iCCM in Action: Community health workers have the potential to significantly increase access to treatment for the major diseases affecting children. Results from a survey of the CIDA-funded project in Cameroon show that significantly more children received treatment as a result of having trained health workers in their community with appropriate medicines. As a result, 61 percent of children in the areas served by CHWs were treated with ORS, as compared with 7 percent of children in other areas.

Integrated Community Case Management of Pneumonia, Malaria & Diarrhea

Some 2.5 million child deaths each year are due to pneumonia, diarrhea, and malaria – diseases which can be prevented or treated with increased access to simple low-cost interventions.

- A course of antibiotics for a child under five costs approximately 16 cents, however only 30% of children with suspected pneumonia receive the appropriate antibiotic.

- Despite indications that Oral Rehydration Salts (ORS) and Oral Rehydration Therapy (ORT) may have prevented as many as one million deaths per year in the 1990s, only 39% of children with diarrhea in developing countries receive the recommended treatment of ORT and continued feeding. One sachet of the new formula low-osmolarity ORS costs less than 12 cents.

- While impressive gains have been made in availability of malaria prevention, diagnosis, and treatment, fewer than 15% of children under five in malaria endemic countries were treated with effective antimalarials. Quality-assured ACT treatment ranges in cost from 35-75 cents for a child under five.

Multiple barriers impede caregivers from accessing quality interventions. Consider Sara, a mother of two children under five, living in a village 18 km from the nearest health facility. She may access health services and products from an elder in the village, a passing vendor, local drug shop, community health worker, or a public or private clinician.

PSI is working with Ministries of Health (MOH) and health partners to improve Sara’s access to correct assessment and effective care, irrespective of the channel she chooses. Key activities are focused on improving access to effective treatment, quality of care, and informed demand among children’s caregivers to seek prompt and effective treatment from trained providers (see iCCM Fact Sheet).

Trained CHWs with consistent supplies of quality-assured medicine significantly increase access to prompt and appropriate treatment.

PSI in Action: Community health workers have the potential to significantly increase access to treatment for the major diseases affecting children. Results from a survey of the CIDA-funded project in Cameroon show that significantly more children received treatment as a result of having trained health workers in their community with appropriate medicines. As a result, 61 percent of children in the areas served by CHWs were treated with ORS, as compared with 7 percent of children in other areas.

iCCM

Integrated Community Case Management of Pneumonia, Malaria & Diarrhea

Some 2.5 million child deaths each year are due to pneumonia, diarrhea, and malaria – diseases which can be prevented or treated with increased access to simple low-cost interventions.

- A course of antibiotics for a child under five costs approximately 16 cents, however only 30% of children with suspected pneumonia receive the appropriate antibiotic.

- Despite indications that Oral Rehydration Salts (ORS) and Oral Rehydration Therapy (ORT) may have prevented as many as one million deaths per year in the 1990s, only 39% of children with diarrhea in developing countries receive the recommended treatment of ORT and continued feeding. One sachet of the new formula low-osmolarity ORS costs less than 12 cents.

- While impressive gains have been made in availability of malaria prevention, diagnosis, and treatment, fewer than 15% of children under five in malaria endemic countries were treated with effective antimalarials. Quality-assured ACT treatment ranges in cost from 35-75 cents for a child under five.

Multiple barriers impede caregivers from accessing quality interventions. Consider Sara, a mother of two children under five, living in a village 18 km from the nearest health facility. She may access health services and products from an elder in the village, a passing vendor, local drug shop, community health worker, or a public or private clinician.

PSI is working with Ministries of Health (MOH) and health partners to improve Sara’s access to correct assessment and effective care, irrespective of the channel she chooses. Key activities are focused on improving access to effective treatment, quality of care, and informed demand among children’s caregivers to seek prompt and effective treatment from trained providers (see iCCM Fact Sheet).

Trained CHWs with consistent supplies of quality-assured medicine significantly increase access to prompt and appropriate treatment.

- A course of antibiotics for a child under five costs approximately 16 cents, however only 30% of children with suspected pneumonia receive the appropriate antibiotic.

- Despite indications that Oral Rehydration Salts (ORS) and Oral Rehydration Therapy (ORT) may have prevented as many as one million deaths per year in the 1990s, only 39% of children with diarrhea in developing countries receive the recommended treatment of ORT and continued feeding. One sachet of the new formula low-osmolarity ORS costs less than 12 cents.

- While impressive gains have been made in availability of malaria prevention, diagnosis, and treatment, fewer than 15% of children under five in malaria endemic countries were treated with effective antimalarials. Quality-assured ACT treatment ranges in cost from 35-75 cents for a child under five.

Multiple barriers impede caregivers from accessing quality interventions. Consider Sara, a mother of two children under five, living in a village 18 km from the nearest health facility. She may access health services and products from an elder in the village, a passing vendor, local drug shop, community health worker, or a public or private clinician.

PSI is working with Ministries of Health (MOH) and health partners to improve Sara’s access to correct assessment and effective care, irrespective of the channel she chooses. Key activities are focused on improving access to effective treatment, quality of care, and informed demand among children’s caregivers to seek prompt and effective treatment from trained providers (see iCCM Fact Sheet).

Trained CHWs with consistent supplies of quality-assured medicine significantly increase access to prompt and appropriate treatment.

4 WHO/UNICEF Diarrhoea: Why children are still dying and what can be done, 2009
5 WHO, 2009 World Malaria Report

For more information contact Yves Cyaka at yc@psi.org

PSI | 1120 19TH STREET, NW | SUITE 600 | WASHINGTON, DC 20036
PSI.ORG | TWITTER: @PSIHEALTHYLIVES | BLOG: PSIHEALTHYLIVES.COM