	Reference tables of known antimalarial and mRDT products (by brand, strength, formulation, etc.) used to support data collection and cleaning
8	Terms of reference templates	Editable template for recruiting research agencies to support implementation
9	Training materials	Slide decks, facilitator notes, quizzes, photo banks, and other resources for training fieldworkers and supervisors on study background, tools, and field procedures
10	Qualitative interview guide	A semi-structured guide for interviews with importers, distributors, and wholesalers to capture upstream market dynamics
11	Quantitative data collection tool	An Open Data Kit (ODK)/XLS Form-based data collection tool for outlet and product-level data on availability, price, volumes, and provider behavior
12	Analysis syntax	Pre-written Stata code for cleaning, management, and analysis of ACTwatch Lite data to generate all core and additional provider indicators Analysis syntax will be available for R on the ACTwatch Lite GitHub by end of 2025
13	Results output	Pre-formatted workbooks where data tables from Stata are output, formatted, and used to populate visualizations for reviewing and sharing key results for core indicators
14	Report template and references	A customizable, comprehensive report template with suggested structure, text, and citation guidance to facilitate consistent reporting and dissemination

WHAT DOES ACTWATCH LITE ASSESS?

The ACTwatch Lite toolkit is designed to assess all levels of the private sector market and supply chain for malaria commodities and case management.

At the retail level, information from each outlet with the potential to stock malaria commodities is collected on the outlet characteristics, provider knowledge and case management practices, business practices, participation in surveillance, regulation, and monitoring, and information on the outlet's main malaria commodity suppliers. Moreover, all malaria commodities available on the day of study at these outlets are audited to capture product information (e.g. brand, type of drug/ test, manufacture, active ingredients or antigen test type, etc.) as well as the product price, volume sold in the past week, and price paid by the outlet from their supplier. These data are used to calculate core indicators including availability, price, and market share. The complete list of quantitative indicators which can be assessed using this toolkit are detailed in the [ACTwatch Lite Indicator Table](#) as well as in Section 04 ACTwatch Lite Indicator Quick Reference of this handout.

For higher levels of the supply chain, a qualitative approach is used to capture information from key players in the importation, distribution, and wholesale of malaria commodities. Information is thematically structured to gather and assess details on product availability, pricing, sales revenues, distribution networks and practices, competition, and regulations. Qualitative themes assessed using this toolkit are detailed in the [ACTwatch Qualitative Themes Table](#).

Data collection and analysis tools are mapped to these indicators and themes so that standardized outputs can be generated for selected indicators and comparisons can be made over time or between countries. An ACTwatch Lite implementation can be adapted to assess priority indicators alone or expanded to capture other relevant information from surveyed outlets. A rapid assessment, for example, may only include audits of antimalarials at select outlets visited during programmatic monitoring or supervision. Tools can be adapted to suit various scenarios.

WHAT IS THE ACTWATCH LITE METHODOLOGY?

ACTwatch Lite is a market survey of malaria commodities across the supply chain. ACTwatch Lite implementation will vary based on scope, but core indicators – such as availability, price, and market share – should remain standardized.

To assess malaria commodities at all levels of the supply chain, the study is conducted in two components:

Component 1: Quantitative market survey

At the retail level, a quantitative questionnaire is administered through a census approach (visiting all outlets with the potential to sell malaria commodities, such as health facilities, hospitals, pharmacies, shops, labs, etc.). The main suppliers from each outlet are captured and used to inform a list of wholesalers (either terminal or intermediate) who are also interviewed using the quantitative questionnaire if in the sampled area

Component 2: Qualitative supply chain interviews

For higher levels of the supply chain, including importers, local manufacturers, distributors, and wholesalers, a qualitative interview guide is available to capture a subset of business practices indicators.

The toolkit includes an Implementation Guide which further details the methodology, tools, and steps for an ACTwatch Lite study organized into the five phases below:

1 PROJECT INITIATION	including stakeholder engagement and initial development of a workplan and budget
2 PROTOCOL AND TOOL DEVELOPMENT	including refinement of the protocol template, quantitative questionnaire, and qualitative interview guide based on scope and data availability, and submission to IRB for ethical clearance (as required)
3 DATA COLLECTION	including fieldworker training, pre-tests, set-up, field implementation of the outlet census and qualitative interviews, mop-up, and quality control measures.
4 ANALYSIS AND RESULTS GENERATION	including data management, cleaning, and analysis using standardized code and template shell tables and figures
5 DISSEMINATION AND DATA USE	including initial presentation of results to stakeholders, and data use/action workshops.

WHAT ARE THE EXPECTED OUTCOMES FROM ACTWATCH LITE?

Results for each indicator in the analysis plan are presented in tables and figures which can be produced by following standardized statistical software² syntax and utilizing provided MS Excel templates. A table is produced for each indicator, disaggregated by outlet type and urbanicity, or as otherwise applicable. Indicators are also presented as charts or figures.

Results provide evidence to help decisionmakers identify gaps in their private sector case management systems to guide the development of evidence-based policy, regulations and interventions. The

² Currently only available for STATA

implementation guide below details an approach for actionizing policy or process changes based on ACTwatch Lite results.

WHAT'S NEXT?

In summary, the ACTwatch Lite toolkit is a standardized package of tools which can be used in varied contexts to implement a market study or monitor malaria commodities in the private sector. The core aims of an ACTwatch Lite implementation are to assess availability, price, and market share of malaria commodities. To get started on your own ACTwatch Lite implementation, continue reading the implementation guide below.

For more information, download the [ACTwatch Lite Manual and Implementation guide](#) or contact PSI : ACTWatchLite@psi.org

02 ACTwatch Lite use cases

PRACTICAL CHECKLIST: WHEN COULD YOU USE ACTWATCH LITE?

NMPs may consider implementing the ACTwatch Lite methodology if *any* of the below-mentioned scenarios occur:

- ☐ The private sector health system is an important source of care seeking but little data exists about antimalarial and RDT commodities in the private sector itself
- ☐ Policies or regulations impacting the private sector have changed since the last time antimalarial and RDT commodity data was captured
- ☐ Concerns exist over supply chain integrity (i.e. the extent to which non-prequalified or non-nationally approved products pervade private sector markets) and data is needed for regulatory authorities to follow up and ensure compliance
- ☐ Malaria commodities in the formal private sector are well understood, but less is known about the informal sector, apart from that it is an important source of care seeking
- ☐ World Health Organization (WHO) recommendations on multiple first-line therapies (MFT) and/or confirmatory testing before treatment are being implemented in the public sector, but less is known about these practices for customers seeking care at a private sector outlet
- ☐ Evidence is required to influence policy for improved malaria testing, treatment and reporting practices in the private sector, or you are preparing for a mid-term review, national malaria strategic plan (NMSP), or funding request (e.g. Global Fund concept notes)

WHEN ACTWATCH LITE MAY NOT BE APPROPRIATE

This is a market survey, which at its heart, emphasizes health commodity product audits. If your country is not explicitly interested in conducting a market survey focusing on health commodity audits, this methodology should not be pursued. ACTwatch contains a brief provider readiness questionnaire, which serves to contextualize audit data. However, if your country's primary concern is provider behavior, readiness, or demand-side data generation, alternate methodologies, such as mystery clients or client exit interview, should be considered.

CORE APPLICATIONS: WHAT DOES ACTWATCH LITE OFFER?

Advocacy

ACTwatch Lite provides a powerful demonstration of the value of private sector data for local, national, and global stakeholders. Study findings are used as an advocacy tool to help secure resources necessary to enhance malaria commodity markets in the private sector. By providing credible, evidence-based insights, ACTwatch Lite supports the integration of private sector improvement initiatives into NMSP, treatment guidelines, funding proposals and funding requests.

Data to action: evidence for co-design

The ACTwatch Lite methodology relies on close collaboration with key in-country stakeholders, including ministries of health, NMPs, regulatory bodies, research institutions and implementing partners, particularly during the critical interim data review phase. This collaborative process fosters timely and meaningful discussions around generated data, encouraging honest dialogue in a trusted setting. These discussions can lead to co-creation of evidence-based interventions, directly addressing gaps in private sector malaria commodity markets revealed in the data.

Tracking adherence to global guidelines and national policies

Global guidelines and country policies have been laid out for private sector malaria case management or commodity vending. However, few data sources can measure the extent to which policies and guidelines are being adhered to. In lieu of routine monitoring in the private sector, ACTwatch Lite provides representative cross-sectional estimates of antimalarial and RDT price, market share and availability in the private sector. For instance, ACTwatch data demonstrated that antimalarial sales in Benin's informal sector decreased from 80% in 2016 to just 11% by 2023. Over the same period, private sector artemisinin-based combination therapy (ACT) availability increased from 45% to 79% and private sector ACT market share increased from 42% to 89%.

Mapping and understanding supply chains

ACTwatch Lite allows country governments to better understand private sector supply chains. Supply chain mapping conducted through ACTwatch Lite helps to identify supply chain failures so that they can be properly diagnosed and corrected. For instance, through supply chain mapping in Cameroon, ACTwatch Lite clarified that those who import antimalarials are not the same as those who import RDTs. This finding highlighted the need for supply chain measurement across commodities leading to product data that allows for different and adaptive solutions to be identified.

EXPANDING POSSIBILITIES: WHAT ARE ADDITIONAL OR POTENTIAL USE CASES FOR ACTWATCH LITE?

More comprehensive: Full market mapping

The ACTwatch Lite design at present includes only private sector markets, as these represent the biggest data gap in the pilot countries. However, conducting ACTwatch Lite in the public and private sector simultaneously allows stakeholders to better understand the scale and interweaving of the public and private sector malaria commodity flows. Additionally, given the precipitous declines in global funding availability, public sector ACTwatch Lite data may partially fill gaps left in the face of decreased availability and quality of supply chain and logistics management information system data.

Inclusion of the public sector in this methodology may also glean insights into the products that are being prescribed in addition to antimalarials. A [recent U.S. President's Malaria Initiative-funded study](#)³ demonstrated that in addition to the prescription of free ACTs, patients were required to purchase other commodities like paracetamol and vitamins, highlighting the challenges associated with a cost-recovery-oriented public sector system.

Faster and less expensive: ACTwatch Ultra Lite

In the context of reduced global funding availability, it is critical to explore ways of cutting ACTwatch Lite survey costs while maintaining representativeness at levels required for programmatic decision making. ACTwatch Lite has been designed to be modular, allowing users to tailor study materials to capture a subset of indicators that are relevant to the questions at hand. ACTwatch Lite can be trimmed down to indicators prioritized by a given country, such as only those associated with antimalarial audits. ACTwatch Lite's modifiable geographic scope can be defined as nationally representative, requiring a larger scale survey, or sub-nationally representative, targeting specific areas that are at-risk, or undergoing an intervention of interest.

Implementors may also consider integrating ACTwatch Lite (or parts of it) into existing data collection activities / systems including: Health Management Information Systems, private sector supervision systems, or combining with other studies (e.g. Malaria Indicator Surveys, therapeutic efficacy studies, lot quality assurance sampling (LQAS), resistance monitoring or quality monitoring surveys).

Another approach to consider is completing a standard ACTwatch Lite study for baseline data, then following up on priority indicators using an LQAS (or similar) methodology. For example, after the completion of a typical ACTwatch Lite baseline data collection round, implementors could consider removing supply chain and provider readiness sections and follow up specifically on antimalarial and RDT audit indicators.

³ Fomba, S., Koné, D., Doumbia, B., Diallo, D., Druetz, T., Florey, L., Eisele, T. P., Eckert, E., Mihigo, J., & Ashton, R. A. (2020). Management of uncomplicated malaria among children under five years at public and private sector facilities in Mali. *BMC Public Health*, 20(1), 1888. <https://doi.org/10.1186/s12889-020-09873-1>

Repeat implementations: Longitudinal tracking

Pilot implementations of ACTwatch Lite serve as the baseline against which data from future survey rounds may be compared. When repeated, ACTwatch Lite will allow for the measurement of changes, both nationally and sub-nationally, of key indicators over time. Other indicators, like MFT readiness and market penetration of specific products may also be examined over time. A further benefit of ACTwatch Lite is that key indicators for availability, price and market share are defined the same as the original ACTwatch study, allowing for comparative analysis given geographic and methodological overlap.

Expanding with new modules

The conversion of the ACTwatch methodology to capture evidence on [family planning commodities](#)⁴ has been shown to be feasible.

Leveraging the ACTwatch approach in the context of antimicrobial drug resistance and increasing need to monitor antimicrobial product availability and market share, further adaptation efforts could be made for antibiotics. Further, the methodology could be adapted for commodities like tuberculosis medications, antiretrovirals, other diagnostics such as HIV home test kits, or even products used to facilitate improved water, sanitation and hygiene practices.

Parallel product quality testing

A product quality testing module could be added to an ACTwatch Lite study, leveraging the outlet level market study methodology to sample products from visited outlets. Implementors may consider introducing a mobile 'mini-lab' component to their research to more fully understand the extent to which counterfeit and sub-standard products are an issue in the private sector of their study areas.

Capturing contemporaneous demand-side data

ACTwatch Lite generates supply-side data in the private sector.

However, it is not currently calibrated to fully contextualize these data with consumer and demand-side drivers. In the family planning space, studies like [Consumer's Market for Family Planning \(CMF4P\)](#)⁵ and [Performance Monitoring Action \(PMA\)](#)⁶ and have successfully linked the supply- and demand-sides to create a more complete picture of the market. For a fuller understanding of private sector malaria commodity stocking and vending practices, implementors may consider expanding the ACTwatch Lite methodology to incorporate the client and demand-side modules.

⁴ Babazadeh, S., Thanel, K., Garfinkel, D., Riley, C., Bertrand, J., & Shaw, B. (2018). FPwatch: Facility-based Survey Data for Family Planning Market Analysis in Five FP2020-focus Countries. *Studies in Family Planning*, 49(4), 385–395. <https://doi.org/10.1111/sifp.12077>

⁵ Population Services International. (2022). *Consumer's Market for Family Planning*. <https://cm4fp.org>

⁶ John Hopkins University, John Hopkins Bloomberg School of Public Health (2025). *Performance Monitoring Action*. www.pmadata.org

03 ACTwatch Lite indicators quick reference

No.	Indicator group	Indicator	Relevance / explanation
Core indicators			
1.1	Market Composition among antimalarial-stocking outlets	The distribution (proportion) of outlets of a given type among outlets with at least one antimalarial in stock on the day of the survey	Shows which outlet types dominate the market for antimalarial access. Helps programs target engagement, training, or regulation to the outlet types with the largest reach.
1.2	Market Composition among outlets with malaria blood-testing	The distribution (proportion) of outlets of a given type among outlets with malaria blood testing (microscopy or RDT) available on the day of the survey.	Identifies where malaria confirmatory testing is available and which outlet types provide it. Informs strategies to expand the practice of ensuring a positive malaria diagnosis prior to treatment.
2.1	Availability of antimalarial types in all screened outlets	Proportion of all outlets enumerated that had an antimalarial in stock at the time of the survey visit, among all outlets surveyed	Indicates general access to treatment in the surveyed market. Highlights gaps in supply chain or outlet stocking patterns.
2.2	Availability of antimalarial types in all antimalarial-stocking outlets	Proportion of antimalarial-stocking outlets with a specific type of antimalarial medicine in stock on the day of the visit, among all outlets surveyed <u>with one or more antimalarials in stock</u>	Assesses diversity of treatments where antimalarials are sold. Supports evaluation of policy adherence (e.g., ACT availability) and informs procurement priorities.
2.3	Availability of malaria blood testing in all screened outlets	Proportion of all outlets enumerated that had any malaria blood testing available at the time of the survey visit, among all outlets surveyed	Indicates general access to malaria confirmatory testing in the surveyed market. Identifies geographic areas, strata (e.g. rural vs. urban) or outlet types where patients may not receive confirmatory testing before treatment.
2.4	Availability of malaria blood testing in all antimalarial-stocking outlets	Proportion of antimalarial-stocking outlets that had malaria blood testing available on the day of the survey visit, among all outlets surveyed <u>with one or more antimalarials in stock</u>	Shows the proportion of outlets with malaria treatment also offering blood testing services or products. Directly informs interventions to promote test-before-treat practices.
3.1	Median sales volume of antimalarial AETDs [3]	Median number of antimalarial AETDs [3] sold in the week preceding the survey, of any outlets stocking antimalarials	Shows how many adult-equivalent antimalarial treatment doses a typical outlet sells in a week. This helps programs understand how much antimalarial “volume” is being moved through the market—insight that’s crucial for planning supply needs, timing restocking cycles, and detecting demand trends.
3.2	Median sales volume of antimalarial AETDs [3] among outlets with	Median number of antimalarial AETDs [3] sold in the week preceding the survey among outlets with any sales of that type of antimalarial	Shows the weekly antimalarial sales for outlets that are actually selling these medications. Focusing only on active retailers gives a clearer picture of what antimalarials outlets are selling, which is

No.	Indicator group	Indicator	Relevance / explanation
	any sales of that antimalarial type		valuable for forecasting, targeting interventions, or understanding key supply channels.
3.3	Median sales volume of malaria blood tests	Median number (N) of malaria blood tests conducted/ sold in the week preceding the survey	Indicates diagnostic service uptake in the market. Helps measure alignment with test-before-treat policy and forecast demand.
3.4	Median sales volume of malaria blood tests among outlets with any sales of that test type	Median number (N) of malaria blood tests conducted/ sold in the week preceding the survey among outlets with any sales of that test type	Gives a more precise view of diagnostic turnover among active testing outlets. Supports planning for consistent supply and minimizing stockouts.
4.1	Market share of antimalarials	Proportion of AETD reportedly sold or distributed in the previous week by outlet type and antimalarial type among all AETDs sold/distributed in the previous week.	Identifies the proportion of the market held by different antimalarial types and outlet categories. Informs policy enforcement, subsidy targeting, phase-out of non-recommended treatments, and opportunity for MFT.
4.2	Market share of malaria blood testing overall	Proportion of malaria blood tests reportedly sold or distributed in the previous week by outlet type and malaria blood test type (RDT, microscopy) as a percentage of all malaria blood tests sold/distributed in the previous week.	Shows which outlet types are most relied upon for testing. Informs where to focus quality assurance, training, or supply chain support.
4.3	Market share of antimalarials by brand and manufacturer	Proportion of antimalarials sold or distributed in the previous week by outlet type and top brand-manufacture among all antimalarials sold/distributed in the previous week.	Highlights brand and manufacturer market share. Useful for procurement negotiations, identifying risks of market monopolies, opportunities for MFT, and helps national regulatory authorities to ID manufacturers that are known to produce non-QA or substandard products
5.1	Sales price of antimalarial tablet AETDs to customers	Median retail price of adult equivalent treatment dose (AETD) for tablet formulation types	Tracks the retail price patients pay for a full adult treatment course of malaria tablets, providing insight into affordability and price alignment with national guidelines.
5.2	Sales price of pre-packaged ACTs to customer	Median retail price of selected pre-packaged therapy	Monitors the cost to patients of purchasing a complete ACT treatment in a single package, providing insight into affordability and price alignment with national guidelines.
5.3	Sales price of malaria blood testing to customers	Median retail price of blood testing to consumers including any consultation or service fees	Measures the cost to patients for malaria diagnosis, including service fees, to evaluate affordability, price alignment with national guidelines, and potential barriers to testing.

No.	Indicator group	Indicator	Relevance / explanation
6.1	Purchase price of antimalarial AETDs from suppliers	Median purchase price of adult equivalent treatment dose (AETD) for tablet formulation types from the outlets supplier (e.g. wholesaler)	Captures the wholesale cost of a full adult treatment course of malaria tablets to outlets, supporting analysis of supply chain efficiency and retail mark-up.
6.2	Purchase price of malaria RDTs from suppliers	Median purchase price of RDTs from the outlet's supplier (e.g. wholesaler)	Captures the wholesale cost of malaria rapid diagnostic tests to outlets, helping assess cost drivers influencing retail pricing.
7.1	Stockouts of antimalarials	Proportion of outlets reporting stockouts of antimalarials by type on the day of survey, among all antimalarial-stocking outlets	Measures the frequency that temporary unavailability of malaria medicines is reported by outlets, indicating potential supply chain or distribution challenges. If stockouts are a known issue, revising this indicator to understand the duration of stockout as well may be advisable
7.2	Stockouts of RDTs	Proportion of outlets reporting stockouts of mRDTs on the day of the survey, among RDT-stocking outlets	Measures the frequency that temporary unavailability of malaria diagnostics is reported by outlets, indicating potential supply chain or distribution challenges. If stockouts are a known issue, revising this indicator to understand the duration of stockout as well may be advisable

Additional provider interview indicators

8.1	Outlet characteristics	Opening hours: Proportion of outlets open in the daytime only, evening only, both, or other	Shows when outlets are open to serve customers, helping assess alignment of service availability with patient care needs. Note it was found in pilot countries that some outlets are only open at night, for example.
8.2	Outlet characteristics	Proportion with license: Proportion of outlets with the relevant license and registration to sell medicines (note this question should be tailored to country-specific licensing policy or processes for private sector outlet type included e.g. license to sell pharmaceuticals)	Indicates the proportion of outlets operating with required legal authorization, reflecting regulatory compliance. May inform policy change or regulation needs or engagement tailoring to informal sectors
8.3	Outlet characteristics	Proportion with government inspection/supervision: Proportion of outlets who have received a government inspection/supervision in the last year (note this question should be tailored to country-specific policy or process on regulation of each private sector outlet type included e.g. pharmacy regulatory bodies and their inspection process)	Tracks the extent of regulatory oversight in the private sector, highlighting potential gaps in enforcement or quality assurance

No.	Indicator group	Indicator	Relevance / explanation
9.1	Staff characteristics	Staff health qualifications: Proportion of outlets with at least one member of staff with selected health qualifications (pharmacist, CHW, etc.)	Measures the presence of qualified health personnel at outlets, indicating capacity to provide correct malaria case management services. Also provides evidence for targeting supportive supervision, mentorship, trainings or certification requirement
9.2	Staff characteristics	Staff malaria training: Proportion of outlets with at least one member of staff who have received any training on malaria; by training type/ topic (treatment, diagnosis, monitoring/ surveillance, all, or other) in the last 12 months	Assesses whether outlet staff have received recent training on malaria diagnosis and treatment, reflecting readiness to deliver quality services and provides evidence for targeting supportive supervision, mentorship, trainings or certification requirement
10.1	Quality Control & Compliance	Proportion of products that meet a minimum quality standard (within expiration date, has expected/ nationally mandated registration number(s) and any other quality criteria relevant to the given country of implementation)	Tracks whether malaria commodities meet basic quality criteria (e.g., not expired, registered), supporting efforts to ensure safe and effective products reach patients.
10.2	Quality Control & Compliance	Proportion of outlets that meet a minimum quality standard for product storage (dry, dark area off floor)	Measures whether outlets store malaria commodities under appropriate conditions, reducing risk of product degradation and treatment failure.
11.1	Respondent malaria knowledge	Proportion of respondents who identify an ACT (or specific front-line treatment(s)) as the most effective drug for uncomplicated malaria	Assesses whether providers correctly identify the recommended first-line treatment, indicating alignment with national and WHO guidelines and providing information on targeted training, supportive supervision and/or mentorship
11.2	Respondent malaria knowledge	Proportion of respondents who have heard of and used an RDT for malaria	Measures provider familiarity with and use of malaria rapid diagnostic tests, indicating opportunities for expanding testing services and targeted training, supportive supervision and/or mentorship
11.3	Respondent malaria knowledge	Proportion of respondents who report requesting evidence of confirmed malaria (e.g., test result, prescription, or referral) from a customer or patient before selling antimalarials. Note: In many contexts, antimalarials are available over the counter and national policies may not require confirmation of a malaria diagnosis prior to dispensing. However, in alignment with <i>WHO guidelines for malaria</i> (2021), which recommend test-based treatment of malaria before administering	Indicates adherence to best practice of confirming malaria diagnosis before dispensing treatment, helping identify gaps in appropriate case management and opportunities for targeted training, supportive supervision and/or mentorship

No.	Indicator group	Indicator	Relevance / explanation
		antimalarials, this indicator is used to assess provider adherence to best practice.	
11.4	Respondent malaria knowledge	Proportion of respondents who would provide an antimalarial to a client IF they had a negative malaria blood test and reasons WHY	Identifies the proportion of providers who would still dispense antimalarials despite a negative test, highlighting areas for case management training practices, and/or trust in RDT test result
12.1	Outlet tech/digital access & use	Proportion of outlets with functional infrastructure and technology available for the 30 days preceding the interview (where infrastructure includes water, electricity; technology includes internet, phone, tablet/ computer. These may be edited based on needs or expectations in a given country of implementation e.g. countries doing tablet based surveillance)	Tracks whether outlets have essential utilities and technology (e.g., electricity, internet) needed for operations and potential digital reporting.
13.1	Outlet participation in monitoring	Proportion of outlets that report any information on malaria cases	Measures the extent to which outlets contribute data to surveillance systems, helping assess completeness of malaria monitoring and identify outlets to integrate into the relevant reporting system, either through training/supportive supervision/mentorship or some other intervention.
13.2	Outlet participation in monitoring by reporting system	Proportion of outlets that report in to selected reporting systems or using selected forms (expected information systems or forms used to capture data from the private sector should be defined for each country of implementation (e.g. IDSR, HMIS, DHIS2, project-specific NGO lead reporting etc.))	Identifies which formal reporting systems private sector outlets use, helping evaluate integration into national HMIS
14.1	Business practices	Proportion of outlets acting as wholesalers (i.e. outlets that report selling antimalarials or RDTs to be resold at another outlet/sells wholesale)	Identifies the proportion of outlets supplying malaria commodities to other sellers, informing a deeper understanding of supply chain structure
14.2	Business practices	Proportion of outlets that sell antimalarials or RDTs online	Measures the extent to which malaria products are sold online, indicating potential shifts in distribution channels and opportunities for online interventions or tracking
14.3	Business practices	Customer types: Proportion of malaria commodities sold to each customer type (e.g. local retail customers, online retail, other retail businesses, other resale/ wholesale businesses)	Provides insight into the main buyers of malaria commodities, supporting targeted interventions for different market actors

No.	Indicator group	Indicator	Relevance / explanation
14.4	Business practices	Supplier types: Proportion of malaria commodities purchased from each supplier type (e.g. pharmacy, wholesale, importer, manufacture, etc.)	Shows where outlets source their malaria products, informing strategies to strengthen supply chains
14.5	Business practices	Distribution methods: Proportion of outlets reporting use various methods (pick-up, delivery, third-party carriers) to <i>distribute</i> antimalarials or RDTs to <i>customers</i>	Tracks how malaria commodities reach buyers, which can inform logistics and supply chain improvements
14.6	Business practices	Procurement methods: Proportion of outlets reporting use of various methods (pick-up, delivery, third-party carriers) to <i>receive</i> antimalarials or RDTs from <i>suppliers</i>	Identifies how outlets receive malaria commodities, highlighting opportunities to improve supply efficiency
14.7	Business practices	Payment terms: Proportion of outlets reporting using different method of payment for antimalarials (e.g. cash, credit, etc.) to purchase from suppliers	Reveals financial arrangements in the supply chain, informing potential strategies to improve access and reduce barriers
14.8	Business practices	Perception of the stability of the wholesale market: Proportion of outlets reporting perceived market instability or fluctuations (e.g. stock outs, price changes) that impact their purchasing practices	Captures outlets' views on market volatility, which can influence stock management and pricing strategies

04 Malaria and the private sector at PSI

WHY THE PRIVATE SECTOR MATTERS

In many malaria-endemic countries, people first seek care for fever in the private sector. Private sector utilization for malaria case management in sub-Saharan Africa stands at around 33% according to the World Malaria Report 2024, and represents a large majority of care in some countries. Pharmacies, drug shops, and clinics are often close to home, open for longer hours, and are trusted by families. Despite this, private providers are frequently excluded from national strategies, regulatory structures, and funding streams. The result is fragmented supply chains, inconsistent adherence to treatment guidelines, especially the low use of diagnostic testing before treatment, and limited or no reporting of cases into national surveillance systems. For national malaria programs, this means a large share of fever care happens beyond their reach, affecting efforts to prioritize resources or operationalize health system strengthening initiatives. Engaging the private sector is essential to reduce deaths, improve quality of care, and meet national and global targets for malaria control and elimination.

PRIVATE SECTOR ENGAGEMENT AT PSI

PSI is a proven partner with more than 50 years of experience supporting governments to understand and improve private sector health markets. Working across the whole health system, PSI activates people and communities, shapes markets at the retail, provider, and supply chain levels, and helps to build resilient health systems through integration of the private sector into public health systems and strategic workforce development. We bring practical tools and evidence that are standardized yet adaptable to each country's context, ensuring that solutions are technically sound and feasible. We understand what drives people – as consumers, health care providers, and decision-makers – and collaboratively design strategies and solutions that meet their needs. Our approach is rooted in government ownership and alignment with national priorities, so interventions strengthen rather than duplicate existing systems.

Across our malaria portfolio, some highlights of PSI's experience include:

ACTwatch (2008–2017)⁷

Nationally representative surveys in 13 countries that became the gold standard for malaria medicine and diagnostic market data. Findings informed national strategies and shaped global policies, including the Global Fund's Affordable Medicines Facility for malaria.

⁷ <https://www.biomedcentral.com/collections/actwatch>

GEMS and GEMS+ (2016–2022)⁸

In Southeast Asia, PSI partnered with governments to build a network of 25,000 private providers. These providers tested more than 3.5 million suspected cases, reported over 100,000 malaria cases, and successfully integrated data into national health systems. By the end of the project, nearly two-thirds of the network had transitioned to government management.

Impact Malaria (2018 – 2024)⁹

As the flagship global service delivery project of the U.S. President’s Malaria Initiative, Impact Malaria worked with national programs to fight malaria and save lives by strengthening malaria diagnosis, treatment, and drug-based prevention for those at most risk, particularly children and pregnant women. As a part of Impact Malaria, PSI developed the Private Sector Engagement Handbook, a structured tool which guides National Malaria Programs to engage the private, identifying constraints and opportunities for improving malaria case management in the private sector.

Beyond malaria

PSI has strengthened the private sector to deliver [HIV self testing](#), maternal and child health, and [WASH](#) services around the globe. This experience shows how mixed health systems can be strengthened to deliver reliable, quality care for communities.

PSI’S APPROACH TO PRIVATE SECTOR ENGAGEMENT

Building on this legacy, PSI’s strategy for private sector engagement is a total system approach bringing together three mutually reinforcing components:

Consumers: PSI designs private sector service delivery strategies that improve the experience of care for consumers by integrating service delivery, promoting primary care, and strengthening linkages to care, including through the introduction and scale-up of products that improve access to services.

Private Sector: Through targeted workforce development, we connect providers with in-person and digital opportunities to sharpen their skills and deliver high quality health services. Using social marketing strategies, PSI helps to build trusted private sector brands, improving name recognition and facilitating sustainable business strategies.

System: PSI works with governments to strengthen engagement and coordination, ensuring decision makers have access to timely data and policy frameworks that consider the private sector. Through partnership, we help to identify opportunities for both the public and private sector to grow, optimizing resources and contributing to resilient health systems.

⁸ <https://www.psi.org/project/gems/>

⁹ <https://impactmalaria.org/>

These efforts are supported by formative research, training, supportive supervision, mentorship, and regulatory reform, all grounded in robust data and co-designed with national and private sector stakeholders. PSI brings a set of core practical resources to this work. The **Improving Malaria Case Management in the Private Sector Handbook** provides step-by-step guidance for understanding the private sector, identifying constraints, and co-developing mutually beneficial solutions to strengthen the whole health system. The WHO-validated **ACTwatch Lite survey and Toolkit**¹⁰ offers a streamlined and efficient way to generate high-quality data on the availability, price, and quality of malaria commodities in the private sector. Building on the **GEMS legacy**¹¹, PSI also supports governments with design and implementation expertise to strengthen data reporting, improve supervision systems, and ensure private providers are embedded in national malaria strategies.

Figure 1: PSI's private sector engagement strategy rests on four pillars



A complete theory of change is detailed in PSI's **ACTIVATE** strategy document, available upon request and included in Figure 2 below.

HOW PSI WORKS WITH NATIONAL PROGRAMS

PSI collaborates with national malaria programs and ministries of health through a stepwise approach that combines data, design, and delivery. Our tools and expertise are embedded in each step to ensure interventions are practical and country owned.

Table 1: Stepwise approach for supporting National Programs to engage in the private sector

Step	Description	Example Activities
1. Diagnose the Landscape	Build a clear picture of how people seek care in the private sector, what services they receive, and how providers connect to public systems. PSI applies tools like ACTwatch Lite for market data and outlet surveys,	Situation analyses; national program reviews; Global Fund mid-term or gap analyses

¹⁰ Add github

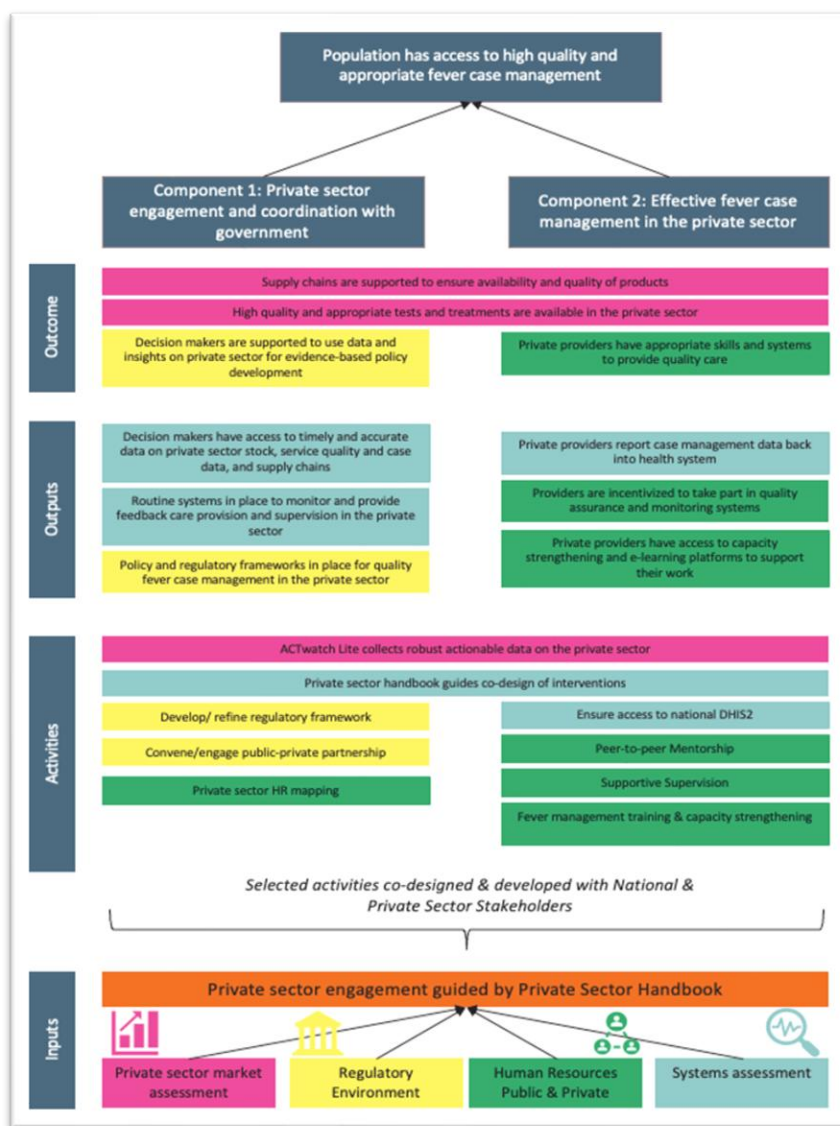
¹¹ Link legacy doc

	alongside policy reviews and value chain mapping, to ensure decision makers have a strong evidence base.	
2. Define Priorities	Work with NMCPs and partners to set priorities for engaging the private sector, identifying gaps and challenges, identifying which providers to include, what services they should deliver, and what policies and resources are needed. Priorities are embedded into national strategies and funding requests to ensure sustainability.	Updating national malaria strategies; malaria operational plans; Global Fund applications; donor proposal development
3. Design Solutions	Work with decision makers to co-develop interventions that fit country contexts and reflect consumer behaviors; adapting training and supervision strategies, leveraging consumer insights for demand generation and scale up of interventions, strengthening the continuum of care, developing provider-oriented reporting systems to facilitate reporting into national databases, or prioritizing regulatory reforms. PSI uses human-centered design approaches to develop fit-for-purpose strategies across the health service delivery, from social and behavior change to supportive supervision.	Pilot program design; Global Fund grant writing; donor-funded technical assistance
4. Deliver and Sustain	Support governments to implement and adapt while strengthening management, building provider capacity, and ensuring models transition to government leadership at scale. This includes supervision planning, integration of private sector data into HMIS, and quality assurance systems.	Global Fund grant implementation; digital reporting systems; preparation for mid-term and end-term program reviews

CONCLUSION

The private sector is too important to remain at the margins of malaria control. PSI works with government, regulators and other stakeholders, supporting decision making with evidence, tools, and experience to address private sector challenges and support quality case management. This ensures patients who seek care in the private sector receive malaria services aligned with policy and national guidance, and National Programs and other stakeholders access and use data and needed to achieve and sustain impact.

Figure 2: ACTIVATE Theory of change, in brief



PSI ACTIVATE's indicative theory of change highlights how the project will work across the health system, engaging with stakeholders to develop sustainable solutions to support private sector engagement with malaria surveillance, case management, and quality assurance

05 Roadmap Framework

Challenge/Priority Issue	Data Needs	Priority Interventions	Stakeholders to include (consider targets and support/regulatory networks)	Funding and resources (list requirements and potential sources/pathways)
(e.g., lack of testing before treatment)	(indicator gaps, reporting needs, data sources)	(trainings, supervision, incentives, regulation)	(MOH, regulators, donors, private associations)	(domestic budgets, GF proposals, partner funding, PPPs)

Example:

Challenge/Priority Issue	Data Needs	Priority Interventions	Stakeholders	Funding and resources
Oral artemisinin monotherapies are being sold in some private sector outlets (pharmacies and informal drug shops).	ACTwatch Lite Indicators <ul style="list-style-type: none"> 2.2 Availability of antimalarial types in all antimalarial-stocking outlets 4.3 Market share of antimalarials by brand and manufacturer 5.1 Sales price of antimalarial tablet AETDs to customers 8.2 Outlet characteristics—Proportion with license 9.1/9.2 Staff characteristics—Staff health qualifications and malaria training 	<ul style="list-style-type: none"> Enforce national regulations banning oral artemisinin monotherapies. Engage importers & wholesalers to limit importation and distribution. Target training and supportive supervision in geographies/outlet types where monotherapies are prevalent. 	<ul style="list-style-type: none"> NMP Drug regulatory authority Importers, wholesalers and their respective associations Private pharmacy and drug shop associations Global Fund CCM (to include private sector testing in funding proposals) Donors/technical partners 	<ul style="list-style-type: none"> Domestic health budget for malaria Global Fund malaria grants (commodities, training, supervision) Corporate social responsibility partnerships (e.g., pharma companies subsidizing RDT costs) Additional donor investments