

**Theme 9:
Training and Supervision Mechanisms**

**Quality Improvement
Systems for a
Challenging Cadre of
Private Health Care
Providers: the Drug
Sellers.**

**Consultative Working Meeting
on Malaria Rapid Diagnostic
Tests (RDTs) and Fever Case
Management in the Private
Health Care Sector in Africa**

Entebbe, Uganda
October 20-21



MalariaCare
A USAID PARTNERSHIP

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MalariaCare partners



Quality Improvement Systems for a Challenging Cadre of Private Health Care Providers: the Drug Sellers

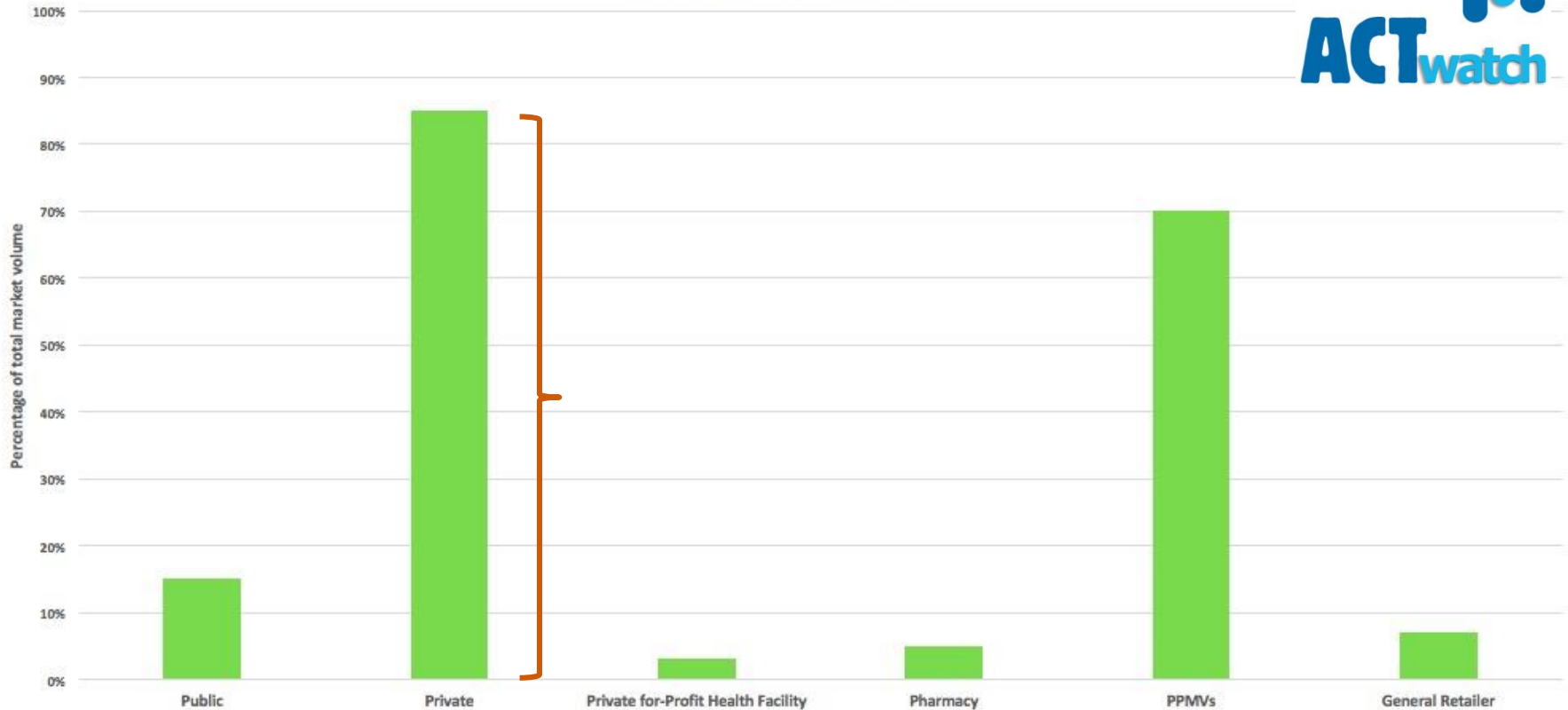
- ✓ Drug sellers: PPMVs, ADDOs, dépôts de médicaments, etc.;
- ✓ System adopted to improve quality in Fever Case Management (FCM) amongst this cadre of the private health care sector.



Evidence



Antimalarial market share, 2013



Evidence



- ✓ Key cadre for caregivers seeking treatment for children under 5 years of age in case of fever because important source of antimalarials;
- ✓ Popular cadre in many African countries, formal regulation ongoing by the public sector. Highly populated, hence the need of joint efforts;
- ✓ Experiences funded by USAID and UNITAID are generating evidence of working with drug sellers.

Evidence

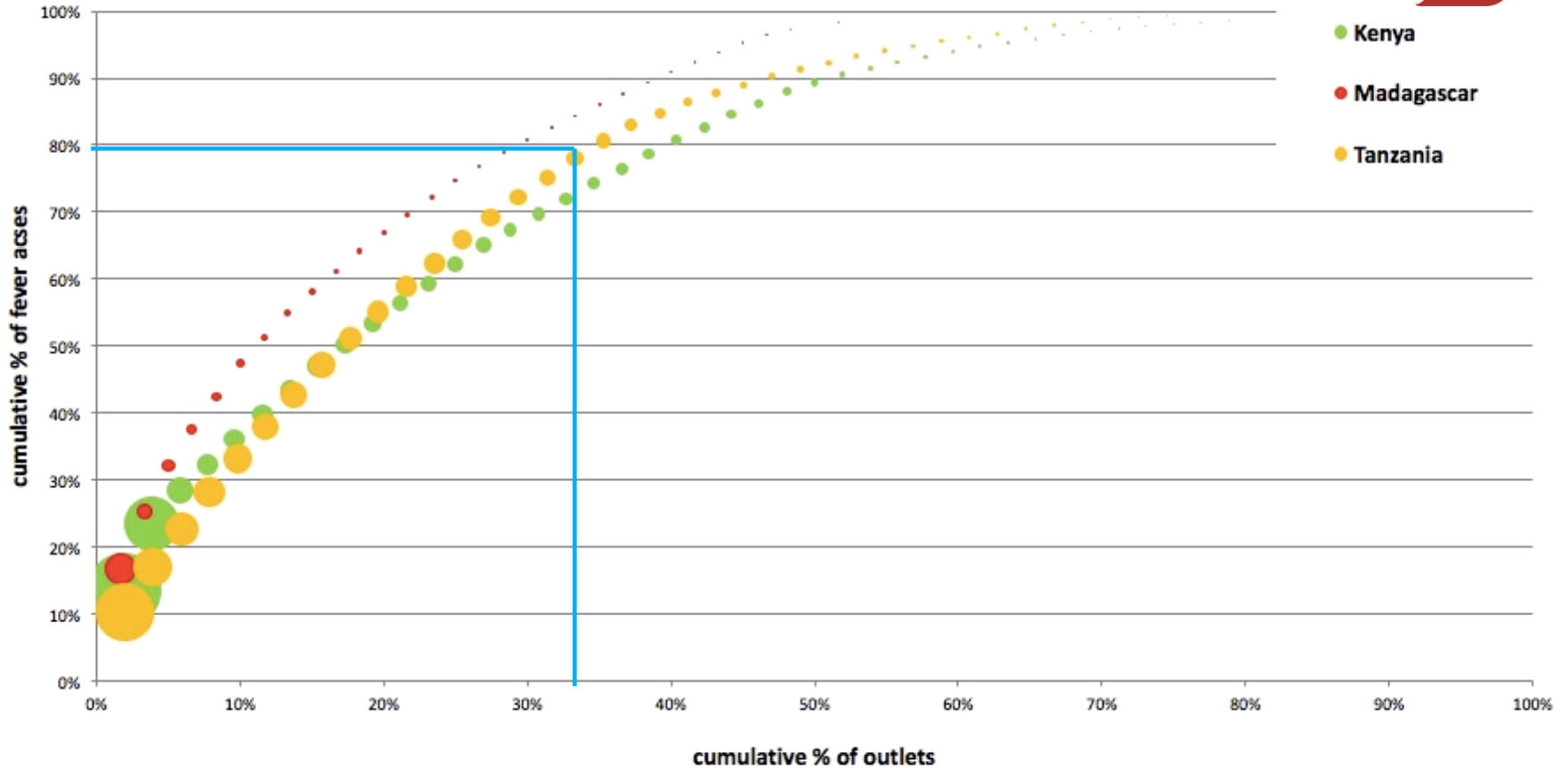


- ✓ Highly populated sector: need for prioritization (allocation of resources)
 - Quality of Care: supervision score;
 - Productivity: *“80% of outputs comes from 20% of inputs”*;

Evidence



Cumulative % of fever cases reported per outlet (Q4 2014)



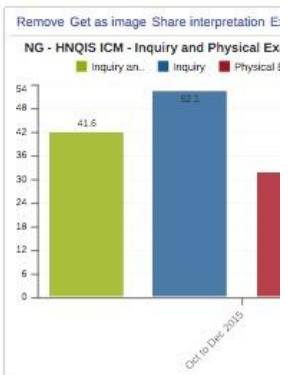
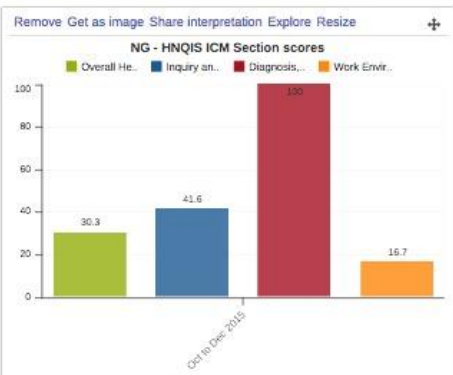
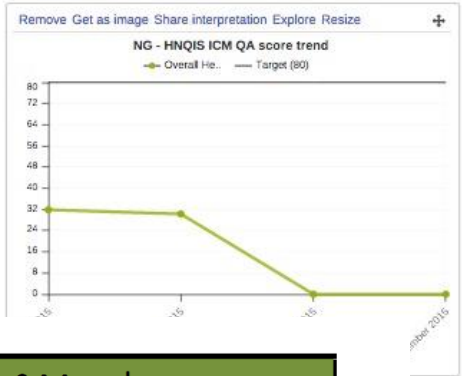
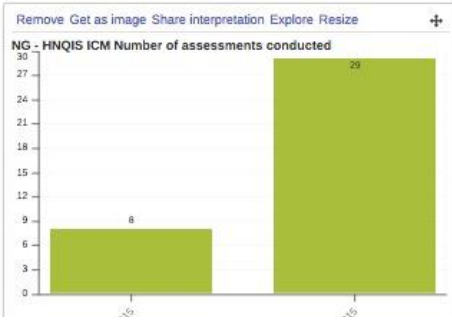
Evidence



Cristina Lussiana (update profile!) • Write feedback • Share interpretation

Profile Messages Interpretations Search

Add Manage Share < > KE - HNQIS SF Tunza NG - HNQIS ICM PPMVs



Quality of care

Class A - High	6 Months	
Class B - Medium	3 Months	1 month
Class C - Low	Low caseloads	High caseloads

Client load

Evidence



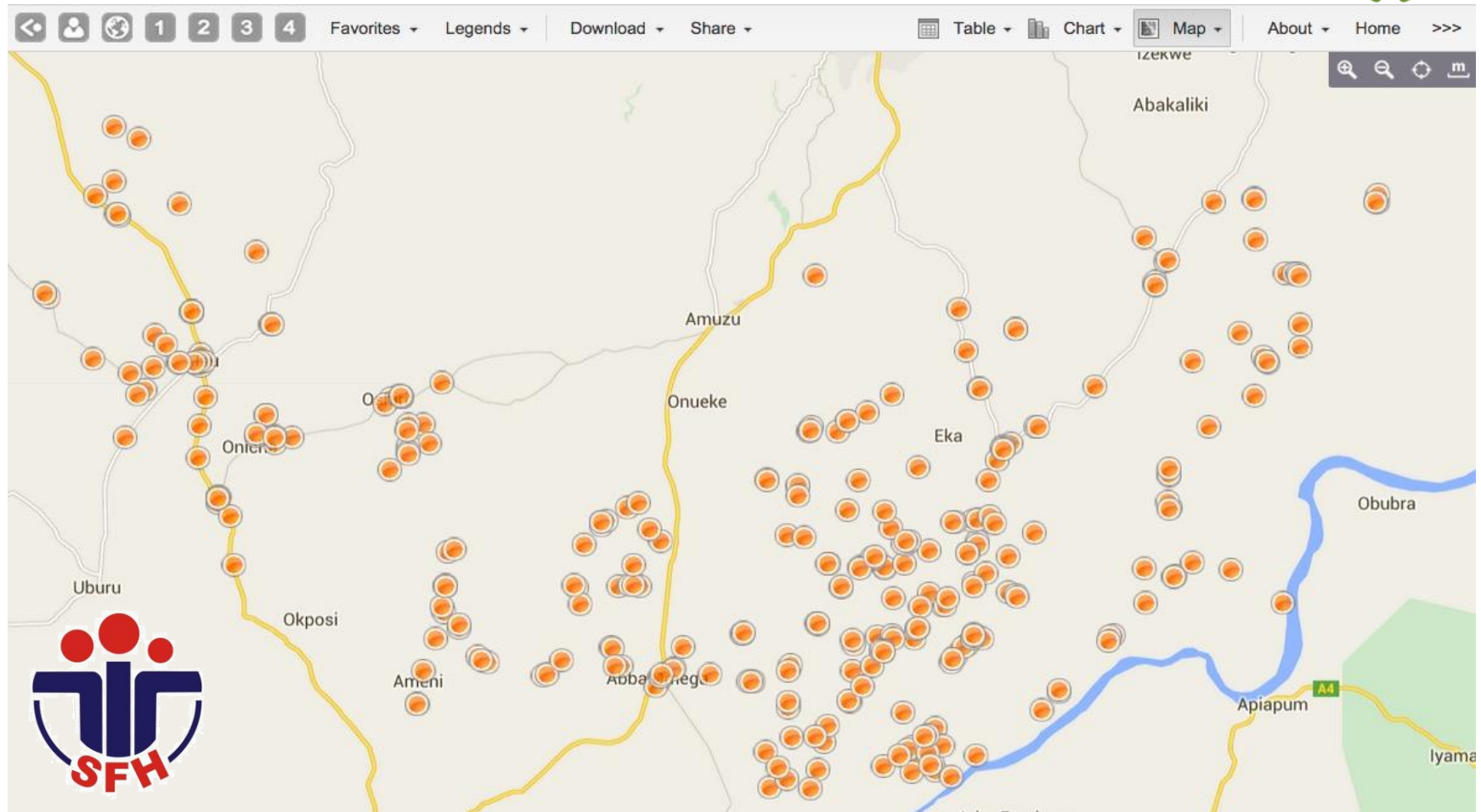
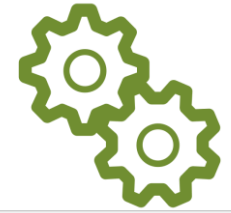
Cambodia
Ghana
Malawi
Mozambique
Nigeria
Tanzania
Zambia



Kenya
Madagascar
Tanzania



Evidence



Insights



- ✓ Engagement of regulatory authorities (WHO, FMoH):
 - iCCM policies adapted to the private sector;

- ✓ Engagement of professional association (i.e. NAPPMED):
 - reassurance about quality of FCM and safety of RDTs,
 - sustainability beyond the duration of the intervention;

- ✓ Joint training and supervision open the door to the feeling of being part of the national health sector.

Insights



- ✓ User-friendly interface with multiple customizations (canvassers, supervisors, project managers, FMoH, NMCP, etc.);
- ✓ Rigidity: accuracy and precision of data collection and harmonization of data analysis;
- ✓ Dynamism: introduction of tailored components (i.e. tracking of referrals, reporting of stocks and sales/distribution of RDTs and QAACs).

Guidance



- ✓ Tailored interventions:
 - on-the-job training,
 - interactive supervision;

- ✓ Integration within existing components of health care sector:
 - referral networks,
 - biological waste management;

- ✓ Tailored supply chain mechanisms:
 - involvement of private sector distribution players.

Guidance



- ✓ Make it simpler;
- ✓ Make it interactive;
- ✓ Make it integrated with existing MIS from the public sector (DHIS2);
- ✓ Integration with other health areas and ownership of the system from government and/or PPMV association.





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