

A large, stylized, light blue graphic of a human figure in a dynamic, jumping or running pose, positioned on the left side of the slide. The figure is composed of thick, rounded lines.

# Building Systems for Access and Appropriate Use of iCCM Medicines

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# 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

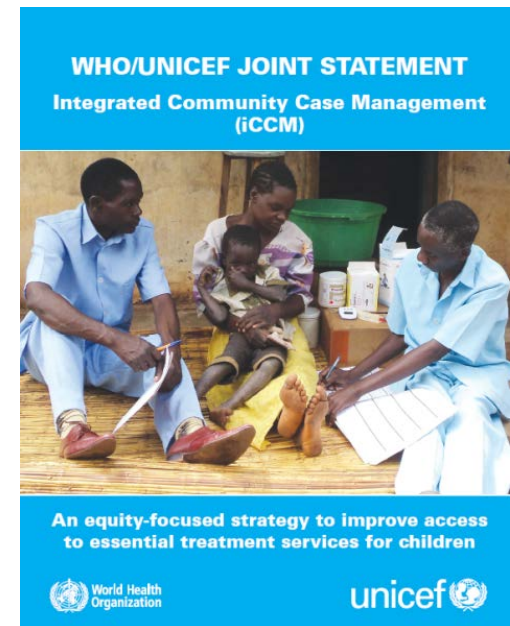


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# iCCM Overview

- 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)

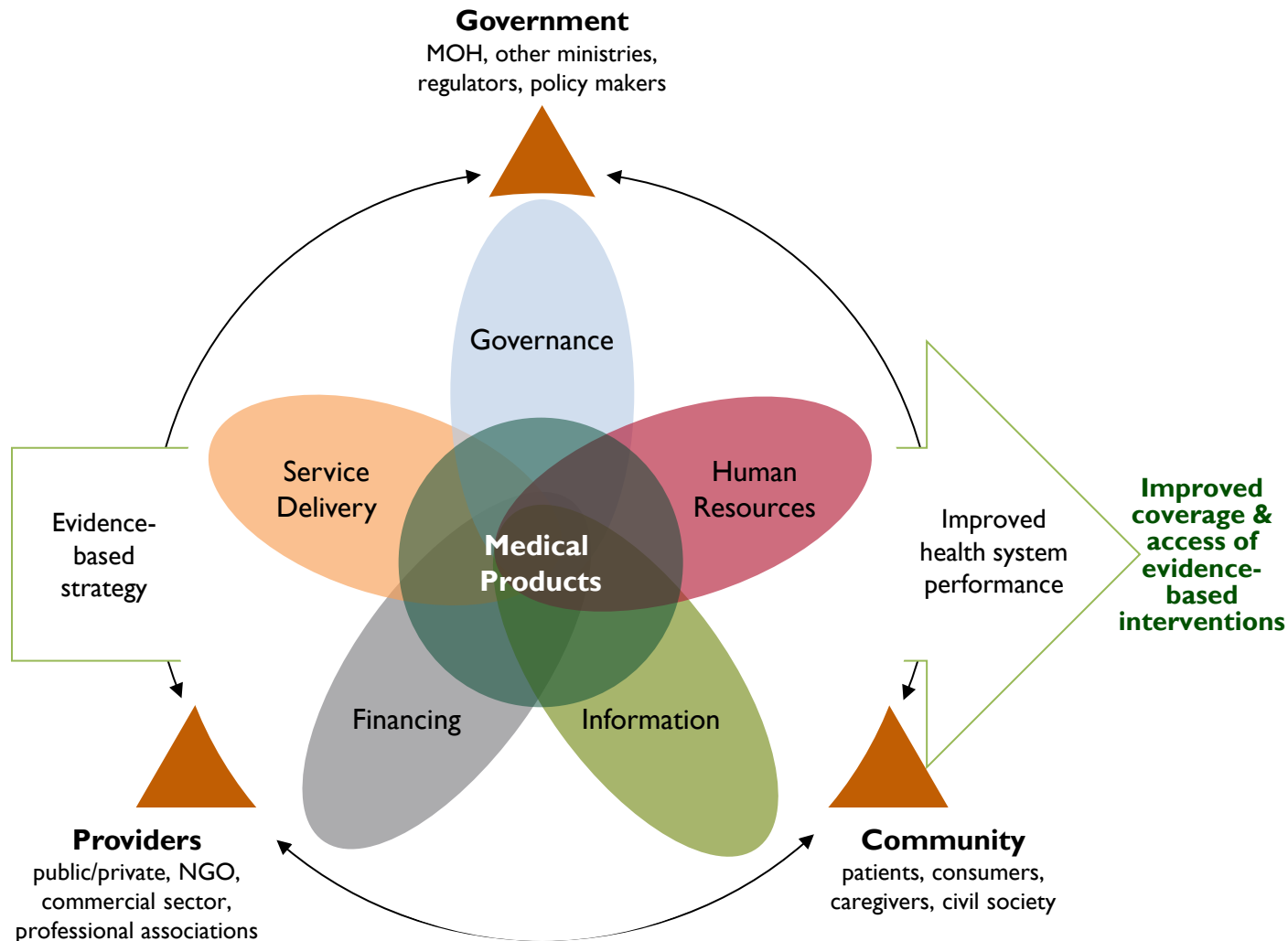
***However, we forget that CHWs operate within a system.***



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# Pharmaceutical Systems Strengthening



**Monitor and Evaluate Performance**



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# Examples of SIAPS System-Strengthening Interventions to Support iCCM



SIAPS = Systems for Improved Access to Pharmaceuticals and Services



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# 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



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# 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)



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# 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

# 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



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# 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)



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# 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)



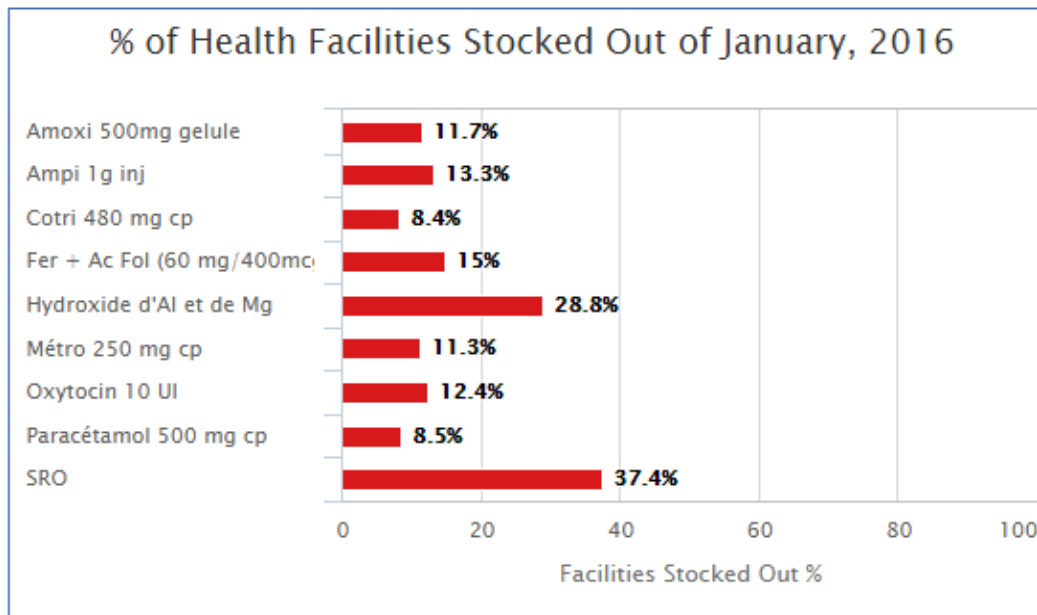
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# Dashboard Mali (OSPSANTE)

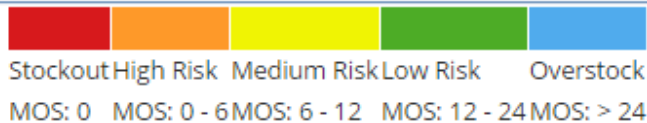
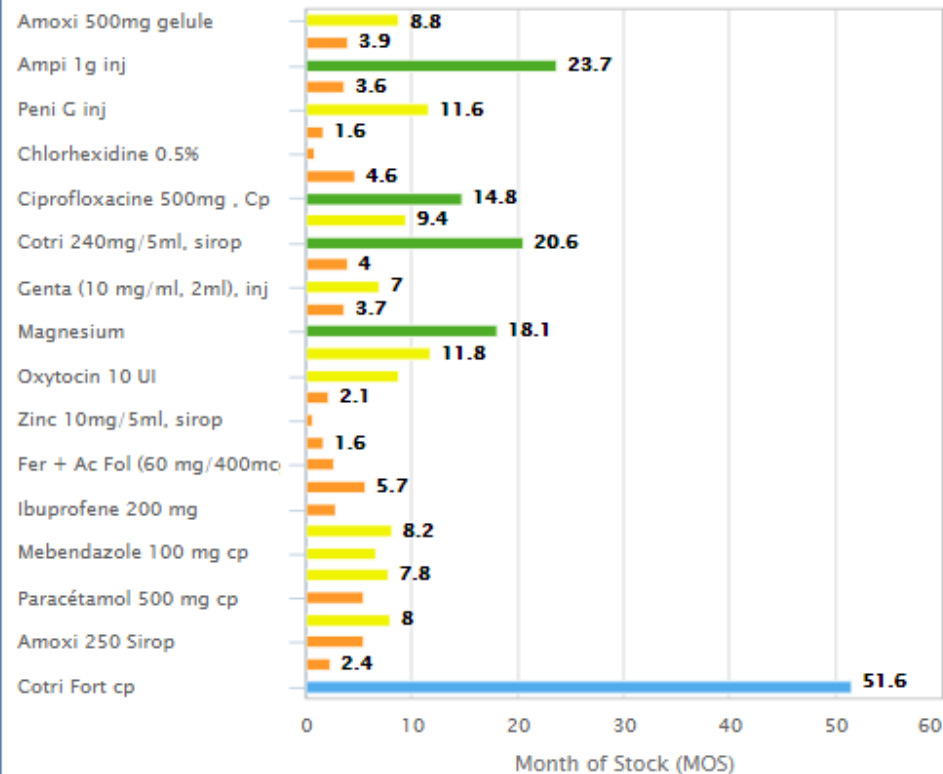
## Outil de suivi des produits de santé

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

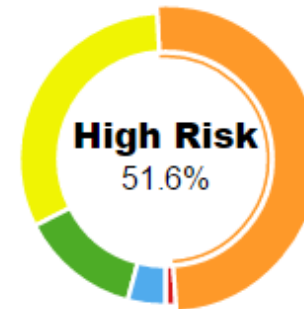


# Dashboard

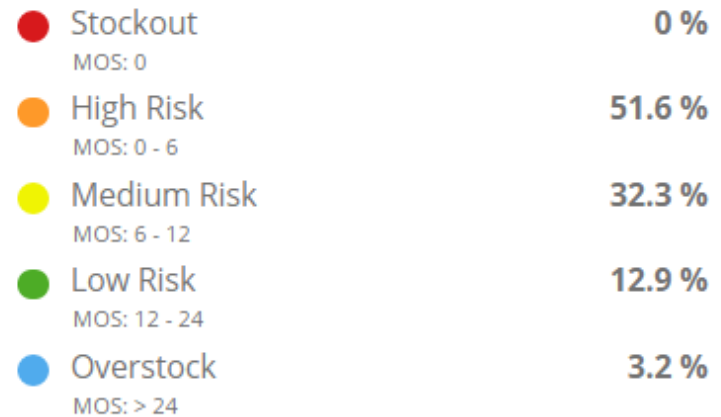
National Summary of key products Report of January, 2016



Program Status of MCH on January 2016



Put cursor on pie segments to see different values

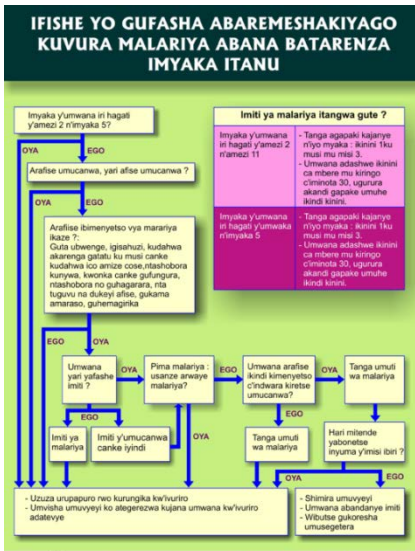


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# Service Delivery

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



**IMPANURO ZO GUHA UMUVUYEJI ZIJANYE N'UKUVURWA KW'UMWANA**

1. Guha umwana umuti wa malariya (Artesunate +Amodiaquine) - ibindi kimwe ku musi mu mui itari ikwirakira
2. Mu gihe uruko uratangira kumira ca mbere, ugurira umuveyi ko kumira bagatera ku kuyika bakavurura imiti meza
3. Guigura neza akamara ko gufasha umuti mu mui mui
4. Imi ibwira kubwira aho abana babashira
5. Guigura neza ko umuveyi ababwira kujana umwana kw'ururo mu gihe habonetse ibi bikurikira:
  - Igihe umwana aguma aribwira kandi yafashwe umuti meza
  - Igihe umuveyi ibwira aho abana babashira
  - Igihe umwana atagize imibande inyuma y'amashu 24 afata imiti
  - Igihe umuveyi ubandanya inyuma y'amashu 24 umwana afata imiti
6. Guigurira umuveyi ko umwana ababwira kurwira mu Muegetera umwemo umuti wica imbu
7. Umwaha umuveyi ategerezwa umwana ku musi ugira kabiri, mugendere ku musi ugira gashu.

**INYIFATO Y'UMUREMESHAKIYAGO MU KUVURA MALARIYA**

1. Gusaba imiti kw'ururo
2. Kubika imiti
3. Kwakira umuwayi
4. Gukomeza amazi meza n'ibaburi mu gukanyira
5. Gukomeza amazi meza n'ibaburi mu gukanyira
6. Gusuzuma umwana no kwumvira umuveyi
7. Kwitegura gupima umwana
8. Kwitegura gutanga umuti: Kereza byiko n'amazi
9. Kwitegura gutanga umuti: Kereza byiko n'amazi
10. Guha ibindi kanyira n'inyi n'inyi y'umwana, ababwira n'amazi ku kanyira
11. Kumuha impanuro...
12. Kumuha impanuro...

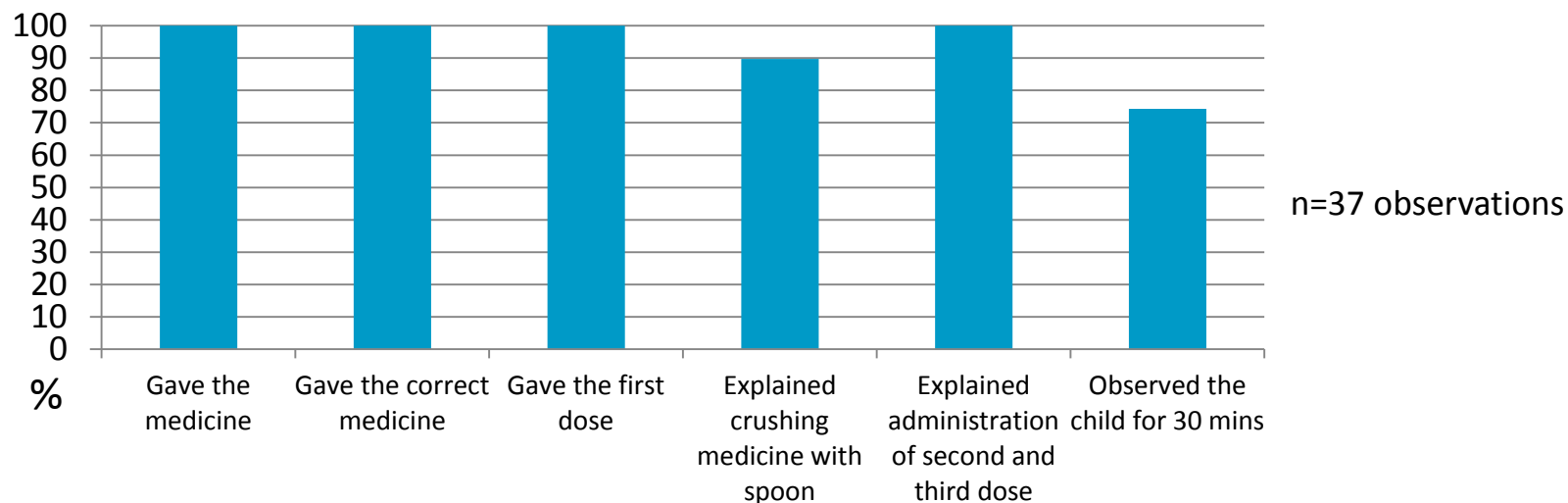
**URUGERO RWO GUTANGA IMITI**

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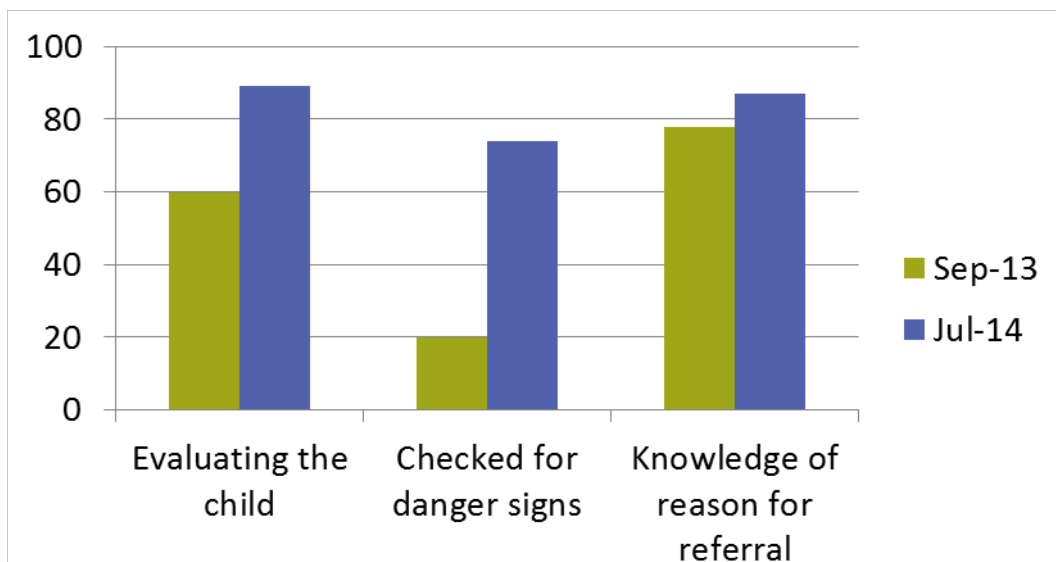
## Examples from Burundi

# 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

**Amoxicilline 250mg comprimé dispersible** Traitement de pneumonie

**12 mois à 5 ans**

	Jour1	Jour2	Jour3	Jour4	Jour5
<b>12 mois à 5 ans</b>					
<b>Compléter tous les jours du traitement</b>					
<b>La charge bactérienne diminue</b>					

Prendre 2 comprimés Mettre dans une tasse Ajouter de l'eau à boire ou le lait maternel Mélanger bien les comprimés dans l'eau ou le lait maternel S'assurer que l'enfant a bu tout le médicament

**Amoxicilline 250mg comprimé dispersible**  
Traitement de pneumonie des enfants de 2 mois à 5 ans

**POSOLOGIE**

- Démontrer en donnant la première dose. La mère ou l'accompagnant de l'enfant regardera et apprendra.
- Donner ce qui reste de traitement à mère /l'accompagnant pour administrer à la maison.
- Informer la mère /l'accompagnant qu'il faut donner le médicament 2 fois par jour pendant 5 jours, même si l'enfant se sent mieux.

	Jour1	Jour2	Jour3	Jour4	Jour5
<b>2 mois à 12 mois</b>					
<b>12 mois à 5 ans</b>					
<b>Compléter tous les jours du traitement</b>					

Expliquez à la mère /l'accompagnant que même si l'enfant s'est amélioré, l'infection peut encore présente dans son corps. TOUTS les comprimés devraient être donné pour éliminer la bactérie /l'infection.

- Laver les mains, et prendre: 1 comprimé pour l'enfant de 2 mois à 12 mois. 2 comprimés pour l'enfant de 12 mois à 5 ans.
- Mettre dans une petite tasse propre.
- Ajouter de l'eau à boire ou le lait maternel jusqu'à couvrir le(s) comprimé(s) complètement.
- Mélanger bien le(s) comprimé(s) dans l'eau ou le lait maternel.
- S'assurer que l'enfant a bu tout le médicament.

**IMPORTANT**

- Informer la mère /l'accompagnant qu'il faut donner immédiatement le mélange à l'enfant. Ne pas le garder pour le donner plus tard.
- Donner à l'enfant ce qui reste de médicament dans la tasse.
- Vérifier la date de péremption avant de donner le médicament à la mère /l'accompagnant.
- Informer la mère /l'accompagnant de garder l'amoxicilline hors de la portée des enfants et dans un endroit propre et sec.
- Dire à la mère /l'accompagnant de ne pas partager les médicaments.
- Dire à la mère /l'accompagnant que l'amoxicilline ne peut pas traiter une infection virale comme la grippe ou rhume.

**SUIVI**  
Instruire à la mère /l'accompagnant

- A continuer l'allaitement et à donner plus des liquides à l'enfant.
- A revenir immédiatement si l'enfant:
  - Devient plus malade
  - Est incapable de boire ou téter
  - Vomit tout ce qu'il consomme
  - Développe la fièvre
  - Continue à avoir une respiration rapide ou difficile ou sifflante

**LORS DES VISITES DE SUIVI**

- Vérifier la présence des signes de danger
- Evaluer si l'enfant a la toux ou difficulté respiratoire
- Demander à la mère /l'accompagnant
  - Est-ce que l'enfant respire moins vite?
  - Est-ce que l'enfant a moins de fièvre?
  - Est-ce que l'enfant mange mieux?
- Considérez la référence si l'enfant ne s'est pas amélioré

**EFFETS SECONDAIRES**

- L'amoxicilline peut provoquer des troubles digestifs, surtout la diarrhée ou les réactions allergiques.
- S'il y a d'autres symptômes, ramenez l'enfant au centre de santé.

with support from  
PATH and UNICEF



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# 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



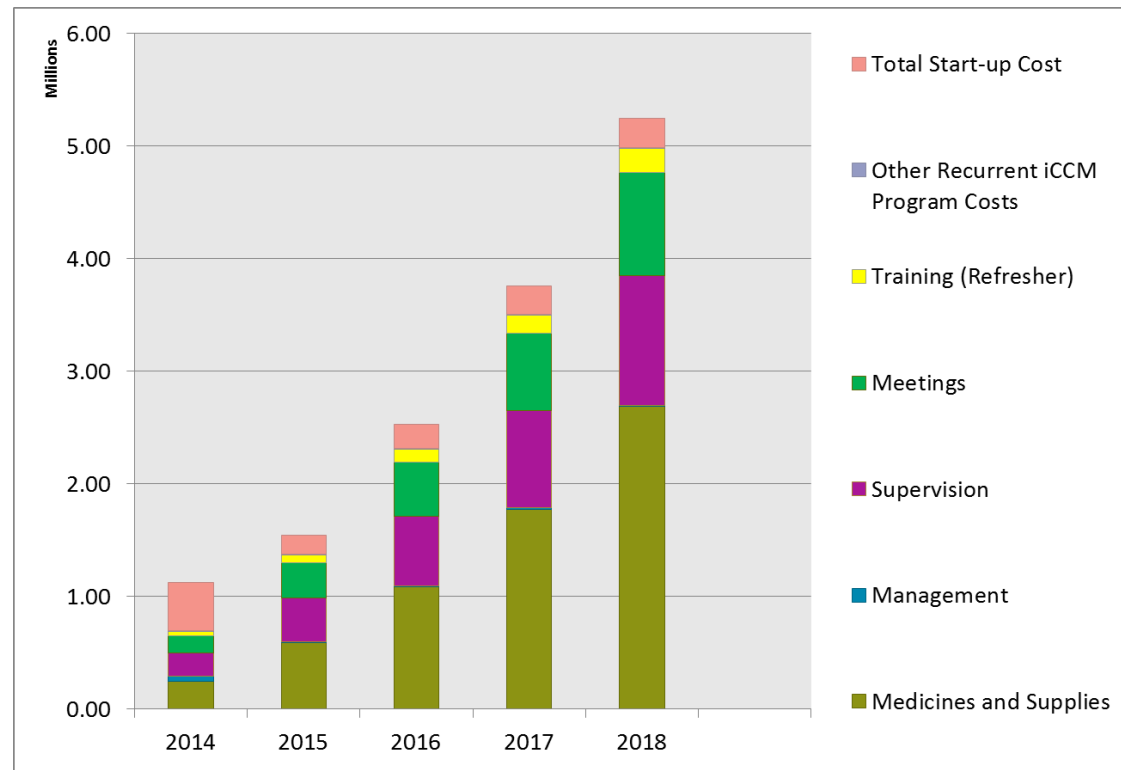
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# Burundi CCM Costing Exercise

Used as advocacy and planning tool for iCCM

Costs in USD



	2014	2015	2016	2017	2018
Total annual cost	1,121,952	1,540,847	2,525,733	3,759,724	5,247,137
Average recurrent cost per child per year	4	4	4	5	6
Average recurrent cost per CHW per year	528	571	661	762	876
Start-up cost per CHW	321	143	176	205	202



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# Some Potential Funding Sources for iCCM

- UNICEF
- Global Fund
- USAID
- Canada
- President's Malaria Initiative
- Other donors
- RMNCH Trust fund
- Global Financing Facility



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# 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



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# 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



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# 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



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# 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.



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# 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



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# Thanks

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