

# Saving children through program and policy integration

A peek into PATH's coordinated approach to curbing pneumonia and diarrhea in Cambodia

The two leading causes of death among Cambodian children—pneumonia and diarrheal disease—are preventable. Still, each year these diseases are responsible for nearly 40 percent of all deaths that occur among children under five years old. Recently, focused attention by the Cambodia Ministry of Health (MOH) has helped reduce childhood mortality, yet children in poor, rural communities remain especially vulnerable.

To address this disparity, PATH, in collaboration with the Cambodia MOH, the World Health Organization (WHO), United Nations Children's Fund (UNICEF), and other nongovernmental organizations, implemented the first phase of the Enhanced Diarrheal Disease (EDD) Initiative from June 2011 to August 2012. The program, piloted in one rural Cambodian district, employed a two-pronged approach to build the political support required to strengthen policies related to diarrheal disease and pneumonia, and then to implement a new integrated package of services within rural communities.

The program demonstrated the importance of updated and appropriate national health policies, integrated diarrhea and pneumonia programming, as well as implementing new policies within local communities. Today, the EDD Initiative serves as a model for the translation of national health policies into action plans that can effectively address the two leading killers of children under five years old.

## IDENTIFYING ESSENTIAL PROGRAM COMPONENTS

The success of the EDD Initiative in Cambodia stems from a holistic approach that addresses key policy gaps and expands the availability of and access to important prevention and treatment interventions within communities, thereby diminishing the impact of childhood diarrhea and pneumonia.

The first component of the EDD Initiative focused on improving policies that impact these two diseases. PATH undertook a detailed gap analysis of the existing policy landscape and then, in conjunction with the MOH and other partners, worked to develop an action plan to address the gaps and update the policies.



PATH/Heng Chivvan

To build an enabling environment for new policies, program leaders engaged with, influenced, and strengthened relationships and processes at all levels of government. At the national level, a partnership among the MOH, global technical agencies—including the WHO and UNICEF—and partner organizations served as a platform from which policies related to diarrhea and pneumonia were reviewed and updated to reflect recent advances in treatment and prevention options as well as global best practices.

Within the project districts, engagement with health facility managers, professional health care workers, and village health volunteers ensured that the revised policies and guidelines were appropriate and feasible at the community level—a critical step to making a comprehensive impact.

The second component of the EDD Initiative focused on implementation. PATH, the MOH, and local partners undertook a range of activities that focused on training and supervising providers, as well as building an integrated community case management strategy that strengthened the connections between the village health volunteers and public health facilities, including referral hospitals and health centers.

## EVALUATING RESULTS AND IMPACT

The EDD Initiative's approach resulted in coordinated policies, improved access to care at the community level,

and the implementation of revised, integrated trainings for village health volunteers.

PATH, alongside key partners, successfully advocated for oral rehydration solution (ORS) and zinc to be reclassified from prescription medicines to over-the-counter diarrhea treatments. To increase the health impact of this new policy, PATH convened the MOH and other partners to update health worker trainings. Local health workers were tapped to translate the updated policy and trainings into high-quality care. During that time, two-way communication between national- and community-level bodies informed policy and clinical guideline refinements through practical application.

During the pilot project, 114 village health volunteers from 81 villages were trained on prevention, treatment, and referral mechanisms for diarrhea and pneumonia. Village health volunteers hosted more than 450 educational classes, reaching more than 11,400 pregnant women and caregivers of children under five years old. The classes focus on prevention empowered caregivers by providing them with practical tools and information to keep their children healthy.

#### SHARING LESSONS LEARNED

The EDD Initiative demonstrated that an integrated program implemented at the community level can successfully improve access to quality health care for rural and poor families. It also underscored several important lessons that will improve the second phase of the program.

**National policy must be translated into action at the community level to be effective.** Once the new national policy passed to make ORS and zinc available over the counter, PATH and the MOH updated health worker guidelines, developed a distribution strategy, and ensured procurement and distribution systems sufficiently supplied frontline health workers and volunteers.

**Coordinated strategic relationships among ministries, technical agencies, nongovernmental organizations, and local groups provide support at all levels.** Strong relationships at the national level, paired with partnerships within communities allow for a mutually beneficial and supportive approach to improve health in which each organization is invested as part of the overall program.

**Comprehensive program integration—including prevention and treatment—improves effectiveness and broadens reach.** The EDD Initiative first focused on integrated diarrhea and pneumonia treatment. Later, new collaborations emerged to strengthen prevention efforts by addressing root causes of the diseases, including safe water, improved sanitation, and hygiene (WASH).

**Capacity building is an ongoing process; frontline health workers and volunteers need monitoring, supervision, and opportunities for continued learning.** There must be systems for supportive supervision, monitoring and evaluation at the community level to reinforce messages and empower village health volunteers to improve their skills. Professional medical staff should also receive training to strengthen their relationships with village health volunteers to improve the referral systems between facilities and volunteers in the community.

**Health systems strengthening must be holistic, working to overcome financial, governmental, operational, and capacity constraints to improve access to and use of essential health services.** Community health workers and volunteers have a vital role to play in this system because they provide first-line care in the community, lessening the burden on doctors and nurses. As village health volunteers take on primary health care responsibilities, the entire health system must also progress to support their development.

**Changing provider behavior is integral to improving access to ORS and zinc.** Despite global recommendations on the use of ORS and zinc for diarrheal disease treatment, some practitioners incorrectly prescribe other treatments, while others hold misconceptions about their efficacy and are reluctant to recommend them. Village health volunteers can help encourage the correct use of ORS and zinc.

#### BUILDING ON SMALL SUCCESSES FOR GREATER IMPACT

The tools needed to save children's lives by preventing and treating diarrhea and pneumonia are within reach. To ensure that all children benefit from these advancements, comprehensive, integrated approaches to tackling pneumonia and diarrhea should be implemented in the most affected countries so that these preventable diseases do not impede any child from leading a healthy, productive life.



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