

Getting to Know You: Building a Coordinated Public-Private Sector Strategy for Increasing Use of Zinc in Nepal

Susan Mitchell Project Director, POUZN Abt Associates







Program Context

- Population 25 million/per capita income \$240
- Diarrhea major cause of childhood morbidity and mortality
- Prevalence rates (NDHS 2006)
 - -12% all children under five
 - -22.6% for children 6-11 months
 - -19.6% for children 12-23 months







Program Context

- May 2004 WHO issues revised recommendation for the treatment of childhood diarrhea to include Zinc in addition to ORT
- January 2005 MoH established a Zinc Task Force and develops a plan to integrate Zinc in a phased approach







Treatment Practices (Nepal DHS 2006)

- 66% of cases treated
 - 52.3% ORT
 - 46% pills/syrups
 - 0.4% Zinc

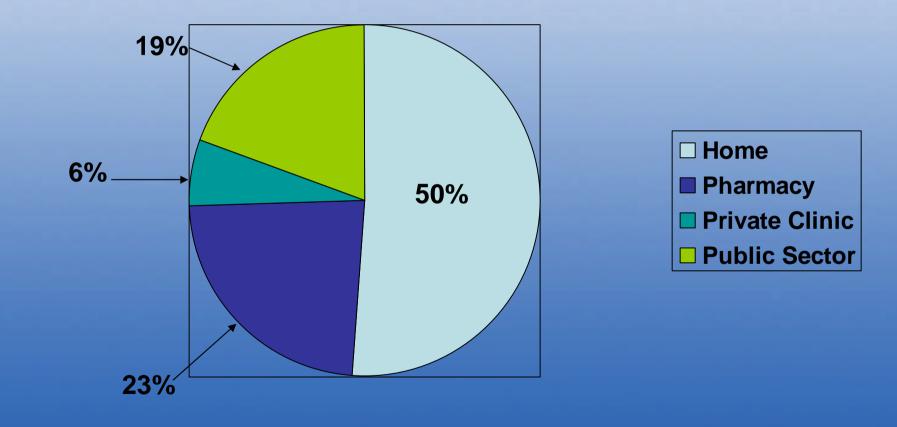








Use by Source of Supply (Nepal DHS 2006)









Program Objectives

Sustained provision and use of pediatric Zinc in addition to ORT as the first line treatment for uncomplicated diarrhea for children under 5

Sustainable supply of pediatric Zinc tablets created

Increase **access** to pediatric Zinc for caregivers of under-5 children

Improve **caregiver knowledge** and **treatment** so that caregivers provide ORT together with Zinc for uncomplicated diarrhea regardless of source

Improve private provider knowledge and treatment practices









Supply

Challenge: Government preference for local supply

- ✓ With on-going engagement from both the project and MoH three Nepalese pharmaceutical manufacturers brought quality pediatric Zinc product onto the market
- Competition and local manufacturing resulted in affordable pricing (\$.19 - .52)







Note: \$1.00 = 77 NPR







Improving Access

Challenge: Coordinating with the phased government approach (at program inception public sector had introduced Zinc in 5 of 75 districts and planned a five year phase-in)

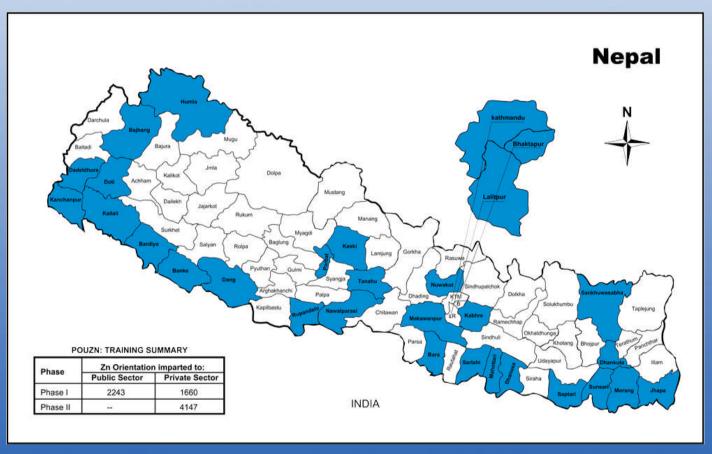
- Phase 1: Fund public sector introduction in priority private sector geographic focus (capital region)
- Phase 2: Program extension to all 27 Community-based Integrated Management of Childhood Illness (CB-IMCI) districts from February through September 2008







Target Program Districts









Improving Caregiver Knowledge

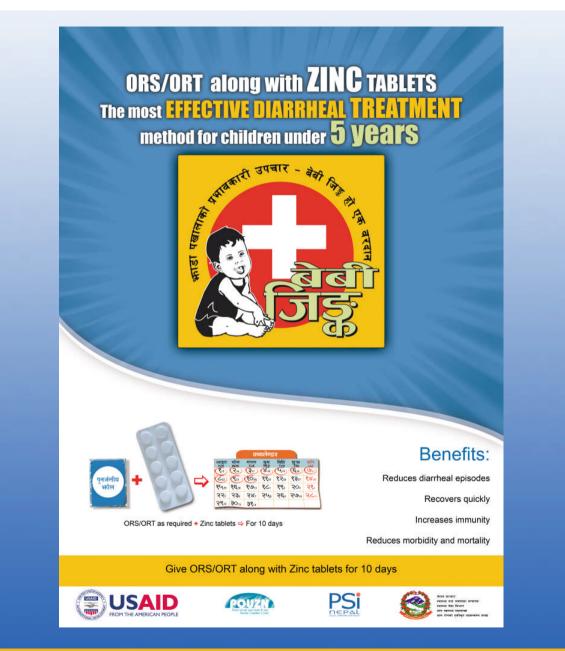
Challenge: Creating a common communications message

- Built consensus on messaging and logos through an official body: Zinc task force
- Created a national umbrella campaign logo used on wall charts, posters, and billboards
- Produced and aired radio generic spots and one television advertisement that promoted Zinc use in general















Improving Caregiver Knowledge



Challenge: Government requirement that promotion be only for products that meet international quality standards

 Engaged a credible independent body to verify product quality - The United States
Pharmacopeia had the respect of both the private and public sectors







Improving Provider Knowledge and Practice

Challenge: Ensuring private practitioners and pharmacists had access to the same training as public sector staff

- ✓ Trained 5,810 private doctors/chemists
- Trained manufacturer's detailers for message reinforcement
- ✓ Job aids and informational materials to over 8,000 trainees







Evaluation Results

Household Survey conducted among 3,550 caregivers of children under-five years September 2008 in 27 target districts

Program Implementation: April – September 2008









Zinc Utilization Results

	% all children with diarrhea	% Zinc users
Treated with Zinc	15.4%	
Treated with Zinc and ORS/ORT	12.1%	79%
Treated with Zinc for 10 days or more	10.1%	66%

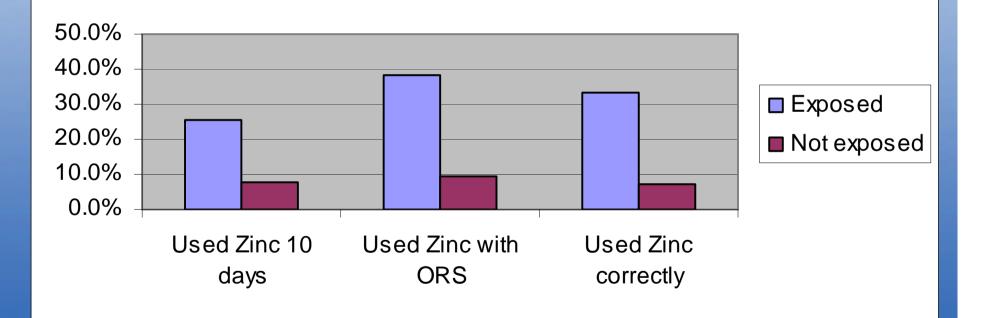






Impact of Behavior Change Communications

Zinc use behavior associated with specific media message

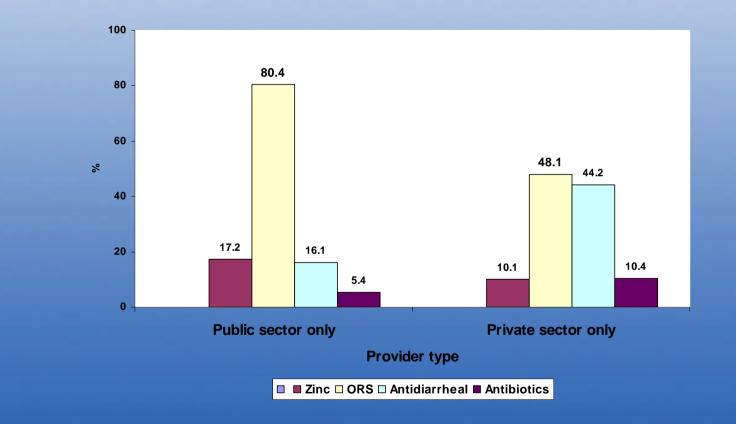








Percentage of Children who Received Various Types of Advice or Treatment By Sector









Program Lessons Learned

- Knowledge and use can change in a short time frame (0.4% to 15.4%)
- Mass media played an essential role in creating demand. Those who had heard radio/TV messages were more than two times more likely to use Zinc, provide the child with ORT along with Zinc and provide the full 10-day course
- Changing private sector provider behaviors remains an on-going challenge







Partnership Lessons Learned

- Local pharmaceutical manufacturers will produce high-quality affordable Zinc products and promote them when they see market potential and government commitment
- Engaging a credible independent international body can be a critical solution for evidence based disagreements
- Building a "true" public-private partnership takes time, flexibility and willingness to compromise







Acknowledgements

- USAID/Nepal
- PSI/Nepal
- Director of Child Health/MOH







Thank you

