MDG 4 Special Donor Session:
Financing Diarrhea & Pneumonia Treatment Gaps

September 25th, 2013, New York
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## Annex

Diarrhea & Pneumonia Working Group Advocacy Brief

Amoxicillin Advocacy Flyer

Mining Compact for Child Health
Reducing Childhood Deaths from Diarrhea & Pneumonia
High Impact Opportunities in 10 Countries
Bangladesh: Reducing Childhood Deaths from Diarrhea & Pneumonia
Bridging the procurement gap for essential commodities

MDG 4 in Bangladesh and Opportunity for Impact
Bangladesh is one of few low-income countries that have achieved the Millennium Development Goal (MDG 4) of reducing child deaths by two-thirds.\(^1\) However, nearly 23,000 children still die from diarrhea and pneumonia each year.

An important factor of the country’s success in achieving MDG 4 is its focus on diarrhea and on cost-effective solutions. Specifically, national efforts\(^2\) have been implemented to scale-up the use of oral rehydration therapy (ORT) and zinc. As a result, Bangladesh has achieved high rates of sustained use of treatment—81% for ORT (and 34% for both ORT and zinc). Diarrhea now accounts for only 5% of child deaths in the country, a dramatic decrease from about 20% in 1993.

While the Bangladesh experience serves as an example for other high burden countries, it will be critical to sustain these improvements by further increasing the use of both zinc and ORS. Moreover, additional efforts are needed to decrease deaths from pneumonia, which can be largely prevented through treatment with amoxicillin. If national targets for scaling up diarrhea and pneumonia treatment are achieved in Bangladesh, an estimated 6,400 lives of children can be saved in the next two years by 2015.\(^3\)

What You Can Do
The Government of Bangladesh is expected to support the procurement of essential child commodities beginning in 2014-2015\(^4\); however, there is an immediate need to bridge the gap for public sector commodity procurement in the near-term. In particular, US $7.4 million is needed to cover the cost of essential commodities, related equipment and overall program management. An additional US $42.9 million will be required to support other key interventions to help achieve the full impact of the national program including trainings, procurement support, referrals, and communications for a total need of US $50 million. It should be noted that a portion of this estimate will be covered by commitments secured to date from government and donors (US $2 million).

<table>
<thead>
<tr>
<th>ESTIMATED IMPLEMENTATION COSTS, 2014-2015 (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost Category</td>
</tr>
<tr>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Commodity procurement</td>
</tr>
<tr>
<td>Zinc dispersible tablets</td>
</tr>
<tr>
<td>Amoxicillin dispersible tablets</td>
</tr>
<tr>
<td>Salbutamol + nebulizer</td>
</tr>
<tr>
<td>Training</td>
</tr>
<tr>
<td>Procurement systems</td>
</tr>
<tr>
<td>Referral</td>
</tr>
<tr>
<td>Local level planning, monitoring, supervision</td>
</tr>
<tr>
<td>Communications</td>
</tr>
<tr>
<td>Coordination and management</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
</tr>
</tbody>
</table>

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\(^2\) Efforts include national scale-up of ORS in the 1970s and the Scaling Up of Zinc for Young Children Project or “SUZY”, the first zinc scale-up effort in any country in 2004.

\(^3\) Estimate calculated using the Lives Saved Tool, Johns Hopkins Bloomberg School of Public Health, March 2013. Note: the Lives Saved Tool does not reflect recent APR estimates from September 2013.

\(^4\) Through its five-year health sector program (SwAp)
The National Core Committee for Newborn Health will help to coordinate implementation of activities around diarrhea and pneumonia treatment across several stakeholder groups in the country. Key partners working on diarrhea and pneumonia treatment scale-up efforts include: The Government of Bangladesh, UNICEF, icddr,b, WHO, Save the Children, Micronutrient Initiative, and BRAC, among others.

**National Approach to Scaling Up Treatment for Diarrhea and Pneumonia**

icddr,b is collaborating closely with the Government of Bangladesh, UNICEF, and other key stakeholders to implement the *National Scale-up Plan: Identifying Gaps and Challenges in Scaling up of Pneumonia and Diarrhoea Management in Bangladesh*, which was developed in early 2012. The plan aims to increase the coverage of zinc, ORS, and amoxicillin to 50% by 2016 and 80% by 2020 and outlines concrete areas for action.

Key interventions of the plan include:

- Improving the capacity of service providers and facilities for treatment of pneumonia and diarrhea
- Developing and implementing a procurement, planning and distribution system based on fully functioning, automated Logistic-MIS (L-MIS)
- Testing and implementing referral solutions for sick children
- Improving capacity for local level planning (LLP), quality assurance, supervision and monitoring
- Formulating and implementing an updated national communication strategy to improve home care and care-seeking
- Introducing dispersible amoxicillin in public sector facilities and ensuring regular and adequate supply of amoxicillin and zinc

The National Scale-up Plan is in line with recommendations of the UN Commission on Life-Saving Commodities for Women and Children, the Global Action Plan for the Prevention and Control of Pneumonia and Diarrhea (GAPPD), A Promise Renewed, and the United Nations Secretary-General’s Every Woman Every Child movement. Most recently, the Government of Bangladesh launched the Bangladesh Call for Child Survival for ending preventable child deaths by 2035 as part of the A Promise Renewed initiative, which further reflects the Government’s unprecedented leadership around this high impact opportunity.

**Contact Us**

For more information on how you can contribute to the effort in Bangladesh, contact:

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Email: shams@icddrb.org

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5 National Steering Committee for IMCI (Ministry level), National MNCH Forum (Directorate level), National Core Committee for Newborn Health (Ministry Level), National Working Team for Child Health.
DRC: Reducing Childhood Deaths from Diarrhea & Pneumonia
Proposal for a large-scale integrated approach to treatment scale-up

MDG 4 in DRC and Opportunity for Impact
The Democratic Republic of Congo (DRC) has the third highest burden of under five deaths in the world. While the rate of child mortality has declined by 15% since 1990, pneumonia and diarrhea remain the leading causes of death in the country. **Pneumonia and diarrhea are responsible for nearly 120,000 child deaths each year.**

Most of these deaths can be prevented with increased access to vaccines and medicines. Though DRC recently introduced the pneumonia vaccine in 9 of 11 provinces, it is not widely available.

Simple, highly-effective treatment already exists—zinc and oral rehydration solution (ORS) for diarrhea and amoxicillin for pneumonia. Yet only 42% of children with pneumonia receive antibiotics and 2% and 27% of children with diarrhea receive zinc and ORS, respectively.²

Only one third of the population obtains care from the official health system while most others are using traditional healers, prayer or self-medicating.³ For both diarrhea and pneumonia, an estimated 40% of caregivers sought care for their children. Reasons for this are varied, but many people cannot afford care or transportation. Those that seek care at public health facilities often cannot access medicines due to stock-outs. Additionally, care-takers often misjudge the severity of cough or diarrhea, fail to appreciate the effectiveness of ORS for diarrhea and instead prefer antibiotics (e.g., injectable antibiotics) despite its ineffectiveness, or even blame cough and diarrhea on witchcraft.

By focusing on DRC’s two leading causes of child mortality and scaling up access to appropriate treatment, there is an opportunity to rapidly accelerate the country’s progress towards achieving the Millennium Development Goal (MDG 4) of reducing child deaths by two-thirds by 2015. If national treatment coverage targets were achieved, **there is potential to save 136,000 lives of children by 2015.⁴**

Proposed Approach for Large-Scale Implementation
Approximately 70% of the population of DRC lives in rural areas. Accessibility to health services and treatment is a challenge in these areas as only 35% of the population lives near a health facility.⁵ To improve access to treatment beyond the facility level in these communities where the need is greatest, a large-scale program will be implemented to expand integrated Community Case Management (iCCM), a strategy to extend case management of basic childhood illnesses—including diarrhea and pneumonia—in line with the national strategy (see ‘National Approach’ below).

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² Democratic Republic of Congo, Ministry of planning: Multiple Indicator Cluster Survey (MICS)-2010; May 2011.
The proposed program will be implemented in 1,500 remote sites in 45 health zones of the country through a phased rollout. In Year 1, this will include 35 health zones (Katanga, Kasai Occidental, and Sud Kivu provinces)\textsuperscript{6} with the greatest incidence of disease but with the lowest treatment coverage rates. In Year 2, the program will focus on an additional 10 health zones (Equateur and Kinshasa provinces). These two phases will focus on increasing access to diarrhea and pneumonia treatment through community mobilization for improved care-seeking behavior, health promotion, referral of cases with danger signs, and appropriate recognition and case management of pneumonia and diarrhea by health providers in communities and at health facilities.

The program will aim to increase coverage of zinc and ORS for diarrhea to 70% and provision of amoxicillin for treatment of pneumonia to 70% in all 45 health zones. If these targets are achieved, the program will have potential to avert approximately 42,000 child deaths by 2015.

To achieve this target, the four program objectives include:

**Objective 1: Generating awareness and demand among caregivers:** Key opinion leaders (‘relais promotionnels or ‘RPs’ and relais institutional or ‘RIs’) such as pastors, school teachers, and opinion leaders will act as local community mobilizers to conduct behavior change communication activities for disseminating messages about awareness of and care-seeking behavior for diarrhea and pneumonia. These key influencers will help to create demand for services among caregivers. Mid and mass media will also be used to spread the message.

- Conduct trainings for RPs and RIs to educate them about diarrhea and pneumonia, and improve communication skills to tailor messages around local social and cultural beliefs underlying health behaviors
- Disseminate messages through local theater, radio, and mobile phone through text messages (SMS, mhealth); ongoing implementation of information, education, and communication (IEC) activities may potentially be supported by a small grants program for two local NGOs
- Organize special activities to disseminate messages to care-givers during Pneumonia Day (November), International Day of the African Child (June), and World Breastfeeding Week (August)

Potential implementing partners for this component include the Ministry of Health (MoH), Management Sciences for Health (MSH), C-Change, DRC-Competence, and WHO.

**Objective 2: Increasing provider awareness:** Two iCCM Community health Workers (CHWs) per site will provide iCCM services in their communities. The main activities for the iCCM CHW will include case management of simple illnesses, home visits, health promotion activities to prevent diarrhea and pneumonia, and community mobilization and reporting.

- Train iCCM CHW on appropriate prevention, diagnosis and treatment of pneumonia, diarrhea and malaria and how to obtain their first stock of essential commodities and all necessary supplies and devices for full iCCM implementation. Trainings will emphasize the importance of the pneumococcal vaccine for the prevention of pneumonia.
- Conduct regular supervision and, as necessary, re-training of topics and skills that need additional skill building for ‘Relais de site de soins’ (iCCM community health workers) at a central location
- ‘Infirmiers titulaires’ (nurses) from nearby facilities to conduct monthly supportive supervision visits. Local oversight and data analysis for sites located in catchment area to be provided by ‘infirmiers titulaires’ and a facility’s ‘équipe cadre de la zone de santé’ (the health zone medical team)—which consists of a doctor, supervisory nurse, animateur communautaire, and rural development technician

Potential implementing partners for Objective 2 include the MoH and MSH.

**Objective 3: Ensuring availability of supply:** Ensuring the availability of key commodities for children at the community level is critical to the success of the program. In DRC, the pharmaceutical system is organized within the Système National d’Approvisionnement en Médicaments Essentiels (SNAME) and based on ‘Centrales de Distribution Régionales

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\textsuperscript{6} MSH is already implementing the USAID-funded Integrated Health Project (IHP) in most health zones
des médicaments or ‘CDRs’ (regional medical stores) but of the 26 CDRs needed in the country there are currently only 15 CDRs. Furthermore, local drug manufacturers do not meet quality standards such as ‘Good Manufacturing Practices’ defined by WHO. As a result, these medicines are not widely available, especially in rural areas.

- Integrate all necessary commodities and devices into the current national system to help strengthen synergies with the MOH’s pharmaceutical supply management expertise, the USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) project, and the CDRs
- Establish procedures for forecasting and strengthen the ordering system through the use of innovative technologies such as Comtrack through mobile phones, which is compatible with other electronic logistic management information systems (LMIS)
- Include medicines management in all continuing education and formative supervision of ‘relais’ (community health workers) as well as at the health facility level
- Establish quality improvement teams to monitor commodity availability at facility and community levels and set targets for improvement
- Promote rational use of medicines by providers and relais

Potential implementing partners include the MoH, MSH, WHO, UNICEF, Save the Children, and World Vision.

**Objective 4: Securing a conducive policy environment:** Less than 5% of the national budget is earmarked for health and the disbursement rate is approximately 70%. Furthermore, current budget allocations do not reflect health sector priorities.

- Convene a meeting with all key stakeholders—national and provincial governments, Senate, and donors—to discuss the current situation of the health of Congolese children and advocate for increased funding to support scale-up of amoxicillin, zinc and ORS
- Support the revision and dissemination of the pneumonia guidelines and the adoption of dispersible amoxicillin in blister presentation for community level use. This will include registration support and revision of the Essential Medicines List

The monitoring and evaluation plan will include pre- and post-intervention measurement of project coverage and monthly reports of data and contextual factors. Data collection and compilation will take place in health facilities and health zones to inform decision making. Data will be transmitted to the provincial and national levels for surveillance and analysis. A quarterly control and verification system will allow corrective measures to take place in a timely manner. The project will use the following M&E strategies:

- Monthly supervision of RS by ‘infirmiers titulaires’
- Monthly performance reviews of management by the sanitary district at the health zone and facility levels
- Monthly reporting of administration data
- Periodic surveys using Lot Quality Assessment Surveys (LQAS) to follow project implementation and validate administrative data
- Regular monitoring to identify and resolve bottlenecks, in collaboration with community leaders and health services, and develop a plan of action to put the project back on course

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Budget
A total of approximately US $12.8 million over the next three years is required to support implementation of the program (see below).

<table>
<thead>
<tr>
<th>Description</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Total</th>
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</thead>
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<td>$5,106,804</td>
<td>$2,850,763</td>
<td>$12,805,018</td>
</tr>
</tbody>
</table>

MSH is well positioned to lead implementation of these efforts. MSH’s work in child health in DRC began with the Basic Support for Institutionalizing Child Survival (BASICS) project more than a decade ago with a community-based model for treating and referring cases of pneumonia, diarrhea, malaria, and malnutrition. MSH is also implementing the USAID-funded Integrated Health Project (IHP), which increases the availability and use of high-impact services, products, and practices for a range of health issues including maternal, newborn, and child health, in most target health zones for the proposed program and will leverage these efforts to support implementation.

The National Approach to Treatment Scale-up and Current Implementation Progress
DRC has made great strides in developing and implementing child-focused health strategies to accelerate progress toward achievement of MDG Goal 4. The Scale-up Strategy for Essential Medicines for Child Survival: Diarrheal Disease, Malaria, and Pneumonia was developed in 2012 as the guiding framework for implementation. The plan aims to increase treatment coverage of zinc, ORS, and amoxicillin to 30% by 2015 and outlines specific, concrete actions to be taken to improve access.

Key interventions of the plan to support scale-up include:

- Integrating the three national programs for child survival under the leadership of Directorate 5;
- Identifying or establishing “model” health zones in the public sector;
- Establishing an accreditation program to regulate the private sector and improving quality of care provided;
- Extending Community Health Care Site coverage under the authority of the HCs;
- Promoting the drug distribution system and local manufacturer of EMI drugs;
- De-medicalizing ORS/zinc and ensuring its universal coverage;
- Launching a comprehensive behavior change communication campaign.

The National Strategy is in line with recommendations of the UN Commission on Life-Saving Commodities for Women and Children, the Global Action Plan for Prevention and Control of Pneumonia and Diarrhea (GAPPD), A Promise Renewed, and the United Nations Secretary-General’s Every Women Every Child movement.

As further examples of the Government of DRC’s commitment to this high-impact opportunity of treatment scale-up, the country recently launched the A Promise Renewed Acceleration Framework in May 2013, which aims to reduce child mortality by 48% by 2015. The country has also submitted an implementation plan to follow the recommendations of the UN Commission on Life-Saving Commodities, which prioritizes amoxicillin, ORS and zinc for improved access and use.

The Ministry of Health has also classified the country’s 516 health zones into three key categories—‘priority’, ‘development’ and ‘demonstration’ health zones—to identify and target regions requiring additional attention and
support.\footnote{Cadre pour accélérer la réduction de la mortalité maternelle, néonatale et infantile; l’appel à l’action} It should be noted that implementation of ‘l’Appel à l’action’ (Call to Action) is particularly focused on the approach of the ‘Kits familiaux’ (family kits), by targeting health zones in development.

Current activities to reduce child mortality are coordinated by the MNCH Task Force, under the leadership of the ‘Direction de la Famille’ (Family Health Division) and other groups within the Ministry of Health. Diarrhea and pneumonia efforts in particular fall under the auspices of Integrated Management of Child Illness (PCIME).

Key partners working on diarrhea and pneumonia treatment scale-up in the country include: MSH, IRC, PSI, UNICEF, USAID, and WHO, among others.

**Contact**

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Ethiopia: Reducing Childhood Deaths from Diarrhea & Pneumonia
Proposal for a large-scale integrated approach to scale-up

MDG 4 in Ethiopia and Opportunity for Impact
Since 1990, Ethiopia has seen a remarkable reduction in under five deaths and is one of few countries that has achieved the Millennium Development Goal 4 (MDG 4) of reducing child deaths by two thirds.\(^1\) However, pneumonia and diarrhea remain leading causes of death and are responsible for more than 61,000 deaths each year.

These deaths are largely preventable with access to simple, highly-effective, and affordable treatment, specifically oral rehydration solution (ORS) and zinc for diarrhea and amoxicillin for pneumonia. Yet, coverage of these treatments is unacceptably low—only 2% and 26% of children receive zinc and ORS, respectively,\(^2\) and only 7% of children with pneumonia receive amoxicillin.\(^3\)

In general, delayed treatment-seeking behavior and low utilization of health services are key bottlenecks to treating children under five through integrated delivery approaches, including integrated community case management (iCCM) and integrated management of neonatal and childhood illness (IMNCI). Only 27% of children with symptoms of acute respiratory infection and 32% of children with diarrhea were taken to a health care facility or trained health provider. While increased access to iCCM services at the community level has allowed more children to receive timely treatment, current utilization of these services in Ethiopia remains low, especially for children under two months. One study observed that a single health post had an average of 16 sick-child consultations per month, of which nearly all were children between the ages of two and 59 months; virtually no children under two months were seen.\(^4\)

Improving access to treatment for diarrhea and pneumonia, as well as the management of community-based newborn sepsis, can help dramatically reduce under five deaths in Ethiopia. If national scale-up targets for zinc, ORS, and amoxicillin are achieved (see ‘National Approach’ below), over 70,000 lives could be saved by 2015.

Proposed Approach
To help catalyze the scale-up of pneumonia and diarrhea treatment in the country, a large-scale program is proposed to improve accessibility and availability of quality treatment and care, as well as enhance utilization of treatment services. The program will target children with diarrhea and pneumonia and newborns with sepsis living in four regions where the highest concentration of deaths occurs—Amhara, Oromia, SNNPR and Tigray—specifically in 450 woredas (districts). This will enable the country to cover nearly all woredas in these regions, building on existing efforts implemented by UNICEF in 200 districts. Overall, increasing the proportion of children receiving proper treatment for diarrhea (zinc from 0.2% to 75% and ORS from 26% to 89%), amoxicillin for pneumonia (from 7% to 40%), and antibiotics for neonatal sepsis cases (from 4% to 74%)\(^5,6\) will avert more than 70,000 child deaths over the next three years.

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\(^2\) Call to Action: Preliminary Ethiopian Discussion. Addis Ababa Ethiopia. LiST, May 2012.

\(^3\) All the statistics mentioned here is for 2010, before the implementation of iCCM, after 3 years of implementation, improvement is expected in the coverage of ORS, Zinc and antibiotics


\(^5\) Call to Action: Preliminary Ethiopian Discussion. Addis Ababa Ethiopia. LiST, May 2012.
To achieve this goal, the program will include four key objectives and activities:

**Objective 1: Generate awareness and demand among caregivers:** Innovative demand creation activities are imperative for improving and optimizing care seeking behaviors and thereby increasing utilization of ICCM and IMNCI treatment services for pneumonia and diarrhea. Equally important is sustaining long-term preventive behaviors to improve the health of Ethiopian children.

- Conduct regular mentoring, training, and refresher/review meetings for the community health extension workers (HEWs) and the Health Development Army (HDA) volunteers to increase their impact at the household level. Meeting topics will include: awareness of childhood danger signs, promotion of early health seeking behavior, appropriate treatment for diarrhea and pneumonia and adherence to proper treatment regimens, caring for the sick child, essential newborn care, and other protective and preventive key health interventions, including breastfeeding, immunization, use of insecticide treated bed nets, hand washing, and use of latrines
- Update and adopt the Family Health Guide (FHG) and develop radio spots and local video with messages around the appropriate pneumonia and diarrhea prevention and treatment to encourage behavior change communication (BCC) for households, HDAs, HEWs and primary health care unit staff
- Conduct refresher training, using the updated FHG, for the new and existing HEWs, as well as other Primary Health Care Unit (PHCU) staff. Enhance negotiation and communication skills to enable support the HDAs

**Objective 2: Improve provider skills:** Trained health professionals and HEWs need support to maintain and enhance their skills in assessing and managing childhood illness, including appropriate diagnosis and treatment of pneumonia, diarrhea, and newborn sepsis. A provider with a strong skill set is instrumental to ensuring that children receive proper quality care.\(^7\) Health posts that received regular supervision on ICCM had a higher average number of satisfactory consultations\(^6\). Similarly, caseloads and consultations also increased after HEWs participated in performance review and clinical mentoring meetings.

- Conduct cascade training (a training of trainers or ToT structure) to reach health workers in public health centers and hospitals, as well as private clinics, with appropriate tools to utilize IMNCI case management of children with pneumonia, diarrhea, and newborn sepsis
- Woreda health office staff to conduct performance and clinical review meetings for health workers in both public and private sectors on case management of pneumonia and diarrhea
- Conduct cascade trainings led by the woreda health offices and PHCU staff to reach HEWs in the health posts with clear ICCM tools and understanding
- Convene regular performance and clinical review meetings for HEWs
- Adapt and produce training materials, performance review and clinical mentoring guides, visit checklists for health provider follow-up visits, and supportive supervision and mentoring guidelines based on new revisions for the assessment and treatment of pneumonia
- Conduct training for zonal health departments, woreda health offices, hospital and PHCU staff for start-up and regular follow-up, supportive supervision and mentoring visits to health posts, health centres, hospitals and private clinics

**Objective 3: Ensure availability of high-quality, affordable zinc, ORS, and amoxicillin.** It is critical that medicines for ICCM and IMNCI meet the particular needs of young children and their families. Proper treatment is strongly correlated with the availability of ICCM commodities, supplies, and job aids for health care workers\(^9\). Stock-outs of essential drugs

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\(^{6}\) Coverage targets for zinc, ORS, and amoxicillin from the Health sector development programme IV, 2010/11 – 2014/15. Federal Ministry of Health Ethiopia, October 2010


were found to be the primary bottleneck for iCCM implementation; a push system is still practiced in Ethiopia\textsuperscript{10}. Coordinated efforts to consolidate systems and support supply chain management are also needed.

- Procure and distribute essential child health supplies and drugs, including ORS, zinc, and amoxicillin through the Pharmaceutical Fund and Supply Agency (PFSA)
- Orient and train PHCU staff and HEWs to improve the logistic management information system (LMIS) to initiate a pull system. Institute a system of bin cards at the health post level to ensure adequate and reliable supply
- Pursue co-packaging of zinc and ORS and initiate local production
- Collaborate with local pharmaceutical companies to increase local manufacturing, marketing, and distribution of quality and affordable child health essential medicines

**Objective 4: Create an environment for child health impact.** An enabling environment produces sound policy, promotes efficient and effective use of resources, and nurtures community participation in community case management (CCM)\textsuperscript{11}. Existing policies may need to be modified or new policies may need to be implemented to improve the health care environment in Ethiopia. For example, a policy to identify amoxicillin as first line treatment and allow HEWs to administer amoxicillin at the community level could greatly improve proper pneumonia treatment.

- Pursue upstream level policy changes such as amoxicillin as first-line treatment for pneumonia and over the counter (OTC) status for zinc
- Test and document innovative preventive and diagnostic approaches for pneumonia and diarrhea
- Introduce innovative public-private partnerships for the prevention and treatment of pneumonia and diarrhea
- Support Federal Ministry of Health and Regional Health Bureaus on pneumonia and diarrhea routine health management information (HMIS) data to calculate and collect relevant iCCM and IMNCH impact indicators

Monitoring and evaluation will be critical to the success of this program. Baseline and end-line surveys, ongoing monitoring, and operational research will also be conducted to help identify and resolve implementation challenges and maximize impact.

**Budget**

A total of **US $13.5 million** is needed over the next three years to support implementation of the large-scale program in Ethiopia (see below).

<table>
<thead>
<tr>
<th>Description</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1. Generating awareness/demand among caregivers</td>
<td>$500,000</td>
<td>$500,000</td>
<td>$500,000</td>
<td>$1,500,000</td>
</tr>
<tr>
<td>Objective 2. Improving provider skills</td>
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<td>$2,000,000</td>
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<tr>
<td>Objective 3. Ensuring availability of product</td>
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<td>$1,500,000</td>
<td>$4,500,000</td>
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<tr>
<td>Objective 4. Securing conduce policy environment</td>
<td>$166,667</td>
<td>$166,667</td>
<td>$166,667</td>
<td>$500,000</td>
</tr>
<tr>
<td>Project management costs (personnel, travel, communication)</td>
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<td>$166,667</td>
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<td>Sub-total</td>
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<td><strong>TOTAL</strong></td>
<td><strong>$4,500,001</strong></td>
<td><strong>$4,500,001</strong></td>
<td><strong>$4,500,001</strong></td>
<td><strong>$13,500,00</strong></td>
</tr>
</tbody>
</table>

Objectives 1 and 2 will be implemented by selected partner organizations based on expertise and past experience in the focal regions and zones (see below for a list of potential partners). PATH is well positioned to lead implementation of activities under Objectives 3 and 4 in collaboration with the Federal Ministry of Health (FMoH), Regional Health Bureaus, UNICEF, PFSA and the Food Medicine Health Care Administration and Control Authority (FMHACA).

\textsuperscript{10} According to follow-up visit, supportive supervision and performance review meeting aggregated data

National Approach to Scaling Up Treatment for Diarrhea and Pneumonia

Improving child health is a key priority of the Health Sector Development Plan (HSDP) IV, the main overarching country plan under which child survival, including pneumonia and diarrhea treatment, fits. The plan aims to reduce the under-five mortality rate to 68 deaths per 1,000 live births12 and also outlines several activities to achieve this goal, including the expansion of community services and facility-based IMNCI, strengthening the Health Extension Program (HEP), and implementing locally relevant and effective child health interventions13. The HSDP IV also enhances public private partnerships through collaboration with the private sector on the expansion of health infrastructure, local production of pharmaceuticals, provision of health services, training of health professionals, and mobilization of resources for the health sector. The HSDP IV specifies treatment coverage targets to be achieved by December 2015, with 89% and 75% of children with diarrhea receiving ORS and zinc, respectively; 40% of children with pneumonia receiving proper antibiotics; and 74% of neonatal sepsis cases treated with proper antibiotics.

PATH is working closely with the Government of Ethiopia and development partners to support these components of the HSDP IV and to facilitate increased access to treatment for diarrhea and pneumonia. Under the HSDP IV, The Child Health Team (part of the Maternal & Child Health Directorate, Federal Ministry of Health) serves as the main coordination body for supporting implementation of all child survival activities including diarrhea and pneumonia. Key implementing partners include: AMREF, Ethiopian Pediatric Association, IRC, JSI (L10K and SC4CCM), IFHP, Merlin, MSH, PMI, Save the Children, UNICEF, USAID, WHO, and others.14

The HSDP IV is in line with recommendations of the UN Commission on Life-Saving Commodities for Women and Children (UNCoLSC), the Global Action Plan for Prevention and Control of Pneumonia and Diarrhea (GAPPD), A Promise Renewed, and the United Nations Secretary-General’s Every Woman Every Child movement. As a further example of the Government of Ethiopia’s commitment to this high-impact opportunity, Ethiopia’s UNCoLSC country implementation plan specifically identifies zinc, ORS, and amoxicillin as priority commodities. In addition, under the stewardship of the Government of Ethiopia, more than 20 sub-Saharan African leaders took the unprecedented step of reaffirming their collective commitment to reduce under-five mortality rates to fewer than 20 deaths per 1,000 live births by 2035 by developing and implementing country-led roadmaps that integrate on-going efforts to accelerate reduction in child mortality15.

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14 Key partners involved in ICCM and IMCI scale-up include AMREF, IFHP, IRC, JSI/L10K, Merlin, and Save the Children (funded by PMI, UNICEF, and USAID).
India: Reducing Childhood Deaths from Diarrhea & Pneumonia
Expanding rollout of treatment scale-up in Uttar Pradesh

MDG 4 in India and Opportunity for Impact
India has seen a 55% reduction in child mortality since 1990\(^1\), but nearly 440,000 children in the country still die from diarrhea and pneumonia each year.

The majority of these deaths can be averted through simple, effective, and affordable treatment—zinc and oral rehydration salts (ORS) for diarrhea and antibiotics for pneumonia. However, less than 2% of children are receiving the full recommended treatment for diarrhea and only 13% of children are receiving appropriate antibiotics.

By focusing on these leading causes of death and increasing access to treatment, there is potential to save the lives of more than 545,000 children by 2015.\(^2\)

What You Can Do
Approximately 30% of all deaths from diarrhea and pneumonia in the country occur in one state—Uttar Pradesh. Despite the considerable need in Uttar Pradesh, current funding is only sufficient to cover treatment scale-up activities for diarrhea in a fraction of the total 75 districts in the state—31 districts are fully covered, but the remaining 44 districts are only partially covered or not covered at all (see map on next page).

As such, additional funding is needed to expand the reach of these activities—in the state of Uttar Pradesh and in other high burden states—in order to achieve full impact of the program. In an average district of Uttar Pradesh, approximately US $78,000 per district per year is required to cover the costs of scale-up including generating provider demand (among both public and private providers) and conducting community-level activation to reach community leaders and mothers (see below).

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost per district (for 3 years)</th>
<th># districts with gap*</th>
<th>Total Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training for public sector providers (e.g., ASHAs)</td>
<td>$48,000</td>
<td>44</td>
<td>$2,112,000</td>
</tr>
<tr>
<td>Detailing of private providers (e.g., RMPs)</td>
<td>$66,000</td>
<td>44</td>
<td>$2,904,000</td>
</tr>
<tr>
<td>Caregiver activation (women’s meetings, school</td>
<td>$45,000</td>
<td>44</td>
<td>$1,980,000</td>
</tr>
<tr>
<td>activation and engagement of self help groups)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public and private provider collateral/POS materials</td>
<td>$30,000</td>
<td>44</td>
<td>$1,320,000</td>
</tr>
<tr>
<td>Training costs and logistics</td>
<td>$15,000</td>
<td>44</td>
<td>$660,000</td>
</tr>
<tr>
<td>Overall management</td>
<td>$30,000</td>
<td>44</td>
<td>$1,320,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$234,000</strong></td>
<td><strong>44</strong></td>
<td><strong>$10,296,000</strong></td>
</tr>
</tbody>
</table>

*Actual gap may be smaller pending complete partner mapping

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\(^1\) UNICEF. Committing to Child Survival: A Promise Renewed. Progress Report. September 2013

\(^2\) Estimate calculated using the Lives Saved Tool, Johns Hopkins Bloomberg School of Public Health, March 2013. Note: the Lives Saved Tool does not reflect recent APR estimates from September 2013.
Current partners working in diarrhea treatment scale-up in Uttar Pradesh include: Abt Associates, CHAI, FHI360, Hindustan Latex Family Planning Promotion Trust (HLFPPT), Micronutrient Initiative, PATH, PSI, UNICEF, USAID, and World Health Partners (WHP).

**National Approach to Scaling Up Treatment for Diarrhea and Pneumonia**

In early 2013, the Government of India launched the *Strategic Approach to Reproductive Maternal Newborn Child and Adolescent (RMNCH+A)*, which identifies zinc and ORS for the treatment of diarrhea and recommended antibiotics for pneumonia as key interventions for reducing child mortality. The Ministry of Health has also developed *Operational Guidelines for the Control of Childhood Diarrhoea through Scaling up Zinc and ORS* to guide state and district level implementation of treatment scale-up efforts.

CHAI and partners are working closely with the Government of India and key stakeholders to drive large-scale increases in the coverage of zinc, ORS and recommended antibiotics in high burden states of northern India. The Diarrhea Taskforce has also been established to help coordinate activities across various development partners.

Key activities include the following:

- Launch large-scale marketing campaign to generate demand for recommended treatments;
- Create supportive environment for zinc scale-up, including OTC status;
- Partner with pharmaceutical manufacturers to expand the distribution of ORS and zinc to rural markets;
- Improve practices of Rural Medical Practitioners (RMPs) through consistent communication; and
- Improve treatment skills and supplies of Accredited Social Health Activists (ASHAs)

The overall approach is in line with the UN Commission on Life-Saving Commodities for Women and Children, the Global Action Plan for the Prevention and Control of Pneumonia and Diarrhea (GAPPD), A Promise Renewed, and the United Nations Secretary-General’s Every Woman Every Child movement.

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Kenya: Reducing Childhood Deaths from Diarrhea & Pneumonia
Scaling up access to treatment

MDG 4 in Kenya and Opportunity for Impact

Since 1990, child mortality in Kenya has declined by only 26%. This means the country will need to more than double its current rate of decline in deaths to achieve the Millennium Development Goal 4 of reducing child deaths by two-thirds by 2015.1

The introduction of new vaccines will help to reduce these deaths, but nearly 30,000 children2 still die from diarrhea and pneumonia each year due to poor access to simple, effective and affordable treatment—oral rehydration solution (ORS) and zinc for diarrhea and recommended antibiotics for pneumonia. Only 1% and 39% of children, are receiving zinc and ORS, respectively, and 50% of children with pneumonia are receiving antibiotics.

If national targets for scaling up diarrhea and pneumonia treatment are achieved in Kenya, an estimated 21,000 lives of children can potentially be saved by 2015.3

What You Can Do

In Kenya, current funding is only sufficient to cover a partial set of interventions outlined in the national strategy for scaling up child essential medicines (see ‘National Approach’ below). As such, additional support is needed to achieve full impact of the program. In the 2013-2014 financial year an estimated US $14.2 million is required to cover costs for case management, supply chain improvements, advocacy and communication, monitoring and evaluation and improved supply availability in the private sector. It should be noted that a portion (US $2 million) of the total estimated need may potentially be filled through reallocation of existing commitments.

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1 UNICEF. Committing to Child Survival: A Promise Renewed. Progress Report. September 2013
2 World Health Status Report, 2011
Current partners working in diarrhea and pneumonia treatment scale-up in Kenya include: the Government of Kenya, APHIA Plus, CHAI, Maternal and Child Health Integrated Program (MCHIP), Micronutrient Initiative, PSI, PATH, Strengthening Health Outcomes through the Private Sector (SHOPS), UNICEF, and WHO, among others.

**National Approach to Scaling Up Treatment for Diarrhea and Pneumonia**
The Clinton Health Access Initiative (CHAI) is working in partnership with the Government of Kenya and other development partners to implement the *Scale Up Strategy for Essential Treatments in Children Under Five Years in Kenya*, which was endorsed by the Ministry of Public Health and Sanitation in 2012. The national strategy aims to ensure that 80% of children with diarrhea or pneumonia are receiving recommended treatment by 2015 and outlines concrete areas for action.

Key objectives include:
- **Case Management.** Expand access to Integrated Case Management of childhood illnesses in all levels of health care service delivery across public and private sectors
- **Commodities, Logistics and Equipment.** Increase availability and efficient use of essential commodities used in management of childhood illnesses
- **Advocacy, Communication and Social Mobilization.** Increase public awareness and generate demand for diarrhea and pneumonia management in children through advocacy, communication and social mobilization
- **Monitoring and Evaluation.** Strengthen the monitoring and evaluation of pneumonia and diarrhea disease management
- **Private Sector.** Strengthen access to appropriate diarrhea and pneumonia treatment through private sector channels

The Strategy directly supports recommendations of the UN Commission on Life-Saving Commodities for Women and Children, the Global Action Plan for the Prevention and Control of Pneumonia and Diarrhea (GAPPD), A Promise Renewed, and the United Nations Secretary-General’s Every Woman Every Child movement.

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Niger: Reducing Childhood Deaths from Diarrhea & Pneumonia
Scaling up treatment in 10 priority districts

MDG 4 in Niger and Opportunity for Impact
In Niger, deaths among children under five has decreased by a striking 65% since 1990; yet, the current mortality rate of 114 per 1,000 births remains one of the highest in the world.¹

Together, pneumonia and diarrhea account for over 30,000 deaths each year despite the availability of simple, cost-effective treatment—namely amoxicillin for pneumonia and zinc and oral rehydration solution (ORS) for diarrhea. Only 24% and 44% children with diarrhea receive zinc and ORS, respectively, while 58% receive appropriate antibiotics.²

If national targets are achieved, there is potential to save over 27,000 children by 2015.³

What You Can Do
Progress has been made to secure funds for initial treatment scale-up efforts in the country, but more is needed to expand the reach of implementation (see ‘National Approach’). Of 10 priority districts, current funding is sufficient to roll out selected activities in four districts while six districts are not covered at all (see map on next page).⁴

In the four pilot districts, an additional average cost of US $237,667 per district per year is required to cover gap filling activities (see Table 1). To allow the program to reach national scale, the key package of interventions (at US $267,222 per district per year) will need to be rolled out in the remaining six priority districts (see Table 2). Overall, a total of US $9.2 million is required to support full implementation in the 10 priority districts in Niger over the next three years.

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1 Committing to Child Survival: A Promise Renewed. Progress Report 2013
2 Niger Demographic Health Survey, 2012
4 Four pilot districts include: Madarounfa, Mayahi, Matameye and Mirria. Six districts with no coverage include: Arlit, Bilma, Tchizosterine, Dakoro, Guidam Roumdji and Tanout

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### Table 1. ESTIMATED COSTS FOR GAP-FILLING ACTIVITIES 4 PILOT DISTRICTS, 2013-2015 (USD)

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost per district (3 years)</th>
<th># districts with gap</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Innovation of mobile phone</td>
<td>$125,000</td>
<td>4</td>
<td>$500,000</td>
</tr>
<tr>
<td>Procurement of malaria RDTs</td>
<td>$175,500</td>
<td>4</td>
<td>$702,000</td>
</tr>
<tr>
<td>Child survival weeks</td>
<td>$337,500</td>
<td>4</td>
<td>$1,350,000</td>
</tr>
<tr>
<td>Monitoring of provider performance</td>
<td>$75,000</td>
<td>4</td>
<td>$300,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$713,000</td>
<td>4</td>
<td>$2,852,000</td>
</tr>
</tbody>
</table>

### Table 2. ESTIMATED COSTS FOR FULL IMPLEMENTATION 6 DISTRICTS, 2013-2015 (USD)

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost per district (3 years)</th>
<th># districts with gap</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand creation</td>
<td>$366,667</td>
<td>6</td>
<td>$2,200,000</td>
</tr>
<tr>
<td>Procurement and supply</td>
<td>$275,000</td>
<td>6</td>
<td>$1,650,000</td>
</tr>
<tr>
<td>Public-private partnerships</td>
<td>$50,000</td>
<td>6</td>
<td>$300,000</td>
</tr>
<tr>
<td>Service delivery</td>
<td>$110,000</td>
<td>6</td>
<td>$660,000</td>
</tr>
<tr>
<td>Country level project support &amp; 7% recovery</td>
<td>$499,780</td>
<td>10</td>
<td>$1,499,340</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$801,667</td>
<td>6</td>
<td>$6,309,340</td>
</tr>
</tbody>
</table>

---
Current partners working in diarrhea and pneumonia treatment scale-up in Niger include PSI, UNICEF, and WHO among others.

**National Approach to Scaling Up Treatment for Diarrhea and Pneumonia**

UNICEF is working closely with the Ministry of Health (MoH) and other key development partners in Niger to implement the *Essential Medicines Global Initiative Country Strategy*, which was developed and endorsed by the MoH in early 2012.

The plan, in concordance with the national health plan for child survival, aims to increase coverage of antibiotics, zinc and ORS to 90% by 2015 in the priority districts and outlines concrete actions for implementation.

Key interventions for addressing barriers to scale-up include:

- Improving the management of fever cases through differential diagnosis of malaria and pneumonia;
- Strengthening communication, follow-up and supply management through mobile phones;
- Creating demand and improve care-seeking through increase public awareness;
- Increasing availability of essential medicines through improved procurement and supply;
- Strengthening public-private partnerships;
- Expanding access to effective integrated case management at community and front-line health facility; and
- Monitoring and evaluation through qualitative and quantitative mid and year-end surveys.

The National Scale-up Plan is in line with the UN Commission on Life-Saving Commodities for Women and Children (UNCoLSC), the Global Action Plan for the Prevention and Control of Pneumonia and Diarrhea (GAPPD), A Promise Renewed, and the United Nations Secretary-General’s Every Woman Every Child movement.

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Nigeria: Reducing Childhood Deaths from Diarrhea & Pneumonia
Expanding rollout of treatment scale-up

MDG 4 in Nigeria and Opportunity for Impact
In the past two decades, child mortality in Nigeria has dropped by 42%.1 Despite this progress, diarrhea and pneumonia still account for over 230,000 child deaths each year.

Simple, cost-effective treatments exist—zinc and oral rehydration solution (ORS) for diarrhea and amoxicillin for pneumonia—but coverage is currently low. Less than 1% of children in need are receiving both zinc and ORS and 23% are receiving antibiotics for pneumonia.

By rapidly scaling up access to zinc, ORS, and amoxicillin there is potential to save 267,000 lives in the country by end of 2015.2

What You Can Do
In Nigeria, initial progress has been made to fund treatment scale-up efforts but there are significant implementation gaps in high-burden states—while three states are fully covered, the remaining 34 states in the country are only partially covered or not covered at all (see next page).

Additional funding is needed to expand the roll out of a comprehensive package of scale-up interventions. This includes three main interventions: rapidly influencing health providers to recommend appropriate treatment; increasing availability and affordability of high-quality supply; and generating demand among caregivers.

The average cost for implementation is US $900,000 per state per year (see below). Resources are needed to support the full set of activities in certain states or one or more key intervention areas in a broader geographic scope. For example, USD $5 million could support: 1) full implementation in two states or 2): activities targeting key influencers of health behavior in the community to drive demand and use of appropriate treatments in four states.

### ESTIMATED IMPLEMENTATION COSTS, 2013-2015 (USD)

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost per state (for 3 years)</th>
<th># states with gap</th>
<th>Total Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapidly Influence Health Providers</td>
<td>$348,334</td>
<td>$518,341</td>
<td></td>
</tr>
<tr>
<td>Clinical advisory outreach strategies to disseminate recommendations to lower-level health workers</td>
<td>$126,667</td>
<td>34</td>
<td>$4,306,668</td>
</tr>
<tr>
<td>Childhood illness management for PPMVs and community pharmacists</td>
<td>$221,667</td>
<td>19</td>
<td>$4,211,673</td>
</tr>
<tr>
<td>Increase Availability and Affordability</td>
<td>$950,000</td>
<td>$27,075,000</td>
<td></td>
</tr>
<tr>
<td>Public and private sector procurement and distribution</td>
<td>$475,000</td>
<td>26</td>
<td>$12,350,000</td>
</tr>
<tr>
<td>Expanding private sector sales and distribution systems</td>
<td>$475,000</td>
<td>31</td>
<td>$14,725,000</td>
</tr>
<tr>
<td>Key Influencer Demand Generation</td>
<td>$1,266,667</td>
<td>$43,066,667</td>
<td></td>
</tr>
<tr>
<td>Outreach through MNCH Weeks, Antenatal Clinics, and Immunization clinics</td>
<td>$506,667</td>
<td>34</td>
<td>$17,226,667</td>
</tr>
<tr>
<td>Reinforcing provider recommendations through CBOs and FBOs</td>
<td>$760,000</td>
<td>34</td>
<td>$25,840,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$2,565,001</strong></td>
<td><strong>$78,660,008</strong></td>
<td></td>
</tr>
</tbody>
</table>

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The National Essential Medicines Coordinating Mechanism can assist Development Partners in the selection of focus states and implementation to coordinate activities with existing, complementary partners. Current partners working on diarrhea and pneumonia treatment scale-up include: CHAI, Micronutrient Initiative, National Agency for Food and Drug Administration and Control (NAFDAC), Partnership for Transforming Health Systems Phase II (PATHS2), Pharmaceutical Manufacturers Group of the Manufacturers Association of Nigeria (PMGMAN), Society for Family Health (SFH), Strengthening Health Outcomes through the Private Sector (SHOPS), Subsidy Reinvestment & Empowerment Programme (SURE-P), USAID, Wellbeing Foundation Africa, WHO, United Nations Health 4+ (UNH4), and the National Malaria Control Program (NMCP).

**National Approach to Scaling Up Treatment for Diarrhea and Pneumonia**

The Government of Nigeria and key stakeholders are working closely to implement the *National Essential Childhood Medicines Scale-up Plan*, which was endorsed by the Federal Ministry of Health of Nigeria in 2012. The plan aims to increase treatment coverage of zinc, ORS, and amoxicillin to 80% by 2015 and outlines specific, concrete actions to tackle these problems. Key interventions of the plan include:

- **Intervention 1**: Launching a national action campaign for child health
- **Intervention 2**: Leverage existing central supply chains to increase public-sector availability
- **Intervention 3**: Improve knowledge of primary health center staff to increase use of appropriate treatments
- **Intervention 4**: Support increased procurement of essential medicines at the state and local levels
- **Intervention 5**: Encourage production of affordable, high-quality ORS and zinc products
- **Intervention 6**: Identify and support actions to reduce the price of zinc and ORS
- **Intervention 7**: Continuous education of private retailers
- **Intervention 8**: Facilitate supplier marketing to boost retail sales

The plan is in line with the UN Commission on Life-Saving Commodities for Women and Children (co-led by President of Nigeria Goodluck Jonathan), the Global Action Plan for the Prevention and Control of Pneumonia and Diarrhea (GAPPD), A Promise Renewed, and the United Nations Secretary-General’s Every Woman Every Child movement.

As further examples of the Government’s commitment to this high-impact opportunity, Nigeria’s UN Commission country plan specifically identifies zinc, ORS, and amoxicillin as priority commodities. In addition, the Ministry of Health has set a goal of saving one million lives as part of the current administration’s transformation agenda for the country, prioritizing childhood essential medicines as one of six key areas projected to have the greatest impact on lives saved.

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Pakistan: Reducing Childhood Deaths from Diarrhea & Pneumonia
Proposal for catalyzing treatment scale-up in two high-burden provinces

MDG 4 in Pakistan and Opportunity for Impact
Since 1990, the child mortality rate in Pakistan has declined by 38%. Yet, diarrhea and pneumonia, together, still account for over 110,000 child deaths each year.\(^1\)

Low-cost and effective treatments already exist for both conditions—amoxicillin for pneumonia and oral rehydration solution (ORS) and zinc for diarrhea. However, only 3% and 41% of children with diarrhea receive zinc and ORS, respectively and 50% of children with suspected pneumonia receive appropriate antibiotics.\(^2\)

Only 55% of children with suspected pneumonia are taken to a health facility for treatment and 50% of children with diarrhea seek care from an appropriate health provider.\(^3\)

Key factors for low care-seeking and treatment include:
- Lack of knowledge about appropriate care seeking and treatment among caretakers;
- Limited capacity of female community health workers (‘Lady Health Workers’ or LHWs) to treat pneumonia;
- Inappropriate dispensing by and low knowledge of zinc among private and public sector providers; and
- Irregular or non-availability of medicines leading to underutilization of LHWs

In order to reach the Millennium Development Goal (MDG 4) of reducing child deaths by two-thirds by 2015, Pakistan will need to more than double its current rate of progress. Improving access to these cost-effective interventions will significantly accelerate the rate of decline of child deaths; if national scale-up targets are achieved (see ‘National Approach’ below), more than 29,000 potential lives can be saved by 2015.\(^4\)

Program Approach for Large-Scale Implementation
Funding is needed to support a large-scale program to catalyze treatment scale-up efforts in the country (see ‘National Approach’ below). Specifically, the program will create awareness among caretakers and family members, build capacity among public and private sector providers, and increase availability and accessibility of recommended products.

The program will focus on two provinces of Pakistan—Balochistan and Khyber Pakhtunkhwa (KPK)—which account for nearly 90,000 child deaths annually and have the lowest rates of care-seeking and access to treatment. If treatment coverage targets are achieved (see right), the program will have potential to avert over 8,000 child deaths by 2015.

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\(^2\) A Marketing Plus for Diarrheal Disease Control: Point-of-Use Water Disinfection and Zinc Treatment (POUZN) Project 2005-2010
\(^3\) Pakistan Demographic and Health Survey 2012-13.
\(^4\) Estimate calculated using the Lives Saved Tool, Johns Hopkins Bloomberg School of Public Health, March 2013. Note: the Lives Saved Tool does not reflect recent APR estimates from September 2013. If even more ambitious targets are achieved (80% coverage for zinc, ORS, and amoxicillin) there is potential to save nearly 70,000 lives by 2015.
The program will concentrate on four key intervention areas to scaling up pneumonia and diarrhea treatment:

Objective 1: Create awareness among communities to adopt healthy behaviors and demand for effective diarrhea and pneumonia control: A two-pronged approach—community level and large-scale mass media campaign—is required for creating awareness and generating demand for diarrhea and pneumonia treatments. Key messages will inform communities that LHWs are trained to treat diarrhea and pneumonia at the household level and are equipped with the medicines.

- Organize community level sensitization sessions in partnership with the LHW program targeting key opinion makers (e.g., religious leaders, teachers, locally elected representatives, health providers, local NGO representatives) to help disseminate messages to respective communities
- Organize district and provincial level advocacy meetings targeting key stakeholders (e.g., district authorities including health, water and sanitation departments, professional associations, elected representatives, NGO representatives) to create awareness among representatives and to act as pressure groups for increasing resources for pneumonia and diarrhea control
- Develop and disseminate messages and materials using mass media (print, electronic, social media), and popular dissemination channels among rural and peri-urban populations, like local cable television and FM radio stations
- Highlight pneumonia and diarrhea burden and treatments during events organized on World Pneumonia Day, Hand Washing Day, and World Water Day

Objective 2: Improve access and quality of diarrhea and pneumonia case management: LHWs, public sector peripheral facility-based health care providers and private practitioners are the first points of contact for households in rural and peri-urban areas. As such, there is an immediate need to strengthen the clinical skills of LHWs and also upgrade private practitioners’ knowledge and skills to appropriately treat pneumonia and diarrhea.

- Support continuing education activities for public sector peripheral facility-based health care providers
- Facilitate revision of LHW curriculum and institutionalize continued education mechanism for LHWs
- Sensitize private sector health care providers on appropriate treatment for diarrhea and pneumonia through engaging professional associations. Conduct a biannual sub-district level continued education session on pneumonia and diarrhea.
- Upgrade IEC material for public and private sector health care providers to include the latest information on pneumonia and diarrhea prevention and treatment. Print and distribute materials for display and use during one on one counseling of caretakers

Objective 3: Ensure availability of essential commodities for treatment of diarrhea and pneumonia: Proper forecasting and budgeting in the public sector is necessary to ensure regular and adequate supply of ORS, zinc and amoxicillin. Engagement with local manufacturers will be critical to produce child friendly packaging and ensure accessibility to the rural and remote communities. The decentralization of the Federal Health Ministry has also led to a critical commodities gap for essential medicines for the 20,000 LHWs in the two provinces.

- Facilitate provincial and district level forecasting and budgeting for procurement of amoxicillin, ORS and zinc
- Work with local manufacturers to produce child-friendly formulations of amoxicillin, ORS and zinc (combined ORS and zinc packaging)
- Provide a one year supply of amoxicillin, ORS and zinc to community health workers in the two provinces
- Work with Departments of Health to improve logistics of information management systems

Objective 4: Create an enabling environment for scale-up of diarrhea and pneumonia treatment: A coordinated effort from all key partners and strong leadership from the Government is needed to achieve the program objectives. Building a stakeholder advocacy forum for smooth implementation and monitoring of the program is essential.

- Facilitate stakeholder coordination in the two provinces
- Support Departments of Health in both provinces to adapt the Global Action Plan on Pneumonia and Diarrhea
- Support resource mobilization for implementation of provincial essential medicines scale-up plans in KPK and Balochistan in partnership with UNICEF and other partners
Budget
A total of US $12.5 million over the next three years is required to support implementation of the large-scale program (see below).

<table>
<thead>
<tr>
<th>Description</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1. Create awareness among communities</td>
<td>$930,000</td>
<td>$976,500</td>
<td>$548,925</td>
<td>$2,755,425</td>
</tr>
<tr>
<td>Objective 2. Improve access and quality of diarrhea and pneumonia case management</td>
<td>$624,000</td>
<td>$445,200</td>
<td>$467,460</td>
<td>$1,536,660</td>
</tr>
<tr>
<td>Objective 3. Ensure availability of essential commodities</td>
<td>$4,412,000</td>
<td>$117,600</td>
<td></td>
<td>$4,529,600</td>
</tr>
<tr>
<td>Objective 4. Create enabling environment for scale-up</td>
<td>$135,000</td>
<td>$26,250</td>
<td>$27,560</td>
<td>$188,813</td>
</tr>
<tr>
<td>M&amp;E Costs</td>
<td>$180,100</td>
<td>$156,555</td>
<td>$134,395</td>
<td>$471,050</td>
</tr>
<tr>
<td>Project management costs (personnel, travel, communication)</td>
<td>$540,300</td>
<td>$469,665</td>
<td>$403,184</td>
<td>$1,413,149</td>
</tr>
<tr>
<td>Sub-Total (in USD $)</td>
<td>$6,821,400</td>
<td>$2,191,770</td>
<td>$1,881,527</td>
<td>$10,894,697</td>
</tr>
<tr>
<td>General management costs</td>
<td>$1,023,210</td>
<td>$328,766</td>
<td>$282,229</td>
<td>$1,634,205</td>
</tr>
<tr>
<td>Total costs</td>
<td>$7,844,610</td>
<td>$2,520,536</td>
<td>$2,163,756</td>
<td>$12,528,902</td>
</tr>
</tbody>
</table>

Save the Children (SC) is well positioned to lead implementation of this program. For the past two decades, SC has been working in child health in Pakistan. SC has implemented large-scale community case management programs for pneumonia and diarrhea in partnership with the Ministry of Health and has conducted ground breaking pneumonia research of global significance. SC’s Every One campaign for newborn, child and maternal health advocacy will play a key role in highlighting the importance of pneumonia and diarrhea treatment and leverage funds for program implementation.

National Approach to Scaling Up Treatment for Diarrhea and Pneumonia
SC and UNICEF are jointly working with the Government of Pakistan and other major stakeholders to support diarrhea and pneumonia treatment scale-up efforts. Due to decentralization of the Federal Ministry of Health in 2011, SC and UNICEF have been actively working with the provincial Departments of Health to develop and implement provincial-level scale-up plans for the country’s four provinces—Punjab, Sindh, Balochistan and KPK—based on an initial national strategy developed in early 2012. The plans aim to drive large-scale increases in treatment coverage for zinc (to 30%), ORS (to 65%), and amoxicillin (to 70%) in the four provinces by 2015, including through the proposed program described above.

Proposed interventions of the provincial-level plans include:
- Improving drug management;
- Scaling up community programs;
- Partnering with the pharmaceutical industry;
- Conducting advocacy and demand generation;
- Building warehouse and logistics systems; and
- Educating general practitioner and chemists

The provincial plans are in line with recommendations of the UN Commission on Life-Saving Commodities for Women and Children, the Global Action Plan for Prevention and Control of Pneumonia and Diarrhea (GAPPD), A Promise Renewed, and the United Nations Secretary-General’s Every Women Every Child movement. A national level launch of GAPPD was recently held, which will bring the importance of diarrhea and pneumonia treatment to the forefront.

SC and UNICEF have begun the process of establishing a coordination mechanism to harmonize implementation efforts across partners and align resources to maximize impact of individual efforts. Key stakeholders in the country working in diarrhea and pneumonia treatment scale-up include: Aga Khan University, JSI-Deliver, Pakistan Medical Association, Pakistan Pediatrics Association, Save the Children, UNICEF, and WHO, among others.
Contact Us
For more information on how you can contribute to the effort in Pakistan, contact:

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Tanzania: Reducing Childhood Deaths from Diarrhea & Pneumonia
Scaling up access to essential medicines

MDG 4 in Tanzania and Opportunity for Impact
Tanzania is one of few low-income countries that have successfully achieved the Millennium Development Goal (MDG 4) of reducing childhood deaths, with a 68% reduction in the number of deaths among children since 2000. However, nearly 21,000 children continue to die from diarrhea and pneumonia each year.

These deaths are largely preventable with cost-effective treatment, specifically zinc and ORS for diarrhea and dispersible amoxicillin for pneumonia. But only 5% and 44% of children with diarrhea receive zinc and ORS, respectively, while only 22% of children with suspected pneumonia receive antibiotics.\(^2\)

If national targets for scaling up diarrhea and pneumonia treatment are achieved in Tanzania, an estimated 23,900 lives could be saved by 2015.\(^3\)

What You Can Do
While initial progress has been made to fund treatment-scale up in Tanzania, current funding is only sufficient to cover catalytic scale-up activities. To reach full potential of the national program, additional support is needed to cover costs of behavior change communication, provider training and detailing, strengthening private sector availability, monitoring and evaluation, and commodity procurement (e.g., bridge funding and free sample distribution pilots). Overall, approximately US $36.5 million is required to cover total costs of scale-up over the next 3 years. The remaining gap of US $15.5 million is currently being negotiated with the Government of Tanzania and other donors.

<table>
<thead>
<tr>
<th>Description</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior change communication</td>
<td>$1,386,355</td>
<td>$4,614,850</td>
<td>$1,671,450</td>
<td>$7,672,655</td>
</tr>
<tr>
<td>Rapid assessment to determine social behaviors</td>
<td>$367,650</td>
<td>$1,829,100</td>
<td>$2,196,750</td>
<td></td>
</tr>
<tr>
<td>Demand generation campaigns</td>
<td>$768,705</td>
<td>$2,517,000</td>
<td>$1,515,200</td>
<td>$4,800,905</td>
</tr>
<tr>
<td>Training and follow-up of CHWs</td>
<td>$250,000</td>
<td>$468,750</td>
<td>$156,250</td>
<td>$875,000</td>
</tr>
<tr>
<td>Provider training and detailing</td>
<td>$1,505,436</td>
<td>$3,668,704</td>
<td>$2,985,153</td>
<td>$8,159,293</td>
</tr>
<tr>
<td>d-IMCI training and follow-up for in-service primary service providers</td>
<td>$1,367,103</td>
<td>$2,050,654</td>
<td>$1,367,103</td>
<td>$4,784,860</td>
</tr>
<tr>
<td>IMCI computerized training (ICATT) for pre-service providers</td>
<td>$138,333</td>
<td></td>
<td></td>
<td>$138,333</td>
</tr>
<tr>
<td>Needs assessment and roll-out of diarrhea treatment corners</td>
<td>$1,618,050</td>
<td>$1,618,050</td>
<td></td>
<td>$3,236,100</td>
</tr>
<tr>
<td>Strengthening product availability in private sector</td>
<td>$336,000</td>
<td>$1,543,500</td>
<td>$1,118,250</td>
<td>$2,997,750</td>
</tr>
<tr>
<td>Strengthening ADDO network access to products at community level</td>
<td>$336,000</td>
<td>$1,543,500</td>
<td>$1,118,250</td>
<td>$2,997,750</td>
</tr>
<tr>
<td>Monitoring and evaluation</td>
<td>$250,000</td>
<td>$300,000</td>
<td>$400,000</td>
<td>$1,191,485</td>
</tr>
<tr>
<td>Quarterly supportive supervision</td>
<td>$250,000</td>
<td>$300,000</td>
<td>$400,000</td>
<td>$950,000</td>
</tr>
<tr>
<td>Vehicles for country coordination/ supervision activities</td>
<td>$241,485</td>
<td></td>
<td></td>
<td>$241,485</td>
</tr>
<tr>
<td>Commodity procurement</td>
<td>$3,791,215</td>
<td>$6,380,014</td>
<td>$6,077,582</td>
<td>$16,248,811</td>
</tr>
<tr>
<td>Amoxicillin dispersible tablets</td>
<td>$283,460</td>
<td>$811,581</td>
<td>$790,277</td>
<td>$1,885,318</td>
</tr>
<tr>
<td>Zinc</td>
<td>$2,491,254</td>
<td>$3,326,559</td>
<td>$3,631,111</td>
<td>$9,448,924</td>
</tr>
<tr>
<td>Low osmolarity-ORS</td>
<td>$666,501</td>
<td>$1,270,624</td>
<td>$1,332,444</td>
<td>$3,269,569</td>
</tr>
<tr>
<td>Stock management</td>
<td>$350,000</td>
<td>$971,250</td>
<td>$323,750</td>
<td>$1,645,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$7,510,491</td>
<td>$16,707,068</td>
<td>$12,252,435</td>
<td>$36,469,994</td>
</tr>
</tbody>
</table>

\(^2\)Tanzania Demographic Health Survey, 1991-1992
\(^3\)Estimate calculated using the Lives Saved Tool, Johns Hopkins Bloomberg School of Public Health, March 2013. Note: the Lives Saved Tool does not reflect recent APR estimates from September 2013.
Implementation of activities will be coordinated through the Essential Medicines Initiative (EMI) Stakeholder group, led by the Tanzania Ministry of Health and Social Welfare (MOHSW). Key stakeholders working to support diarrhea and pneumonia treatment scale-up activities in the country include: WHO, USAID, UNICEF, PSI, UNFPA, MSH, CHAI, JSI, JHPIEGO, PATH, Tanzania Food and Drug Authority (TFDA), Pharmacy Council, Medical Stores Department (MSD), and Public Supplies Unit (PSU), among others.

**National Approach to Scaling Up Treatment for Diarrhea and Pneumonia**

PSI is working closely with the MOHSW and other key development partners to implement the *Scale-up Strategy for Essential Medicines for Child Health*, which was developed and endorsed by the MOHSW in early 2012. The plan aims to increase coverage of zinc, ORS, and amoxicillin to 80% coverage by 2015 in four regions with high prevalence of pneumonia and diarrhea—Western Zone, Lake Zone, Southern Highland and Central Zone.

The community MNCH package outlines the following key interventions to support scale-up:

1. Expand TFDA registration to fast-track priority products list and register key drugs on the Essential Medicines List for Children (EMLC);
2. Roll-out diarrheal treatment corners and launch of pre-packaged ORS/zinc through public and private sector;
3. Adapt and scale-up proven m-Health monitoring systems;
4. Strengthen Accredited Drug Dispensing Outlet (ADDO) network access;
5. Build capacity for appropriate case management and incentives system to activate linkages (private and public); and
6. Conduct advocacy and demand generation activities to promote rational diarrhea and pneumonia diagnosis and treatment

The Strategy is in line with recommendations of the UN Commission on Life-Saving Commodities for Women and Children (UNCoLSC), the Global Action Plan for the Prevention and Control of Pneumonia and Diarrhea (GAPPD), A Promise Renewed, and the United Nations Secretary-General’s Every Woman Every Child movement. For example, Tanzania’s UNCoLSC country implementation plan specifically identifies zinc/ORS and dispersible amoxicillin as priority commodities, further demonstrating the Government of Tanzania’s commitment to this high impact opportunity.

**Contact Us**

For more information on how you can contribute to the effort in Tanzania, contact:

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Program Manager, PSI/Tanzania
Email: nmahenge@psi.or.tz
Uganda: Reducing Childhood Deaths from Diarrhea & Pneumonia
Update on financing for priority interventions for treatment scale-up

MDG 4 in Uganda
Since 1990, child mortality in Uganda has declined significantly by 61%; yet, nearly 25,000 children in Uganda still die each year from pneumonia and diarrhea. Simple, cost-effective treatments exist—oral rehydration salts and zinc for diarrhea and amoxicillin for pneumonia. But less than 1% of children receive the full recommended treatment for diarrhea and 47% receive antibiotics.

Achieving significant increases in coverage of these appropriate treatments has potential to save nearly 29,000 children lives in Uganda by 2015.

Funding and Progress to Date
In Uganda, initial progress has been made to scale up treatment for diarrhea. Specifically, zinc has been classified as over-the-counter (OTC) status, which will enable widespread uptake in the private retail sector. On the supply side, a total of five zinc and six ORS products are now registered in Uganda, compared to one and three, respectively, a year ago; this increase in high-quality supply is facilitating improved pricing – including an 80% decrease in the import price of zinc. Additionally, a co-packaged zinc and ORS product has been introduced in public health facilities and updated diarrhea and pneumonia trainings have been rolled out among public and private providers nationally.

Building on this progress, the Ministry of Health recently submitted a country plan for funding from the UN Commission on Life-Saving Commodities for Women and Children for priority activities over the next three years to drive increased use and access to zinc, ORS, and amoxicillin, among other essential commodities. Key priorities in this plan include:

Zinc/ORS
- Increasing the availability and use of ORS and zinc in public facilities
- Expanding distribution and improving pricing in the private supply chain
- Accelerating the introduction of low-cost, optimal products

Amoxicillin
- Providing diagnostic breathing counters for public health centers and village health teams (VHTs)
- Conducting formative study on packaging for amoxicillin at facility and community levels
- Updating the Standard Clinical Treatment Guideline to include amoxicillin as 1st-line treatment for pneumonia and the Essential Medicines List to include amoxicillin use by VHTs
- Engaging local pharmaceutical manufacturers to produce quality assured dispersible amoxicillin
- Reducing the price of amoxicillin dispersible formulation at the retail level

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49 Estimate calculated using the Lives Saved Tool, Johns Hopkins Bloomberg School of Public Health, March 2013
Cross-cutting
- Developing a behavior change communication strategy to increase demand for recommended treatment
- Incorporating iCCM commodities into the national supply chain
- Educating public and private providers about diarrhea and pneumonia management and the recommended treatment
- Evaluating iCCM effectiveness
- Training public providers on using the IMCI curriculum and distributing job aids for public health workers
- Developing a mobile phone platform to support provider supply, stocking and dispensing practices

Availability of funds from the RMNCH Trust Fund to support priority activities in Year 1 will be determined in the 3rd quarter of 2013. Additional support for Years 2 and 3 will be determined pending this feedback.

The Diarrhea and Pneumonia Coordinating Committee (DPCC) is assisting with overall coordination of implementation activities across development agencies. Current partners supporting the Ministry of Health in diarrhea and pneumonia treatment scale-up in the country include: Clinton Health Access Initiative (CHAI), Malaria Consortium, PACE, Strengthening Health Outcomes through the Private Sector (SHOPS), Uganda Health Marketing Group (UHMG), UNICEF, and WHO among others.

Scaling Up Treatment for Diarrhea and Pneumonia in Uganda
In addition to its country plan for the UN Commission on Life-Saving Commodities for Women and Children, the Ministry of Health and DPCC partners is also revising the Diarrhea and Pneumonia Protect Prevent Treatment (PPT) Strategy to align with the new Global Action Plan for the Prevention and Control of Pneumonia and Diarrhea (GAPPD), which was launched in early 2013. The plan aims to drive significant increases in treatment coverage of zinc, ORS, and amoxicillin and outline specific, concrete actions to drive an integrated, all-encompassing, and cross-disease approach:
- **Protect** children by providing a healthy environment where they are at low risk from infection;
- **Prevent** children from becoming ill with pneumonia and diarrhea by immunizing them against predicted pathogens; and
- **Treat** those with disease using WHO-recommended case management practices

Contact Us
For more information on current efforts in Uganda, contact:

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Assistant Commissioner – Child Health, Ministry of Health  
Email: jsabiiti@infocom.co.ug

**Damien Kirchhoffer**  
Program Manager, Clinton Health Access Initiative  
Email: dkirchhoffer@clintonhealthaccess.org
Transforming Diarrhea and Pneumonia Treatment
A cost-effective opportunity to reduce child mortality

The opportunity
The global health community has made great progress toward improving the health of children in developing countries. Thanks to investments from national governments, bilateral programs, multilateral organizations, foundations, and the private sector, child deaths have dropped by 70 percent worldwide in the last 50 years - a remarkable accomplishment largely due to high-impact solutions like effective treatments, new and low-cost vaccines, and improved health services.

But more investment is needed with fewer than three years left to reduce child mortality and meet Millennium Development Goal 4. Over 2 million children under 5 years still die each year from diarrhea and pneumonia despite the availability of simple and affordable treatments. More than 60 percent of these deaths occur in just ten countries: Bangladesh, Democratic Republic of Congo, Ethiopia, India, Kenya, Niger, Nigeria, Pakistan, Tanzania, and Uganda.

Donors can have significant impact by investing in programs that ensure greater access to treatments for child pneumonia and diarrhea in these high-burden countries.

We know what works
The treatments for diarrhea and pneumonia are highly effective, low-cost measures that have been proven to save children’s lives. Oral rehydration solution (ORS) and zinc, together, can prevent more than 90 percent of deaths from diarrhea. Amoxicillin, with appropriate case management, can reduce deaths from pneumonia by 36 percent to 42 percent. Each treatment course costs less than 50 cents per child.

No child should die when simple solutions are available

The Working Group
The Diarrhea and Pneumonia Working Group is a global coordinating body focused on accelerating access to these treatments. Together, the members of the Working Group (see back page) aim to achieve between 60 percent and 80 percent diarrhea and pneumonia treatment coverage by:

- Ensuring wide availability of high-quality, affordable treatments in both the public and private sectors.
- Securing a conducive and supportive policy and regulatory environment for treatment.
- Ensuring harmonization of efforts across partners to maximize impact of individual investments.
- Generating demand for ORS, zinc, and amoxicillin, and teaching caregivers when/where to seek treatment.
- Improving knowledge and skills of health providers to promote and deliver appropriate treatment and care.

The Working Group provides technical assistance, resource mobilization, and monitoring and evaluation support to organizations and governments working in the ten countries.

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1 ORS prevents deadly dehydration from diarrhea and can avert 93 percent of deaths from diarrhea. Zinc shortens the episode of diarrhea and reduces death rates by 23 percent.
The time is right
Global and national leaders have demonstrated unprecedented leadership around this high-impact opportunity. The ten countries have developed national scale-up plans for children’s essential medicines, which specify national coverage targets and concrete areas for action during the next three years. These plans directly support recommendations of the United Nations Commission on Life-Saving Commodities for Women and Children, the Global Action Plan for the Prevention and Control of Pneumonia and Diarrhea (GAPPD), A Promise Renewed, and the United Nations Secretary-General’s Every Woman, Every Child movement.

Why invest?
- Without sustained and increased investment, we risk losing our progress on improving the health of children in developing countries toward reducing preventable deaths from diarrhea and pneumonia.
- Implementation of the national scale-up plans in ten countries has potential to save 1 million lives\(^2\) by 2015 if 80% coverage is achieved.
- Sustained investment in child health is needed to establish a cycle of health and prosperity.
- As child health improves, so do local economies and ultimately international commerce and trade.

Contact us
For more on how you can contribute to this global effort, please contact the United Nations Children’s Fund (Mark Young at myoung@unicef.org) or Clinton Health Access Initiative (Nancy Goh at ngoh@clintonhealthaccess.org).

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