

Enhanced community case management to increase access to pneumonia treatment

Background /Rationale

Pneumonia is the number one killer children under 5 years of age. Around 90% of pneumonia deaths in children occur in sub-Saharan Africa and South Asia. Efforts are being made to increase access to good quality care at health facilities in many LMICs, but progress is slow. As a complementary strategy, where access to health facilities is low and referral advice is not usually accepted by families, WHO/UNICEF recommend management of pneumonia, diarrhoea and malaria by community-level health workers (CLHWs) through integrated community case management (iCCM) at the community level. This research is studying how to enhance and increase access to treatment of pneumonia through CLHWs.

Study Questions & Design

In young infants 7-59 days with fast breathing pneumonia and in children 2-59 months of age with lower chest indrawing (LCI) pneumonia, what is the effect of enhanced community case management of pneumonia compared to standard case management of pneumonia on treatment outcome?

Programmatic Implications

A cluster randomised control trial in four countries is being conducted to enrol 2000 young infants (1000 each in control and intervention areas) with fast breathing pneumonia and 2800 children (1400 each in control and intervention areas) with lower chest indrawing pneumonia. Data collection phase of this project has been completed at all study sites.

Current WHO guidelines recommend CLHWs treat fast breathing pneumonia with oral amoxicillin in 2-59 month old children and refer those with lower chest indrawing pneumonia or danger signs to a referral level facility. All young infants up to 2 months of age with a sign of pneumonia are also referred to a hospital for further evaluation and treatment, even if they have only fast breathing.

If positive evidence is gathered in this trial, current WHO pneumonia case management guidelines will be updated and community level health workers (CLHW) will be able to treat young infants 7-59 days old with fast breathing pneumonia and children 2-59 months old with lower chest indrawing pneumonia with oral amoxicillin.

Locations & Collaborators

Bangladesh	Save the Children International (Dr Md Golam Mothabbir Miah), Johns Hopkin University, USA (Dr. Abdul Baqi), Child Health Research Foundation, (Dr. A.S.M Nawshad Uddin Ahmed)
Ethiopia	University of Gondar (Dr Zemene Tigabu and Dr Gashaw Andargie)
India	Centre for Health Research and Development, Society for Applied Studies (Dr. Nita Bhandari and Dr Sunita Taneja)
Malawi	Save the Children International, Malawi (Mr Gomeszgani Jenda), College of Medicine, Blantyre (Dr Don P. Mathanga), Save the Children International, USA (Eric Starbuck)

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Web <https://www.anzctr.org.au/Trial/Registration/TrialReview.aspx?id=372853&isReview=true>