

Life Saving Commodities – Child Health

Commodities: amoxicillin DT, oral rehydration salts, zinc

Background

The UN Commission on Life-Saving Commodities for Women and Children (the Commission) was formed in 2012 by the UN Secretary-General as part of the global Every Woman Every Child (EWEC) movement (www.everywomaneverychild.org). The Commission challenged the global community to increase access to and appropriate use of essential medicines, medical devices, and health supplies that effectively address the leading preventable causes of death during pregnancy, childbirth, and childhood.

Led by a wide range of high-level leaders from around the world, the Commission made ten recommendations focused on rapidly increasing the availability and use of 13 priority commodities for reproductive, maternal, newborn, and child health (RMNCH) to achieve the goal of saving the lives of six million women and children by 2017.

Eight expert groups¹ – or Technical Resource Teams (TRTs) – carry forward the Commission’s recommendations by supporting countries in their efforts to make these essential commodities more widely available and used, and by addressing global and regional RMNCH challenges. Each of these TRTs specializes on a type of commodities or on a barrier that prevents a wider use of these commodities.

Pooling expertise on child health

The Child Health TRT focuses on the three essential commodities identified by the Commission that can treat and address the leading causes of mortality for children under five years old: oral rehydration salts (ORS) is a sodium and glucose solution widely proven to prevent deadly dehydration in children with acute diarrhoea. Zinc is a vital micronutrient that helps reduce the severity and duration of diarrhoea and can help prevent future bouts. Amoxicillin is an effective, low-cost, widely used antibiotic that is proven to save the lives of children with pneumonia.

With appropriate case management, amoxicillin dispersible tablets (DT) can reduce deaths from pneumonia by 70 percent.



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Health technician Bouchara Akdariss checks in with a patient at the UNICEF-supported district hospital in Ouellesebououou, Mali in November 2012.

When used together, oral rehydration salts and zinc can prevent more than 90 percent of child deaths from diarrhoea.

Progress to date

- ❁ Increase the availability of high-quality, affordable zinc, ORS, and amoxicillin DT: Child Health TRT partners have facilitated introduction of more than 10 new zinc and ORS products through direct engagement with local manufacturers in Africa. Five manufacturers of amoxicillin DT have also been recommended by WHO’s Expert Review Panel. Additional tools developed by the TRT to support further improvements in commodity availability include a regional market assessment for Eastern and Southern Africa and demand forecast for amoxicillin DT, a UNICEF Pneumonia Diagnostics report, and an updated list of zinc manufacturers.
- ❁ Generate demand among caregivers and providers: The TRT developed a comprehensive advocacy package for amoxicillin DT, including new global recommendations and clinical guidance for treatment of childhood pneumonia. Free, adaptable zinc and ORS tools have been developed for healthcare providers (available at www.zinc-ors.com) and have been adapted for use in Uganda and Nigeria.

¹ The other TRTs focus on family planning; maternal health; newborn health; demand, access and performance; global markets, quality and regulation; supply chain and local markets; and advocacy.

These groups are coordinated by a multi-agency Strategy and Coordination Team hosted by the United Nations Children’s Fund (UNICEF).

- Secure an enabling environment for implementation: Lead Partners were identified in the 10 TRT focal countries to support initial implementation, resource mobilization and partner coordination efforts. Favorable policies changes have been secured, including OTC status for zinc in 8 countries; 1st line national treatment guideline recommendation for amoxicillin DT in 6 countries; and policy allowing amoxicillin DT use among community providers in 3 countries. An advocacy brief for amoxicillin DT has also been disseminated widely to NGOs, ministries, and other stakeholders.
- Establish a mechanism to track progress: Based on the latest evidence and with consultative input from experts, the TRT developed a list of common Performance Indicators for tracking progress against diarrhea and pneumonia treatment scale-up and guidance for data collection.

Members

The Child Health TRT (or the Diarrhea & Pneumonia Working Group <http://ccmcentral.com/related-links/diarrhea-pneumonia-working-group/>) is co-chaired by UNICEF and the Clinton Health Access Initiative (CHAI) and brings together experts from, Abt Associates, the Bill & Melinda Gates Foundation, FHI 360, John Snow Inc., Management Sciences for Health, McCann Health, Maternal and Child Health Integrated Program, Micronutrient Initiative, MDG Health Alliance, PATH, Population Services International, RESULTS, Save the Children, US Agency for International Development, UK Department for International Development, World Health Organization (WHO), and World Vision.

How to involve the Child Health TRT

The Child Health TRT is available to:

- Provide technical assistance
- Provide resource mobilization, and monitoring and evaluation support to organizations and governments working to improve access to ORS, zinc, and amoxicillin.
- Facilitate sharing of experiences, lessons, and new evidence between countries and partners

Resources

The Child Health TRT has developed a variety of resources. Please visit the 'Resources/Tools' section of the Diarrhea & Pneumonia Working Group webpage:

<http://ccmcentral.com/related-links/diarrhea-pneumonia-working-group>

Contact us

For more information or to request tools and technical assistance, please contact Nancy Goh ngoh@clintonhealthaccess.org or Bessie Tarekegn htarekegn@unicef.org

