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

Special Donor Session
September 25th, 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 (%)**

- **Niger**
  - Pneumonia: ~18k
  - Diarrhea: ~12k
  - Antibiotics: 58
  - ORS: 44
  - Zinc: 24

- **Ethiopia**
  - Pneumonia: ~41k
  - Diarrhea: ~21k
  - Antibiotics: 7
  - ORS: 26
  - Zinc: 2

- **Pakistan**
  - Pneumonia: ~74k
  - Diarrhea: ~37k
  - Antibiotics: 50
  - ORS: 41
  - Zinc: 3

- **Nigeria**
  - Pneumonia: ~141k
  - Diarrhea: ~91k
  - Antibiotics: 23
  - ORS: 26
  - Zinc: 1

- **Uganda**
  - Pneumonia: ~15k
  - Diarrhea: ~9k
  - Antibiotics: 47
  - ORS: 40
  - Zinc: 1

- **Democratic Republic of Congo**
  - Pneumonia: ~70k
  - Diarrhea: ~47k
  - Antibiotics: 42
  - ORS: 27
  - Zinc: 2

- **United Republic of Tanzania**
  - Pneumonia: ~14k
  - Diarrhea: ~7k
  - Antibiotics: 22
  - ORS: 44
  - Zinc: 5

- **Bangladesh**
  - Pneumonia: ~17k
  - Diarrhea: ~6k
  - Antibiotics: 35
  - ORS: 81
  - Zinc: 34

- **India**
  - Pneumonia: ~297k
  - Diarrhea: ~141k
  - Antibiotics: 13
  - ORS: 26
  - Zinc: 2

- **Kenya**
  - Pneumonia: ~17k
  - Diarrhea: ~10k
  - Antibiotics: 50
  - ORS: 39
  - Zinc: 1

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. |

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

**Overview**

<table>
<thead>
<tr>
<th>The Goal</th>
<th>Membership</th>
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</thead>
<tbody>
<tr>
<td>To achieve 60-80% scale-up of diarrhea and pneumonia treatment for children under five by 2015</td>
<td><strong>Co-chairs</strong></td>
</tr>
<tr>
<td><strong>Geographic focus</strong></td>
<td><a href="#">Clinton Health Access Initiative</a> <strong>unicef</strong></td>
</tr>
<tr>
<td>10 countries accounting for ~60% of total global burden</td>
<td><strong>Partners</strong></td>
</tr>
<tr>
<td><strong>Support</strong></td>
<td><a href="#">Abt</a> <a href="#">Bill &amp; Melinda Gates Foundation</a> <a href="#">Clinton Health Access Initiative</a> <a href="#">FHI 360</a> <a href="#">icddr,b</a></td>
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<tr>
<td>Technical assistance, resource mobilization, and M&amp;E to partners/governments in country</td>
<td><a href="#">JSI</a> <a href="#">msh</a> <a href="#">McCann Health</a> <a href="#">ICHIP</a> <a href="#">the MDG Health Alliance</a></td>
</tr>
</tbody>
</table>

**Support**

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

**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

<table>
<thead>
<tr>
<th>Status on Enabling Elements for Implementation</th>
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<tbody>
<tr>
<td>National plan endorsed</td>
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<tr>
<td>------------------------</td>
</tr>
<tr>
<td>India</td>
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<tr>
<td>Nigeria</td>
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<tr>
<td>DRC</td>
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<tr>
<td>Pakistan</td>
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• 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)*

<table>
<thead>
<tr>
<th>Country</th>
<th>Estimated need</th>
<th>Estimated commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>India*</td>
<td>$119</td>
<td>$23</td>
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<tr>
<td>Nigeria</td>
<td>$92</td>
<td>$13</td>
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<tr>
<td>DRC</td>
<td>$102</td>
<td>$19</td>
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<tr>
<td>Pakistan</td>
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*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

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

Lead partner agency: MSH
**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

**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)

Lead partner agency: 
[Save the Children logo]
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

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

Lead partner agency: PATH
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
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

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

Covered
Partially covered
Not covered