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Please insert MoH logos, date, key contacts

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1. EXECUTIVE SUMMARY

Please provide an executive summary (max. 1 page), including the following elements:

- “Case for change” – rationale for action in <country>, including *very short* description of key cross-disease issues
- Description of key interventions proposed
- High-level timeline & key milestones
- Total budget
- Who was involved in development of the strategy

2.2 Assessment of key barriers to access

Max. 3 pages

To guide this chapter and to help keep it relatively condensed, please provide a high-level summary of patient barriers and public/private sector supply barriers in the table below (populated with examples). It would likely be most efficient to draft a high-level outline of sections 2.2.1 and 2.2.2, in order to capture the main points that should be included in this table. This then also helps to prioritize and shorten the barriers mentioned in 2.2.1 and 2.2.2.

	Patient	Public sector supply/provision (incl. community-level)	Private sector supply/provision
Cross-disease	<ul style="list-style-type: none"> ▪ Low treatment-seeking behavior ▪ <...> 	<ul style="list-style-type: none"> ▪ Distribution chain challenges to CHWs/PHCs ▪ <...> 	<ul style="list-style-type: none"> ▪ High barriers for informal drugshops to get license ▪ <...>
Diarrhea	<ul style="list-style-type: none"> ▪ Low awareness of Zinc among caregivers & providers ▪ <...> 	<ul style="list-style-type: none"> ▪ Zinc not included in CHW-treatment kit ▪ <...> 	<ul style="list-style-type: none"> ▪ Low margins on Zinc & ORS compared to alternative treatments ▪ Formal/informal retailers not aware of Zinc & ORS ▪ <...>
Malaria	<ul style="list-style-type: none"> ▪ <...> 	<ul style="list-style-type: none"> ▪ <...> 	<ul style="list-style-type: none"> ▪ Limited number of manufacturers ▪ <...>
Pneumonia	<ul style="list-style-type: none"> ▪ Pneumonia symptoms not perceived as dangerous 	<ul style="list-style-type: none"> ▪ <...> 	<ul style="list-style-type: none"> ▪ Antibiotics not OTC, so difficult to access

2.2.1 Patient barriers

2.2.1.1 Cross-disease patient barriers

Please provide an overview of patient/care-seeking barriers, when relevant including:

- Caretaker inability to identify symptoms as potentially life-threatening
- Low rate of caretakers seeking care (treatment-seeking behaviour)
- [...]

2.2.1.2 Disease-specific patient barriers

Please provide –if applicable- specific patient-related/care-seeking barriers per disease area. E.g., for diarrhea: strong preference for antibiotics; for pneumonia: cough not perceived as serious threat; willingness to pay per disease area.

2.2.2 Supplier/provider barriers

2.2.2.1 Cross-disease supply barriers

Please provide an overview of the key supplier/provider barriers to treatment of diarrhea, malaria and pneumonia overall. The paragraph should distinguish public and private sector supply issues. Topics that could be addressed here could include:

Public sector supply/delivery:

- Efficacy of public sector supply chain:
 - Forecasting of demand & procurement at all levels in supply chain
 - Physical distribution network | reach
 - Financing mechanisms at all levels of health facilities
- Prescription behaviour in primary, secondary and tertiary healthcare facilities (following national treatment guidelines; CHW training; etc.)
- [...]

Private sector supply

- Regulation affecting public sector supply (manufacturing; importing; reselling; distribution; retail; pricing; taxation)
- Private provider knowledge on appropriate diagnosis and treatment
- [...]

2.2.2.2 Disease-specific supply barriers

Please provide an assessment of key disease-specific barriers for suppliers/providers in both public and private sector.

Diarrhea

- OTC status of Zinc/ORS
- Lack of local manufacturing capacity
- Specificities around margins & incentives along supply chain (vs. AB)
- Retail pricing
- Sales of antibiotics formally restricted yet not enforced
- [...]

Malaria

- Diagnosis
- Availability of ACTs
- [...]

Pneumonia

- Diagnosis in public / private sector
- Prescription-only status of Antibiotics
- [...]

Following the table in Section 2.3, it would be recommended to provide a short rationale / justification or the highlighted priority areas, setting the stage for the next section 3.

3. PROPOSED PROGRAM OF TARGETED INTERVENTIONS

3.1 Vision & objectives

Max. 0.5 page

Based on the gap analysis and its synthesis in section 2.3, this paragraph should provide a clear articulation of the vision and main objectives for this program overall, and for each disease area specifically. It should provide an integrated strategic perspective on how this portfolio of interventions is going to significantly scale-up access to effective treatment in three disease areas. This could potentially be compared to a description of the ‘DNA’ of this program that ties all together.

In addition, it would be good to touch on how the program connects with / complements / builds upon existing programs. Also, a short overview of the potential # of lives saved through this program and an indicative timeline should be included.

3.2 Program overview / programmatic framework

Structured chart (core framework) laying out **4-7 targeted interventions** that address the priorities outlined in Section 2.3, either cross-disease and/or disease specific. The framework should include a short description of the rationale for each intervention,

This framework should be high-level, and focus on instead of a long-list of initiatives.

Elements to address may include/ relate to, but are not limited to:

- Raising public awareness; IEC
- Training & support for providers in public & private sector
- Private sector incentives / interventions (manufacturing, wholesalers, retailers)
- Adjustments in regulatory framework

The full portfolio of interventions should be a mix between cross-disease interventions and disease-specific interventions; yet with the ambition to provide as integrated an approach as feasible.

	Demand		Supply – public sector (incl. community-level)		Supply – private sector	
	Intervention	Rationale	Intervention	Rationale	Intervention	Rationale
Cross-disease	[...]	[...]				
Diarrhea	Time-limited sampling of ORS & Zinc	First-time usage is barrier, re-use rates are high (83%)				
Malaria						
Pneumonia						

3.3 Key deliverables & outcome targets

Chart providing a more detailed breakdown and focus on key deliverables, concrete milestones, outcome targets and desired impact.

Key interventions	Main deliverables	Milestones	Outcome targets	Desired impact
1. Time-limited sampling of ORS & Zinc	- Distribution of xx sample packs of Zinc & ORS in xx districts during roll out of: EPI campaigns, handwashing day and xx	- Year 1: xx samples distributed in region a-c - Year 2: xx samples distributed in regions d-f	- xx% of caregivers have received a sample of ORS & Zinc + usage instructions	- 50% Increased awareness of Zinc & ORS - 70% Improved perception of effectiveness of Zinc & ORS - 50% increased usage rates of Zinc & ORS per region targeted
2. [...]				
3. [...]				
4. [...]				
5. [...]				
6. [...]				
7. [...]				

Please provide a wrap-up of this section by assessing the cumulative impact of these interventions, and how these address national goals.

3.4 Detailed description of targeted interventions

Max. 1 page per intervention

Per intervention; more detailed outline of rationale of intervention, subset of activities to be implemented, sub-target-outcomes, high-level description of timeline, roles & responsibilities.

Please limit to **4-7 core interventions** with a limited list of sub-activities, in order to keep the proposal as crisp and targeted as possible. Emphasize where interventions build on existing initiatives. Cross-disease interventions first, disease specific interventions second.

Per intervention, please discuss:

Intervention 1: [...]

- Objective
- Key sub-activities to be implemented
- Target outcomes per sub-activity (including proposed key indicators for M&E).
- High-level description of timeline & achievement of results after 1-2-5 years.
- Main actors: roles & responsibilities
- Sustainability: how do the activities have a sustainable impact beyond an initial round of funding?
- Value for money: why is this intervention the most cost-effective to achieve its objective and overall program objectives?

4. WORKPLAN & BUDGET

4.1 High-level workplan

Please provide a high-level work plan per activity and for overall coordination activities/milestones. A more detailed version should be included in the Annex.

Key interventions	Description	Lead responsible	Year 1				Year 2			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Intervention 1	-	-								
Activity 1.1			x	x	x					
Activity 1.2					x	x	x	x	x	
Activity 1.3							x	x	x	x
Activity 1.4							x	x	x	x
Intervention 2	-	-								
Activity 2.1			x	x	x					
Activity 2.2					x	x	x	x	x	
Activity 2.3							x	x	x	x
Activity 2.4							x	x	x	x

4.2 High-level budget

Please provide a high-level budget per activity and for overall coordination activities (aligned with the format proposed in the workplan section), indicating amounts required for both year 1 and 2 (other years?). A more detailed version should be included in the Annex, which should be based on activities and unit cost per activity line. Through a categorization of type of cost (HR/salaries, commodities, education materials, transport, communication costs, meeting costs), several other cuts should be presentable.

A detailed budget can be included in the Annex. While the template provided is rather detailed, a more general/high-level budget can be presented. However, it is important to justify the main cost elements that large lump sums are composed of and to discuss the main costing assumptions used.

5. IMPLEMENTATION ARRANGEMENTS

5.1 Monitoring & evaluation

This section should provide a high-level overview of the key aspects of the MoH M&E Frameworks that are relevant here for Diarrhea, Malaria and Pneumonia.

Per intervention proposed – and referring to section 3.3 – an overview of the key outcome indicators (or output indicators, if outcome indicators are not feasible) should be proposed, including a proposal on how these will be measured in practice. Regarding the impact indicators, it would be helpful to indicate where these fit into the existing national M&E frameworks.

5.2 Risk assessment

It would be good to include a section that addresses the key implementation risks of this program, how these risks will be monitored throughout the implementation process, and an overview of mitigation measures proposed. An example of the risks that can be discussed here could be:

- Cross-disease risks
 - Increase in poor quality / counterfeit drugs
 - Low uptake of interventions in remote areas, poor communities, vulnerable populations.
 - Slow implementation of interventions
- Diarrhea
 - Lack of demand for Zinc & ORS
 - Lack of supply of Zinc & ORS
 - High price levels of Zinc & ORS
 - Prescription of Zinc & ORS in addition to antibiotics instead of replacing antibiotics.
- Malaria:
 - High price levels of ACTs (incl. AMFm ACTs)
 - Lack of uptake of ACTs versus other antimalarials; particularly among low-income communities.
 - Poor diagnosis and inappropriate supply of ACTs by providers
- Pneumonia:
 - Poor diagnosis and inappropriate supply of antibiotics by providers
 - Inappropriate use of antibiotics by patients

6. REFERENCES

7. ANNEXES

- 7.0. Detailed workplan
- 7.1. Detailed budget
- 7.2. M&E Framework
- 7.3. Risk assessment