

## COVERAGE IN PUBLIC HEALTH PLANNING

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### **Abstract**

The importance of high coverage of public health interventions is well recognised. The product of coverage and effectiveness defines the impact of an intervention, an essential indicator of programme success. Humanitarian organizations are used to measure the effectiveness of public health and medical activities through cure rates, mortalities rates etc but have often relied in blunt estimates to understand the coverage, or the outreach of those intervention. It is no easy task due to a lack of understanding and good data from the context of humanitarian projects.

I will present the need for evaluating access to health services through the example of Acute malnutrition. Prior to the current model, which treats severely malnourished children in the community, services were provided in Therapeutic Feeding Centres (TFCs). These in-patient units, set up specifically to treat severely malnourished children, were often centrally based in towns requiring most families to travel long distances to reach them as well as demanding long stays for both child and carer. Although they cured a high proportion of children that attended, implementers found that the costs to families associated with receiving treatment were too high, both in terms of financial and opportunity costs, so few were attending. The cost of transport to the centre, multiple days spent away from work and other duties and having to leave siblings at home were all barriers to access to care, leading to low coverage. TFC coverage was also limited by bed availability. A belief that coverage could be improved through adaptations to services, led to the creation of the Community-based Management of Acute Malnutrition (CMAM) model used today. Community-based treatment of severe acute malnutrition (SAM) allows the majority of malnourished children to be treated at an outpatient clinic on a weekly or fortnightly basis with only the most severe cases being admitted to inpatient centres for short periods. However, since the scale up of the community-based approach, coverage data has been limited with only a few programme implementers measuring coverage. This is largely due to a poor understanding of the role of coverage in delivering programme impact but also because rapid and low cost tools to assess coverage have only recently become available.

I will also show research studies on what are the key barriers to access acute malnutrition treatment models. We will do a small exercise to understand the importance of integrating access in humanitarian projects planning beyond other usual indicators. This will point us to the need to create better tools so that our project coordinators can take into account access and coverage when designing response to humanitarian emergencies.

### **Speaker biography**

*Jose Luis Álvarez Morán* is an experienced humanitarian professional working as Epidemiology and Public Health Coordinator for MSF OCA with a medical background and a PhD in epidemiology from the University Rey Juan Carlos in Madrid. In the last few years his career emphasis has been on planning health assessments, developing research strategies and designing and monitoring coverage and barriers to access. He works closely with Geographic Information System experts to improve coverage and access of health programs.