POLICY BRIEF

Community access to zinc becomes a reality in Kenya

On August 27, 2012, the Kenyan Poisons and Pharmacy Board approved an appeal to reclassify zinc from a prescription medicine—only available at hospitals, clinics, and pharmacies with the prescription from a trained health professional—to an over-the-counter treatment. With the passage of the new classification, zinc can be made available from community health workers, chemists, shops, and rural kiosks for use by caregivers with children under five years old who are suffering from diarrhea.

The increased access to zinc is expected to allow caregivers to quickly access treatment after a child shows signs of diarrheal disease—the second leading killer of children under five years old in Kenya—leading to fewer child deaths.

WHY ZINC?

Zinc is an important micronutrient for the overall health and development of infants and young children, and it becomes depleted during diarrhea. Replacing this lost zinc is an important way to help children recover from diarrhea and stay healthy after the episode.

Studies have shown that zinc treatment results in a 25 percent reduction in duration of acute diarrhea and a 40 percent reduction in treatment failure or death in persistent diarrhea.[1] A ten-day therapy of zinc can considerably reduce the duration and severity of diarrheal episodes.

In 2004, the World Health Organization and United Nations Children's Fund (UNICEF) issued a joint statement regarding the clinical management of acute diarrhea that recommended the use of zinc, as well as a new formulation of oral rehydration salts (ORS) as first-line treatment. ORS prevents severe dehydration, while zinc works to reduce the severity of diarrhea and protect against future bouts.

DIARRHEAL DISEASE IN KENYA

In Kenya, more than 122,000 children die each year. About 11,000—or 9 percent—of these deaths are from diarrhea. Although Kenya had established a national policy for ORS and zinc indicating their use as first-line treatment for diarrhea, zinc was not available over the counter until August 2012. This meant that caregivers had to seek treatment directly from a trained medical professional, such as a doctor or nurse, to access zinc. Oftentimes, this made zinc unavailable or unaffordable to caregivers.

While ORS coverage in Kenya has stayed fairly consistent for the last decade, zinc coverage remains comparably low. According to the 2009 Kenya Demographic and Health Survey (DHS), about 39 percent of children with diarrhea were treated with ORS.[2] Data in the same DHS shows that less than one percent of children with diarrhea received zinc treatment.[3] In the most rural and remote communities, ORS and zinc are not readily available from a trained health care professional. For this reason, the reclassification of zinc in Kenya is truly a remarkable turning point.

PATH/Evelyn Hockstein

Today, caregivers across Kenya are able to readily access zinc, a micronutrient and lifesaving treatment for diarrhea, thanks to the government of Kenya's decision to make it an over-the-counter drug.

LEADERSHIP FOR ACCESS TO ZINC

The five-year plan to address pneumonia and diarrheal disease among children under five years old led by Kenya's Division of Child and Adolescent Health (DCAH) and its partners has been instrumental in promoting increased access to zinc at the community level. The five-year plan identified zinc as an important part of diarrheal disease treatment and called for priority access to zinc and ORS as key high-impact interventions in management of diarrheal disease.

This change in policy gives strong impetus to the DCAH and its partners under the national Child Health Technical Working Group to provide leadership to ensure implementation of programs to scale up access to zinc at the community level. Participation of the public and private sectors through procurement and community education on zinc and ORS will help scale up access to zinc, especially considering that only 49 percent of children with diarrhea are taken to a health facility for treatment.[4]

MOVING FORWARD

Globally, momentum for expanded access to ORS and zinc is building. Both UNICEF's A Promise Renewed campaign and the UN Commission on Life-Saving Commodities for Women and Children identify ORS and zinc as part of a comprehensive child health strategy for diarrhea treatment that encompasses vaccines, breastfeeding, and hygiene and calls for commitments to make it available to all mothers, caregivers, and children.

ABOUT THE UN COMISSION

The UN Commission on Life-Saving Commodities for Women and Children aims to increase access to essential medicines and health supplies for the world's most vulnerable people. The commission is championing efforts to reduce barriers that block access to essential health commodities, including production, procurement, delivery, and use. Oral rehydration salts and zinc are considered essential medicines in the countries where the commission is focusing its work.

It is the responsibility of the government of Kenya, international organizations, and local stakeholders to ensure that zinc—along with integrated care at the community level—is prioritized at the district level, and eventually county-level budgets, when operational, should account for reliable and consistent zinc procurements. District- and county-level supply chains and information dissemination must be strengthened, ultimately reaching even the most remote community health workers and caregivers.

The government of Kenya, along with civil society partner organizations, must ensure that district- and county-level policies account for the change in zinc regulations and begin to incorporate zinc procurements, trainings, and the revision of health worker algorithms.

PATH IN KENYA

In 2009, PATH partnered with Kenya's Ministry of Public Health and Sanitation, and the Division of Child and Adolescent Health to revitalize oral rehydration therapy (ORT) corners: areas within clinic waiting rooms where a mother can access oral rehydration salts (ORS), zinc, and clean water. Mothers also learned about hygiene and sanitation to prevent diarrhea.

Access to ORT corners in rural clinics reduced the need for children to be referred to hospitals. Following this success, Kenya launched a new diarrheal disease control policy that includes ORS and zinc. Building upon this policy, the reclassification of zinc will help ensure all children—even in remote areas—can access zinc.

Now is the time for commitment and to deliver on the promise of ORS and zinc, as well as other imperative interventions that reduce diarrheal disease and child mortality. Access to zinc at the community level will be paramount to realize the recommendations for expanded access and availability of the UN Commission on Life-Saving Commodities.

As the Countdown to 2015—a coalition of organizations tracking interventions proven to reduce maternal, newborn, and child mortality—monitors and evaluates Kenya's progress toward achieving its commitments to the Millennium Development Goals, the decision to make zinc available can have an impressive impact. However, this impact will only be realized with concerted, collaborative, and scaled up efforts.

REFERENCES

[1] Bhutta et al. Therapeutic effects of oral zinc in acute and persistent diarrhea in children in development countries: pooled analysis of randomized controlled trials. *The American Journal of Clinical Nutrition*. 2000:72(6):1516-1522.

[2] World Health Organization. UNICEF. *Building a Future for Women and Children; The 2012 Report.* Geneva; 2012.

[3] UNICEF. *Pneumonia and Diarrhea: Tackling the Deadliest Diseases for the World's Poorest Children*. New York; 2012.

[4] Kenya National Bureau of Statistics and ICF Macro. *Kenya Demographic and Health Survey 2008-2009*. Calverton, Maryland; 2010.

PATH
A catalyst for global health

PATH is an international nonprofit organization that transforms global health through innovation. We take an entrepreneurial approach to developing and delivering high-impact, low-cost solutions, from lifesaving vaccines and devices to collaborative programs with communities. Through our work in more than 70 countries, PATH and our partners empower people to achieve their full potential.

455 Massachusetts Ave NW, Suite 1000
Washington, DC 20001

info@path.org
www.path.org

November 2012