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# **PNEUMONIA:**

## **A Country Progress Report for Nigeria**



**Moving Pneumonia from neglect to the front burner**



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# The Pneumonia Picture

**Pneumonia in Nigeria has negatively impacted on attainment of MDG 4**

- **~146,000** u5 deaths annually (**~17%** of total deaths) (FMOH)
- **2<sup>nd</sup>** Highest burden globally
- **~ 75%** of cases occur in northern Nigeria (CHAI 2013)
- **~ 77%** of all children go untreated or incorrectly treated with antibiotics (NDHS 2008)

- **Vaccination: >80 % coverage with PCV tips towards herd immunity**
- **WHO : optimal treatment is Amox DT**

## **URGENT:**

- **National PCV rollout**
- **Amox DT procurement / production**
- **Management of bottlenecks**

# The Need-Benefit Pathway

## THE NEED



- ☐ Amoxicillin Dispersible Tablets (DT) 250mg
- ☐ Pneumococcal Conjugate Vaccine (PCV)

## THE BENEFITS

- ☐ Effective Child-friendly Dosing
- ☐ Vaccine Protection
- ☐ Child Mortality Reduction

# Key Issues

## ❑ Enabling Environment:

- **Policy** - Update National Standard Treatment Guideline (NSTG) & Essential Med. List (EML)
- **Regulatory** - Prescription only for Patent Proprietary Medicine Vendor (PPMV) action in Pneumonia

## ❑ Supply:

- **Amoxicillin DT** - Dearth of Amox DT
- **Vaccine** - Dearth of Pneumococcal vaccine
- **Human Resources** - large HRH gap

# Key Issues 2

## ☐ Demand:

- **Care/Treatment Seeking** - Poor
- **Demand–Supply mismatch**- Currently “hyper-demand” risk and community trust issues
- **Vaccination**- vaccination coverage issue

## ☐ Innovation:

- **Diagnostics**- Poor Pneumonia diagnostic tools
- **Private Sector** - Poorly activated private sector

## ☐ Resource Mobilisation & Coordination:

- **Funding gap** - Pneumonia/iCCM
- **IMNCH Core Technical Committee** - Inconsistent

# The CHW Context

In Nigeria , the context of CHW is important in the overall scheme of things.

- ☐ What Categories Exist?
- ☐ What Regulatory Bottlenecks?
- ☐ What is being done?
- ☐ What lessons can we learn from others?

\*Regulatory bottlenecks with the use of Amox DT and malaria RDTs at the community level and by PPMVs , especially with iCCM rollout

\* Unclear incentive structure for community volunteer workers ~ 10,000+ in Bauchi and Sokoto ~ size of ½ of England ~ 10million

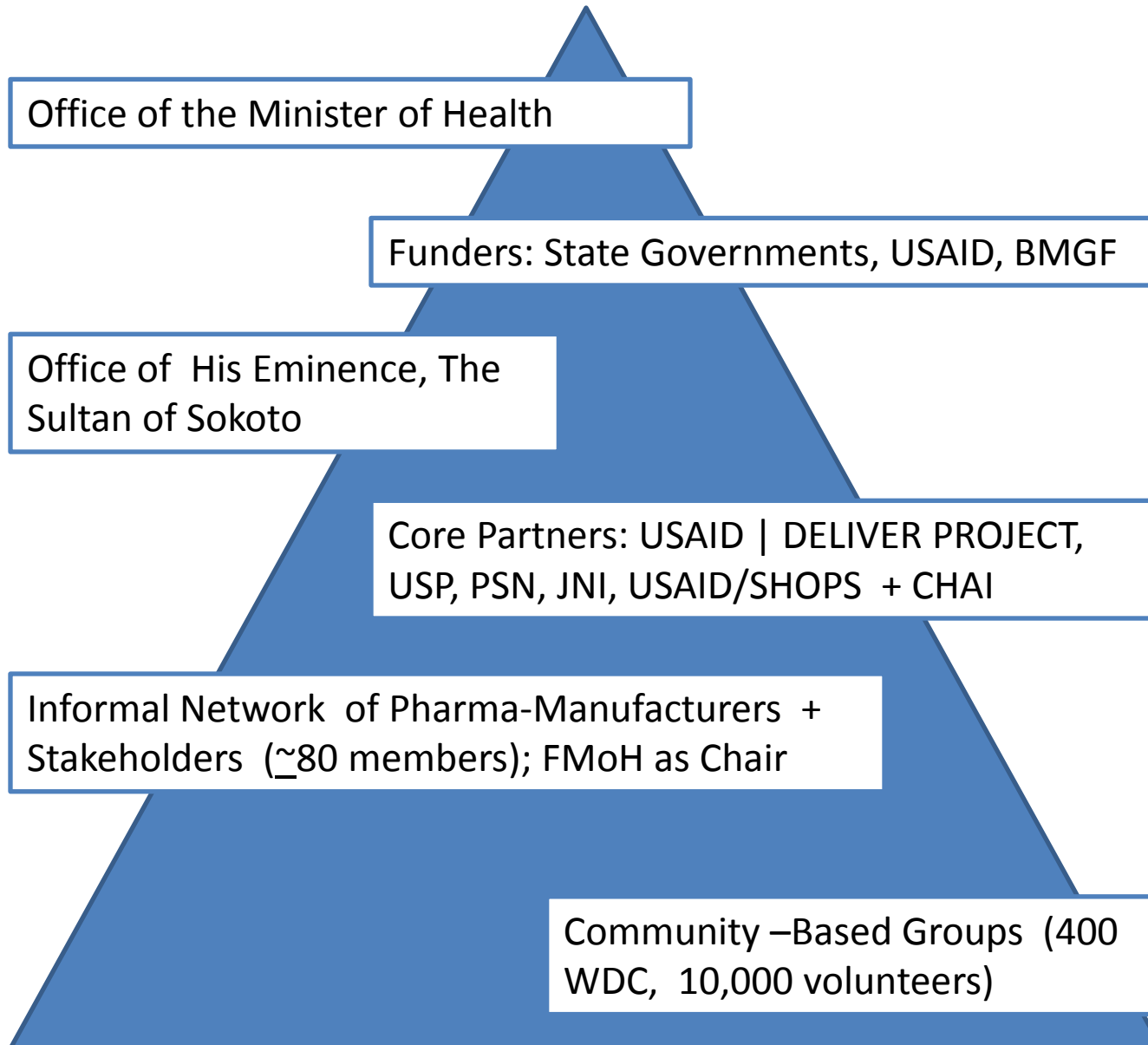
# Key Programme Approaches

- ❑ Public Private People Partnership for Action
- ❑ Programme Integration
- ❑ Iterative Programme Analysis
- ❑ Innovation for Pneumonia

These four facets of the programme approach to pneumonia ecosystem in Nigeria has gained quick traction to enable good momentum to be attained in just 6 months



# Public Private People Partnership for Action



- ☐ 6- level pyramid
- ☐ Iterative learning
- ☐ Defined by systemic needs
- ☐ Used successfully for CHX
- ☐ Used to gain momentum for Amox DT market shaping

# Programme Integration

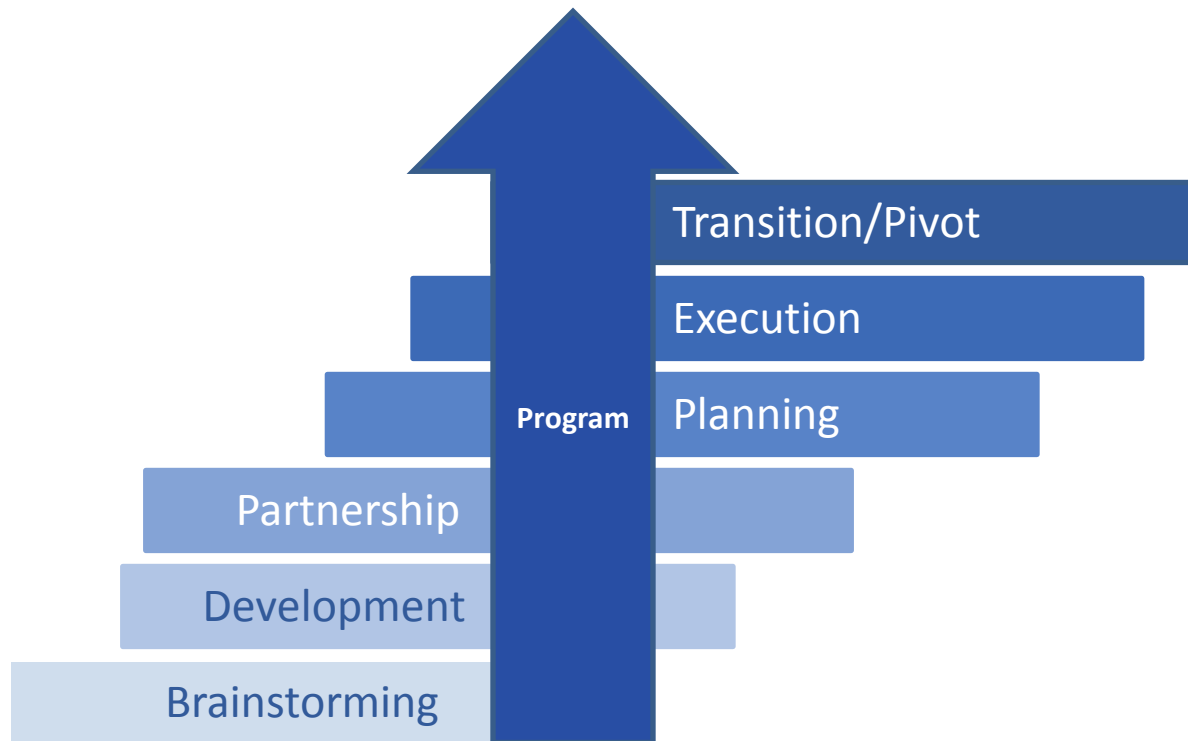
*Nigeria is committed to programme integration at all levels for effective resource utilisation*

- ❑ **CCM** integration is a key priority within the overarching framework of the community component of the Integrated Management of Childhood Illness (IMCI)
- ❑ Integration includes various tools and elements such as:
  - Concepts (e.g. Paed-HIV-OVC Nutrition)
  - Processes (e.g. M&E, KM)
  - Strategies (e.g. MNCH, MNH)
  - Structure (e.g. Supervision)

\*Care is being taken in Nigeria to ensure the alignment of integration of the community case management clusters of pneumonia, diarrhoea , and malaria with all existing relevant health policies and guidelines before rollout of iCCM (FMOH )

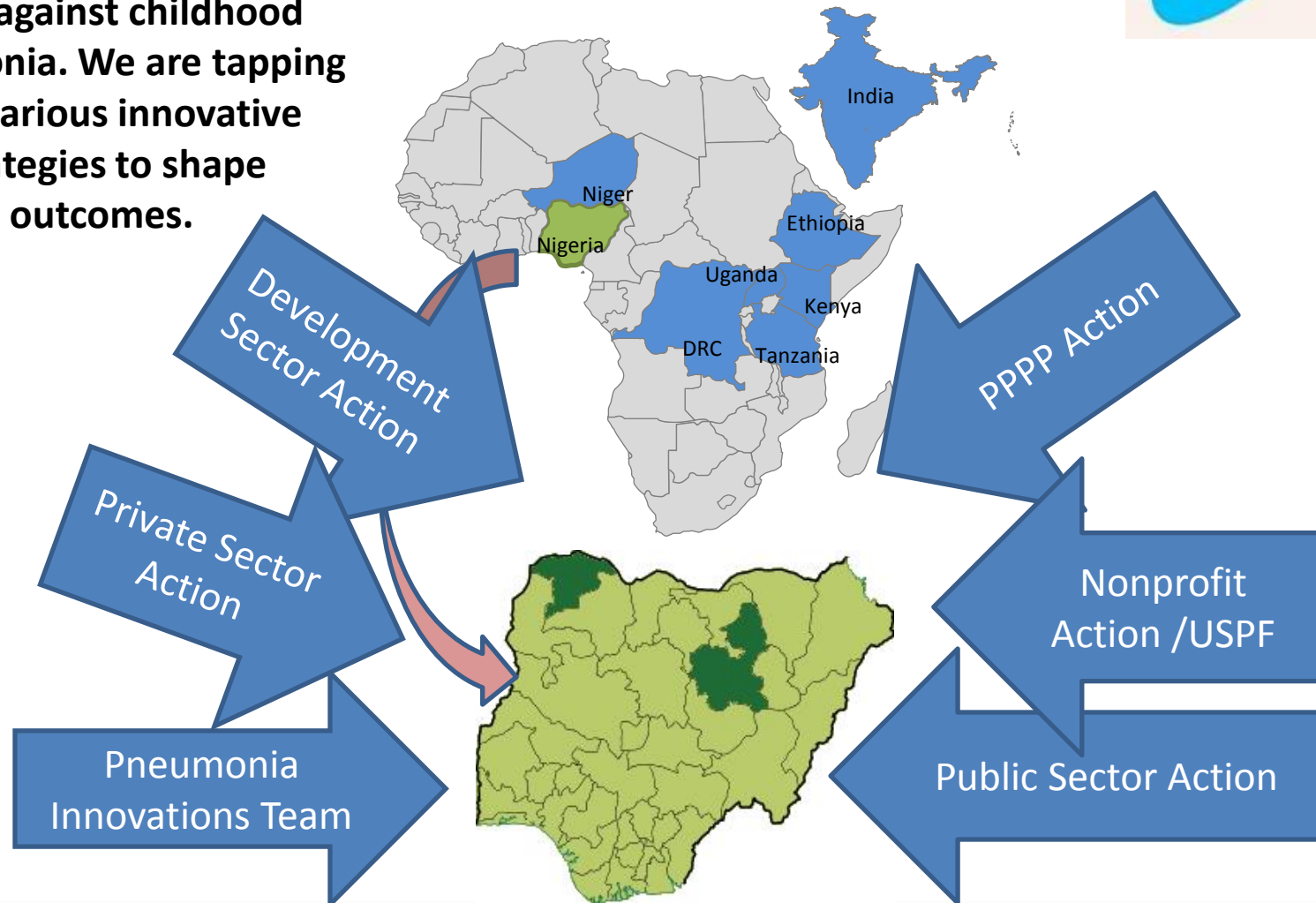
# Iterative Programme Analysis

- ❑ Pneumonia programme ecosystem SWOT analysis that combined country and project levels was done; this provided key areas of focus for subsequent brainstorming & programme development
- ❑ Analysis was done along the other 5 critical phases of programming to ensure alignment with goals of DPWG, country, & USAID Project



# Innovation for Pneumonia

Nigeria is at the heart of the push against childhood pneumonia. We are tapping into various innovative strategies to shape outcomes.



USIAD /TSHIP works in two major states of Nigeria, roughly half of the land size of England and a population close to 10 million is able to test novel interventions at scale

# Key Updates

## ❑ Enabling Environment (Policy)

- Ministerial Roundtable | Presidential UHC Summit
- National Health Bill passage by Senate
- iCCM policies and tools | Task Force & Accra priorities
- EML & NSTG Updates (RMNCH /FMOH)
- Rapid IA TRT assessment (ongoing)

## ❑ Enabling Environment (Advocacy)

- Meeting with Minister for State for Health
- Advocacy to 12 states & rapid snapshot
- PCV advocacy to NPHCDA

# Key Updates 2

## ❑ Demand:

- RMNCH TF Grants | BBC Media Action, CHAI
- BMGF funded Programmes | PACT
- USAID Projects | TSHIP, SHOPS, ESMPIN

## ❑ Supply:

- Market Shaping for Amox DT
- Expansion of basal access to Amox DT
- Short-term Gap | Procurement Channels & seamless programme interface

## ❑ Resource Mobilisation & Coordination:

- Global Fund's New Funding Model
- Subsidy Reinvestment and Empowerment Project (SURE-P)
- European Union-National Primary Healthcare Development Agency (NPHCDA)
- Canadian International Development Agency (CIDA)/WHO RAcE Project
- Bill and Melinda Gates Foundation (BMGF)

## ❑ Innovation:

- Innovation and Access to Development Initiative (iNovate2100)
- Private Sector Health Alliance (PHN)

# Priority Activities for Next 6 Months

- ☐ Support iCCM Task Force for the implementation framework
- ☐ Support FMOH to sustain momentum of informal network
- ☐ Support FMOH/NPHCDA for Technical Panel on Amox DT
- ☐ Continue site visitation of pharmaceutical companies with partners
- ☐ Support Task Force/FMOH & UNICEF for short-term Amox DT
- ☐ Continue advocacy to FMOH to update NSTG and EML
- ☐ Provide input to USAID/DELIVER for forecasting /Qtc Amox
- ☐ Strengthen opportunities for Innovation in ICT4D /mHealth with partners including PIT, USPF, IADI, and mHealth Alliance

# Harnessing the Power of the Private Sector citizenship & performance for Action...

“His business activities drive economic growth across the continent. That’s impressive, but I know him best as a leader constantly in search of ways to bridge the gap between private business and public health. It’s for that reason he helped create the Nigeria *Private Sector Health Alliance*. And it’s for that reason he is an advocate for agricultural research and malaria control.”

- Bill Gates’ tribute to Aliko Dangote for  
THE 100 MOST INFLUENTIAL PEOPLE



JSI –led USIAD /TSHIP Project Nigeria is partnering with the Private Health Sector Alliance of Nigeria (PHN) to chart a new course in private sector action against pneumonia



Dedicated to all the children globally that currently suffer from Pneumonia or Diarrhoea, or at risk of these diseases

