

Abstract:

Artemisinin-based Combination Therapy in Zambia: **From Policy Change to Implementation**

The Zambian authorities have adopted the artemisinin-based combination therapy (ACT), artemether-lumefantrine, as the first line drug for the management of uncomplicated malaria. The process of policy change involved substantial planning and team work over a period of 4-5 years.

The policy implementation is an ongoing exercise. However, to date the following can be considered to have been activities, based on the implementation plan, that have worked well.

Advocacy: Consensus in adopting change is a crucial element which the team spearheading the change has managed to achieve. This can be attributed to the elaborate plan devised and employed for the adoption and dissemination of the policy.

Health worker orientation: Successful implementation of the policy could not be achieved without ensuring competence of health workers, particularly in the public sector, to manage patients in accordance with the new policy. To a large extent great strides had been made in this regard by the end of Phase III of the implementation process. Locally adapted training materials directed at the various key players were important. Further, it was important to have a dedicated core team of facilitators. The timing of the training was also significant.

Drug supply logistics: The role of drugs in the process is critical. Drug shortages during the process can seriously affect the success of the policy change. The commodity quantification, procurement of key drugs, storage and distribution to health facilities were all executed in a timely fashion. This was facilitated by careful planning, the involvement of all the key players in drug supply logistics, like NMCC, MSL, CBoH and the DHMT's.

Some problems have been experienced which, with hindsight, could have been done differently:

Private sector involvement: The private sector, including mine and mission hospitals, run a significant proportion of health services in certain parts of the country. Their role and modalities for their involvement in the policy implementation could have been determined earlier in the process. It is not advisable to have a situation where different policies are applied in the public and private sectors.

Home Management of Malaria: Community Health Workers (CHW), Traditional Birth Attendants etc play a significant role in health care provision in Zambia, especially in

rural settings. In the management of fever at the community level they have a key role to play. The policy change involves the use of a new first line drug about which policy makers and some health professionals had some apprehension availing it to CHW for the management of fever (as per IMCI guidelines). It is advisable to determine the role of health workers at this level early in the process. Some of the concerns to be addressed include their competence to administer the drugs and accountability of drug supplies.

Drug supply logistics: Commodity quantification and procurement and efficient distribution of drugs are ongoing activities during the entire policy implementation. Competence in this area should be retained during the entire process and not periodically. This is important as there is a need to monitor these activities and make necessary adjustments on an ongoing basis.