DRC Update on Diarrhea & Pneumonia Situation

October 7-8, 2013
Washington, DC
I. Background

II. Update on planning

III. Update on implementation progress

IV. Key lessons learned

V. Key issues and questions for discussion

VI. Next steps/upcoming priorities
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)

- India 1.7 million = 24%
- Nigeria 756,000 = 11%
- Democratic Republic of the Congo 465,000 = 7%
- Pakistan 352,000 = 5%
- China 249,000 = 4%
- Ethiopia 194,000 = 3%
- Indonesia 134,000 = 2%
- Bangladesh 134,000 = 2%
- Uganda 131,000 = 2%
- Afghanistan 128,000 = 2%

Current burden of diarrhea pneumonia in DRC

## Current burden of diarrhea and pneumonia in DRC

<table>
<thead>
<tr>
<th></th>
<th>Pneumonia</th>
<th>Diarrhea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated number of cases annually</td>
<td>2,970,878</td>
<td>38,750,582</td>
</tr>
<tr>
<td>Prevalence</td>
<td>6%</td>
<td>27%</td>
</tr>
<tr>
<td># deaths annually</td>
<td>70,380</td>
<td>46,920</td>
</tr>
</tbody>
</table>

Sources:
2. Multiple Indicators Cluster Survey 2010: RD Congo
Current burden of diarrhea and pneumonia in DRC

Source: A Promise Renewed: Action Framework. MOH DRC 2013
Under 5 Mortality: level and disparity

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

National: 158
Urbain: 111
Rural: 174
Key barriers analysis to scale-up

Diarrhea Treatment: LQAS in 10 health zones

- Commodity availability
- Availability of HR (HC)
- Availability of HR (i-CCM)
- Geographical Access
- Utilization
- Continuity
- Effective Coverage

Pneumonia Treatment: LQAS in 10 health zones

- Commodity availability
- Availability of HR (HC)
- Availability of HR (i-CCM)
- Geographical Access
- Utilization
- Continuity
- Effective Coverage

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

<table>
<thead>
<tr>
<th>Enabling element</th>
<th>Status</th>
</tr>
</thead>
</table>
| Essential Medicines Initiatives (EMI) National Plan | • Secretary General of MoH recognizes the National Strategy of EMI  
• Budget for EMI strategy is included in the country UNCoLSC plan |
| Policy change | Diarrhea: Over-the-counter (OTC) status for zinc is in progress.  
Pneumonia: First line treatment policy was changed from cotrimoxazole to amoxicillin dispersible. |
| 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 (10th 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 GlaxonSmithKline (GSK)
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

- **2011**
  - Completed literature review about OTC zinc
  - Included the need for OTC status for zinc/ORS in the EMI plan

- **2012**
  - DRC Ministry of Health endorsed EMI plan; PSI submitted EMI plan to the UN Commission to request financial support

- **Q2-3 2013**
  - Adovated with the MoH (10th Direction, 3rd Direction and PNLMD) to gain OTC status for zinc

- **Q4 2013**
  - To hold a meeting with WHO, UNICEF, USAID, CIDA, PSI, and MSH to discuss strategies to secure OTC status for zinc and ORS
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.
Thanks for your attention and participation.