

Unexpected Realities of Introducing a New Intervention

The Zinc and Diarrhea Story from Policy to Present

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Global Diarrhea Treatment Policy

- WHO and UNICEF issued a joint policy for the treatment of diarrhea in children in May 2004
- Treatment should include:
 - Liberal use of low-osmolarity Oral Rehydration Solution to correct and prevent dehydration
 - **Zinc supplementation for 10-14 days to shorten duration and severity of diarrhea**
 - Continued feeding and additional fluids

WHO/UNICEF. Joint statement on the clinical management of acute diarrhea. 2004.



Rolling Out Zinc For Diarrhea

Early Progress

May 2004:
UNICEF/WHO
Joint Statement

March 2005: Zn
added to WHO
Essential Med List

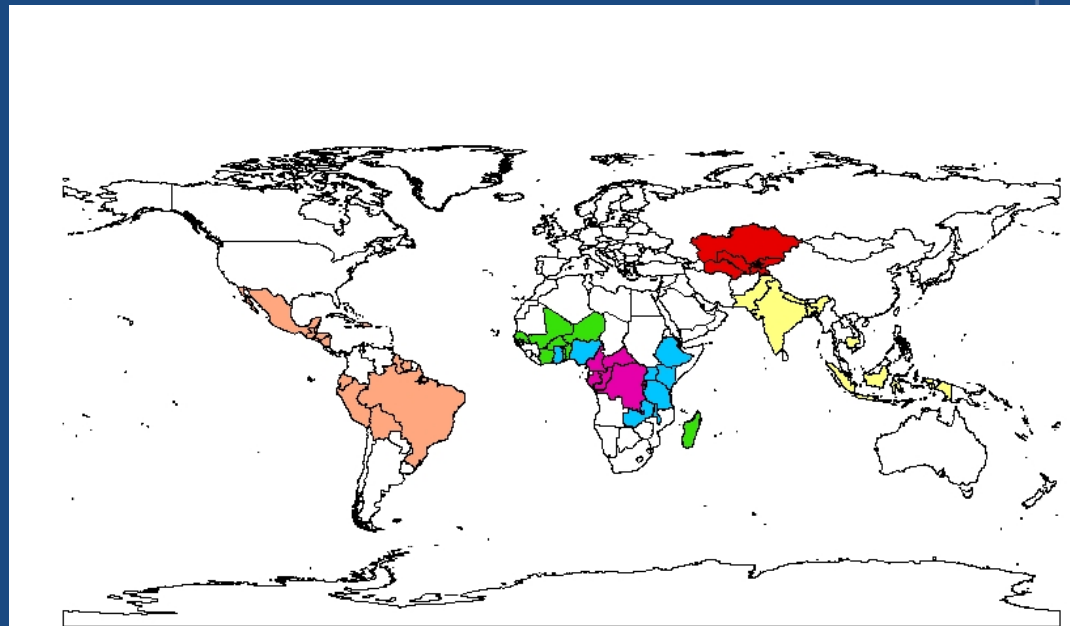
June 2004: Initial
Call for Global
Zinc Task Force

Sept 2005 – May 2007:
Global ZTF receives
funding from BMGF for
planning grant



Improved Diarrhea Management Advocacy & Technical Training Workshops

- 5 regional & 2 country planning workshops
- Trained 245 health specialists from 45 countries
- Purpose: to update policy makers and program planners on zinc for diarrhea management, and to assist with policy adoption, roll-out plans and national scale-up



Essential Manufacturing A Global Zinc Supply

PRE JULY 2006: no manufacturers met WHO prequalification standards

JULY 2006: Nutriset/Rodael met WHO prequalification standards and zinc dispersible tablets available directly from Nutriset or through UNICEF warehouse

DEC 2006: UNICEF had two qualified suppliers for whom countries can procure quality products meeting WHO prequalification



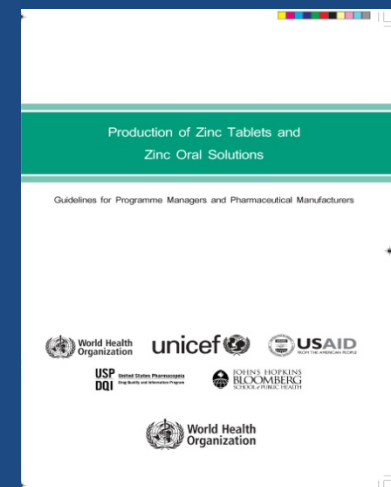
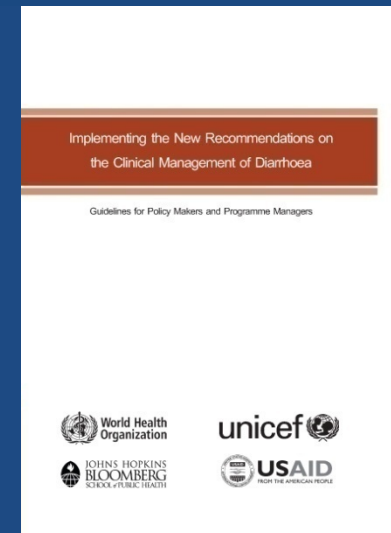
Essential Manufacturing Local Zinc Supply

- India:
 - More than 15 local suppliers
 - Bibcol – completed technology transfer in 2009
- Bangladesh: Multiple manufacturers
- Tanzania, Indonesia, Pakistan, Nepal, Egypt, Benin, El Salvador, Bolivia, Cambodia



The Development Of Support Materials

- Implementing the New Recommendations on the Clinical Management of Diarrhoea
- Production of Zinc Tablets and Zinc Oral Solutions
- Updated technical materials supplied by WHO/UNICEF including:
 - IMCI technical updates
 - Guidelines for the Treatment of Diarrhoea
 - Guidelines for the Treatment of Shigella



Rolling Out Zinc For Diarrhea

Where Are We Today

May 2004:
UNICEF/WHO
Joint Statement

March 2005: Zn
added to WHO
Essential Med List

Jan 2009: More
than 1/2 UNICEF
priority countries
still do not have Zn
& low ORS in
national policy

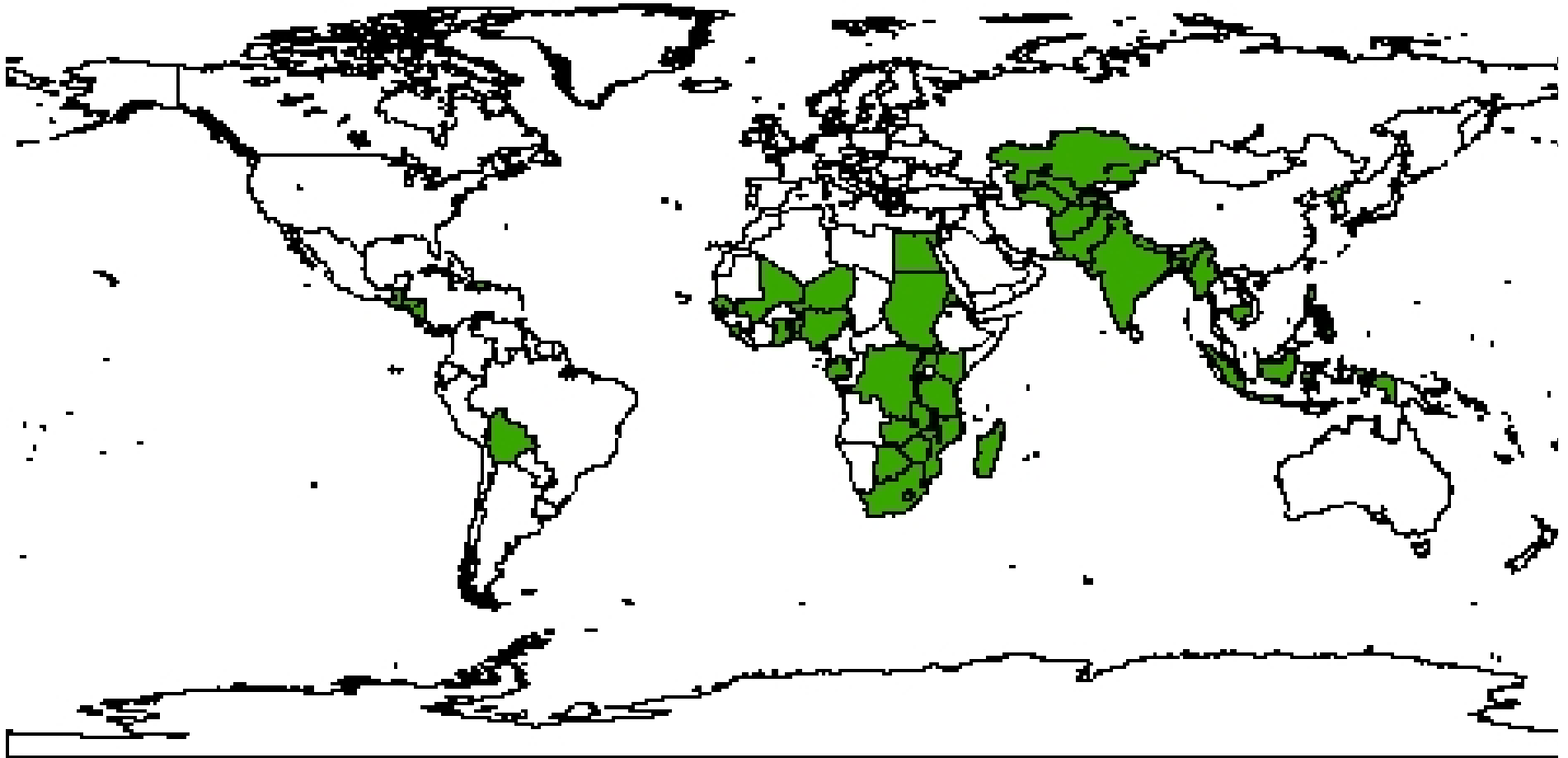
June 2004: Initial
Call for Global
Zinc Task Force

Sept 2005 – May 2007:
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funding from BMGF for
planning grant

End 2006: UNICEF
has 2 qualified zinc
suppliers, local
manufacturing
beginning, and
implementation guides
available



Countries with Current Child Health Policies adapted to Include Zinc for Diarrhea Management (2009)



Challenges for Countries: Changing Diarrhea Treatment Policy

- Countries do not perceive diarrhea as a problem and therefore little priority is given to timely changes
- Countries struggle to change a policy to recommend a drug that is not available in the public or private sector
 - Manufacturers are not interested in producing something that is not recommended
 - Manufacturers want to see demand in the community
 - How to create demand for a product that does not exist and no one has ever heard of or has experience using.



Challenges for Countries: Funding for Start-up and Procurement

- Zinc procurement has been a major obstacle for many countries until zinc is included in the health budget.
- Zinc Procurement Fund
 - Bridge funding may help accelerate progress until national budgets can incorporate zinc into routine programming
- Program funding will need to go beyond the status quo – how much money will this cost?

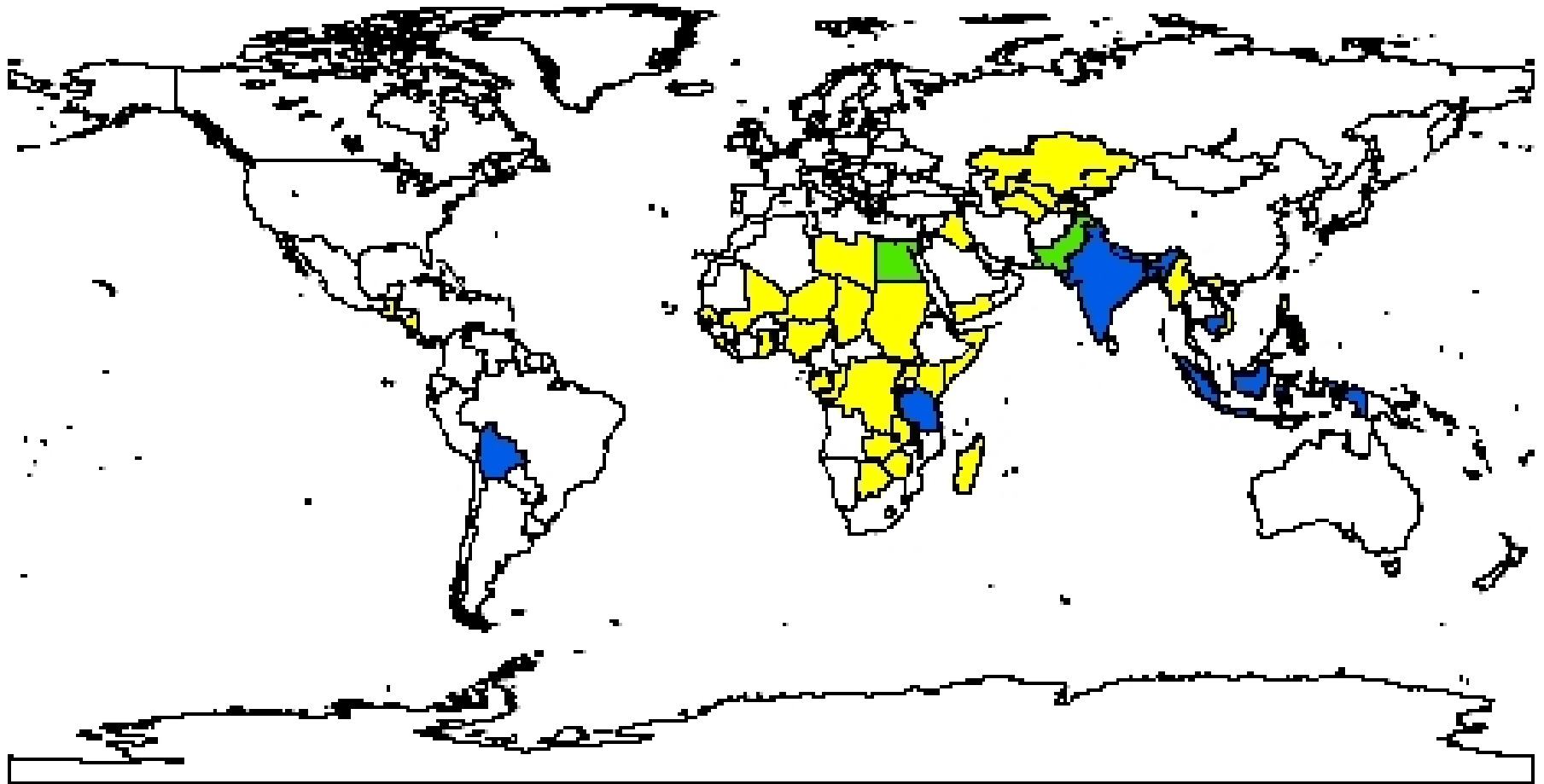


Challenges for Countries: Training

- WHO has revised treatment guidelines and training materials
 - Are local adaptations needed?
- Countries must consider the national training needs and corresponding costs:
 - Who needs to be trained and when should training be done?
 - Public sector
 - Private sector
 - Informal sector



Zinc for Diarrhea Available Regionally or Nationally Global Progress To Date



Public Sector Private Sector Both

Challenges for Countries: Increasing Coverage

- Major challenge to increase coverage in both the public sector and the private sector
- With ORS rates terribly low in most countries, successful strategies are NOT in place in most countries
- Formative assessment may be needed to identify current care seeking and treatment behaviors
 - **India:** Formative assessment found 95% sought care for diarrhea from private doctors
 - **Mali:** Pilot phase found 73% sought treatment from drug kits and 17% from health centers



Challenges for Countries: Increasing Coverage

- Building on knowledge and experience from ORS campaigns in the 1980s
 - Carefully crafted campaigns
 - Global commitment of funds
 - Took political center stage – movie stars, celebrities, politicians
- Why should implementing zinc be any different?



Challenges for Countries: Alternative Delivery Strategies

- Need to think creatively
- Research is not over when efficacy studies and effectiveness studies end
- Though zinc for diarrhea research money is essentially finished, no one knows the answer to the most critical question:

HOW DO YOU INTRODUCE A SUSTAINABLE NATIONAL PROGRAM THAT TRULY CHANGES TREATMENT PRACTICES?



Conclusion: 2008 Innocenti Consensus

Given clear WHO policy and guidelines, zinc is underutilized for treating diarrhea.

Despite advances a quality product is needed that meets GMP standards for pharmaceuticals.

Programs implemented at scale in diverse settings with strong monitoring and evaluation components to document performance and effectiveness are needed.

The MN community must advocate and mobilize funds for such programs.

