Child Health Commodity Taskforce

Newborn and Child Health commodities sub-group regular meeting
April 12, 2022
Agenda

Moderators: Joseph Monehin (USAID) and Patrick Gaparayi (UNICEF)

1. Welcome remarks (Dyness, CHTF secretariat)
2. General overview of the subgroup (Joseph Monehin, USAID)
3. Dissemination of the findings from recent survey of members (Patrick Gaparayi, UNICEF)
4. Polling on frequency of Subgroup meetings (Joseph)
5. Online events registry/platform to disseminate members’ work (Patrick)
6. Ongoing/upcoming events:
   - Planned consultation meetings on Amoxicillin and Gentamicin - USAID MTaPS, PQM+ and GHSC-PSM (Siobhan Vega, GHSC-PSM)
   - Ongoing consultations on improving access to ORS/Zinc with the ORS/Zinc Co-pack Alliance (Simon Berry, ORSZCA)
7. AOB
Child Health Task Force Overview

- 2600+ members
- 80+ countries
- 300+ organizations

Working together in 10 subgroups

Coordination, Advocacy, Support Countries, Learning, Knowledge Management

Focused on 5 themes of work
(1) General overview of the subgroup

- Uninterrupted supply of efficacious, safe, quality and cost-effective essential medicines and other medical technologies are critical for preventing, diagnosing, treating and managing different health conditions that affect newborns and children among other age groups.

- A subgroup on newborn and child health commodities was created in 2019 within the Child Health Taskforce and is co-chaired by UNICEF and USAID.

- Our major aim is to raise awareness and promote collective efforts to improve the way commodities for newborn and child health are prioritized, financed and managed.

Specific Objectives of the sub-group

1. Optimize coordination within global and national supply chain strategies for an integrated child health package.

2. Articulate a basic equipment package for newborn and child health in the broader global and national supply chain strategies.

3. Increase end user engagement to support the availability, affordability and appropriate use of quality newborn and child health commodities.

4. Develop evidence-based strategies to improve newborn and child health commodities across the humanitarian/development continuum/nexus (e.g. preparedness, transitions to stable supply chains post crisis/shock).

5. Shape opportunities for private sector collaboration for newborn and child commodities.

6. Share resources on recognized and emerging best practices and innovations as well as practical experiences from implementation in country programs for management of child and newborn health commodities.

7. Support improved maturity of both upstream (procurement and market shaping) and downstream (delivery and last mile) components of the supply chain.

8. Support country programs to assess the quality of use aspects (e.g. appropriate prescription practices, rational medicine use and user adherence).
(2) Findings of the survey to revitalize the newborn and child health commodities sub-group
## 1. Respondents

<table>
<thead>
<tr>
<th>Academic/research</th>
<th>Government institutions</th>
<th>Local NGO, Community Based Organization (CBO) or Faith Based Organization (FBO)</th>
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<tbody>
<tr>
<td>American Academy of Pediatrics</td>
<td>FMOH</td>
<td>African Centre for global Health and Social Transformation (ACHEST)</td>
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<td>College of Nursing, PIMS</td>
<td>Ghana Health Service</td>
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<td>University of Maiduguri and University of Maiduguri Teaching Hospital</td>
<td>National Health Mission Kerala</td>
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<td><strong>Clinical care/medical provider</strong></td>
<td>Turkana County Government, Kenya</td>
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<td>Federal Medical Center, ASABA, DELTA STATE NIGERIA [NISONM Member]</td>
<td><strong>International NGO or FBO</strong></td>
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<td>Federal Medical Centre Birnin Kudu, Lifeline Children’s Hospital Lekki Lagos</td>
<td>Action Against Hunger</td>
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<td><strong>Coalition</strong></td>
<td>Children’s HeartLink</td>
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<td>Every Breath Counts Coalition</td>
<td>CRS</td>
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<tr>
<td><strong>Donor agency – bilateral</strong></td>
<td>Jhpiego</td>
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<td>USAID</td>
<td>JSI</td>
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<td>USAID</td>
<td>JSI-RHITES-N, Lango Project</td>
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<td>USAID Bangladesh</td>
<td>Malaria Consortium</td>
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<td>USAID Nigeria</td>
<td>ORSZCA / ColaLife</td>
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<td>USAID/Guinea</td>
<td>Palladium - Integrated Health Program</td>
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<td>USAID/PMI</td>
<td>Palladium Group</td>
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<td>Save the Children</td>
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<td>The USAID Integrated Health Program led by Palladium</td>
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| **Coalition** | **Private foundation** |  |
| Every Breath Counts Coalition | IPE Global |  |

| **Donor agency – bilateral** | **Private sector/for-profit** |  |
| USAID | Chemonics |  |
| USAID | Jsipl |  |
| USAID Bangladesh | Maternova |  |
| USAID Nigeria | Palladium |  |

| **Independent Global Health Consulting** |  |
| Independent Practice |  |

| **Donor agency - multilateral or International Organization** |  |
| UNICEF |  |
| World Health Organization |  |
Would you like to become a member of the Newborn and Child Health Commodities subgroup?
In which region(s) does your organization work/support?

- Sub-Saharan Africa: 31 (77.5%)
- Middle-East and Northern Africa: 10 (25%)
- Central Europe: 6 (15%)
- Latin America and the Caribbean: 10 (25%)
- Eastern Asia and Pacific: 9 (22.5%)
- South Asia: 15 (37.5%)
- Not specific: 2 (5%)
4. Ongoing projects (donor)

<table>
<thead>
<tr>
<th>Project/Program</th>
<th>Details</th>
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<tbody>
<tr>
<td>Alborada (UK gov.)</td>
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<td>Child Health Task Force (via Advancing Nutrition) (USAID)</td>
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<td>CRS-Nuyok (USAID)</td>
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<td>Essential Health care service (USAID, Gavi, UK)</td>
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<td>Every Breath Counts (various)</td>
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<td>ICCM Project (Global Fund)</td>
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<td>CHIPS programme (BMGF)</td>
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<td>SMC Campaigns (Givewell)</td>
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<td>Integrated Health Program (IHP) (USAID)</td>
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<td>Drive innovation of a fit-for-purpose oxygen concentrators (various)</td>
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<td>MaMoni Maternal and Newborn Care (USAID)</td>
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<td>MOMENTUM Integrated Health Resilience (MIHR) (USAID)</td>
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<td>National Community Health Reform in Madagascar, improving access to life saving commodities (UNICEF)</td>
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<td>Ongoing Commercialization of Newborn &amp; Child health innovations including clinical nutrition (self-funded)</td>
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<td>ORS/Zinc Co-pack Alliance (various)</td>
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<td>RBSK, shalabham (gov. funded)</td>
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<td>Samveg (USAID)</td>
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<td>USAID MNCH ACCELARATOR MOMENTUM 4 (USAID)</td>
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<tr>
<td>USAID SC projects -GHSC-PSM, GHSC-TA, MTAPs, PQM (USAID)</td>
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<tr>
<td>USAID Regional Health Integration To Enhance Services North Lango Sub-region (USAID)</td>
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<tr>
<td>Hridyam for little hearts (gov)</td>
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5. Areas of intervention

- TA, improving equitable and rational use of NCH commodities: 25 responses
- Demand planning and forecasting: 22 responses
- TA, in-country supply chain management: 15 responses
- Procurement and distribution (upstream): 15 responses
- Other areas of support: 13 responses
- TA, strengthening national regulatory system: 9 responses
- Market analysis and financing: 8 responses
6. Proposals to make the CHTF/newborn and child health commodities sub-group more functional

✓ Interactive webinars to share best practices from other projects work
✓ Virtual and In-person networking events
✓ Learning briefs
✓ Identification of best practices in using essential commodities at scale
✓ Advocacy around financing for other life-saving commodities for newborn and children treatment and care
✓ Activities focusing on quality survival of newborn
✓ Review of existing procurement, distribution and storage bottlenecks
✓ Better use of social media
✓ Research collaboration and networking opportunities
✓ Develop a platform for sharing challenges & lessons across projects and countries
Questions/Discussion
(4) Poll on the frequency of the meetings
(5) Online events platform to share and disseminate CHTF/NCH commodity subgroup members’ work

https://forms.gle/5y23CAMHVNd6TmmA8
(6) Ongoing/upcoming events:
Improving access to and appropriate use of medicines for newborn and child health for primary health care:

Amoxicillin and gentamicin

Planned consultations: May 2022
Global challenge: children are still dying of preventable causes

- Almost half of under 5 deaths are in newborns due to infections, including sepsis/pneumonia, pre-term complications and birth asphyxia
- Lower respiratory infections is the second leading cause of death among children under five years – 800,000 children a year
- Recent global changes in treatment of newborn and child health conditions still not widely adopted
  - Amoxicillin DT was recommended in 2014 for pneumonia
  - Oral amoxicillin with gentamicin injection recommended in 2015 for treatment of PSBI where referral is not feasible
  - In sick young infants with fast breathing as the only sign of illness
    - under 7 days old refer and, if referral is not feasible, treat with oral amoxicillin
    - 7-59 days old treat with oral amoxicillin, referral not needed (IMCI 2019)
- Access to and appropriate use of amoxicillin and gentamicin for newborn and child health through primary health care remains a challenge.
Addressing key barriers and bottlenecks

What is needed to further the advances already made and increase access and appropriate use of amoxicillin DT and gentamicin?

Prioritized bottlenecks:

Quantification & Financing
Inaccurate quantification at all levels and/or inadequate financing of pediatric amoxicillin and gentamicin formulations

Quality
Quality of child health products not guaranteed

Appropriate Use
Inappropriate use of medicines for treatment of pneumonia and PSBI by providers and caregivers
Improving uptake of amoxicillin and gentamicin

Consultative process to review experience and evidence related to selected bottlenecks

Consultative process:

- Literature review. Call for evidence, experience and data.
- Surveys to priority countries
- Series of consultative meetings
  - Convene country stakeholders, donors and implementing partners
  - Share evidence on prioritized bottlenecks in uptake of medicines for newborn and child health
  - Discuss root causes
  - Develop consensus on actionable, prioritized solutions
- Call-to-action paper
  - with defined roles for both countries and global partners

Schedule of consultative meetings:

Consultative Meeting #1: Quantification & Financing
- May 3rd

Consultative Meeting #2: Quality
- May 10th

Consultative Meeting #3: Appropriate Use
- May 17th

To register:
https://www.childhealthtaskforce.org/events
Ongoing consultations on improving access to ORS/Zinc with the ORS/Zinc Co-pack Alliance
ORSZCA and the Child Health Taskforce

Working with the Commodities Sub-group

Simon Berry
ORSZCA Secretariat

12-Apr-2022

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A short history of ORS and Zinc

- **2004**
  - Recommendation changed to ORS and Zinc

- **2019**
  - Zinc coverage 15%

- **2025**
  - GAPPD target
  - 90% access to diarrhoea case management

"Business as usual"
A short history of ORS and Zinc

2004
Recommendation changed to ORS and Zinc

2019
Zinc coverage 15%

2025
GAPPD target
90% access to diarrhoea case management

WHO co-packaging recommendation

“Business as usual”

STEP CHANGE
How significant is ORS and Zinc?

90% coverage of four direct diarrhoea interventions could reduce child mortality by 74%

ORS and Zinc alone could reduce mortality by 50%

What impact could we achieve?

90% coverage of four direct diarrhoea interventions could reduce child mortality by 74%

ORS and Zinc alone could reduce mortality by 50%

Reduction in diarrhoea deaths

- Total: 74%
- ORS/Zinc: 50.7%
- Rotavirus vaccine: 8.9%
- Persistent diarrhoea treatment: 9%
- Antibiotics for Dysentery: 5.4%
- ORS/Zinc: 253.5k
- GAPPD target: 360k
ORSZCA’s achievements so far 1/2

• Support to the Global Financing Facility’s (GFF) ‘Reclaim the Gains’ initiative to move from supporting 458 million new diarrhoea treatments with ORS only to ORS and Zinc.

• UNICEF Supply Division catalogue – co-pack pricing anomaly:
  • Co-pack prices are more that twice the price of ORS and Zinc bought separately
  • UNICEF is now re-tendering for ORS/Zinc products for the first time since 2015

• Established working relationships with the key players in Child Health including the Child Health Taskforce.
ORSZCA’s achievements so far 2/2


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**ORS/ZINC STATUS – ZAMBIA**

- **Zambia**
  - Population: 18,38m (2020)
  - Area: 752,617 sqkm
  - Diarrhoea deaths: 3,754 (2019)
  - ORS coverage: 67% (2019)
  - ORS + Zinc coverage: 34% (2019)

**National policy**

- ✓ ORS+Zinc in National Clinical Guidelines
- ✓ ORS included in the National Essential Medicines List
- ✓ Zinc included in the National Essential Medicines List
- ✓ Co-packaged ORS & Zinc included in the National Essential Medicines List (added in 2018)

**Zinc availability**

- ✓ Zinc available “over the counter”

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**ORS/ZINC STATUS – NIGERIA**

- **Nigeria (1st)**
  - Population: 188,510 (2020)
  - Area: 3,507 sqkm
  - Diarrhoea deaths: 55,210 (2019)
  - ORS coverage: 51% (2015)
  - ORS + Zinc coverage: 15% (2016)

**National policy**

- ✓ ORS+Zinc in National Clinical Guidelines
- ✓ ORS included in the National Essential Medicines List
- ✓ Zinc included in the National Essential Medicines List
- ✓ Co-packaged ORS & Zinc included in the National Essential Medicines List

**Zinc availability**

- ✓ Zinc available in pharmacies/clinics
- ✓ Zinc available in government clinics

**Special Campaigns**

- Oral rehydration and Zinc available
- Special ORS and Zinc tablets:
CALL TO ACTION!

Welcome to the ORSZCA website.

CALL TO ACTION

Please complete our ORS/Zinc status questionnaire:
- In English or
- En Français

Questionnaires are being analysed and shared back in our unique dataset here: orszco-pack.org/orsz-status
Working together

- The work plans are already closely aligned
- ORSZCA’s focus on a single commodity means we will be able to deliver real progress on ORS and Zinc coverage for the Commodities subgroup
- We look forward to working together to do this.

Thank you.
Resources

Engage with the co-chairs:

• Joseph Monehin: jmonehin@usaid.gov
• Ken Legins: klegins@unicef.org

Subgroup information, recordings and presentations from previous webinars and meetings are available on the subgroup page of the Child Health Task Force website: www.childhealthtaskforce.org/subgroups/newborn

*The recording and presentations from this meeting will be available on this page later today

Suggestions for improvement or additional resources are welcome. Please email childhealthtaskforce@jsi.com.