Maternal, Newborn and Child Health: *Global initiatives and priority products for MNCH*

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Unprecedented Commitment for Maternal and Child Health

Country leadership & Implementation

Key advocacy events and catalytic initiatives in support of Every Woman Every Child

- Born too soon
- A Promise Renewed
- Family Planning Summit
- Decade of Vaccines
- Innovation Working Group
- Commission on Live-saving Commodities

Global Action Plan for Pneumonia and Diarrhoea (GAPPD)

Information & Accountability

CoIA

independent Expert Review Group

Visit www.everywomaneverychild.org
Committing to Child Survival: A Promise Renewed
A Promise Renewed
Progress Report 2013

A PROMISE RENEWED: A GLOBAL MOVEMENT TO END PREVENTABLE CHILD DEATHS

Committing to Child Survival: A Promise Renewed is a global movement to end preventable child deaths. Under the leadership of participating governments and in support of the United Nations Secretary-General’s Every Woman Every Child strategy, A Promise Renewed brings together public, private and civil society actors committed to advocacy and action for maternal, newborn and child survival.

A Promise Renewed emerged from the Child Survival Call to Action, convened in June 2012 by the Governments of Ethiopia, India and the United States, in collaboration with UNICEF. The more than 700 government, civil society and private sector participants who gathered for the Call to Action reaffirmed their shared commitment to scale up progress on child survival, building on the success of the many partnerships, initiatives and interventions that currently exist within and beyond the field of health.

A PROMISE RENEWED

is based on the ethos that child survival is a shared responsibility and everyone — governments, civil society, the private sector and individuals — has a vital contribution to make. Since June 2012, more than 176 governments and many civil society organizations, private sector organizations and individuals have signed a pledge to redouble their efforts, and they are turning these commitments into action and advocacy.

More details on A Promise Renewed are available at <www.apromiserenewed.org>.

ANNUAL REPORTS

In support of A Promise Renewed, UNICEF is publishing annual reports on child survival to track progress and promote accountability for global commitments made to children. This year’s report, released in conjunction with the child mortality estimates of the United Nations Inter-Agency Group on Mortality Estimation, presents:

- Trends and levels in under-five mortality over the past two decades.
- Analysis of progress towards Millennium Development Goal 4.
- Causes of and interventions against child mortality.
- Highlights of national and global initiatives by governments, civil society and the private sector to accelerate progress on child survival.
- Statistical tables of child mortality and causes of under-five deaths by country and UNICEF regional classification.
90 million lives saved in 22 years

2012:

- 17,000 fewer children died each day than in 1990.
- 6.6 million children died before their 5th birthday
Progress, but not fast enough.

Most regions have reduced their under-five mortality rates by more than 50% since 1990.

Under-five mortality rate by region, 1990 and 2012, and % declines

- Sub-Saharan Africa: 177 in 1990, 98 in 2012, 45% decline
- West & Central Africa: 195 in 1990, 118 in 2012, 39% decline
- South Asia: 129 in 1990, 60 in 2012, 54% decline
- Middle East & North Africa: 71 in 1990, 30 in 2012, 58% decline
- East Asia & Pacific: 58 in 1990, 20 in 2012, 65% decline
- Latin America & Caribbean: 54 in 1990, 19 in 2012, 65% decline
- CEE/CIS: 47 in 1990, 19 in 2012, 60% decline
- World: 90 in 1990, 48 in 2012, 47% decline

Source: IGME 2013.
Sub-Saharan Africa: a unique and urgent challenge

Since 1990, the number of under-five deaths in West and Central Africa has stagnated, while South Asia has achieved the largest decline.

- SSA is the only region in which the under 5 population has increased since 1990, and has shown the least progress on U5MR.
- With the U5 population set to grow rapidly, the total number of U5 deaths may stagnate or even increase if greater progress is not made.
Most children die from preventable causes...

Infectious diseases such as pneumonia, diarrhoea and malaria are the leading killers of children under age 5; roughly 44% of deaths in children under 5 occur during the neonatal period.

Global distribution of deaths among children under age 5, by cause, 2012

- Pneumonia (post-neonatal) 13%
- Pneumonia (neonatal) 5%
- Preterm birth complications 15%
- Intrapartum-related complications 10%
- Sepsis and meningitis 5%
- Tetanus 1%
- Congenital abnormalities 4%
- Other neonatal 3%
- Diarrhoea (neonatal) 1%
- Diarrhoea (post-neonatal) 8%
- Diarrhoea 9%
- Malaria 7%
- Injury 5%
- Other 19%

Globally, nearly half of all deaths among children under 5 are attributable to undernutrition.

Estimates are rounded, and therefore may not sum to 100%.
Therefore, accelerated efforts against these main causes of child deaths are needed along the “continuum of care”...

EVERY NEWBORN:

an Action Plan to end preventable deaths

and

The integrated Global Action Plan for Pneumonia and Diarrhoea (GAPPD)
RMNCH Continuum of Care

Supportive policies
For example, maternal protection, community health workers and midwives authorized to provide essential services, vital registration, adoption of new interventions

Health systems and financing
For example, human resources, functioning emergency obstetric care, referral and supply chain systems, quality of health services, financial resources for reproductive, maternal, newborn and child health, user fees

Increased and equitable intervention coverage

<table>
<thead>
<tr>
<th>Pre-pregnancy</th>
<th>Pregnancy</th>
<th>Birth</th>
<th>Postnatal</th>
<th>Childhood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family planning</td>
<td>Antenatal care</td>
<td>Skilled attendant at birth</td>
<td>Postnatal care for mother and baby</td>
<td>Case management of childhood illness</td>
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<td>Women’s nutrition</td>
<td>Intermittent preventive treatment for malaria</td>
<td>Caesarean section and emergency obstetric care</td>
<td>Infant and young child feeding</td>
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<td></td>
<td>Prevention of mother-to-child transmission of HIV</td>
<td></td>
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<td>Malaria prevention</td>
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<td></td>
<td>Tetanus vaccines</td>
<td></td>
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<td>(insecticide-treated nets and indoor residual spraying)</td>
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</tbody>
</table>

Increased survival and improved health and nutrition for women and children
Putting CHWs at the center: CHWs are crucial links connecting the communities they serve and the health system.

To be empowered and activated CHWs need to be provided and regularly resupplied with commodities, medicines, diagnostic devices, information and other job aids.

To be empowered and activated CHWs need to be provided with a well-orchestrated set of activities and services that support them all along their journey, from the moment they are recruited and trained to the day-to-day service they deliver to their communities, to the incentives and growth plans that are meant to keep them motivated.
EVERY NEWBORN
AN ACTION PLAN TO END PREVENTABLE DEATHS
We can reduce the main causes of death
Newborn Survival Solutions – 3 by 2

1. **Preterm birth**
   1. Preterm labor management including **antenatal corticosteroids***
   2. Care including Kangaroo mother care, essential newborn care

2. **Birth complications (and intrapartum stillbirths)**
   1. Prevention with obstetric care - **Oxytocin, Misoprostol, MgSO4***
   2. Care - essential newborn care, **resuscitation equipment***

3. **Neonatal infections**
   1. Prevention, essential care, breastfeeding, **Chlorhexidine** *
   2. Case management of neonatal sepsis – **injectable antibiotics, Amoxicillin Dispersible tablets***

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

Over two-thirds of newborn deaths preventable – actionable now without intensive care
Global momentum and support for ending preventable deaths from childhood pneumonia and diarrhoea

Recent events highlighting global focus:

UN Commission on Life Saving Commodities

*Global coordinated effort to scale up priority commodities, including Amoxicillin DT, ORS & zinc*

WHO/UNICEF: Ending preventable child deaths from pneumonia and diarrhoea by 2025

*The integrated Global Action Plan for Pneumonia and Diarrhoea (GAPPD)*

Lancet Series on Childhood Pneumonia and Diarrhoea launched on April 12, 2013

*Lancet series focused on opportunities in treating childhood pneumonia & diarrhoea*

Just a few of the partners with ongoing global support for scale-up of Amoxicillin DT & ORS/zinc:

- UNICEF
- World Health Organization
- USAID
- UK aid from the Department for International Development
- Norwegian Ministry of Foreign Affairs
- Bill & Melinda Gates Foundation
- Australian AID
- Save the Children
Vision - Ending preventable child deaths from pneumonia and diarrhoea by 2025

Goals - For children under 5 years of age:

• reduce mortality from pneumonia to fewer than 3 per 1000 live births;

• reduce mortality from diarrhoea to fewer than 1 per 1000 live births

Targets – by the end of 2025:

• 90% access to appropriate pneumonia and diarrhoea case management (with 80% coverage in every district)
Framework for Protect, Prevent, Treat

PROTECT
Children by establishing good health practices from birth
- Exclusive breastfeeding for 6 months
- Adequate complementary feeding
- Vitamin A supplementation

PREVENT
Children becoming ill from pneumonia and diarrhoea
- Vaccines: pertussis, measles, Hib, PCV and rotavirus
- Handwashing with soap
- Safe drinking-water and sanitation
- Reduce household air pollution
- HIV prevention
- Cotrimoxazole prophylaxis for HIV-infected and exposed children

TREAT
Children who are ill from pneumonia and diarrhoea with appropriate treatment
- Improved care seeking and referral
- Case management at the health facility and community level
- Supplies: Low-osmolarity ORS, zinc, antibiotics and oxygen
- Continued feeding (including breastfeeding)

Reduce pneumonia and diarrhoea morbidity and mortality
Integrated Solutions

**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
The World Health Organization has established **dispensible amoxicillin** as the recommended first-line treatment for pneumonia in children under five

- Oral amoxicillin is preferred over co-trimoxazole as first-line treatment, because it is effective against both non-severe and severe pneumonia in low-HIV settings, because of increased resistance to co-trimoxazole and lower efficacy of co-trimoxazole than amoxicillin;
- In high-HIV settings, amoxicillin is also preferred because oral co-trimoxazole is recommended for Pneumocystis pneumonia prophylaxis.

Details can be found in the *WHO Recommendations for Management of Common Childhood Conditions*.  
Up to 71 million cases of suspected childhood pneumonia may not currently receive antibiotics

Suspected childhood pneumonia cases in 50 low/middle income countries\(^1\) (2013 – 2020)

*Note: Treatment rates estimated using a combination of the latest DHS, MICS or NFHS data – depending on what was available for each country. In some cases, like India, antibiotic usage may be higher and the size of the “untreated” population may be an overestimate.

Notes: 1) Estimates by John Snow, Inc for the 49 Every Woman, Every Child countries + India
2) Updated July 2013 with 2010 CHERG estimates of incidence of clinical pneumonia (published 2013) - Using latest DHS/MICS estimates of those children 5 and under receiving antibiotics for treatment of ARI
10 focus countries account for 77% of all untreated suspected childhood pneumonia cases

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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.
Malaria Case Management

- Artemisinin-based combination therapy (ACT) is the recommended first-line treatment for malaria (artemether-lumefantrine; artesunate-amodiaquine);
- ‘Home management of malaria (HMM)’ is a strategy to expand availability to ACT treatment in communities that have no easy to health care, and in many cases has been integrated with treatment for pneumonia and diarrhea (iCCM)

- Since 2010 - WHO policy on testing of all suspected malaria cases with RDTs and/or microscopy;
- A substantial proportion of fever cases are malaria neg. and thus incorrectly treated with anti-malaria drugs;
- Also significant overlap in symptoms between malaria and pneumonia - pneumonia often ‘undertreated’ in primarily malaria-supported treatment programs
- Scale up of RDT use by CHWs is now imperative, coupled with support for comprehensive management of the sick child at the community level (iCCM)
Intermittent Preventive Treatment for Malaria in Children (IPTc) – Seasonal Malarial Chemoprophylaxis (SMC)

- A complete treatment course of AQ+SP at monthly intervals to a maximum of four doses during the malaria transmission season should be given to children aged 3-59 months as Seasonal Malaria Chemoprevention in areas of highly seasonal malaria transmission across the West Africa Sahel Sub-Region (where both drugs retain sufficient antimalarial efficacy);
- Target areas for implementation are areas where more than 60% of clinical malaria cases occur within a maximum of 4 months;
- Where possible, integration into existing integrated Community Case Management and Community Health Workers programs is recommended.
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Information & Accountability

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Fund raising and financing efforts

- RMNCH Trust Fund (UN Commission on Life Saving Commodities)
- H4+: ~$200M for Maternal and Newborn Health
- GFATM Replenishment: $15 billion for 2014-2016 (public and private sector activities)
- UN Secretary General's Special Envoy for Financing the Health MDGs: announcements during UNGA on significant investments in RMNCH in the final push towards the MDGs (‘last 830 days’)
- Strong push to have the private sector as ‘core partners’ in this effort to accelerate reductions in maternal and child mortality
Effective, efficient supply operation for programmes

UNICEF Supply Division’s work is a direct input to development programmes and emergency response

- Expertise on strategic-essential supplies and supply chains to programmes, governments and other Procurement Services partners
- Timely and responsive delivery and service to countries and partners
- Achieving value for money for procurement, quality assurance, warehousing, logistics
- Establishing and monitoring performance objectives
Where we are

- 855 staff
- 135 nationalities
- 163 offices
- 99 countries
Increasing access to life-saving commodities

Supply is working with industry and partners to increase affordability, achieve market expansion for quality products, and introducing new products for children via:

- Market influencing
- Supply chain optimisation
- Innovation
Supply outcome targets 2013 - 17

Innovation
- Better diagnostic equipment
- Improved product QA
- Products for children with disabilities

Market influencing
- Affordability of strategic products
- More countries self-procuring
- Increased capacity of local suppliers
- Diversified, expanded supplier base

Supply chain optimisation
- Access to strategic essential supplies improved
- Technical guidance published
- Local kit-packing increased.
- Excellence in direct delivery in fragile states
YOUR ENGAGEMENT CAN MAKE A DIFFERENCE

FIND OUT HOW AT www.unicef.org/supply