Improving Access To Diarrhoea And Pneumonia Treatment In Bangladesh

An Update

22 January 2014

icddr,b

Background

- Bangladesh is on track to achieve MDG 4 targets well before 2015
- Most causes of under-5 deaths are declining in Bangladesh including diarrhoea and pneumonia
- Diarrhoea deaths (3,500) has gone down from one-fifth in 1988-93 to only 2% of under-5 deaths in 2007-11
- Pneumonia and Other Serious Infections (64,000 deaths) account for almost two-fifths of all under-5 deaths despite the 37-60% reduction in death rates due to these causes

Source: Bangladesh Demographic and Health Survey 2011

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Background

- Despite the successes, challenges remain; Diarrhoea and pneumonia still represent the greatest opportunity to further reduce child mortality in Bangladesh
- icddr,b has been heavily involved in the success stories and led the development of ORS and zinc supplementation for treatment of diarrhoea
- It was also involved in initial national scaling in Bangladesh since 1970's w/ ORS and since 2004 w/ zinc/ORS (SUZY)
- In 2012 icddr,b facilitated the development of a costed national scale up plan for pneumonia and diarrhoea treatment in Bangladesh

Source: Bangladesh Demographic and Health Survey 2011

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Bangladesh scale up plan for pneumonia and diarrhoea treatment

- icddr,b facilitated the engagement with partners and GoB
- Built on the regional GAPPs workshop (Sep 27-30, 2011) in Dhaka that formulated a country level action plan for Bangladesh and a country case study report developed for DGAP
- Methods:
  - Situation analysis and document review (Oct – Dec 2011)
  - Stakeholder interview and Focus Group Discussion (Oct- Dec 2011)
  - National workshop (Dec 2011) – identified barriers and solutions
  - Meetings to review costed strategy (Apr 2012) and budget (May 2012)
- Strategy and scale-up plan finalised in July 2012

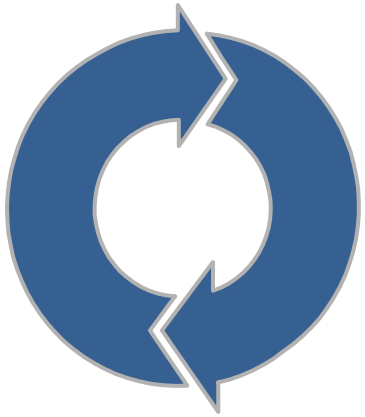
National strategy outlines key interventions for increasing treatment coverage

Strengthen the capacity of health facilities and providers to manage sick children

Implement referral solutions for different contexts

Communications for improved recognition and care-seeking

Awareness and demand interventions motivate supply



Increased supply drives demand and builds awareness

Develop and implement a procurement planning and distribution system

Improve local level planning (LLP), quality assurance (QA), supervision and monitoring

Ensure availability of zinc and dispersible amoxicillin in health facilities and CHWs

Cost of the key interventions

Interventions	Budget (millions)
1: Provider skills (training)	$5.68
2: Procurement systems	$0.16
3: Referral systems	$11.97
4: Local level planning, QA, monitoring and supervision	$12.49
5: Communications for demand creation	$8.77
6: Essential commodities	$7.4
7: Coordination and management	$3.80
Total	$50.27

Current status

- OTC status secured for zinc – many local products available – but public sector supply is spotty
  - UNICEF supported supply in 15 districts for 1 year (2012);
  - MI supported the supply in 2 districts in 2012
  - GoB has distributed zinc to the Community Clinics across the country in 2012
- Amoxicillin is now recommended as the 1st-line treatment for pneumonia (incorporated in the IMCI guidelines in 2012)
- No procurement and supply of amoxicillin DT in the public sector yet

Current status

- However, the Operational Plans (OPs) under the National Health, Population and Nutrition Sector Development Programme were reviewed in late 2013.
- Under this the budget for MNCAH OP has been revised to include the procurement of Zinc and Amoxicillin Tablet.
- Revised allocation:

Financial year:	Zinc		Amoxicillin DT		Medicines*
	RPA (BDT)	DPA (BDT)	RPA (BDT)	DPA (BDT)	DPA (BDT)
2013-2014	-	2.5 mill		17.5 mill	-
2014-2015	5.0 mill		8.8 mill		25.1 mill
2015-2016	5.0 mill		10.5 mill		25.1 mill

*A general category of medicines, could be used also for amoxicillin and zinc, if needed

RPA: Reimbursable Project Aid, DPA: Direct Project Aid **1 USD= 77 BDT**

Current status

- UNICEF, other UN agencies, BRAC undertaking demand generation activities as part of MNCH initiatives (32 districts)
- Continue scale-up of IMCI (facility, community), pre-service training
- Updating guidelines and protocols
- Expanding hospital-based ETAT and sick newborn care (training and infrastructure)
- iCCM implementation in Bangladesh for the management of pneumonia and diarrhoea:
  - Training of the GOB/NGO CHWs on CCM (diarrhoea with l-ORS with zinc, pneumonia with amoxicillin DT, malaria in endemic areas by RDT with ACT)
  - Social marketing of ORS and zinc by SMC, BRAC, others
  - NGO depot-holders for community based distribution of ORS, zinc, cotrimoxazole

Coordination mechanisms

- The National Steering Committee for IMCI at MoHFW
- National MNCH Forum at the directorate level coordinate the activities around diarrhea and pneumonia
- National Core Committee for newborn health at the ministry level and a National Working Team for IMCI including all partners working in child health
- Efforts are underway for better coordination among different programmes (e.g., EPI, IMCI, Maternal Health, etc.) through expanding the TOR of the National Core Committee for newborn health

Next steps

- National scale up plan developed: Will needs further review and revision
- Discussions on the formulation of a Child Health Policy/Strategy at a very early stage
- Dissemination of the national scale up plan by the Directorate General of Health Services (DGHS) and formal endorsement by MoHFW
- Continue to seek funding for the scale-up plan