



Swiss Tropical Institute
Institut Tropical Suisse
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Novartis Foundation
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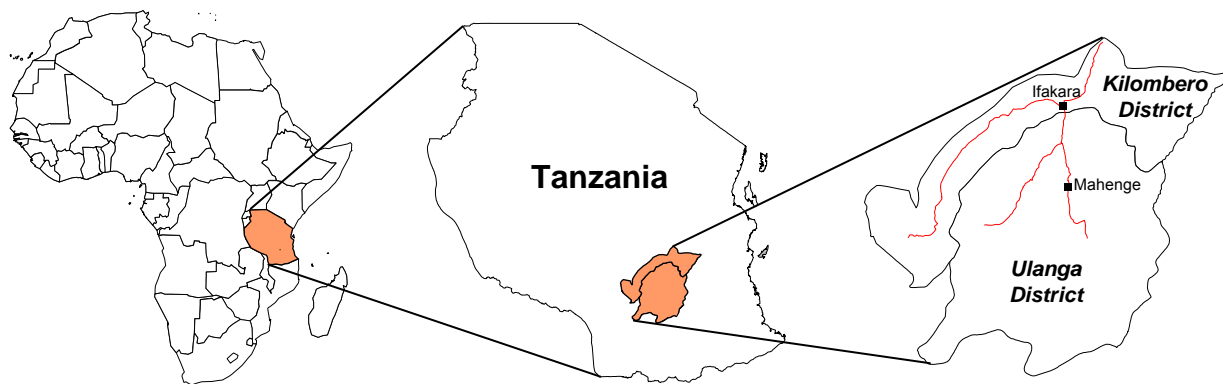
Understanding and improving access to malaria treatment in Tanzania: approaches and findings of the ACCESS Programme

F. Kessy, C. Lengeler, B. Obrist, M. Hetzel, A. Dillip, S. Alba, A. Makemba,
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Outline

- Approaches: Studying access to treatment
- Key findings from the ACCESS Programme in Tanzania



Malaria Journal 2007; 6:83

Access

- Defined as “entry into and utilization of appropriate health care services”
 - Curative services
 - Preventive services
- Attention on “barriers to access”
- Improving **access to care** is focal point for dialogue and collaboration between medicine, public health and the social sciences

Two main study approaches

1. Health service research

> **Health system factors**



2. Health seeking behavior research

> **Household factors**



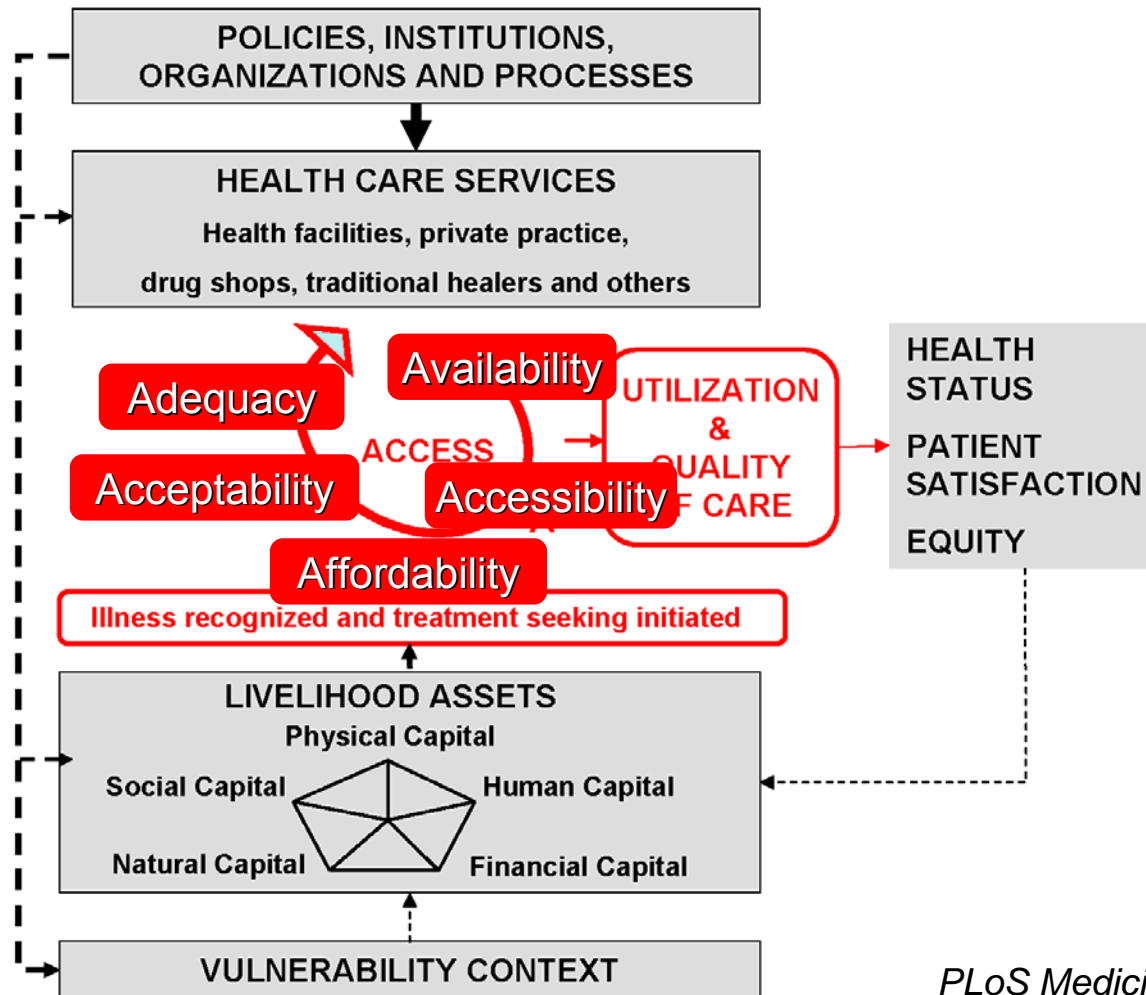
What is missing...

...in **health service** research AND in **health seeking behavior** research:

- Link between health and poverty
- System operates with scarce resources
- People live in a context of livelihood insecurity
- **Combination with Sustainable Livelihood approach developed by DfiD**



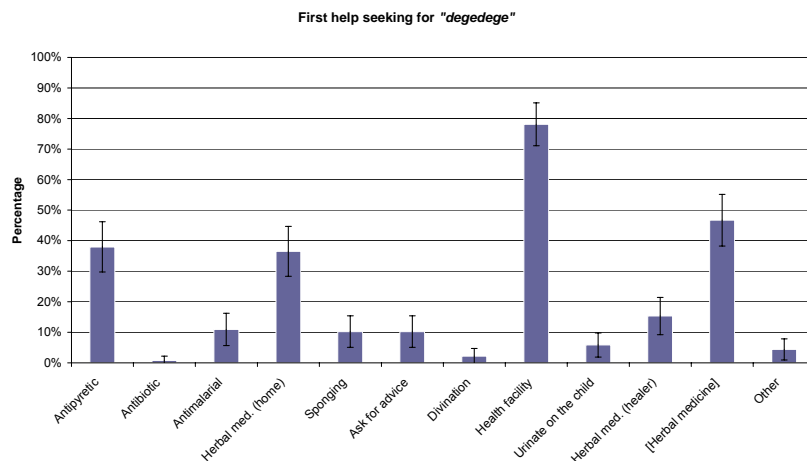
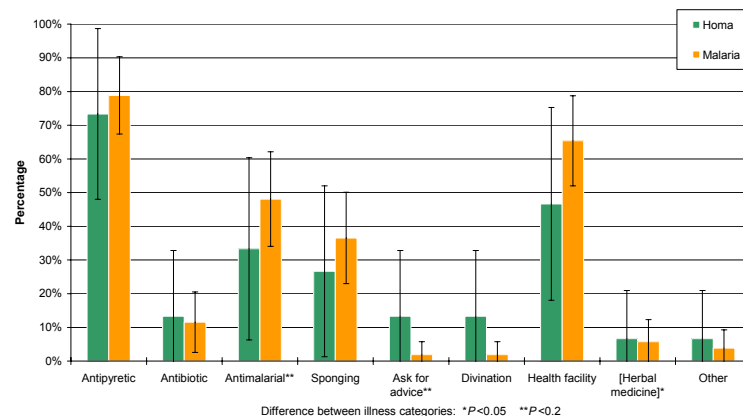
The Health Access Livelihood Framework



PLoS Medicine 2007; 4(10): e308

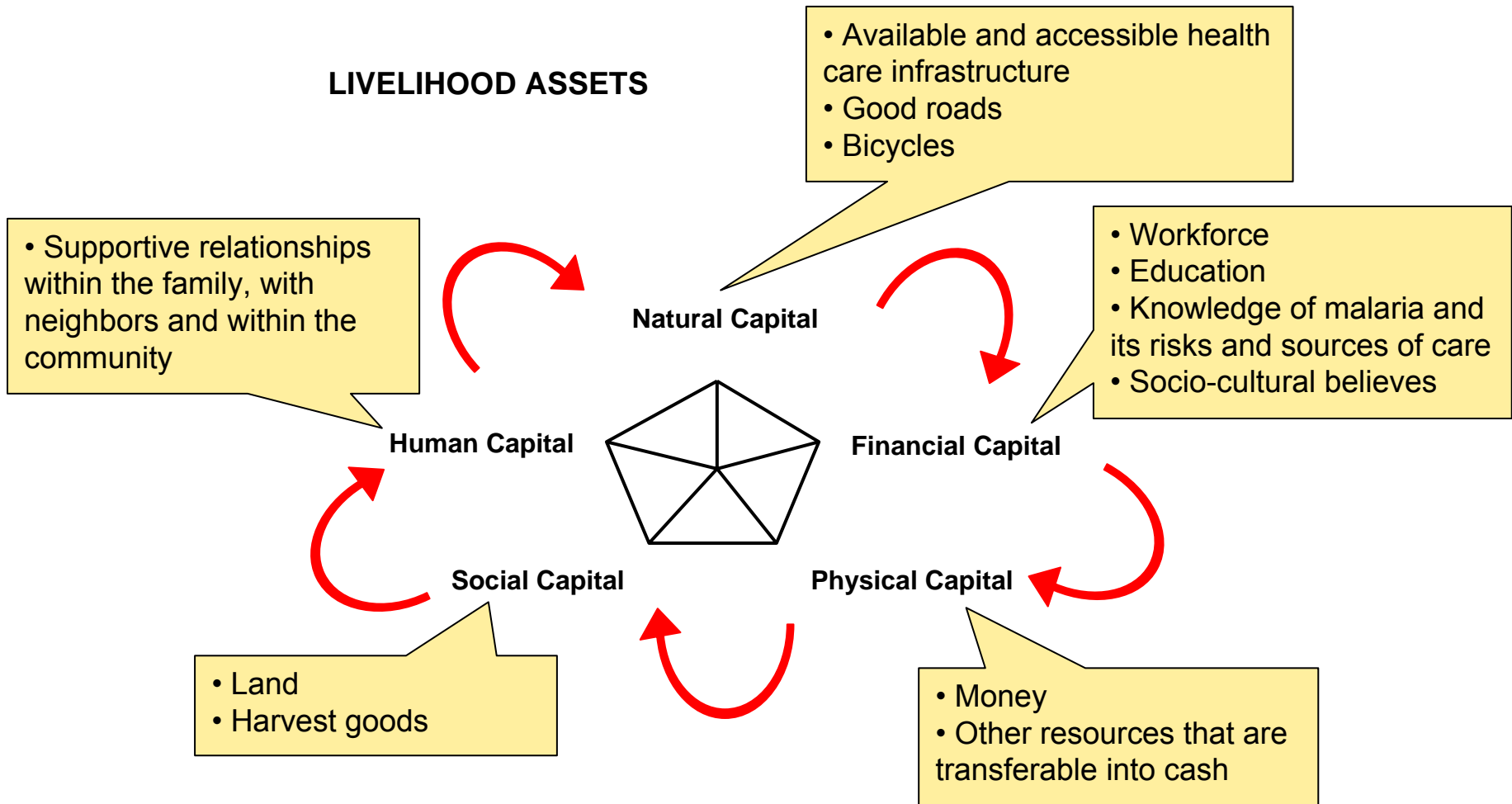
Key findings 1 – Health seeking behaviour

- A high proportion of cases brought forward for treatment; 76% of children and 56% of adults visit a health facility.
- Children use more health facilities than drug stores, while adults use more drug stores.
- Over the years (from the mid-1990s), there has been a clear change in behaviour... Good communication / social marketing works!



Resource transformation

LIVELIHOOD ASSETS

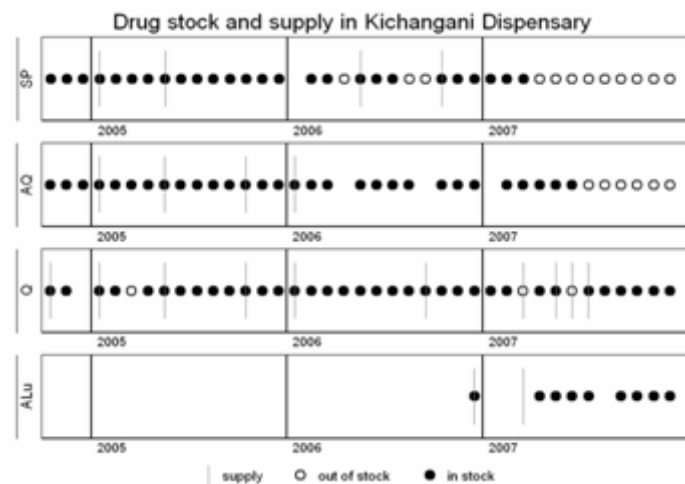
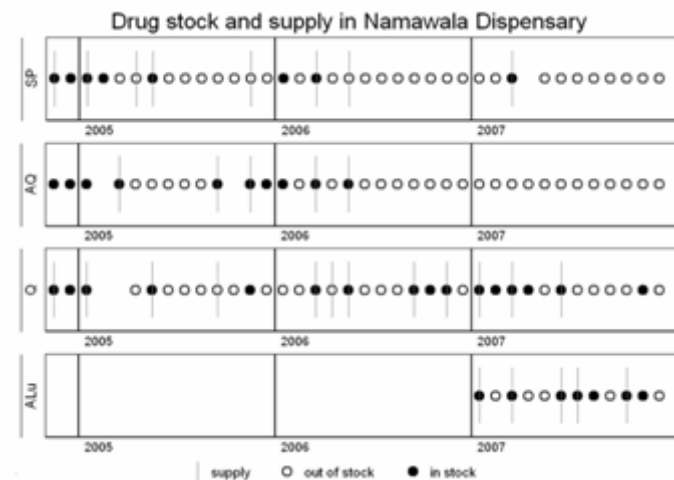


Resource transformation

- Livelihood assets usually need to be transformed before they can be used to access health services
- People usually manage to mobilize resources but time is a critical factor especially in case of emergency
- Vicious circle: Livelihood resource depletion due to disease affects social security
- How can the transformation of resources be facilitated?

Key findings 2 – Public health facilities

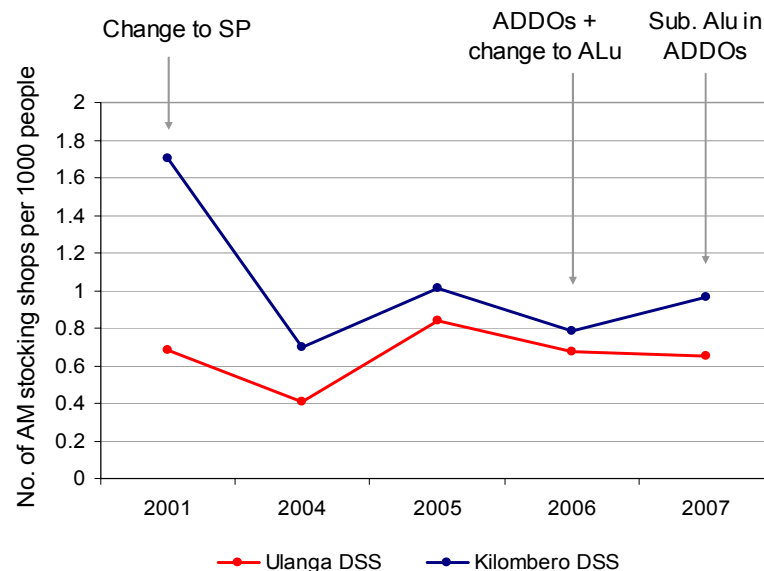
- Exemption rules for underfives and pregnant women generally do not work.
- Drug stock-outs are frequent.
- Change management for first-line antimalarial was not adequate.



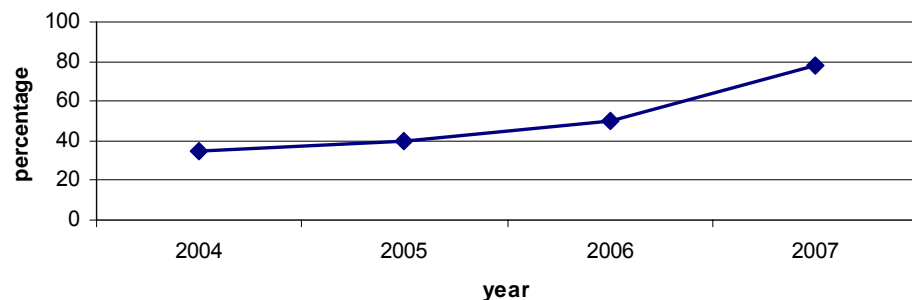
Key findings 3 – Retail sector (shops)

- 2001 policy change from chloroquine to SP led to **reduced geographic availability**
- ADDOs have improved the quality of services in drug shops but not geographical outreach

Availability of AM in shops



Percentage of customers who got correct advice (Drug Shops or ADDOs)



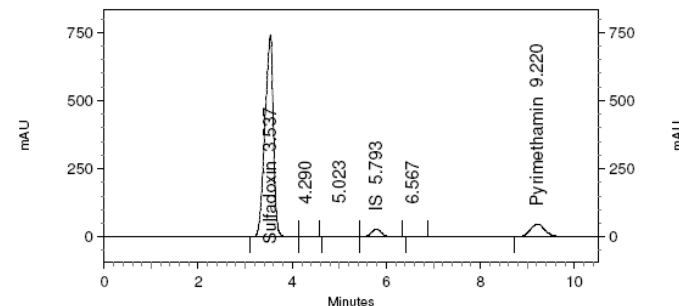
Key findings 4 – Quality of drugs

➤ A high proportion of antimalarials sold on the market in the Kilombero Valley are sub-standard.

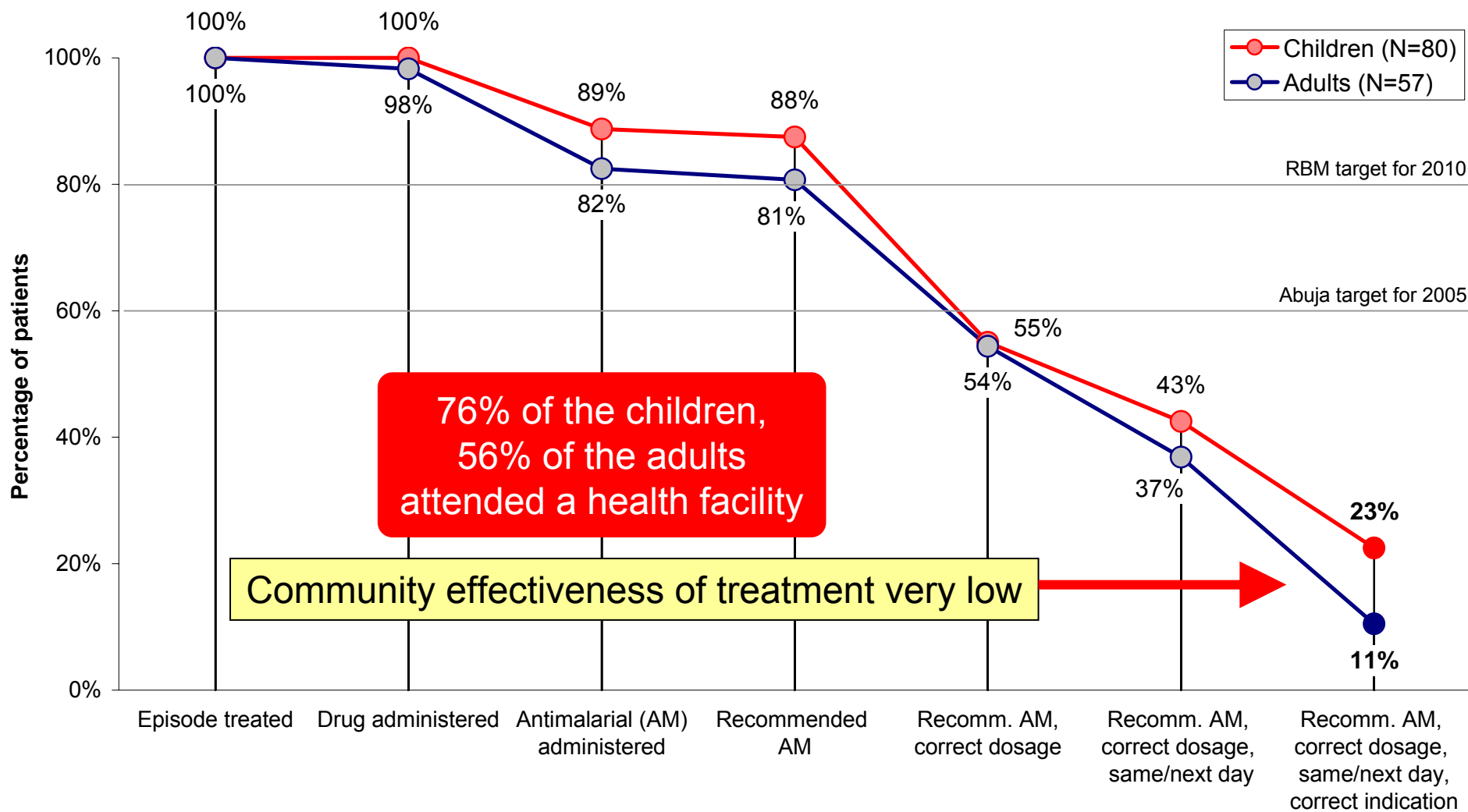
- 9% of Amodiaquine tablets
- 24% of SP tablets
- 40% of Quinine sulphate tablets

➤ Quality problems were detected in:

- 33% of the tablets produced in TZ
- 20% of the tablets produced in India
- 18% of the tablets produced in Europe



Key findings 5 – Community effectiveness

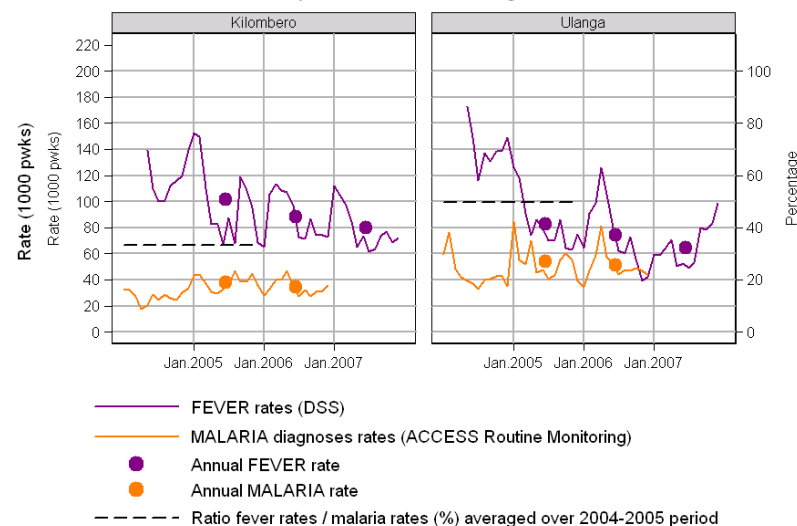


Key findings 5 – Morbidity & mortality

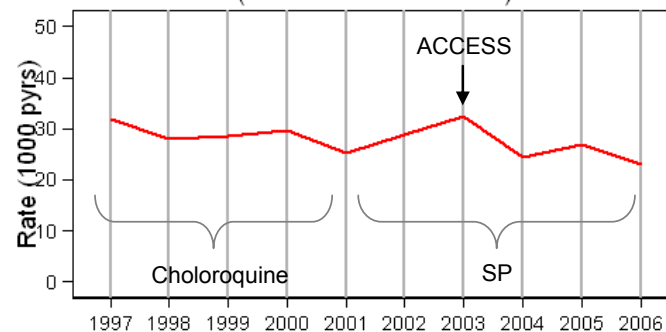
- Downward trend in reported fevers in the community
- Decreasing ratio of reported fevers / cases at HF might suggest increased attendance for fever episodes.

- Impact on mortality from switch chloroquine to SP (2001) not obvious.
- Child mortality remains high
 - great potential for reduction.

Fever in the community vs. HF malaria diagnoses in children under 5



Under 5 mortality rates in the Kilombero and Ulanga DSS (districts combined)



Conclusions

- Access issues are multiple and arise at different levels
- Availability of an efficacious drug alone does not necessarily result in improved **community effectiveness**
 - E.g. increased efficacy of ACTs may result in only marginal changes in community effectiveness / **mortality**
- Resource mobilisation / social security / **poverty**
- Decrease in fever – but stable mortality → Health system needs to be able to cope with **changing epidemiology**
- **Health system constraints** – if not tackled other interventions are unlikely to reach target
- A conducive **policy environment** is crucial for successful implementation of guidelines

Asanteni!
Thank you!

