

# Independent public health evaluations could save lives

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New child survival programs must engage evaluation teams from the start to identify the major causes of child mortality in intervention areas and to ensure that appropriate resources are available to scale up coverage and treatment, according to a retrospective evaluation led by researchers at the Johns Hopkins Bloomberg School of Public Health. The study -- the first in a series of articles to focus on evidence from large-scale evaluations—will appear in the January 16 issue of the *Lancet* and is now available online. The new recommendations will help governments and donor agencies invest new funding to avert childhood deaths and reach the United Nations Millennium Development Goals.

"The best medicine is worthless if it doesn't reach the patient," says lead author Jennifer Bryce, EdD, a senior scientist with the Bloomberg School's Department of International Health. "This analysis of real-world situations offers concrete guidelines for program implementation at scale that, if heeded, can save children's lives."

Researchers retrospectively evaluated the Accelerated Child Survival and Development Program (ACSD), which was implemented by UNICEF in 11 West African countries between 2001 and 2005. The evaluation was limited to focus areas in Benin, Ghana and Mali where ACSD worked to deliver a full set of interventions. The study used data from the Demographic and Health Surveys and Multiple Indicator Cluster Surveys to compare changes in coverage for 14 ACSD interventions, nutritional status (stunting and wasting), and mortality in children younger than 5 years in the ACSD focus districts with those in

the remainder of every country (comparison areas).

"The study's insights and recommendations are applicable to a variety of national and multinational child survival interventions and can ultimately save lives if adopted by funding agencies and ministries of health," adds Cesar Victora, MD, PhD, visiting professor in the Department of International Health. The analysis showed that child survival was not accelerated in Benin and Mali focus districts because coverage for effective treatment interventions for malaria and pneumonia were not accelerated, causes of neonatal deaths and undernutrition were not addressed, and stock shortages of insecticide-treated nets restricted the potential effect of this intervention. The authors used these findings to develop four recommendations for future programs:

1. active promotion of country policies supporting community case management for pneumonia and malaria, and the incorporation of zinc into the management of diarrhea
2. incorporation of simulation models to estimate potential lives saved into program planning exercises nationally to ensure that decision makers have access to up-to-date information about local causes of child deaths and reliable evidence for intervention effectiveness
3. definition and implementation of stronger compensation, motivation, and supervision approaches for community-based workers
4. strengthening the nutrition component of country programs.

"As investment to reach Millennium Development Goals grows, implementation research becomes increasingly important. This study

commissioned by UNICEF and CIDA shows how independent evaluations can maximize funding and ultimately save lives," says co-author Robert E. Black, MD, MPH, professor and chair of the Department of International Health at the Bloomberg School.

Provided by Johns Hopkins University Bloomberg School of Public Health

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