

CHILD HEALTH

Routine Immunization and Community Case Management of Pneumonia, Diarrhea, and Malaria

PHOTO CREDIT: RUDI THETARD/MSH

Every year, millions of young children continue to die from preventable diseases. Immunizations are one of the best ways to protect these children, yet one out of five infants—many from the poorest, hardest to reach, and most vulnerable families—are not vaccinated. At the same time, pneumonia and diarrhea claim the lives of 1.2 million children each year who do not receive the simple, lifesaving treatment they need. These two diseases alone are responsible for 29 percent of deaths in children under age five. Furthermore, every two minutes a child dies from malaria. While the challenges are daunting, the global community is committed to ending this loss of life through simple interventions of proven effectiveness.

Strategies for tackling low immunization and deaths due to pneumonia, diarrhea, and malaria include working at various levels—from government to household—to generate demand for services, improve access to commodities, and strengthen health systems. This effort includes expanding immunization services and training health care providers in effective treatment and case management protocols.

Our approach includes:

- Strengthening quality of care by aligning guidelines and standards, improving competencies of health care workers, employing positive youth development approaches, and managing pharmaceutical systems
- Promoting active and meaningful participation by strengthening gender transformative approaches, using patient engagement and human-centered design methods, empowering communities through capacity building with civil society and effective social accountability mechanisms, and advocating for supportive policies
- Helping countries integrate health services and institutionalize data quality and use to better target services and meet emerging needs

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MANAGEMENT SCIENCES FOR HEALTH

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In 2019, MSH supported services in over

2,500 health facilities and communities worldwide, helping to ensure that:

over

1,300,000 children were diagnosed and treated for diarrhea, pneumonia, and malaria

more than

500,000 children received their third dose of DPT₃ vaccine by 12 months

nearly half a

million children under five were reached with nutrition programs



WHERE MSH WORKS

IN CHILD HEALTH

MSH supports Child Health in the following countries: Benin, Burkina Faso, Guatemala, Haiti, Madagascar, Malawi, Mali, Mexico, Nigeria.

MSH currently receives funding for maternal, child, and family planning programming from the Bill & Melinda Gates Foundation, MacArthur Foundation, Margaret A. Cargill Philanthropies, Global Fund, UNFPA, US Agency for International Development (USAID), and World Bank.



Stronger health systems. Greater health impact.



PHOTO CREDIT: SAMY RAKOTONIAINA/MSH

MSH Acts to Tackle Preventable Childhood Death

To increase the coverage of routine services including immunizations and the roll-out of essential medicines and vaccines, MSH works with national and subnational governments through key approaches that strengthen local health systems. We mobilize the community, educate the public, and eliminate social and financial barriers to increase demand for immunizations and other essential services within the population. At the same time, we strengthen community outreach and immunization services in government and private health facilities, and work with countries to strengthen their pharmaceutical systems to ensure sustainable access to and appropriate use of essential medicines and related pharmaceutical services.

MSH works at the global level and with national and local governments, health care providers, and community health workers to improve case management of childhood pneumonia, diarrhea, and malaria. This includes use of oral rehydration solution and zinc for diarrhea treatment in communities; use of antibiotics, particularly amoxicillin, for uncomplicated pneumonia and inpatient care for severe pneumonia; and artemisinin-based combination therapy for children who test positive for malaria.

For more information about MSH's work with child health, contact communications@msh.org.

at the Global Level

MSH increases access to, and the appropriate use, of medical products and related pharmaceutical services through the USAID-funded Medicines, Technologies, and Pharmaceutical Services (MTaPS) program. At the global and national level, MSH contributes to rapid adoption, introduction, and implementation of new products, such as amoxicillin dispersible tablets for childhood pneumonia and possible serious bacterial infection in newborns, and supports systems to expand the use of oxygen and a respiratory package for childhood pneumonia and infant asphyxia. The program helps to strengthen regulatory systems and optimize financing of vital medical products by strengthening commodity security groups, mapping financial flows, and reducing bottlenecks for procuring products. MTaPS improves the quality of community case management for children under five by strengthening information systems so that health workers are better able to manage medicines appropriately using community-level data.

in Benin

Through the Integrated Health Service Activity (IHSA) in Benin, MSH expands the delivery of high-impact malaria, family planning, maternal and child health, and gender-based violence services, with the goal of reducing maternal, newborn, child, and adolescent girls' morbidity and mortality. During the first year of the project in 2019, more than 40,000 children under five with suspected malaria received treatment.

in Democratic Republic of the Congo

Through the USAID-funded Integrated Health Program in DRC, MSH engaged every level of society—individuals, families, communities, and local, provincial, and national governments—to strengthen an integrated, people-centered health system for better maternal and child health outcomes. MSH understands that clients will use health services if they find care respectful and responsive to their preferences, needs, and values. By the end of the project in 2015, more than 2 million children (96%) under the age of 12 months in targeted zones had received DPT, hepatitis B, and Hib3 vaccinations.

in Madagascar

Since its launch in 2018, the USAID-funded Accessible Continuum of Care and Essential Services Sustained Activity (ACCESS) has built on the successes of the previous MSH-led USAID Madagascar Primary Health Care project (MIKOLO). Both projects supported the Ministry of Public Health and communities to strengthen the continuum of care for improved maternal, newborn, and child health and family planning. Early results have shown 93% of children under 12 months are covered by DPT3, 92% of children under 5 with pneumonia were treated with antibiotics, and 79% of children under 5 with diarrhea were treated with ORS/zinc..

in Malawi

In Malawi, MSH implements the USAID-funded Organized Network of Services for Everyone's (ONSE) Health Activity to increase access to, improve the quality of, and increase the demand for maternal, newborn, and child health services, and related health services such as malaria and water, sanitation, and hygiene. By 2019, MSH had expanded health care services to more than 400 health facilities in 16 districts, reaching more than half of Malawi's population. In partnership with the Ministry of Health, over 1.5 million children under five with suspected pneumonia were treated, and over 500,000 children in targeted districts received a third dose of DPT3 vaccine by 12 months.