



# ORSZCA

ORS/Zinc **Co-pack Alliance**

## Reaching Children with Life Saving Diarrhea Treatment

*Launch of the ORS/Zinc Co-pack Alliance*

---

19 January, 2022



Image credit: Kate Holt/MCSP, Nondwe Iganga, Uganda

# Child Health Task Force Today



**2200+** members

from



**80+** countries



**300+** organizations

Our goal is to **strengthen equitable and comprehensive child health programs** - focused on children aged 0-19 years in line with Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) - **through primary health care, inclusive of community health systems.**



Working together in **10** subgroups

Coordination



Advocacy



Support Countries



Learning



Knowledge Management



Focused on **5** themes of work

Read the strategy on the website:  
<https://bit.ly/chtstrategy>





# ORS Zinc Co-Package Learnings

**Stop Diarrhea Initiative,  
India**



**Save the Children**

# Diarrhea Leading Childhood Illness in India

## Childhood Diarrhea All ages diarrhoea

### Morbidity

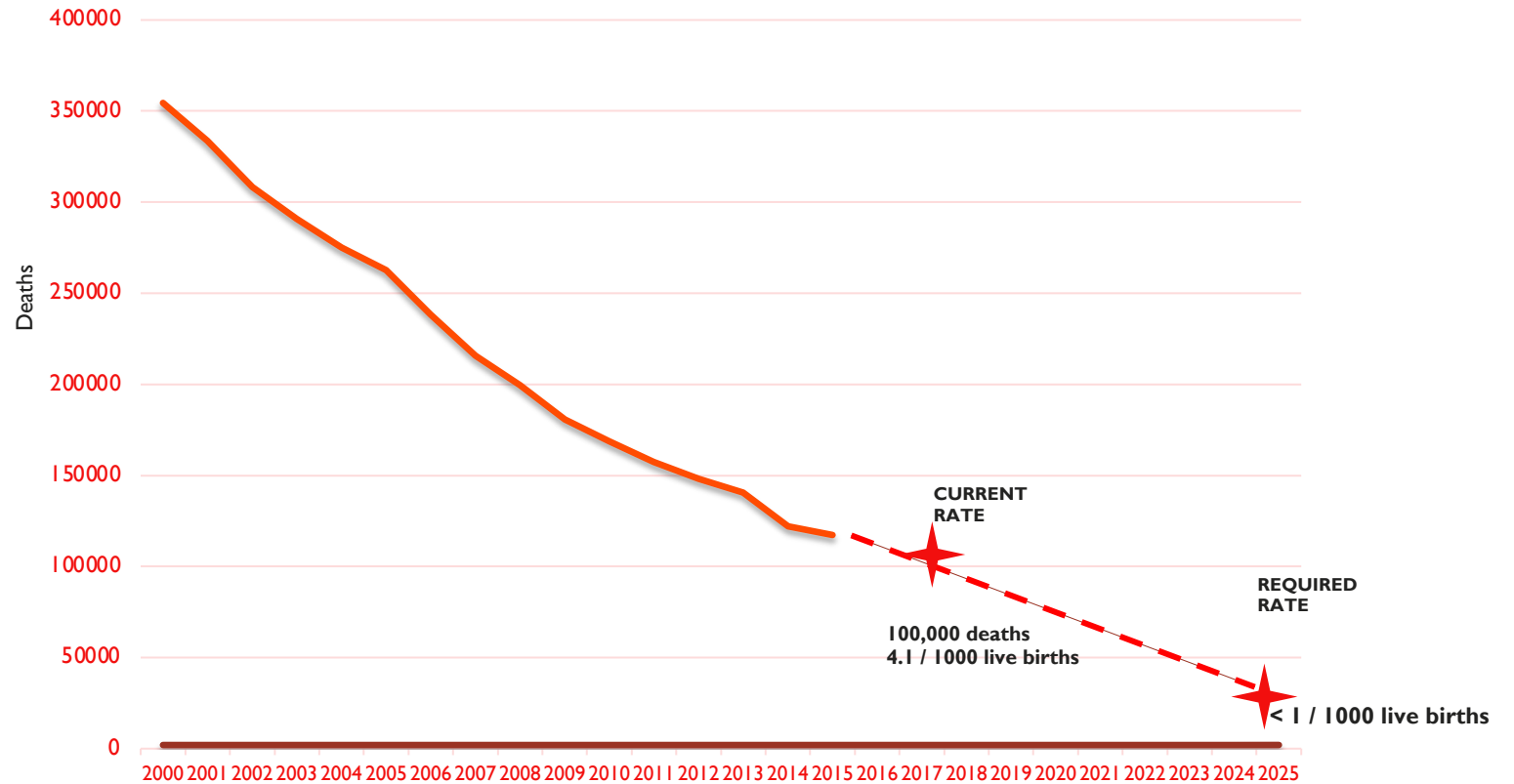
Episodes per year	208 million	630 million
-------------------	-------------	-------------

### Mortality

Deaths Per year	0.1 M	0.5 M
Per month	8,720	40,750
Per day	287	1,340
Per hour:	12	56

Calculated based on Lancet Vol 17, Sept 2017

More common in **socio-economically marginalized communities**

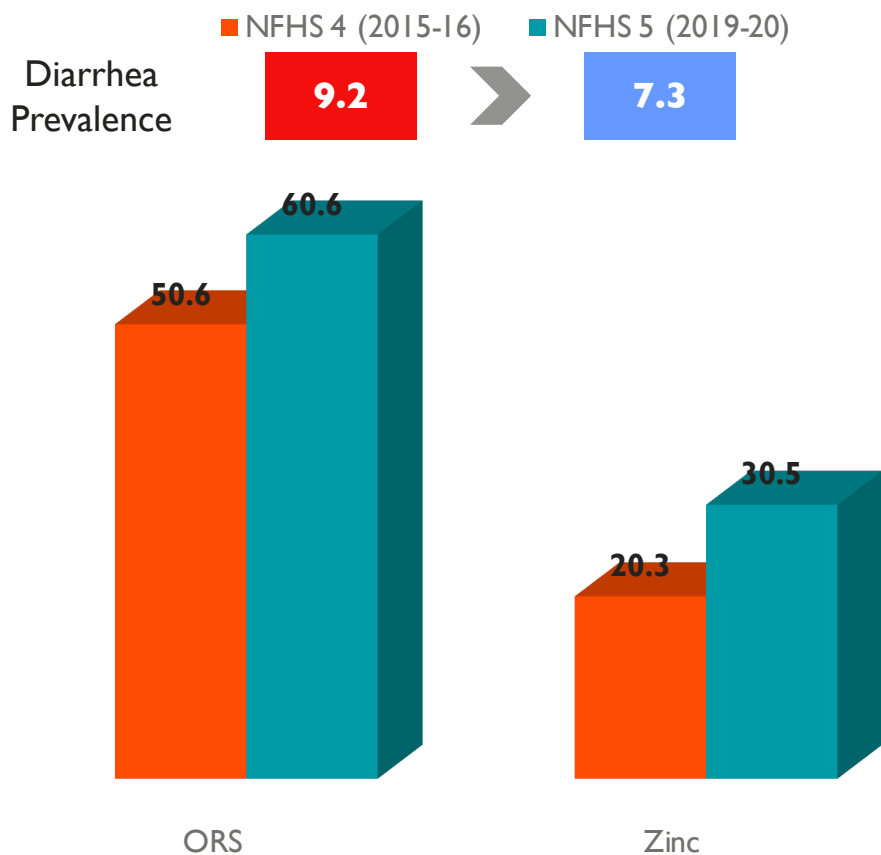


(Source: IVAC at Johns Hopkins Bloomberg School of Public Health Pneumonia and Diarrhea Progress Report 2018)

# Difference in Zinc and ORS coverage

## Field Experiences from Stop Diarrhea Initiative Program 2015-2019

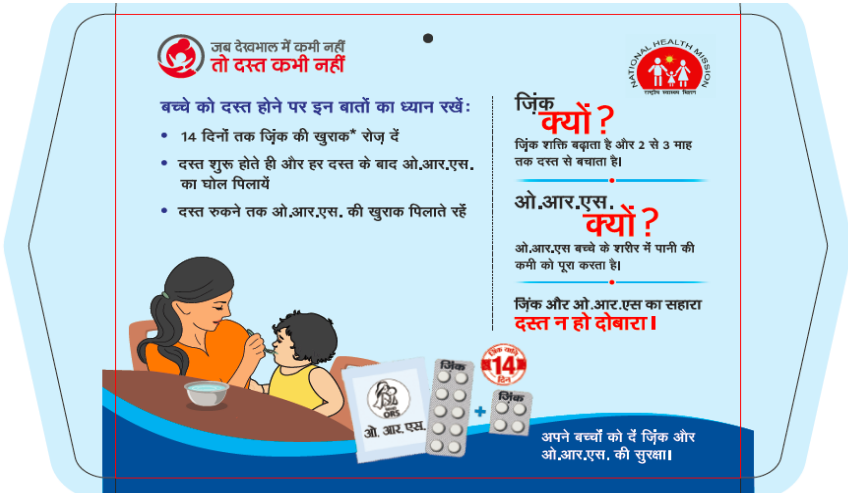
### ORS & Zinc Coverage in India



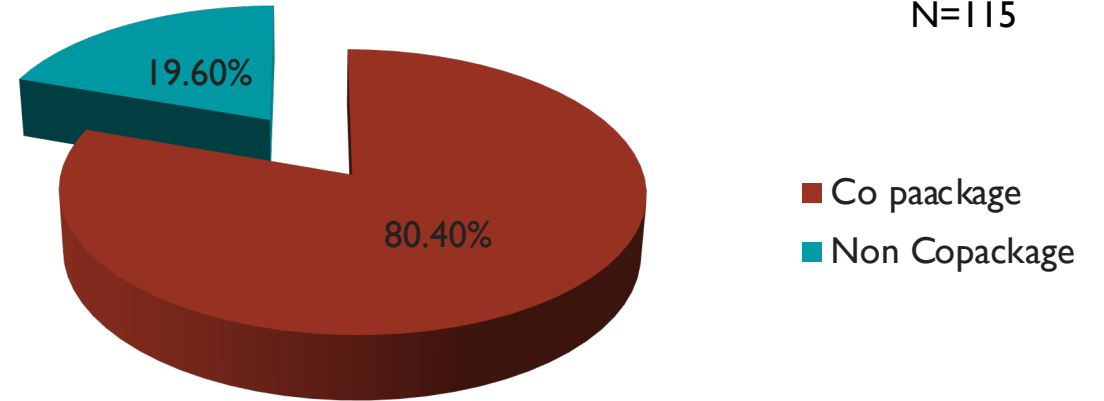
- **Low adherence to treatment protocols and under reporting of cases and treatment**
  - Challenging for Care-givers of under 5 to adhere treatment regimen of independently distributed ORS and Zinc
  - Variation in duration of ORS and Zinc administration
  - Tendency to hold back Zinc for cases judged to be 'severe' and so Zinc is not given as a routine (when it should be)
  - Frontline Health Workers dispensing ORS are not fully aware of the correct treatment and counselling on use of ORS and Zinc
- **Poor stock availability of ORS and Zinc**
  - ORS and Zinc are distributed separately, there is less chance that they will both be in stock at the same time
  - Challenging for frontline health workers to indent, stock, dispense and track the utilization of ORS & Zinc distributed separately
- **Legal compliances complicates access and use of Zinc in private sector**
  - Regulations under the Drug and Remedies Act, which impose restrictions for stocking and sale of zinc, preventing single window availability of both zinc and ORS for the end users.
  - Whereas zinc and ORS are available through the public health system, there are different regulations for ORS and zinc when it comes to stocking and sale by private providers. Given that nearly 4 out of 5 cases of diarrhea is managed outside of the public health systems, the regulations have a strong bearing on the access and use of zinc.

# ORS Zinc Co-pack Effect

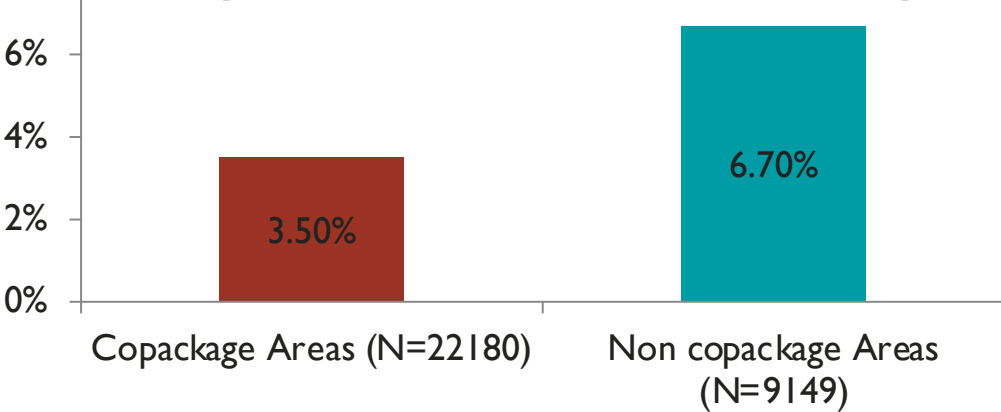
## Stop Diarrhea Initiative Co-pack Pilot Findings



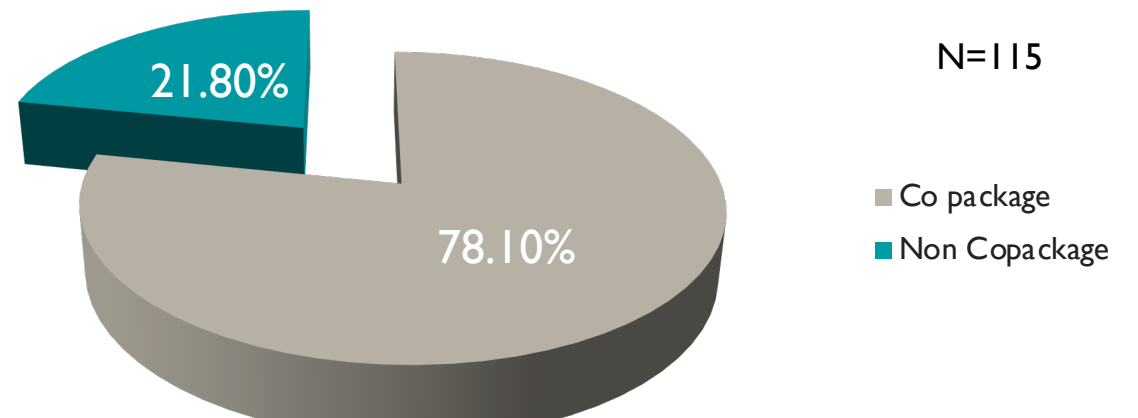
### Child treated with ORS



### Did baby suffer from diarrhoea in last 15 days



### Child treated with Zinc and Complete adherence for 14 days



Co-package has increased complete adherence to zinc supplementation by **3.59** times as compared to consumption of only zinc.



# ORS & Zinc Co-pack

## Benefits & Opportunities

- ✓ Increased uptake and coverage of ORS and zinc (as a combination therapy and as individual components dispensed together),
- ✓ Improved adherence to the combined therapy of ORS and zinc.
- ✓ Improved adherence to preparation of individual components (e.g., correct concentration of prepared ORS, completion of a full course of zinc).
- ✓ Improved dispensing practices by health care workers.
- ✓ Enhanced satisfaction levels by caregivers of ORS and zinc relative to status quo products.
- ✓ ORS Zinc Co-package introduced in Intensified Diarrhea Control Fortnight 2019 guidelines

Doctor's recommend  
**O.R.S. & Zinc**  
as the right treatment for Diarrhoea.  
Restore your child's energy and strength.

- During and after Diarrhoea, continue feeding mother's milk, fluids and supplementary nourishment
- During first 6 months, give only mother's milk to the child
- Wash your hands with soap before cooking, feeding and after cleaning child's stool

ORS and Zinc are available free of cost at your nearest health center

### Annexure XIX: ORS and Zinc co-packet specification

Each co-packet should have 2 packets of ORS and 14 tablets of Zinc

बच्चे को दस्त होने पर इन बातों का ध्यान रखें:

- दस्त शुरू होते ही और हर दस्त के बाद ओ.आर.एस. का घोल पिलायें
- दस्त रुकने तक ओ.आर.एस. की खुराक पिलाते रहें
- 14 दिनों तक जिंक की खुराक\* रोज दें

**ओ.आर.एस. क्यों?**  
ओ.आर.एस बच्चे को शरीर में पानी की कमी को पूरा करता है।

**जिंक क्यों?**  
जिंक शक्ति बढ़ाता है और 2 से 3 माह तक दस्त से बचाता है।

अपने बच्चों को दें ओ.आर.एस. और जिंक की खुराक।

14 दिनों तक जिंक की खुराक\* रोज दें

दिन	दिन	दिन	दिन	दिन	दिन	दिन	दिन
आर.एस.	आर.एस.	आर.एस.	आर.एस.	आर.एस.	आर.एस.	आर.एस.	आर.एस.
8	9	10	11	12	13	14	
दिन	दिन	दिन	दिन	दिन	दिन	दिन	दिन
1	2	3	4	5	6	7	

Paper : 170 gsm imp. art paper

Size : 5.9" x 4.9" (Close size)

Fabrication : Thermal gloss lamination on both side with double tape pasting and strip gumming on flap

**THANK YOU**



**Save the Children**

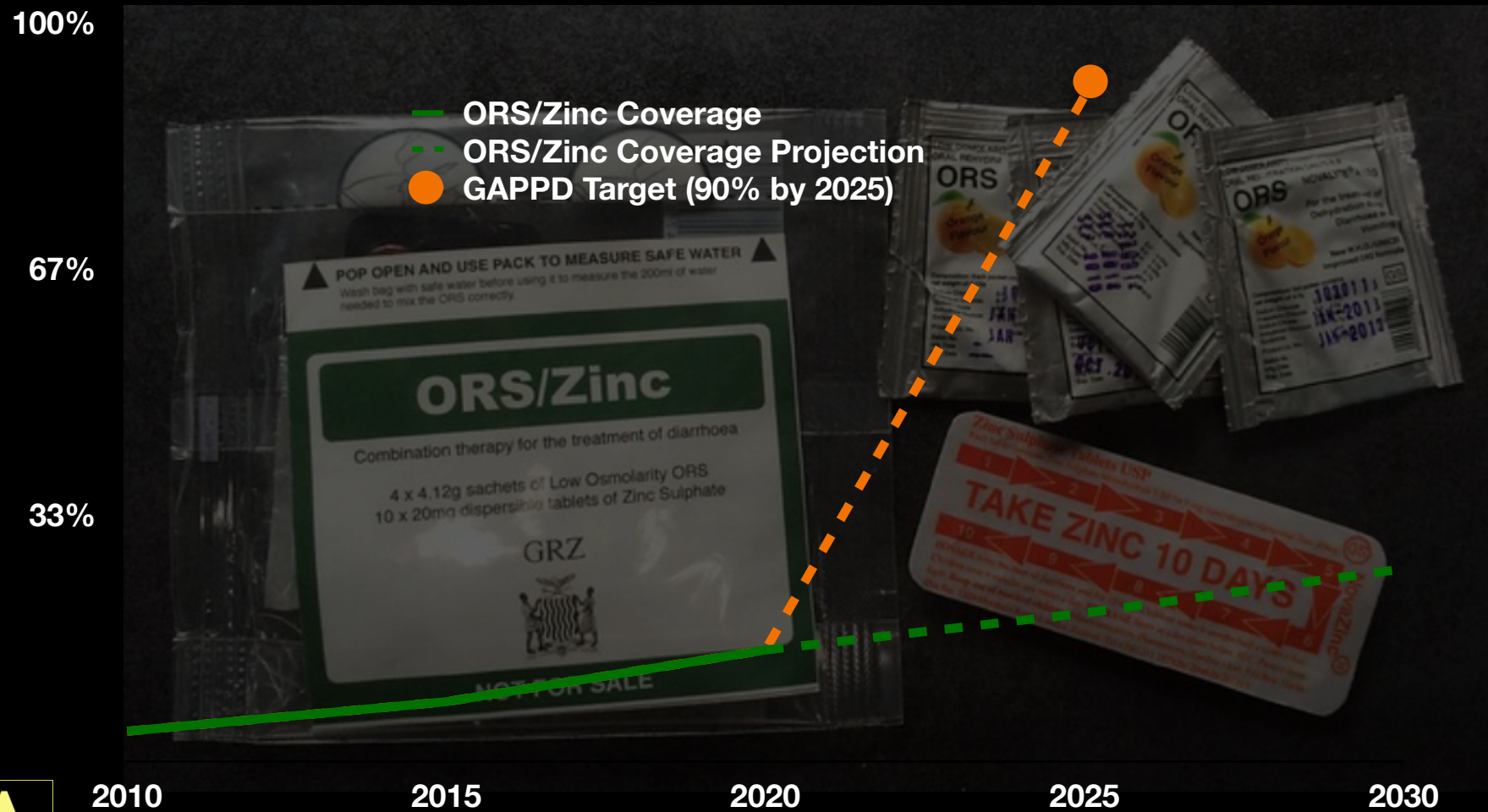


# The ORSZCA Work Plan – 2022 to 2025

**ORSZCA**  
ORS/Zinc Co-pack Alliance

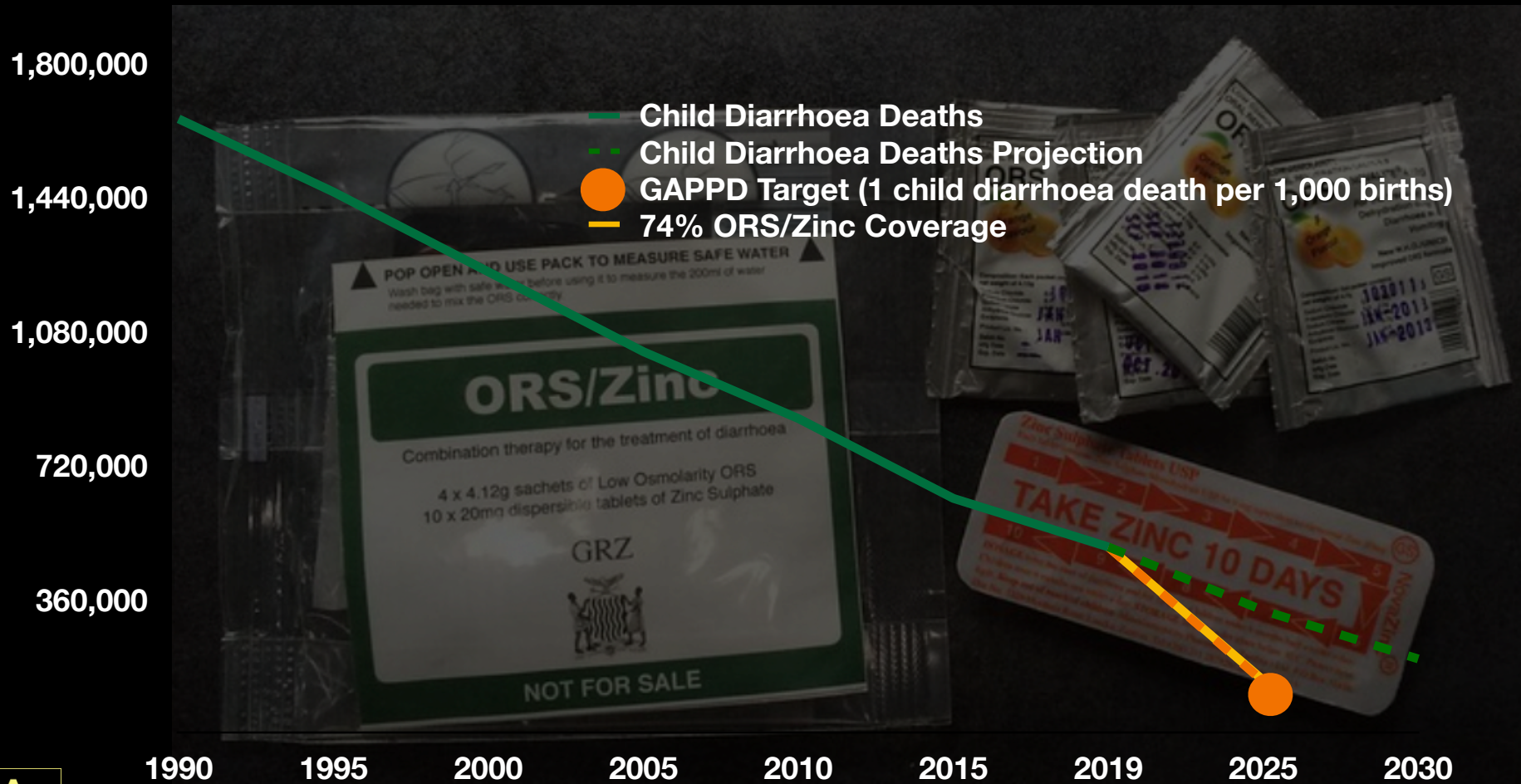


# The problem – the ORS/Zinc coverage rate





# The solution – changing the trajectory



# ORSZCA goal

To contribute to the reduction in child diarrhoea deaths from 500,000 to 139,000 by 2025, achieving the global GAPPD\* target

\*Global Action Plan on Pneumonia and Diarrhoea (GAPPD) target of 1 child diarrhea deaths per 1,000 births by 2025

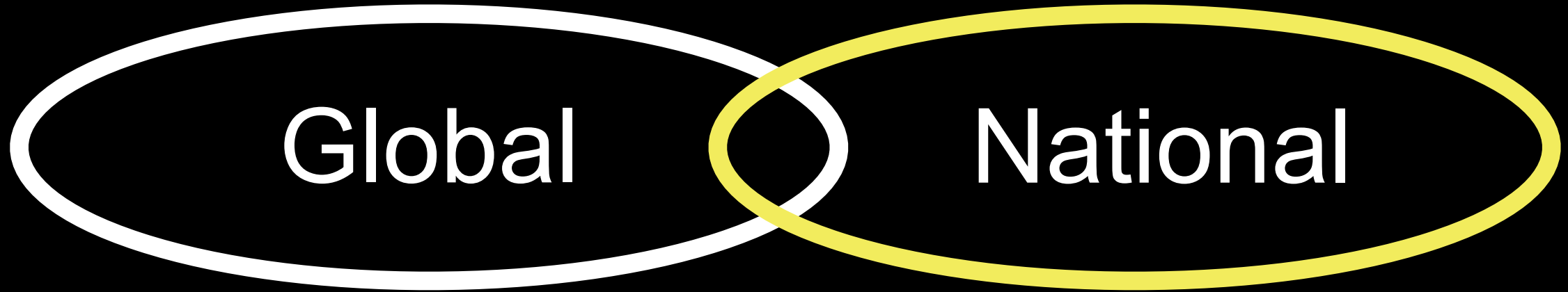


# ORSZCA countries

ORSZCA will focus its efforts on the countries where child diarrhea deaths are concentrated. 70% of child diarrhoea deaths are in just ten countries, eight in Africa.\*

\*Nigeria, India, Pakistan, Chad, Ethiopia, Niger, DRC, Cameroon, Madagascar and Somalia (Global Burden of Disease 2019).

# ORSZCA activities



- Build a global alliance
- Collect data and evidence
- Engage USAID on DHS
- Support WHO, UNICEF & GFF
- Encourage Co-pack research
- Mobilize donors

- Establish network of national observers
- Advocate for rapid Co-pack uptake
- Scan for barriers/enablers to adoption
- Support member country offices
- Identify and amplify local champions
- Mobilize governments

# Connect with the us

Recordings and presentations from previous webinars are available on the Events page of the Child Health Task Force website: <https://www.childhealthtaskforce.org/events>

*\*The recording from this webinar will be available on this page later today*

Suggestions for improvement or additional resources are welcome. Please email **[childhealthtaskforce@jsi.com](mailto:childhealthtaskforce@jsi.com)**.

Join the Child Health Task Force here: <https://bit.ly/joinchtf> & follow us on LinkedIn: [www.linkedin.com/company/child-health-task-force](http://www.linkedin.com/company/child-health-task-force)

Join the ORSZCA here: <https://orszco-pack.org/sign-up-here/>

**Thank you for your participation today!**



The Child Health Task Force is managed by JSI Research & Training Institute, Inc. through the USAID Advancing Nutrition project and funded by USAID and the Bill & Melinda Gates Foundation.

This presentation was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Contract 7200AA18C00070 awarded to JSI Research & Training Institute, Inc. The contents are the responsibility of JSI and do not necessarily reflect the views of USAID or the U.S. Government.