Ensuring access to and appropriate use of medicines for iCCM: It takes a system

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Presenter Disclosures

Jane Briggs

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

“No relationships to disclose”
Outline

• iCCM (integrated Community Case Management)
• Pharmaceutical systems strengthening
• Examples of systems strengthening for iCCM
iCCM Overview

- Provide diagnostics & treatments for pneumonia, diarrhea, and malaria for children under 5 years of age
- Train, support, and supply community health workers (CHWs)
- Pro-equity strategy targeting areas of difficult access to case management at health facilities
- Recommended by UNICEF and WHO
iCCM Needs Supplies

Focus is often on logistics:

- Procurement of commodities
- Resupply system
  - tools
  - quantities
  - process

However, we forget that CHW's operate within a system
Pharmaceutical Systems Strengthening

Evidence-based strategy

Government
MOH, other ministries, regulators, policy makers

Improved coverage & access of evidence-based interventions

Governance

Community
patients, consumers, caregivers, civil society

Improved health system performance

Medical Products

Governance

Service Delivery

Human Resources

Financing

Information

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

Monitor and Evaluate Performance
Examples of interventions to strengthen the system
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 MoH to include all commodities for community use in the EML: amoxicillin 250mg 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.

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

- Quantification = quantity forecasting/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 of 13 life-saving commodities for RMNCH on the RMNCH quantification guide of the UN Commission for Life Saving Commodities and facilitated their use of the guide.
- Produced a supply plan for all RMNCH commodities which is constantly being revised.

RMNCH = Reproductive Maternal Newborn and Child Health
MoH = Ministry of Health
Quantification Example in Guinea

- Lack of coordination between MoH IMCI unit and partners
- Lack of funding from MoH for iCCM commodities
- iCCM quantification committee established
- Forecasting and supply plan developed, considering orders in the pipeline
- Forecast used by IMCI unit to mobilize resources for procurement

Challenges from Ebola Outbreak
- Ebola tested the resilience and responsiveness of supply plan
- CHWs deserted their posts, hypotheses of quantification altered, demand less than expected
- Result - need to revisit quantification and revise the supply plan

IMCI = Integrated Management of Childhood Illnesses
Logistics Management Information System

• Data on availability and consumption needed for decision making from all levels including community

Example from Mali

• Problem: stock-outs, poor data collection and reporting, lack of community data in LMIS
• Redesigned LMIS set up in 2014
• Tools for CHWs developed & roles, responsibilities, and reporting frequency defined
• Health centers consolidate community information
• Data used at health center level for distribution and supervision
• Reporting rate increased from 8% (Oct 2012) to 87% (Sept 2015)
Financing—Mobilizing Resources for iCCM
Burundi Costing Exercise
Used as advocacy and planning tool

<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>

Costs in USD

![Graph showing cost increments from 2014 to 2018 with different categories such as Total Start-up Cost, Other Recurrent, ICCM Program Costs, Training (Refresher), Meetings, Supervision, Management, and Medicines and Supplies.]
iCCM inclusion in Global Fund grants

- Funding covers essential iCCM program components but NOT commodities
- Coordination between donors required to assure availability of commodities
- Integrated supply planning
- Strengthened systems
- Communication and coordinated planning
Service Delivery

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

Examples from Burundi
### Burundi

% of CHWs who know and carry out treatment steps

<table>
<thead>
<tr>
<th></th>
<th>Knowledge</th>
<th>Performed (of those who knew)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gave the medicine</strong></td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td><strong>Gave the correct medicine</strong></td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td><strong>Gave the first dose</strong></td>
<td>100</td>
<td>90</td>
</tr>
<tr>
<td><strong>Explained crushing medicine with spoon</strong></td>
<td>90</td>
<td>100</td>
</tr>
<tr>
<td><strong>Explained administration of second and third dose</strong></td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td><strong>Observed the child for 30 mins</strong></td>
<td><strong>76</strong></td>
<td>100</td>
</tr>
</tbody>
</table>

**n=37 observations**

% of CHWs who correctly follow malaria treatment steps
Conclusion

• To assure availability and rational use of medicines and contain antimicrobial resistance, we need to strengthen more than just logistics but the whole system —
  • Governance
  • Human resources
  • Information
  • Financing
  • Service delivery
  • Coordination of all partners and donors

• The result will be preserved effectiveness of iCCM medicines for the common good and for use by future generations