Thank you very much for inviting me to present at this meeting.

I'm going to introduce ORSZCA - the ORS/Zinc Co-pack Alliance - and outline our plans, our achievements so far, and how we might support the work of this sub-group.

So why was ORSZCA established? And why are we working to make co-packaged ORS and Zinc the ‘go-to’ treatment for diarrhoea?

To answer these questions, we need to be aware of some of the history of ORS/Zinc treatment and the role catalysts play in bringing about step-change.
It was in 2004 that the global recommendation for the treatment of diarrhoea was changed to ORS and Zinc.
[c]
Now, 18 years on, the ORS/Zinc coverage rate is just 15%.
[c]
The target of the Global Action Plan for Pneumonia and Diarrhoea (GAPPD) is 90% access to appropriate diarrhoea case management by 2025.
[c]
But “Business as usual” won’t deliver 90% coverage of ORS and Zinc until the end of the century - another 75 years.
[c]
In July 2019, WHO changed its model Essential Medicines List to recommend that ORS and Zinc be co-packaged. This was in response to evidence that co-packaging increases coverage of ORS and Zinc and that co-packs available in the market were the cheapest way of providing the 2004 treatment recommendation.

It is clear that we need a step-change in progress on ORS and Zinc coverage, as “business as usual” isn’t working anything like quickly enough. But step-change requires a trigger - or catalyst.

We believe that the co-packaging of ORS and Zinc could be that trigger. We believe that it would transform the coverage rate for ORS and Zinc but also deliver a higher rate of progress in the other areas needed to reduce mortality from diarrhoea.
So how important is ORS and Zinc in reducing diarrhoea deaths?

Modelling done by Black et al (2019) concluded that scaling up four diarrhoea interventions to 90% coverage could reduce global child diarrhoea mortality by 74%.

ORS and Zinc alone could reduce child deaths by 50%.

Adding rotavirus vaccine could increase that to 59%.
So how does this relate to the GAPPD target?

The GAPPD target is to have less than 1 diarrhoea death per 1,000 live births by 2025. That equates to less than 140,000 deaths - a reduction of 360,000 on today’s annual mortality of 500,000.

At 90% coverage, ORS and Zinc alone could deliver 250,000 lives saved - nearly three quarters of the GAPPD target.

It is recognised that ORS and Zinc coverage is highly cost-effective and more feasible to scale up in the short term than interventions for nutrition and WASH.

It could therefore act as a catalyst for the step-change in progress that is needed to set us on a new trajectory in our mission to eliminate avoidable deaths from diarrhoea as quickly as possible.

Although ORSZCA’s focus is on co-packaged ORS and Zinc, we are clear that an integrated approach is required: rotavirus vaccine, more handwashing, exclusive breastfeeding, to mention just three. However, we believe that a focus on the new co-packaging recommendation could re-energise efforts in all of these other areas.
Our members and supporters are building a unique dataset on the current status of ORS/Zinc around the world.

This is a work in progress and the dataset is being built and shared in real time on the ORSZCA website.

We would like you to help us in this work.
If you do just one thing following this presentation, we'd like it to be this:

We need those with any knowledge at all in this area to help us by completing our ORS/Zinc status questionnaire for their country.

[c]
The questionnaire is available in English and French on the ORSZCA website and takes less than 10 minutes to complete.
So, finally, how might ORSZCA and this Commodities Sub-group work together?

Firstly, a quick look at our work plans show that they are closely aligned and with ORSZCA’s focus on a single commodity, we will be able to deliver real progress on ORS and Zinc coverage for the Commodities sub-group.

We look forward to working together to do this.

Thank you.