DIARRHEA AND PNEUMONIA

WORKING GROUP MEETING

TANZANIA UPDATES

JUNE 19 – 20, 2013

NEW YORK

Presented by PSI/TZ

Contents

- Background
- Update on Planning
- Update on Implementation Progress
- Lessons Learned and Key Issues
- Next steps / Priorities for Next Year

BACKGROUND

Background: Disease Burden in Tanzania

	Pneumonia / ARI	Diarrhea	Number of Children per Age Group
Major Causes of Child Mortality	13%	11%	
% children under five (prevalence)	Months: % <6: 4.2% 6-11: 5.7% 12-23: 4.6% 24-35: 5.2% 36-47: 3.6% 48-59: 3.3%	Months: % <6: 10.8% 6-11: 28.5% 12-23: 20.7% 24-35: 15.7% 36-47: 7.7% 48-59: 8.1%	Months: Number <6: 843 6-11: 801 12-23: 1,576 24-35: 1,450 36-47: 1,567 48-59: 1,430 Total Children: 7,667
Source of information	*Mortality statistics in the Countdown to 2015 2010 Report, United Republic of Tanzania, source as WHO/CHERG 2010* *TDHS 2010* *Tanzania Child Survival Dashboard, WHO WHS 2010*		

Background: Treatment Coverage

	Diarrhea	Pneumonia
Care Seeking		
Of the children under five who had symptoms in the two weeks preceding the survey, % taken to see a health care provider/facility	53%	71%
Treatment Coverage		
% of Children received appropriate first-line treatment	44% (ORS or ORS/zinc) 4.7% (Zinc)	22% (antibiotics, per TDHS 1991-92) Dispersible Amoxicillin – n/a
Primary Alternative	Antibiotics	Cotrimoxazole
Other treatments	Pill/syrup (49.8%) IV (0.5%) Home Remedy/Other (6.8%)	Crystapen injection
Source of Information	TDHS 2010 Abt Associate/MCHIP-SHOPs Study Results 2012	

Background: Source of Care

Source of Care	Diarrhea (%)	Short/rapid breaths (%)
	2010	2010
Didn't seek care	31.6	16.8
Private (facility)	4.1	5.7
Religious/NGO	4.3	5.8
Other/Pharmacy*	15.6	20.1
Government hospital	4.0	7.6
Government health center	10.7	9.8
Government dispensary	30.2	34.5
Source of Information	TDHS 2010	

Sample Size of caregivers: 12,666

* ADDO was not identified as a specific source of care, our assumption is that it's part of Pharmacy

Background: Care Seeking Behavior

Barriers to Care Seeking Behaviors

- Distance to reach the health facility(TDHS 2010)
- Finance (ready cash to pay for drugs at ADDO or treatment at mission hospital)
- Long waiting times at dispensaries
- Insufficient staff at dispensaries
- Insufficient (free) drugs at dispensaries
- Poor response to emergencies

* *Most dispensaries accessible 24 hours; ADDOs 18 hours*.

Pneumonia: Care Seeking & Treatment Coverage

Public Sector:

- Lack of resources allocated to pneumonia (treatment data not collected since TDHS 1991-92)
- Challenge of recent policy change to dispersible amoxicillin (unavailability of the product in the country)
- Over-prescription of non-first-line treatments, especially IV/injections and syrups
- Service provider misdiagnosis of pneumonia as malaria

Pneumonia: Care Seeking & Treatment Coverage

Private Sector:

- Low private sector market penetration
- Dispersible Amoxicillin is currently registered with the TFDA (currently only 2 suppliers are registered for 250mg D.A)
- Antibiotics are not OTC, policy does not allow antibiotics to be OTC

Community / Patients

- Irrational drug use and preference for crystapen injections
- Insufficient care-seeking behavior (71%)
- Limited easy, cost-effective prevention options for pneumonia

Diarrhea: Care Seeking & Treatment Coverage

Public Sector:

- Limited zinc awareness among Community Health Workers
- Public facility stock-outs, despite stock piles expiring
- Slow dissemination of changed policies regarding diarrhea treatment that ORS and zinc have OTC status
- Insufficient supervision, job aides and wall charts in facilities

Diarrhea: Care Seeking & Treatment Coverage

Private Sector:

- Low zinc market penetration and coverage
- Separation of ORS and zinc, both in terms of packaging and solution
- Stock expiration due to limited purchase
- Limited dissemination of policy change that ORS and zinc have OTC status

Diarrhea: Care Seeking & Treatment Coverage

Community / Patients:

- Low awareness of importance of Zinc among caregivers & providers
- Insufficient/incorrect care-seeking behavior (53%)
- Outcome expectations favor syrups and antibiotics, rather than ORS/zinc. Resistance to treatments that require self-preparation
- Continued and increasing practice of curtailing fluid intake when children have diarrhea

Key Barriers to Scale Up:

- Irregular availability of recommended drugs and supplies for diarrhea and pneumonia
- Lack of formal trained structure for community case management – current policy is against CCM/iCCM only cIMCI is allowed.
- Inadequate trained (on IMCI) human resource at the public health facilities
- Inaccessibility of services in rural areas
- Little coordination and linkages across the health sector (between dispensaries, community-level Community Owned Resource Persons and private sector ADDOs – Accredited Drug Dispensing Outlet).
- The demand for Amoxicillin Dispersible tablet has not been established by the MOH and interested parties, ie , forecasting and quantification for amoxicillin DT needs has not been done yet.

UPDATE ON PLANNING

Update on Planning: Enabling Elements

S/N	Enabling Element	Status
1.	EMI National Scale-up Plan	-Endorsed by the MoHSW in 2012 -Interventions and Budget reviewed by Stakeholders in 2013 -Final reviewed interventions and budget to be submitted before end of June 2013
2.	Policy Changes	-**Diarrhea:** (Zinc and ORS approved for OTC status by TFDA in 2009 -**Pneumonia:** first-line treatment policy change in September 2011 from cotrimoxazole to dispersible amoxicillin.
3.	Partner Coordination Mechanism	-**On progress:** Mapping of stakeholders/partners working on diarrhea and pneumonia
4.	Vaccination	-New EPI vaccines introduced (Hib, Pneumococcal, Human Papilloma Virus (HPV) and Rota Virus vaccines).

Status of UNCoLSC Country Plan

S/N	UNCoLSC Plan	Status
1.	UNCoLSC Country Plan	-Currently revising the country plan (June 19th – 20th) before Dakar meeting on July, 2013 -Development of Zanzibar interventions and budget
2.	Inclusion of ORS, ZINC and Dispersible Amoxicillin	-Included in the country UNCoLSC plan
3.	Merging of EMI and UNCoLSC country plans	-On progress: merging of interventions and budget for diarrhea and pneumonia to identify resource gap and overlap of interventions

Current Funding Secured Todate:

• UNICEF Tanzania received funds from CIDA ($4.4M) for scaling up coverage of ORS, ZINC and Amoxicillin (demand creation, increasing access and availability of diarrhea and pneumonia treatment through procurement and supply management, supporting public-private partnerships and service delivery)

UPDATE ON IMPLEMENTATION PROGRESS

Key Milestone since Mid 2011 - Todate

July–Sept 2011

- Conducted Essential Medicines situational analysis
  - Global Communication
  - Key Informants Interviews
  - Literature Desk Review

Nov/December 2011

- Initial drafts of national scale-up plans completed and reviewed.

Jan-Mar 2012

- Conducted EMI Stakeholders meeting
  - Selected small EMI TWG
  - Reviewed and refined EMI draft document
- Submitted final EMI doc to the MoHSW for endorsement
- Endorsed EMI doc by the Minister

Q2 2012 and ongoing

- Submitted endorsed EMI to UN Commission
- Plans for stakeholders meeting

Q1 2013

- Stakeholders meeting to review the budget and interventions based on current status

Q2 2013 and ongoing

- Stakeholders meeting to approve the reviewed interventions and budget
- Formulation of Diarrhea & Pneumonia WG
- Plans for Q3

Summary of Reviewed Interventions

- **Intervention 1:** Expand TFDA registration Fast-Tracked Priority Products List and Register key EMLc Drugs
- **Intervention 2:** Roll-out of diarrheal treatment corners and launch of prepackaged ORS/zinc through the public and private sector
- **Intervention 3:** Adaptation and scale-up of proven mHealth monitoring systems to improve Availability of essential commodities for pneumonia and diarrhea(ILS Gateway & *SMS/mhealth stock monitoring system in the private sector*)
- **Intervention 4:** ADDO Network access strengthening (Pharmacy Council, TFDA list, CHF integration) to support management of Pneumonia and Diarrhea
- **Intervention 5:** Capacity Building for appropriate Case Management & Incentives system to activate linkages (private and public)
- **Intervention 6:** Targeted advocacy campaign promoting the strategy at all levels
- **Intervention 7:** Targeted BCC campaign to promote rational diarrhea and pneumonia diagnosis and treatment
- Revised Budget for all EMI 7 Interventions: **$ 58.8M**

Existing National Child Survival Initiatives

S/N	Initiative	Status
1.	A Promise Renewed (APR)	-Concept note has been drafted -Technical consultation meeting took place on April, 2013 as a preparation to develop action plan focusing on; a) Prevention and Management of Diarrhea, Pneumonia and Malaria b) Improving access on life saving commodities including antibiotics, ORS, ZINC, Corticosteroids, ARV and Cotrimoxazole c) Scaling up of distance IMCI training
2.	National IMCI Policy	-National IMCI training policy exists with training curriculum, ongoing dIMCI training to public health providers
3.	Co-packaged ORS/ZINC operational study	-Temporary registration for operational research to test utilization of service and accessibility (ongoing study)

Existing National Child Survival Initiatives

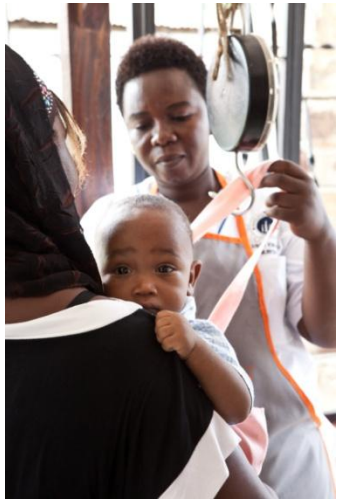
S/N	Initiative	Status
4.	Assessment of availability and accessibility of Pneumonia treatment commodities in Tanzania (study funded by UNICEF in 2012) **Focus Areas:** -Pneumonia treatment programs (IMCI/ICCM) -Pharmaceutical sectors -Access and use of pneumonia treatments	-**Key Findings:** a) Lack of adequate funding for key program inputs and IMCI training b) Low training coverage and training materials c) Lack of adherence to IMCI protocol d) Irregular supply of IMCI medicines leading to stock outs at facilities e) Irrational use of medicines f) Poor care seeking behaviors g) Ignorance to danger signs (caregivers) **Key Recommendations:** a) GoT to capacitate local manufactures b) Financial support and incentives to local manufactures c) Comprehensive behavior change communication (BCC) d) Roll-out of newly proposed Community Health Assistant (CHAs) to spur cIMCI/ICCM activities

Existing National Child Survival Initiatives

S/N	Initiative	Status
5.	Assessment of community services for Childhood Illnesses. Study conducted by Abt Associates under USAID funding support and MCHIP technical support in in year 2012 **Focus Areas:** -Availability and accessibility of primary level child health services -Quality of health services in rural regions -Barriers to seeking care **Sample Size:** ADDOs = 58 Public Dispensaries = 96 Caregivers = 1,500	-**Key Findings:** a) Caregiver's Insufficient financial resources to buy medicines and long distance to get the service b) Frequent stock out of medicines at dispensaries (first choice for child health services) c) Most ADDOs are located in urban or peri-urban areas (ADDOs and pharmacies serve as essential back up). ADDO best serve those who can afford to buy drugs d) Low quality of service, insufficient time to attend children at dispensaries, high number of patients to health worker ratio **Key Recommendations:** a) Improving health worker practices can in fact save drugs in the long run b) Revisit the design assumptions of ADDO system c) Better incentives should be provided for establishing ADDOs in underserved areas
6.	Taskforces	- Existing of Diarrhea and Pneumonia taskforce - Existing of Zinc Taskforce

Existing National Child Survival Initiatives

S/N	Initiative	Status
7.	Launch of IMCI program on Familia Social Franchising by PSI Tanzania * Familia social franchising is a network of private health practitioners linked through contracts to provide quality healthcare services under the Familia brand	**Key Support from PSI Tanzania:** -Trained providers from 15 facilities in Integrated Management of Childhood illnesses (IMCI) -Signed Memorandum of Understanding -Supported with essential equipment for IMCI -Branding -Job aids -Provided supportive supervision in collaboration with the Ministry -Data collection using DHIS



Existing National Child Survival Initiatives

By 2014 Familia franchise will include:

270 health facilities

270 Family Planning Services	**100** Integrated Management of Childhood Illnesses	**150** cervical cancer screening	**17** cervical cancer treatment (cryotherapy)

LESSONS LEARNED & DISCUSSION POINTS

Lessons Learned & Key Issues

Lessons Learned:

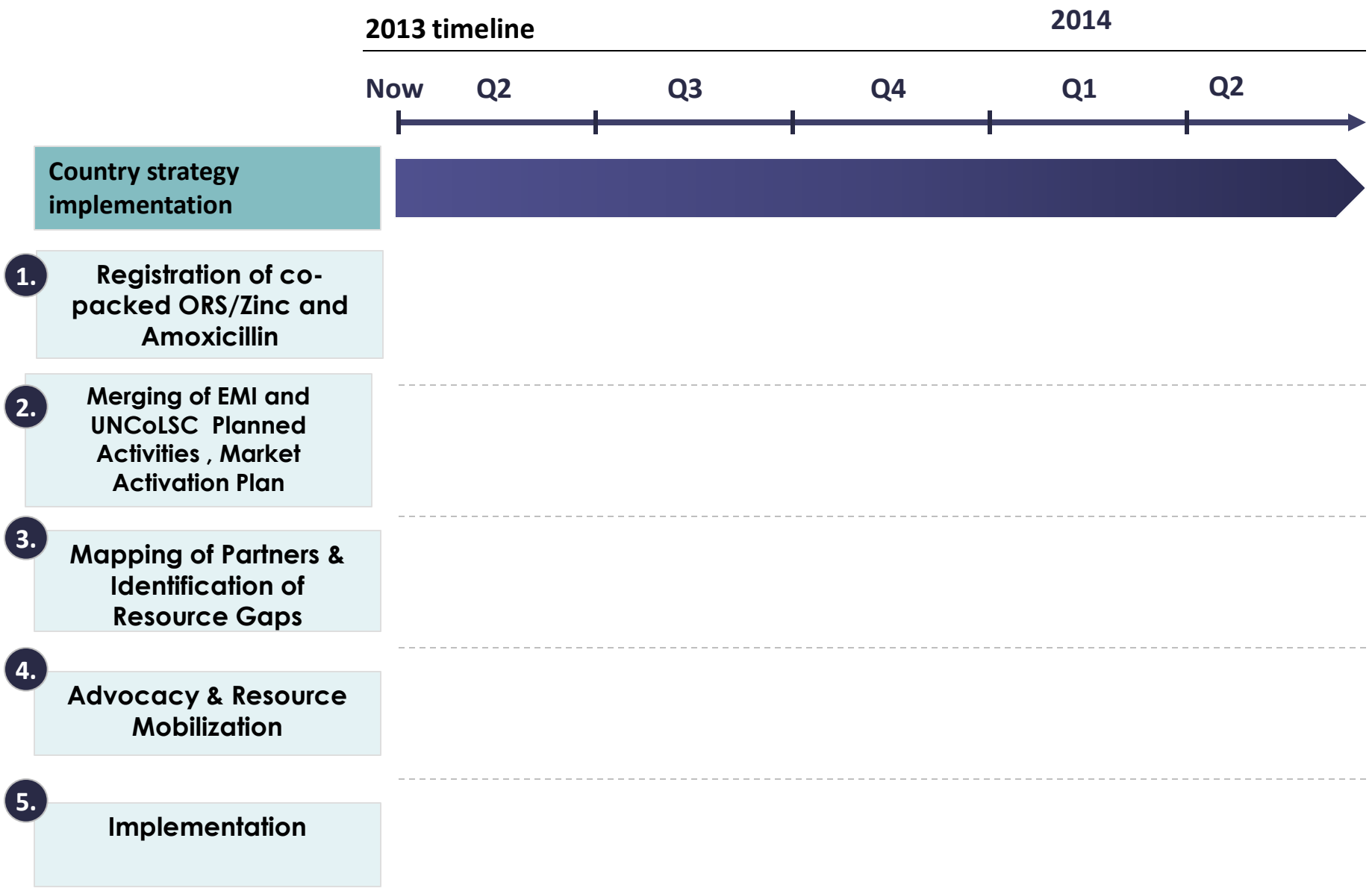
- Introduction of Essential Medicine Initiative (EMI) in the country; country strategy document as a proposal for available funds.
- Integration of EMI interventions and budget to UNCoLSC child health interventions and budget
- Mapping of partners involved in diarrhea and pneumonia interventions, identification of their focus areas and available resources
- Involvement of potential manufacturers and distributors in the initial planning and private sector are critical for creating sustainable supply and demand
- Private, public and NGO sectors must move together in planning

Key Issues:

- Global support for the registration of pneumonia and diarrhea medicines. Is there any support to facilitate the process?
- Global support on procurement of initial pneumonia treatments

NEXT STEPS

Timelines for Implementation



Key Stakeholders:

- MoHSW
- CHAI
- PSI Tanzania
- USAID
- JSI
- PATH
- TFDA
- Pharmacy Council
- WHO
- MSH
- UNICEF
- UNFPA
- Pharmaceutical Supplies Unit

Thank You!