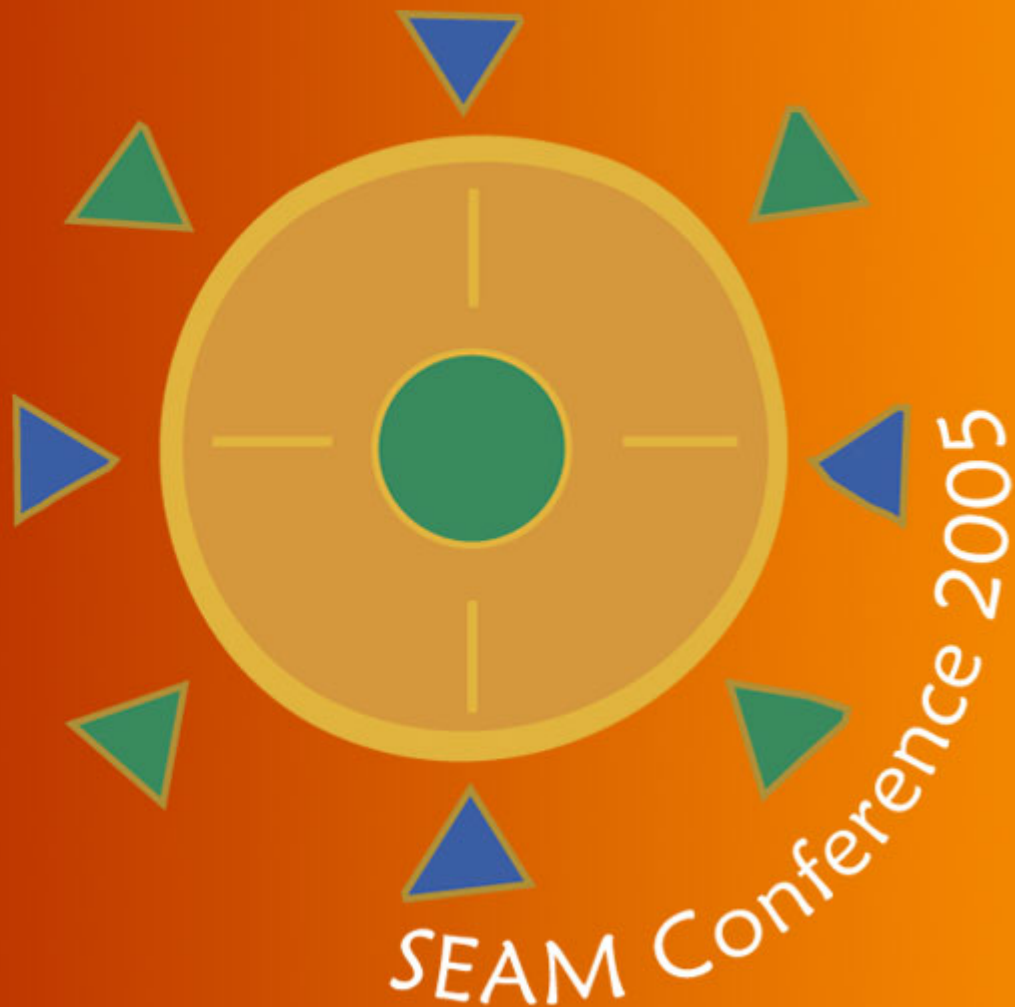




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Targeting Improved Access

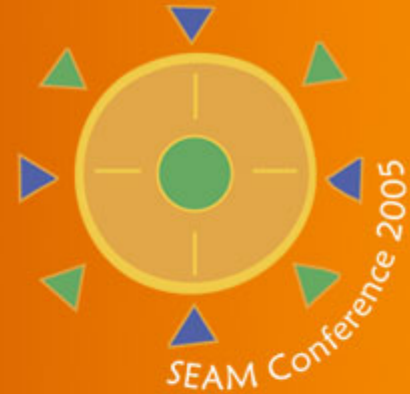


MANAGEMENT SCIENCES *for* **HEALTH**

SEAM | Strategies for Enhancing Access to Medicines

Funding for the SEAM Program is provided by the Bill & Melinda Gates Foundation.

Targeting
Improved
Access



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Introducing a Child Health Focus into the Duka La Dawa Muhimu, Tanzania

*Jane Briggs, RPM Plus
June 20, 2005*



USAID
FROM THE AMERICAN PEOPLE

Funding for the SEAM Program is provided by the Bill & Melinda Gates Foundation.



MANAGEMENT SCIENCES *for* HEALTH

SEAM | *Strategies for Enhancing Access to Medicines*

Child Survival: The Challenge

- ❖ With most child mortality caused by treatable illness, medicines play an important role.
- ❖ In order to achieve the Millennium Development Goals for reducing child mortality, access to and appropriate use of medicines is critical.

Intervention	Estimated under-five deaths prevented	
	Number of deaths (x10 ³)	Proportion of all deaths
Oral rehydration therapy	1477	15%
Antibiotics for sepsis	583	6%
Antibiotics for pneumonia	577	6%
Antimalarials	467	5%
Zinc	394	4%
Newborn resuscitation	359 (0)*	4% (0%)*
Antibiotics for dysentery	310	3%
Vitamin A	8	<1%

Lancet, vol. 362, July 2003, p. 65.

IMCI in Tanzania*

- ❖ Results: improved case management and reduced child mortality, but health utilization unchanged
- ❖ Thus only of benefit to those who use public sector, but the private sector is first port of call in many countries: 60% and up
- ❖ Need to harness the private sector to target causes of child mortality

* Effectiveness and cost of facility-based Integrated Management of Childhood Illness (IMCI) in Tanzania. Joanna RM Armstrong Schellenberg et al. *Lancet*, vol. 364, October 30, 2004.



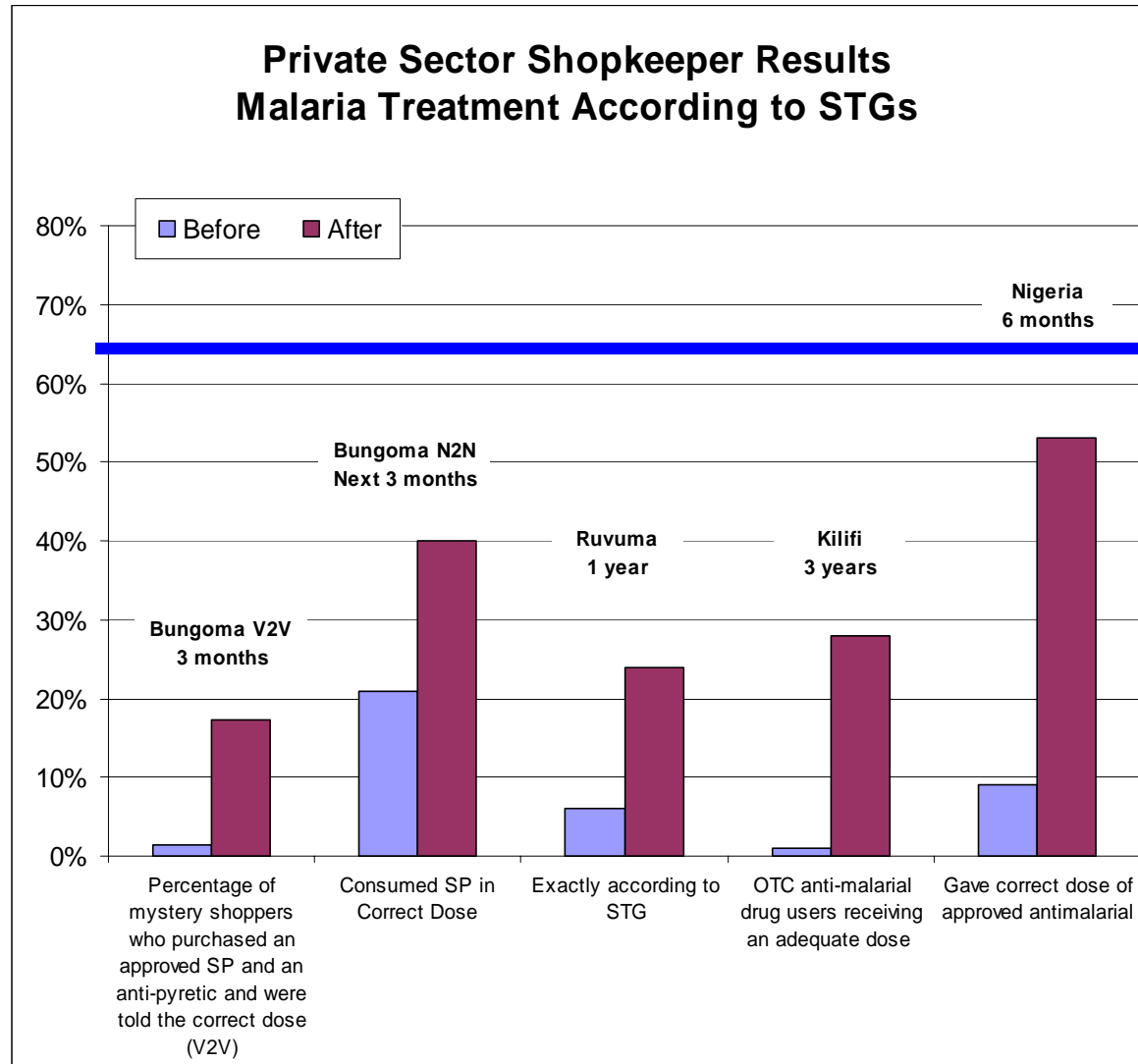
Examples of Successful Private Sector Experiences

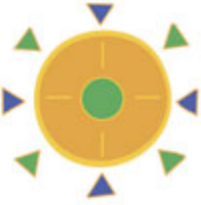
- ❖ MSH literature review revealed successful interventions
 - Prepackaged medicines
 - Short duration, frequent peer-to-peer type training and behavioral change interventions
 - Short duration community demand creation interventions
 - Incentives

Successes to Adapt or Replicate

- ❖ DLDMs successful in addressing some aspects of access
- ❖ Kenya: Bungoma (QAP) and Kilifi (KIMRI)
- ❖ Nigeria: Patent Medicine Vendors (BASICS and other partners)

Summary





Key Elements of Success

- ❖ Effective MoH leadership
- ❖ Local government leadership support (for example, RMO, DMO, health committees)
- ❖ Strong regulation and enforcement
- ❖ Effective systems strengthening
- ❖ Short duration and frequent peer-to-peer behavioral change interventions
- ❖ Effective community education and mobilization
- ❖ Accurate, targeted, inexpensive plentiful IEC materials

Objectives of the Planned Intervention

To maintain and improve the quality of services in DLDMs with a focus on malaria, acute respiratory infection (ARI), and diarrhea in children under 5, thereby increasing the number of children correctly treated for malaria, ARI. and diarrhea

Program Design

Major technical components

- ❖ Training
- ❖ Community mobilization
- ❖ Continuing education
- ❖ Supportive supervision
- ❖ Monitoring and evaluation

Time frame 2005–2006

Initially in one region

Training

- ❖ For the DLDM dispensers
- ❖ On appropriate management of malaria, ARI, and diarrhea in children under five (recognition of signs and appropriate treatment)
- ❖ Using participatory training, appropriate job aids, and check lists
- ❖ Peer-to-peer training using “elite” dispensers as well as a district training team
- ❖ Dispensers of one region to be trained by the end of 2005

Community Mobilization

Examples of key messages

- ❖ Use appropriate source of care when your child is sick: health facility or DLDM
- ❖ Give the child a full course of treatment
- ❖ Antibiotics are not needed for all conditions

Examples of modes of communication

- ❖ Songs and community events
- ❖ Key village members and meetings
- ❖ Kangas
- ❖ Radio spots and billboards

Continuing Education

Conduct using—

- ❖ Quizzes distributed by wholesalers
- ❖ Newsletters produced by TFDA
- ❖ Peer-to-peer discussions overseen by district team
- ❖ Revision of job aids and checklists
- ❖ To be timed some months after the initial training, that is, to start in early 2006

Supportive Supervision

- ❖ Ward inspections
- ❖ District team
 - Record review
 - Observation
 - Discussion of issues with dispensers

- ❖ Initially every 3 months

Monitoring and Evaluation

- ❖ Baseline and endline Household and DLDM survey
 - Probably to include simulated clients
 - Review of recently sick children
 - Planned for September 2005

- ❖ Sample of records reviewed and trends monitored on an ongoing basis

Expected Results

Through implementation of this package in one region, we expect to—

- ❖ Improve access to medicines for malaria, ARI, and diarrhea in children under five using the private sector
- ❖ Increase knowledge within the community of the appropriate management for malaria, ARI, and diarrhea
- ❖ Improve recognition and appropriate treatment of child illness by dispensers in the DLDMs
- ❖ Develop a comprehensive set of materials and methods for child health that can be incorporated into the national rollout of the DLDM program or used elsewhere