

# Integrating Zinc into Diarrhea Management e-Conference June 1–2, 2011



## *Online Chat June 1: “Zinc Advocacy” with Christa Fischer-Walker*

(1) **CHRISTA FISCHER WALKER\***: Hello Everyone, Welcome to the chat. We are happy you are joining us today. Feel free to start asking questions!

(2) **Vicki MacDonald**: We are looking forward to fielding your questions on this first discussion today and to participant's comments on all of our presentations.

(3) **Alison Bishop**: Hi Christa. How many countries have zinc treatment included in their diarrhea policies and of these how many have actually introduced zinc?

(4) **CHRISTA FISCHER WALKER\***: We did a review of countries in April of 2011 and have 72 with official changes to child health diarrhea treatment policy. We also have 53 countries that have zinc available somewhere in the public sector, 19 with zinc available in the private sector. (15 of these countries are overlapping - meaning both public and private)

(5) **Vicki MacDonald**: Christa: What was the most productive venue for encouraging governments to create the new policies and protocols? I know there were several regional meetings? Was there also advocacy by UNICEF and WHO?

(6) **Rose Martin-Weiss**: What's the current status of supply of zinc worldwide? Are there multiple manufacturers, or only a few? Do we think most manufacturers are meeting the appropriate level of quality?

(7) **CHRISTA FISCHER WALKER\***: One thing I want to add to question (3) is that just because a country has zinc somewhere in the public or private sector doesn't mean it is exactly widespread

(8) **Susan Mitchell**: Hi Olivier, glad you could join us from WHO...do you happen to know the answer to Rose's question?

(9) **Vicki MacDonald**: From: Dyness Kasungami (MCHIP): We know that UNICEF has purchased zinc and made it available to Ministries of Health in a number of countries. These supplies have been distributed through medical stores but in fact, health workers are often not trained and therefore not prescribing.

(10) **CHRISTA FISCHER WALKER\***: (5) We have had great success with regional meetings and country level meetings. I think it is really important to have a group of individuals from not just the Ministries of Health and Finance etc, but also from leading pediatric organizations and universities, etc. The countries where we have the most success have been countries where there is widespread acceptance across different sectors

(11) **Olivier Fontaine**: One manufacturer is about to get WHO pre-qualified and a few others are procuring zinc through UNICEF. However, for most manufacturers we have no idea of the quality of their product, especially about the taste masking quality.

**(12) Alison Bishop:** Hi Kathleen...I see you are a COP for a project in Afghanistan. Are you part of the introduction of zinc and how is it going?

**(13) Olivier Fontaine:** The regional workshops not only created a critical mass of people interested in zinc and diarrhoea management in countries, but they also created "champions" for zinc and diarrhoea, mainly among the academic institutions

**(14) CHRISTA FISCHER WALKER\*:** (9) Yes, this is a big problem. I would love more funds for new programs to increase the level of training especially during the initial start-up time.

**(15) Vicki MacDonald:** Ref Q6: There are actually now a large number of manufacturers producing quality zinc products in both tablet and syrup form. We know of pharma firms in Bangladesh, Tanzania, Kenya, Pakistan, Nepal, India, Indonesia that are producing products. A number of these are in fact in front of UNICEF at the current time for GMP certification. So, supply is no longer a major issue.

**(16) Banda Ndiaye:** Is there any successful zinc scale up intervention in Sub Sahara Africa? if so, what have been the most success factors?

**(17) Alison Bishop:** Hi Kathleen...I see you are a COP for a project in Afghanistan. Are you part of the introduction of zinc and how is it going?

**(18) Cecilia Kwak:** Hi Christa - Working on POUZN with PSI, we've seen that supply has been an issue, but as Vicki mentioned, that's improving. At the same time, use of zinc and even recognition by health workers, caregivers, private providers is still limited. What do you think is needed at this juncture to really get this agenda moving forward at the country level? More global advocacy? Rolling zinc/ORS into other major programming initiatives?

**(19) Katie Sears:** I believe that Afghanistan is looking to introduce zinc soon and so I am trying to learn more about how other countries have rolled it out.

**(20) Rose Martin-Weiss:** Would anyone have a list of which organizations are working on ORS/zinc uptake and what those organizations are working on specifically? We're considering entering the space (I'm with the Clinton Health Access Initiative), but we want to make sure our work is complementary, not duplicative!

**(21) CHRISTA FISCHER WALKER\*:** (18) Hi Cecilia, Good question. I think its going to take time for product recognition and behavior change. In many countries we are working to combat treatment behaviors that are old and ingrained and we should not expect this to change overnight. Its interesting that you ask if we need more global advocacy because I completely agree that we need more global advocacy but at the country level, I think we need more training and country level campaigns to bring back awareness to diarrhea treatment - zinc AND ORS. I'm not sure about rolling it into major programming initiative? What did you have in mind?

**(22) Vicki MacDonald:** Ref Q16. There are a couple of good examples of scale up in Africa: In Benin, the products are available in all departments of the country and in all public health clinics, reaching about 70% of the population. This is pretty good reach--although indeed a very small country. We had pretty good use rates by year 2 of 31%. In Tanzania, we also have national reach. PSI recently did a retail audit and found that 80% of all outlets (throughout the country) had zinc and ORS available. The DHS (2010) which was released just last week, showed 44% use of ORS together with zinc--which we think is a great use rate for a program 3 years old! Success factors: good distribution systems that assure access in a majority of retail and public sector outlets, mass media communications so that caregivers know that zinc is an appropriate treatment and make the decision to try. In rural areas in Benin we've needed strong NGOs to get the word out.

**(23) Waverly Rennie:** anecdote from some community work in one SSA country I was working in- Zn was being bundled with Lo-OSM ORS but caregivers were reportedly throwing it away because not enough promotion to health workers and caregivers on why it is important. CHWs wouldn't "buy" it to re-sell since no demand.

**(24) cecilia kwak:** I agree that there's a lot more to be done at the global and country level! There seems to constantly be a shift in priorities within the global health field before progress is made on issues like scaling up zinc for diarrhea treatment. I also see resources and political will (global and country-level) around areas like pneumo and rotavirus vaccine introduction. I thought that there was a push to introduce these vaccines, for example, in a framework of broader pneumonia and diarrheal disease control. That would be one example of rolling it into other initiatives that are getting attention. Also, CCM is another great opportunity, although we tend to then lose the role of private sector.

**(25) CHRISTA FISCHER WALKER\*:** (20) Hi Rose, the Zinc Task Force put together a list of projects and programs that are currently funded. We are going to post that list in a few minutes in the resource center. This list might not be 100% complete and does not begin to address the countries that are promoting zinc through routine public sector

**(26) Waverly Rennie:** Perhaps has gotten better over the last couple of years

**(27) Rose Martin-Weiss:** Hi Christa - that will be hugely helpful! Thank you!

**(28) CHRISTA FISCHER WALKER\*:** (24) I agree that with CCM emphasis, zinc fits nicely. I think with vaccines it can be part of a big program but because treatment happens so much more frequently than vaccination, the strategies in practice are so different that I worry about how well they really link in the community.

**(29) Assistant Moderator:** Re (25) Please see top right for the document. It is also located in the resource center under "resources"

**(30) Waverly Rennie:** Any work on linking with the AMFM work on promoting subsidized ACTs in private sector? Needs a similar approach to that described by Christian Winger's presentation on Zn in Tanzania, same channels etc.

**(31) Vicki MacDonald:** RE Q20: I know of several NGOs that have zinc pilots, but not many of these have scaled up beyond a district or 2. These include PSI, World Vision (Ghana), HKI (Cameroun), Mercy Corps. Abt and AED implemented private sector programs in Benin, Madagascar, India, Indonesia, Tanzania, Nepal, Pakistan.

**(32) Alison Bishop:** Hi Waverly. In #30 are you referring to the Affordable Medicines Facility - malaria?

**(33) Susan Mitchell:** Hi Rose, We Abt together with local organizations have introduced zinc in Benin, and Nepal. In Benin and Madagascar we worked with PSI and in Nepal we worked with both PSI and local zinc manufacturers. We also worked on scaling up zinc in Pakistan (Vicki can tell you more about that). There we partnered with a range of manufacturers and the medical associations but no local NGO specifically. In all four cases Zinc was introduced through the private sector on a large scale. Kathy Banke's presentation summarizes the results of that work.

**(34) Rose Martin-Weiss:** Re (30) - Waverly, we're considering targeting the private sector by building on CHAI's work with AMFm. We're still in the early stages, and would love any additional feedback.

**(35) Waverly Rennie:** Allison, yes.

**(36) CHRISTA FISCHER WALKER\*:** (30) This is an interesting idea. I'm not a malaria expert, but how much are the subsidized ACTs? Are they out of the price range? I ask this because in many countries zinc is actually pretty inexpensive even if bought in the private sector. Subsidization could be one approach but I'm not sure this is the biggest thing to overcome right now. I would put more on training and general advocacy to create local level demand. This is just a general opinion though and of course the situation would be different in every country.

**(37) Vicki MacDonald:** RE Q23: I encourage you to listen to Dr. Kathy Banke's presentation on the impact of communications of all sorts and Njara Rakotanirina's presentation on Benin on the role of NGOs in sensitization of rural populations and working closely with their own community health workers and community-based sales agents to assure that the products were used appropriately. In Benin we found that retailers were much more likely to add the products to their items for sale if they had heard a television ad or had been sensitized by a community group. Seems like this is a training/sensitization issue.

**(38) Waverly Rennie:** About 75 cents for Co-Artem here in TZ

**(39) Waverly Rennie:** Agree with Vicki- great progress, key now is sensitization, people need much more info about availability of both Zn and subsidized ACTs

**(40) Susan Mitchell:** Christa, with 72 countries having changed their policy to include zinc and 57 having introduced zinc, it would seem that we really need to focus our energy and resources on scale up.

**(41) Vicki MacDonald:** Question from Dyness Kasungami: USAID states that in the face of funding uncertainty there is a need to rationalize funding to scale up new interventions, like zinc, versus old interventions, e.g providing ACTs for malaria. Questions, then: How should we advocate for investing in zinc? What are some opportunities for raising resources for scale-up of zinc implementation?

**(42) Rose Martin-Weiss:** Christa, for the 53 countries that have zinc available somewhere, is it considered OTC? I know making sure zinc was OTC was initially a problem, but I'm not sure if that's still the case.

**(43) CHRISTA FISCHER WALKER\*:** (38) Does anyone know the price of zinc in TZ compared to antibiotics? I know in India zinc is being sold in the private sector for nearly the same price as antibiotics so families are used to this cost, not to say that it isn't still high for some caregivers, but for private sector providers it seems to make sense. Again, I'm sure in some countries subsidizing the price could be critical at first to generate local demand. One thing that is interesting is that we don't have a lot of local operations research to determine if subsidies in certain situations are the key to increasing use. We need so much more OR.

**(44) Rose Martin-Weiss:** Christa, do you think training and local advocacy is essential to increasing uptake in both the private and public sectors, or is it more important in one or the other?

**(45) CHRISTA FISCHER WALKER\*:** (42) I assume that most of the countries on the list have OTC policies, but I do not know for sure. One comment I can make on the issue of "policy" is that the definition of that question from country to country can differ. You can actually change one part of a child health policy but not actually address the OTC vs. prescription issue in that policy. I do agree with you that we want zinc to be OTC everywhere.

**(46) Susan Mitchell:** Rose while training is important we've actually found that the most effective intervention for increasing zinc use is BCC and within communications mass media seemed to be the most effective. This does not mean that training isn't important – it's just not enough.

**(47) Assistant Moderator:** Just as a reminder, the current time is about 9:45 am EST and the chat is scheduled to end in 15 minutes.

**(48) CHRISTA FISCHER WALKER\*:** (40) Susan, I agree with you. When you look at those numbers - -57 - - it can be misleading because many of those countries could just have product available in 1-2 regions or states. We have not tried to capture the number of countries that actually have widespread zinc. In fact, that is a much lower number. Many countries that have only public sector products are actually supported by UNICEF or USAID or some NGO in a small area and are no where near scale-up. So, yes, Scale-up is a critical next step.

**(49) Vicki MacDonald:** RE Q43. I thoroughly agree with Christa that we need more OR on what works to encourage trial in these countries. I am in TZ now and will try to get an answer on price by tomorrow's chat. I just returned from Kenya and the prices for zinc were very comparable to antibiotics and antidiarrheals in the private sector. Price for zinc was \$1.25 (on average) and price for antibiotics was also in the \$1.20-\$1.50 range. We have really encouraged manufacturers to rationally price the zinc. In Pakistan, the price was around 60 US cents per treatment--very affordable when compared to antibiotics (usually just over \$1US).

**(50) Waverly Rennie:** Zn is 500 Tanzanian shillings here for 10 days tx, about 30 cents. Antibiotics can run around the same or more. Unfortunately the poor are getting sold SPs at 700 Tsh instead of the ACT at 1000 Tsh, plus 7k Tsh worth of useless vitamins. Sigh. Much to do.

**(51) Vicki MacDonald:** I have also found the definition of OTC to vary. In Kenya, zinc is OTC but pharmacy only--meaning a client can come into the pharmacy and ask for it without a prescription but it is not allowed to be given by community health workers--who reach those in rural areas. We had the same question recently in India--who is allowed to sell.

**(52) CHRISTA FISCHER WALKER\*:** (50) The problem of incorrect treatment is not unique to diarrhea. It will take time to change for sure. I was in India recently and even though many private sector rural medical practitioners are starting to sell zinc they are selling on top of antibiotics/antidiarrheals, not INSTEAD of them. However, in talking with these providers it is easy to understand that changing behavior that has been going on for so many years is going to take more than one person coming in and saying "You know what you are prescribing is wrong. Don't give that. Give this". It's just not that quick. This is more than a one training battle, but with appropriate global, national, and local advocacy and commitment we can overcome it.

**(53) Rose Martin-Weiss:** Christa, is there any evidence that sticking with the 10-14 day regimen of zinc is a problem for caregivers? Or does adherence not seem to be a problem?

**(54) Assistant Moderator:** Just as a reminder, the current time is about 9:55 am EST and the chat is scheduled to end in 5 minutes.

**(55) Vicki MacDonald:** RE 53: Adherence is a huge problem. We are getting very few mothers who will give the

zinc for the full 10 days. Average # of days seems to be around 6. We are really looking at pushing our messaging to focus more on the protective effect of the 10 days to see what impact that has on correct use/adherence. I encourage you to look at Kathy Banke's presentation on this.

**(56) Olivier Fontaine:** (55) Have you looked at the impact of the messages to promote zinc on adherence?

**(57) CHRISTA FISCHER WALKER\*:** (53) Adherence is often thought to be a potential problem. I do think the messaging around dose is critical. There is a formative research manual on the resource page that discusses the importance of figuring out the appropriate messages in each country is important. Some target ideas like "increase appetite" or "vitamin for the gut" or "tonic for health".

**(58) Olivier Fontaine:** INCLLEN published an article a few years ago on the impact of messages on adherence to zinc treatment. I will check if I can find a copy.

**(59) CHRISTA FISCHER WALKER\*:** Formative Research Guideline is on the <http://www.izincg.org/treatment/treatment>

Formative research manual provided by INCLLEN

Introducing the zinc pill in a clinical trial: A manual on conducting formative research to identify key messages

**(60) Olivier Fontaine:** I have a copy of the article How can I send it to the participants?

**(61) Susan Mitchell:** Olivier -- unfortunately we did not have a chance to try different messages so we don't know whether different messages would result in greater adherence to the 10 regime.

**(62) Alison Bishop:** (58) Olivier, please send the document to [info@shopsproject.org](mailto:info@shopsproject.org) and we will post it in the resource center.

**(63) Vicki MacDonald:** RE 56: We have cross tabulated specific exposure and knowledge of the 10 day protocol and found a much higher correct use among those who heard and recalled the message. We want to do more on this in the future. I encourage those interested to look at our POUZN country profile on Nepal

**(64) Olivier Fontaine:** (58) Done

**(65) Assistant Moderator:** Re (59) You can also refer to the right corner of this chat for the resource

**(66) Rose Martin-Weiss:** Thank you all - this is extremely helpful!

**(67) CHRISTA FISCHER WALKER\*:** (60) The article Olivier is referring to is a study that was done in several countries where several different messages were used when talking to caregivers about the importance of taking the full 14 day dose of zinc. The results are interesting because they highlight the importance of appropriate messaging. Everyone should check out the formative research guide and the paper Olivier is referring to.

**(68) Susan Mitchell:** Hi Daa, thanks for joining -- the chat was suppose to end at 10 EST which is now but lets stay on a few more minutes. There is also a chat tomorrow at 9am EST so everyone please join us then too!

**(69) Olivier Fontaine:** The INCLLEN study showed that messages focusing on the preventive effect of zinc led to a much higher adherence than messages focusing on the treatment effect.

**(70) Waverly Rennie:** thanks for all the updates and the excellent info!

**(71) Alison Bishop:** Thank you to everyone for the lively discussions! Please remember to introduce yourself in the SHOPS Café and contribute your resources by sending them to [info@shopsproject.org](mailto:info@shopsproject.org). Also, please continue these great conversations on the various discussion boards as you review the presentations.

We hope you will join us tomorrow at the same time for our next expert chat with Gael O'Sullivan on Behavior Change Communication for Zinc.

**(72) CHRISTA FISCHER WALKER\*:** Thank you to all for your active participation! It was a lot of fun.

**(73) Assistant Moderator:** Many thanks to our panelists for doing today's chat, and to everyone for logging on to

participate! The transcript will be available tomorrow for you to view. Check out upcoming announcement for details.

**(74) Vicki MacDonald:** (69) I agree, Olivier, I think we should have been paying more attention to this direct adherence messaging.

**(75) Vicki MacDonald:** This has been a lot of fun. Please come back tomorrow and ask more questions everyone!