



**Democratic Republic of the Congo
Ministry of Public Health**

Report on Work to Raise Awareness on the Introduction of 7.1 Percent Chlorhexidine Digluconate for Umbilical Cord Care in the Democratic Republic of the Congo

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September 2013



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ACRONYMS AND ABBREVIATIONS

CHX	chlorhexidine digluconate
D10/DSF	Department for the Health of Families and Specific Groups (Direction chargée de la santé des familles et groupes spécifiques)
D3/DPM	Department of Pharmacy and Medicine (Direction de la Pharmacie et du Médicament)
DRC	Democratic Republic of the Congo
MSH	Management Sciences for Health
PNIRA	National Acute Respiratory Infection Control Program (Programme National de Lutte contre les Infections Respiratoires Aiguës)
PNSR	National Reproductive Health Program (Programme National de la Santé de Reproduction)
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
STA	Senior Technical Adviser
WHO	World Health Organization

CONTEXT AND RATIONALE

In the context of achieving the Millennium Development Goals, some progress has been noted in reducing mortality caused by pneumonia and diarrhea. As for reducing neonatal mortality, recent data show an upward trend.

In the Democratic Republic of the Congo (DRC), World Health Organization (WHO) statistics from 2006 show that deaths caused by pneumonia, diarrhea, and neonatal mortality accounted for 23 percent, 18 percent, and 26 percent, respectively, of all mortality cases among children under five years old. According to a recent study by WHO and the Child Health Epidemiology Reference Group, statistics from 2012 have shown that morbidity caused by pneumonia and diarrhea decreased to 18 percent and 13 percent. Conversely, neonatal mortality was 29 percent.

Infection is the main cause of neonatal mortality in many regions. In limited-resource settings with high mortality, infections are responsible for approximately 50 percent of newborn deaths (<http://www.healthynewbornnetwork.org/topic/chlorhexidine-umbilical-cord-care>). Most of these infections enter through contamination of the umbilical cord.

In this context, the UN Commission on Life-Saving Commodities for Women and Children decided to include 7.1 percent chlorhexidine digluconate (CHX) for umbilical cord care on the list of 13 life-saving medicines for women and children. The Systems for Improved Access to Pharmaceuticals and Services (SIAPS) program and Integrated Health Project will work with the Ministry of Health and its other partners to include 7.1 percent CHX on the national list of essential medicines for the DRC.

It is in this context that the Ministry of Health, through the Department for the Health of Families and Specific Groups (D10), organized a workshop on August 29–30, 2013, to sensitize policy makers and operational partners. This resulted in development of the outline for a strategic plan for the introduction and use of 7.1 percent CHX for umbilical cord care in the DRC. This workshop was also the first activity in the implementation of phase I of the plan to eliminate bottlenecks for the 13 life-saving medicines for women and children.

OBJECTIVES AND METHODOLOGIES

General Objective

Sensitize policy makers and operational partners, including providers, on the introduction of 7.1 percent CHX for umbilical cord care in DRC

Specific Objectives

- Convey the scientific basis of 7.1 percent CHX for umbilical cord care to policy makers and operational partners
- Inform policy makers and operational partners of the upcoming guides revised by WHO on the use of 7.1 percent CHX for umbilical cord care
- Provide guidance on the development of the strategic plan for the introduction and use of 7.1 percent CHX for umbilical cord care in the DRC

Methodologies

The following methodologies were used in this workshop

- Literature review
- Presentation of reports
- Group work
- Presentation of results in plenary session
- Writing the final report

RESULTS

- Among policy makers, including implementation partners and service providers, 61 were sensitized on the scientific basis and use of 7.1 percent CHX for umbilical cord care.
- Among policy makers, including implementation partners and service providers, 61 were informed about the upcoming revised WHO guides.
- Guidance for the strategic plan for the introduction and use of 7.1 percent CHX for umbilical cord care in DRC was provided to all participants, particularly to the country team that will work on developing this plan.
- The next steps for implementing the strategic plan were identified through the overall summary.

PROCEEDINGS

This work demonstrated genuine ownership by the Ministry of Public Health and took place over two days.

Day 1 of the Workshop

The day began with a word first from the Secretary General of Health and then from the Director of the Department for the Health of Families and Specific Groups. This was followed by the introduction of all participants, reading the terms of reference, then a word from the Country Representative of Management Sciences for Health (MSH) on the scope of SIAPS support for activities in maternal, newborn, and child health in the DRC.

The technical presentations began with:

1. Summary of the national plan to eliminate bottlenecks for access to the 13 life-saving medicines for women and children

It was pointed out that CHX is on the list of 13 medicines and that an implementation plan for these medicines already exists.

Participants engaged in several discussions on the formulation and local production of 7.1 percent CHX for its accessibility. These issues were discussed in depth during the presentation on the product.

2. The problem of umbilical cord infections in the DRC

Most neonatal infections enter through the umbilical cord. These infections are the second leading cause of neonatal deaths in the world.

This presentation outlined the history of practices used for umbilical cord care in the DRC. It demonstrated that all practices used for umbilical cord care up until now have not succeeded in reducing umbilical cord infections and have only exacerbated the issue, whereas other places are already using prophylactic CHX as an antiseptic for umbilical cords with evidence of good results.

3. Summary of scientific evidence on the use of 7.1 percent CHX; the cases of Nepal, Bangladesh, and Pakistan; and conclusions from the WHO experts meeting

The experience of these three countries on the use of 7.1 percent CHX revealed the following evidence:

- A single application within 24 hours of birth or applied daily during the first 7 to 14 days significantly reduces severe omphalitis and cord bacterial colonization.
- Neonatal mortality was 38 percent lower in the group treated with 7.1 percent CHX compared to the dry cord care group (experience in Pakistan).
- Severe cord infections were reduced between 42 percent and 75 percent, depending on the country.
- Cleaning the cord with soap and water did not reduce these risks in the same manner as the 7.1 percent CHX.

4. Presentation of the 7.1 percent CHX product

The 7.1 percent CHX is a topical antiseptic in the form of a liquid or gel that is included on the WHO list of essential medicines (cf. EML 2013). It is a salt, delivering a 4 percent concentration of CHX.

Workshop participants adopted the following dosage: application as soon as the umbilical cord is cut, then once daily for the first seven days of life.

Local production of 7.1 percent CHX would cost less than importing it.

Following these presentations, three working groups were formed to conduct an analysis of the situation and to identify strategic areas for the introduction and use of 7.1 percent CHX in the DRC.

The groups discussed the following topics:

- Group 1: The national policy for regulation, production/procurement, and distribution
- Group 2: Raising awareness for behavior change
- Group 3: Training of providers, implementation, and monitoring and evaluation

The group work continued until the end of the day.

At the end of the day, there was an evaluation of the day pointing out strengths and weaknesses and recommendations related to them.

Weaknesses:

- Late arrival of participants
- No-show for some participants

Strengths:

- The richness of the presentations and discussions
- Active participation of all guests who were present, demonstrating interest in the topic

The day's work ended at 5:30 pm with a brief summary of the day made by the Director of D10, who thanked the Secretary General and all guests for their participation in the first day's work.

Day 2 of the Workshop

Work began with the reading of the Day 1 Report to determine the progress of workshop activities and then designated the reporting team for Day 2, which included:

- The D10 (Department for the Health of Families and Specific Groups)
- The D3 (Department of Pharmacy and Medicines)
- Bumbu Maternity Ward
- The PNCPS (National Communication Program to Promote Health).

This second workday was characterized by outstanding punctuality by all participants; a few observations were made to improve the Day 1 Report. Work during the second day continued with presentation on the experience of Liberia (*accompanied with a handout for*

participants). Next, the various groups continued working until the presentations of the summary of their work in plenary session.

After discussions on the group presentations, consensus was reached on the following points:

- Develop a single advocacy paper for the 13 life-saving medicines for women and children with specifications for each product.
- Involve the provincial governments in the use of the 13 life-saving medicines for women and children.
- Develop an integrated communication plan for the 13 medicines with specifications for each product.
Note: Traditional practitioners were selected as a target who influence behavior in the community, but it does not seem plausible that the strategy for behavior change communication can induce behavior change for this target. The assembly assigned the issue of raising awareness among traditional practitioners to the technical committee, which will look further into the issue.
- Integrate the new approach into a technical sheet for rapid training, and create a checklist for verifying skills during supervisions.
- Create a technical work committee made up of the presidents and reporting secretaries from the three work groups who will join the technical group that prepared the workshop to finalize the national strategy on the introduction and use of 7.1 percent CHX for umbilical cord care.

MEMBERS OF THE TECHNICAL COMMITTEE

First and last name	Institution	Title	Position on the CHX Technical Committee
Dr. Tutu Kalume	DSF	Director	Head Coordinator of the CHX Technical Committee
Ph. Daniel Ngeleka Mutolo	Department of Pharmacy and Medicine (DPM)	Director	Coordinator of the CHX Technical Committee
Dr. Marie Thérèse Kyungu	National Reproductive Health Program (PNRSR)	Director	Coordinator of the CHX Technical Committee
Dr. Guy Mukumpuri Aniaka	PNRSR	Division Chief for Safe Motherhood	Technical Coordinator of the CHX Technical Committee
Ph. Cyrille Massamba	MSH/SIAPS	Senior Technical Adviser (STA)	Focal Point for the CHX Technical Committee at SIAPS DRC
Dr. Milan Milambu Kaluila	PNRSR	Chief of Service for Planning and Project Monitoring	Assistant to the Technical Coordinator of the CHX Technical Committee
Ph. Donatien Kabamb	DPM	Division Head	Assistant to the Technical Coordinator of the CHX Technical Committee
Dr. Suzanne Diarra	MSH/SIAPS Headquarters	STA	Focal Point for the CHX Technical Committee at US SIAPS headquarters
Dr. Maheen Malik	MSH/SIAPS	STA	Focal Point for the CHX Technical Committee at US SIAPS headquarters
Dr. Jean Philippe Ilunga	National Acute Respiratory Infection Control Program (PNIRA)	Director of PNIRA	Group member
Dr. Chalet Selego	ASF/PSI	STA	Group member
Dr. Mualaba Tshiamala	Bondeko Clinic	Medical Director, Bondeko Clinic	Group member
Dr. Mateyi Moju	Vijana Maternity Ward	Medical Director, Vijana Clinic	Group member
Ph. Regine Kiyika	PNRSR	Head of Reproductive Health Commodities Services	Group member

RECOMMENDATIONS

The following recommendations were made:

For the DPM:

- The D3 is expected to accelerate introduction of chlorhexidine on the national list of essential medicines by October.
- Require the introduction of French, which is used in the DRC, in the notice on the bottle or tube of the product.
- Speed up the registration process.
- Promote local production of 7.1 percent CHX.

For the Secretary General:

- Make a commitment to promote the national strategy to use 7.1 percent CHX throughout the country.

CONCLUSION

Following the two workdays, a consensus was reached to introduce and use 7.1 percent CHX for umbilical cord care through a gradual transition for national scale-up.

The selected mode of use is direct application after cutting the umbilical cord and once each day for the first seven days of the newborn's life.

The liquid and gel forms were selected for use.

The technical committee will finalize the national strategy for introduction by October 30, 2013.

The workshop closed with a word from the MSH Country Director, followed by a speech from the representative of the Secretary General before singing the national anthem.