



How do mass campaigns affect district health services ?

The National Campaign
for Neglected Tropical Diseases in Mali

A case study

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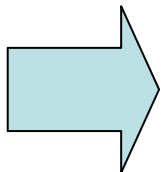
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- Implemented in 5 African countries (Mali, Niger, Uganda, Ghana, Burkina Faso) + Plan 2008 – 2011
- Objective = reduce helminth prevalence
- Strategy: preventive mass chemotherapy
- A multi-disease approach (“integrated campaign”)
- Considered to be feasible including in settings where health services are poorly utilised
 - No need of diagnostic and treatment (=no need of qualified staff)
 - Community-based initiative

Why a study about the interaction between the NTD campaign and health services?



- Present emphasis on mass campaigns as an efficient way to improve health status
- Campaign evaluations focus on coverage (treatment and geographical) and epidemiological impact
- Effects of campaigns in health services are generally not evaluated
- In practice however, there are interactions between campaigns and services :
 - Mobilisation of human resources and infrastructure
 - Priority setting
 - Sustainability of programme results after the campaign



These interactions are generally not evaluated

Study objectives



- To document the interaction between the NTD campaign and Malian health services
- Mali campaign as a case study of interactions between mass campaigns and health services
- Hypothesis: mass campaign implementation at district level affects the health services' functioning
- Research questions:
 1. How and with what resources is the NTD campaign implemented in Mali?
 2. What is the influence of the campaign on the functioning of local health services, if any ?



- Literature review
- Interviews with stakeholders (jan 2007)
- Participatory observation of the NTD campaign (may-june 2007)
 - Training of Trainers (Sikasso Region)
 - Drug distribution in Dioila district (Koulikoro)
 - Drug distribution in Kadiolo district (Sikasso)
- Restitution and discussion of the preliminary results (nov 2007)
 - Sikasso Health Region
 - National Health Direction

Results



1. Field implementation of the campaign
 - Parallel system for drug supply and distribution
 - Parallel Information system
 - Mobilisation of health personnel
2. Different health centres → different effects on their functioning

Field implementation of the campaign: Drug supply



- Parallel system for drug supply
 - Stock difficulties at central, regional and district level
 - Rent of special transport (trucks)
 - Drugs management at local pharmacy



Field implementation of the campaign: Information system



- Data collection with tools different from NIS (at district level: TOT 28 new tools)
 - Tools for drug management **X 3**
 - Tools for monitoring the distribution **X 3**
 - Tools for supervision **X 3**
 - Tool for FL complications
- Tools to be filled at a different pace from the NHI system

Field implementation of the campaign: Health personnel



- Mobilisation of head nurses of health centres for :
 - Participation to the Training of Trainers (4 days)
 - Assessment of drug needs and drug management
 - Training of community distributors (3 days)
 - Distribution supervision (3 days)
 - Monitoring adverse effects of drugs
 - Data collection and transmission
 - Advocacy at community level
 - Participation to the restitution phase (region and district)
- A minimum of 10 days of absence (underestimation) for the head nurse of health centres for campaign-linked activities

Field implementation of the campaign: Health personnel (2)



- Financial benefits for campaign activities
 - DMO 122 000 F CFA (average salary 150 000):
increase of **81%**
 - HCR 46 000 F CFA (average salary 100 000):
increase of **46%**

Different health centres = different effects on their functioning



- Differences of health centres in terms of
 - Human resources
 - Number
 - Qualification
 - Dynamism and motivation
 - Curative care utilization and preventive coverages
 - Community organization
- These aspects influenced the relation between the campaign and the health centre in terms of:
 - the way the campaign is implemented
 - the effects of the campaign on general activities

Different health centres = different effects on their functioning (2)



- Two extreme circumstances (with intermediate situations):
 1. « Weak » health centre
 - Absence of qualified staff from the centre = general activities interruption (consultations, vaccinations)
 - Operational problems related to the campaign: drugs doses, community mobilization, census,...
 2. « Strong » health centre
 - Management of the campaign interferences: general activities are carried out by others team members
 - Increased workload but without service interruptions
 - No operational problems observed related to the campaign
 - Utilization of the campaign as an opportunity to strengthen the health centre

Discussion: Campaign effects on the health system



- Duplications
- Interferences
- Imbalances

Duplications



- Drug supply
 - Parallel distribution system for logistical problems
 - Specific drug management tools for campaign drugs (total 13)
- Information system
 - New information tools (distribution, supervision, FL complications)
 - Pace of information transmission different from NHIS

Interferences



- The NTD campaign caused significant absences of the head nurse from the HC
- Mali context with multiplication of mass campaigns (Polio days, SIAN, NTD,...) and vertical programmes trainings, particularly at district level
- Observation from a Malian rural district (2006) : the head nurse is absent from the HC 47% of the working days:
 - Half for general activities
 - Half for mass campaigns and vertical programmes

HCR absences

Mali rural district 2006



Activity	Duration	% tot time
Campaigns	34 days	15
Vertical programs training	71 days	32
TOT	105 working days	47%



Imbalances

- Budgets for the campaigns / for district functioning
- Time devoted to the campaign activities / to general activities (for DMO and HCR)
- Financial benefits for campaign-linked activities (trainings and supervisions) (DMO 122 000 F CFA; HCR 46 000 F CFA) / for general activities
- Drugs available during the campaign / drugs available out of the campaign (AZT, Vit A..)
- Drugs for free (for healthy people) during the campaign / cost recovery out of the campaign (for the sick ones)

Context variations of the campaigns effects: “Strong” health centres



- In “strong” centres a mass campaign is “less necessary” (good utilization rates and coverage)
- Operational implementation is best in strong health centres:
 - general activities continue but with an opportunity cost
 - with the campaign resources other activities could be implemented and/or strengthened

Context variations of the campaigns effects : “Weak” health centres



- In “weak” health centres, the campaign may represent a unique occasion to contact the population
- But effects of the campaign on the HC general functioning are ambiguous
- Temporary interruptions of general activities (importance of permanence and availability)
 - The interference on the HC general activities can be destabilizing and can weaken the already weak health structure (vicious circle)
 - The HC can become less responsive to local health needs and need more and more the mass campaign-like interventions

Conclusion



- Weakening effects of the campaign in health services functioning at district level, especially in weak health centres
 - Possible difficulties for health services to take responsibility for the consolidation phase (after 5 years campaigns)
- Risk for NTD mass campaign to become a permanent “emergency” strategy