



## Improving access

Professor Wilfred Mbacham  
University of Yaoundé, Cameroon

## Rationale



- If current delivery approaches are used, the impact of ACTs is likely to be far below what could be achieved
- The potential to decrease morbidity and mortality, decrease transmission and delay resistance depend on achieving high coverage and adherence rates
- Limited evidence base on ACT delivery strategies



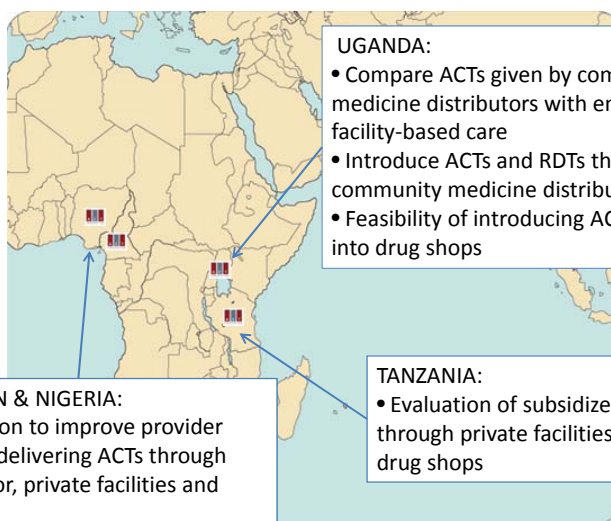
## Specific questions



1. How can ACT delivery through formal healthcare settings be optimised?
2. What is the best practice for extending ACT coverage through community-based workers?
3. How can the existing private sector best be utilised to deploy ACTs?



## How are we addressing these questions?



**UGANDA:**

- Compare ACTs given by community medicine distributors with enhanced facility-based care
- Introduce ACTs and RDTs through community medicine distributors
- Feasibility of introducing ACTs and RDTs into drug shops

**CAMEROON & NIGERIA:**

- Intervention to improve provider practice in delivering ACTs through public sector, private facilities and drug shops

**TANZANIA:**

- Evaluation of subsidized ACTs through private facilities and retail drug shops

## Evaluation: Access



- Core indicator
  - % of children under 5 with fever in the past 14 days who received a recommended ACT within 24 hours of onset of fever
- Additional indicators measuring impacts on
  - Access to parasitological diagnosis, health outcomes, equity of access, cost and cost-effectiveness, health systems and other structural and behavioural impacts