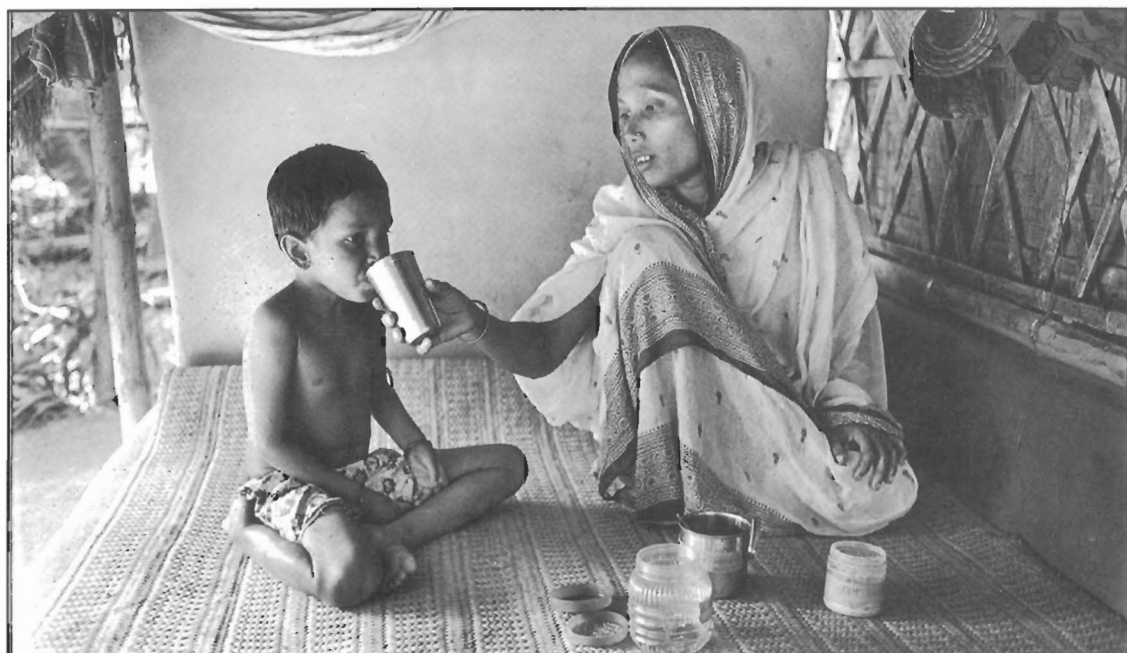


The Solution is in Your Hands

ORAL REHYDRATION THERAPY: A CALL TO ACTION TO REACH 80% USE BY THE END OF 1995

Dhaka Hosts Oral Rehydration Therapy (ORT) Mobilization and Media Conference



Conference Objectives

Seventy participants from Bangladesh, Tanzania, Pakistan and Brazil attended the "ORT Mobilization and Media" Conference held in Dhaka, Bangladesh from August 30 - September 3, 1994. They represented governments, media, NGOs, Scouts, Oral Rehydration Salt (ORS) producers and the medical profession and health workers. Their aim: to create a global movement to reach the goal of 80 percent use of Oral Rehydration Therapy (ORT) in the treatment of diarrhoeal diseases by the end of 1995.

Over a period of four days, participants listened to presentations on national Control of Diarrhoeal Diseases (CDD) Programmes, NGO initiatives, medical association and private sector activities, and media contributions to the promotion of ORT; participated in working groups and panel discussions and witnessed ORT in action on field visits to rural areas and to the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) - the birthplace of ORS twenty-five years ago. They emerged from the Conference having forged new alliances and with pledged commitments to actively work in their respective fields towards reaching the goal of 80 percent ORT use by the end of 1995.

ORT COMMITMENTS

—We the participants commit ourselves to achieving the goal of 80 percent use by end-1995.

—We are all determined to contribute to the reduction of child mortality and morbidity caused by the diarrhoeal diseases, which now kill 3 million children every year around the world.

—We, the medical and health professionals commit ourselves to achieving a 100 percent rate of prescription of ORS in all cases of diarrhoea.

—We, the producers of ORS commit ourselves to achieving a 10 percent increase of ORS production and availability in the next 450 days.

—We, the members of the media here commit ourselves to the design, production and dissemination, at every opportunity, of ORT promotional messages.

—WHO and UNICEF commit themselves to supporting national efforts by Governments, NGOs, media, communities and individuals.

—We, the Governments, NGOs, media, medical and health professionals and staff, pharmaceutical industries and community representatives commit to meet on a quarterly basis to review progress on achieving 80 percent use by 1995.

The Conference Agenda

30 August '94 :

Opening Ceremony

31 August '94 :

Field visits to Manikganj

1 September '94 :

Visit to ICCDR, B Hospital

Conference :

- Social Mobilization in Bangladesh
- Promotion through the Media
- Government initiatives in Brazil and Pakistan

2 September '94 :

Conference :

- Government initiatives in Bangladesh and Tanzania
- "Creating a Movement" (group work)
- The Role of the Medical Associations

3 September '94 :

Conference :

- Role of ORS producers
- Recommendations and Conclusions

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80% Use of ORT: Why a Movement is Needed

The power of ORT to save lives has been known for centuries, but in the last 25 years the world's awareness of its existence has grown dramatically. But the problem remains that actual use of ORT is still too low. In Bangladesh, for instance, awareness is 93 percent, while use is around just above 60 percent. In Pakistan, awareness is 77 percent, use less than 28 percent.

Globally, ORT is known to already save the lives of one million children a year suffering from diarrhoeal diseases but it is only being used in 38 percent of all cases. Three million children under the age of five are still dying annually. An 80 percent use of ORT would save 2 million of them.

Mobilization in to Action

The ORT Mobilization and Media Conference provided an historic opportunity for representatives from groups able to create a global movement to meet for the first time. The agenda reflected the crucial problems that faced the participants in trying to meet the Mid-Decade Goal of 80 percent ORT use:

What are we doing wrong that we cannot convince families to have the confidence to use ORT, and continued feeding, as regular family practice?

What are we doing wrong when the media does not consider as newsworthy the fact that a solution has been found to save the lives of three million of our children every year?

What are we doing wrong that we cannot convince medical practitioners to prescribe ORS and other home-based rehydration remedies for diarrhoea and to prescribe antibiotics only when necessary?

What are we doing wrong when political leaders and national governments are not effectively advocating the use of ORT as part of their national plans of action for health?

Ingredients for Building and Sustaining a Movement

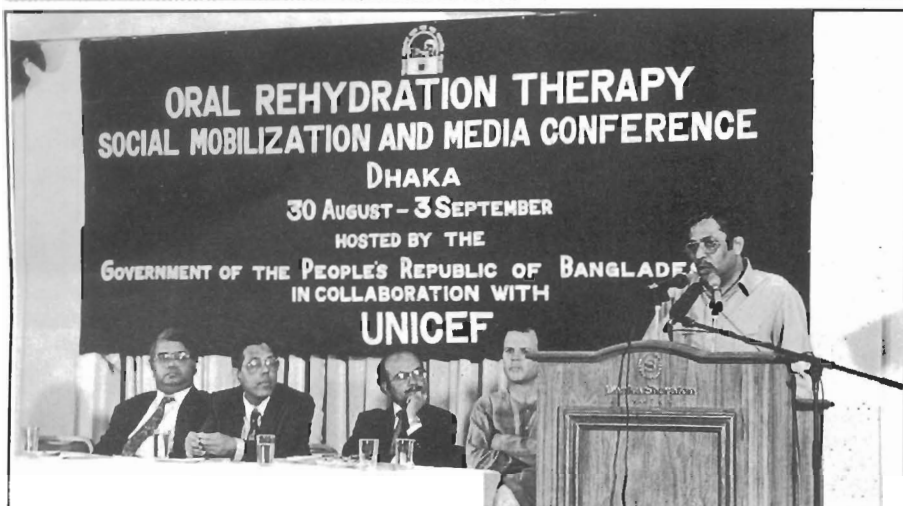
"Movements are not started by governments, they are started by people. A movement must be human rights oriented, a protest against something and pluralistic. Nobody can be neutral, one is either for or against a movement. A movement must work against myths and use our young people in the front line."

Dr. Urban Jonsson,
Regional Director, UNICEF

Dr. Jonsson was discussing how to create a movement during the final session of the Conference in Dhaka. Previously, Kul Gautam, Programme Director, UNICEF, had outlined the essential ingredients for the sustained success of an ORT movement:

- an alliance between knowledgeable activists and communications media;
- the commitment of political leadership;
- support of the medical profession and ORS producers; and
- strengthened monitoring and acceptability.

Increasing ORT use to 80 percent in the treatment of diarrhoeal diseases is an essential first step towards lowering the incidence of childhood deaths. As Kul Gautam said, "All of us in this room, whether we are government officials, NGO activists, representatives of international aid agencies, doctors or news media, can play a role in popularizing ORT".



The Minister of Health and Family Welfare Bangladesh, H. E. Chowdhury Kamal Ibne Yusuf speaking at the opening session. Seated from left to right, H. E. Barrister Nazmul Huda, Minister of Information, Professor M. Nurun Nabi, Director General, Health Services, Ministry of Health and Family Welfare, Kul Gautam, Programme Director, UNICEF and Dr. Jon Rohde, International Expert on ORT.

The Opening of the Conference

"The Government alone cannot reach the goal of 80 percent ORT use. We must have the participation of the people in the villages. We need to build an alliance with every sector involved in reaching this goal. Only then can we hope to see the end of unnecessary deaths of our children from diarrhoeal diseases."

H.E. Chowdhury Kamal Ibne Yusuf,
Minister of Health and Family Welfare,
Bangladesh

"ORT is a life-saving treatment. This Conference is an opportunity to both explain the excellence of ORT to the health workers and medical communities and convince them to work towards finally putting an end to needless death due to diarrhoea. I myself commit to coordinating and mobilizing the alliance on ORT promotion and use."

Professor M. Nurun Nabi,
Director General, Health Services, Ministry
of Health and Family Welfare, Bangladesh

"Where is the social responsibility of the media towards the poor, the illiterate, the marginalized? How can the media bring a fraction of its power to influence social and cultural norms to bear on perhaps the single most important issue of our times: saving the lives of millions of children?"

H.E. Barrister Nazmul Huda,
Minister of Information, Bangladesh

"Twenty-five years ago this message was given a scientific underpinning and proven beyond any doubt; it is time to make it work, to carry this revolution to its fulfillment, to become a part of culture. Only when it is integrated into the culture of the poorest families will we see the full promise of this scientific revolution."

Dr. Jon Rohde,
International Expert on ORT

"The world community has now set itself the challenge of reaching the goal of 80 percent use of ORT by the end of 1995. The biggest challenge in making ... ORT universally practised is not scientific or technical - the real challenge in popularizing ORT... is a COMMUNICATIONS CHALLENGE."

Kul Gautam,
Programme Director, UNICEF



Baul singers from Bangladesh promoting ORT at the opening of the Conference. As traditional itinerant musicians, they travel from village to village singing songs and disseminating social messages.



Bangladesh Scouts set up a model of a rural house outside the Conference Hall. Here a father and his young daughters are following instructions in the Scouts and Guides Handbook on how to mix a sugar-salt solution as a home-made ORT.



A health worker demonstrating how to mix ORS from a package using the correct measurement of clean boiled water. The Government of Bangladesh has established ORT corners in Government Health Centres where moderately dehydrated patients can spend time not only becoming rehydrated but also learning about nutrition and hygiene.

Government Interventions

Initiatives for the Control of Diarrhoeal Diseases (CDD)

Eighty percent use of ORT has been adopted as one of the primary targets of the national Control of Diarrhoeal Diseases (CDD) Programmes of Bangladesh, Brazil, Pakistan and Tanzania.

In Bangladesh, Government medical colleges have established training units specializing in diarrhoeal diseases and intensified the training of medical staff. The Government is providing ORS packets, IV fluids and drugs when necessary in their health facilities. A further focus of the programme now is to ensure national coverage through a coordinated effort of Government and NGOs, village doctors and school teachers.

The media has been pivotal in contributing to the current ORT use rate of 83 percent in Tanzania. The

Government's focus there has been on training. Literacy rates are very high in Tanzania and communication is well-developed. There is already widespread community involvement. Now the aim is to further increase NGO participation and to emphasise the need for people in the rural areas to change their hygiene and health practices.

The CDD programme in Pakistan is aimed at effecting a change in the attitude of policy makers and the practices of implementers, health-care givers and parents. The Government plans to work with the private sector, NGOs and the Pakistan Medical Association and through this improve the health and nutritional status of children.

Twelve years of aggressive promotion of ORT in Brazil has resulted in an ORT use rate of 62 percent. Working

closely with the media, the CDD programme has promoted ORT through information campaigns and on-going training, as well as regular evaluation of ORS and home-made sugar/salt solution usage.

A National Pact for Children

The "National Pact for Children" was created in Brazil in 1991, uniting more than 100 governmental and non-governmental organizations around a single special objective: to mobilize organized sectors of Brazilian society to improve the possibility of survival, protection and development of Brazilian children and adolescents. This action has proven to be unique, uniting groups normally opposed to one another to improve the conditions for Brazil's children.



Media Mobilization

"Unless the media and other societal partners take on a new social responsibility to propagate the life-saving know-how of ORT, this knowledge will remain confined to the medical establishment and the death toll will remain high for much longer than is necessary."

Rolf C. Carriere,
UNICEF Representative, Bangladesh

On the third day of the Conference, media representatives from Brazil, Australia, Bangladesh and the United Kingdom discussed and reported on the promotion of ORT through the media.

Media can cause a product to succeed or fail. Only through massive and effective media campaigns supported by follow-up door-to-door campaigns, such as that carried out by the Bangladesh Rural Advancement Committee (BRAC), will the message of ORT be communicated. Radio campaigns, advertising, television, drama and songs such as the Baul singers, traditional village singers in Bangladesh, and films such as the

Meena series are being used to reach large segments of the population and are highly influential.

People must be convinced to use ORT as a regular family practice. The product must be sold, the same way a commercial product such as a soft drink must be sold. The media in turn needs to be convinced and educated in order to run a story. Media such as commercial television must have a reason for covering a story.

Radio has the potential of reaching a wide section of the population. The Urdu and Hindi Services of the BBC World Service broadcasting to Pakistan, Bangladesh, Northern India and the Gulf Region with approximately 42 million listeners has committed to broadcast several programmes on ORT during 1995.

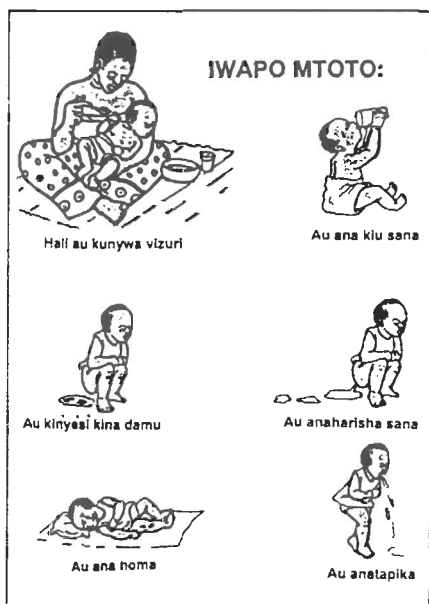
The National Advertising Council of Brazil has been working with UNICEF and NGOs since 1981 in promoting children's health and rights. Television advertisements have been supported by posters, radio spots and leaflets. Well-known artists cooperate voluntarily and social and health causes are given free air time. In the last 12 years, \$100 million worth of free time and space have been given by the media.

In Tanzania, the radio has played an important role in the transmission of health messages. There is a radio in almost every house and a message transmitted over the radio is considered reliable. Radio spots are targeted for the evening and especially at the beginning of the rainy season when cases of diarrhoeal diseases increase. These messages are reinforced by graphic posters and leaflets. T-shirts are given as incentive to those who practise ORT.



An advertisement from Brazil promoting the use of the ORT spoon. The spoon, which gives the correct measurement of salt and sugar for preparing home made ORS, is produced by an NGO working with children who are former drug users. Many commercial companies, as a social service, have purchased and distributed these spoons to every household throughout Brazil. The company can advertise their own products on the back of the spoon.

On Bangladesh Television (BTV), 25 minutes a day are dedicated to human development issues, 6 percent of total broadcast time. In 1993, 67 mobile units of the Department of Mass Communication reached some 15 million people with key development messages. Two to three thousand people at a time come to watch the films in the rural areas. Radio has broadcast over 2,000 hours of health and population messages on six radio stations.



Leaflets promoting ORT practices are displayed and distributed at health centres in Tanzania.



More than 700 communicators in Brazil, mostly radio announcers from the Northeast region, have been participating in the 'Training Programme for Broadcasters', which aims to reach all three thousand radio stations operating in Brazil in a 'Journalism Against Poverty' project.

T H E P A R T I C I

On Media

"Make me interested, then I'll do the story. The audience needs to hear the pain so that they will react and ask why people don't use ORT. For every second I speak on TV, I need a visual, give me a family, tell me what is new about ORT. If you want to mobilize media, you need to give us the angle."

Kathy Bowlen,

Asia Focus Presenter,
Australian Broadcasting Corporation



"People have to be convinced by the media and then maybe they'll believe."

Pervaiz Alam,

Senior Producer, Hindi Service, BBC
World Service

"Targeting a media campaign must be done through the traditional culture. The rural people cannot identify with western marketing techniques. To reach the remote areas, you must first approach the village elders and local leaders who are very influential. Nothing will succeed without their agreement."

Syed Shujauddin Ahmed,

Director-General, Dept. of Mass
Communication, Bangladesh



"When researching for the Meena film on diarrhoea to find out why ORT was not being practised, I found out that mothers didn't know WHY they should give ORT. They did not know that ORS wouldn't CURE diarrhoea. The message must be reinforced to maximize impact."

Mira Aghi,

Media Consultant, UNICEF

"I have been most impressed by the participation of NGOs and private groups in the mobilization of people here in Bangladesh. Even though there is a lot of training and community participation and awareness in my country, we can involve these groups still more as well as use the media to pass the right message on to different groups to encourage people to change."

Dr. A. Makimbo,

Asst. Chief Medical Officer, Training,
Ministry of Health, Tanzania



"If there is to be a societal change, you must have a true national alliance around the needs of children... (because) children dying of diarrhoea is not only the responsibility of the government, but of the entire country."

Agop Kayan,

Representative, UNICEF, Brazil

"Convincing parents and caretakers that ORT is the best and most appropriate treatment for diarrhoea is one thing. But far more important is how to convince them to be confident in the use of ORT. Knowledge alone is not sufficient. They must practise what they know and have learnt."

Dr. Witjaksono Hardjotanojo,

WHO Representative, Bangladesh



"Advertising is the process of mobilizing public opinion. In mobilizing the media, you must consider whom you are speaking to and speak their language. You must have a working methodology; you must have a strategy, a style. Your message has to talk to people's minds, people's eyes and people's hearts. It must not over promise but be simple, only one idea at a time. It must speak their language."

Hiran Castello Branco,

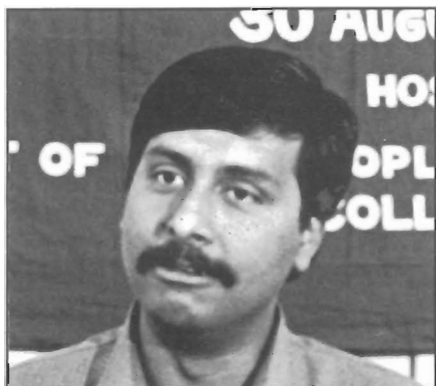
National Advertising Council, Brazil

PANTS SPEAK

On Mobilization

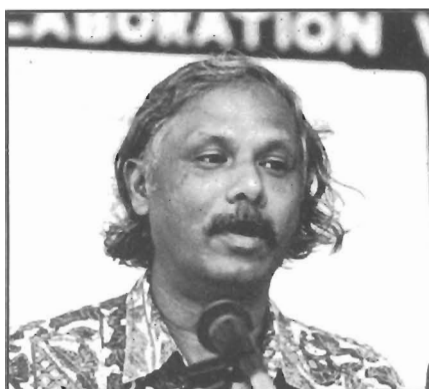
"This is the first time in health service that there is a grand mobilization on ORT. Education has been included in the "Mother and Child Survival Fortnight" where under the CDDP we have been reaching out at the Divisional, District and Thana level primarily through the schools. Primary school children and mothers have been taught about health, hygiene, iodized salt, ORT, CDD and immunization. As reinforcement, these "fortnights" will be held once a year."

Dr. S.M. Nasim,
Project Director, CDDP,
Government of Bangladesh



"Using ORT hasn't become a people's movement; it's remained more a health-worker and medicine-based technology. We need to take it out to society. Medical technology should be demystified for common problems so that people can take care of themselves. We don't have large-scale projects that have been sustained long enough to make that behavioural change. Behavioural change isn't a project that you can implement over a few years; it's got to be sustained over a long period of time."

Dr. Monica Sharma,
Senior Advisor, CDD/ARI, UNICEF



"The goal we are aiming for is achievable, provided we can convince the medical profession. The village women have been given the knowledge but they will only implement it with the support of the doctors."

Dr. Zafarullah Chowdhury,
Project Coordinator,
Gonoshasthaya Kendra, Bangladesh

"We have educated thousands of families on how to prepare a home-based ORT formula using a three-finger pinch of salt, a fist of molasses and a pitcher of water. We have shown that a programme can be carried out on a national scale. Small is beautiful but big is necessary. Now we need the support of the medical profession for our ORT Extension Programme."

Dr. Salehuddin Ahmed,
Director of Programmes, BRAC,
Bangladesh



"We are coming to a point where we are mobilizing ourselves for social change focusing on our precious children who are our future. Having the participation of the professional medical associations is really the crux of the matter."

Agnes Aidoo,
Representative, UNICEF, Tanzania



"In Pakistan, doctors are not explaining the purpose of ORT nor the dangers of anti-diarrhoeal drugs and inappropriate antibiotic use. When mothers find no decrease in stool output when using ORT, they discourage other mothers from using it. Unless we tackle the issue of doctors' practices and the control of anti-diarrhoeal drugs, we are not going to improve ORS use."

Dr. Sareer Ara,
UNICEF, Pakistan



Bangladesh Guides rallying for ORT use during the 'Mother and Child Survival Fortnight' held in August, 1994. The Fortnight, which coincided with the ORT Conference, was the first time that the Government of Bangladesh had held a nationwide event focusing on these issues.

NGOs of Bangladesh Mobilize

Many NGOs in Bangladesh have used innovative methods in the areas of education, marketing and mobilization to increase ORT usage especially in the rural areas.

Between 1980 and 1990, the Bangladesh Rural Advancement Committee (BRAC) trained over 1,000 rural women workers to educate 13 million households all over rural Bangladesh on how to prepare a home-based formula using a three-finger pinch of salt, a fist of molasses and a pitcher of safe water (the *lobon-gur* solution).

In rural areas, there is a problem of access and availability of ORS. Pharmacies are far away and health workers cannot carry a large enough supply. In a pilot project launched in July 1994 to market ORS packets at the community level, using its own existing national network, the Grameen Bank is using 225 of its 54,363 centres as locations where ORS can be bought. Women who head the Grameen Bank centres, although of low socio-

economic status, are highly motivated and have close relationships with other women in their area. They are given information on diarrhoea management and instructions on how to prepare ORS and maintain records. During the first month of the pilot project they sold 50 percent of their stock.

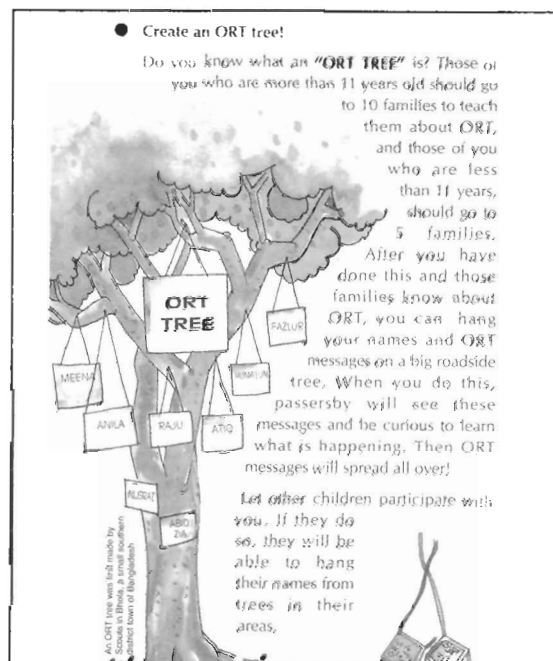
The Hunger Project and Youth Ending Hunger has used volunteers to orient 40,000 people on ORT and trained 94 ORT animators who hold workshops in the rural areas to encourage people to use ORT. They carry a simple three-point message: replenish fluids, feed frequently and recognize symptoms that may require professional attention. They have also carried out interviews and sent out questionnaires to find out why ORT is not being practised.

Pioneering Scouts

"If we use young people such as the Scouts, our task would be much easier."

Manzoor ul Karim,
Chief National Commissioner,
Bangladesh Scouts

The Boy Scouts of Bangladesh were the pioneers of Scout involvement in the promotion of ORT. They have recently developed an ORT action manual "Actions for Scouts and Guides on Oral Rehydration Therapy: A Manual toward Saving Lives" and generated involvement at every level in a 15 village ORT-education campaign, supported by informational pamphlets for parents and care-givers. This Conference brought together representatives of the Scout Movement from Pakistan, Sri Lanka, Nepal and the regional office in the Philippines. Inspired by the activities of the Bangladesh Scouts, the Scout leaders at the Conference recommended ORT training for the two million Scouts in the Asia-Pacific region and publication of a manual on ORT in four languages.



From "Actions for Scouts and Guides on Oral Rehydration Therapy"

The Role of the Medical Profession and ORS Producers

In many countries, including Bangladesh, doctors have been accused of prescribing antibiotics and/or anti-diarrhoeals instead of ORT. The first motive is often identified as greed; doctors' profits are higher if they prescribe drugs. Another motive may be a desire to "give the patients what they want". Some doctors perceive that people want to be given a drug that will make them feel better and not told that medicine is unnecessary. In practice, it has been shown that patients will respond to the request to use ORT if time is taken to explain why they should do so.

Similarly, producers are also often accused of promoting anti-diarrhoeal medicines and other drugs inappropriate for diarrhoeal care. The same profit motive is cited as the reason.

The Dhaka Conference was attended by many representatives of both the medical profession and ORS producers. Presenting their activities in promoting ORT and their commitments to increase the production and availability of ORS, they left other participants in no doubt that they are committed to promoting the use of ORT.

"We are committed to achieving 100% ORS prescription rate for all cases of diarrhoea by the end of 1995."

Professor Sirajul Islam

Vice President,
Bangladesh Medical Association

"We are not lobbying for the existing ban on anti-diarrhoeal drugs to be lifted in this country",

Salman Rahman,

President, Bangladesh Association of Pharmaceutical Manufacturers

The Medical Community Reaches Out

"It is the doctors who make parents confident in ORT use. If they prescribe ORS and antibiotics but don't emphasize the importance of ORT, they miss an important opportunity to demonstrate ORS's life-giving potential."

Dr. Hans Troedsson,

Medical Officer, WHO

In Brazil, the medical community closely coordinates its efforts with those of NGOs, network media and national and local government. Brazilian medical associations keep members regularly informed so they can support and stimulate local and national ORS awareness campaigns sponsored by other agencies.

The Bangladesh Medical Association with its 65 branches and 12,000 members countrywide can play an essential role in convincing doctors and health practitioners to promote and use ORS/ORT by carrying out training programmes for doctors and health workers.

The Producers of ORS

Producers and distributors of ORS play a decisive role in determining ORS availability and affordability. Producers have developed different types of packaging to reach a broader audience, marketing a more expensively packaged product to the middle class at a higher price. The revenues from the more expensive ORS products can then be used to subsidize additional marketing costs.

Annual deaths of children under 5 from diarrhoeal diseases:

Bangladesh	260,000
Pakistan	250,000
Brazil	30,000
Tanzania	45,000

From the national CDD Programmes of Bangladesh, Pakistan, Brazil and Tanzania; 1993 figures.

The Story of Ranjit

Ranjit, a young doctor in Dhaka was finding it a problem to prescribe ORT in his private practice. "If we only prescribe ORT and no other medicine, the mothers will be disappointed and they will go to somebody else for drugs". Ranjit was afraid of economic loss but agreed to carry out an experiment for three months to prescribe only ORT and continued feeding, and take one to two minutes to explain to parents why they should practise ORT. After a few months, Ranjit discovered that, not only did he not lose any income, but parents had been so appreciative of the time he had taken with them, that he had gained a reputation as a caring doctor. In fact, he was gaining additional patients!

Told by Dr. Hans Troedsson, WHO

Governments have supported standardizing packaging of ORS although, inappropriately designed, standardization policies can discourage private sector involvement and hinder availability.

Other obstacles to wider usage include problems of measurement, confusing instructions and availability.

Marketing techniques influence usage. ORS has been creatively marketed by Social Marketing Company (SMC), a distributor of ORS in Bangladesh which has conducted multi-media campaigns using radio and television and advertising on the back of rickshaws.



From "Actions for Scouts and Guides on ORT"

Using ORT

"ORT is a brew that celebrates simplicity, traditional wisdom, modern science, cost-effectiveness, and the democratic impulse of ordinary people having the knowledge and the means to take care of their own health and that of their babies."

James P. Grant

Executive Director, UNICEF

Dehydration kills and kills quickly. When a child has diarrhoea, fluids are flushed from the body and dehydration sets in. A child suffering from diarrhoea can die within six hours unless given ORT.

To prevent dehydration, any form of ORT can be given at the onset of diarrhoea. If the child is slightly dehydrated, ORS should be given if available since it contains the best physiological balance to correct dehydration, otherwise any form of ORT should be given. If the child is severely dehydrated, she should be treated intravenously but ORT should be continued.

ORT does not stop diarrhoea. It prevents dehydration and can rehydrate. Antibiotic drugs should

only be prescribed when necessary. Under no circumstances should anti-diarrhoeal drugs be prescribed to children.

What is the difference between ORS and ORT?

ORT is Oral Rehydration Therapy, which should always be used during diarrhoea. It means, "increased fluids along with continued normal feeding including breastfeeding". When body fluids are lost, they need to be replaced quickly. ORT can be given using, for instance, ORS, LGS, rice water, rice-based fluids or green coconut water. If nothing else is available, even clean water can be given providing feeding is continued.

ORS is Oral Rehydration Salts. It usually comes in commercially prepared packets to be mixed with water. ORS helps the body remain strong, even though there is a great loss of fluids. A solution of Oral Rehydration Salts (ORS) is the best way to quickly treat dehydration due to diarrhoea.

A US \$1 billion waste

Even though WHO has determined that anti-diarrhoeal drugs are ineffective and can be dangerous, it is estimated that more than US\$1 billion is spent every year on anti-diarrhoeal drugs in developing and industrialized countries.

In a child, the side-effects can be lethal. Although they can slow down the diarrhoea, they neither prevent nor stop dehydration and they affect the central nervous system and the cardio-respiratory system. Using these drugs detracts attention from the problem of dehydration. It would be disastrous and regressive if the ban on anti-diarrhoeal drugs were lifted in any of the countries that have banned them.

Bangladesh was one of the first countries to ban the sale of anti-diarrhoeal drugs in 1982. In spite of Professor Tariq Bhutta of Pakistan in 1990 bringing global attention to the fact that infants were dying from bowel paralysis caused by Imodium, there are still 500 brand-name anti-diarrhoeal drugs for sale in Pakistan.

Health workers are convinced

"In a refugee camp in Tanzania I was training health care workers on ORS use. A mother came in with a child on the verge of death. She was listless and uninterested in her surroundings, her skin resembled the contours of a dried prune, drooping from her body as if its spirit had already left. I put in an IV and began giving the child ORS. When the IV solution was finished I continued



Dr. Saidi Egwaga recounting his story at the conference.

with ORS alone. Within two hours the child had revived. She began looking around smiling at her mother and commenced breastfeeding. No longer were the health care workers or the mother "sceptical about the benefits of ORS. My colleagues and I then started distributing ORS to the other afflicted children in the refugee camp and they too responded positively and began reaching out and crying out for more."

Dr. Saidi Egwaga,
CDD/ARI Programme Manager,
Government of Tanzania

The Development of ORS

ICDDR,B: the birthplace of ORS

Attempts to solve the problem of the deaths of so many children from diarrhoea have been sought for centuries. In India long ago as 3,000 years, Sushutra, a pioneer in the traditional Ayurvedic medicine, recommended that diarrhoea patients drink large amounts of tepid water with dissolved rock salt and molasses. He had discovered the formula for oral rehydration although the precise measurement were not known.

It was not until 1969, that researchers at the Cholera Research Laboratory in Dhaka, now ICDDR,B, discovered the correct proportions of glucose, salt and water to make up the scientifically balanced oral rehydration solution. The high glucose content of ORS replaces the fluids, salts, electrolytes and potassium flushed out by diarrhoea. ORS is the most effective and successful treatment for replenishing fluids lost through diarrhoea.

This "simple solution", effective regardless of the patient's age or the cause of diarrhoea, revolutionized health care practices for diarrhoeal diseases. No longer was sophisticated medical attention needed. The chance for life could now be placed in the hands of parents as well as medical professionals.

ORT has saved lives not only at the domestic level but also in large-scale cholera epidemics, as in 1971 in the refugee camp of former East Pakistan, now Bangladesh. More recently in Peru in 1991, more than a quarter of a million people came down with acute diarrhoea during a cholera epidemic that swept across the nation. Less than one percent died because 3 million packets of ORS were distributed by a group of community workers with knowledge of ORT who trained others on the spots. Most recently, in Zaire, following the war in Rwanda in July 1994, a team from ICDDR,B helped set up massive rehydration units in refugee camps and train health workers in using ORT.

Research at ICDDR,B has shown that ORS can rehydrate 90 percent of patients with dehydration. It can also reduce hospital admission rates by at least 50 percent. Every year ICDDR,B treats over 70,000 people with diarrhoea and other diseases in its centres in Dhaka and Matlab, about 55 km. from Dhaka.

An Alternative to Glucose-based ORS

Researchers at ICDDR,B have developed a rice-based ORS in an instant, ready-to-use form. Two kinds have been developed: a cooked rice powder and a puffed rice (chira) powder, both of which can be mixed with water. Studies conducted in 1992 indicate that stool out-put could be reduced by as much as 36 per cent in adults and 32 per cent in children.

Rice-based ORS has been used on a trial basis in certain African and S.E.Asian countries. Only at ICDDR,B is it a standard form of ORS in the management of large numbers of patients in a specialized centre. There is potential for producing rice based ORS commercially. ORS manufacturers in Bangladesh have shown an interest in large-scale production.

Visit to ICDDR,B:

Participants at the Conference had the opportunity to witness ORT in use as they toured the intensive care wards of the ICDDR,B hospital. They saw rows of sick people on cots with only a spoon and a cup containing rice-based ORS. Children were being fed by mothers and fathers, wives were spooning the solution into their husbands, friends were helping friends. Volunteer workers were sitting with the caregivers, teaching basic nutrition, health and hygiene. Mothers could be seen breastfeeding their children. The participants even sampled the rice-based ORS from the enormous vats of ORS used every day.



Participants at the Conference had the opportunity to witness ORT in use as they toured the intensive care wards of the ICDDR,B hospital.

Concluding Session

VIPP Working Groups

"Why do I want to be involved?", "What can I do?", "How could I do it?". These were the questions when the participants were divided into groups and were asked to formulate action plans to create a global movement for universal ORT use.

Three groups were formed representing the Scouts, Bangladesh and Tanzania, and Pakistan and Brazil. Using the methodology of Visualization in Participatory Programming (VIPP), which facilitates full participation and ensures a final goal-oriented resolution, the groups developed concrete plans to involve media, organizations, the private sector and governments in nation-wide coordinated movements to promote ORT.

The Scout Movement with representatives from Pakistan, Nepal, Sri Lanka, Bangladesh and the regional office in the Philippines, recommended training for at least two million scouts in the Asia-Pacific region. They also planned to publish a manual on ORT in four languages and to disseminate ORT material at the regional and national levels.

Recommendations from the other two groups included:

Improving planning and coordination of ORT activities

Working with all involved partners especially at the community level

Increasing the involvement of national medical associations

Increasing training to students and NGOs

Increasing awareness in the media

Creating innovative media such as posters, games, advertisement on airlines, colouring books

Increasing ORT accessibility

- Ensuring that ORT, nutrition and hygiene are part of school curriculum

Creating specific ORT campaigns

Developing ORT action plans

Conclusion

Diarrhoea is one of the major killer diseases for children under five. It is a scourge that leaves its survivors, the children who manage to live through the 3-5 bouts of diarrhoea they may suffer every year, so weakened and leached of nutrients that their chances of dying within months of other causes are increased five-fold.

Diarrhoea tends to hit children at the time of great neurological growth. If a child is well-fed and gets diarrhoea, the effects on the child are not significant. However, if a child is already malnourished, suffers from diarrhoea for 15 percent of his or her peak growth period, the implications are enormous. The children gain one kilo less than they should their first year and by age 3



Rolf C. Carriere, UNICEF Representative Bangladesh addressing the Conference.

can have lost between 1.8 kilos of weight gain resulting in stunted growth, and deficits in intelligence and stamina.

Studies have shown that ORT use during diarrhoea results in 50 percent more weight gain after the sickness. Continued feeding stops diarrhoea earlier and allows continued growth and more catch-up growth.

Rolf Carriere, UNICEF Representative, Dhaka, had earlier challenged the conference participants to give reasons why they did not think it possible to reach the goal of 80 percent use. By the end of the four day Conference, all the participants committed to achieve the goal of 80 percent use. Sustained success requires social mobilization and partnership with a great variety of societal groups.

As Rolf Carriere said: "Who do you think is going to achieve this goal if WE don't do it? If WE do not take this knowledge and insight and act upon it, then we will have millions more children dying from diarrhoeal diseases before the problem is addressed".



Ali Yameen Qureshi, Pakistan Boy Scouts Association, presenting the findings of his VIPP working group.