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Three activities undertaken that is, RDTs training conducted by the following:

- Nigeria Institute of Medical Research (NIMR)
- Codix one of the importers of the device
- Society for Family Health (SFH)



Lessons Learned

- Those trained can now handle the device efficiently
- They have understood the importance of testing before treatment
- Testing before treatment helps to reduce drug abuse
- Testing before treatment discourages self medication and
- It promotes good health information.

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- Some of the device do not function in certain weather conditions and tropical regions.
- This development had led to some results of the device a times, coming out negative whereas the patient is actually down with malaria
- However, with the introduction of RDTs it has been realized that before now, most malaria cases treated were not actually so.

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- Device manufacturals should conduct through research based on tropical regions and weather conditions to guarantee the efficacy of the device.
- What is manufactured for one country may not be the same for another country based on assertion above.
- Those trained both in private and public should be monitored through assessment evaluation. Those responsible to the training of health care providers should involve more regular trainings.
- Governments through MoH should formulate implementable Health policy(s) such that will create active participation by all in health sectors like what the National Council on Health is doing in Nigeria.

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Malaria case Management, two activities undertaken i.e. by Novartis, SFH, and CHAI etc.

Lessons learned:

- Participants can now administer ACTs correctly.
- They understand the difference between complicated and non complicated malaria signs.
- Knows when to refer cases and when to handle cases.
- It is important to equip people with relevant knowledge.
- Danger inherent when cases are mismanaged.

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The approaches taken so far which has been participatory oriented includes:

- Training of healthcare providers using local government by local government platform.
- In each of the trainings participants are group in minimum of 30 and maximum of 40
- Training a times are residential and last between two to three days
- Kits are provided free to the participants
- Report form on test conducted given to the participants for reporting
- It is affective to work with all classes of health care providers
- Training programme should be sponsored by donner agencies

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The main Challenges:

- Fundings.
- Disparities amongst health care providers.
- Non availability of the device at all times.
- Non subsidy of the device.
- Inadequate training of health personnel.

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- Donner agencies should assist government adequately in training and programmes
- All health care providers irrespective of the level one is operating from, should work as a team
- Training of more health care providers to meeting the goal for which RDTs is introduced

Slide 8



- The Private and Public Health Care providers in Nigeria have cordial working relationship. It is in the spirit that the pharmacists council of Nigeria (PCN) and to ensuring that seminars, trainings and workshops are coordinated made it a policy that companies or agencies wishing to conduct any of the aforementioned for institution under her regulation MUST get approval from her.
- In Lagos State Nigeria where my organization operate from, we work together with the Ministry of Health under the direct supervision of Director of Pharmaceutical Services (DPS) . The same apply throughout Nigeria.
- One of the effective mechanism so far used is the constant interaction between the private and public viz regular appraisal meeting on all approved programmes and activities.
- Regular reporting of activities carried out viz report form especially, on RDTs and ACTs. Just last month the multi year plan for 2010 to 2015 was reviewed, participants were drawn from MoH, SUNMAP, SFH, LSMDA and Global Fund partners.