



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

from



80+ countries



300+ organizations



Working together in **10** subgroups

Coordination



Advocacy

**Support
Countries**



Learning

**Knowledge
Management**



Focused on **5** themes of work



(I) 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

Subgroup terms of reference: [**https://bit.ly/CommoditiesTOR**](https://bit.ly/CommoditiesTOR)



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



I. Respondents



Academic/research

American Academy of Pediatrics

College of Nursing, PIMS

University of Maiduguri and University of Maiduguri Teaching Hospital

Clinical care/medical provider

Federal Medical Center, ASABA, DELTA STATE NIGERIA [NISONM Member]

Federal Medical Centre Birnin Kudu, Lifeline Children's Hospital Lekki Lagos

Coalition

Every Breath Counts Coalition

Donor agency – bilateral

USAID

USAID

USAID Bangladesh

USAID Nigeria

USAID/Guinea

USAID/PMI

Government institutions

FMOH

Ghana Health Service

National Health Mission Kerala

Turkana County Government, Kenya

International NGO or FBO

Action Against Hunger

Children's HeartLink

CRS

Jhpiego

JSI

JSI-RHITES-N, Lango Project

Malaria Consortium

ORSZCA / ColaLife

Palladium - Integrated Health Program

Palladium Group

Save the Children

The USAID Integrated Health Program led by Palladium

Local NGO, Community Based Organization (CBO) or Faith Based Organization (FBO)

ACHEST

African Centre for global Health and Social Transformation (ACHEST)

Private foundation

IPE Global

Private sector/for-profit

Chemonics

Jsipl

Maternova

Palladium

Independent Global Health Consulting

Independent Practice

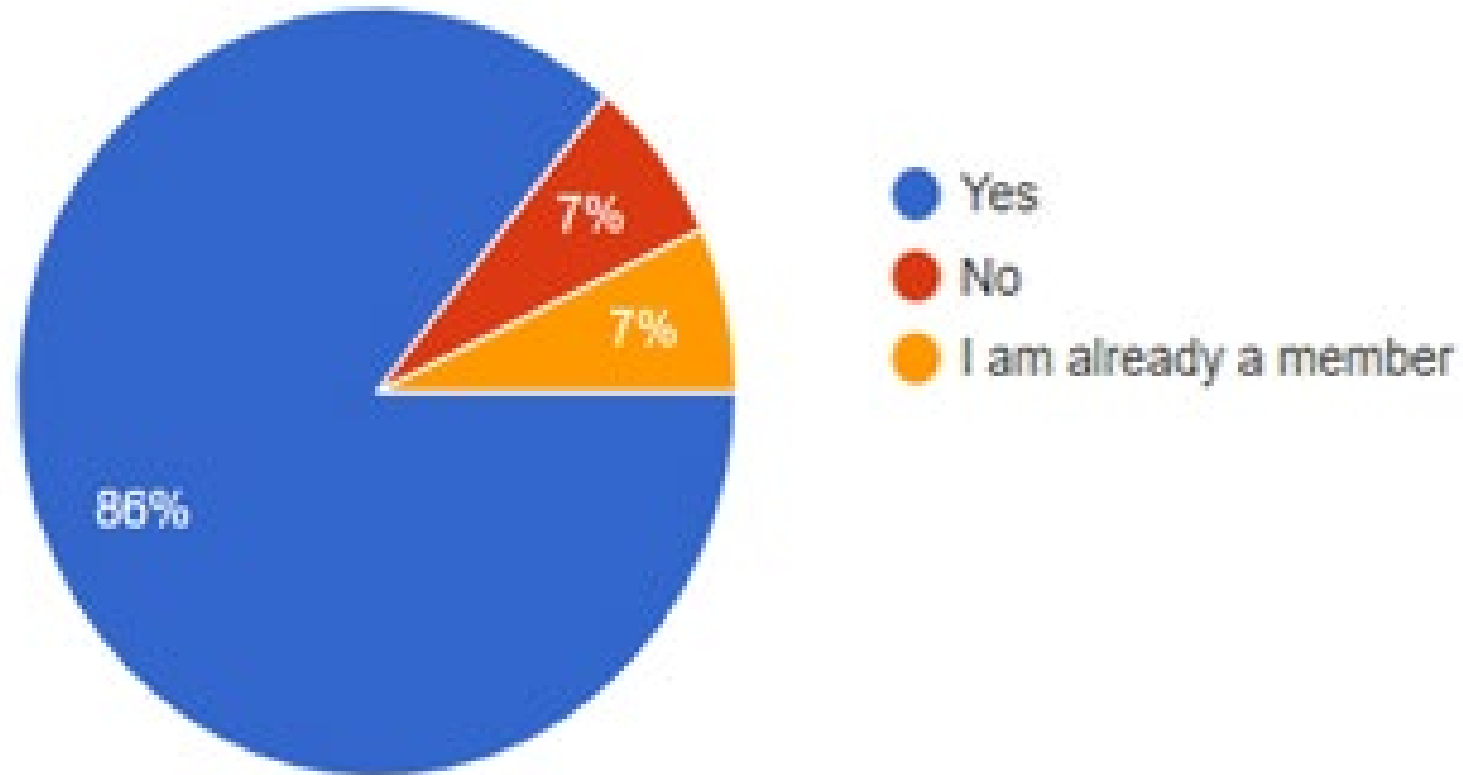
Donor agency - multilateral or International Organization

UNICEF

World Health Organization

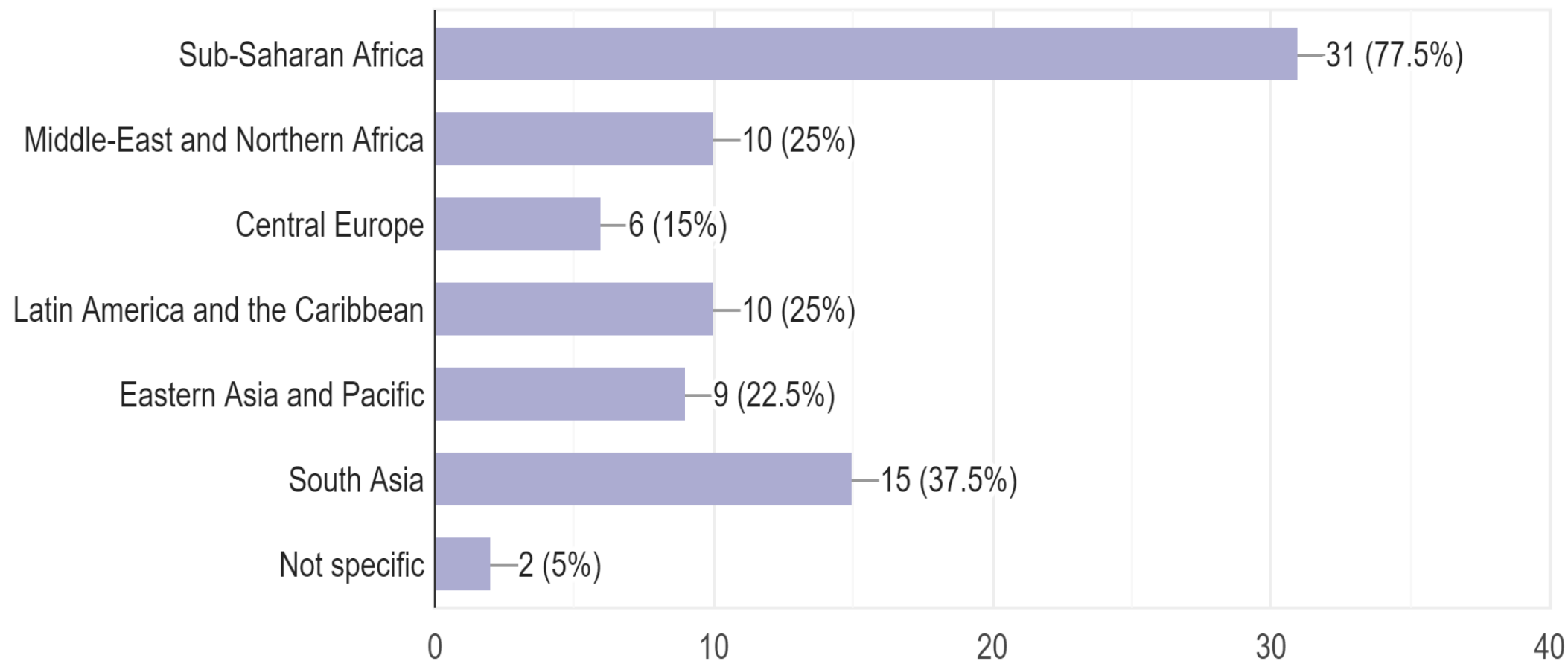


Would you like to become a member of the Newborn and Child Health Commodities subgroup?





In which region(s) does your organization work/support?





4. Ongoing projects (donor)



Alborada (UK gov.)
Child Health Task Force (via Advancing Nutrition) (USAID)
CRS-Nuyok (USAID)
Essential Health care service (USAID, Gavi, UK)
Every Breath Counts (various)
ICCM Project (Global Fund)
CHIPS programme (BMGF)
SMC Campaigns (Givewell)
Integrated Health Program (IHP) (USAID)
Drive innovation of a fit-for-purpose oxygen concentrators (various)
MaMoni Maternal and Newborn Care (USAID)
MOMENTUM Integrated Health Resilience (MIHR) (USAID)

National Community Health Reform in Madagascar, improving access to life saving commodities (UNICEF)

Ongoing Commercialization of Newborn & Child health innovations including clinical nutrition (self-funded)

ORS/Zinc Co-pack Alliance (various)

RBSK, shalabham (gov. funded)

Samveg (USAID)

USAID MNCH ACCELERATOR MOMENTUM 4 (USAID)

USAID SC projects -GHSC-PSM, GHSC-TA, MTAPs, PQM (USAID)

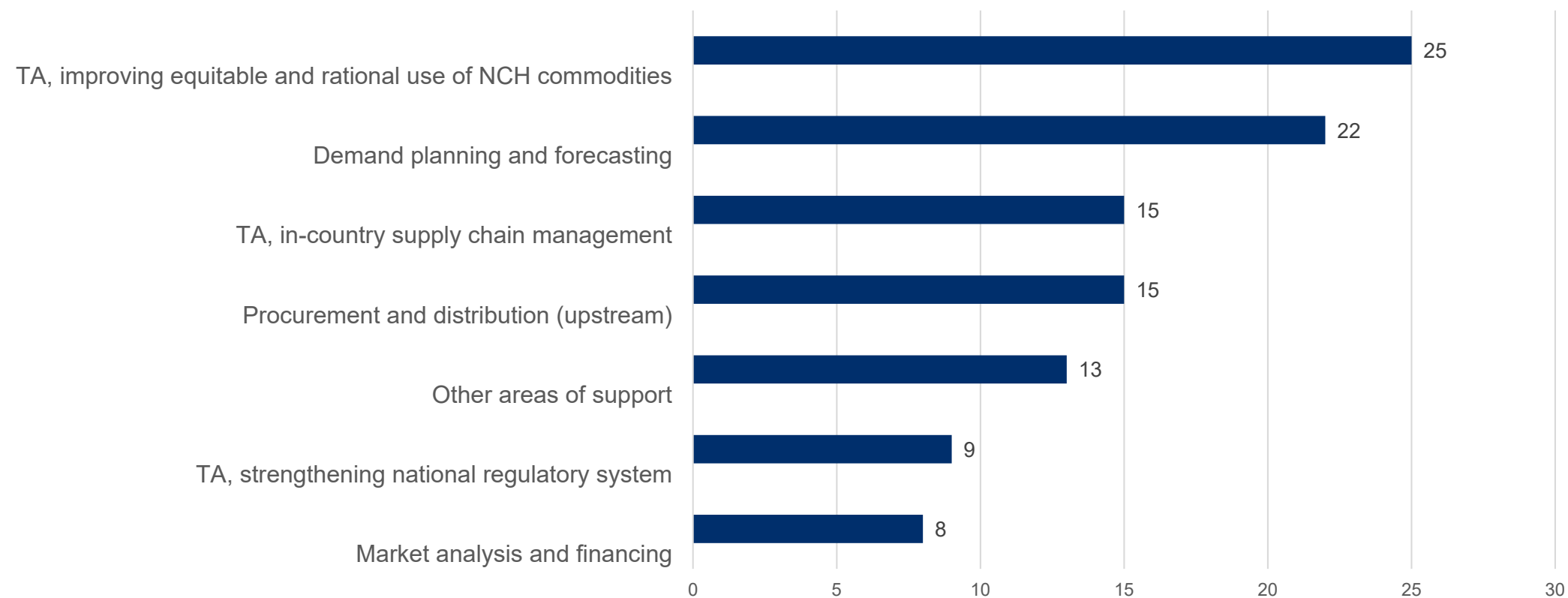
USAID Regional Health Integration To Enhance Services North Lango Sub-region (USAID)

Hridyam for little hearts (gov)



5. Areas of intervention

Number of 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



USAID
FROM THE AMERICAN PEOPLE



USAID MEDICINES, TECHNOLOGIES, AND
PHARMACEUTICAL SERVICES (MTaPS) PROGRAM

Improved Access. Improved Services. Better Health Outcomes.

USAID GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

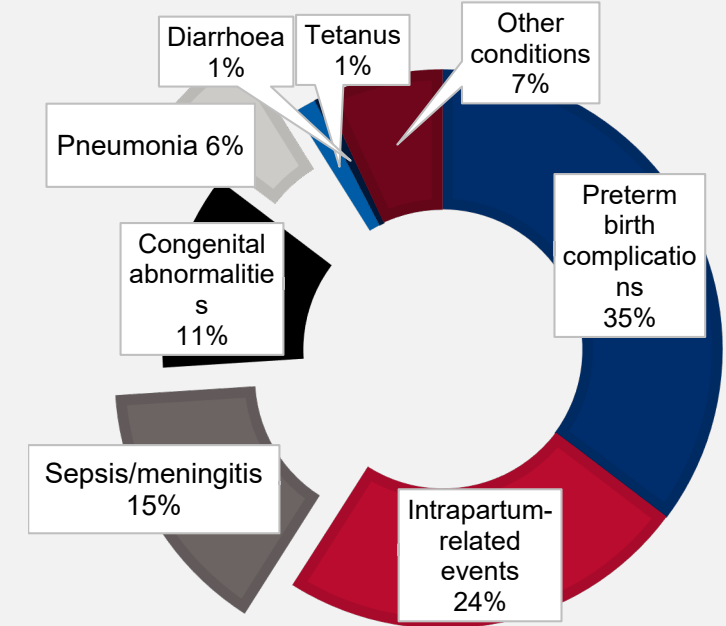
**Promoting the Quality
of Medicines Plus (PQM+)**



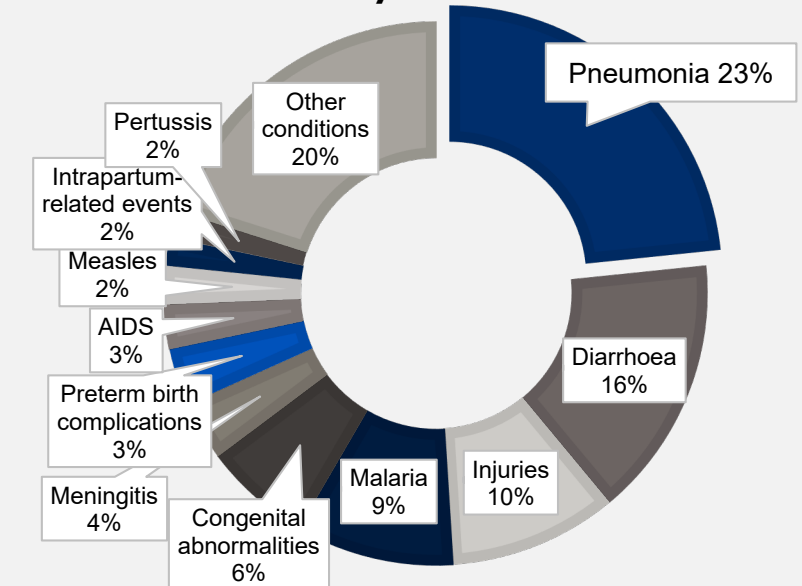
Global challenge: children are still dying of preventable causes

- 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.

Causes of newborn mortality



Causes of child mortality





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



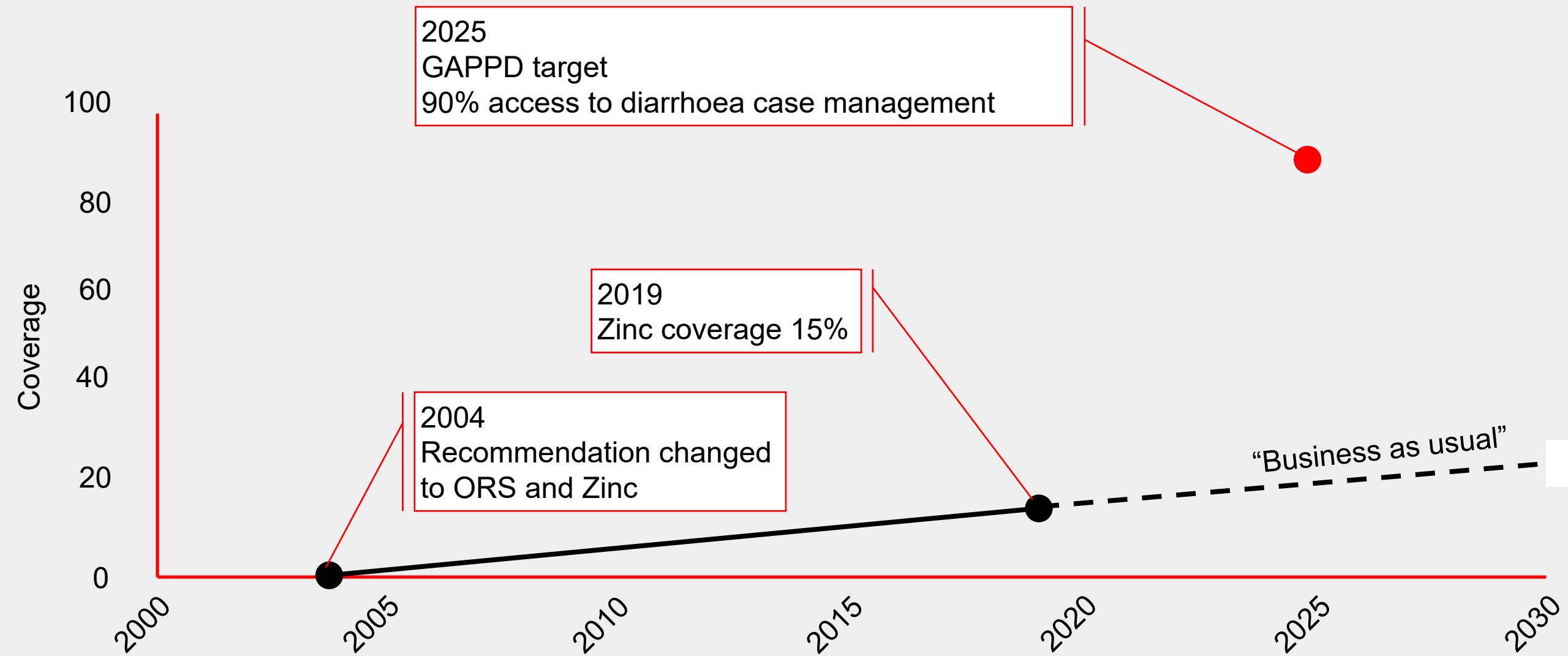
©Bill & Melinda Gates Foundation/Prashant Panjiar

Working with the
Commodities
Sub-group

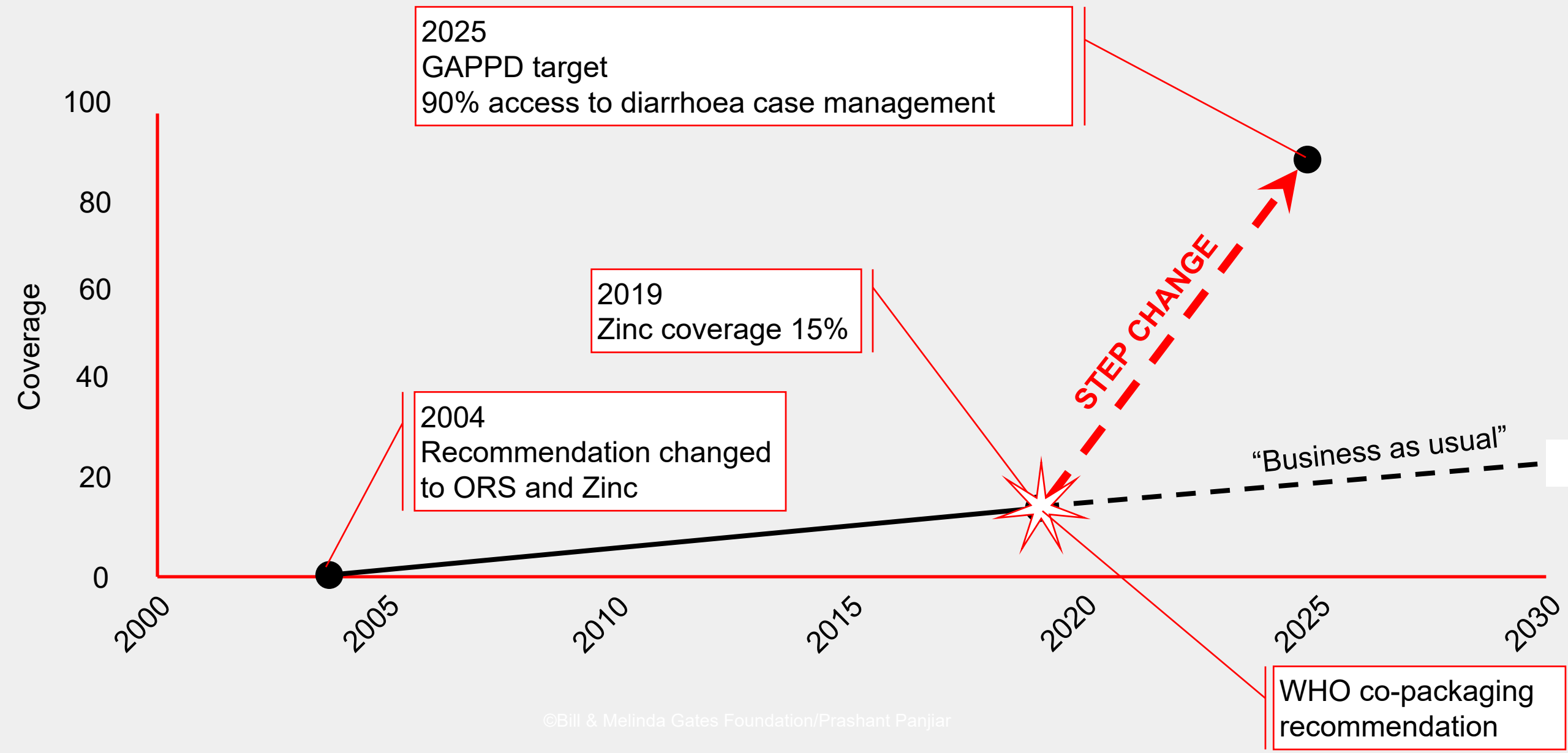
Simon Berry
ORSZCA Secretariat

12-Apr-2022

A short history of ORS and Zinc



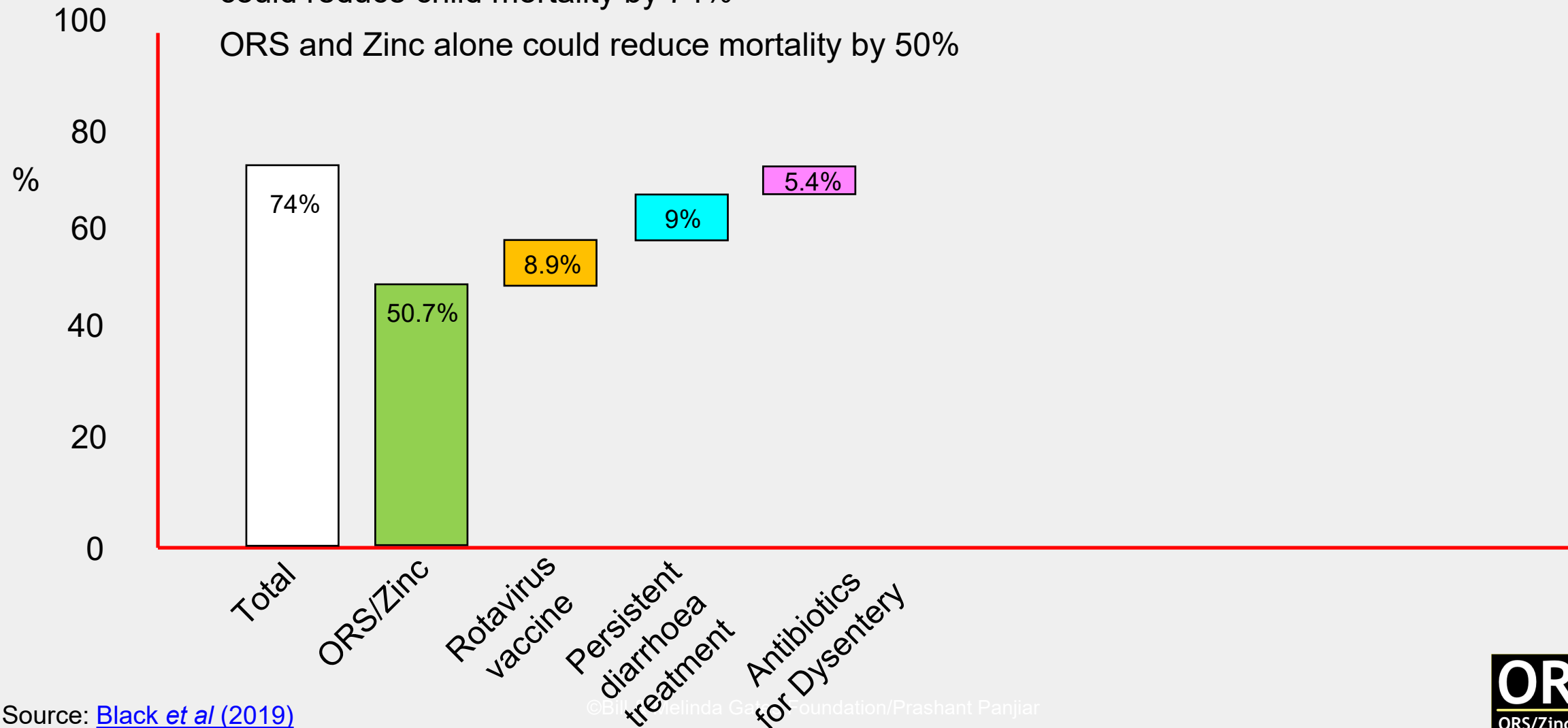
A short history of ORS and Zinc



How significant is ORS and Zinc?

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

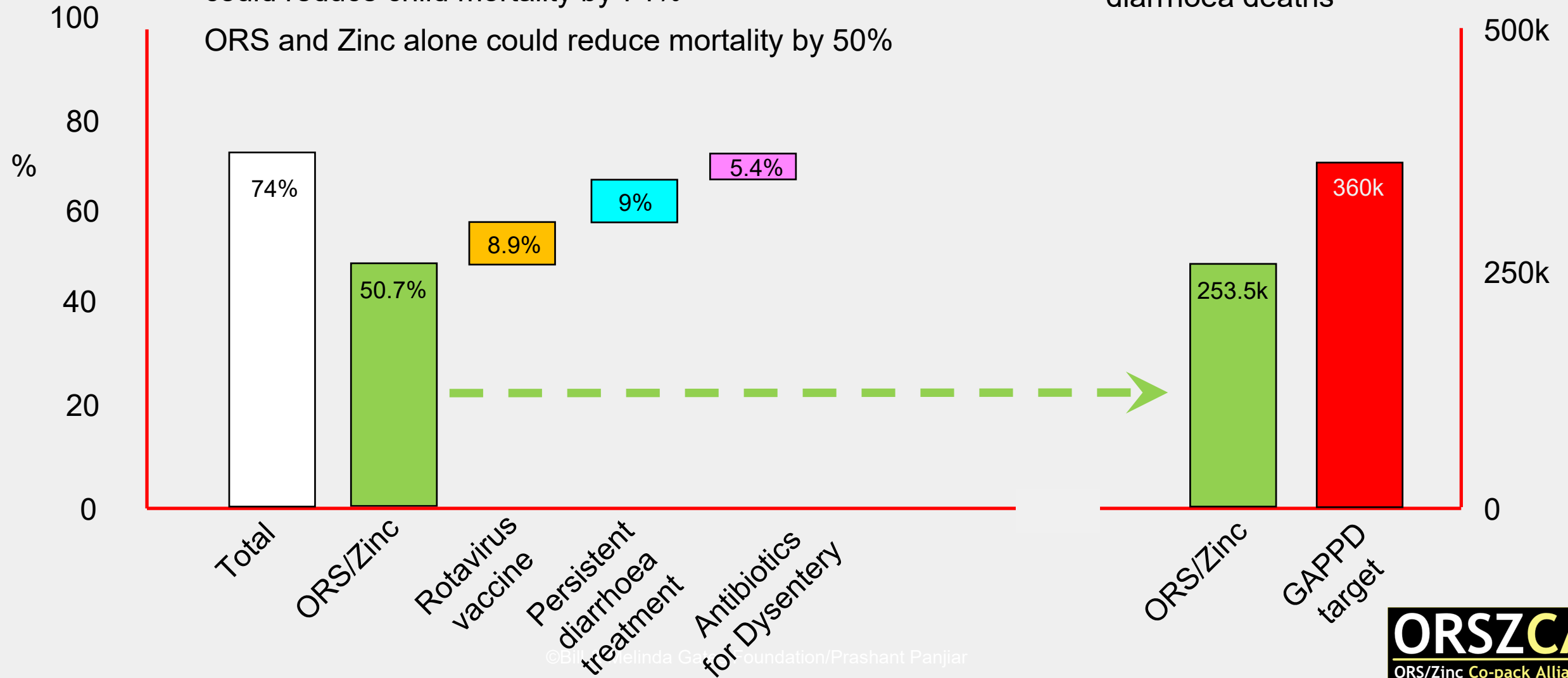
ORS and Zinc alone could reduce mortality by 50%



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%

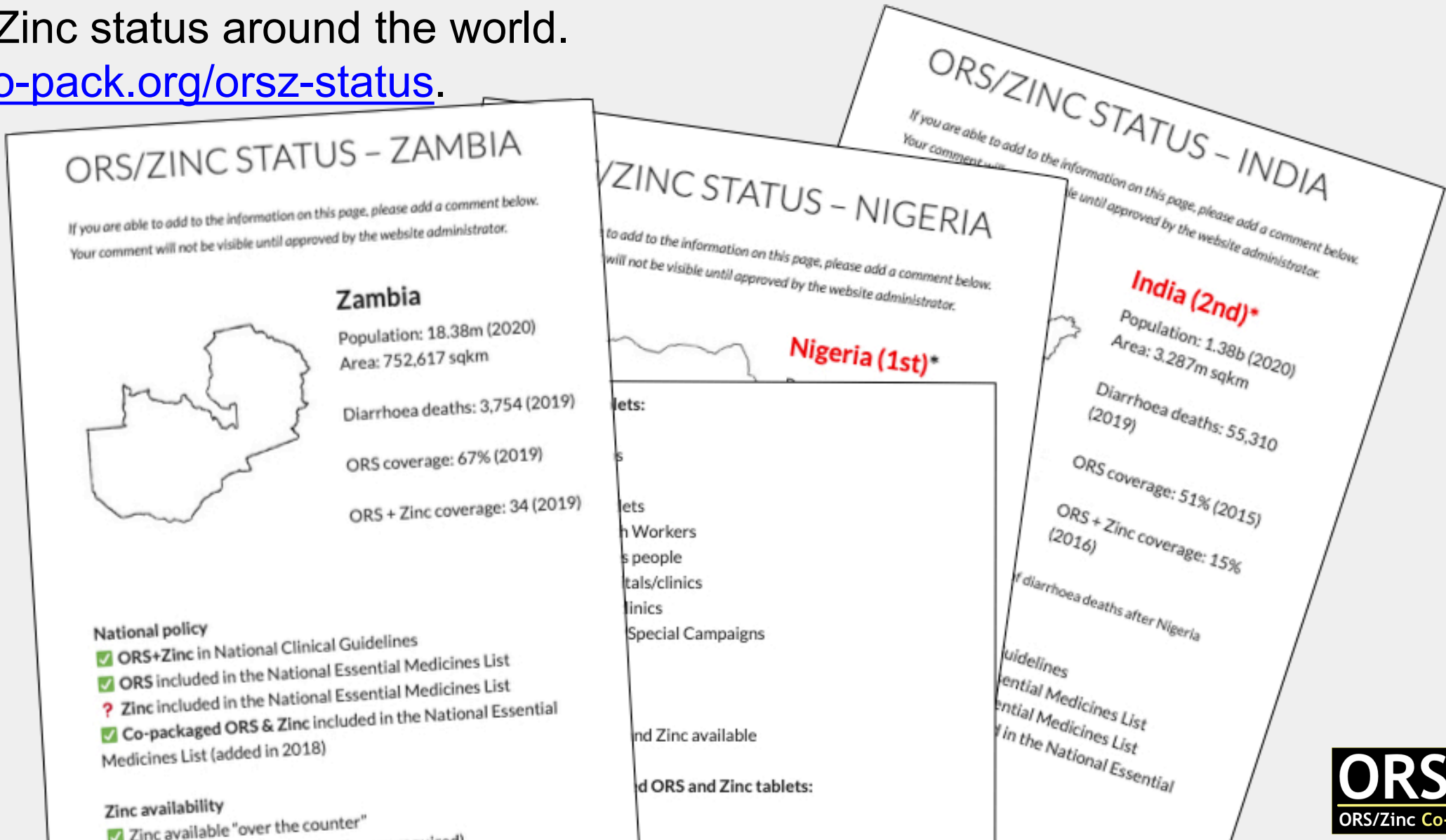


ORSZCA's achievements so far 1/2

- 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 than 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

- ORS/Zinc status around the world.
orszco-pack.org/orsz-status.



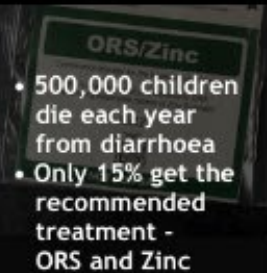
CALL TO ACTION!

orszco-pack.org

Making co-packaged ORS and Zinc the “go-to” treatment for childhood diarrhoea

The ORS/Zinc co-pack alliance (ORSZCA)

[WHO WE ARE](#)[THE CHANGE WE WANT TO SEE](#)[WHY JOIN US? ▾](#)[OUR WORK PLAN](#)[DATA & EVIDENCE ▾](#)[RESOURCES ▾](#)[>>BLOG<<](#)[PRIVACY POLICY](#)

- 
- 500,000 children die each year from diarrhoea
 - Only 15% get the recommended treatment - ORS and Zinc

>> Join us to change that.

WELCOME

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 sub-group
- We look forward to working together to do this.

Thank you.



Resources

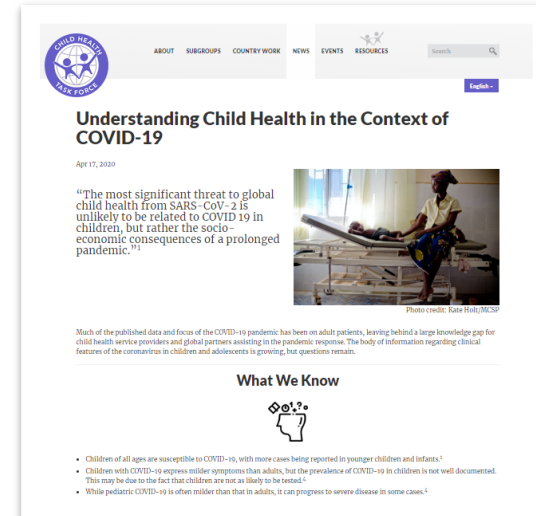


Engage with the **co-chairs**:

- 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*



Check out the Task Force Child Health & COVID-19 web page for additional resources!

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