

Declaration on Scaling Up Treatment of Diarrhea and Pneumonia



PATH/Lesley Reed

For decades, governments, donors, nongovernmental organizations, and private sector partners have contributed technical knowledge, research, funding, and other resources to prevent and treat childhood diarrhea and pneumonia in some of the world's most impoverished countries. Over the past 50 years, great progress has been made and child mortality has dropped by 70 percent worldwide. While this progress is impressive, it is not enough to achieve a two-thirds reduction in child mortality by 2015 to meet Millennium Development Goal 4.

Diarrhea and pneumonia are among the leading killers of children under the age of five worldwide—responsible for 26 percent of child deaths, or 1.7 million deaths each year. The majority of these deaths occur in just a few high-burden countries in sub-Saharan Africa and South Asia. Yet, most deaths could be prevented with highly effective interventions such as exclusive breastfeeding, handwashing with soap, micronutrient supplementation, safe drinking water and improved sanitation, vaccinations, as well as low-cost treatment.

The time is ripe for a concerted global effort to end preventable child deaths from diarrhea and pneumonia in high-burden countries. The United Nations Children's Fund (UNICEF) and the U.S. Agency for International Development (USAID) are spearheading *Committing to Child Survival: A Promise Renewed*, a global movement through which more than 170 governments and countries have committed to ending all preventable child deaths by 2035. The UN Commission on Life-Saving Commodities for Women and Children, launched in 2012, includes within their mandate oral rehydration salts (ORS), zinc, and amoxicillin dispersible tablets—affordable medicines that can save millions of lives from unnecessarily deaths due to pneumonia and diarrhea. In conjunction with that effort, several of the highest burden countries are adopting ambitious plans to rapidly expand the proportion of children with access to these essential medicines—plans that highlight the need for coordinated interventions because many of the strategies to prevent and treat both diseases are similar. Moreover, in 2013, UNICEF and the World Health Organization (WHO) launched the Integrated Global Action Plan for Pneumonia and Diarrhoea (GAPPD), which is a coordinated, multi-level approach to addressing the two leading causes of under-five mortality, focusing on prevention, protection, and treatment.

Partners are working with countries to support inclusion of GAPPD's key actions on pneumonia and diarrhea into country maternal, newborn, and child health and health sector plans for accelerated action to achieve Millennium Development Goal 4.

COMMITMENT MAKERS:

BILL & MELINDA
GATES foundation



Canadian International
Development Agency



IKEA FOUNDATION

McCANN
HEALTH



Norad



Teck



No one government, organization, or company can reach these ambitious targets alone. With unique partnerships that harness the resources, expertise, and innovation of the public and private sectors, partners will work together to scale up treatment of diarrhea and pneumonia to save children's lives.

In line with the recommendations of the UN Commission on Life-Saving Commodities and GAPPD, we as partners collectively commit to:

- Contribute direct financial or technical resources to support the scale-up of ORS and zinc, and/or amoxicillin in high-burden countries to prevent child mortality from diarrhea and pneumonia.
- Promote access to affordable, high-quality, over-the-counter ORS and zinc products and/or access to and rational use of amoxicillin in both public and private sectors.
- Support sustained demand creation to increase awareness of use for diarrhea and/or pneumonia treatments, including teaching caregivers when and where to seek treatment and improving knowledge and skills of health providers to promote and deliver appropriate treatment and care.
- Harmonize in-country contributions under national child health plans to maximize impact of individual investments.
- Enhance collaboration and coordination by supporting the creation of public-private partnerships within high-burden countries to drive implementation of the national plan.
- Support harmonized monitoring and evaluation of the effectiveness of programs in improving the sustained use of treatments.

To achieve this vision, we call on all high-burden countries and the international community to join us in the above commitments to provide the resources, political will, and focused action necessary to end preventable childhood diarrheal and pneumonia deaths. We believe that working together we can ensure all children with diarrhea or pneumonia receive these life-saving interventions and reach their fifth birthday.

NEW 2013 COMMITMENTS

Bill & Melinda Gates Foundation: US \$1 million

PATH is conducting qualitative and quantitative market research among caregivers and health care providers in Nigeria and Burkina Faso to gain insights on care seeking behavior, treatment practices, as well as knowledge and attitudes related to the treatment of diarrhea and pneumonia in the next year, with support from the Bill & Melinda Gates Foundation. Research results will be used to inform the design and implementation of demand generation efforts to support treatment scale up.

Foreign Affairs, Trade, and Development Canada: CDN \$20 million

The Government of Canada is partnering with UNICEF to increase the use of effective treatments for childhood diarrhea and pneumonia. This two-year initiative is increasing demand for ORS, zinc, and antibiotics, and ensuring that communities in four sub-Saharan African countries—Ethiopia, Kenya, Niger, and Tanzania—have access to a reliable supply of effective treatments.

GlaxoSmithKline (GSK)

GSK has formed a partnership with Save the Children to help accelerate the availability of life-saving medicines and health care for children, including amoxicillin for the treatment of childhood pneumonia. Flagship programs in Democratic Republic of Congo and Kenya will accelerate registration and rollout of dispersible amoxicillin—a child-friendly formulation—and widen the coverage of immunizations to prevent causes of diarrhea and pneumonia. These activities are part of the broader £15million child survival partnership supporting newborn health, vaccination, nutrition, health workers, and social business in the health sector.

PATH: US \$500,000

PATH has invested \$500,000 in Cambodia to help build the capacity of the Ministry of Health (MOH) to adopt an integrated approach to diarrhea as a routine service and program through the MOH's Control of Diarrheal Disease/Acute Respiratory Infections (CDD/ARI) Program. This effort brings together community-based approaches to improve home management of diarrhea through the distribution of zinc and ORS by community health volunteers (Village Health Support Groups), and improved prevention through community education and access to micro-financing for the purchase of water filters and latrines in one district. The MOH has committed to fully adopting and scaling up the program in 2014.

U.S. Agency for International Development (USAID): US \$3 million

USAID's flagship initiative in private sector health, the Strengthening Health Outcomes through the Private Sector (SHOPS) Project, is working to scale up diarrhea treatment programs in Ghana, Kenya, Nigeria, Uganda, and India. The project focuses on ensuring widespread availability of zinc and ORS, improving the knowledge and skills of private providers to deliver appropriate treatment, and creating sustained demand for life-saving treatment.

Zinc Alliance for Child Health (ZACH): US \$5 million

Under the Zinc Alliance for Child Health (a private-public-civil society partnership that includes Teck, the Micronutrient Initiative, and the Canadian International Development Agency), Teck is partnering with UNICEF Canada to improve access to and use of zinc and ORS in three states of India (Uttar Pradesh, Madhya Pradesh, and Odisha). This new UNICEF-Teck collaboration aims to save an additional 150,000 children's lives by 2017, and 50,000 lives annually going forward, by improving coverage of effective diarrhea treatment and strengthening health care systems in these states in India.

ENDORSED BY:

