

ColaLife's learning from Zambia and next steps toward scale-up



ColaLife's Operational Trial in Zambia (COTZ: Dec-11 to Dec-13), combining innovative design and a Public Private Partnership, taught us about consulting customers and stakeholders, supply chains, harnessing market forces and the power of design - for better access to simple health products for children and their families.

The ColaLife concept is based on 3 facts:

- One can apparently buy a Coca-Cola almost anywhere in developing countries
- Globally, 1 in 8 children die before their 5th birthday from preventable causes like dehydration from diarrhoea¹. Simple medicines (Oral Rehydration Salts, Zinc) can save lives, but just don't reach remote communities.
- There are calls for new approaches, especially to get essential medicines out into rural areas.

ColaLife¹ is a small UK charity, with a global profile. We don't set up 'in-country' but build on what is there, working through local charities, the Zambian Ministries of Health and Community Development, and with UNICEF Zambia. In the COTZ trial, we learnt a lot from partners like SABMiller (who bottle Coca-Cola in Zambia), Pharmanova our Zambian manufacturing partner, our frontline partner Keepers Zambia Foundation (KZF) who we fund to train small shop-keepers and run drama learning events for communities - and international design experts like PI Global and Amcor.

The Government of Zambia is working to bring health services and products as close to the family as possible, and diarrhoea is one of the major causes of mortality in children under five. So we ran our trial in partnership with the government, to test new ways to develop local market-driven supply chains for essential medicines, to improve livelihoods as well as save children's lives.

Our first aim was to produce robust evidence of what works, and what doesn't, and we continue to pass on as much learning as we can, to local actors who have the long term responsibility for public health and to the global giants who can bring about the changes we can't achieve alone. Uptake of ORS and Zinc has stalled for many years with only 1% of children in Africa typically receiving it; yet in one year we increased correct use to 45% of children who had suffered diarrhoea in the last 2 weeks.

Our next aim is to generate co-funding for the 'Kit Yamoyo' AidPod, so the selling price is affordable to families, yet allows profits to be made by wholesalers and small retailers. Following the lessons from the trial, we have re-designed the kit and its packaging to reduce costs. We found it doesn't need to fit into cola crates after all. The important thing was not the space in the crates, but the space in the market for a well-designed product that is affordable and meets people's needs. The key breakthrough was the new, appropriately-sized (200ml) sachet of Oral Rehydration Salts, coupled with a package that acts as a measure and a cup. These simple design features gave mothers and carers the confidence to mix the small quantities of medicine needed for home-based treatment correctly, over 90% of the time, without wasting precious clean water.

We are working now to scale-up production, in Zambia, of new, cheaper and more localised designs to keep the key benefits but eliminate any subsidy needed to make the pack affordable, even to poor parents many miles from a clinic. But until then, every \$1 raised ensures an AidPod gets to a rural village, and helps to train small shop-keepers in basic knowledge about diarrhoea, rehydration, clean water and to tell their customers about danger signs that need a trip to the clinic. Every 10 AidPods sold by the shop puts at least \$2.50 into the hands of the shop-keeper and his family.

¹ This note introduces ColaLife, with an overview of the COTZ project. For more, see <http://colalife.org> and <http://colalife.org/blog>

Talisa's story

Talisa Phiri and her daughter Dialess Daka live in rural Katete. Their local small shop, owned by Chison Banda, is one of the first to sell the new ColaLife Anti-Diarrhoea Kit - Kit Yamoyo (Kit of Life).



'How did you like the Kit Yamoyo?'

'Maningi (Very Much!) My child had diarrhoea since June. 3-4 days of diarrhoea, 1-2 without, just like that. She had no appetite and was irritable and miserable. I went to the health centre twice but they could not help. Since using the Kit Yamoyo the diarrhoea has stopped and she has got her appetite back.'

Unprompted, Talisa told us about the kit components. She'd easily understood how to use each one: both the shop keeper and the local Kit Yamoyo Promoter had explained it to her. She'd boiled water and cooled it. She'd washed her hands with the soap before using the Kit Yamoyo container to mix the orange flavoured Oral Rehydration Salts (ORS), which Dialess liked, and drank from the container. Talisa said ORS is often out of stock at the Health Centre, and not flavoured, so children won't drink it. It comes in big sachets that need to be mixed

in a litre measure - which Talisa doesn't have, or understand. Any left over solution must be thrown away in 24 hours, or risks contamination. Kit Yamoyo ORS sachets (200ml) fit the measuring pack; 2 sachets fit a child's daily needs, and the pack provides 8. Zinc is new to Zambia, and rarely available; yet it is an inexpensive, life-saving nutrient, proven to protect against diarrhoea for 3 months. Talisa said Dialess had completed the whole course of Zinc. The diarrhoea had stopped, and mother and child are very happy.

The ColaLife model is highly innovative:

- The product is designed for the poorest - the Base of the Pyramid market
- Four 200ml (4.12g) ORS sachets provide a dosage size ideal for home-useⁱⁱ
- A course of 10 Zinc tablets is includedⁱⁱⁱ
- Soap is included as an incentive for hand-washing (which can avoid 46% of diarrhoea cases)
- The plastic pack is a measuring cup for the ORS sachets supplied
- The pack and brand are designed to appeal to and educate mothers/carer-givers
- Vouchers for mothers ensure targeting and affordability and create demand^{iv}
- Kit Yamoyo is now manufactured locally in Zambia, and ColaLife intends to pass all designs and branding over freely, once the market is established.
- Local wholesalers, any health agency and Govt Medical Stores can now buy Kit Yamoyo AidPods to distribute or sell on to micro-retailers^v

Elias's story

Elias Lungu is a Project Officer in Katete, who has worked for ColaLife's local partner, KZF, since our first trial began. He manages community awareness-raising for the new Kit Yamoyo, trains the shop-keepers and oversees the voucher system and wholesaler liaison locally.



'Saving life is precious and is at the centre of our hearts achieving this working. The trial taught us a lot, the retailers are now seeing more money into their pockets while the care givers and children are happy that the Kit Yamoyo has come to stay. If the beneficiary is ready and willing to see this product a success, who are we not to perform to the best of our knowledge?'

Elias says the retailers have remained faithful to the Kit Yamoyo since the trial ended and continue to buy to take back to their community. The District Health officials in Katete are very engaged and supportive, and anxious to see how people will respond to this new product - how it will help to ease pressure on the health system, and reach rural areas.

The COTZ trial achieved these successes up to December 2013:

- Design and test an innovative Anti-Diarrhoea Kit, 'Kit Yamoyo' for home use for children under 5
- Increased use of ORS/Zinc from under 1% to 45% of children with diarrhoea
- Reduced the distance mothers/carers had to travel to access point by more than two-thirds.
- Design and test the value chain, with distribution via micro-retailers in underserved rural areas
- Sold 26,000 Kits, in 2 trial districts (Katete and Kalomo), with ~20,000 supported by vouchers
- Trained 80 rural micro-retailers in basic health messaging around diarrhoea, and developed training materials now approved by Ministry of Health and simplified into 10 'flashcards'.
- Continued liaison with UNICEF and other big players to take over appropriate models and spread them across the world - over 6 countries interested so far.
- Donor agencies who supported the trial included DfID, COMESA and Grand Challenges Canada
- Johnson & Johnson/Janssen EMEA, SABMiller, Honda, Amcor and PI Global were among the corporates who supported the trial, with Coca-Cola observing and advising

Since the trial ended, we are constantly seeking funds to help support scale-up production in Zambia, until it can be self-sustaining, and transfer of learning:

- Our manufacturing partner, Pharmanova, is taking over responsibility for production and sales to the wholesale market. This transition should be complete by 2015.
- We have reduced costs; each kit now contains 4 ORS sachets: the trial showed this was enough
- We have redesigned the packaging to be more localised, in two new formats that are cheaper, yet still have the same functionality to help carers measure and administer correctly in the home
- The 50,000th Kit Yamoyo was sold in August 2014, just over half without vouchers
- We have started piloting work in more urban areas (larger markets) like Lusaka's 'compounds' (townships/slums), with the help of a Catalyst Fund from a private foundation.
- Our partner KZF has trained over 400 retailers so far.
- The Zambian Ministries of Health and Community Development are backing a roll-out across the country and are starting to take on the learning on design and distribution.

ColaLife is very small - and will stay that way - but has a high international profile:

- We are building on WHO/UNICEF recommendations and they are in direct dialogue with us
- Featured by BBC, UK and international press, The Lancet, British Medical Journal, and a wide range of conferences including the United Nations General Assembly in 2013.
- Our work has won seven international health or design awards
- We hope to work in 2015 with new international players including Save the Children and GSK
- An independent film documentary is now available - Find The Cola Road on Facebook!

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References and footnotes

ⁱ WHO/UNICEF, October 2009 'Diarrhoea: Why children are still dying and what can be done'

ⁱⁱ WHO is backing smaller sachets for home use, flavoured ORS. This is because mothers do not understand 'a litre' and they know they need to throw away solution after 24 hours, or it could be contaminated by flies and dirt. This means that they try to economise by sprinkling a little ORS into a container. This gives them the wrong concentration, which is either too weak, and ineffective; or too strong, and dangerous. Personal Communication. Dr Olivier Fontaine, WHO, Geneva

ⁱⁱⁱ All elements of the pack are on the Pharmaceutical Regulatory Authority general sales list - ie can be sold by any shop.

^{iv} Vouchers and tablets give us real time data, and monitor anomalies that might indicate fraud. Mothers are trained NOT to accept broken or tampered kits. Mothers can buy kits for cash, or by voucher if they have one.

^v Kits were not intended to be carried in Coca-Cola Trucks; retailers buy Kits at the rural wholesaler in bags of 5, and can either put Kits in a crate (if they are buying Coca-Cola) or can just carry bags or cartons of Kits - as they wish. A purchase of Coca-Cola is not required at any point in the value chain and ColaLife does not promote any Coca-Cola products directly - just their expertise. We are using independent Coca-Cola wholesalers and general wholesalers, and Coca-Cola's marketing techniques, their expertise, and - potentially - their global reach.