Building Systems for Access and Appropriate Use of iCCM Medicines

Jane Briggs
SIAPS, Arlington, VA, USA
with Beth Yeager and Suzanne Diarra

Global Health Mini University
Washington, DC
March 4, 2016
Objectives

• Describe examples of pharmaceutical systems strengthening (PSS) interventions in the context of integrated community case management (iCCM)
• Identify how PSS contributes to improved availability and use of commodities

Outline

• iCCM
• PSS
• Examples of systems strengthening for iCCM
• The way forward
iCCM Overview

• An equity-based strategy to increase access to effective case management for children under 5 years of age, often with co-morbidities
• Targets areas of difficult access to case management at health facilities
• Provides diagnostics & treatments for pneumonia, diarrhea, and malaria (top killers of children under 5)
• Community health workers (CHWs) are equipped, trained, supported, and supervised
• Recommended by UNICEF and WHO
iCCM Commodities: Key Challenges

Unique considerations and challenges at each step of the iCCM supply chain:

- Rural areas, difficult geography
- Limited or challenging transportation networks
- Often relies on a cadre of home-based volunteers
- At the end of the supply chain

Focus is often on logistics:

- Procurement of commodities
- Resupply system (tools/quantities/process)

However, we forget that CHWs operate within a system.
Pharmaceutical Systems Strengthening

Evidence-based strategy

Monitor and Evaluate Performance

Government
MOH, other ministries, regulators, policy makers

Governance

Improved coverage & access of evidence-based interventions

Improved health system performance

Providers
public/private, NGO, commercial sector, professional associations

Medical Products

Community
patients, consumers, caregivers, civil society

Evidence-based strategy

Financing

Information

Service Delivery

Human Resources

Government, MOH, other ministries, regulators, policy makers

Monitor and Evaluate Performance

Providers
public/private, NGO, commercial sector, professional associations

Medical Products

Governance

Community
patients, consumers, caregivers, civil society

Improved health system performance

Improved coverage & access of evidence-based interventions
Examples of SIAPS System-Strengthening Interventions to Support iCCM

SIAPS = Systems for Improved Access to Pharmaceuticals and Services
Governance: Policy Documents

- Essential medicines list (EML) and standard treatment guidelines (STGs) orient procurement and use of commodities
- If iCCM commodities are not on the EML, they will not be procured, and if not in STGs, there is no framework for their use, training, or supervision

Democratic Republic of Congo

- SIAPS supported the Ministry of Health (MoH) to include all commodities for community use in the EML: amoxicillin 250 mg dispersible tablets, 7.1% chlorhexidine digluconate, and misoprostol tablets
- Process to revise EML and STGs took about 1 year
- Inputs needed: evidence, WHO recommendations, funding
- SIAPS support: technical review and facilitator
Governance: Registration

- Registration of a medicine helps to ensure quality, efficacy, and safety
- Registration, or market authorization, is only granted after full evaluation of detailed data from manufacturers
- Unclear and inefficient processes can cause delays in registration

Democratic Republic of Congo

- SIAPS supported the MoH to improve the registration process
- Procedures were documented
- Average time for registration process reduced from 82 to 65 days
- % of essential medicines that have items registered in regulatory authority database increased from 44% (Jan 2012) to 79% (Dec 2015)
Governance: Quantification

- Quantification = estimating quantity & supply planning
- Establish methodology to be repeated systematically
- Document procedures
- Strengthen capacity of a quantification committee

Democratic Republic of Congo

- SIAPS oriented the MoH committee for 13 RMNCH life-saving commodities on the RMNCH quantification guide produced by the UN Commission for Life-Saving Commodities, and facilitated their use of the guide in quantification
- SIAPS helped the MoH produce the first supply plan for all RMNCH commodities

RMNCH = reproductive maternal newborn and child health
Governance in Central Medical Stores: Guinea

SIAPS provided TA to CMS to build institutional capacity through:

• Self-assessment and performance reviews
• Revised job descriptions and standard procedures
• Trainings and supervision on good storage/distribution practices
• Implementation of good governance and management practices
• Establishment of mechanisms for coordination at multiple levels, both internally and with external partners

Results:

• First successful international tender for commodities
• Coordination of an emergency distribution of ACTs that ended a prolonged national stock-out
• Revived coordination between PCG, other government entities, and implementing partners
Information

- Data on availability and consumption needed for decision making at all levels, including the community

Example from Mali Logistics Management Information System (LMIS)

Problem:
- Stock-outs, poor data collection and reporting, lack of community data in LMIS
- 75% of resupply points had stock-outs of at least one product and 70% of CHWs had stock-outs on day of visit (2012)
Example from Mali LMIS

Process

• Redesigned LMIS in 2014
• Tools for CHWs developed and roles, responsibilities, and reporting frequency defined
• Health centers consolidated community information
• Training and supervision
• Data used at health-center level for distribution and supervision
• Dashboard established

Results

• Reporting rate from health centers increased from 8% to 96% (Oct 2012 to Jan 2016)
• Availability of tracer products at health centers increased from 34% to 69 % (Oct 2012 to Dec 2015)
Dashboard Mali (OSPSANTE)
Outil de suivi des produits de santé

- Used to monitor availability of malaria, family planning, and MNCH commodities at all levels
- Data visualization and use in decision making
Dashboard


Program Status of MCH on January 2016

- **High Risk**: 51.6%
- **Stockout**: 0%
- **Medium Risk**: 32.3%
- **Low Risk**: 12.9%
- **Overstock**: 3.2%

Put cursor on pie segments to see different values.

- **Month of Stock (MOS)**:
  - MOS: 0
  - MOS: 0 - 6
  - MOS: 6 - 12
  - MOS: 12 - 24
  - MOS: > 24
Service Delivery

- Training, supervision, and feedback
- Job aids to promote rational use of medicines, supply chain tasks, and waste management
- Important to contain antimicrobial resistance (AMR)

Examples from Burundi
Burundi: Rational Use

% of CHWs who correctly follow malaria treatment steps from SIAPS evaluation of CCM 2013

Quality of care: % of CHWs who evaluated child correctly from SIAPS evaluation of CCM 2013 & monitoring data in 2014
Dispensing Aids for Amoxicillin DT

SIAPS piloted dispensing envelopes and job aids with CHWs in DRC to promote adherence

with support from PATH and UNICEF
Financing - Mobilizing Resources for iCCM

- Resources needed for scale-up of iCCM
- Many countries moving to national-level implementation from pilot projects
- Resources needed for iCCM platform costs, but also for commodities
- Countries need to estimate their iCCM costs and the gap to be able to mobilize resources
Burundi CCM Costing Exercise

Used as advocacy and planning tool for iCCM

Costs in USD

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total annual cost</td>
<td>1,121,952</td>
<td>1,540,847</td>
<td>2,525,733</td>
<td>3,759,724</td>
<td>5,247,137</td>
</tr>
<tr>
<td>Average recurrent cost per child per year</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Average recurrent cost per CHW per year</td>
<td>528</td>
<td>571</td>
<td>661</td>
<td>762</td>
<td>876</td>
</tr>
<tr>
<td>Start-up cost per CHW</td>
<td>321</td>
<td>143</td>
<td>176</td>
<td>205</td>
<td>202</td>
</tr>
</tbody>
</table>
Some Potential Funding Sources for iCCM

- UNICEF
- Global Fund
- USAID
- Canada
- President’s Malaria Initiative
- Other donors
- RMNCH Trust fund
- Global Financing Facility
Global Financing Facility (GFF)

- Smart, scaled and sustainable financing
- Complementary to a national investment case

DRC

- One of the GFF front-runner countries
- Developing their investment case
- SIAPS and other partners supporting the MoH to ensure commodities are visible in the investment case
- Working to introduce language in National Health Development Plan to cover commodities and other costs of iCCM
iCCM Inclusion in Global Fund Grants

- Funding covers essential iCCM program components, but NOT non-malaria commodities
- MOUs between Global Fund and UNICEF and between Global Fund and UNFPA
- A joint communique (Global Fund/UNICEF/UNFPA) on the importance of integrated supply planning to advance the priorities of the MoU
- Communication and coordination required to assure availability of commodities
- Focus on strengthening national systems
Findings from February 2016 Nairobi Meeting on iCCM (1)

Of 19 countries, most cited, for example:

- Stock-outs of commodities
- Lack of funding for non-malaria iCCM commodities
- Weak coordination between different ministry units and partners
- Different procurement mechanisms and national procurement units bypassed
Findings from February 2016 Nairobi Meeting on iCCM (2)

- Problems in quantification
  - Conducted by different programs using different hypotheses
  - Weak human resource capacity
  - Not informed by consumption
- Separate information systems

These are symptoms of weak systems and are barriers to implementing iCCM under the Global Fund.
Conclusion

To ensure appropriate access and use of iCCM medicines, we need to strengthen not only logistics, but the system as a whole—

- Governance
- Human resources
- Information
- Financing
- Service delivery
- Coordination of all partners and donors
Thanks

Jane Briggs  jbriggs@msh.org

Suzanne Diarra  sdiarra@msh.org

Beth Yeager  byeager@msh.org