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Why does Diarrhea matter?

PREVENTING MORE THAN ONE MILLION UNNECESSARY DEATHS EVERY YEAR

Presentation made at CORE GROUP on February 16, 2012

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Presentation Outline

- I. Burden of Diarrhea Disease
- II. Interventions and Coverage
- III. Progress against MDGs
- IV. From Knowledge to Action
- V. What will Success Look Like

A personal reflection

- What single action would you take personally to make a difference in reducing diarrhea related deaths in children under-5?
- How much do we know?
 - ✓ How many diarrhea cases are recorded globally per year?
 - ✓ Highest burden country for diarrhea deaths?
 - ✓ Highest reported national ORS coverage?
 - ✓ Highest hand washing coverage?



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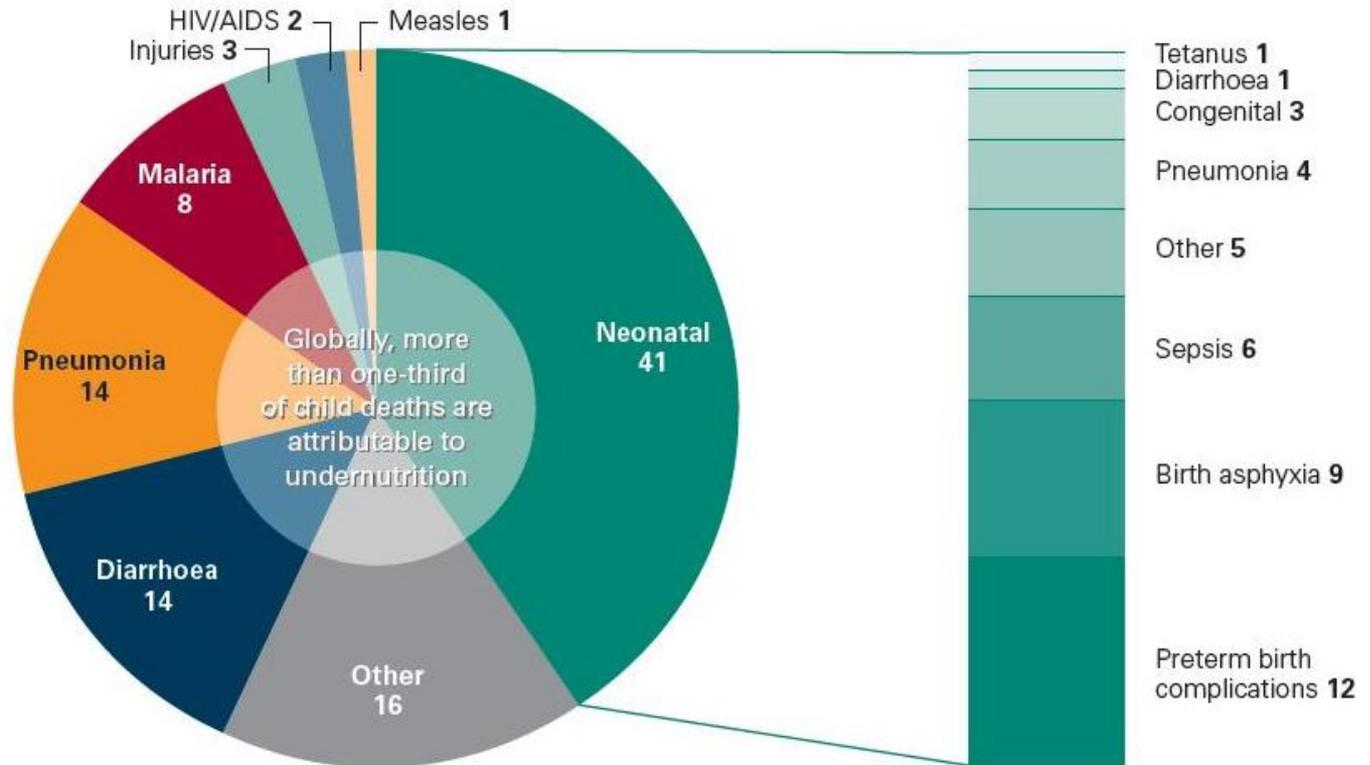
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I. Burden of Diarrhea Disease

The 2nd leading cause of under-5 deaths

Causes of deaths among children under age 5

2008 (percent)



Source: Black R, Cousens S, Johnson H, Lawn J, Rudan I, Bassani D, Jha P, Campbell H, Walker C, Cibulskis R, Eisele T, Liu L, and Mathers C, for the Child Health Epidemiology Reference Group of WHO and UNICEF, 2010, "Global, Regional, and National Causes of Child Mortality in 2008: A Systematic Analysis," *Lancet* 375(9730): 1969–87.

There are 'Faces' behind numbers

“Diarrhea, 90 percent of which is caused by food and water contaminated by excrement, kills a child every thirty seconds. That's more than AIDS, malaria, or measles, combined. Human feces are an impressive weapon of mass destruction”

1.3 million deaths per year = 3561 per day = 1 every 30 seconds

» **BUT**

“no victims to testify”

The Long term Burden

- ***2.5 billion episodes of diarrhea per year***
- “...the impact of heavy diarrheal burdens and multiple enteric infections in the early formative years of childhood ***extends long beyond the infection itself*** and affects both growth and cognitive development in affected children”

Source: Malnutrition is an enteric infectious disease with long-term effects on child development <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2562291/pdf/nihms-65772.pdf>

Deaths due to diarrhea

Nearly three quarters of child deaths due to diarrhea occur in just 15 countries

RANK	COUNTRY	TOTAL NUMBER OF ANNUAL CHILD DEATHS DUE TO DIARRHOEA
1	India	386,600
2	Nigeria	151,700
3	Democratic Republic of the Congo	89,900
4	Afghanistan	82,100
5	Ethiopia	73,700
6	Pakistan	53,300
7	Bangladesh	50,800
8	China	40,000
9	Uganda	29,300
10	Kenya	27,400
11	Niger	26,400
12	Burkina Faso	24,300
13	United Republic of Tanzania	23,900
14	Mali	20,900
15	Angola	19,700



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II. Interventions and Coverage

The seven-point plan

- Treatment
- Prevention

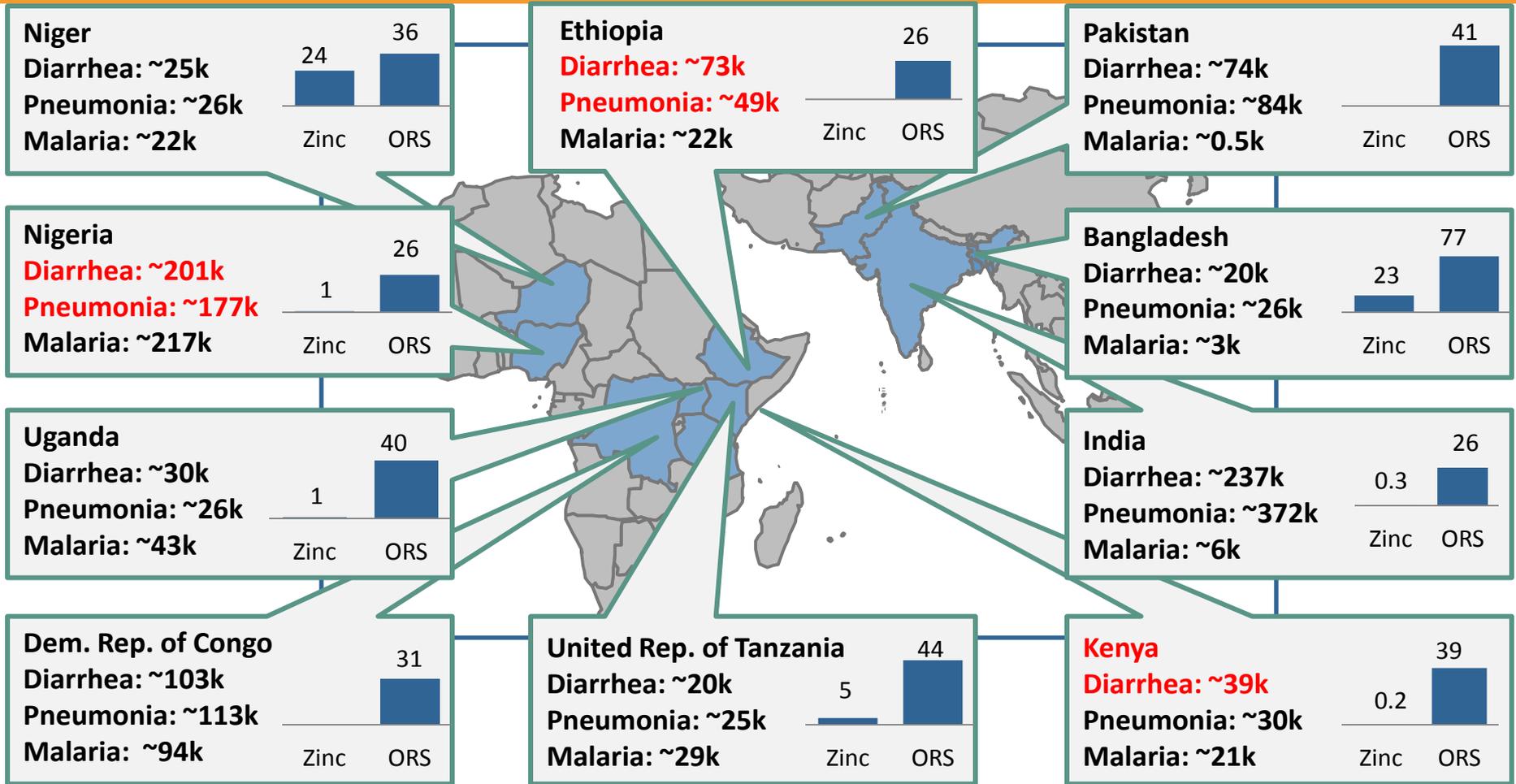


Treatment package: L-ORS and Zinc



In ten high-burden countries, strategies have been developed to address limited access to appropriate diarrhea and pneumonia treatment

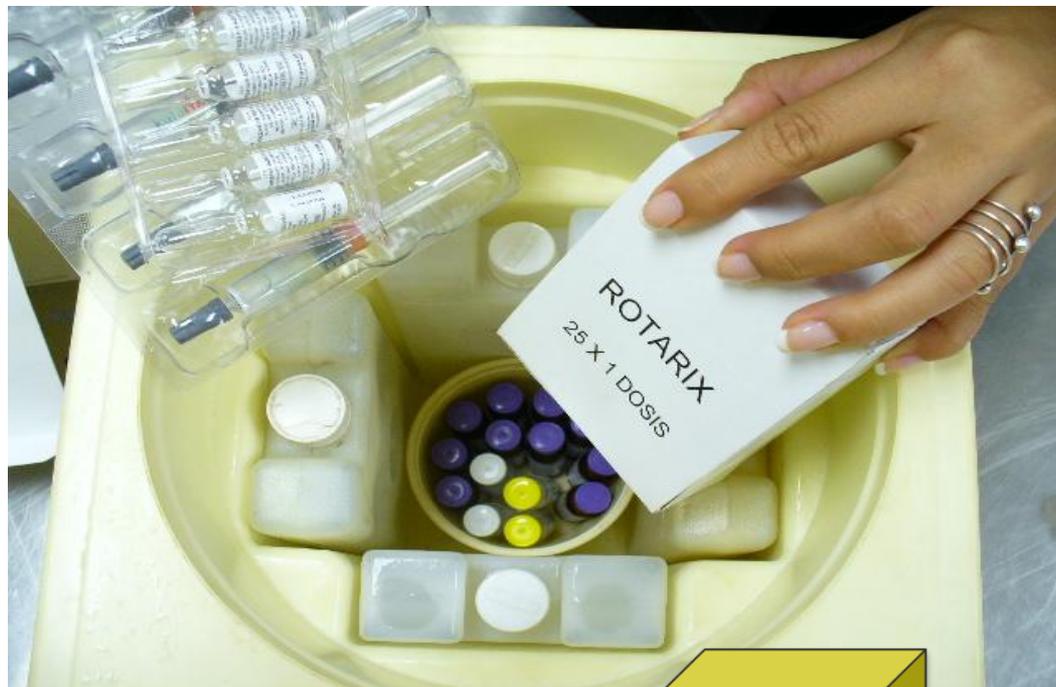
Total number of diarrheal deaths, 2008; Zinc/ORS treatment coverage



Together, these countries represent 62% of the total burden of diarrhea and 59% of the burden of pneumonia

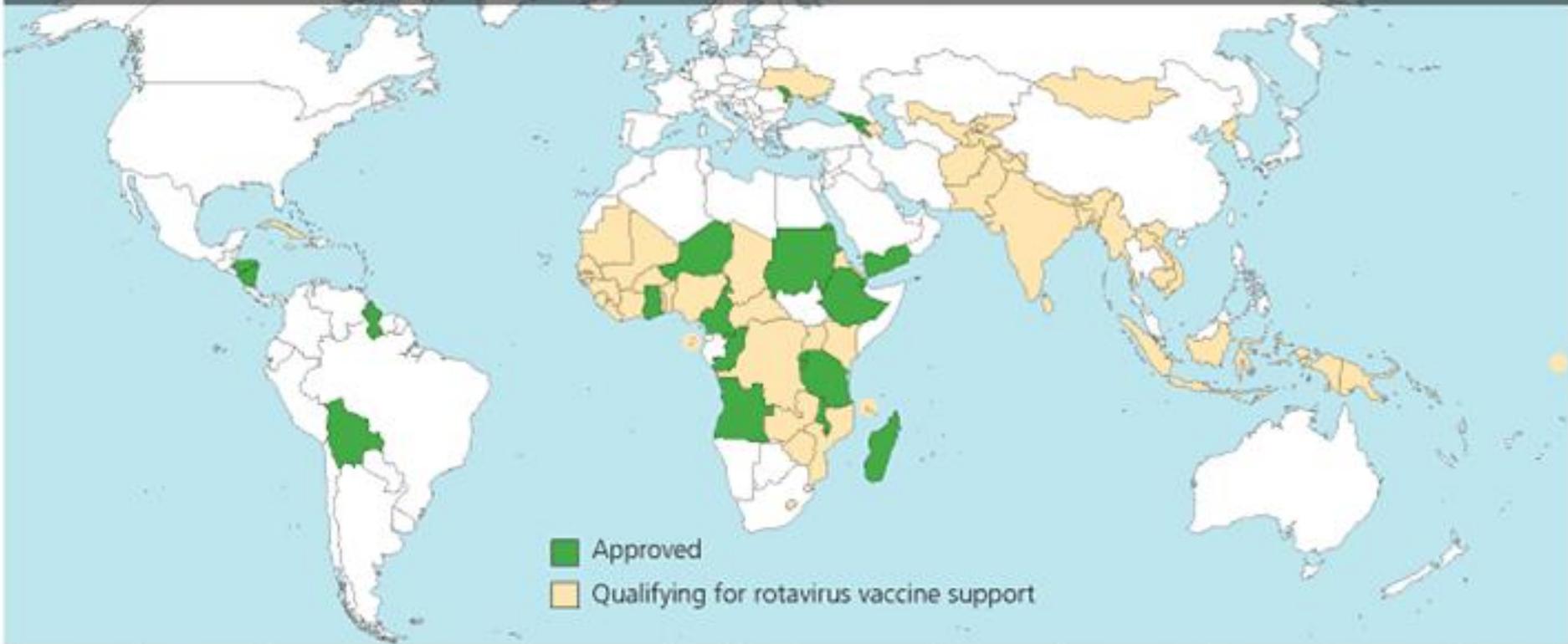
Prevention: Rotavirus vaccine

- Rota virus estimated to cause **39% of all diarrheal deaths** more than half of which can be averted by Rota vaccine



But....more Countries Qualifying than Approved

21 of 71 qualifying countries approved for rotavirus vaccine support



Approved
Qualifying for rotavirus vaccine support

hepB Hib MSD MenA Pneumo **Rota** Yellow Fever CSO type A CSO type B HSS INS



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Rotavirus vaccine support timeline

With donor support, GAVI plans to introduce rotavirus vaccine in more than **40 countries by 2015**

November 2006

Nicaragua

The global effort to accelerate the availability of rotavirus vaccines in the development world reaches a landmark with the first infants vaccinated against rotavirus in Nicaragua. Nicaragua's President Enrique Bolanos hosts the launch of nationwide immunization at his home in Managua.

July 2008

Bolivia

With a successful track record of introducing immunization programmes, Bolivia was well-placed to take a lead in deploying the rotavirus vaccine.

December 2009

Honduras

With the support of GAVI and its partners, Honduras successfully introduced the rotavirus vaccine.

April 2010

Guyana

Guyana becomes the fourth GAVI-eligible country to introduce a vaccine against rotavirus, the primary cause of diarrhoea which is the second biggest killer of under-fives in developing countries.

July 2011

Sudan

The first children in a GAVI-eligible country in Africa to be vaccinated against rotavirus was in Khartoum, Sudan. By 2015, GAVI plans to support the introduction of this life-saving vaccine in some 40 countries, most of them in Africa, which have extremely high rates of death from rotavirus infections.

Prevention: Nutrition



- Promotion of early and exclusive breastfeeding and
- Vitamin A supplementation



Prevention: Hand washing with soap

- The single-most cost-effective health intervention

Investment to gain one DALY associated with diarrheal diseases :

- \$ 3.35 Hand washing with soap
- \$ 11.00 Latrine promotion
- > \$ 200.00 Household water connection



Prevention: Improving Water supply

- In quantity
- In quality, including point of use treatment and safe storage of household water



Prevention: Sanitation



- Community-wide promotion of sanitation
- Safe excreta disposal



Coverage

→ Limited access to most interventions by those most in need of protection.

Source: Scaling Up Diarrhea Prevention and Treatment Interventions: A Lives Saved Tool Analysis:

<http://www.plosmedicine.org/home.action>

<http://dx.doi.org/10.1371/journal.pmed.1000428>



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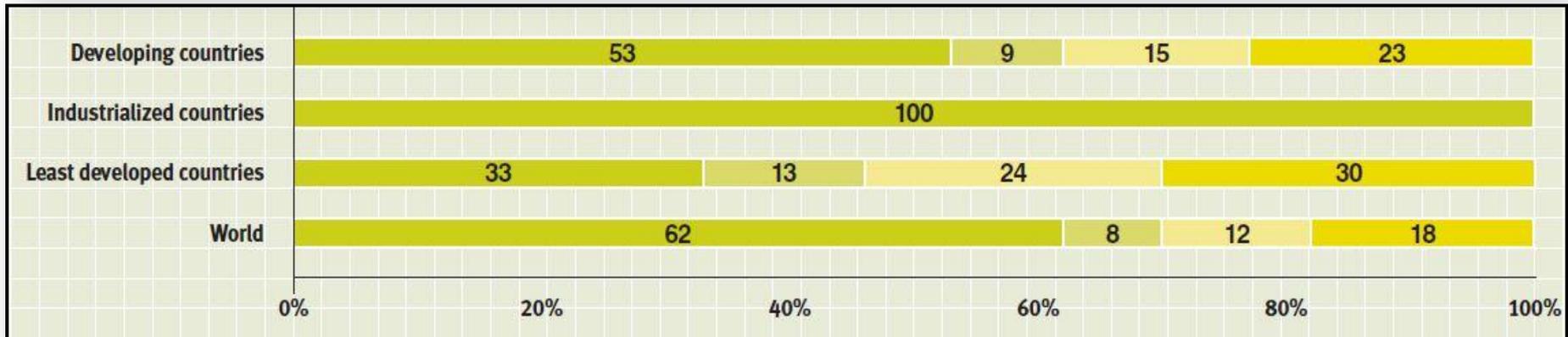
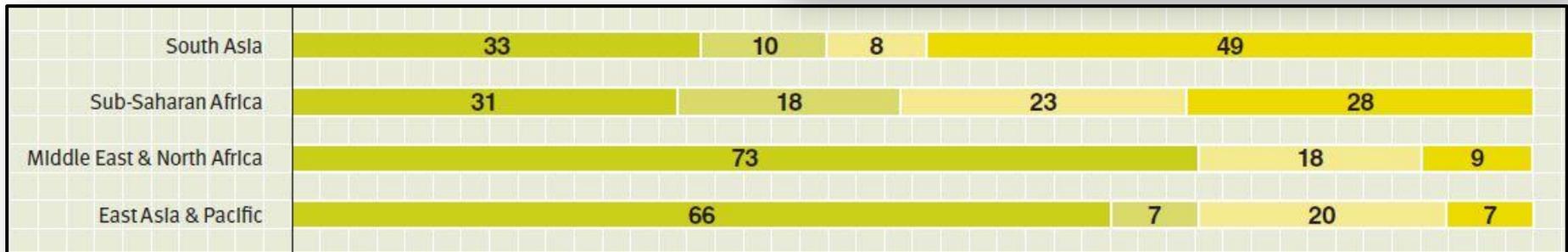
III. Progress against MDG Targets

MDG targets: How are we doing?

- **4A:** ↓ by 2/3, between 1990 and 2015, the under-5 mortality rate
- **7C:** ↓ by 1/2 by 2015, the proportion of the pop. without sustainable access to safe drinking water and basic sanitation
- **8E:** Provide access to affordable, essential drugs in developing countries



MDG Targets: How are we doing?



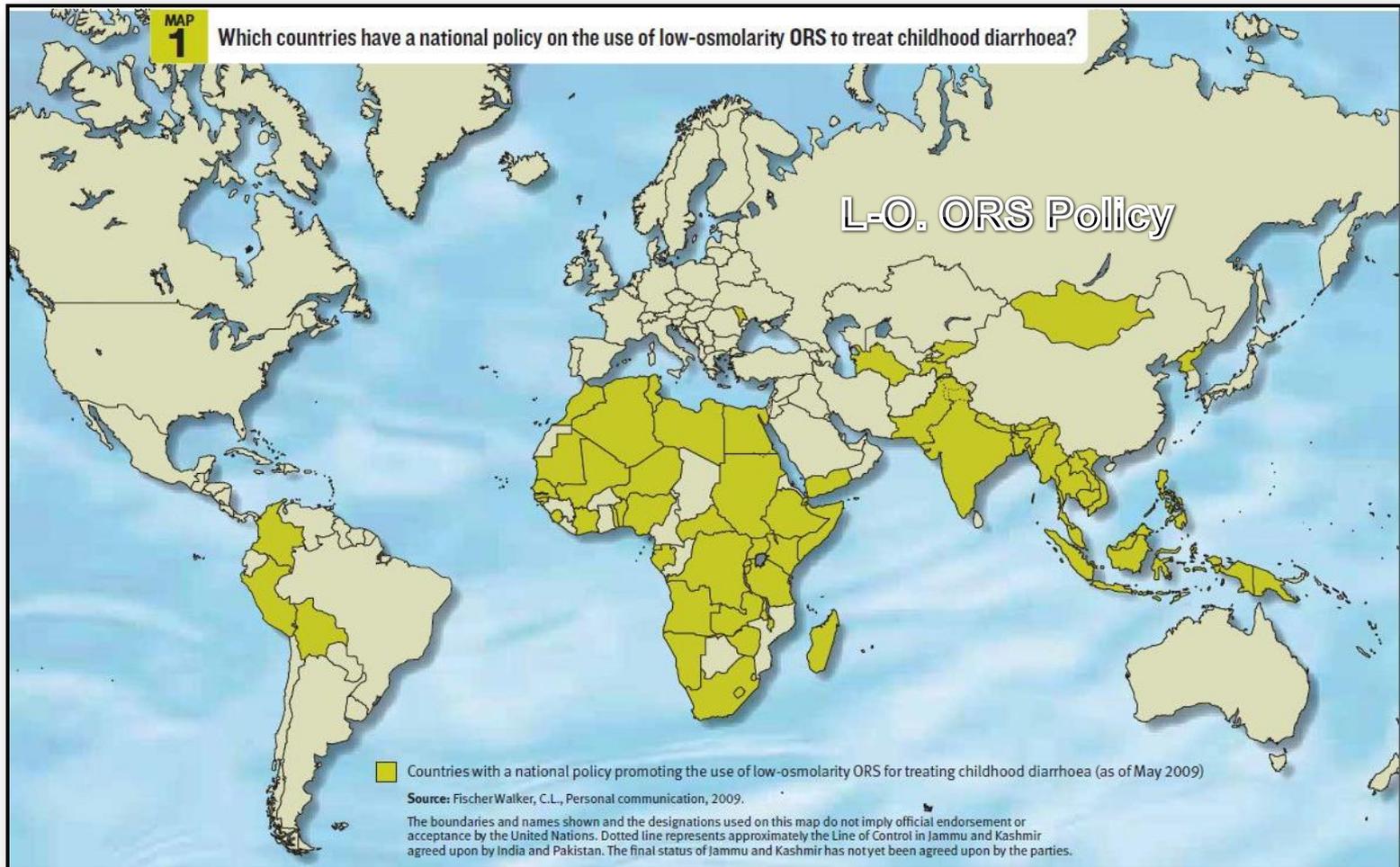


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IV. From Knowledge to Action

What we know: Policies are in Place

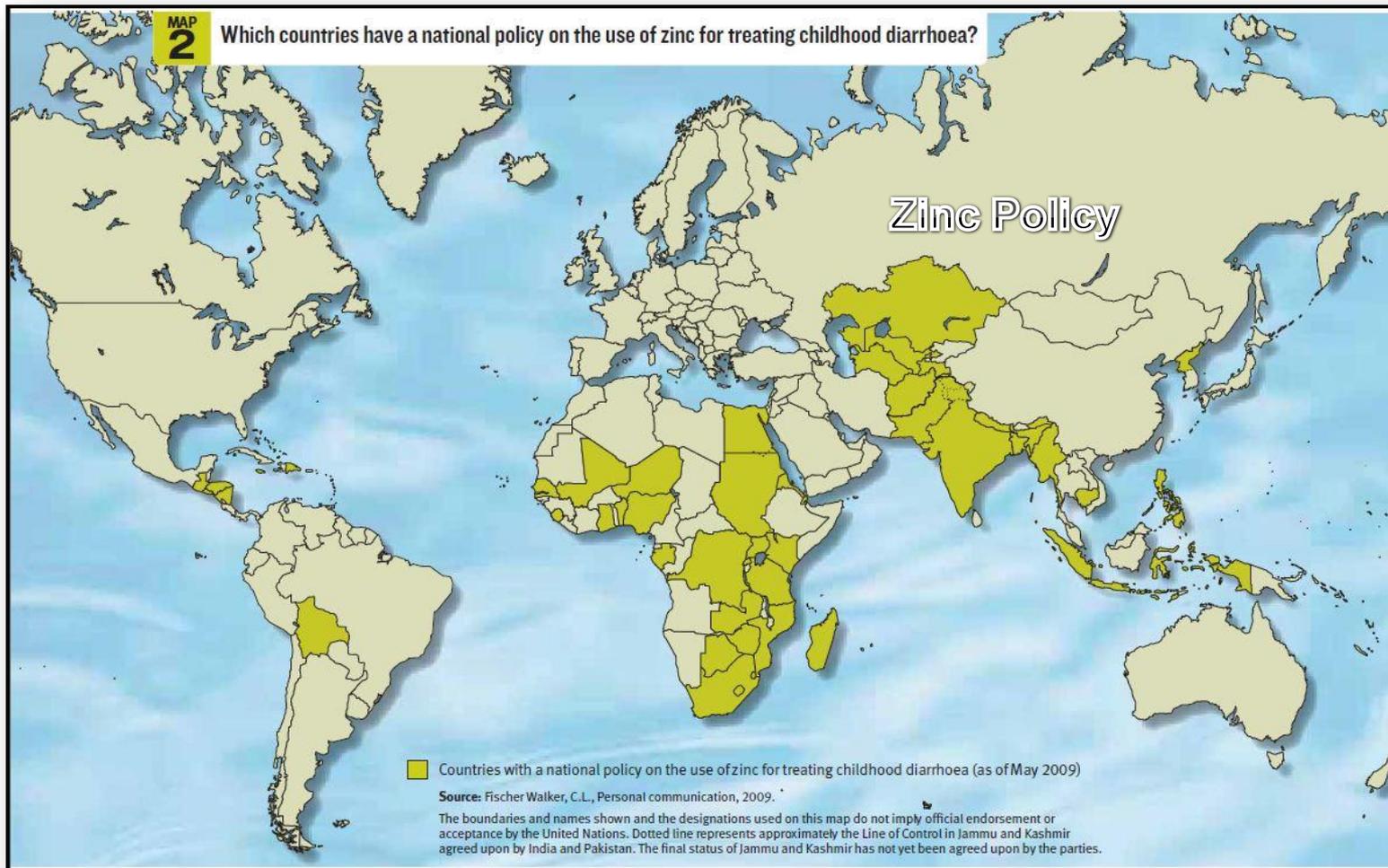


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What we know: Policies are in Place



What we know: Summary

- **Diarrhea remains the second leading cause of under-5 deaths**
- **Low-cost interventions are available but,**
- **Despite enabling policies, these interventions are not reaching the children who need them**
- **Diarrhea is at the bottom for level of effort, human and financial resource allocation**
- **Unless diarrhea control is taken seriously, MDG4 will not be achieved**



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V. From Knowledge to Action

Moving to Action

- **Communication for Action**
- **Overcome Delivery Bottlenecks**

Learning from History?

- The child survival revolution of the 1980s was a ***worldwide movement that reached beyond the public health community*** to mobilize parents, teachers, village chiefs, rock stars, prominent sports people, and presidents. The ***actions were clear and simple***,.....monitoring mechanisms extended from ***charts on the wall of every local health post to worldwide meetings to assess progress.***

Creating Leadership for Action

1. **Create a movement** of actors to stop diarrhea at local and global levels
2. **Communicate clearly**, simply and effectively to mobilize action and resources for diarrhea control

1. Global Action on Diarrhea

- Increase production and supply of essential medicines (ORS, zinc) through EMI in 10 high burden countries, UN Commission on commodities (yet to be launched)
- Forge new links across initiatives, leading to strong and effective advocacy: GAPP, DGAP, EMI, Zinc Task Force...
- Manage the risk of competing priorities

2. Communication for Action

Funding Media Cycle



- Programs and resources correlate with how much media attention the issue receives

The Actors

- Create broad based diarrhea interest groups through media
 1. Families/Communities
 2. National Leaders: policy, chiefs, religious
 3. International leaders and donors

The message

1. There are 1.3 million preventable deaths annually in children under-5 years of age
2. Low-cost interventions to stop these deaths are available **but**,
3. Despite enabling policies, these interventions are **not reaching** the children who need them

The Action

1. Families and Communities should act to address the scourge of diarrhea
2. Programs should be more effective and targeted using currently available resources and leverage from other programs
3. Mobilize additional resources to expand coverage, increase knowledge and access.

WHAT WILL SUCCESS LOOK LIKE?

Criteria

Short term

1. **Multiple players at all levels**
2. **Simple, clear actions** communicated consistently through all available channels

Long term

3. **Interventions made available** and generally affordable, even to the poorest
4. **Shared accountability:** monitoring systems to inform every level of the progress made

Reflection

What single action would you take personally to make a difference?