

Scaling-up Childhood Pneumonia Treatment in Tanzania

DPG-Health

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RESULTS FOR
DEVELOPMENT

Agenda

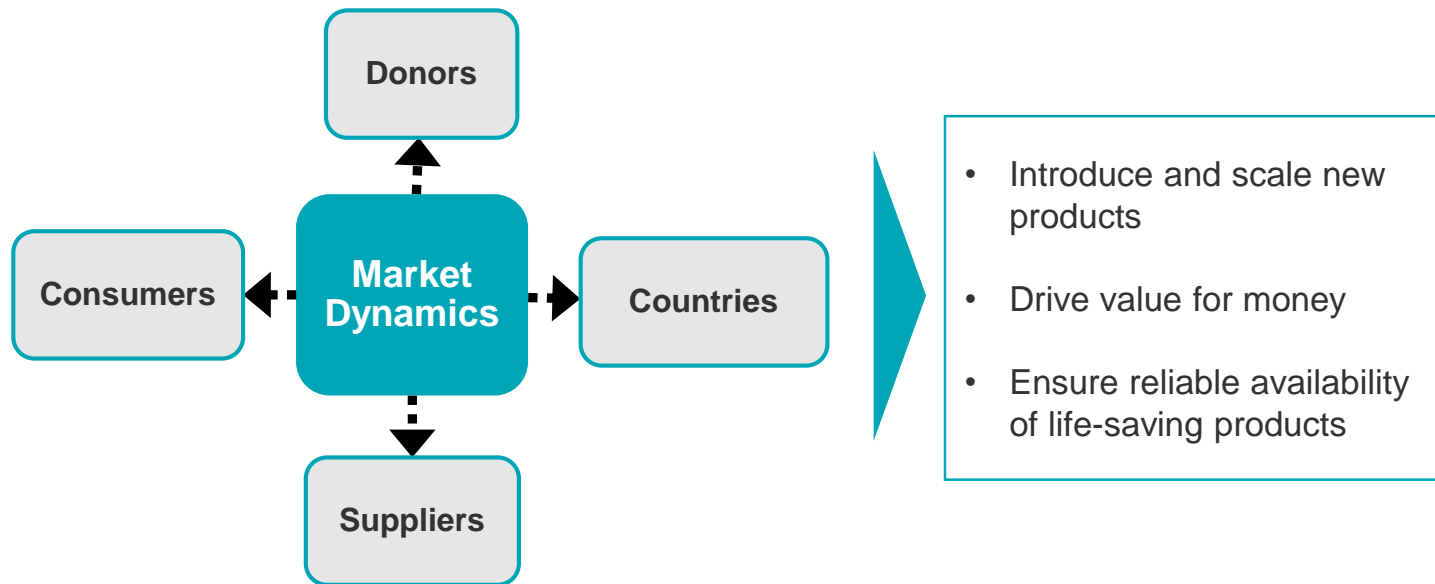
- Introduction: R4D & Market Dynamics
- Pneumonia: globally and locally
- Tanzania project overview
- Gaps and opportunities
- Discussion



RESULTS FOR DEVELOPMENT

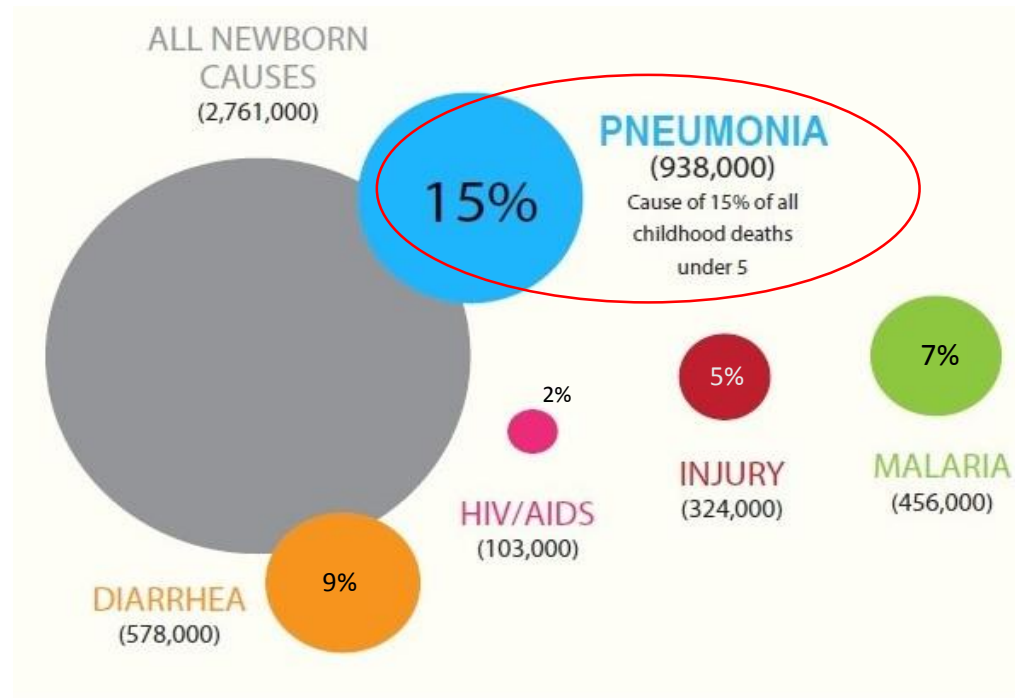
- Based in Washington DC
- Focuses on solving tough development challenges in market dynamics, global health, education, & governance
- Presence in Ethiopia and Tanzania

Market Dynamics Team: engages with all levels of the marketplace – manufacturers, major donors, and buyers – to transform access to high quality products in low-resource countries.



Pneumonia is the #1 infectious disease killer of children under five globally, killing more children than HIV, malaria, and TB combined

Key causes of under-five child deaths in 2013



A full course of WHO-recommended amoxicillin dispersible tablets (Amox DT) treatment costs just \$0.50

Effective

- Amoxicillin is ~15% more effective in reducing childhood pneumonia mortality compared to cotrimoxazole¹

Easy to dose and transport

- Placed in a small amount of liquid (clean water or milk) and then softly stirred until the medicine dissolves
- More stable in high temperatures and humidity
- Packaged in paper boxes, so less bulky and lighter

Affordable

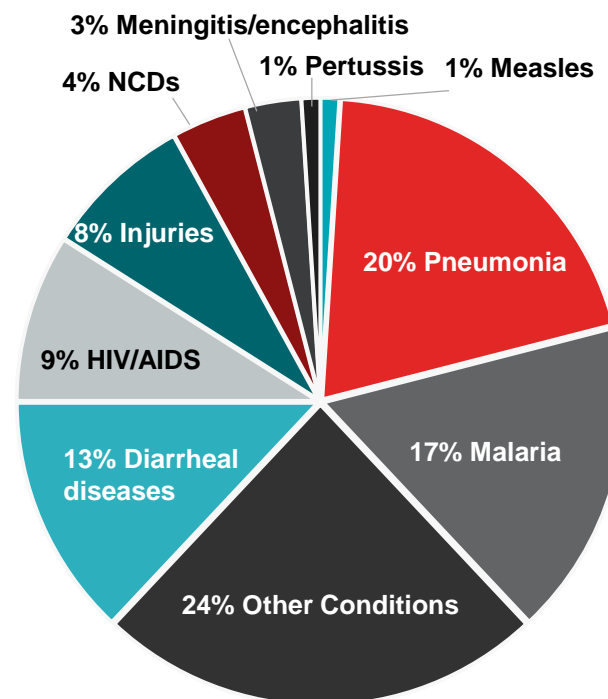
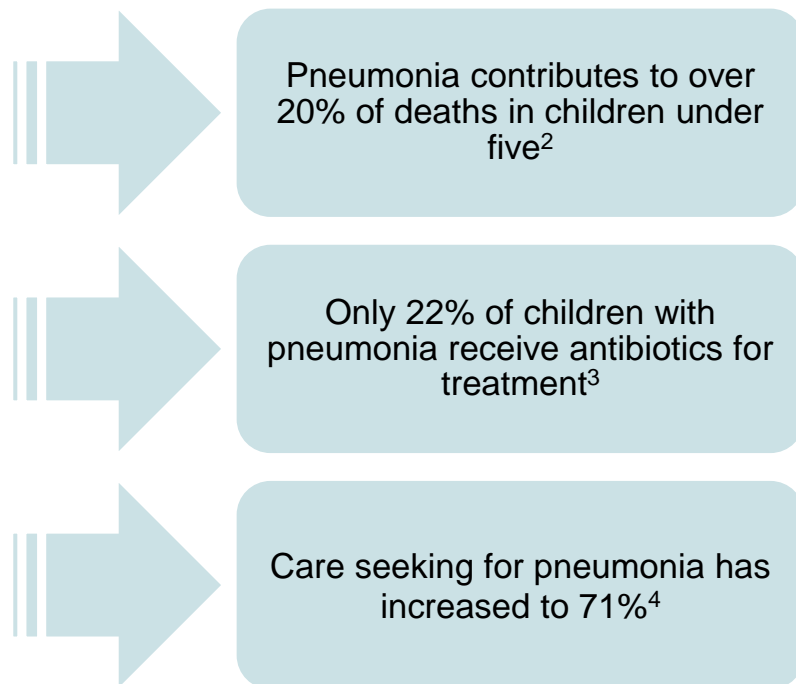
- Costs only ~\$0.50 in the public sector for most 1-5yr olds versus ~\$200 annually for a pediatric HIV/AIDS treatment course²



In Tanzania, pneumonia is the leading cause of death in children under-five

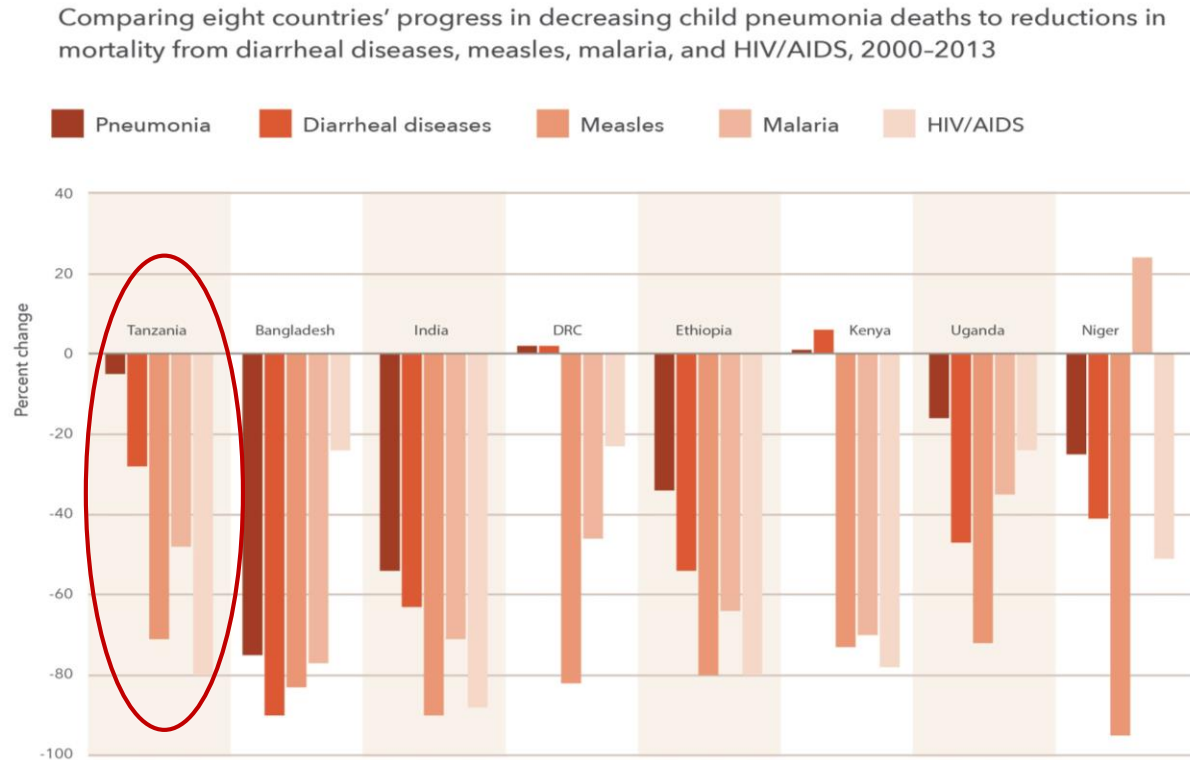
The Government of Tanzania aims to reduce child mortality by 80% by 2030

Post Neonatal Deaths (ages 1-59 months)⁵



1. TDHS, 2010
2. The National Road Map Strategic Plan To Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania 2008 – 2015
3. TDHS, 1992
4. TDHS, 2010
5. CHERG/UNICEF/WHO cited in Lancet, 2012

Over the last 13 years, child pneumonia deaths have decreased by only 5% in Tanzania compared to an 80% reduction in HIV/AIDS



R4D's work is focused on driving access to amox DT to avert child deaths

Overall project objective

Increase access to amoxicillin dispersible tablets (amox DT) by addressing barriers to uptake at the global, supply and demand levels in high-burden countries like Ethiopia and Tanzania

↑
Key activities in Tanzania
↓

Resource Mobilization

- Advocate for prioritization of global resources to address 2016 funding cliff
- Explore channels and levers to increase domestic financing to ensure sustainable supply

Supply

- Engage with manufacturers at the global level to make a business case for amox DT registration in Tz to ensure access

Policy & Regulatory

- Support MoHSW in aligning national policies with WHO-guidelines
- Engage with TFDA to identify key challenges to processing amox DT product registration applications to increase number of suppliers

Quantification & Procurement

- Contribute to high quality national forecast; strengthen methodology & assumptions
- Support smooth transition from donors to MSD

Tanzania has made promising strides towards scaling up amox DT...

Policy & Regulatory

- ✓ IMCI guidelines and Pediatric Standard Treatment Guidelines revised to include amox DT as first line treatment for child pneumonia
- ✓ Amox is being discussed in update to National Standard Treatment Guidelines
- ✓ eLMIS has been updated, listing amox DT
- ✓ MSD's R&R forms revised to include amox DT
- ✓ NHIF price list being revised to list amox DT
- ✓ High-quality amox DT is currently registered with TFDA
- ✓ RCHs and UNICEF conducting sensitization trainings across the country

Quantification & Procurement

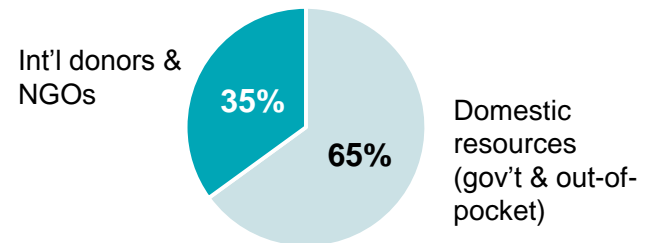
- ✓ 2016-17 national forecast & supply plan completed with new assumptions to align with WHO guidelines
- ✓ UNICEF has procured 2 shipments of amox DT; third shipment planned
- ✓ Progress in private sector: local importers are distributing amox DT and initial demand generation efforts

...but like other low-income countries, Tanzania requires international support to ensure access to essential commodities such as amox DT

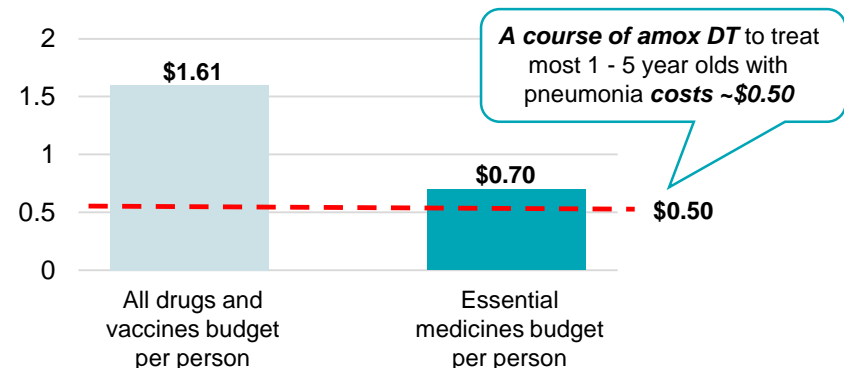
While higher-income countries (e.g. Nigeria) may have resources for amox DT...

	Nigeria	Tanzania
Country Income Group¹	Lower middle income	Low income
Gross National Income¹ per capita	\$2710	\$920
Total Health Expenditure² per capita	\$115	\$49
Public sector expenditure on health² per capita (from domestic and int'l resources)	\$32	\$18

... Tanzania is extremely resource-constrained.²



In 2006, GoT spent ~\$1.60/person³ on drugs and vaccines, of which **\$0.70/person was allotted to essential medicines⁴**



Discussion