

IUATLD CHILD LUNG HEALTH MALAWI



Making a Difference in Child Survival

Initiative funded by Bill & Melinda Gates Foundation

Background

The condition responsible for most deaths due to lung disease is acute respiratory infection, including pneumonia. Acute respiratory infection (mostly pneumonia), asthma, tuberculosis, measles, pertussis and HIV respiratory complications plus other respiratory diseases cause more than 4 million deaths per year. More than 95 per cent occur in developing countries (low and middle-income). Sub-Saharan Africa constitutes the focal point of deaths from all causes in children and accounts for the majority of avoidable deaths from acute respiratory infection and pneumonia in children in the world. Unfortunately, this situation is likely to deteriorate further because of the impact of HIV infection in Sub-Saharan Africa and the political and economic instability of the countries in that region of the world.

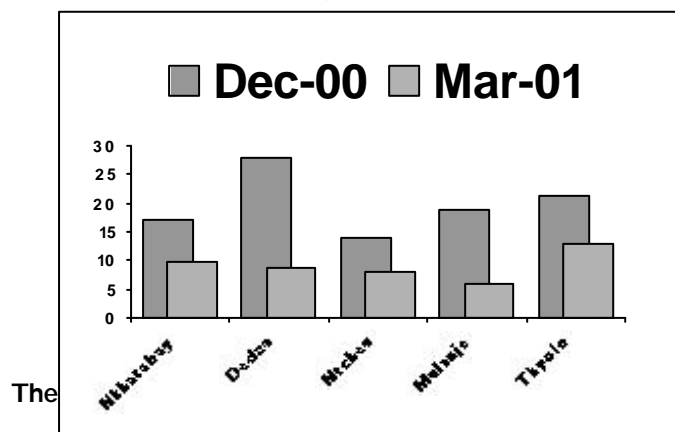
The goal of the CLH Programme in Malawi

1. To develop a sustainable and reproducible health services delivery system for the surveillance, diagnosis and management of respiratory diseases in children, including ARI /pneumonia, TB, asthma and HIV related lung disease that can serve as a model for other countries in Africa and other regions.
2. To implement and evaluate the IUATLD model programme for the surveillance, diagnosis and treatment of respiratory diseases in children.
3. To strengthen the management and technical capacity at central and district levels of the Ministry of Health.

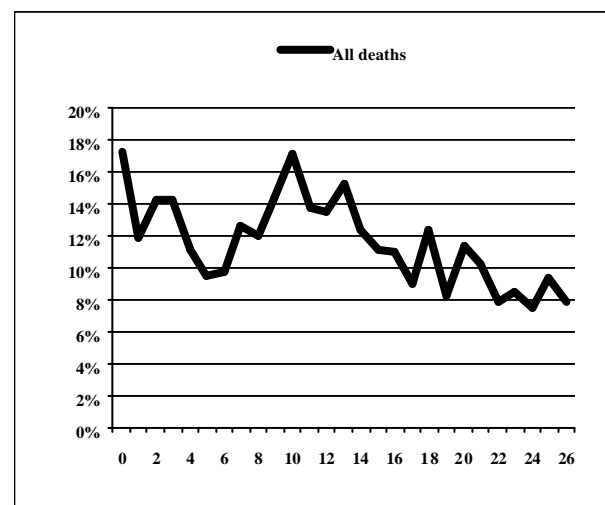
Specific objectives:

1. To standardise case management for severe and very severe pneumonia in district hospital paediatric inpatient wards.
2. To reduce mortality due to respiratory diseases especially severe/very severe pneumonia in children under 5 years of age.
3. To rationalise the use of drugs for ARI in children under 5 years of age.
4. To provide uninterrupted supplies of essential drugs and oxygen at District Hospitals.

**Reduction in Case Fatality from Pneumonia in Malawi:
Change over first 6 months in under 5's deaths following
introduction of CLH Programme**



Trend in Fatality from Pneumonia since CLH Programme introduced



This is based on a model developed by the UNION for TB programmes in developing countries. The model's basic components which make it feasible, sustainable and cost-effective are:

1. Technical components are based on the most simple standardised methods possible and are disseminated in a published Manual.
2. Training of personnel who will implement the technical components is given in the early phases of implementation.
3. Regular monitoring through systematic visits to the implementation sites and routine reporting of activities and outcomes integral to the model.
4. All financial support (input) corresponds to the burden of diseases, as determined by surveillance and reporting. Thus accountability and transparency can be assured.
5. The organisational structure includes both central oversight and local action to ensure access to services.
6. The unit of management of the activities is sufficiently central to allow efficient supervision.
7. The country's existing health services deliver all the services.

Approach

The programme is incorporated into Malawi's existing structure for organisation of health services and is implemented by the personnel already working within these services. Such personnel already carry out existing activities for control of acute respiratory infections and the programme for the integrated management of childhood illnesses (**ARI/IMCI**). Policies introduced by this proposal will thus be coordinated with those already in place in these health services.

Assuring Quality of Practice

Maintenance of the quality of the service will be assured through several mechanisms as follows:

- First mechanism Review of the regular reporting from the basic management units. The external and internal supervision process will focus on these reports to evaluate their internal logic and their completeness and timeliness.

For example, the classification of the cases will be reviewed by comparing the information on the treatment cards with the clinical classification recorded.

Comparison of the classification of the severity of the cases with the treatment given will then be made.

Finally, the consumption of medications will be compared with the expected consumption, given the severity of the cases.

- Second mechanism: Peer review. Unit managers meet regularly to review the progress of their work and the problems that they are facing. ***This will provide a venue for the development of a plan of operations research to address questions that arise.***
- Third mechanism: Independent review of the operations of the programme will provide an in-depth external evaluation of the operations and the role of the collaborators in the agreement.

What is required to implement a CLH programme?

Commitment of the host government to implement the strategies for the control of respiratory diseases in children into the existing primary health care system throughout the country, and a donor partner to assist until the programme is self-sustaining.

Diagnostic and treatment guidelines.

Training of clinical staff in the standardized approach to the interventions against the targeted diseases.

Logistics to purchase and distribute standard drugs thus ensuring uninterrupted supplies at the management level of the District Health Office.

Recording and reporting outcomes of the interventions, to enhance reproducibility and sustainability.

Supervision and evaluation of the programme external experts/consultants.

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