February 13th, 2019

The Secretary of the 22nd Expert Committee on the Selection and Use of Essential Medicines
Department of Essential Medicines and Health Products (EMP)
World Health Organization (WHO)
20 Avenue Appia
CH-1211 Geneva 27 Switzerland

Dear Committee Members

JustActions strongly supports the application from the Diarrhea Innovations Group (DIG) for the addition of co-packaged ORS and zinc as recommended treatment of childhood diarrhea on the WHO Model List of Essential Medicines for Children (EMLc).

“Diarrheal diseases” remains the second leading cause of infectious death among children under five according to the Global Burden of Disease. In 2017, an estimated 534,000 children lost their lives to diarrhea with more than half of all deaths occurring in just five countries (Nigeria, India, Ethiopia, Pakistan, and the Democratic Republic of Congo).

Fifteen years ago, the WHO and UNICEF recommended ORS and zinc sulphate tablets for 10–14 days as the recommended treatment for childhood diarrhea. However, the rate of co-administration of ORS and zinc remains extremely low, and especially in the countries with the highest numbers of child diarrhea deaths. For example, in Pakistan and the Democratic Republic of Congo, less than 2% of children with diarrhea receive both ORS and zinc, according to UNICEF.

Coverage rates are slightly higher in Nigeria (19%), Ethiopia (17%), and India (13%), thanks largely to recent work by groups like the Clinton Health Access Initiative who placed co-packaged ORS and zinc at the centre of their efforts.1 Nevertheless, the vast majority of children in the world who are most vulnerable to death from diarrheal disease are still not receiving ORS and zinc.

The WHO EMLc is an influential normative standard that not only influences national government EMLs, but shapes how governments prioritize medicine expenditures, procurement and supply, and the training of healthcare providers. Adding co-packaged ORS and zinc to the WHO EMLc increases the probability that national governments will align their own EMLs with the WHO model, procure co-packaged ORS and zinc, and encourage its use by healthcare providers and families.

By increasing access to the co-packaged product, governments will not only improve child health outcomes and accelerate the decline in diarrhea-related deaths, but should also be able to reduce family and health system costs by reducing the incidence of childhood diarrhea.

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As both ORS and zinc are already listed separately in the WHO EMLc, and as administration of both has been recommended by WHO and UNICEF since 2004, the addition of the co-packaged product is a simple, but potentially transformative, change. As there are already a number of co-packaged products available on the market (at least four countries have already included co-packaged ORS and zinc on their national EMLs), the change could be implemented immediately.

Over time, the change would stimulate the supply of co-packaged products, attracting new manufacturers, improving competition, driving down prices, and increasing the percentage of childhood diarrhea cases being treated with the combination therapy in both the public and private healthcare systems.

At JustActions we believe the best strategy countries can pursue to effectively end preventable child deaths by 2030 and achieve Sustainable Development Goal 3.2 involves three steps. First, prioritize the leading killers of children. Second, identify the populations of children most at risk of death from these causes. Third, invest in the most cost-effective solutions.

For most low and middle income countries, dramatically increasing coverage of co-packaged ORS and zinc among their populations of children most vulnerable to diarrhea represents a smart SDG 3.2 achievement strategy, and one that should be encouraged by global actors, including the WHO and UNICEF.

We urge the committee to accept the proposal for the inclusion of co-packaged ORS and zinc on the EMLc for the management of childhood diarrhea. It will not only influence national governments to improve coverage of the recommended treatment for a leading child killer, but it will also strengthen the efforts of the many partners now working together to finish the child survival revolution, one of the greatest global health achievements of our era, but not yet completed!

Sincerely,

Leith Greenslade
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2 SDG 3.2 requires that, by 2030, all countries have ended preventable deaths of newborns and children under 5 years of age, by reducing neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.