

# Scaling up Diarrhea and Pneumonia Treatment— *A cost-effective opportunity to reduce child mortality*

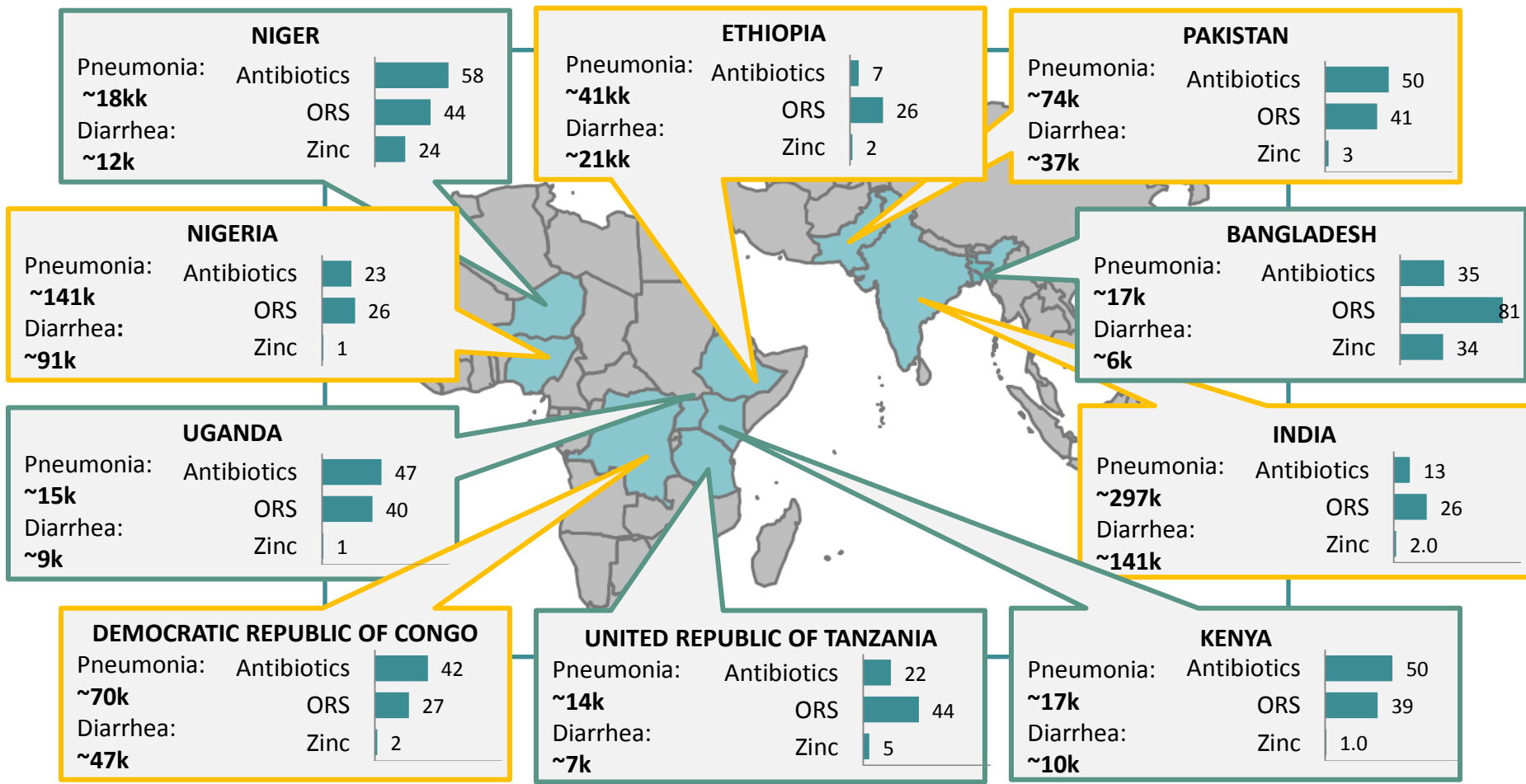
Special Donor Session  
September 25<sup>th</sup>, New York



- **Diarrhea and Pneumonia Treatment Plans in 10 High Burden Countries**
- Funding the Gaps: High Impact Opportunities to Accelerate Progress to MDG 4

Each year, 1.7 million children die from pneumonia and diarrhea; over 60% of the burden occurs in 10 countries and treatment coverage is unacceptably low

**Total number of deaths due to diarrhea and pneumonia (2012);  
Diarrhea (ORS and zinc) and pneumonia (antibiotic) treatment coverage (%)**



**5 countries (India, Nigeria, DRC, Pakistan and Ethiopia) account for the majority of these deaths**

# Scaling up simple, highly effective, affordable treatments in these 10 countries has potential to save 1 million lives by 2015

## Diarrhea

### ORS and zinc



**Efficacy:** **ORS** can avert **93%** of deaths  
**Zinc** reduces the duration of diarrhea by **25%**

**Cost:** **<US\$ 0.50** / course  
(10 tablets zinc & 2 sachets of ORS)

**Availability:** **>50 ORS** suppliers (incl. local manuf.)  
**>25 Zinc** suppliers (incl. local manuf./syrup producers)

## Pneumonia

### Amoxicillin



**Efficacy:** **Pneumonia case management<sup>1</sup>** can reduce mortality by **36-42%**

**Cost :** **\$US 0.21-0.42** /course

**Availability:** **>50 dispersible amoxicillin** suppliers (majority India based). Variability in quality across manufacturers.

**Source:** Thwing, J. et al, BMC 2011, April 13; HAI Price Tracking Survey 2011; Sazawal, S., et al. Lancet Infect. Dis. 2003. 3:547–556. Marsh D.R., et. al. Bull World Health Organ. 2008 May; 86(5): 381-389; [www.zinctaskforce.org](http://www.zinctaskforce.org); UNICEF survey among dispersible amoxicillin suppliers; UNICEF draft presentation on dispersible amoxicillin landscape; 27 February 2012. Amoxicillin price: 2010 UNICEF Supply Division catalogue (cost is presented excluding freight)

# A global effort was formed in 2011 to drive treatment scale-up across these 10 countries

## Overview

### The Goal

To achieve **60-80%** scale-up of diarrhea and pneumonia treatment for children under five by 2015

### Geographic focus

10 countries accounting for ~60% of total global burden

### Support

Technical assistance, resource mobilization, and M&E to partners/governments in country

## Membership

### Co-chairs



### Partners



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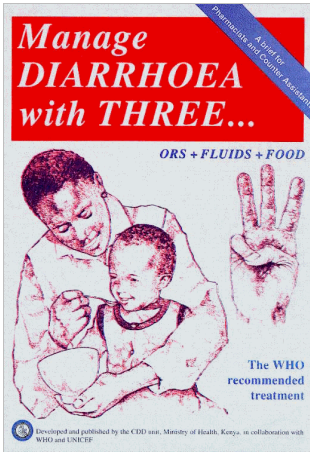


THE MDG Health Alliance



# The 10 countries have developed national scale-up plans, which call for four primary interventions that have been part of successful small programs

## Generate awareness & demand



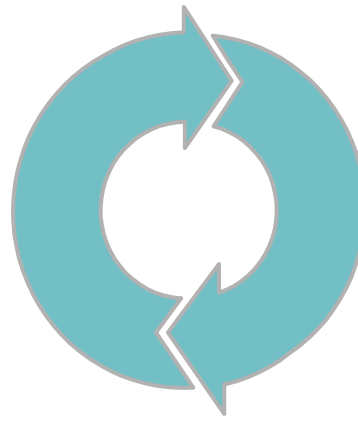
- Launch high-impact **national campaign**
- Community level **health diplomacy**
- Partnerships to reinforce key messages

## Ensure availability of the product

- Engage manufacturers to strengthen supply outcomes
- Optimize **packaging & branding**
- Strengthen **distribution** in remote areas



Awareness and demand interventions motivate supply



Increased supply further drives demand and builds awareness

## Increase provider awareness



- Improve **skills and knowledge** of public and private providers
- **Detail** providers in rural areas

## Secure a conducive policy environment

- Mobilize **resources and support**
- Update and disseminate **treatment guidelines**
- Ensure **OTC** and **EML** status



# Countries have made significant progress in 2012 priming them for implementation

Status on Enabling Elements for Implementation

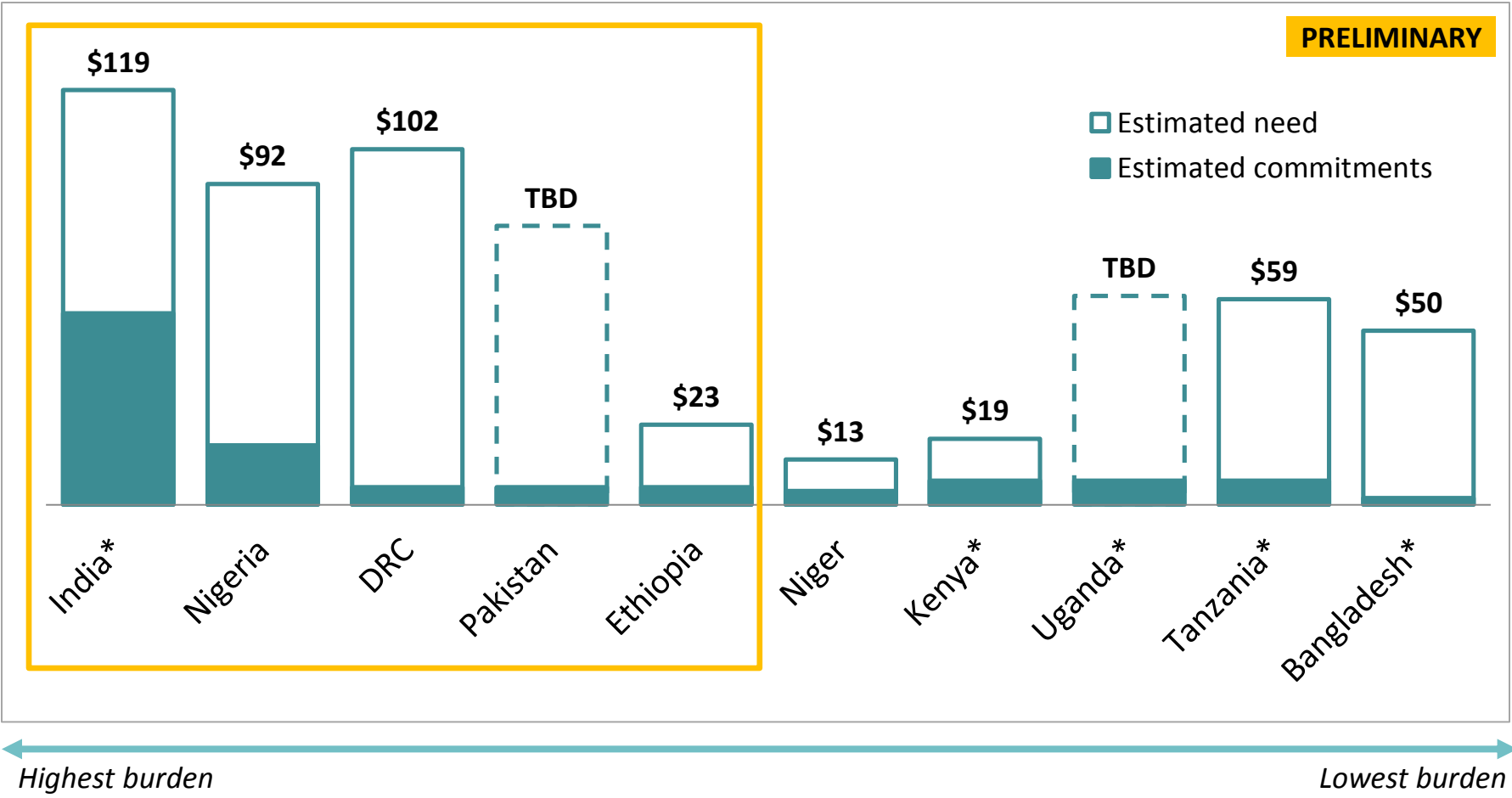
	National plan endorsed	Zinc OTC status secured	Amoxicillin rec'd as 1 <sup>st</sup> -line	Amoxicillin policy change	Coordinating mechanism established
<b>India</b>	In progress	Achieved	In progress	Not yet started	Achieved
<b>Nigeria</b>	Achieved	Achieved	In progress	In progress	Achieved
<b>DRC</b>	Achieved	In progress	Achieved	Achieved	Achieved
<b>Pakistan</b>	In progress	Achieved	Achieved	Achieved	In progress
<b>Ethiopia</b>	In progress	In progress	In progress	In progress	Achieved
<b>Uganda</b>	In progress	Achieved	In progress	Achieved	Achieved
<b>Niger</b>	Achieved	In progress	Achieved	Achieved	In progress
<b>Kenya</b>	Achieved	Achieved	Not yet started	Not yet started	Achieved
<b>Tanzania</b>	Achieved	Achieved	Achieved	In progress	Achieved
<b>Bangladesh</b>	In progress	Achieved	Achieved	In progress	Achieved

- Diarrhea and Pneumonia Treatment Plans in 10 High Burden Countries
- **Funding the Gaps: High Impact Opportunities to Accelerate Progress to MDG 4**



# To date, countries have secured significant funds to support scale-up but more is needed to drive large-scale impact

**Funding Overview by Country, 2013-2015, in USD millions**  
*(in order of decreasing burden)*



\*India: for 3 states (MP, UP, Gujarat); Kenya: 2013-2014 financial year only; Uganda: pending revision of PPT strategy; Bangladesh: 2014-2015 only; Tanzania: pending provincial level engagement

# DEMOCRATIC REPUBLIC OF CONGO:

## Implementing a large-scale program to catalyze country efforts

### Context and Progress to Date

- Greatest need at the community level with 70% of population lives in rural areas
- Strong government buy-in with recent launch of A Promise Renewed framework
- Potential for initial funds from UN Commission



### The opportunity

Implementing a large-scale, community level integrated program

### What?

- Generating awareness/demand among caregivers
- Increase provider awareness
- Ensuring availability of product
- Securing conducive policy environment

### How much?

- US \$12.8 million for 3-year program

Lead partner agency:



### Potential Impact

- 45 health zones reached (of 516 in the country)
- 70% coverage of zinc, ORS, and amoxicillin by 2015
- An estimated **42,000 lives saved**

# PAKISTAN:

## Implementing a large-scale program to catalyze country efforts

### Context and Progress to Date

- Limited capacity and knowledge among lady health workers
- Strong government buy-in, with recent launch of GAPPD in 2013
- Need to develop provincial level plans due to decentralization of government



### The opportunity

Implementing a large-scale program in 2 provinces (Balochistan and KPK)

### What?

- Create awareness among communities
- Improve access and quality of case management
- Ensure availability of essential commodities
- Create enabling environment

### How much?

- US \$12.5 million for 3-year program

Lead partner agency:



### Potential Impact

- Increase coverage of ORS and amoxicillin (by double); and of zinc (from 3 to 30%)
- An estimated **8,000 lives saved in 2 provinces** (29,000 lives at national scale)

# ETHIOPIA:

## Implementing a large-scale program to catalyze country efforts

### Context and Progress to Date

- Main sources of care include community health extension workers and Health Development Army
- Health Sector Development Plan IV; key focus on reducing newborn mortality
- \$5M secured for initial funding (with potential for additional funds from UN Commission)



### The opportunity

Implementing a large-scale program in 4 regions

### What?

- Generate awareness and demand among caregivers
- Improve provider skills
- Ensure availability of product
- Secure conducive policy environment

### How much?

- US \$13.5 million for 3-year program

Lead partner agency:  **PATH**

### Potential Impact

- 450 woredas/districts reached (out of 650 total)
- Increased coverage of zinc (75%), ORS (89%), amoxicillin for pneumonia (40%) and neonatal sepsis (74%) by 2015
- An estimated **70,000 lives saved**

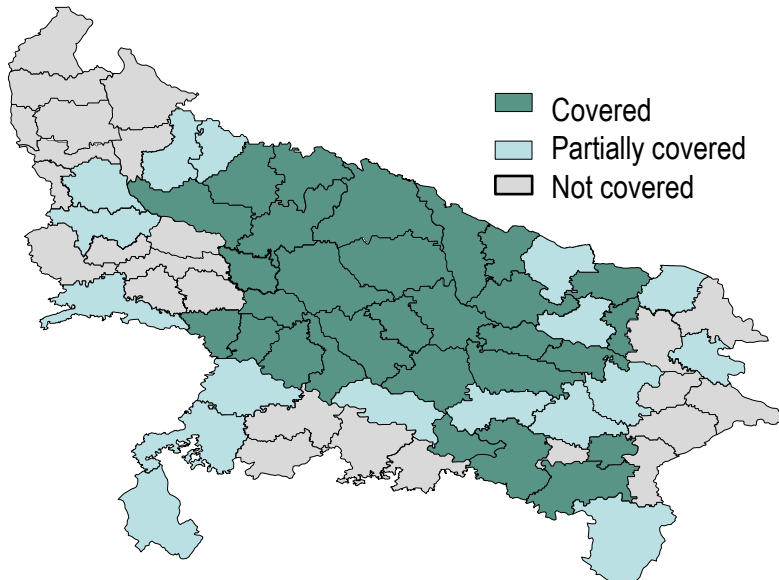
# INDIA:

## Reaching scale by filling the geographic gap

### Context and Progress to Date

- 70% of care-seeking occurs in private sector
- \$55 million secured for northern states (UP, MP, Bihar)
- RMNCH+A Strategy launched in early 2013
- Over the counter status for zinc secured
- Activation activities launched to build demand for zinc/ORS among mothers and providers

### Current Geographic Coverage in Uttar Pradesh



### The opportunity

Closing the gap in the state with highest burden--Uttar Pradesh (30% of total)

### What?

- Public provider training (ASHAs)
- Private provider detailing (rural medical practitioners, 'RMPs')
- Community level activation

### How much?

- ~ \$78,000 per district per year
- Up to 44 districts

### Key partners



Potential national impact:

**~546,000 lives saved**

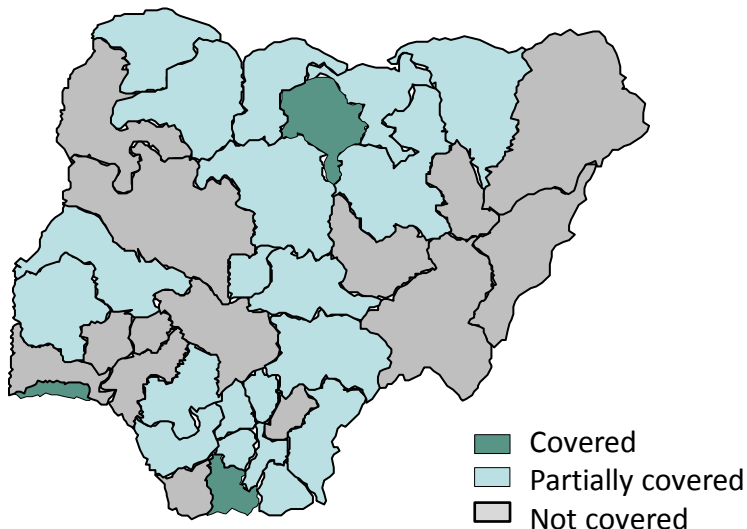
# NIGERIA:

## Reaching scale by filling the geographic gap

### Context and Progress to Date

- \$13M secured (with potential additional funds from UN Commission)
- Saving One Million Lives Initiative launched
- Activities coordinated by government-led multi stakeholder group ('NEMCM')
- OTC status achieved for zinc
- Increase in products from local suppliers (2 zinc, 4 L-ORS, and 2 co-packaged products)
- Detailing of private providers begun

Current Geographic Coverage in Nigeria



### The opportunity

Closing the geographic gap in high burden states

### What?

- Driving provider behavior change through key influencers
- Increasing availability and affordability of supply
- Community level activation

### How much?

- ~ \$900,000 per state per year
- Up to 34 states

### Lead partner agency



Potential Impact: ~267,000 lives saved