Global initiatives and priority products for MNCH

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Reductions in absolute numbers of child deaths

- The total number of under-five deaths in the world has declined from **12.7 million** in 1990 to **6.3 million** in 2013 – a reduction of about **50%**
- However, **17,000** children still die every day
Mortality burden: concentrated in the poorest regions

- Sub-Saharan Africa also continues to shoulder the greatest burden: 1 in 11 children born still dies before age five
- Half of under-five deaths occur in just five countries: India, Nigeria, Pakistan, the Democratic Republic of the Congo and China
Causes of under five deaths

- Pneumonia, diarrhoea and malaria are still the main killers of children – together they make up about one third of all under five deaths.
- 44% of deaths occur in first month of life (neonatal mortality).
- The proportion of deaths that occur in the first month of life is increasing.

Globally, nearly half of all deaths among children under 5 are attributable to undernutrition.
There are proven interventions within RMNCH continuum of care

<table>
<thead>
<tr>
<th>Focus of the Every Newborn action plan</th>
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<tbody>
<tr>
<td>The time around birth results in the majority of maternal and newborn deaths and stillbirths as well as human capital loss. These packages have the highest impact yet some of the lowest coverage of equitable and quality care across the continuum.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Referral and Tertiary Facilities</th>
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<tbody>
<tr>
<td>Reproductive health, including family planning</td>
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<tr>
<td>Management of pregnancy complications</td>
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<td>Skilled care at birth</td>
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<td>Essential newborn care</td>
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<td>Hospital care of childhood illness</td>
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<th>First and Second Level Facilities</th>
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<td>Prevention and management of childhood illness</td>
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<table>
<thead>
<tr>
<th>Community</th>
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<tbody>
<tr>
<td>Adolescent and pre-conception health care and nutrition</td>
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<tr>
<td>Gender violence prevention</td>
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<tr>
<td>Counselling and birth preparedness</td>
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<tr>
<td>Home birth with skilled care and clean practices</td>
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<tr>
<td>Essential newborn care</td>
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<tr>
<td>Ongoing care for the child at home</td>
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INTERSECTORAL: Improved living and working conditions, including housing, water and sanitation, and nutrition; education and empowerment, especially of girls; folic acid fortification; safe and healthy work environments for women and pregnant women.

<table>
<thead>
<tr>
<th>Timeframes</th>
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<tbody>
<tr>
<td>Adolescence and before pregnancy</td>
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<tr>
<td>Pregnancy</td>
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<tr>
<td>Labour and birth</td>
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<tr>
<td>Labour, birth and first week</td>
</tr>
<tr>
<td>Postnatal</td>
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<tr>
<td>Child</td>
</tr>
</tbody>
</table>

3 MILLION LIVES SAVED EACH YEAR
With an additional investment of US$ 1.15 per capita.
Coverage of interventions varies across the continuum of care

Median national coverage of selected Countdown interventions, most recent year since 2006 (%)

- Pre-pregnancy
- Antenatal care (at least one visit)
- Antenatal care (at least four visits)
- Intermittent preventive treatment of malaria for pregnant women
- Neonatal tetanus protection
- Skilled attendant at birth
- Postnatal visit for mother
- Exclusive breastfeeding (for first six months)
- Early initiation of breastfeeding
- Introduction of solid, semisolid or soft foods
- DTP3 immunization
- Measles immunization
- Vitamin A supplementation
- Haemophilus influenzae type b immunization (three doses)
- Children sleeping under insecticide-treated nets
- Case-seeking for pneumonia
- Antibiotics for pneumonia
- Malaria treatment (first-line treatment)
- Oral rehydration salts
- Improved drinking water sources
- Improved sanitation facilities

a. Data are for 2010.
b. Analysis is based on countries with 75% or more of the population at risk of *P. falciparum* transmission.

*Source:* Immunization rates, WHO and UNICEF; postnatal visit for mother, Saving Newborn Lives analysis of Demographic and Health Surveys; improved water and sanitation, WHO and UNICEF Joint Monitoring Programme 2012; all other indicators, UNICEF global databases, April 2012, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys.
EVERY NEWBORN

AN ACTION PLAN TO END
PREVENTABLE DEATHS

We are building a
movement...

BE PART OF THE ACTION

For more information
visit www.everynewborn.org

#EveryNewborn
The neonatal period is the most vulnerable time for a child’s survival

- More than a third or **1 million** neonatal deaths occur on the day of birth and **73% or 2 million** in the first week of life.
- Underscores critical importance of care for mother and baby during the 24 hrs around time of birth, incl. labour and delivery care, and post-natal care.
We have the knowledge and tools to reduce the main causes of neonatal death.

1. Preterm birth
   - Preterm labor management including **antenatal corticosteroids***
   - Essential newborn care including Kangaroo mother care

2. Birth complications (and intrapartum stillbirths)
   - Prevention with obstetric care: **Oxytocin, Misoprostol, MgSO4***
   - Essential newborn care with **resuscitation equipment***
   - Prevention, essential care, breastfeeding, **Chlorhexidine***

3. Neonatal infections
   - Case management of neonatal sepsis: **injectable antibiotics, Amoxicillin dispersible tablets***

* Prioritised by the UN Commission on Life Saving Commodities for Women and Children

Over two-thirds of newborn deaths preventable – actionable now without intensive care
Still almost 2 million child deaths every year from pneumonia and diarrhoea

10 countries with largest burden of pneumonia deaths
Afghanistan
Angola
China
Democratic Republic of the Congo
Ethiopia
India
Mali
Pakistan
Nigeria
'Sudan – pre cession

10 countries with largest burden of diarrhoea deaths

• 62% of global pneumonia deaths
• 64% of global diarrheal deaths

10 highest pneumonia mortality countries are also 10 highest diarrhoea mortality countries

Pneumonia and Diarrhoea Report 2012; 2004 global burden of disease sub analysis
The Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD)
Integrated Solutions for Pneumonia & Diarrhea

**Pneumonia**
*Treating and preventing* pneumonia effectively requires a health care provider, early diagnosis, and access to:

- Antibiotics, like amoxicillin, which cost less than US$1 per dose, for treatment
- Clean cook stoves, which improve air quality, for prevention

**Overlapping protection**
*Preventing* both conditions requires:

- Exclusive breastfeeding
- Basic sanitation
- Handwashing with soap
- Vaccines, including those for pneumococcal disease and rotavirus
- Safe drinking water
- Adequate nutrition

**Diarrhea**
*Treating* diarrhea effectively requires a health care provider, early diagnosis, and community-level access to:

- Oral rehydration salts, which cost less than US$1 per dose
- Zinc supplements, which cost less than US$1 per dose
Percentage of children under age 5 with diarrhoea who received oral rehydration salts, 2000 and 2012

- * Excludes China.

**Notes:** Estimates are based on a subset of 75 countries with available data for 2000 and 2012, covering 57 per cent of the global population under 5 (excluding China, for which comparable data are unavailable) and at least 50 per cent of the under-five population in each region. Data coverage was insufficient to calculate the regional averages for CEE/CIS and Latin America and the Caribbean.

**Source:** UNICEF global databases, 2014, based on MICS, DHS and other nationally representative surveys.
The total number of diarrhea episodes will reach ~ 800M by 2020 in the top 10 high burden countries.

**Total Number of Diarrhea Episodes, 10 High Burden Countries (in millions)**

- 2014: 719
- 2015: 731
- 2016: 744
- 2017: 757
- 2018: 770
- 2019: 783
- 2020: 796

Note: Does not currently take into account the impact of rotavirus vaccine introduction.

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2. Diarrhea incidence rates from CHERG 2010.
ORS and Zinc, including ‘Diarrhoea Treatment Kits’: Co-packaged ORS and zinc
Percentage of children under age 5 with symptoms of pneumonia taken to a health provider, 2000 and 2012

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>East Asia and Pacific*</td>
<td>59</td>
<td>69</td>
<td>66</td>
<td>68</td>
</tr>
<tr>
<td>Middle East and North Africa</td>
<td>61</td>
<td>65</td>
<td>65</td>
<td>65</td>
</tr>
<tr>
<td>South Asia</td>
<td>38</td>
<td>46</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>37</td>
<td>54</td>
<td>48</td>
<td>59</td>
</tr>
<tr>
<td>Least developed countries</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>World*</td>
<td></td>
<td></td>
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</tbody>
</table>
**WHO recommendation**: For children under the age of five years diagnosed with pneumonia and presenting “fast breathing” and “chest indrawing” clinical signs, *oral amoxicillin (DT) is the first-line of treatment*, delivered on an outpatient basis.

<table>
<thead>
<tr>
<th>Tools</th>
<th>Category of pneumonia</th>
<th>Age/weight of child</th>
<th>Dosage of amoxicillin dispersible tablets (250mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>iCCM tool for community health workers:</strong> no change</td>
<td>Fast breathing pneumonia</td>
<td>2 months up to 12 months (4 - &lt;10 kg)</td>
<td>1 tab twice a day x 5 days (10 tabs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12 months up to 5 years (10 – 19 kg)</td>
<td>2 tabs twice a day x 5 days (20 tabs)</td>
</tr>
<tr>
<td><strong>IMCI tool for professional health workers at health facilities:</strong> revised</td>
<td>Fast breathing and chest indrawing pneumonia</td>
<td>2 months up to 12 months (4 - &lt;10 kg)</td>
<td>1 tab twice a day x 5 days (10 tabs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12 months up to 3 years (10 - &lt;14 kg)</td>
<td>2 tabs twice a day x 5 days (20 tabs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 years up to 5 years (14 - 19 kg)</td>
<td>3 tabs twice a day x 5 days (30 tabs)</td>
</tr>
</tbody>
</table>
WHO, UNICEF and others continue to support global advocacy around the use of Amoxicillin DT

Significant advocacy work is well underway around pneumonia treatment:

www.worldpneumoniatday.org

Coming Soon
Revised WHO classification and treatment of pneumonia in children at health facilities:
• Advocacy Brief
• Policy Brief
• Evidence Summary
Rapid scale up of quality, affordable, and dependable supply of Amoxicillin DT is needed

**97M**\(^1\) cases of childhood pneumonia annually

**1.1M**\(^2\) children die annually

WHO defines the optimal treatment as **Amoxicillin DT**

**Need for supply to grow rapidly in the coming years**

- Most cases occur in just **10 low and middle income countries**
- Estimates show as many as 80% of all children go untreated or incorrectly treated with antibiotics
- Most common antibiotic in use is Cotrimoxazole
- Many cases are undiagnosed or incorrectly diagnosed
- Pneumonia is the number one killer of children under five
- Technical guidance from the WHO has defined the optimal treatment as child friendly **amoxicillin in 250mg dispersible tablets (DT)**
- Also used for treatment of newborn sepsis and management of severe malnutrition
- To meet this growing demand, new quality manufacturers are needed
- Requirements:
  - Speed to scale-up
  - High quality
  - Price
  - Supply security

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**The need:**
Amoxicillin Dispersible Tablets (DT) 250mg

**The benefit:**
- Child friendly, simple dosing, effective
- No cold-chain requirement

Notes: 1) Estimates by John Snow, Inc
2) **Committing to Child Survival: A Promise Renewed** Report, Progress Report 2013, UNICEF
The 10 focus countries for global scale-up of Amoxicillin DT have strong demand growth

**Childhood pneumonia Amox DT demand in 10 focus countries¹,²,³,⁴,⁵ (2014 – 2018)**

**Potential demand for Amox DT (MM)**

<table>
<thead>
<tr>
<th>Year</th>
<th>India</th>
<th>Pakistan</th>
<th>Bangladesh</th>
<th>Nigeria</th>
<th>DRC</th>
<th>Uganda</th>
<th>Kenya</th>
<th>Tanzania</th>
<th>Afghanistan</th>
<th>Ethiopia</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>384</td>
<td>392</td>
<td>399</td>
<td>407</td>
<td>384</td>
<td>414M</td>
<td>399</td>
<td>407</td>
<td>384</td>
<td>392</td>
</tr>
<tr>
<td>2015</td>
<td>96.1</td>
<td>97.1</td>
<td>98.2</td>
<td>99.3</td>
<td>35.1</td>
<td>37.3</td>
<td>38.2</td>
<td>39.2</td>
<td>37.0</td>
<td>20.5</td>
</tr>
<tr>
<td>2016</td>
<td>74.8</td>
<td>76.2</td>
<td>77.6</td>
<td>78.9</td>
<td>37.0</td>
<td>38.2</td>
<td>39.2</td>
<td>39.2</td>
<td>38.0</td>
<td>20.5</td>
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<tr>
<td>2017</td>
<td>69.8</td>
<td>70.7</td>
<td>71.5</td>
<td>72.4</td>
<td>37.0</td>
<td>38.2</td>
<td>39.2</td>
<td>39.2</td>
<td>38.0</td>
<td>21.1</td>
</tr>
<tr>
<td>2018</td>
<td>69.8</td>
<td>70.7</td>
<td>71.5</td>
<td>72.4</td>
<td>37.0</td>
<td>38.2</td>
<td>39.2</td>
<td>39.2</td>
<td>38.0</td>
<td>21.1</td>
</tr>
</tbody>
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**5-year total demand in 10 focus countries: ~2B tablets⁵**

**Notes:**
1) Estimates by John Snow, Inc
2) Countries included: India, Nigeria, DRC, Pakistan, Ethiopia, Tanzania, Uganda, Bangladesh, Kenya, Niger
3) Scale up scenario increases base year (2013) coverage by population growth and 3% annual increase in treatment coverage to 2017
4) Low treatment coverage estimates for India (13%) likely underestimate treatment figures
5) Assumes 20 tablets per course; this over-estimates for children under age 1 who require 10 tablets, likely offset by use for other conditions

*Bangladesh not shown*
Integrated community case management (iCCM) is an effective strategy for scaling up treatment of the main killers of children (pneumonia, diarrhea & malaria) at community level

iCCM – key set of interventions delivered by CHW

- Joint WHO/UNICEF Statement defines key program features for iCCM
- Strategy to provide programmatic support to CHWs to assess & treat for all 3 child killers
- Aiming to increase coverage for those ~40% that cannot easily access any care
Essential medicines and products for implementing iCCM through Community Health Workers

- RDT for fever diagnosis
- ACT malaria drug
- Amoxicillin DT pneumonia
- Timer for pneumonia
- Zinc for diarrhea
- ORS for diarrhea
- RUTF for SAM
- TREATMENT IN COMMUNITIES
- Zinc for diarrhea
- ORS for diarrhea
- RUTF for SAM
New pneumonia diagnostic support aids for respiratory rate and pulse oximetry are needed to improve the accuracy and effectiveness of diagnosing pneumonia in resource-poor contexts.
GFATM New Funding Model is a key opportunity for driving increased integration with the MNCH platform: ANC, PNC & integrated community case management.

“Exploring options to maximize synergies with maternal and child health, the Board strongly encourages Country Coordinating Mechanisms (CCMs) to identify opportunities to scale up an integrated health response that includes maternal and child health in their applications for HIV/AIDS, TB, malaria and health systems strengthening.”

GFATM Board Recommendation 2010
UNICEF- Global Fund MOU: A Growing Partnership

• Improve alignment of Global Fund grants with UNICEF efforts to improve maternal, newborn, child and adolescent health
• How will this happen?
  – The Global Fund to engage through country dialogue and grant-making processes
  – UNICEF through active engagement in country dialogue & CCM.

**Malaria:** Address inappropriate or non-treatment of the sick child (& inefficient use of ACTs) through ‘comprehensive management of the child with fever’ (iCCM/IMCI)

**HIV:** Better address the needs of pregnant women & newborns through comprehensive ANC/PNC to complement expanding EMTCT efforts
Countries in Africa with initial focus on MNCH integration in GF-NFM

- Burkina Faso
- Burundi
- Cote d’Ivoire
- DRC
- Ethiopia
- Ghana
- Kenya
- Malawi
- Mali
- Niger
- Nigeria
- Rwanda
- Senegal
- South Sudan
- Uganda
- Zambia
### Major Commitments from Donors, Bilateral and Multilateral Agencies and Governments for Scale-up of MNCH Efforts

<table>
<thead>
<tr>
<th>Agency</th>
<th>Commitment</th>
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<tbody>
<tr>
<td>IDA/HRITF</td>
<td>• IDA resources – in conjunction with the Health Results Innovation Trust Fund – to scale up RBF approaches toward MDGs 4 &amp; 5 - ~$700M</td>
</tr>
<tr>
<td>UNICEF</td>
<td>• Resources raised through national committees to accelerate MDG 4&amp;5 - ~$300M</td>
</tr>
<tr>
<td>RMNCH TF</td>
<td>• Trust Fund for RMNCH; gap-filling catalytic fund for commodities and services; may transitioned into new ‘Global Financing Facility’ - ~$200M</td>
</tr>
<tr>
<td>USAID</td>
<td>• June 2014 Call to Action: realigning <strong>$2.9 billion</strong> of Agency’s resources to save up to half a million children from preventable deaths by the end of 2015</td>
</tr>
<tr>
<td>Canada</td>
<td>• May 2014: <strong>$3.5 billion</strong> towards improving maternal, newborn and child health around the world from 2015-2020</td>
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</table>
W. Africa Ebola outbreak - increasing global emergency with disruption of health systems: essential supplies, medicines, PPE, health workers needed on large scale
Committing to Child Survival: A Promise Renewed

Progress Report 2014

Pre-release publication 15 September 2014

unicef