Potential Challenges for MIP policy change and
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National Programme Perspectives (Zambia)

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- **Desire for policy change to be driven by locally generated evidence** .
  - not always the case, such that even for the 2003 ACT shift for antimalarial policy, driven more by WHO recommendations and external data
  - Later local monitoring data supported decision

- **Stakeholder coordination and building consensus**
  - Developing new guidelines, training materials and coming up with the training plan

- **Funding the process of implementing**
  - Development of the new policy including dissemination
  - Trainings/orientation
  - Technical supervisory support
  - Procurement and storage of commodities – internal processes
  - Rollout

- Development of communication strategy to influence behaviour change – Driven by local conditions, literacy levels , gender etc
  - Late presentation

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- **Complexity of policy environment**
  - Complex administrative structure from Central level – PMO/DMO/HF/Community
  - Require improved communication
  - Adequacy of staffing to drive process of technical support and implementing the new policy
  - Pharmacovigilance

- **Routine surveillance reporting**
  - reporting completeness , timeliness, inaccuracies etc

- Access to healthcare remains inadequate

Update from MIPc .....

- Clear that for now , SP remains for IPT

- Potential of DHAP for IPT in the works

- Possibility for ACTs in 1st Trimester

- Combination of ISTp and IPT....like our neighbours in TZ

- Zambia's current policy still stands , but may be revised based on future evidence and WHO recommendations ....

- Next steps .....to share meeting report with CM - TWG

Conclusion

- Policy enactment is sometimes inadequate to stimulate practice changes in health care.

- Policy as a tool for practice change must thoughtfully address the organizational, professional, and social contexts within which the policy is to be implemented.

- These contexts can either facilitate or block implementation.

- The observations on the ground are that we end up with differential implementation of policy intended to change MiP practices that reflects the differential influence of context on implementation.

THANK YOU FOR YOUR ATTENTION!