



PHARMACEUTICAL SOCIETY OF NIGERIA

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AS MEN OF HONOUR WE JOIN HANDS



**ONE-DAY VALIDATION MEETING OF THE KNOWLEDGE AND
COMMITMENT OF KEY NATIONAL POLICY MAKERS ON THE
REVISED TREATMENT GUIDELINES FOR THE MANAGEMENT OF
CHILDHOOD KILLER DISEASES (PNEUMONIA AND DIARRHOEA)
REPORT**

AUGUST 2019

PASA
PACFaH@Scale
Many Advocates, One Voice

WITH FUNDING SUPPORT FROM THE PROJECT

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1.0 OBJECTIVES OF THE ACTIVITY

The following were the objectives of the one-day Validation meeting:

- To present and validate the Situational and Policy analyses report on Childhood Killer Diseases at the National;
- To discuss and deliberate on updates on Childhood Killer Diseases at the National level with the multi-stakeholders and;
- Create increased visibility for the PSN-PAS project.

2.0 KEY PARTICIPANTS

The following organizations were represented at the meeting:

- Federal Ministry of Health (FMOH);
- Pharmacists Council of Nigeria (PCN);
- National Primary Health Care Development Agency (NPHCDA);
- National Agency for Food and Drugs Administration and Control (NAFDAC);
- Association of Community Pharmacists of Nigeria (ACPN);
- National Association of Patent and Proprietary Medicines (NAPPMED);
- Glaxo Smith Kline (GSK) (Representing the manufacturers);
- Development Partners (PSN-PAS and Save the children); and
- Media.

3.0 OVERVIEW OF THE MEETING

The one-day validation meeting of the knowledge and commitment of key national policy makers on the revised treatment guidelines for the management of childhood killer diseases (pneumonia and diarrhoea) held on Tuesday 20th August, 2019 at Bolton White Hotel, Area 11, Garki, Abuja. There were twenty-six (26) persons in attendance at the meeting (twelve (12) females and fourteen (14) males).

The meeting began at 09:00 am with the registration of participants. This was followed by opening prayers (recitation of the 2nd stanza of Nigeria National Anthem), and self-introduction of participants (names and organization). This session was facilitated by Pharm. (Mrs.) Ijeoma Nwankwo (PSN-PAS Program Officer).

The welcome remarks were presented by Pharm. Ibrahim Tanko Ayuba (out-going Program Director, PSN-PAS project). He welcomed the participants and highlighted the various support and collaboration the PSN-PAS project has had with FMOH, NPHCDA, NAFDAC, and PCN since the commencement of its implementation in 2014.

He urged the participants to extend their continuous support to the incoming Program Director and the organization to sustain the accomplishments of the project.

Goodwill messages were delivered by Mrs. Tinu Taylor, Deputy Director, Child Health Division, FMOH; Mr. Obafemi Michael, CEO-Operational Research, NPHCDA; Pharm Janet Ugbem, Chief Pharmacist, PCN; Mrs Helga Nosiri, Deputy Director, NAFDAC and Pharm. Yakubu Bulama, Assistant Director, F&DS, FMOH on behalf of their various organisations in which they thanked PSN-PAS for the support over the years and wished all present fruitful deliberations and outcomes.

An overview of the meeting objectives was facilitated by Pharm. (Mrs.) Ijeoma Nwankwo, Program Officer PSN-PAS which was followed by the meeting pre-evaluation. She presented an overview of the PSN-PAS project highlighting the scope of work, the expected deliverables, review of the activities conducted, successes recorded by the project so far in the CKD thematic area and what the project aims to achieve in the future. The participants provided feedback at the end of the presentation.

A presentation on Situational and Policy Analyses Report was delivered by Pharm. (Dr.) Chidi Agbanye the consultant who conducted the analyses. He highlighted the objectives, methodology, findings, recommendations and limitations of the study. This was followed by an interactive session which was moderated by the Consultant.

Pharm. (Mrs) Beauty Okologo suggested that it is important to include representatives of WHO, UNICEF and the National Health Insurance Scheme (NHIS) as key stakeholders in future meetings because they are also a policy making bodies and handle a variety of drugs which include Amoxicillin-DT and Zinc-LO-ORS. She also remarked that the policy makers should devise a means of bridging the existing gaps between the manufacturers of Amoxicillin-DT and the prescribers at both the National and State level, in order to reduce expiries to the detriment of local manufacturers, curb scarcity and ensure availability at the health facilities and private sector. Mrs Tinu Taylor suggested that the recommendations be split into different domains and not just lumped up together for ease of identification and understanding by the stakeholders. She also added that one of the major issues is the non-sustainability of interventions of projects. She highlighted the Maternal & Child Survival Programme (MCSP) and the work they carried out in Kogi State with the PPMVs, in which the PPMVs are linked to manufacturers for the supply of Amoxicillin-DT. Now the project has closed out and the intervention is no more. She asked for ways these interventions can continue beyond the life of projects among partners and government.

Likewise, Pharm. Uche Ikerionwu, Publicity Secretary ACPN suggested an increased sensitization of the prescribers at the National and State levels to improve utilization

of the Amoxicillin-DT at the various health facilities. He added that manufacturers usually have a cap or ceiling on production of commodities based on quota which could determine availability status of the commodities. Pharm. Ikerionwu speaking on availability of Amoxicillin-DT at the public health facilities narrated that the Drug Management Agencies in States, using Kaduna State as an example, procure commodities and the facilities are meant to link up with the stores to pick the drugs. He mentioned that he could not understand why Amoxicillin-DT would not be available at the facilities when it is available at the stores. Dr. Genevieve Eke, Head of Health, Save The Children mentioned that linking up with the Drug Revolving Fund of the facilities in the States may be one way of closing the gap of unavailability.

Furthermore, Dr. Soyemi Kehinde, Regional Medical Advisor, GSK Pharma, who craved to speak as a medical doctor and as a manufacturer suggested that government allow other manufacturing companies to import Amoxicillin-DT as a support to the local manufacturers, till they are able to produce and sustain production to meet the health needs of the whole country. This will also increase availability and accessibility of the medicine. On the other hand, he also contributed to the discuss saying that at the secondary and tertiary levels of healthcare, it is almost unlikely that a Physician would prescribe Amoxicillin-DT in response to a child who presents with Pneumonia. This is because the patient would most likely have sought treatment at the community level with a CP or PPMV who would have dispensed Amoxicillin-DT and also because the Physician would not want to take chances by prescribing Amoxicillin-DT at that level of care and would likely go for a higher antibiotic. Dr. Soyemi ended by saying that this may be a major contributory factor to the low prescription rate at the secondary and tertiary level of healthcare and in general. Dr. Genevieve Eke lent her voice in this regard and said that we may continue to go around in circles as a nation in the aspect of manufacturing and procurement and supply chain management because we do not have consumption data. She said if necessary data was made available it would ease many concerns around manufacturing, uptake, and utilization of Amoxicillin-DT.

On collaboration of PSN-PAS and other partners, Dr. Genevieve Eke urged the PSN-PAS to work synergistically with other partners in the space to ensure a smooth implementation of the policies and achieve better results similar to the Malaria Program. She also mentioned the presence of TWGs that partners can attend at the National level. Using the Malaria program as an example, she highlighted the successes recorded, encouraging the partners and FMOH to deploy such strategies in CKD programming if we desire a change in the poor indices. She also mentioned that quite a lot had been done in the area of Pneumonia and Diarrhoea and a whole lot was still being done.

In response to some of the suggestions and issues raised by Pharm. Ijeoma Nwankwo and Pharm. (Dr) Chidi Agbanye, the participants were enjoined to bear in mind that although issues are looked at holistically, the study was targeted at policy makers and with respect to the revised treatment guidelines. He agreed that there may be other policies available for Pneumonia and Diarrhoea but the main focus of this study was the revised treatment guidelines. The consultant confirmed that one of the recommendations of the study is that to better understand the issues, further work needs to be done at the implementation level; especially as it has been established that a huge gap exists between manufacturing, availability, and utilization of Amoxicillin-DT but not the case for Zinc-Lo-ORS. Pharm. Ijeoma Nwankwo confirmed that WHO and UNICEF were invited but did not turn up for the meeting. She promised that they would be fully mobilized for subsequent deliberations as this. In addition to the point Dr. Soyemi raised, Pharm. Ijeoma agreed that many people seek care first at the pharmacies and patent medicine stores before proceeding to even the PHCs and it may be true that Amoxicillin-DT may not also be prescribed at the primary level of care as is the case with the secondary and tertiary levels. She further added that it may be important to carry out analyses of dispensing and consumption rate of Amoxicillin-DT in the non-clinical private sector. In response to Pharm. Ikerionwu, Pharm. Ijeoma pointed that the Kaduna State Drug Management Agency (DMA), the officers complained that Amoxicillin-DT is set to expire sometime next month and uptake of the commodity is low. She further added the analyses by Dr. Soyemi on pattern of prescription and consumption within the clinical sector may be a huge factor. Furthermore, the Program Officer gave a scenario where a medical doctor who asked if the treatment guidelines were actually being used, as all through his years in the public facility he never came across one and wondered if actually these treatment guidelines are being disseminated appropriately. In response to this, some of the participants said they know for a fact that the prescribers/doctors are aware of treatment protocols and especially Amoxicillin-DT as first line treatment of Pneumonia.

On collaboration with other partners, Pharm. (Dr) Chidi Agbanye, the consultant mentioned that collaboration was one of the major recommendations in the document and that PSN-PAS collaborated and still collaborates with other partners but each partner will be limited to its scope of work. He added that collaboration among partners will be complementary. In closing of the plenary, Pharm. Ijeoma Nwankwo thanked all the stakeholders for the contributions and insights. She promised that the relevant contributions and inputs will be included to have a final document. She added that the stakeholders will be informed of the dissemination at the appropriate time.

In closing, Pharm. Munir Elelu, incoming Program Director, PSN-PAS thanked the participants present for making time out to attend and that this showed the passion of the stakeholders in driving down the negative indices. He noted the issues raised by the stakeholders and pledged to develop an action plan to address the concerns. He also appreciated the FMOH, PCN, NPHCDA, NAFDAC, PSN-PAS team, Partners, CSO and Media for participating actively in the fruitful meeting and wished the participants well. The meeting came to a close at about 2:30pm.



PIX.1: PHARM. CHIDI AGBANYE MAKING A RESPONDING TO QUESTIONS DURING THE MEETING



PIX.2: PHARM. AYUBA (PSN-PAS), PHARM. OKOLOGO (F&DS, FMOH) AND MR. MICHAEL OBAFEMI (NPHCDA) AT THE MEETING



PIX.3: CROSS SECTION OF PARTICIPANTS AT THE MEETING

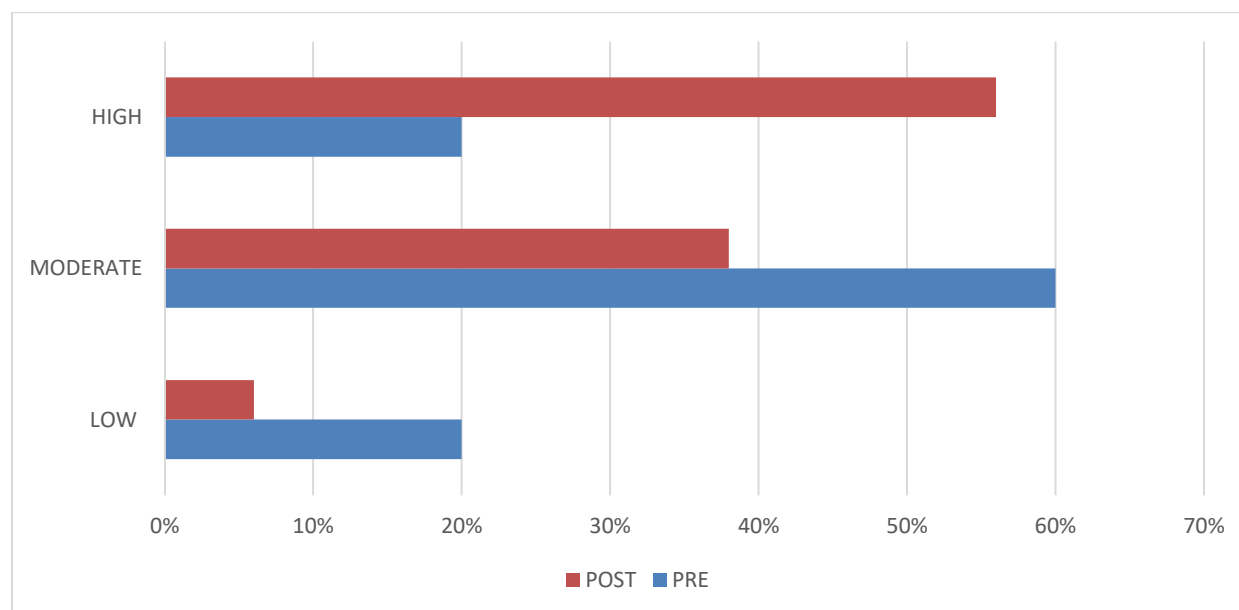


PIX.4: ONE OF THE PARTICIPANTS ASKING VALID QUESTIONS AND MAKING A CONTRIBUTION AT THE MEETING

4.0 MEETING EVALUATION RESULT

Participants' understanding of the PSN-PAS project: After the meeting, participants' understanding of the PSN-PAS project increased “highly” from 20% to 56% showing appreciable improvement in deepening the stakeholders' understanding.

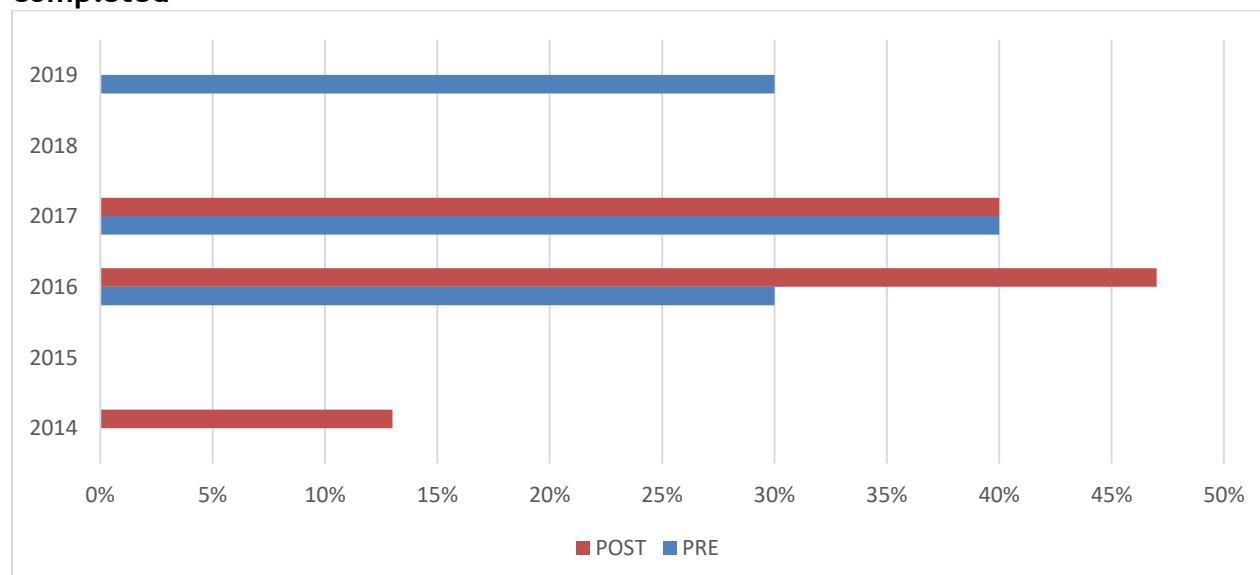
Graph one: Participants' understanding of the PSN-PAS project



Source: Pre and Post Evaluation Tool

Stakeholders' knowledge of the year the Essential Medicines List was completed: The stakeholders' knowledge of the year the EML was completed increased from 30% in the pre-evaluation to 44% in the post-evaluation.

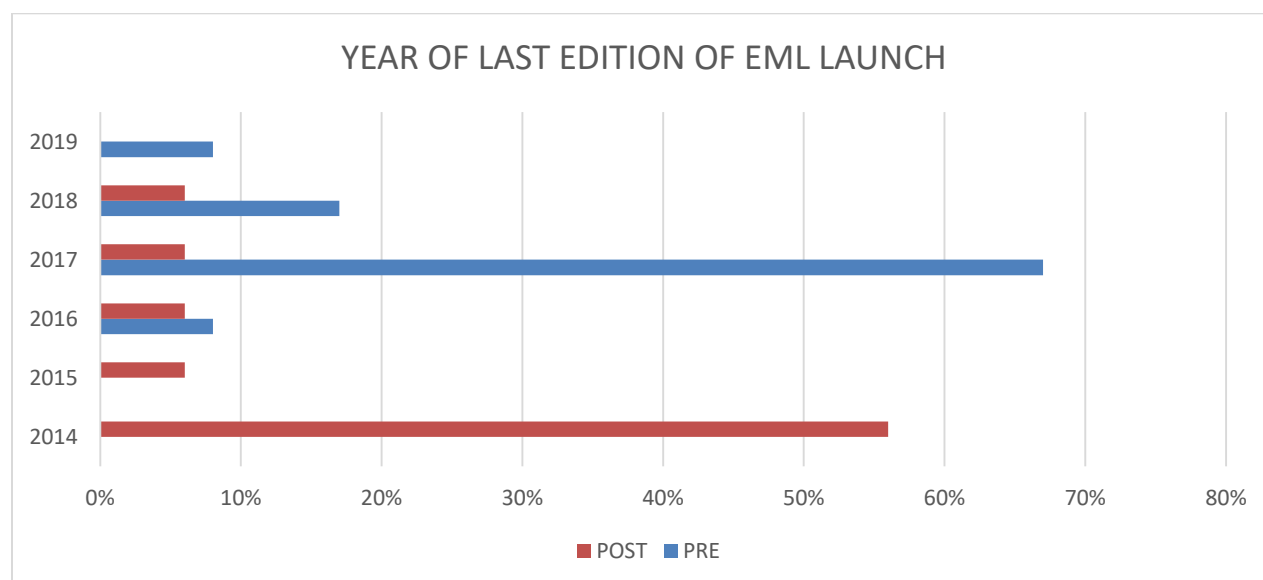
Graph two: Stakeholders' knowledge of the year the Essential Medicines List was completed



Source: Pre and Post Evaluation Tool

Participants' knowledge of the year the last edition of the Essential Medicines List was launched: Participants' knowledge of the launch of the last edition of the EML increased “highly” from 5% to 67% at the end of the meeting.

Graph Three: Participants' knowledge of the year the last edition of the Essential Medicines List was launched



Source: Pre and Post Evaluation Tool

5.0 OUTCOMES OF THE ACTIVITY

- The Situational and Policy Analyses report on Childhood Killer Diseases was presented and validated by all stakeholders present with all relevant inputs taken into account;
- After the meeting, participants' understanding of the PSN-PAS project increased “highly” from 20% to 56% showing appreciable improvement in deepening the stakeholders' understanding;
- The stakeholders' knowledge of the year the EML was completed increased from 30% in the pre-evaluation to 44% in the post-evaluation;
- Participants' knowledge of the launch of the last edition of the EML increased “highly” from 5% to 67% at the end of the meeting; and
- There was increased visibility for the PSN-PAS project among the participants present at the meeting.

6.0 NEXT STEPS

- To incorporate the relevant inputs and suggestions into the final copy of the Situational and Policy Analyses report;
- To convene a dissemination meeting of the Situational and Policy Analyses report to relevant stakeholders; and
- To convene a dissemination meeting of the revised treatment guidelines to HoDs and Directors of FMOH.

7.0 MEDIA REPORTS

S/N	NAME OF MEDIA	TITLE OF REPORT	LINK TO THE REPORT	DATE PUBLISHED
1.	Leading Reporters	PSN-PAS Validates Policy Analysis Report, Harps on Treatment Guidelines To Combat Childhood Killer Diseases	https://www.leadingreporters.com/health/psn-pas-validates-policy-analysis-report-harps-on-treatment-guidelines-to-combat-childhood-killer-diseases/	Thursday 22 nd August 2019
2.	Daily Trust Newspapers	Report uncovers barriers to treat pneumonia, diarrhoea	https://www.dailytrust.com.ng/report-uncovers-barriers-to-treat-pneumonia-diarrhoea.html	Saturday 24 th August 2019
3.	Leadership Newspapers	Stakeholders Move To Bolster Management of Childhood Killer Diseases	https://leadership.ng/2019/08/27/stakeholders-move-to-bolster-management-of-childhood-killer-diseases/	Tuesday 27 th August 2019

8.0 ANNEX

8.1 ATTENDANCE REGISTER

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ONE-DAY VALIDATION MEETING OF THE KNOWLEDGE AND COMMITMENT OF KEY NATIONAL POLICY MAKERS ON THE REVISED TREATMENT GUIDELINES FOR THE MANAGEMENT OF CHILDHOOD KILLER DISEASES (PNEUMONIA AND DIARRHOEA) REPORT
DATE: TUESDAY 20TH AUGUST, 2019 VENUE: BOLTON WHITE HOTEL, AREA 11, GARKI, ABUJA

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S/N	NAME	SEX	ORGANIZATION	POSITION	PHONE NUMBER	E-MAIL	SIGN
7.	Ogunrinde Victoria	F	Healthing Reporters	Reporter	07064683315	rickygunnigzack@gmail.com	
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9.	Helga Nosiri	F	NAFSAC	DD	08037361002	helganosiri@yahoo.com	
10.	Timu Taylor	F	FMOH	DD	08039468460	taylor.timu@gmail.com	
11.	Mumin Alehu	M	PSN-PAS	PD	0803020169	muminalehu@gmail.com	
12.	Patience Iwe Ihejirika	F	Leadership Newspaper	Reporter	08065325091	ihejirika.patience@gmail.com	

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S/N	NAME	SEX	ORGANIZATION	POSITION	PHONE NUMBER	E-MAIL	SIGN
13.	Olafusi Samuel	M	PSN-PAS	SFO	08173874075	OlafusiOlafusi@gmail.com	
14.	Onuh Stephen Afom	M	NAPDMEB	Chairman	08055864200		
15.	Toni Ali Nimalan	F	NAFDAC	AD	08035573417	tonimalan@gmail.com	
16.	Dr Genwire Eke	F	Save the Children	Head of Health	07034155901	genwireeke@savechildren.org	
17.	Faith I. Eromon	F	PSN-PAS	MD E OFFICER	08053642456	faithgi@gmail.com	
18.	IKERIONWU Uche	M	ACPN ASUJA	PS	07131217616	rdielechi@yahoo.com	

ATTENDANCE REGISTER

ONE-DAY VALIDATION MEETING OF THE KNOWLEDGE AND COMMITMENT OF KEY NATIONAL POLICY MAKERS ON THE REVISED
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S/N	NAME	SEX	ORGANIZATION	POSITION	PHONE NUMBER	E-MAIL	SIGN
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22	Sunday Ike	M	ACPN	NPS	08035715119	ikeesunny@yahoo.com	
23	AGNES M Ima	F	Majesty Foundation	Program officer	07063527922	delightagness@yahoo.com	
24	Judd Leonard	M	Daily Trust	Snr. reporter	08069089340	juddleonard@yahoo.com	

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ONE-DAY VALIDATION MEETING OF THE KNOWLEDGE AND COMMITMENT OF KEY NATIONAL POLICY MAKERS ON THE REVISED
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S/N	NAME	SEX	ORGANIZATION	POSITION	PHONE NUMBER	E-MAIL	SIGN
25	Iyoma Nwankw	F	PSN-PNS	P.O	0803741593	iyomachnwanke@gmail.com	<i>[Signature]</i>
26	Adewale Oluwaseun	M	maesem medin	Camera man	08062533157	maesem25@gmail.com	<i>[Signature]</i>

8.2 AGENDA

AGENDA

ONE-DAY VALIDATION MEETING OF THE KNOWLEDGE AND COMMITMENT OF KEY NATIONAL POLICY MAKERS ON THE REVISED TREATMENT GUIDELINES FOR THE MANAGEMENT OF CHILDHOOD KILLER DISEASES (PNEUMONIA AND DIARRHOEA) REPORT

Date: Tuesday 20th August, 2019 **Venue:** Bolton White Hotel, Area 11, Garki, Abuja

The objectives of the review meeting are:

1. To present and validate the Situational and Policy analyses report on CKD at the National;
2. To discuss and deliberate on updates on CKD at the national level with the multi-stakeholders; and
3. Create increased visibility for the PSN-PAS project.

TIME	ACTIVITY	RESPONSIBLE
09:00–09:30am	Registration	ALL
09:30–09:40am	Opening Prayers (2 nd Stanza of National Anthem) and Introduction of Participants	Ijeoma Nwankwo, PSN-PAS
09:40–09:45am	Welcome Remarks	Pharm. Tanko Ayuba Project Director PSN-PAS
09:45–09:50am	Goodwill Messages	FMOH, NPHCDA, PCN, NAFDAC, PARTNERS
09:50–10:00am	Meeting Objectives and Pre-meeting Evaluation	Ijeoma Nwankwo, PSN-PAS
10:00–10:30am	GROUP PHOTO AND TEA BREAK	ALL
10:30–11:00am	Overview of the PSN-PAS Project	PSN-PAS
11:00–11:30am	1. Presentation of the Situational and Policy Analyses Report 2. Guide to Group Work	Pharm. (Dr) Chidi Agbanye Consultant
11:30–12:30pm	Group Work	ALL
12:30–01:30pm	Plenary presentation of group work	ALL
01:30–01:50pm	Post-Meeting Evaluation Next Steps	Ijeoma Nwankwo, PSN-PAS
01:50–02:00pm	Closing Remarks	Pharm. Munir Elelu Project Director PSN-PAS
02:00pm	LUNCH	ALL

8.3 THE PACFaH@SCALE (PAS) PROJECT

The Pharmaceutical Society of Nigeria (PSN) is one of the primary members/CSOs implementing the Partnership for Advocacy in Child and Family at Scale,

PACFaH@Scale (PAS) project. PSN is advocating for the expansion of the contraceptive mix (family planning) services delivered by Community Pharmacists (CPs) and Patent & Proprietary Medicines Vendors (PPMVs) in Nigeria through revision of the task shifting & task sharing policy, obtaining approvals and securing relevant enabling policy environment for the pilot CPs & PPMVs project in Kaduna and Lagos States. The PSN-PAS project is also focused on reducing the under-5 mortality rate and improving health outcomes for Childhood Pneumonia and Diarrhoea in Nigeria (with the use of Amoxicillin dispersible tablet and Zinc/LO-ORS co-pack as first-line treatment respectively).

The PAS project is a social accountability project which aims to strengthen the capacity of Nigerian Civil Society Organizations, (CSOs) at national and State levels to hold decision-makers (in the executive and legislature) to account on: health policies/laws; financial commitments; and to bring down regulatory barriers. The PAS project is implemented by the development Research and Project Center, (dRPC), an indigenous, non-political intermediary non-profit with a mission of capacity building of indigenous CSOs in Nigeria. Eight (8) local CSOs are primary members of the PAS project. Each of the eight (8) groups support a coalition of issue focused networks.

CONTACT DETAILS:

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