Eight million reasons to do more

One statistic drives The Better Medicines for Children project towards success. Every year, an estimated 8.1 million children die before their fifth birthday, many because they do not have access to simple, affordable medicines.

Developing countries are most acutely affected. Even basic, low-cost treatments such as zinc and oral rehydration salts for diarrhoea are often unavailable. Yet these simple treatments could save millions of lives.

When child-specific medicines are not available, healthcare workers are obliged to adapt medicines intended for adults. Tablets are crushed into imprecise portions or dissolved into unpalatable drinks that are difficult to administer and potentially ineffectual or toxic.

Treatment of chronic conditions, such as HIV/AIDS requires a daily dose of several medicines over a long period of time. In such circumstances, fixed-dose combination products – a single pill which contains several drugs – are optimum. However, few fixed-dose combinations exist in child-size formulations.

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The top five health risks to children under five years:

**PNEUMONIA AND OTHER ACUTE LOWER RESPIRATORY INFECTIONS** are the biggest single cause of death among this age group. Every year an estimated 1.4 million children die from pneumonia.

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- Implement proven strategies to improve quality of care in Tanzania and Ghana.
- Support authorities in the development of capacity for regulation.
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A role for every stakeholder

- Governments have the means to expedite access to essential medicines through effective regulatory, supply and procurement mechanisms and to ensure that health care workers have the skills to facilitate the appropriate use of essential medicines for children.
- Health care workers can ensure that children receive the right medicines in the right dose at the right time.
- The research community and pharmaceutical manufacturers have the expertise to address development gaps in the area of medicines for children, particularly in respect to dosage forms and clinical trials.
- Civil society, health care providers and their affiliates play a pivotal role in raising awareness among policy makers about the need to improve access to appropriate pharmaceutical treatments for children.
- By becoming informed, individuals can stimulate public debate about this global need.

Help make medicines child size

To find out more about Better Medicines for Children visit: www.who.int/childmedicines/

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As the World Health Organization counts down to 2015 and the Millennium Development Goal to reduce under-five-year-old mortality by two-thirds, we reflect on the achievements of the Better Medicines for Children project.
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UN Photo/Eskinder Debebe

UN Photo/Sophia Paris

The pathway to better medicines for children

As the World Health Organization counts down to 2015 and the Millennium Development Goal to reduce under-five-year-old mortality by two-thirds, we reflect on the achievements of the Better Medicines for Children project.
Evidence for change

Almost three million children die needlessly each year from pneumonia and diarrhoea alone. The treatment of choice for pneumonia is amoxicillin – appears to be available in developing countries; however critically, not in the recommended dose and formulation. ORS and zinc is the recommended treatment for diarrhoea. Yet ORS is available in less than 50% of centres and zinc is not available at all in many countries. The consistent availability of parental drugs that procurement and supply systems are working well enough for children to have access to life-saving medicines.

India

The establishment of Essential Medicines Lists for children is a new area for this country. Earlier work by WHO on essential medicines for children was supported through the Better Medicines for Children project. Dr. B. Bhuse, the Indian representative to the WGBI, emphasized the importance of the list for children and stated that it would also be helpful for the formulation of policies for the service delivery of medicines for children.

Tanzania

In addition to quality of care, Tanzania has investigated drug pricing and the capacity to manufacture essential medicines locally. A survey of health care professionals, care-givers and children was carried out to provide insight into consumer opinion about medicines for children.

From evidence to practice

An important step in improving paediatric health care is to assess the current availability and cost of essential medicines for children in countries. Three assessments provide the evidence for change necessary for improving health outcomes in children. These countries have been participating in the Better Medicines for Children project laying such foundations for the change in policy and position that is required.

In the pipeline for 2011

- The 2nd edition of the Pocketbook of Hospital Care for Children will be published and disseminated, providing countries with an updated essential care guide.
- Collaboration is under way with drug regulatory authorities to streamline registration and licensing procedures.
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**PERCENTAGE OF HOSPITALS, CLINICS AND PHARMACIES WITH MEDICINE IN STOCK**

<table>
<thead>
<tr>
<th>Country</th>
<th>ORS</th>
<th>Zinc</th>
<th>Paracetamol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameroon</td>
<td>91%</td>
<td>45%</td>
<td>9%</td>
</tr>
<tr>
<td>Mali</td>
<td>86%</td>
<td>38%</td>
<td>8%</td>
</tr>
<tr>
<td>Senegal</td>
<td>75%</td>
<td>38%</td>
<td>8%</td>
</tr>
<tr>
<td>Congo</td>
<td>92%</td>
<td>46%</td>
<td>58%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>50%</td>
<td>42%</td>
<td>50%</td>
</tr>
<tr>
<td>Zambia</td>
<td>58%</td>
<td>38%</td>
<td>7%</td>
</tr>
<tr>
<td>Uganda</td>
<td>86%</td>
<td>54%</td>
<td>9%</td>
</tr>
<tr>
<td>India</td>
<td>92%</td>
<td>58%</td>
<td>0%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>92%</td>
<td>54%</td>
<td>0%</td>
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The establishment of Essential Medicines Lists for children in two states, Orissa and Chhattisgarh is currently under way. The Indian Academy of Paediatrics is also reviewing a list for implementation at a national level. This will allow for better selection and procurement of child medicines based on specific needs. Pricing and availability studies of medicines for children in both states have been completed.

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<table>
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<tr>
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<th>Chad</th>
<th>Congo</th>
<th>Ethiopia</th>
<th>Ghana</th>
<th>Kenya</th>
<th>Mali</th>
<th>Rwanda</th>
<th>Senegal</th>
<th>Tanzania</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paracetamol</td>
<td>31%</td>
<td>34%</td>
<td>14%</td>
<td>93%</td>
<td>75%</td>
<td>50%</td>
<td>50%</td>
<td>1%</td>
<td>92%</td>
<td>0%</td>
</tr>
<tr>
<td>ORS</td>
<td>92%</td>
<td>92%</td>
<td>36%</td>
<td>0%</td>
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