

Integrated Health Project

in the Democratic Republic of Congo



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DRC Update on Diarrhea & Pneumonia Situation

October 7-8, 2013

Washington, DC

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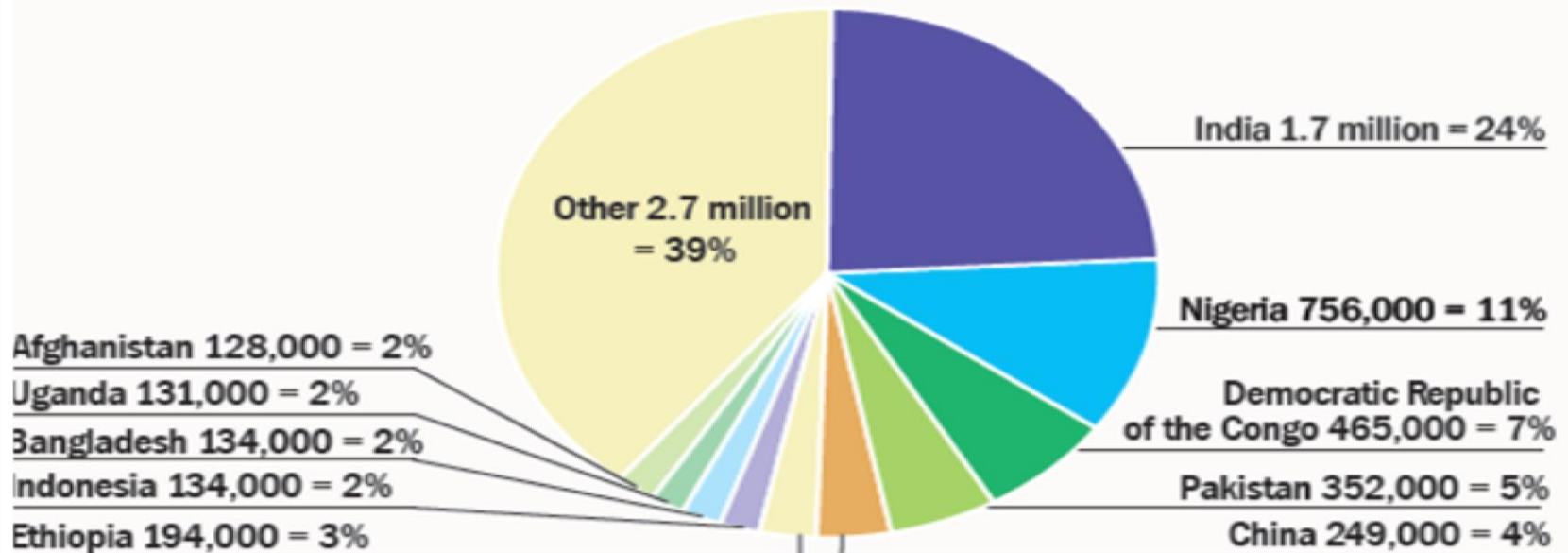
BACKGROUND

Current burden of diarrhea and pneumonia

Half of all under-five deaths occur in just five countries

Number of under-five deaths by country (thousands and percentage share of global total)

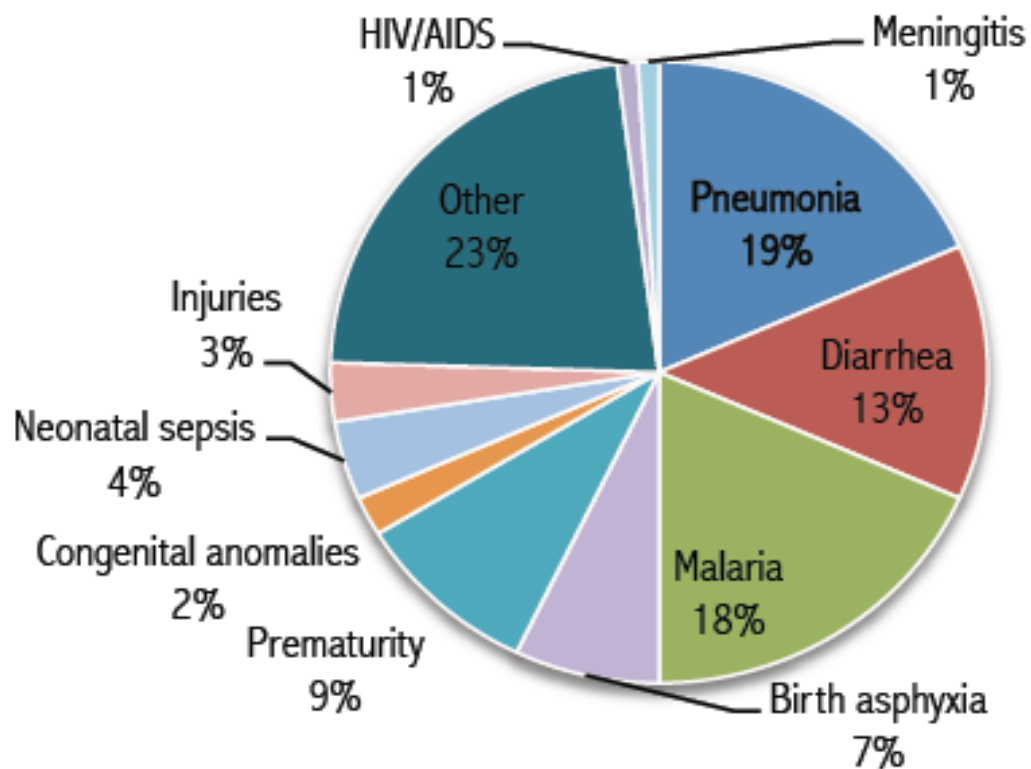
FIG.



Source: UNICEF. Committing to Child Survival: A Promise Renewed. Progress Report 2012

Current burden of diarrhea pneumonia in DRC

Causes of under-five mortality in DRC



Source: Countdown 2015 : Maternal, Newborn and Child Survival: DRC. The 2012 Report

Current burden of diarrhea and pneumonia in DRC

	Pneumonia	Diarrhea
Estimated number of cases annually	2,970,878	38,750,582
Prevalence	6%	27%
# deaths annually	70,380	46,920

Sources:

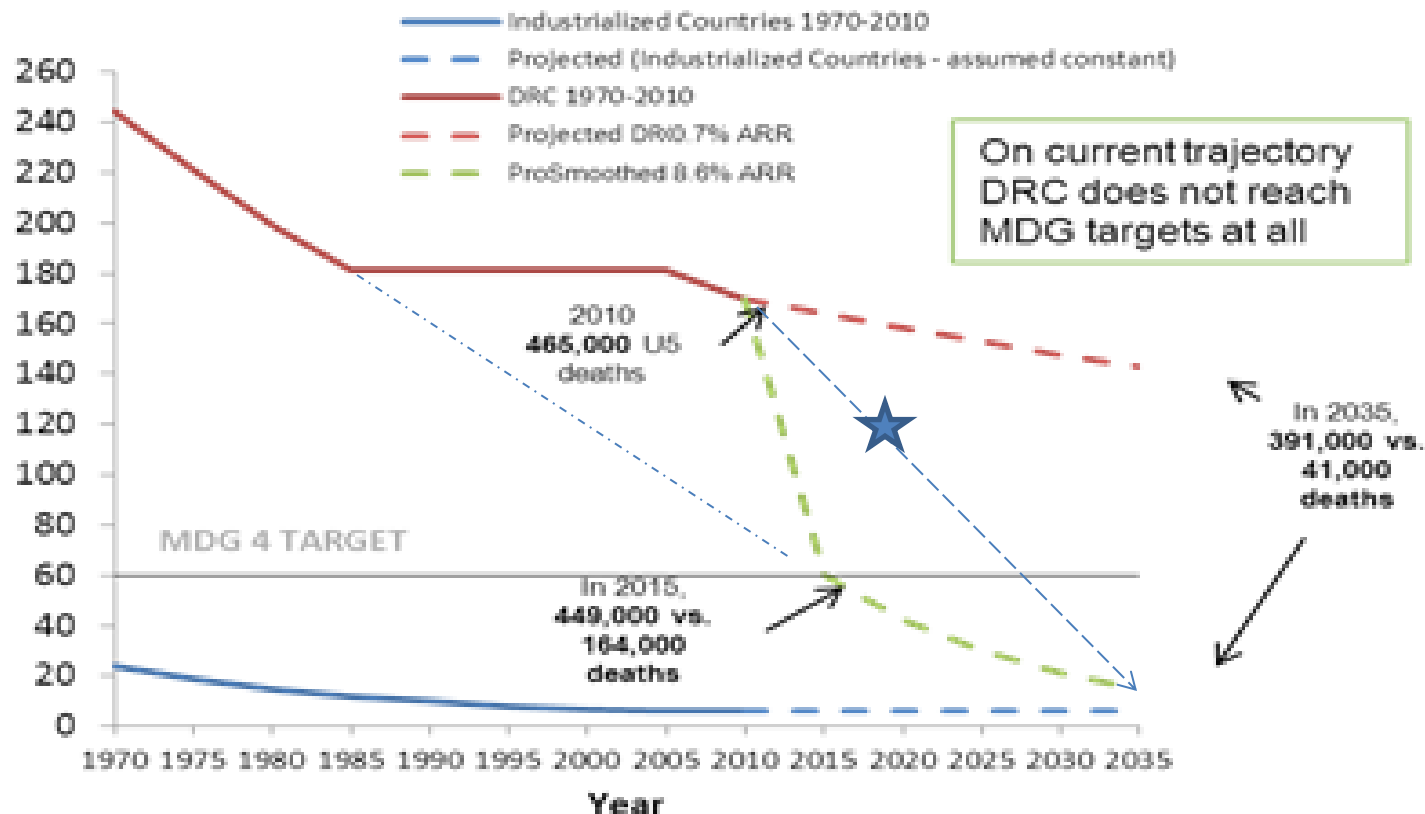
1. Christa L. Fischer Walker et al. Global burden of childhood pneumonia and diarrhoea: Childhood Pneumonia and Diarrhoea; The Lancet 2013
2. Multiple Indicators Cluster Survey 2010: RD Congo

Current burden of diarrhea and pneumonia in DRC

U5MR

Deaths per thousand live birth

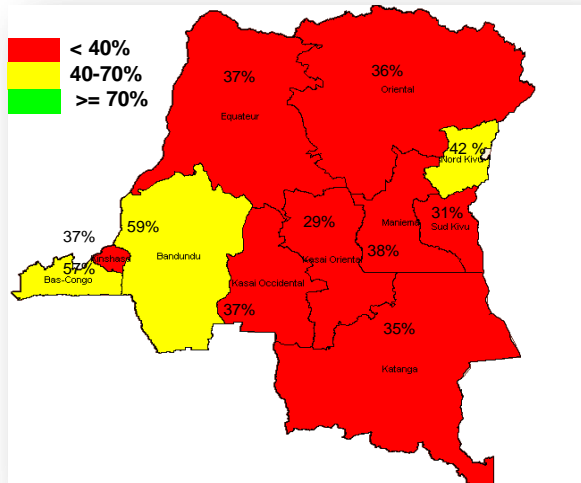
Under-Five Mortality Decline DRC 1970- 2035



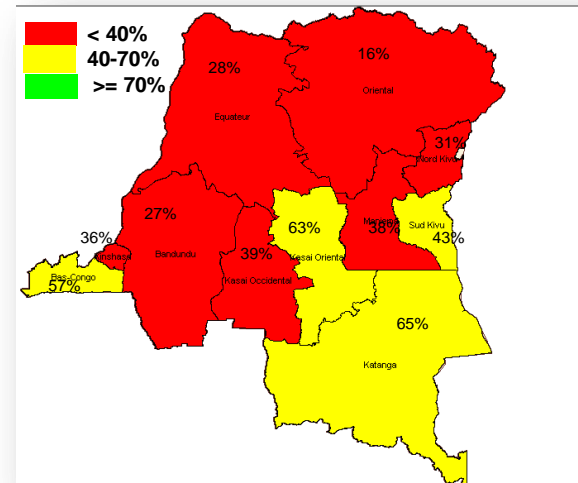
Source: A Promise Renewed: Action Framework. MOH DRC 2013

Treatment coverage

ORS for Diarrhea treatment by province for under five
DRC MICS 2010

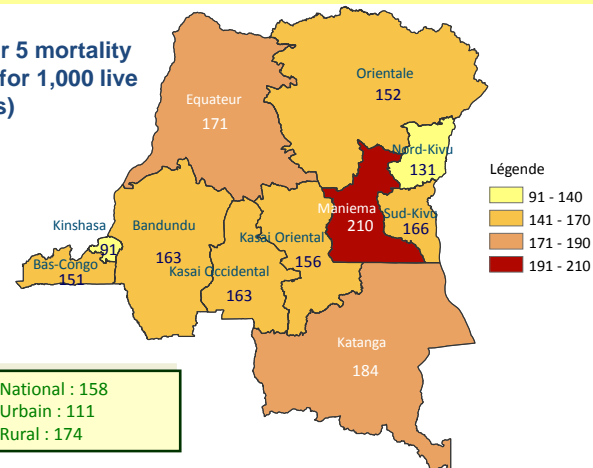


Antibiotics for pneumonia by province for Under five, DRC MICS 2010



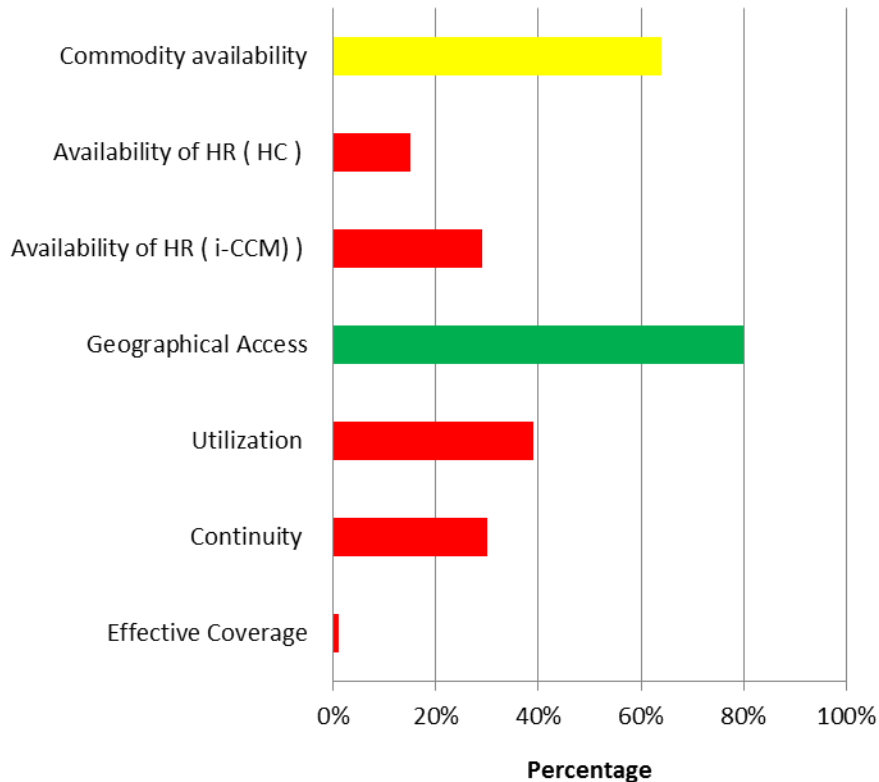
Under 5 Mortality: level and disparity

Under 5 mortality rate (for 1,000 live births)

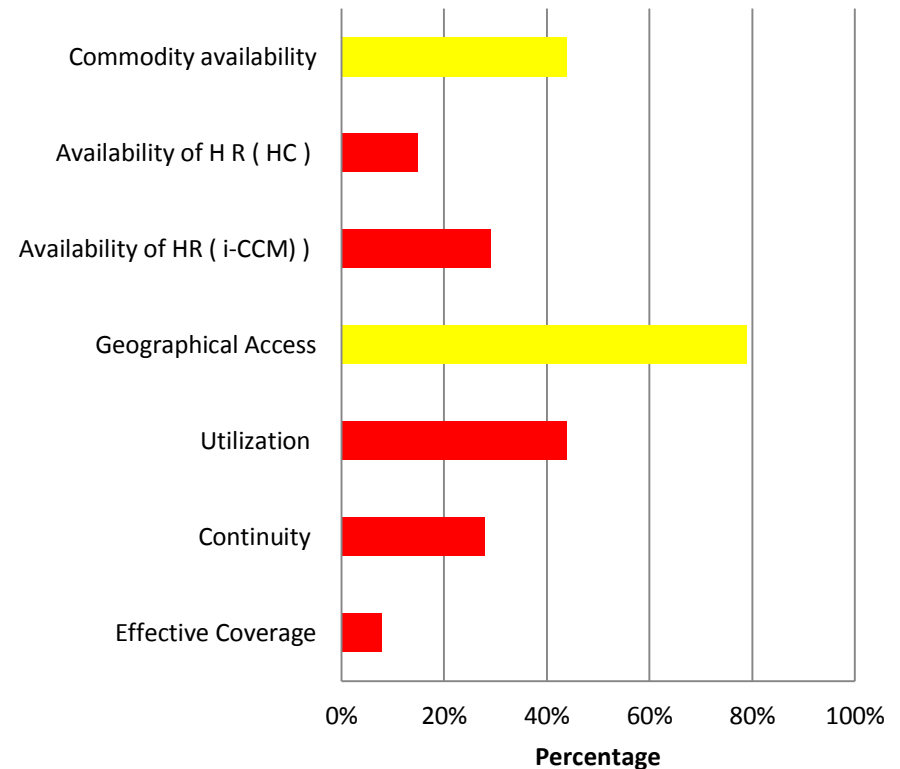


Key barriers analysis to scale-up

Diarrhea Treatment: LQAS in 10 health zones



Pneumonia Treatment: LQAS in 10 health zones



Source: A Promise Renewed:Action Framework. MoH DRC 2013

Key barriers to scale-up

1. Insufficient number of qualified health care personnel
2. Care providers misdiagnose pneumonia
3. Care providers incorrectly prescribe antibiotics
4. Care providers incorrectly evaluate the severity of cough and diarrhea
5. Distance to health facilities: 65% of the population live over 5 km away from a health facility
6. Stock outs of medicines
7. Financial inaccessibility

UPDATE ON PLANNING

Status of key milestones

Enabling element	Status
Essential Medicines Initiatives (EMI) National Plan	<ul style="list-style-type: none"> • Secretary General of MoH recognizes the National Strategy of EMI • Budget for EMI strategy is included in the country UNCoLSC plan
Policy change	<p>Diarrhea: Over-the-counter (OTC) status for zinc is in progress.</p> <p>Pneumonia: First line treatment policy was changed from cotrimoxazole to amoxicillin dispersible.</p>
Vaccination	New EPI vaccines introduced: Haemophilus influenzae b (2009); Pneumococcal Conjugate Vaccine (PCV-13)
Partner Coordinating Mechanism	MNCH task force is chaired by the MoH (10 th Direction), and is comprised of representatives from national programs, as well as other partners. The task force meets quarterly.

Progress on resource mobilization

1. Health for Poorest Populations Project /UNICEF-MSH for diarrhea and pneumonia (4 Million USD for 1 year)
2. Integrated Health Project/MSH for diarrhea and pneumonia (\$4.1 Million USD for PY4)
3. Systems for Improved Access to Pharmaceuticals and Services/MSH i-CCM pharmaceutical interventions (750,000 USD to support APR)
4. Lundin Foundation (a mining company) funded Population Services International (PSI) for diarrhea prevention, treatment and ORS/zinc local manufacturer strengthening (1.5 Million USD)

Progress on resource mobilization

5. Canadian International Development Agency (CIDA) through the World Health Organization for Rapid Access Expansion (RAcE) project for scaling up i-CCM (2 Million USD/year for 5 years)
6. UKAID for Accès aux Soins de Santé Primaires (ASSP Project)
7. Global Fund (10th round Malaria) through SANRU (Santé Rurale) for scaling up i-CCM (1 Million USD)
8. Save the Children through GlaxoSmithKline (GSK)

Status of any related child survival strategies efforts

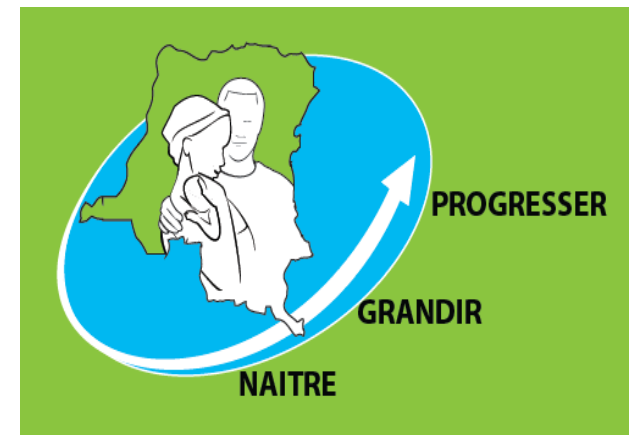
A Promise Renewed (APR): Launched in DRC by the Ministry of Health on May 31, 2013

Objective: Save 430,000 lives of children under five and 7,900 mothers by 2015

The approach: “Safe Birth – Healthy Growth – Sustainable Progress”

Six strategies have been defined to implement the approach:

- Family kits, including vouchers
- Continuity of care
- Improvement of governance and management
- Promotion of healthy behaviors
- Strengthening human resources
- Community mobilization



UPDATE ON IMPLEMENTATION PROGRESS

Overview of program approach and strategy

Essential Medicines Initiatives (EMI)

1. EMI Interventions

- ***Intervention 1:*** Integrate 3 national programs for child survival under the leadership of Directorate 5:
 - Programme National de Lutte contre le Paludisme (PNLP)
 - Programme National de Lutte contre les Infections Respiratoires Aigues (PNIRA)
 - Programme National de Lutte contre les Maladies Diarrhéiques (PNLMD)
- ***Intervention 2:*** Establish model health zones in the public sector

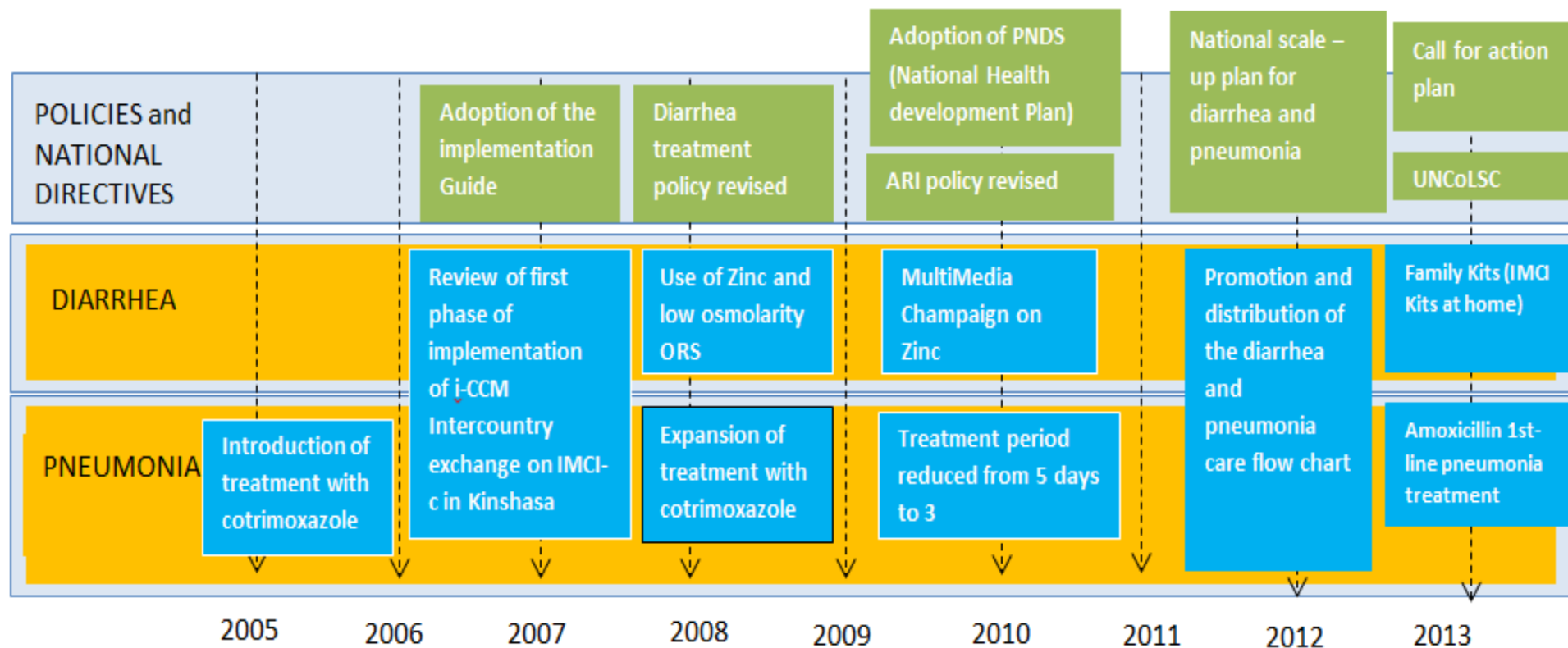
Overview of program approach and strategy

- **Intervention 3:** Establish an accreditation program to regulate the private sector and improve quality of care provided.
- **Intervention 4:** Scale-up i-CCM.
- **Intervention 5:** Promote the local production and distribution of EMI drugs.
- **Intervention 6:** Obtain ORS/Zinc OTC status and universal coverage.
- **Intervention 7:** Intensive behavior change communication campaign

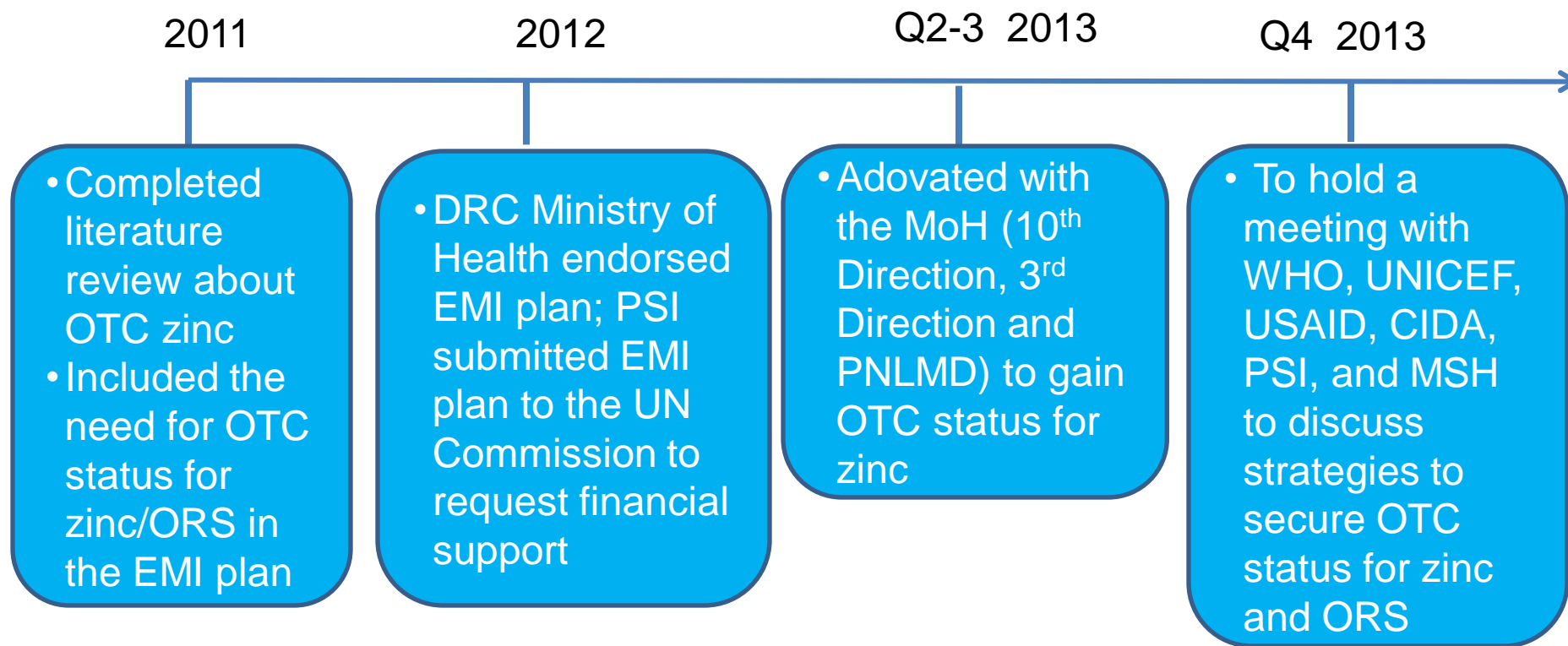
2. Estimated costs of EMI

- Revised budget for all EMI 7 interventions: 101.7 Million USD

Status of key milestones: national policy changes for diarrhea and pneumonia



Key milestones: of OTC Zinc Status



Key accomplishments

- Finalized UNCoLSC country plan (August 2013)
- Introduced PCV -13 in all provinces (September 2013)
- Revised Pneumonia Case Management based on WHO guidelines (September 2013):
 - new classification
 - change in first line antibiotic therapy

KEY LESSONS LEARNED

Key lessons learned

1. Ensuring that all stakeholders, essentially at community level, are on board and promote aligned priorities can lead to project success.
2. Strong country leadership (at all levels) is required for successful treatment coverage.
3. NGOs and FBOs are highly efficient in rapid scale-up and quality i-CCM implementation.
4. Ongoing monitoring allows for key bottlenecks to be identified and addressed.

KEY ISSUES AND QUESTIONS FOR DISCUSSION

Key issues and questions for discussion

- Learn from other countries that have secured OTC status for zinc and ORS.
- The funding mechanism for EMI plan is still unclear.

NEXT STEPS/UPCOMING PRIORITIES

Next steps/upcoming priorities

1. Include amoxicillin dispersible in the National List of Essential Medicines.
2. Obtain OTC status for zinc.
3. Continue to track funding opportunities to fill the gap.

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**Thanks for your attention
and participation.**