Scaling up Essential Medicines in India

Diarrhea & Pneumonia Working Group September 4-5, New York

Agenda

Background

Key implementation progress

Key priorities

Opportunity: Creating a sustainable supply chain

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As of Q3 2014, key progress has been made to facilitate an enabling environment for change

National scale-up plan endorsed	Achieved	The RMNCH+A Strategy and Operational Guidelines for Diarrhea Control are the key strategies for guiding scale up child essential medicines
OTC status secured for zinc	Achieved	Schedule K status for zinc secured
Amoxicillin as 1 st - line treatment	In progress	Joint Secretary indicates that the official policy change is almost finalized
Favorable policy change for amoxicillin	In progress	Pending policy decision on national treatment guidelines recommendation for pneumonia
Coordination mechanism established	In progress	The Diarrhea Taskforce is primary mechanism for sharing information; additional coordination through DAZT Steering Committee and Gates TSU. Need to further strengthen these mechanisms

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In the past quarter, several activities have provided a boost to national treatment scale-up efforts

- GAPPD consultation meetings in advance of launch in September (June)
- Rotavirus vaccine approved by the National Technical Advisory Group Immunization (NTAGI) (June)
- Indian Academy of Pediatrics ORS day (29th July)
- Intensified Diarrhea Control Fortnight (28th July- 8th Aug)
- King George Medical University/BMGF BCC consultative meetings (July, August)
- President Clinton's visit to Lucknow—Jabrauli (17th July)

Several partners are currently working to support zinc/ORS scale-up

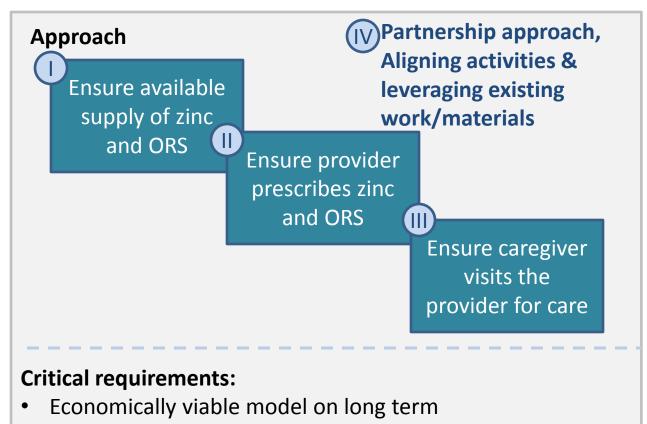
	Funded by	Geographic Focus	Timeline & scope
CHAI	IKEA Foundation BMGF IZA	Uttar Pradesh Gujarat Madhya Pradesh	Private, public sectors & community activation (through mid 2016)
DAZT (FHI360, MI, UNICEF)	BMGF	Uttar Pradesh Gujarat	Private and public sectors (through Oct 2014)
UNICEF	Teck	Uttar Pradesh Madhya Pradesh Odisha	Public sector (demand generation, trainings, supply availability; through 2017)
Micronutrient Initiative	Zinc Alliance for Child Health	Gujarat	Public sector (through March 2016)

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CHAI's is working to improve coverage of zinc and ORS treatment in 3 states—UP, Gujarat, and MP by shaping these local markets

Objective

To increase the uptake of ORS and zinc for diarrhea treatment to 35-50%



Demand creation built on existing platforms to reach scale

Project Funding

- IKEA Foundation: \$14 million (MP, UP)
- Gates Foundation: \$9.7 million (UP, Gujarat)
- International Zinc Association: \$125,000 (UP)

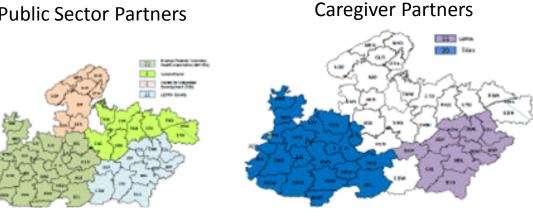
















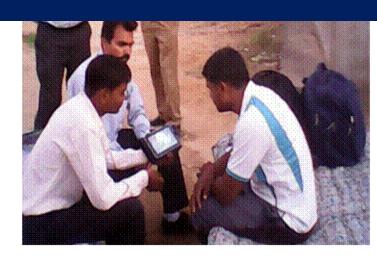
Operations and Program Infrastructure

- >30 partners (deploying 950 field staff) in private sector, public sector, and caregiver activities
- MIS system developed to track implementation progress

Private Sector Activities

Private sector activities





- ~120,000 RHCPs regularly visited; 52% are regular buyers of zinc/ORS
- Use of digital technology for effective detailing calls
- CMEs being used as a strong tool to convert nonusers to users





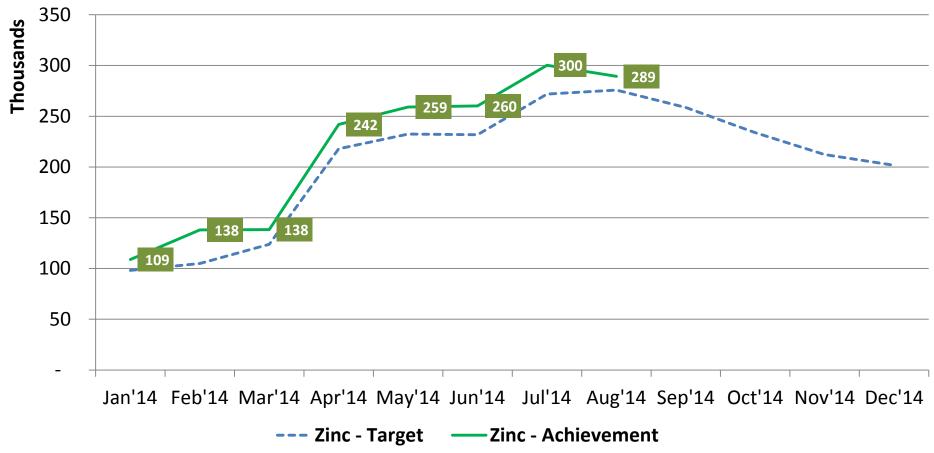
Aggressive scale up plan

Zinc/ORS Sales Across CHAI Focal States (UP, MP, Gujarat)

	2013	2014
Zn(Units)	2,810,462	24,920,000
ORS(Units)	4,080,088	49,490,000

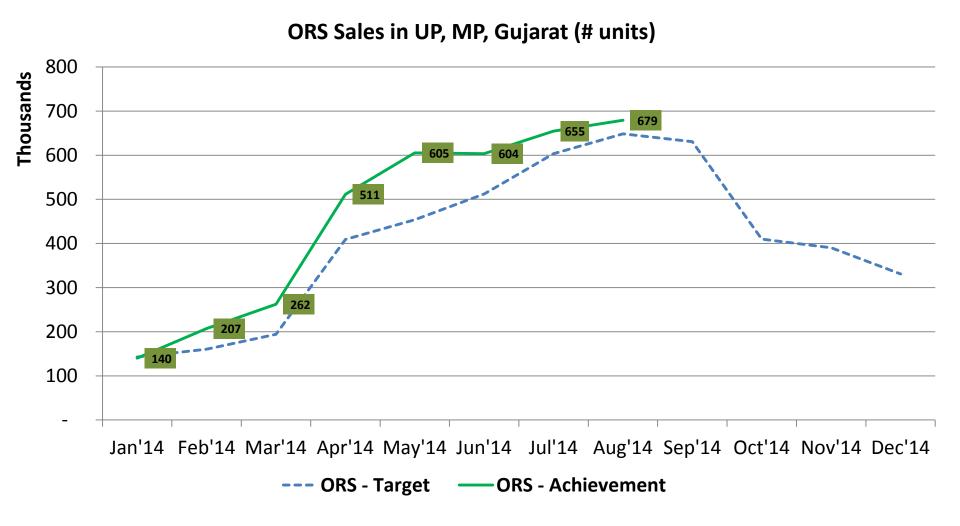
Zinc Sales - 2014 to date (UP, MP, Gujarat)





Achieved 3.7 million zinc units against budget of 3.12 million YTD in August

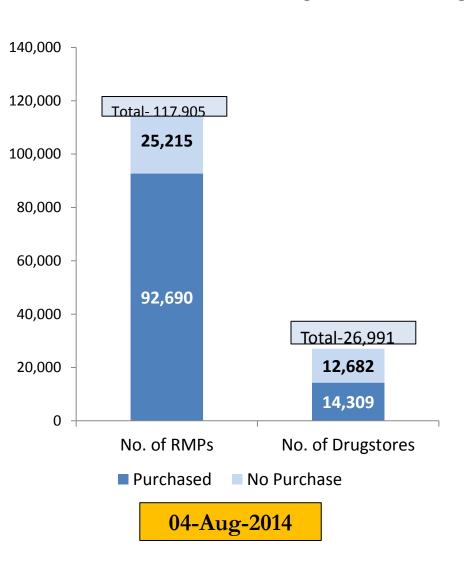
ORS sales - 2014 to date (UP, MP, Gujarat)

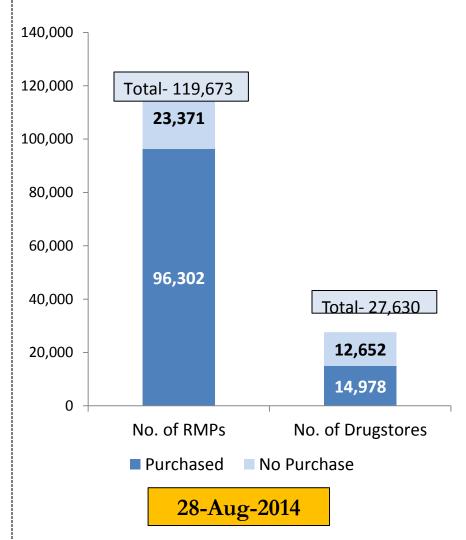


Achieved 1.7 million ORS units against budget of 1.55 million YTD in August

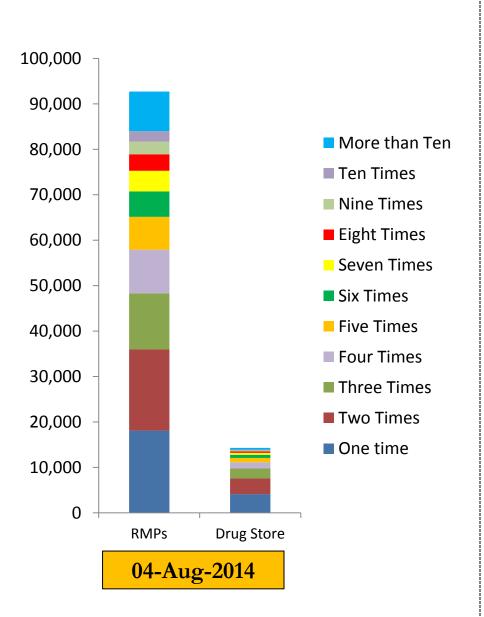
Progress in conversion through August – UP, MP, Gujarat

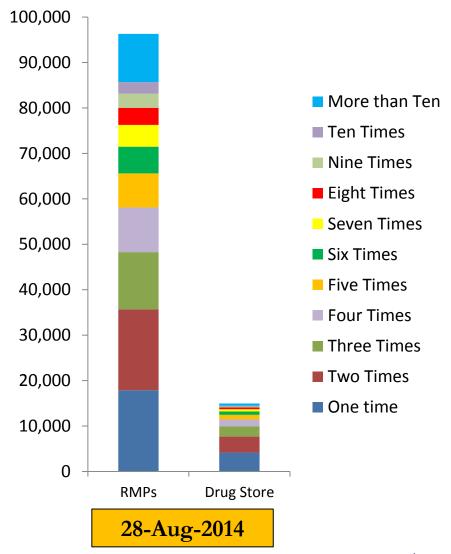
RMPs and Drugstores Purchasing Zinc/ORS (Beginning and End-August)





Repeat purchasing trends – UP, MP, Gujarat





Public sector activities

Public sector activities







KALAPATHAK - IDCF

- ~100,000 ASHAs trained
- ASHAs supported with counselling tool for further dissemination of messages
- Enabling ASHAs to have regular stocks of zinc/ORS through supportive supervision
- Regular capacity building of ASHAS through follow up calls



ASHA administering ORS

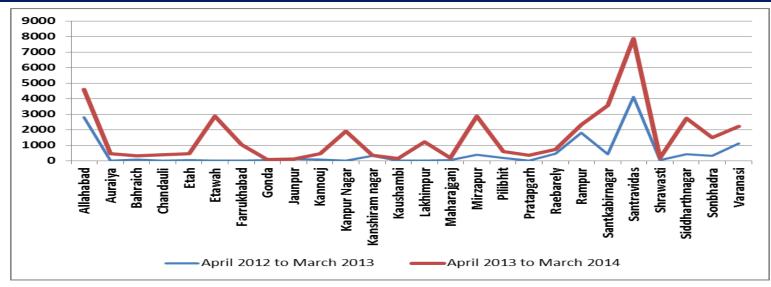


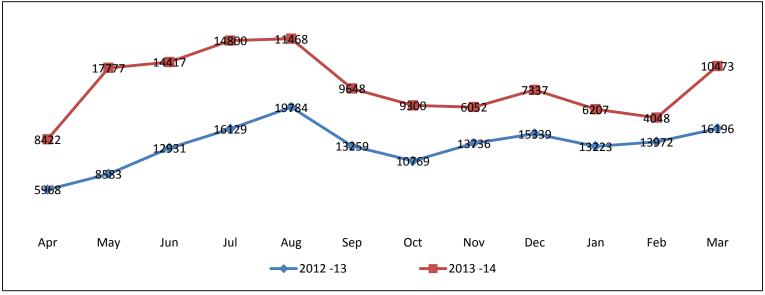
ASHA Training Call

Reporting of diarrheal cases through HMIS

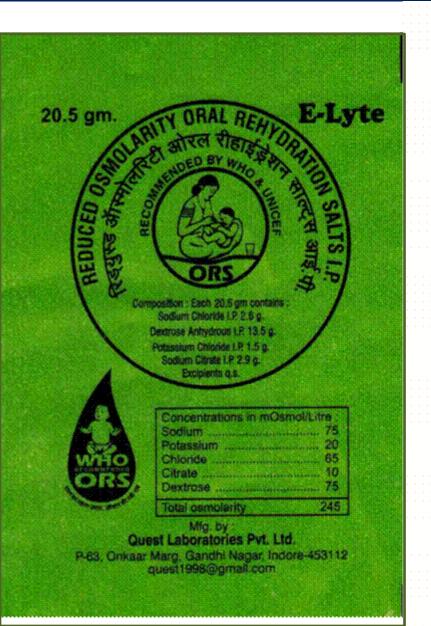


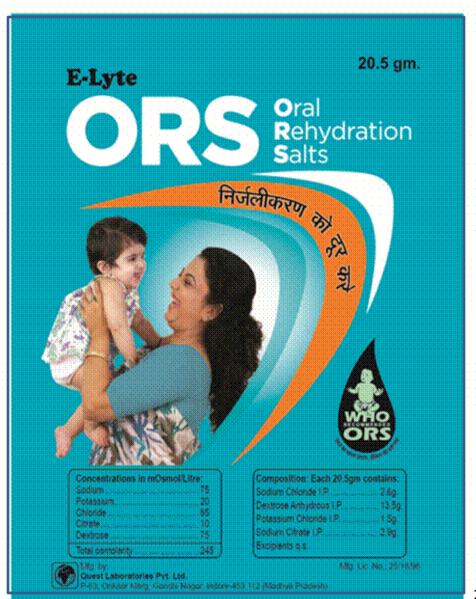
Monthwise





Public sector activities- Pack changes





Caregiver activities

Caregiver activities- Integrated with IDCF

Village Rally by School Kids



Mothers group meeting- Oath taking



Interactive Mothers group meeting



SHG meetings / Demonstration



President Clinton's visit to Jabrouli village in Lucknow (July)







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Key priorities

- How to increase productivity from current set of providers?
- Reliable and regular public sector stock procurement and disbursement data
- ASHA incentive is it the best way to activate the community?
- Best way to do community and caregiver activation
- Product basket

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Key opportunities – creating a sustainable supply chain

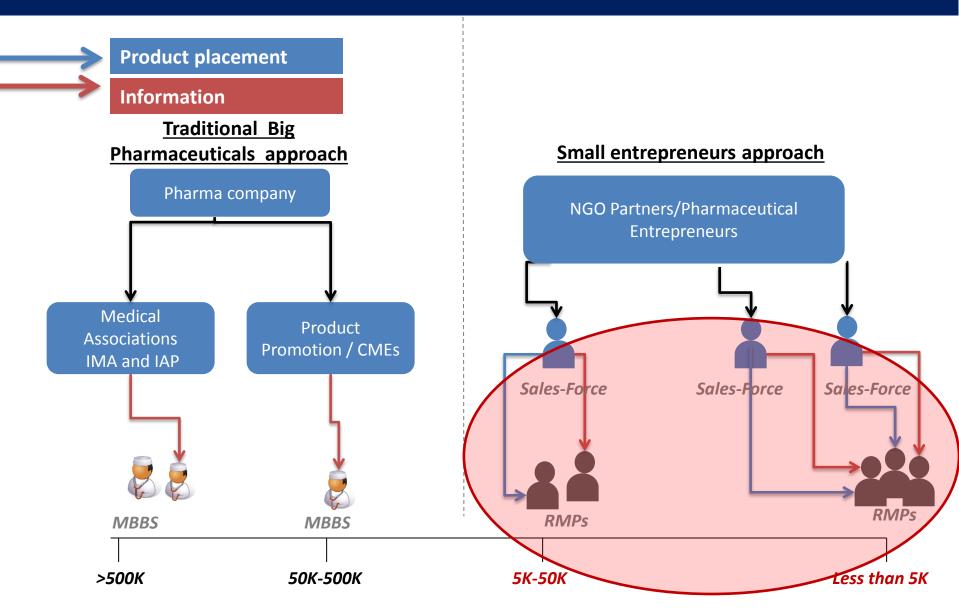
Opportunity

A sustainable rural last mile supply chain is being created through this project which can be leveraged for use by different projects working in different disease areas.

Background

- Partners are small entrepreneurs
- ORS & Zinc are not enough to sustain business.
- Supply chain gap in rural market
- Multiple product categories are consumed in rural market
- Private providers are preferred in rural India

In recent years, new models have developed to reach rural markets with promotion and distribution directly - accelerating product uptake



Thank you

